

**2021 SENATE HUMAN SERVICES**

**SB 2274**

# 2021 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Sakakawea Room, State Capitol

SB 2274  
2/1/2021

A BILL for an Act to amend and reenact section 43-58-08 of the North Dakota Century Code, relating to the scope of practice of a naturopath.
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**Madam Chair Lee** opened the hearing on SB 2274 at 9:00 a.m. Senators present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

## **Discussion Topics:**

- Prescriptive rights in other states
- Naturopath's vaccination stance
- Naturopathic doctor's locations in North Dakota
- Naturopathic medicine V.S. Allopathic / Osteopathic medicine
- Education and training with Naturopathic medicine
- Naturopathic doctor's licensure through the Board of Medicine
- Adverse drug reactions (ADR's)
- Naturopathic practice

**[9:04] Senator Jessica Bell, District 33.** Provided oral testimony in favor.

**[9:06] Senator Mike Dwyer, District 47.** Introduced SB 2274 and provided testimony #4398 in favor.

**[9:09] Beth Allmendinger, Lobbyist and Practicing Naturopathic Doctor, North Dakota Association of Naturopathic Doctors.** Provided testimony #4490 in favor.

**[9:21] Jennifer Bina, Bismarck Citizen, Naturopathic Medicine Patient.** Provided testimony #4492 in favor.

**[9:31] Dr. Tonya Loken, Naturopathic Doctor and Family Nurse Practitioner Student.** Provided testimony #4424 in favor along with comparison documents of Naturopathic and Allopathic / Osteopathic curriculum (testimony #4422 and #4423).

**[9:38] Kevin Oberlander, Pharmacist.** Provided testimony #4374 in favor.

**[9:49] Jeffrey Schmidt, Bismarck Citizen.** Provided testimony #4419 in favor.

**[9:58] Dr. Terra Provost, Licensed Doctor of Naturopathic Medicine, North Dakota.** Provided testimony #4435 in favor as well as a Physician Supply and Demand document (testimony #4434) and Primary Care Health Care Shortage map (testimony #4436).

**[10:05] Dr. Lezlie Link, Naturopathic Doctor.** Provided testimony #4450 in favor as well as a letter from Jury Verdicts Northwest in reference to Naturopathic prescription negligence (testimony #4449)

**[10:11] Dr. Michael Quast, North Dakota Board of Medicine.** Provided testimony #4296 in opposition.

**[10:24] Courtney Koebele, Executive Director, North Dakota Medical Association.** Provided testimony #4530 in opposition.

**[10:25] Dr. Parag Kumar, Pediatric Hospitalist, Chairman of the North Dakota Medical Association Commission on Socio-Economics.** Provided testimony #4528 in opposition.

**[10:40] Melissa Hauer, General Counsel, North Dakota Hospital Association.** Provided testimony #4326 in opposition.

**[10:42] Gabriella Balf, MD, MPH, Psychiatrist.** Provided testimony #4540 in opposition.

**[10:52] Marnie Walth, Sanford Health, on behalf of Dr. Chris Meeker, Chief Medical Officer, Sanford Health.** Provided testimony #4438 in opposition.

**Additional written testimony: (21)**

**Nicole Steen-Dutton, West Fargo Citizen.** Provided written testimony #4421 in favor.

**Lela Altman, Naturopathic Physician, Seattle.** Provided written testimony #4426 in favor.

**Althea Bain Fick, Owner, Cakes by Althea.** Provided written testimony #4430 in favor.

**Molly Dwyer, Villa Park, Illinois.** Provided written testimony #4431 in favor.

**Glen Hyland, Bismarck Citizen.** Provided written testimony #4445 in favor.

**Kayla Cash, Naturopathic Patient, Fargo.** Provided written testimony #4454 in favor.

**Ryan Hill Defender, Phoenix Arizona.** Provided written testimony #4456 in favor.

**Beth Sanford, MSN, RN, CAN, CLC, Fargo.** Provided written testimony #4417 in favor.

**Trisha Fennern, FNP-C, Minot Health Clinic.** Provided written testimony #4414 in favor.

**Sarah Preston Hesler, N.D., Arizona.** Provided written testimony #4412 in favor.

**Brittany Kudrna, DNP, FNP-C, Mandan.** Provided written testimony #4409 in favor.

**Dr. Stephanie Nishek, N.D.** Provided testimony #4407 in favor.

**Holly Johnson, Citizen.** Provided testimony #4405 in favor.

**Tara Brandner, DNP, FNP, Ashley Medical Center.** Provided written testimony #4393 in favor.

**Jocelyn Backman, West Fargo Citizen.** Provided testimony #4390 in favor.

**Rachel Meuchel, School Counselor, Western ND.** Provided testimony #4368 in favor.

**Joan Connell, Pediatrician.** Provided testimony #4367 in opposition.

**Britt Hermes, M.Sc. ND (ret.).** Provided testimony #4305, #4306, #4307, #4308, and #4309 in opposition.

**Chris Meeker, Chief Medical Officer, Sanford Health.** Provided written testimony #4438 in opposition.

**Grant Syverson, Pediatric Rheumatologist.** Provided written testimony #5846 in opposition.

**Fadel Nammour, M.D.** Provided written testimony #5847 in opposition.

**Madam Chair Lee** closed the hearing on SB 2274 at 10:53 a.m.

*Justin Velez, Committee Clerk*

MADAM CHAIR AND MEMBERS OF THE ESTEEMED AND VERY HARD WORKING HUMAN SERVICES COMMITTEE:

MIKE DWYER, ND STATE SENATE, DISTRICT 47: SENATE BILL 2274

1. Full Disclosure: Daughter in Law, graduating after 4 years of intense medical education in the field of Naturopathic Medicine. I would like her and my son to return to ND, for her to begin her career as a Naturopathic Doctor, and my son to continue his career as a Middle School/High School math teacher and coach.
2. I also have constituents whose families have had a wonderful experience receiving care from Naturopathic Doctors.
3. First, I am sincerely hopeful the ND Medical Assn will find good reasons to support this bill. I believe there are just 8 Naturopathic Doctors in ND, and based on the testimony you will hear, they clearly have a role in providing quality medical services to ND's population. I have been blessed to have good health, and for my routine check-ups, my dermatologist, my family practice physician where I get my physicals, the doctor whom I have seen for prostate exams, and others, are consummate professionals. The very best. But so are Naturopathic Doctors from the standpoint of their education, and the focus of their practice.
4. Speaking of the focus of the practice of Naturopathic Doctors, I don't think there is any dispute that Americans could be healthier. Our diet, in particular, compared to other countries of the world, could be better. And we consume too many pharmaceutical remedies. Helping our citizens achieve healthier habits and lifestyles, and helping manage their chronic conditions so they can decrease the amount prescriptions they are on and managing the de-prescription during this process, are clearly some of the positive benefits of this area of medical practice.
5. Speaking of pharmaceuticals, because there has been misuse of prescriptions, specifically opioids, it is good that we are taking the time to qualify trained professionals.
6. Finally, we recently passed a bill which achieved a compromise between chiropractors and the medical profession. Doctors keep the physicals, and chiropractors get to practice tele-health. I hope we can open this small door relating to prescriptions so Naturopathic doctors can order prescriptions for which they have received full education and training.
7. In conclusion, I believe there is an important role in the medical arena for Naturopathic Medicine, and I sincerely hope SB 2274 can receive a Do Pass to provide benefits for patients. Thank you.

Beth Allmendinger  
SB 2274 – Naturopath Licensure  
Senate Human Services Committee  
February 1, 2021, 9:00 AM

Good morning Chairwoman Lee and members of the committee, for the record my name is Beth Allmendinger (Lobby #1075) and I am here on behalf of the North Dakota Association of Naturopathic Doctors. I am also a practicing naturopathic doctor here in Bismarck, ND. I am a North Dakota native and attended NDSU for my undergraduate education. I returned to ND after we were licensed in 2011.

SB 2274 was introduced on our behalf, and I have been asked to explain the bill. Our licensure statute was created in 2011 and has not been amended since its inception. This bill seeks to add qualified, prescriptive rights to the naturopath licensure. I say qualified prescriptive rights, as this request is specific to authorize only those licensed naturopath doctors who have successfully completed their 4 year undergraduate degree with pre requisite science courses, a 4 year graduate naturopathic medical degree in addition to passing a two-step national board exam.

#### Bill Review

I will now go through each section to explain the changes and rationale.

Page 1 - Section 1, (Line 9) 43-58-08 defines the scope of practice for naturopaths.

Section 1 defines what a naturopathic provider can't do. Previously, we could not prescribe drugs and this change allows us to prescribe drugs according to subsection 3.

Page 2 Subsection 3

(Line 2-6) Part a & b defines what naturopath can prescribe.

This includes medical equipment, drugs, nutrition and support services such as physical and occupational therapy.

(Line 7-8) Part c is specific to the pharmaceutical portion.

This includes all legend drugs and schedule II-V substances. Physician's assistants and nurse practitioners have this same scope, or greater scope.

(Line 9-10)

This clarifies that we cannot dispense medication unless its an emergency, such as an Epi pen, or if its in the best interest of the patient or pharmacy services are not available

(Line 11-12)

Allows of distribution and access to professional pharmaceutical samples.

(Line 13-15)

Requires naturopaths to comply with federal and state guidelines pertaining to controlled substances. This would include having a DEA number.

We are seeking this authorization in our licensure to give confidence in safety and distinction in our industry as there are individuals who call themselves naturopaths in other states that do not have this level of education, and they are not eligible for licensure in our state.

You may hear from our opposition that we aren't science based. That is incorrect. Our first two years of graduate school are spent learning sciences. We have more science classes than NPs and PAs and the same as MDs. Dr Tonya Loken will be speaking about this in more details and providing comparison charts.

We rely on up-to-date research for diagnosis and treatment of our patients. Many Naturopath doctors participate in research all over the country. Some are leading researchers in places such as National Institute of Health (NIH), Department of Defense, MD Anderson and Fred Hutch cancer centers.

I would like to address some commonly misunderstood perceptions about naturopath regulation:

1. In the past it has been argued that the Board of Integrative Health Care cannot properly regulate Naturopath Doctors.
  - When we were attaining licensure, we requested to be under the Board of Medicine. They refused. Legislators created the BIHC with an MD, NP, pharmacist, and a representative of each profession on the board to oversee us and other professions that didn't quite fit under other boards. Now that board has 4 professions with over 100 licensees that it regulates. It works well and they are fully functional and capable of continuing to regulate us. However, if this addition not satisfactory to include prescriptive rights, we would be very open to a conversation about changing the oversight to the Board of Medicine.
2. There has been discussion about naturopaths not working within the allopathic (MD) setting or not being trained with that standard of care.
  - This is incorrect. Some of our instructors are MDs. The previous Dean of Bastyr's Naturopathic program was an MD. Our textbooks are the same as MDs. We have clinic shifts in hospitals and integrated practices. We precept with MDs. We qualify to match for MD residencies. Naturopath Doctors work in integrated clinics, local hospitals and federal hospitals such as the VA. They work along side MD's at Cancer Treatment Centers of America. Some naturopaths teach at allopathic medical schools. Our board exams are based on allopathic standard of care. In the at least 7 states where we are licensed as Primary Care Providers, we have to adhere to allopathic standard of care in our assessment and treatment of patients.

There are multiple testimonies from MDs and other prescribers that have worked directly with naturopaths and can confirm our knowledge, training and safety. Some have even done rotations at naturopathic schools and have first-hand knowledge of our training. I understand how MDs would be concerned about patients' safety with prescribing. We take patients safety just as seriously. Many MDs don't know much about our profession and training. You have received multiple testimonies of local and national practitioners that do and can speak to our abilities, not only just our local Naturopath Doctors, but all naturopaths graduating from accredited schools.

We are different, yes. We are not MD's, nor are we trying to be. We are not surgeons, cardiologists or ER physicians, nor are we trained to be. However, we are trained in primary care. The heavy focus of time and training in primary care has given us the skills and abilities to manage patients in a setting similar to a primary care setting.

We approach a patient's healthcare from a more wholistic viewpoint. We teach the patient about their current state of health, which includes answering the question of why they are on the prescriptions they are on. We take more time learning about the patient's overall health condition and all treatments they are doing. We are the only providers with extensive training on drug/herb interactions and with 75-86% of Americans on supplements this is now becoming a necessary skill when prescribing.

We are educated equally or more than other professions with these abilities in this state.

We are safe. Malpractice rates in multiple other states demonstrate this.

Our patients, North Dakota citizens and your constituents are requesting this, and we can help alleviate the provider shortage.

We take our professions tenant of First, Do No Harm very seriously.

I have included handouts on other states prescribing abilities, naturopathic safety information and an overview of ND, MD/DO and NP medical training.

Now I would like to show a short, informative video about our education and profession and after the video I would stand for any questions. I strongly encourage a DO PASS on SB 2274. Thank you for your time and attention.



## MEDICAL CAREERS

Have you ever wondered what the difference is between medical careers? There are multiple routes one can take, each with their best fit for the career and lifestyle you want to have. We break down 3 common paths, their similarities, differences, and more.



### NATUROPATHIC DOCTOR

Naturopathic medicine is a distinct health care profession that combines the wisdom of nature with the rigors of modern science. Naturopathic doctors (ND) are trained as primary care providers who diagnose, treat and manage patients with acute and chronic conditions, while addressing disease and dysfunction at the level of body, mind and spirit.

### MEDICAL/OSTEOPATHIC DOCTOR

Medical doctors (MD/DO) are a physician, specialist or surgeon who takes a biological approach to healing. Their education is disease specific. They utilize various techniques and tests to diagnose a patient's symptoms and develop a treatment plan to address the disease.

### NURSE PRACTITIONER

Nurse Practitioners (NP) are advanced practice nurses. As clinicians they blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective and personal touch to health care.



## CONTACT US

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# ND, MD/DO, NP: WHAT'S THE DIFFERENCE?

# PRIMARY CARE TRAINING

# REQUIREMENTS/ COURSEWORK

# WORK ENVIRONMENTS

	ND	MD/DO	NP		ND	MD/DO	NP		ND	MD/DO	NP
Medical Assessment and Diagnosis	✓	✓	✓	Years of Undergraduate Medical Education	4	4	4	Interprofessional Outpatient Clinics	✓	✓	✓
Patient Management	✓	✓	✓	Two Years of Classroom Instruction	✓	✓	✓	Concierge or Telemedicine Practice	✓	✓	✓
Communication and Collaboration [Leadership and Health Delivery System Competencies]	✓	✓	✓	Average Credits First Two Years	191	91	136 <sup>1</sup>	Non-profit and Underserved Community Clinics	✓	✓	✓
Professionalism	✓	✓	✓	Minimum Hours of Clinical training/Clerkship (before residency)	1200 <sup>2</sup>	1760	1000 <sup>3</sup> 1364	Administration	✓	✓	✓
Career Development and Practice Management	✓	✓	✓	Department of Education Accreditation Recognition	✓	✓	✓	Research	✓	✓	✓
Systems-based Practice	✓	✓	✓	Biomedical sciences (anatomy, biochemistry, neuroanatomy, embryology, histology, pharmacology)	✓	✓	✓	Academia/Education	✓	✓	✓
Practice-based Learning, Research and Scholarship	✓	✓	✓	Pharmaceutical Training	✓	✓	✓	Supplement and Natural Products Industry	✓	✓	✓
				Clinical Judgment/ Problem-Solving Skills	✓	✓	✓	Entrepreneurship/Private Business	✓	✓	✓
				Cultural Competence and Health Care Disparities/Societal Problems	✓	✓	✓	Hospitals	★ <sup>8</sup>	✓	✓
				Medical Ethics	✓	✓	✓	Pharmaceutical Industry		✓	✓
				Communication and Interprofessional Collaboration	✓	✓	✓				
				Scientific Method/ Clinical Research	✓	✓	✓				
				Years in Residency Training	1-3 Optional	3	None <sup>4</sup>				
				Lifestyle Counseling	✓						
				Botanical Medicine	✓						
				Physical Medicine and Hydrotherapy	✓	★ <sup>5</sup>					
				Nutrition	100-220 Hours	0-70 <sup>6</sup> Hours	10-19 <sup>7</sup> Hours				



SCAN ME



1 Reflects NP didactic education spread throughout education years per California requirements, 270 credit hours over four years = 67.5 hours per year.  
 2 Minimum hours for the median osteopathic college clerkship per 2018-2019 Weeks of Clinical Clerkship Hours by Osteopathic Medical College from AACOM. There are no minimum clerkship types, weeks or hours required for accreditation of a medical school by LCME or AACOM. LCME does not report on weeks of clerkship per medical school.  
 3 Includes clinical hours from required registered nursing training. Clinical hours for NPs vary, 600 hours is the minimum requirement.  
 4 NP specialization occurs during education tracks  
 5 Includes Osteopathic Manipulative Medicine only  
 6 Overall, medical students received 19.6 contact hours of nutrition instruction during their medical school careers (range: 0-70 hours); the average in 2004 was 22.3 hours.  
 7 Majority of NP programs with 10 to 19 clock hours of nutrition education  
 8 Most NPs practice in outpatient settings, however there are some instances of NDs being employed in hospital settings

References: LCME Functions and Structure of a Medical School (2021-2022) | <https://lcme.org/publications/standards> | CNME Accreditation Handbook (2020) | <https://cnme.org/wp-content/uploads/2020/01/CNME-Accreditation-Handbook.pdf> | AACOM Reports on Curriculum (2018-2019) | <https://www.aacom.org/reports-programs/initiatives/aacom-reports/curriculum> | Criteria for Evaluation of Nurse Practitioner Programs (2016) | <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf> | NONPF Core Competencies (2017) | [https://www.pncb.org/sites/default/files/2017-02/NONPF\\_Core\\_Competencies.pdf](https://www.pncb.org/sites/default/files/2017-02/NONPF_Core_Competencies.pdf) | Population Focused Nurse Practitioner Competencies | [https://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Population\\_Focused-NP-Competencies-2013.pdf](https://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Population_Focused-NP-Competencies-2013.pdf) | ND AANMC Competencies (2019) | DO Competency Domains | AAMC PCRS Competencies | AAMC Weeks of Instruction and Hours Required at US Medical Schools | AAMC Clerkship Week Requirements by Curriculum Year | LCME Standards (2021-2022) Functions and Structure of a Medical School | NONPF Core Competencies (2017) | [https://www.pncb.org/sites/default/files/2017-02/NONPF\\_Core\\_Competencies.pdf](https://www.pncb.org/sites/default/files/2017-02/NONPF_Core_Competencies.pdf) | [https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies20170519\\_NONPFCoreCompContent.pdf](https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies20170519_NONPFCoreCompContent.pdf) | Touger-Decker, R., Benedict-Sanzato, J. M., & O'Sullivan-Mallat, A. (2011). Nutrition education in health professions programs: a survey of dental, physician assistant, nurse practitioner, and nurse midwifery programs. Journal of the American Dietetic Association, 101(1), 83-89 | <https://pubmed.ncbi.nlm.nih.gov/20736683/>

For more information, visit [www.aanmc.org](http://www.aanmc.org)

## Naturopathic Doctor (ND) Prescribing Rights by State

State	Prescriptive Rights	Supervised/Independent
Alaska	None	
Arizona	Legend drugs, Sch. II (limited), Sch. III-V; medical marijuana (see below for details & limitations <sup>1</sup> )	Independent
California	Legend drugs and Sch. III-V (see notes below)	Hormones, independent Legend drugs and Sch. III-V with supervision**
Colorado	None <sup>2</sup>	
Connecticut	None	
Hawaii	Legend drugs per <a href="#">naturopathic formulary</a>	Independent
Idaho	Noncontrolled legend drugs and testosterone <sup>3</sup>	Independent
Kansas	No legend drugs or controlled substances <sup>4</sup>	
Maine	Limited noncontrolled legend drugs <sup>5</sup>	Independent, one-year supervision required**
Maryland	None <sup>6</sup>	Independent
Massachusetts	None	
Minnesota	None <sup>7</sup>	
Montana	Legend drugs and Sch. II-V per <a href="#">formulary</a>	Independent
New Hampshire	Legend drugs and Sch. III per <a href="#">formulary</a>	Independent
New Mexico	Legend drugs and Sch. III-V, excluding all benzodiazapines, opioids, and opioid derivatives <sup>8</sup>	Independent
North Dakota	None	
Oregon	Legend drugs and Sch. II-V, with limited exceptions <sup>9</sup>	Independent
Pennsylvania	None	
Puerto Rico	None	
Rhode Island	None	
US Virgin Islands	None	
Utah	Noncontrolled legend drugs <a href="#">in formulary</a> and testosterone	Independent
Vermont	Legend drugs and Sch. II-V (must have "special endorsement" to prescribe <sup>10</sup> )	Independent after supervision for one year or 100 prescriptions**
Washington	Legend drugs + codeine and testosterone products in Sch. III-V <sup>11</sup> ; medical marijuana	Independent
Washington DC	Limited legend drugs per <a href="#">formulary</a> <sup>12</sup> and testosterone	Independent

Note: A legend drug is an FDA approved drug that can only be dispensed with a prescription from a licensed practitioner (MD, DO, ND, PA, NP, etc.). Within legend drugs, there are scheduled substances ([Schedules I-IV](#)) that may have potential for abuse and have different levels of control.

\*To access individual state statutes & rules, see <https://fnmra.org/ras>.

[Updated August 2020/AANP]

# American Association of Naturopathic Physicians

## Naturopathic Medicine is Safe

Each year since 2013, the United States Congress has recognized the safety and efficacy of naturopathic medicine by designating the second week in October as Naturopathic Medicine Week. The resolution recognizes the “value of naturopathic medicine in providing **safe**, effective, and affordable health care” Available data backs this assertion. The incidence of malpractice claims made against Naturopathic Doctors in jurisdictions where they are regulated is exceedingly low, especially as compared to allopathic physicians, and disciplinary action against Naturopathic Doctors is exceedingly rare.

Naturopathic medicine is well-established. Of 22 states and territories where Naturopathic Doctors are regulated, licensure in five of them dates back to 1935 or earlier; in the others, Naturopathic Doctors have been regulated an average of 17 years.

In the 12 states that regulate Naturopathic Doctors prescribing rights, nine report **ZERO prescriptive disciplinary actions** against Naturopathic Doctors from 2010-2020\*:

State:	Year of regulation:	Approximate # of regulated Naturopathic Doctors:	Total # of disciplinary actions against NDs in the last five years:
California	2003	1,001	0
Hawaii	1925	132	0
*Idaho	2019	19	0
Maine	1995	66	0
Montana	1991	97	0
New Hampshire	1994	88	0
*New Mexico	2019	<i>licensure in progress</i>	0
Utah	1996	62	0
Vermont	1995	338	0

\*Idaho and New Mexico became licensed in 2019, therefore ten years of data is unavailable.

Source: 2020 Federation of Naturopathic Medicine Regulatory Authorities (<https://fnmra.org/>)

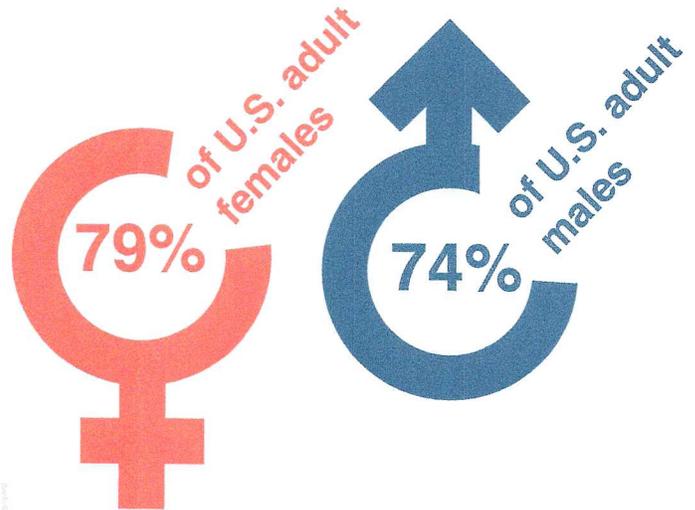
California is one of the more recent states to license Naturopathic Doctors, yet they've been licensed long enough to provide an excellent example of the safety records of Naturopathic Doctors post-licensure. California passed its licensure law in 2003 and began licensing Naturopathic Doctors in 2005. California's over 1,000 practicing Naturopathic Doctors have a pristine safety record:

- There have been **no cases of patient harm** caused by Naturopathic Doctors in California since the first licenses were issued in 2005 to date.
- Of 16,925 medical malpractice payments totaling more than \$2.7 billion made in California from 2002-2012, **none of them** were attributed to Naturopathic Doctors.

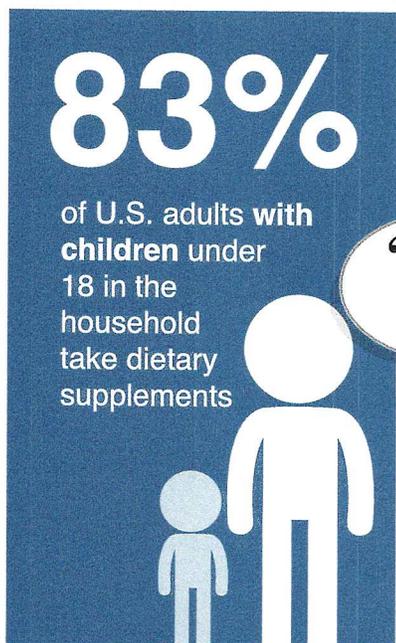
(Sources: California Naturopathic Doctors' Association, 2016; U.S. Department of Health and Human Services National Practitioner Databank).

Because of the exemplary safety record of Naturopathic Doctors, **malpractice insurance costs are low** for them. Average yearly malpractice premiums for Naturopathic Doctors practicing in full-scope states tend to be substantially lower – 30-40 percent less – than premiums for medical doctors and osteopaths.

# Who Takes Dietary Supplements? And Why?



**FACT:** Adults 18-34 are more likely to report a preference for gummies, powders, liquids, and soft chews than users 35 and over.



**“Maintaining  
my health”**

is what motivates  
parents to  
take dietary  
supplements.

The top reason Americans  
take supplements is for overall  
health and wellness benefits  
followed by:

**24%** Energy

**20%** Immune health

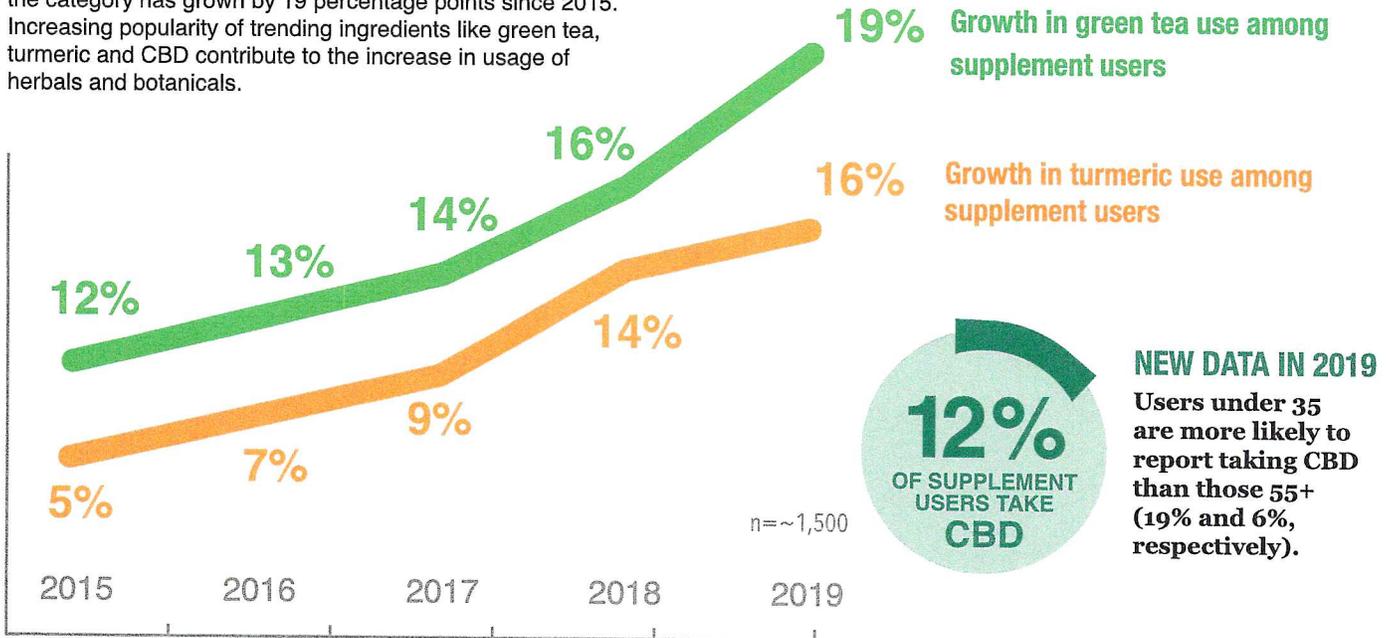
**19%** To fill nutrient gaps

**18%** Healthy aging

**18%** Heart health

# Herbals & Botanicals

**72%** of dietary supplement users have overall confidence in the safety and quality of this rapidly growing category. With 50% of total supplement users taking these products, the category has grown by 19 percentage points since 2015. Increasing popularity of trending ingredients like green tea, turmeric and CBD contribute to the increase in usage of herbals and botanicals.



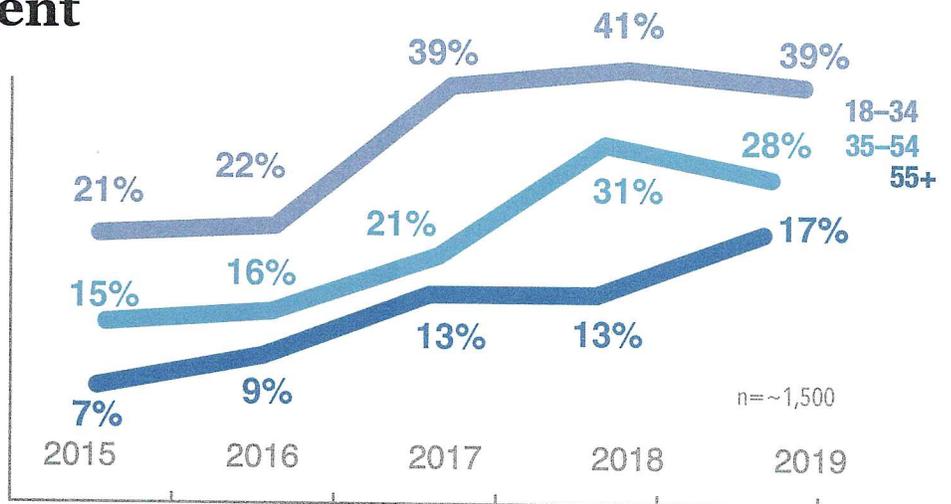
# Sports Nutrition & Weight Management

**63%** of supplement users have overall confidence in the safety and quality of sports nutrition dietary supplements, while 53% report confidence in the safety and quality of weight management supplements.

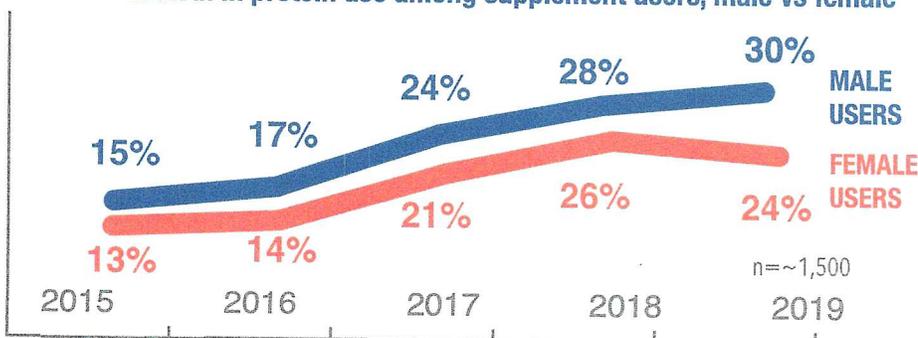
## Who takes protein?

Protein remains the most popular ingredient in both the sports nutrition and weight management categories, especially among males and the 18-34-year-old age group. Protein use continues to be higher among males than among females.

Growth in protein use among supplement users, all age groups



Growth in protein use among supplement users, male vs female



## MANAGE EXPECTATIONS

**Don't expect quick fixes!** If you are taking dietary supplements and experience immediate or dramatic effects, similar to what you might experience from a drug, that may be a signal that you are taking a spiked product. For your own safety, stop taking the product and seek the counsel of a healthcare practitioner.



## The Value of Naturopathic Doctors: Cost Effective Primary Care for Disease Prevention and Health Improvement

Naturopathic medicine is a **medical system defined** by its philosophy including health promotion, disease prevention, and health care education for patient empowerment. Studies from Washington State show naturopathic medicine **costs insurers and consumers less** than conventional care.<sup>1</sup> Patients utilizing naturopathic medicine **report high patient satisfaction and health improvement**. Naturopathic Doctors (NDs) are already providing cost-effective primary care – inclusion in essential benefits packages will expand access and help solve the current health care shortage crisis.<sup>3</sup>

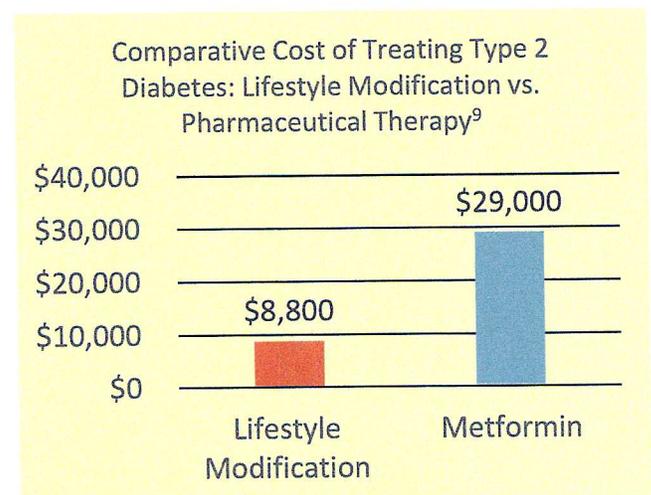
### What Does Naturopathic Medicine Cost?

#### High Quality Care at Low Cost

- Analysis on the impact of Washington State's 1996 Every Category of Provider law found that the "impact [of including naturopathic doctors] on premiums was modest – **generally less than 2%.**"<sup>4</sup>
- After 6 years of insurance coverage of ND Primary Care Providers (PCPs) in WA state, visits to NDs made up just 1% of all outpatient provider visits but accounted for **only 0.3% of the dollars paid out by insurers.**<sup>5</sup>
- A Washington study found that 67.7% of patients who receive naturopathic care do not receive concurrent care from an MD/DO: **naturopathic care is not "add-on" medical care in the majority of cases.**<sup>7</sup>

### Naturopathic Medicine for the Prevention of Type 2 Diabetes

- The Diabetes Prevention Trial demonstrated that the prevention of type 2 diabetes by diet and lifestyle therapies was **more cost effective than pharmaceutical therapy** in high-risk patients.<sup>9</sup>
- For each quality-adjusted life years (QALY) saved, a lifestyle modification program costs \$8,800 while metformin therapy costs \$29,000. Additionally, the lifestyle modification program was shown to be **cost-effective in all adults**, while metformin was not cost-effective after age 65.<sup>9</sup>
- Naturopathic doctors are experts in guideline-directed, evidence-based lifestyle modification for diabetes. Four studies to date have demonstrated improvements in blood sugar control among patients working with NDs. Additional benefits of the treatment included weight loss, lower blood pressure, and less depression.<sup>10</sup>



<sup>1</sup>Tais S, Oberg E. (2013) The Economic Evaluation of Complementary and Alternative Medicine. Natural Medicine Journal.

<sup>2</sup>Stewart, D., Weeks, J., & Bent, S. (2001). Utilization, patient satisfaction, and cost implications of acupuncture, massage, and naturopathic medicine offered as covered health benefits: a comparison of two delivery models. *Alternative therapies in health and medicine*, 7(4), 66.

<sup>3</sup>Michael S. Goldstein, PhD, and John Weeks, (2013). 'Naturopathic Physician Chapter'. In: e.g. Tolkien, J.R.R. (ed), *Meeting the Nation's Primary Care Needs*. 1st ed. Seattle, WA: Academic Consortium for Complementary and Alternative Health Care. pp.e.g. (32-48).

<sup>4</sup>Watts CA, Lafferty WE, Baden AC. The effect of mandating complementary and alternative medicine services on insurance benefits in Washington state. *J Altern Complement Med*. 2004; 10:1001-1008.

<sup>5</sup>Lafferty, et al. Insurance Coverage and Subsequent Utilization of Complementary and Alternative Medicine Providers. *Journal of Managed Care*. July 2006.

<sup>6</sup>The Cost Effectiveness of Naturopathic Delivery of Oregon Medicaid Services Statistics provided by Leslie Hendrickson, Office of Medical Assistance. Feb 11, 1991

<sup>7</sup>Cherkin DC, Deyo RA, Sherman KJ et al. Characteristics of visits to licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians. *J Am Board Fam Pract*. 2002; 15:463-472.

<sup>8</sup>Henny, Geoffrey C., Alternative Health Care Consultant, King County Medical Blue Shield (KCMBS), *Phase I Final Report: Alternative Healthcare Project, 1995*

<sup>9</sup>Herman WH et al.; Diabetes Prevention Program Research Group. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. *Ann Intern Med*. 2005 Mar 1; 142(5):323-32.

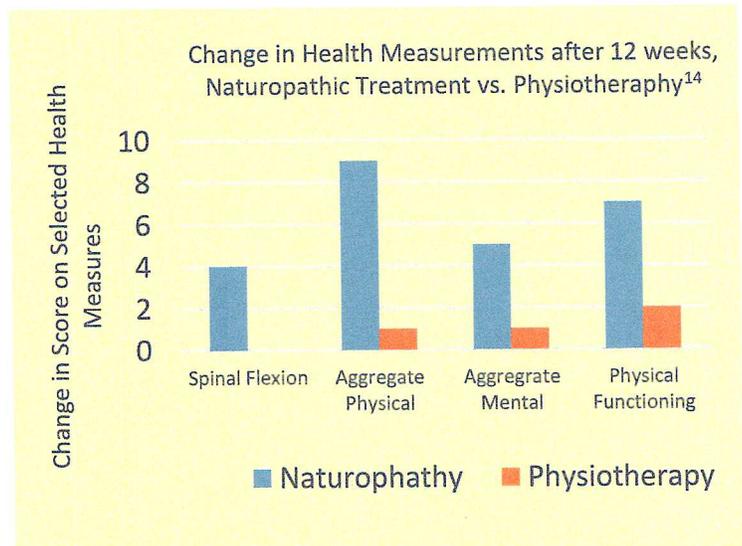
<sup>10</sup>Bradley RD, Oberg EB. Naturopathic Medicine and Diabetes: a Retrospective from an Academic Clinic. *Alternative Medicine Review* 2006; 11(1):30-39

## Naturopathic Medicine Reduces Cardiovascular Disease (CVD) Risk

- CVD is the leading cause of death in the United States and is associated with high direct medical costs and indirect costs, e.g. loss of productivity.<sup>11</sup>
- A recent study has shown that one year of care under the supervision of a naturopathic doctor resulted in a 3.07% reduction in 10-year CVD event risk compared to patients receiving only conventional care.<sup>12</sup>
- The same study found that after one year, naturopathic patients were 16.9% less likely to have developed metabolic syndrome than conventional care patients.<sup>12</sup>
- A university meta-review of studies on the impact of diet on cardiovascular health concluded that “changes in dietary habits are generally cost-effective, and the means are widely available. Through heightened attention of health professionals and the public to current data on appropriate nutritional practices, better measures can be adopted to help reduce cardiovascular risk at a public health level.”<sup>13</sup>

## Naturopathic Medicine Improves Lower Back Pain and Other Musculoskeletal Complaints, Getting People Back to Work at Lower Costs

- Ineffective pain care cost U.S. employers \$297.4 to \$335.5 billion in lost productivity in 2010.<sup>14</sup>
- A randomized controlled trial found significant decreases in pain and increases in range of motion in workers who received naturopathic care versus usual care. Quality of life also improved ( $p < 0.0001$ ).<sup>15</sup>
- A randomized controlled trial of rotator cuff tendinitis found reduced pain ( $p < 0.001$ ) and less disability ( $p = 0.0002$ ) among postal workers treated by naturopathic doctors compared to usual care.<sup>16</sup>
- From the perspective of the employer, the inclusion of naturopathic care in an essential benefits package could **avoid \$172 per day of lost productivity** at a cost \$154 per absentee day avoided, equal to a return on investment (ROI) of 7.9%.<sup>17</sup>
- Compared to conventional physiotherapy, naturopathic care was associated with improvements in symptoms and quality of life, as well as a **decrease in costs of \$1,212 per study participant**. Workplace absenteeism was also **reduced by 6.7 days per year**



<sup>11</sup> Leading cause of death. Centers for Disease Control and Prevention, 2007. Online: <http://www.cdc.gov/nchs/fastats/heart.htm>

<sup>12</sup> Seely, Dugald, et al. "Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial." *Canadian Medical Association Journal* 185.9 (2013): E409-E416.

<sup>13</sup> Zarraga, Ignatius GE, and Ernst R. Schwarz. "Impact of dietary patterns and interventions on cardiovascular health." *Circulation* 114.9 (2006): 961-973.

<sup>14</sup> Institute of Medicine of the National Academies Report. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, 2011. The National Academies Press, Washington DC. (page 260). [http://books.nap.edu/openbook.php?record\\_id=13172&page=260](http://books.nap.edu/openbook.php?record_id=13172&page=260)

<sup>15</sup> Szczerko, Orest, et al. "Naturopathic care for chronic low back pain: a randomized trial." *PLoS One* 2.9 (2007): e919.

<sup>16</sup> Naturopathic Treatment of Rotator Cuff Tendinitis Among Canadian Postal Workers: A Randomized Controlled Trial. *Arthritis & Rheumatism (Arthritis Care & Research)*, Vol. 61, No. 8, August 15, 2009, pp 1037-1045.

<sup>17</sup> Herman PM, Szczerko O, Cooley K, Mills EJ. Cost-effectiveness of naturopathic care for chronic low back pain. *Altern Ther Health Med* 2008; 14(2): 32-39.

SB 2274 – Naturopathic Scope Bill  
Senate Human Services Committee  
February 1, 2021

Good morning, Madam Chair and Committee Members,

My name is Jennifer Bina. I am here today urging you to make a Do Pass recommendation for Senate Bill 2274 – Naturopathic Bill. I am a teacher and have worked for Bismarck Public Schools for 12 years. My husband and I are life-long residents of North Dakota and have been seeing a Naturopathic Doctor in Bismarck for the last five years.

We originally became involved with Naturopathic Medicine during a time when my husband was experiencing both acute and chronic health concerns. At our first visit with the Naturopathic Doctor, we were immediately impressed by the extensiveness of her medical training, her warm and compassionate nature, and her attentiveness to our concerns or questions. As my husband's health concerns resolved and our family grew in number, we continued to use our Naturopathic Doctor for many of our family's primary care needs.

Our Naturopathic Doctor has continuously proven herself to be competent and effective as our primary care provider. We are confident and trust in her ability to assess, diagnose, and treat acute or chronic conditions using the appropriate therapies for the right situation. She takes the time to educate us about disease prevention and explains all possible treatment options as well as their associated benefits, risks, and expected outcomes.

Under the state's current scope of practice, Naturopathic Doctors cannot dispense pharmaceuticals; this is a disadvantage to consumers as it requires them to make unnecessary visits to additional medical providers and dictates where they can spend their healthcare dollars. If I am seeing my Naturopathic Doctor and an antibiotic is recommended, I am then required to see additional healthcare providers to dispense the antibiotic that was originally recommended by the Naturopathic Doctor. North Dakotans deserve the freedom to choose where to spend their healthcare dollars without redundant medical visits because of the current restriction in prescription writing privileges for Naturopathic Doctors within our states.

Since I began seeing a Naturopathic Doctor, it has become more difficult to schedule appointments with her due to the increased demand for Naturopathic Medicine in our state and her large patient population. As Naturopathic Medicine continues to grow in popularity, our small but impactful group of 8 Naturopathic Doctors in North Dakota cannot keep up. Attaining more Naturopathic Doctors in our state would increase access to and provide more opportunity to utilize Naturopathic Medicine for all citizens including myself and my family. To match increased demands, it would be most

beneficial for our citizens and for our economy to pass this bill and increase Naturopathic scope of practice. This action would make our state more appealing to new graduates as it would allow them to practice Naturopathic medicine as a full-scope primary care health provider.

Our North Dakota Naturopathic Doctors have proven themselves to be qualified and effective primary care providers for my family, myself, and many other citizens throughout the state. I am asking for your support and urge a Do Pass recommendation on Senate Bill 2274 – Naturopathic Bill. Thank you for your time.

Jennifer Bina

SB 2274 Naturopathic Scope Bill  
Tonya Loken, ND, MS, RN, BSN  
Senate Human Services Committee  
February 1, 2021

Good morning Madam chair and members of the committee. My name is Dr. Tonya Loken and as practicing naturopathic doctor for the last four years and now a family nurse practitioner student, I am very equipped and educated to speak to the competency and preparation of the naturopathic doctor to take on the role of a prescribing provider.

My naturopathic medical school education was a four-year post baccalaureate doctoral degree. The naturopathic doctoral curriculum included basic science courses like anatomy, physiology, genetics, and biochemistry. These courses are most often taken by other doctoral level programs such as the medical doctor, osteopathic doctor, optometrist, and dentist. Clinical science courses included three pathology courses, four laboratory interpretation and diagnostic courses, four physical exam courses, four clinical diagnosis courses, three pharmacology courses and three diagnostic imaging courses. These courses prepare the naturopathic doctor to recognize the disease process, diagnose, and begin to learn the appropriate treatment for each disease and syndrome. The pharmacology training a naturopathic doctor receives includes three separate course which discuss the mechanism of action, drug safety, proper monitoring, appropriate prescribing and deprescribing, contraindications, and drug herb interactions. In addition, body systems courses such as endocrinology, cardiology, gastroenterology, gynecology, and ear, nose and throat allowed us to take a deep dive into the pathology and associated pharmacology treatment that would be appropriate for each system. These body systems courses prepared us to better understand how each drug would interact within that system and what effect it would have when given with another drug.

These rigorous courses prepared me for the fifteen hundred hours of direct patient care that I completed over the last two years of my education. During those patient contact hours, I assessed,

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Senate Human Services Committee  
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ordered the appropriate tests, and prescribed or deprescribed the proper pharmaceutical treatment for my patients under the guidance of our attending physician. The extensive coursework and hands on practical experience should be evidence enough to convince you of the naturopathic doctor's ability to be a safe and effective provider. The same or more coursework, patient contact hours, and board exams that our other colleagues who are physician assistants and nurse practitioners have and are allowed prescriptive authority. However, despite my comprehensive training, I am unable to prescribe as a naturopathic doctor in the state of North Dakota.

Because I see the value in all the tools I have been trained to use, pharmaceuticals being one of them, I knew I needed to find a way to use them in my practice, to better serve my patients. I decided to obtain another degree, one which the law recognizes as able to prescribe pharmaceuticals, my family nurse practitioner degree. Because I wasn't a nurse already, I had to obtain my RN degree first. I then went to get my bachelor's degree in nursing and now I am just four months shy of graduating with my family nurse practitioner degree which will allow me to be a fully licensed, primary care provider that can prescribe pharmaceuticals. My other colleagues who practice in this state and the others that are sure to follow should not have to obtain two degrees to practice to their full training.

The course work for my family nurse practitioner degree has given me even more confidence in my education as a naturopathic doctor. My nurse practitioner education has been a great review of many of the concepts I learned while in naturopathic medical school, however I can confidently say it has not advanced my diagnostic skills, pharmacology knowledge, or my assurance in prescribing beyond what I have developed in my naturopathic medical training.

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My nurse practitioner education, which is standardized across schools to ensure a similar level of competency for boards has been less comprehensive than my naturopathic medical degree. In my nurse practitioner education, I will have had two pharmacology courses, zero lab diagnosis courses, one physical assessment course, and no diagnostic imaging courses by the time I am ready to sit for my board exam. Additionally, my patient contact hours will be a third of what I was required to have in naturopathic medical school, and my school requires more than what the minimum requirements are to be compliant and sit for your board exams.

Other professions in the state of North Dakota including dentists and optometrists are also afforded prescriptive authority with less training in pharmacology than what my colleagues and I received in naturopathic medical school. The discrepancy in who is allowed to utilize their training to its fullest is frustrating, knowing that my naturopathic education is more complete.

I hope this helps clarify why my colleagues and I continue to advocate for ourselves, our education, and all naturopathic doctors that wish to come to our state and use their full scope of knowledge and tools to treat their patients. We have as much training as our colleagues in other professions that are able to prescribe yet we have not been afforded the opportunity to use our education to its fullest. My ask today is that you understand how expansive the training and education is of the naturopathic doctor and help us add prescriptive authority to our scope of practice.

# NATUROPATHIC DOCTORS EDUCATION COMPARISON

	PA	NP	ND	MD
<b>YEARS OF UNDERGRADUATE MEDICAL EDUCATION</b>	4 Years	4 Years	4 Years	4 Years
<b>LENGTH OF PROGRAM</b>	2 Years	4 Years	4 Years	4 Years
<b>CLASSROOM &amp; ONLINE INSTRUCTION</b>	13 Months	2 Years	2 Years	2 Years
<b>AVERAGE CREDITS FIRST TWO YEARS</b>	88	63	130	91
<b>CLINICAL TRAINING (BEFORE RESIDENCY)</b>	Primary Care in 30 Weeks + 16 Weeks Specialty	1020 Hours	143.5 Credits 1578 Hours	148 Credits 1632 Hours
<b>CLINICAL SUPERVISION</b>	46 Weeks	2 Years	2 Years	2 Years
<b>PHARMACOLOGY CREDITS</b>	4	5	6	8/10
<b>NUTRITION &amp; LIFESTYLE CREDITS</b>	0	2	12-20	0-4

<b>Curriculum Comparison</b>		
	<b>Naturopathic Doctor</b>	<b>Nurse Practitioner</b>
<b>Pharmacology</b>	3 courses (8 credits)	2 courses (6 credits)
<b>Anatomy</b>	2 courses (4 credits)	Undergraduate only
<b>Physiology</b>	3 courses (22 credits)	Undergraduate only
<b>Biochemistry</b>	2 courses (6 credits)	Undergraduate only
<b>Lab Diagnosis</b>	4 courses (8 credits)	Discussed in other courses
<b>Pathology</b>	4 courses (14 credits)	1 course (3 credits)
<b>Physical Diagnosis</b>	3 courses (15 credits)	1 course (3 credits)
<b>Diagnostic Imaging</b>	3 courses (7 credits)	Briefly mentioned throughout courses
<b>Gynecology</b>	1 course (4 credits)	Included with another course
<b>Nutrition</b>	4 courses (12 credits)	Brief discussion for infants and children
<b>Cardiology</b>	1 course (3 credit)	Discussed in other courses
<b>Pediatrics</b>	1 course (3 credit)	Included with another course
<b>Eye, ears, nose, throat</b>	1 course (2 credit)	Discussed in other courses
<b>Dermatology</b>	1 course (2 credit)	Discussed in other courses
<b>Geriatrics</b>	1 course (2 credit)	1 course (3 credits)
<b>Medical genetics</b>	1 course (1 credit)	Briefly mentioned in pharmacology regarding prescriptions
<b>Endocrinology</b>	1 course (2 credit)	Discussed in other courses
<b>Neurology</b>	1 course (2 credit)	Discussed in other courses
<b>Urology</b>	1 course (2 credit)	Discussed in other courses
<b>Proctology</b>	1 course (1 credit)	Discussed in other courses

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<b>Oncology</b>	<b>1 course (2 credit)</b>	Discussed in other courses
Total Credits for Program	<b>193</b>	45

Chairman Lee and members of Human Services Committee

Thank you for the opportunity to testify on SB 2274

Good morning, I'm Pharmacist Kevin Oberlander. I was born and raised in Mott, ND, graduated from NDSU College of Pharmacy in 1980. Walked into Bismarck Pharmacy in April of that year to serve as a pharmacy intern. I never left and have been employed as a Pharmacist by this one corporation in Bismarck. Forty-one years later my wife and I own and operate this same pharmacy now known as Dakota Pharmacy.

My dream was to build what is known in our circles as a hybrid pharmacy which we have done. We have a traditional retail pharmacy, two compounding labs known as Dakota PrecisionRx Labs and Dakota Natural Health Center where we employ a Registered Nurse and two Doctors of Naturopathic medicine.

As you can only imagine in these 40 plus years these eyes have looked at, deciphered, filled and consulted with prescribers and patients on thousands of prescriptions. I have seen the prescriber landscape change dramatically with the inclusion of nurse practitioners and physician assistants for example attaining prescriptive privileges. At the onset of the inclusion of these privileges I had some reservations. But it didn't take long to realize that these caregivers were highly talented, well-educated and not afraid to reach out for help if needed. I consulted with many new prescribers, especially nurses that had advanced their careers to become Nurse Practitioners. Many of them have become close friends and colleagues that I refer patients to and consult with on a daily basis.

Fast forward to February 2004 when Dr Faye Johnson, ND and a recent graduate of Bastyr University walked into our pharmacy, owned by Pharmacist Tony Welder at that time. She was interested in our

thoughts on the possibility of success if she started a clinic in Bismarck. With our futuristic goals of expanding our hybrid pharmacy setting we jumped at the chance to bring Dr Johnson on board and she joined our staff. Dr Beth Allmendinger, ND and also a graduate of Bastyr followed in October of 2011. And finally, Dr Stephanie Nishek, ND joined us in November of 2016 bring our total to three Naturopathic Doctors. Dr Faye Johnson has since moved into her own independent practice but Dr. Beth Allmendinger and Dr. Stephanie Nishek continue to work side-by-side with our pharmacy staff.

In 2011 the State of North Dakota established the North Dakota Board of Integrative Health Care. One of the duties of this Board was to License Naturopathic Doctors. I was appointed to the first ND Board of Integrative Health Care by then Governor Dalrymple as the Pharmacist on the Board and served two terms and a total of five years.

As a Pharmacist I have absolutely no reservation in Naturopathic Doctor's abilities to add prescriptive privileges to their practice. They are competently educated and as I have witnessed firsthand highly skilled. Fourteen states currently allow Naturopathic Doctors to prescribe in some capacity including Montana. I have 16 plus years working every day with Naturopathic Doctors not only in our pharmacy but consulting with other licensed individuals in North Dakota. Often these consults are about the appropriate treatment which may include supplementation or prescription medications. If a prescription medication is warranted the patient must have the Naturopathic Doctor consult with their prescriber or make another appointment with that prescriber to seek treatment. Obviously, this can be a barrier to therapy for that individual patient or limits the choices the patient is making in their health care treatment.

What is most bothersome to me is that if we receive a prescription from a Naturopathic Doctor who is licensed to prescribe in the state they practice and the patient resides in North Dakota we can fill that prescription. So, as an example, and it does occur, a snowbird will see a Naturopathic Doctor in Arizona and upon returning to North Dakota will present the prescription to our pharmacy to be filled. I do know that patients will travel to a state where a Naturopathic Doctor can prescribe so they can get the care that they are seeking. I have a hard time with the idea that I can fill that prescription from a Naturopathic Doctor outside of our state but can not do so for these competent individuals that see patients in the same building as Dakota Pharmacy or Dakota PrecisionRx Labs or someone that practices Naturopathic Medicine maybe 5 blocks from us.

Please consider a do pass on Senate Bill 2274

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**Senate Human Services Committee**  
**Jeff Schmidt**  
**February 1, 2021**

Good Morning Madam Chair and Members of the Senate Human Service Committee. My name is Jeffrey (Jeff) M Schmidt. I am here as a skeptic, who has become a believer in Naturopathic Medicine. My wife has gone to Naturopathic doctors and Nurse Practitioners for a long time and my sister was after me forever to go to Dr Link to investigate my thyroid concerns. I would tease my sister mercilessly about going to quacks and taking natural medications. I totally believed in staying with standard medical doctors within my insurance payment plan. But I changed my mind after Dr Link saved my life!

My experience with the main stream medical establishment for the treatment and care for my thyroid condition is lengthy and spans for decades and quite frankly is still unbelievable for anyone believing in traditional medicine. I would like to point out that I was always a skeptic of Naturopathic Medicine until my personal experience proved otherwise. I had reached a point in my care that I felt very strongly that I had to try something else, so I decided to give Naturopathic Medicine 1 year to improve my health and change my skepticism, as I had nothing to lose trying, or just give up trying to improve my health. Wow what a difference Naturopathic Medicine has made in my life and what a path it was to get here.

I am 60 years old so I have had quite a bit of time dealing with medical doctors. Both of my parents had thyroid issues and had the usual, the only treatment for thyroid – cut it out. So many times, when I went in for checkups, doctors would take one look at my enlarged eyes and goiter in my neck and say you obviously have thyroid issues. Then they would run the one standard test, TSH, Thyroid Stimulating Hormone, and low and behold it was within the wide normal range, so nothing could be done! One doctor wanted to immediately kill it with radioactive iodine, of course! I said to that doctor, I am allergic to iodine, when I was swabbed with betadine it resulted in a major burn with blisters over the entire area of the betadine swab, so I refused the treatment of killing off the thyroid with iodine. Having dealt with my own and family thyroid issues, I have done a lot of reading and studying it.

About 3 years later the goiter was even bigger which had me again pursuing medical consult and now a different M.D. Finally, a doctor here in Bismarck (who had an autoimmune disease himself) ran all 3 thyroid tests (TSH, T4, T3). The TSH again came back in the normal range but the T3 and T4 were way outside of normal ranges prompting the Doctor to ask how I am feeling. I answered, no different than I have in years, but he said my blood tests are so far out of acceptable range that he was surprised I wasn't in a coma and we need to start treating with Synthroid immediately and return for blood tests in 6 weeks. So, I was finally put on the standard Synthroid medication which did help me feel better and reduce my goiter.

At this time my blood tests were mostly within normal ranges and I was feeling well overall for quite a few years. Due to circumstances out of my control my insurance coverage changed to Blue Cross of South Dakota and their benefits regarding my prescription medications changed from Blue Cross of North Dakota. They would no longer allow coverage for brand name thyroid medications and I had to use only generic thyroid medications if I wanted the insurance to cover the costs. Upon starting the generic medication, I would itch all over, especially my

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hands. After I talked to the pharmacists, we determined that I was reacting to the generic brand. The pharmacists thought it could be the fillers which make up the generic pill, causing the itching. The insurance company did not care, so I had to either use the generic regardless of complications or purchase thyroid medications totally at my expense.

I decided, that since I was going to pay for 100% of the cost of thyroid medications, I wanted to try a natural thyroid medication Armour due to the reaction of the generic. My doctor was open to trying the medication Armour. I immediately felt much better, but there was constant testing and readjusting. Unfortunately, my doctor moved to administration, so I was forced to see a new doctor. The new doctor tried to help with adjustments but he didn't really want to be bothered trying to figure out what dosage I was needing and even admitted he does not know a lot about thyroids.

I began to start feeling poorly again and was beginning to have more skin eruptions, which I thought was sensitivity to more and more foods. I really, truly wanted to stay within mainstream medical treatments. I thought I would try another doctor because I just wanted to have the same doctor for my regular physical checkups and also take care of my thyroid as that was really my only other medical concern. But this doctor asked me why I was even there and said he is not about to be messing around adjusting thyroid medication. I was even told by that M.D. that they don't pay the doctor to get involved with 'thinking' to figure out what isn't easy thyroid adjustments. And that doctor even said my theory of food causing issues is the dumbest thing he had ever heard a patient say. This left me feeling very lost as how to proceed. I had reached the point now that I just needed someone else to evaluate my condition that can think outside the box or just willing to put some thought into what might be happening. Who could help me? My sister had been recommending for years that I should see Glen Hyland, M.D. and Lezlie Link, N.D., as they helped her, her daughter, and her granddaughter with their thyroid issues. That last visit with a regular medical doctor, was the last straw for me and the beginning of me being treated by a naturopathic doctor.

Dr Link ordered an ultrasound for a base line and there were still lumps and bumps in my thyroid. We did a second follow up ultrasound 6 months later and that looked like there were further changes. Now, I had an ultrasound years before that another doctor had ordered, but just for a base line and we'll just watch it. But what they were watching, I don't know as they never ordered another one. Dr Link followed up again and ordered a biopsy of my thyroid to check out the strange nodules. The radiologist broke several biopsy needles on my very hard nodule, so that was strange. The lab could not determine if there was any cancer. Dr Link referred me on to an ENT (Ear, Nose, Throat) doctor and he recommended a total thyroidectomy. My pathology report showed cancer in my thyroid, the ENT doctor said, luckily it was all still encapsulated within the thyroid. Now one year post surgery I am healthy and feeling better than I have in decades. I have continued working with Dr Link on adjusting my thyroid medication under the direction of Dr Hyland's oversight for the last 15 months.

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My decision to be seen by a Naturopathic Doctor was my best decision, I only wish I would have made it decades ago. I believe, had I continued to tolerate the care of medical providers in regards to my thyroid, no one really knows where my health situation would be now. I feel so much better than I use to. It is amazing what a person will put up with when a person does not know what could or should be, and how much better, healthier they can feel. I still believe traditional medicine is awesome if you have a gunshot wound or something very obvious, but if you have a health situation that requires a puzzle master to sort through the clues, a Naturopathic Doctor is the way to go, because if there is something out of their scope, they are not afraid to refer you to the specialist needed. I am very pleased with my experience with naturopathic medicine and have all intentions of keeping them a part of my care. It would be nice if insurance companies would start accepting naturopathic medicine into the main stream medicine and start accepting claims from them as normal medical services without doubling deductibles. I have no way of quantifying how many \$ dollars my case will save the medical insurance and myself over the long term but strongly feel it will be substantial. So, I give credit to Dr Link, my Naturopathic doctor, for saving my life. Without her ordering the necessary imaging and tests, my cancer could have advanced without any one caring to follow up and catching it so early.

I do recommend a DO PASS on SB 2274 Naturopathic Bill.

Respectfully,

Jeffrey M Schmidt

Good morning Madam Chair and members of the committee, My name is Dr. Terra Provost and I am a licensed Doctor of Naturopathic Medicine (ND) in North Dakota. I am in my eighth year of practice as a licensed naturopathic doctor. I have practiced in Arizona, California and have now been licensed in North Dakota since 2017.

I would like to speak to you today in support of Senate Bill 2274 to expand the scope of practice for naturopathic doctors in North Dakota to include prescribing rights. My plan after medical school had been to open a practice in Fargo, North Dakota, as it is the largest city close to my family in rural Minnesota and at that time there were no naturopathic doctors in Fargo. After graduation however, I made the difficult decision to practice in Arizona and later California, because both were states that allowed me to prescribe, thus utilize a more comprehensive scope of the education I had received.

That scope allowed me the prescribing rights to work in both a multi-practitioner and a sole-provider setting where I regularly administered intravenous nutrition, wrote prescriptions for thyroid, hormone replacement, antibiotics and others. Thus I was able to address whatever the health care needs were of my patients walking through the door. In Arizona, I worked at The Riversource, which is a drug and alcohol rehabilitation in-patient facility. I held a DEA license for prescribing purposes where I managed not only prescriptions for incoming patients, but also managed detox reactions by writing prescriptions for benzodiazepines and tapering individuals from opiates, alcohol and other addictive substances.

When my husband was given active duty orders for the Marines, we decided I should move back to the midwest to be closer to family. We moved to North Dakota due to licensure being established and having a slightly better scope in North Dakota than Minnesota. This is an example of how an expanded scope of practice will open up opportunities for naturopathic doctors from the Midwest to practice closer to home.

Practicing in North Dakota over the past three years I have had many patients require either new prescriptions or alterations of ones they are taking. These individuals choose to see me as a naturopathic doctor, pay out of pocket for the expertise given, and often will drive hours for an initial visit. They then need to pay another office visit fee, wasting both time and money. Most often the health concerns I deal with as a naturopathic doctor are lifestyle related and affect endocrine issues such as thyroid, diabetes and blood sugar dysregulation, hormone imbalances such as polycystic ovarian syndrome (PCOS) and fertility concerns, among others. I am able to recommend diet and supplement support, but often also need to send the patient to a primary care provider or refer out in another way for a prescription, which I am unable to give. The concern is, that provider may then be unaware of supplement, herb and drug interactions.

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," and urinary tract infections (UTI) are both bacterial infections easily diagnosed in-office with a swab of the tonsils and throat for strep throat or a urine sample for a UTI. These infections can both have significant long term consequences if not treated promptly. The possibility of experiencing long term consequences

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is essentially negated if antibiotic therapy is initiated promptly upon diagnosis. This is why the standard of care, even as a naturopathic doctor, is to treat with antibiotics. My 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 treatment window and creates an unnecessary financial burden on my patients and the conventional medical system.

Extending prescribing rights not only gives North Dakota residents options in their healthcare, but it also helps to address the physician shortage issue which the Association of American Medical Colleges (AAMC), published in "The Complexities of Physician Supply and Demand: Projections From 2018 to 2033", is estimated to be between 21,400 and 55,200 primary care physicians according to the Key Findings of the report as seen in the AAMC handout. In North Dakota, we have an even greater urgency, as the majority of our state is rural, which is in higher demand of trained professionals. It takes between 12-15 years to train new primary care physicians, however North Dakota has a unique ability to implement a resolution starting today by giving qualified and trained naturopathic doctors the right to prescribe.

<https://blog.definitivehc.com/factors-lead-to-physician-shortage>

The baseline physician requirement per 100,000 people is 291 according to the US Department of Health and Human Services. That demand has risen since 2000 from 253 physicians and will continue to rise, due to an aging population. Since 2018, North Dakota has dropped from 232.1 to 221.5 physicians per 100,000 people, with a population of 672,591 and 1,490 active primary care physicians in 2020. This not only drops North Dakota well below the baseline requirement, but also below the national average of 271.6 physicians per 100,000 people as of 2018.

<https://blog.nomadhealth.com/complete-list-of-states-with-the-worst-physician-shortages/>  
<https://healthprovidersdata.com/statistics/north%20dakota.aspx#PhysiciansbySpecialty>

Naturopathic doctors who want to work in rural areas of North Dakota have their hands tied with a lack of prescribing rights because they are unable to adequately care for the needs of their patients. A patient coming in to seek health care with a need for a prescription then needs to be referred to an already overworked and understaffed Primary Care or General Family Practice Provider. This is the case in all but 12 of 53 counties in North Dakota as you can see by the North Dakota Health Professional Shortage Areas: Primary Care map handout from the Center for Rural Health at University of North Dakota School of Medicine & Health Sciences.

Provided the information given to you today, I hope you can see how expanding the scope of naturopathic doctors to include prescriptive rights is not only safe and responsible, but is beneficial to the residents of North Dakota, by giving them options and accessibility when seeking quality healthcare.

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

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Supporting Documents:

1. Physician Supply and Demand: a 15-Year Outlook: Key Findings
2. North Dakota health Professional Shortage Areas: Primary Care Map

# Physician Supply and Demand — A 15-Year Outlook: Key Findings

In June 2020, the AAMC released *The Complexities of Physician Supply and Demand: Projections from 2018 to 2033*. The report includes projections across four broad categories: Primary Care, Medical Specialties, Surgical Specialties, and Other Specialties.<sup>1</sup> The study presents ranges for the projected shortages of physicians rather than specific shortage numbers to reflect uncertainties in the health care system. The report takes a separate look at the impact of an evolving health care delivery system and inequities in health care utilization.



**Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2018 and 2033, demand will grow more steeply.**

- By 2033, demand for physicians will exceed supply by a range of between 54,100 and 139,000 full-time-equivalent physicians.
- Total projected shortages by 2033 vary by specialty grouping and include<sup>2</sup>:
  - A shortfall of between 21,400 and 55,200 primary care physicians.
  - A shortfall of between 33,700 and 86,700 non-primary care physicians, including 17,100 to 28,700 surgical specialists.
- Demographics — specifically, population growth and aging — continue to be the primary driver of increasing demand from 2018 to 2033. During this period, the U.S. population is projected to grow by 10.4%, from about 327 million to 361 million.

The population aged 65 and over is projected to grow by 45.1%.<sup>3</sup> Therefore, demand for specialty physicians who predominantly care for older Americans will increase.

The total projected physician shortage persists under most likely scenarios: a moderate increase in the use of advanced practice nurses (APRNs) and physician assistants (PAs), greater use of alternate settings such as retail clinics, and changes in payment and delivery (e.g., accountable care organizations, or ACOs).

Included for a fifth year, the AAMC's analysis of Health Care Utilization Equity Scenarios found that current U.S. demand could increase by between 74,100 and 145,500 physicians if health care utilization patterns are equalized across race, insurance coverage, and geographic location. This estimate was not included in the ranges of projections.

# Physician Supply and Demand — A 15-Year Outlook: Key Findings



Tomorrow's Doctors, Tomorrow's Cures®



Though the 2020 physician workforce projections were prepared before the pandemic, we recognize that COVID-19 is likely to have short- and long-term consequences for the nation's physician workforce, including changes in the specialties physicians choose, the educational pipeline, licensure and reimbursement regulations, how medicine is practiced, and workforce exit patterns. The COVID-19 pandemic has already highlighted shortages in specialty physicians, especially those with hospital-based specialties such as critical care, pulmonary care, and emergency medicine.

## Addressing the Doctor Shortage

Addressing the shortage will require a multipronged approach, including innovation in care 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 magnitude of the projected shortfalls is significant enough that no single solution will be sufficient to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2033 is a problem that needs to be addressed now.

The study is an update to last year's report. It incorporates the most current and best available evidence on health care delivery and responds to questions received after the release of the previous report. The AAMC has committed to updating the study annually to make use of new data and new analyses and to take an active role in fostering the conversation around modeling physician workforce projections.

For more information: [aamc.org/workforceprojections](https://aamc.org/workforceprojections)

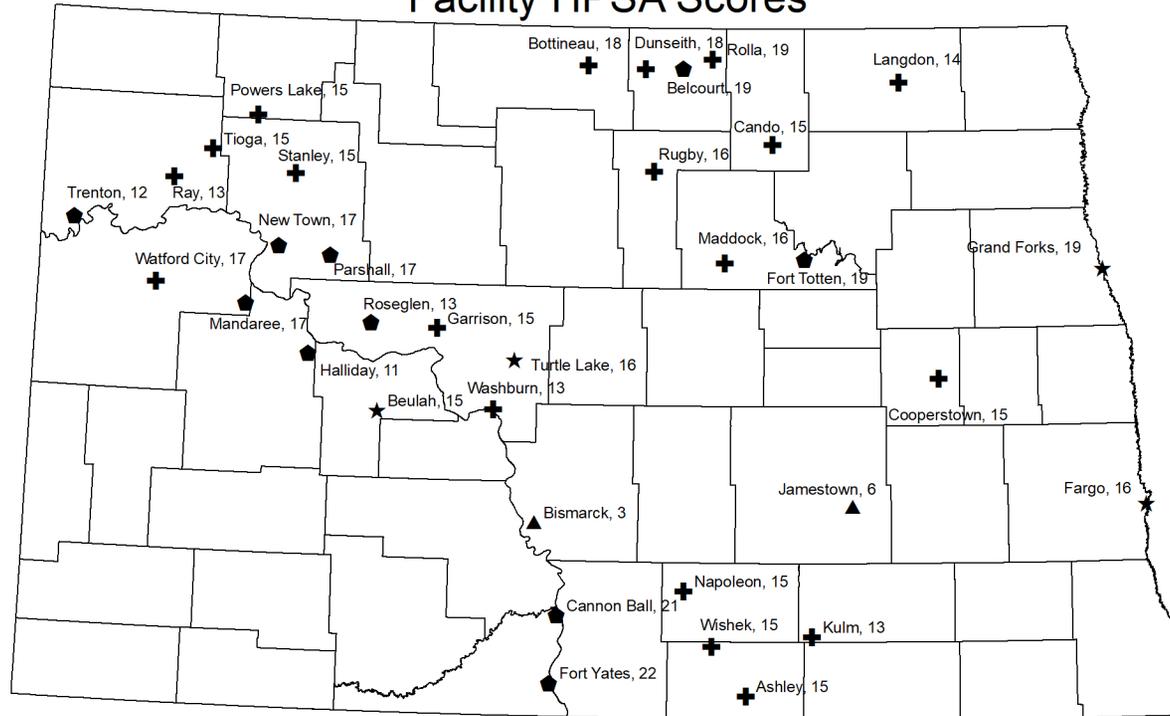
### NOTES

1. Primary Care consists of family medicine, general internal medicine, general pediatrics, and geriatric medicine. Medical Specialties consist of allergy and immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology and oncology, infectious diseases, neonatal and perinatal medicine, nephrology, pulmonology, and rheumatology. Surgical Specialties include general surgery, colorectal surgery, neurological surgery, obstetrics and 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 and rehabilitation, psychiatry, radiology, and all other specialties.
2. The range in the projected shortfall for total physicians is smaller than the sum of the ranges in the projected shortfalls 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 nonprimary care physicians. Likewise, the shortfall range for total nonprimary care is smaller than the sum of the shortfall ranges for the specialty categories.
3. U.S. Census Bureau. 2017 National Population Projections Datasets. <https://www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html>. Published 2018. Accessed Dec. 12, 2019.

# North Dakota Health Professional Shortage Areas: Primary Care

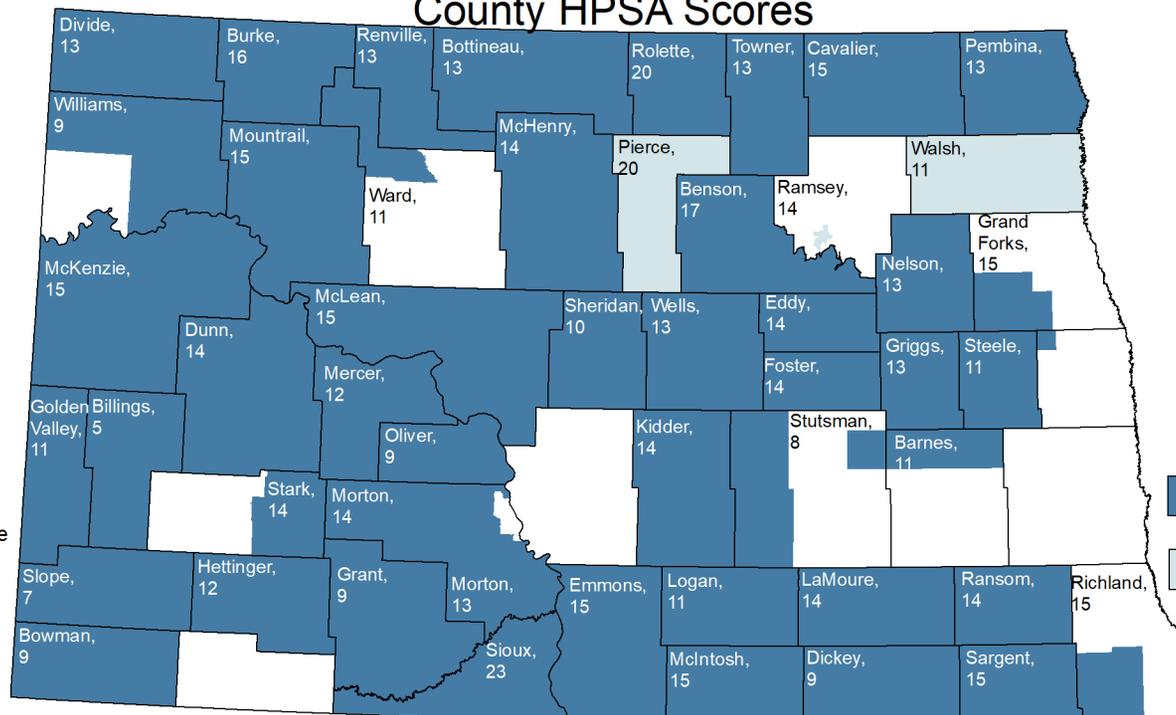
#4436

## Facility HPSA Scores



- ✚ Rural Health Clinic
- Indian Health Service
- ★ Federally Qualified Health Center
- ▲ Correctional Facility

## County HPSA Scores



- Geographic Health Professional Shortage Area
- Low Income Population Health Professional Shortage Area

Upper map is city name, facility HPSA score  
Lower map is county name, HPSA score



Source: data.HRSA.gov, U.S. Department of Health and Human Services

Created by the North Dakota Healthcare Workforce Group on 5/2020

Good Morning Madam Chair and Members of the Senate Human Service Committee. My name is Lezlie Link. I am a Doctor of Naturopathic Medicine, also known as an ND, from Bismarck. I am in support of the naturopathic scope expansion bill. I have been co-prescribing pharmaceutical drugs since my doctorate graduation in 2009. After finishing my graduate education, I started my naturopathic family residency program at Southwest College of Naturopathic Medicine in Tempe, Arizona. In my nationally accredited residency program, I oversaw the patient management of pharmaceuticals, targeted dietary interventions, lifestyle counseling, and botanical medicines alongside my attending physicians. In addition to the 2400+ patients I saw during my naturopathic medical training, I saw an additional 1200 patients. During my post-graduate residency, I oversaw the diagnostic skills, laboratory evaluation, and pharmaceutical prescribing and of 3<sup>rd</sup> and 4<sup>th</sup> year students. The residency allowed me to rotate within the Maricopa County Hospital System at their Guadalupe Community Health Center. Within the Maricopa County system, I was responsible for seeing 15-20 patients/half day which included the conventional diagnosis and standards of care of many primary care conditions such as type II diabetes, hypertension, and acute care.

After my residency ended, I was hired to oversee the clinical development and training of naturopathic, osteopathic, and medical students at Mission of Mercy. Mission of Mercy is a multistate faith-based community organization providing healthcare to the uninsured and underinsured. At MOM, my colleagues included volunteer community providers (MDs and DOs) and we evaluated and triaged an average of 200 patients a day starting at 730 in morning. We performed in house lab testing and dispensed necessary patient medications for hypertension, elevated cholesterol, diabetes, acute and chronic infections, wound management, suturing, and if necessary, sent patients to Walmart for \$9 prescriptions.

My graduate education prepared me for these experiences. I knew what questions to ask the patient, the pertinent physical exam to perform, and the standard of care guidelines before working in these facilities. These experiences didn't add to what I already knew, they taught me to be a fast decision maker and be able to see patients quickly.

In 2011, the naturopathic licensure bill passed in North Dakota with overwhelming Senate and House support and I decided that my life in Arizona as great as it was, was coming to close. I was being called home and I knew my skill set could benefit the great state of North Dakota. Honestly, I was hesitant to come back, although my family was and is all here in ND, I knew that there would be limitations to my scope of work in the state. I knew I was making a personal and professional sacrifice. I was fortunate to found Core Health Strategies in Bismarck with an open-minded internist and radiation oncologist, Glen Hyland, MD. Over the past 9 years, I have been allowed the opportunity to continue to prescribe and monitor medications under my practice partner's license. He's seen firsthand, my diagnostic and clinical decision making, lab and imaging interpretation prescribing recommendations, and specialty referrals. He'd be here today if it wasn't for post covid-19 complications. As great as our relationship is, prescribing

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under Dr. Hyland's license puts liability on him when I should be the one carrying the liability. Naturopathic doctors carry malpractice insurance and prescription writing is covered under our plans. Traditionally, naturopathic doctors have minimal malpractice premiums due to fewer disciplinary actions.

As of 2006, in states that allow naturopathic doctors to prescribe, there were no reported complaints related to patient harm or disciplinary action due to naturopathic doctor prescribing, nor were there any civil actions against naturopathic doctors for prescribing. NCMIC Insurance Company, which insures naturopathic doctors in all licensable states, stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges we have never opened a claim against a Naturopathic Physician involving prescription medications." Additionally, Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the two states with the greatest number of naturopathic doctors and the longest histories of licensure (since 1919 and 1927, respectively), found no cases against naturopathic doctors for prescription negligence and reports that "for that matter our database contained no cases against naturopaths at all."

I recommend a do pass on SB 2274.

Thank you for time,

A handwritten signature in black ink that reads "Lezlie Link, ND". The signature is written in a cursive style with a stylized "L" and "N".

Lezlie Link, ND

If you have follow-up questions, please email [dr.lezlielink@gmail.com](mailto:dr.lezlielink@gmail.com).

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February 1<sup>st</sup>, 2020

SOURCES:

Mark Cohen MH. Malpractice and vicarious liability for providers of complementary & alternative medicine. *Benders Health Care Law Mon.* 1996 Jun:3-13.

Mark Studdert DM, Eisenberg DM, Miller FH, Curto DA, Kaptchuk TJ, Brennan TA .Medical malpractice implications of alternative medicine. *JAMA.* 1998 Nov 11;280(18):1610-5.

# JVN JURY VERDICTS NORTHWEST

NORTHWEST PERSONAL INJURY LITIGATION REPORTS • WASHINGTON ARBITRATION REPORTS  
OREGON LITIGATION & ARBITRATION REPORTS • ARBITRATOR AWARD SUMMARIES  
WASHINGTON DISTRICT COURT REPORTS • IDAHO VERDICTS & SETTLEMENTS • JURY VERDICTS SEARCH

April 7, 2010

Karen Howard  
Executive Director  
American Association of Naturopathic Physicians

Dear Ms. Howard:

Upon reviewing cases contained in Jury Verdicts Northwest's database from September 2005 to present we found no cases against naturopaths for prescription negligence, or for that matter our database contained no cases against Naturopaths.

If you should have any questions, I can be reached at (425) 487-9848.

Sincerely,



Donna Davidson  
Managing Editor

dd/d

SENATE HUMAN SERVICES COMMITTEE  
FEBRUARY 1, 2021

TESTIMONY OF  
NORTH DAKOTA BOARD OF MEDICINE  
SENATE BILL NO. 2274

Chair Lee, members of the Committee. I am Dr. Michael Quast, appearing on behalf of the North Dakota Board of Medicine, in opposition of SB 2274.

The Board's primary concern with the bill is naturopaths do not possess the requisite education, knowledge, and experience to safely prescribe, dispense, and administer drugs, especially controlled substances and pain medications.

It is the mission of the North Dakota Board of Medicine to protect the health, safety, and welfare of the public – the patients and people of North Dakota. In reviewing the curriculum, a naturopath's education and training are clearly inadequate to allow them to prescribe the 4,000 pharmaceutical medications to the people of North Dakota. It is not safe, nor does it have a proven track record. In reviewing other states, I did not find a medical board in favor of allowing naturopaths to prescribe schedule II-V drugs. Very few states allow naturopaths to prescribe medications at all and most are looking for oversight by a supervising medical physician. In fact, this bill allows for more prescribing rights than even Oregon which appears to have the most liberal laws applying to naturopath's prescribing rights. This bill, as written, would allow naturopaths to prescribe opioids, fentanyl, morphine, dilaudid, benzodiazepines, chemotherapy, methylphenidate, seizure medications, ketamine, and diabetic medications. This is opposite of their training, which focuses not on medications, but on ways to avoid pharmaceutical medications.

I have a unique perspective. I am an interventional pain physician and anesthesiologist. As we all know, the opioid crisis has hit everywhere. It reflects the importance of correctly prescribing, dispensing, and administering drugs and is an area in which there is a special need for public protection. Too many opioids continue to be dispensed. Today, I spend much of my time trying to discontinue or reduce opioid medications to the lowest possible, safe and effective level. In my experience, naturopaths and their natural methods – foods, therapies, and nondrug approaches – can be helpful in reducing some individual's dependence on opioids and I welcome that perspective and goal as these are not things generally taught in a physician's education. These two practices do well to compliment each other – not to supersede beyond the scope of education and training. In the next few pages, you will see a side-by-side comparison of the difference in education and practice of naturopaths and physicians.

I have also trained in a complementary and alternative medicine program while I was in a Pain Management Fellowship at Harvard. I have a degree in Acupuncture from Harvard. The acupuncture training did not give me the skill set to be able to place my interventional needles in the spine and I needed the training that my Pain Management Fellowship Program provided me. Likewise, a few pharmaceutical courses cannot adequately train a naturopath to prescribe, dispense, and administer drugs.

The Board believes the risk of public health and safety would increase with this bill and therefore urges a do not pass. Thank you for your time and I am happy to answer any questions you may have.

## Naturopath<sup>1</sup>

### **License**

22 states register or license

### **Schools**

7 schools of naturopathic mostly located in the Pacific Northwest.

### **Patient Safety**

developing regulatory boards and regulations currently  
health quality assurance programs new and poorly established

### **Education**

4 year curriculum

courses focus on disease prevention, herbal and botanical medications, homeopathic medications, non-drug approaches, food as a medicine and natural treatments. The coursework doesn't focus on pharmaceutical medications but instead focuses on natural ways, herbs, and non-drug approaches to treat the patient. No courses in applying pharmaceutical based medications in disease states.

### **Residency Training**

None

### **Fellowship Training**

None

### **Medication Handbook**

Utilize the PDR for supplements and the PDR for herbal medicines

### **Summary**

#### **Little to no education or experience with schedule II-V medications.**

Extensive knowledge with herbal, botanical, homeopathic medications.

The volume of information for 4000 medications is just too great to be able to acquire without dedicated education and years of training.

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<sup>1</sup> Information obtained from the American Association of Naturopathic Physicians and the Institute for Natural Medicine.

## Allopathic/Osteopathic Medical Physicians

### **License**

50 states register or license

### **Schools**

191 MD/DO allopathic/osteopathic medical schools

### **Patient Safety**

Extensive continuing educational courses and peer review hospital credentialing. Well-established quality assurance programs and regulations developed over years to provide for patient safety.

### **Education**

4 years

Comprehensive courses on pharmacology with respect to pharmaceutical based medications and their application in disease states. Scheduled drug classes are studied and memorized individually and within categories for the 4000 PDR listed medications including antibiotics, heart rhythm medications, seizure medications, chemotherapy, immune function modulators, diabetic medications, and addictive medications including benzodiazepines and opioids which are a problem in the U.S.

### **Residency Training**

3-7 years prescribing and utilizing schedule II-V medications as well as observing for drug-to-drug interaction

### **Fellowship Training**

1-5 years prescribing and utilizing schedule II-V medications as well as observing for drug-to-drug interaction

### **Medication Handbook**

Utilize the PDR (pharmaceutical medications) schedules II-V.

### **Summary**

**Approximately 10 years of training with school and residency working daily with the schedule II-V medications.**

Little to no education on naturopathic methods, herbs, botanicals or homeopathic medications.



**Senate Human Services Committee  
SB 2274  
February 1, 2021**

Good morning Chairman Lee and Committee Members. I am Courtney Koebele, 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 2274, which expands the scope of naturopaths to include prescribing, dispensing, administering, and procuring drugs and medical devices. Our concerns focus on patient safety and quality medical care.

NDMA is in support of licensure of professions within the scope of their training. 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. NDMA has further concerns that the 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.

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.

A naturopathic graduate, Ms. Brit Hermes, has submitted written testimony on this bill. In that letter, Ms. Hermes makes several points against further expansion of naturopathic scope. It is quite lengthy and 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 practitioners. 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 6, Ms. Hermes states that naturopathic clinical training is in fact far less than physicians, nurse practitioners and physician assistants.

NDMA respectfully requests a DO NOT PASS on SB 2274. Thank you for your time today. I would be happy to answer any questions you may have.



**Senate Human Services Committee**

**SB 2274**

**February 1, 2021**

Chairman Lee and Committee Members, I am Parag Kumar. I am a Pediatric Hospitalist in Bismarck and Chairman of the ND Medical Association Commission on Socio-Economics.

NDMA opposes SB 2274. Our members are very concerned about the provisions in this bill.

While naturopaths will point to minor pharmaceutical training included in curricula for schools of naturopathy, it is important to note that there is no naturopathic standard of care, and that many naturopathic therapies have not enjoyed the rigorous scientific study of those pharmacotherapies taught in osteopathic and allopathic schools of medicine. Granting naturopaths the right to prescribe is therefore a dangerous proposition. Moreover, naturopathy has long been considered by many state legislatures and the public as the natural practice of healthcare. To grant the right to prescribe any form of drug to the naturopath is not only dangerous, but also confusing to the public.

When faced with the claims of naturopaths that the rigors of their education and licensing exams parallel those of physicians, legislators should recognize that graduates of campus-based, four-year naturopathic programs who have passed a standardized examination may demonstrate consistency from one naturopathic practitioner to the next. But that says nothing about the validity of their practice, which can be determined only by reference to the laws of science or nature, and by rigorous testing of biologically plausible claims.

Physicians, Nurse Practitioners and Physician assistants are specifically trained to recognize when a symptom may mask an underlying condition.

NDMA is concerned that the treatment of a clearly visible symptom may mask an underlying condition – thereby putting the patient at heightened risk if the naturopath falsely believes that the patient is “cured” because there is a temporary decrease in symptoms. This is an example of a situation where a physician’s education and training has the comprehensiveness necessary for treating the broad range of potential conditions and disease.

I’ve attached a list of class V medications with potential side effects to my testimony. Now these are only Class V – the bill before you allows naturopaths to prescribe and dispense schedule II through V. As you can see from the list, which are just a few of the common Class V drugs, and the side effects are serious. And then there are drugs that are on II – IV. These drugs can have serious and even deadly side effects.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.

Examples of Schedule III drugs are: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone.

Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol.

Rather than expand the scope of practice in this area for naturopaths, we should encourage naturopaths to have collaborative referral relationships with health care providers with extensive training in pharmacology combined with physiology and pathology and their clinical application such as physicians, nurse practitioners, and physician assistants. 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. We feel there is value in naturopaths evolving their education and practice in ways that are complementary to allopathic medicine to enhance the opportunities for wellness and the prevention of disease.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Parag Kumar, MD, FAAP

[paragkumar@gmail.com](mailto:paragkumar@gmail.com)

Cell: 701-226-1064

# There's nothing easy about prescribing

Even Schedule V drugs can have profound impacts on the health, and life, of patients. Here are a few Schedule V prescriptions and problems that can arise if they are not dosed or monitored correctly. **VOTE NO ON SB 2274** to leave prescribing to the experts.

**Steroids:** Many side effects, including diabetes, infections, adrenal suppression, cataracts, bone loss, and electrolyte abnormalities weight gain

**Testosterone and other androgens:** Heart problems, aggressive behavior, prostate cancer, and significant abuse potential with athletes

**Estrogens:** Heart problems, blood clots, and uterine cancer (this includes oral contraceptives)

**Viagra and other erectile dysfunction drugs:** Heart attacks, loss of blood pressure, respiratory problems, and significant abuse potential

**Insulin:** Sugar problems

**Thyroid hormones:** Heart and metabolic problems and significant abuse potential for people trying to lose weight

**Blood pressure medications:** All have significant and serious side effects; some can cause renal failure or heart failure

**Antibiotics:** Significant potential for misuse and overuse, some of which could further aid the spread of resistant organisms

**Tamulosin and finasteride for prostate problems:** Over-prescribing can lead to missing an early cancer diagnosis

**Anticonvulsants:** Require careful monitoring and experience in dosing

**Asthma medications:** Not easy to manage, particularly in children and adults with more advanced lung disease

**Methotrexate for arthritis:** Good drug, bad side-effects in some

**Coumadin/blood thinners:** Proper dosing is critical. Too little, the patient clots; too much, the patient bleeds. Many interactions with other drugs.



**2021 Senate Bill no. 2274**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
**February 1, 2021**

Chairman Lee and members of the Senate Human Services Committee, I am Melissa Hauer, General Counsel of the North Dakota Hospital Association. I testify before you today regarding 2021 Senate Bill 2274 and ask that you give this bill a **Do Not Pass** recommendation.

Under current law, a naturopath may practice naturopathic medicine as a limited practice of the healing arts. The bill would greatly expand that scope and allow a naturopath to:

- Prescribe, dispense, administer, and procure drugs and medical devices;
- Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including durable medical equipment, nutrition, blood and blood products, and diagnostic support services, including home health care, hospice, and physical and occupational therapy;
- Prescribe and dispense schedule II through V substances as designated by the federal drug enforcement administration and all legend drugs;
- Dispense a drug if pharmacy services are not reasonably available, dispensing is in the best interest of the patient, or an emergency exists; and
- Request, receive, and sign for a professional sample and distribute a professional sample to a patient.

The physicians who are here to testify in opposition will give more detail, but our concern is that this bill will allow naturopaths to practice outside their training and experience and pose a potential for harm to patients.

Naturopathic practitioners resist drugs and surgery, relying instead on a variety of “natural” or “holistic” treatments to let the body heal itself. The belief is that medications do not treat disease, but rather mask it. Prescription medication seems antithetical to the basic premise of naturopathic theory. It is one of the reasons that naturopathic education does not prepare practitioners to prescribe medications safely and effectively. Naturopathic school requires only 72 hours of pharmacology education, and twice (144 hours) as much training in homeopathy. If a provider truly believes that homeopathy is a reasonable therapeutic intervention, why would they also seek to use modern pharmacology?

There are significant differences between physicians and naturopaths in training as well as education. Naturopathic practitioners are not as rigorously trained as medical doctors. Physicians receive their education through a four-year degree program at one of 183 accredited allopathic or osteopathic medical schools in the United States. Students spend nearly 9,000 hours in lectures, clinical study, lab, and direct patient care. Most family medicine residency programs, for example, require three years of clinical training and have specific requirements that must be met, such as a demonstrated competency in diagnosis and management and direct experiences in patient care, before students are eligible for board certification. Residency programs provide integrated experiences in ambulatory, community, and inpatient environments over three years of concentrated study and hands-on training.

In contrast, naturopathic education is completed through a four-year degree program that confers a Doctor in Naturopathy (ND) or Doctorate in Naturopathic Medicine (NMD). Naturopathic instruction requires 4,100 hours in coursework areas such as homeopathy and botanical “medicine” and 1,200 hours of clinical education, with 850 hours in direct patient care. Naturopathic degree programs do not require the same post-graduate residency training expected of medical school graduates.

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.

NDHA supports licensure of healthcare professionals within the scope of their training. Naturopaths, however, are not trained to prescribe medications safely and effectively. Patients can easily be misled into thinking that an ND license is the same as an MD, especially if naturopaths are allowed to prescribe medicine without sufficient medical training. We also have concerns that the licensing board regulating naturopaths does not have the necessary expertise in the areas of prescriptions 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,

Melissa Hauer  
General Counsel/VP

February 1<sup>st</sup>, 2021

To: Senate Human Services Committee  
Re: In Opposition to SB 2274 -

Esteemed Madam Chair Senator. Lee, Committee Members,

My name is Gabriela Balf, MD, MPH, I am a psychiatrist with Missouri River Health in Bismarck, ND, and a Clinical Associate Professor at UND School of Medicine.

I am here to speak in opposition to the expansion of the naturopath prescribing privileges to include the entire pharmaceutical armamentarium, due to grave patient safety concerns.



This is the story of BH, who presented to the ED 4 times in a month with chest pains, and who was only taking one over-the-counter medication.



Only allopathic trained physicians should be allowed to prescribe the whole gamut of the available medications, because their **training** is not only extensive in terms of direct patient care, but also **covers the extent of problems that may arise from the prescription of these medications**. Allopathic physicians go through hospital training not only during medical school, the equivalent of the naturopathic schools, but also during the mandatory 3 or 4-year residency that follows. During these times they can appreciate the severity of the adverse drug reactions that have constituted, for the last 40 years, the fourth cause of death in US and Canada (Deng et al 2009); not only allergic reactions but also drug-drug interactions leading to fatal cardiac arrhythmias, severe bleeding, drug-induced liver injury (DILI), kidney failure, etc.

One of the most vulnerable segments of the population is the **elderly**. In a 2005-2006 study, a population-based survey of community-dwelling persons 57 to 85 years of age showed that 37.1% of men and 36% of women between 75 and 85 years of age took 5 or more prescription medications<sup>1,2</sup>. Or we know that, in people taking 5 or more medications, they will have at least one significant adverse drug

reaction(ADR)<sup>3</sup>. There is much information on high-risk drug therapy as defined by Beers Criteria, Screening Tool of Older Person's Prescriptions (STOPP) guidelines, Drug Burden Index, and others.

That same year, hospital data for England and US showed that **5.64% admissions in US were due to ADRs**<sup>4</sup>.

A study of 5213 participants in England found the **rate of falls** was 21% higher in people taking 4 or more medications compared with those taking fewer[...] Using a  $\geq 10$ -drugs threshold, there was a increase in rate of falls by 50%<sup>5</sup>.

Last year, an exploding body of literature has underlined the **complications brought on by the COVID-19 infection** on heart, brain, kidney, liver that have affected organ function and the effect of regular medications and, when patients treated with antivirals, the related drug-drug interactions.

Allopathic medicine has dealt with its increasing complexity by inserting **safety points**: mandatory electronic health records implementation, Electronic Prescribing of Controlled Substances regulations, Prescription Drug Monitoring Program reporting, mandatory recertification board examinations for physicians, mandatory requirements regarding amount of Continuing Medical Education hours, etc. Our professional associations collaborate with each other and internationally and issue guidelines, expert panel guidelines, perform targeted studies and reviews regularly to advance science and keep it organized. There is a whole branch of science, translational medicine, that deals with translating the incredible volume of medicine knowledge, that doubles every two years, into real-life practicing in the trenches – so that our patients can be safe.

Upon the best of my knowledge, naturopathic medicine has remained largely non-regulated. There are no standards of care, nor guidelines: <https://naturopathic.org/>

Had these currents of medicine remained separate, we would not have this discussion. While they both have benefits, they do converge when our patient is accessing both, or a pandemic occurs that requires a cohesive, unified approach because there is no other viable public health solution: mass vaccinations, standardized hospital treatment, etc.

Until we can all function and collaborate by abiding by the same rules, I remain very concerned about the unregulated use of such powerful medications by physicians who have not been thoroughly trained in their use and the potential lethal consequences of their use.

Thank you for listening,

Gabriela Balf-Soran, MD, MPH

Assoc Clin Prof UND School of Medicine



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2. Hoel RW, Giddings Connolly RM, Takahashi PY. Polypharmacy Management in Older Patients. Mayo Clin Proc 96(1).
3. Hanlon JT, Pieper CF, Hajjar ER, et al. Incidence and Predictors of All and Preventable Adverse Drug Reactions in Frail Elderly Persons After Hospital Stay. J Gerontol Ser A [Internet] 2006 [cited 2021 Feb 1];61(5):511–5. Available from: <https://doi.org/10.1093/gerona/61.5.511>
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5. Dhalwani NN, Fahami R, Sathanapally H, Seidu S, Davies MJ, Khunti K. Association between polypharmacy and falls in older adults: a longitudinal study from England. BMJ Open [Internet] 2017;7(10):e016358. Available from: <http://bmjopen.bmj.com/content/7/10/e016358.abstract>

#4438

**SB 2274**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
**Feb. 1, 2021**

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.

I am submitting testimony in opposition to Senate Bill 2274 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 science-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, enemas, and, most importantly, homeopathy.

As such, most states 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.

SB 2274 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. A typical curriculum includes 6 credits of basic pharmacology out of about 250 credits required to graduate. In contrast, the curriculum includes 13 credits of homeopathy, calling in to question the quality of pharmacologic education. Since their foundation, naturopaths have been firmly against the use of

pharmaceuticals to treat disease, so prescribing active pharmaceuticals represents a fundamental shift in naturopath practice.

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, pathology 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 part duck to 99 parts water, 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. Either you believe that active ingredients matter or you don't. Anyone who practices homeopathy is not qualified to prescribe medications.

SB 2274 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 class 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 medications by people with significantly more science-based education than naturopaths. Expect that to increase if naturopaths are granted broad prescribing privileges.

SB 2274 also adds "minor office procedures" to a naturopath's scope of practice. 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. Consider a dog bite to a child's face. Superficially, this may seem like a straight forward problem requiring a simple procedure to repair. It's deceptively complex, however. Should the wound be closed now, delayed, or not closed at all? Does it require antibiotics, and, if so, which one? Does it need a flap? Does it require a rabies immunization or immunoglobulin? Studies show that people who see naturopaths are vaccinated for all diseases at rates lower than the general population. What testing or observation is required of the dog?

Naturopaths are seeking expanded scopes of practice across the U.S. with varying degrees of success. Currently, 22 states have licensed naturopaths; at least three have 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. 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 SB 2274, effectively requiring those trained in naturopathy to practice only naturopathic medicine.

Thank you for your consideration.

Chris Meeker, M.D.  
Chief Medical Officer  
Sanford Health Bismarck  
701-226-1461  
[Chris.Meeker@Sanfordhealth.org](mailto:Chris.Meeker@Sanfordhealth.org)

January 31, 2021

Do Pass SB 2274 - Naturopathic Bill

Dear Committee,

If our state is to be progressive in nature, it ought to be so when it comes to an individual's rights and ability to select a healthcare provider. There being, each individual should be able to choose who they seek for medical attention and be able to receive needed prescriptions from that same provider instead of having to see another practitioner.

I have been a naturopathic patient since 2012. I am a resident of Fargo, ND and previously saw a naturopath in Moorhead, MN and now in Fargo, ND. I believe that this medical profession does far better than Western medicine at treating the whole patient – mental, physical and emotional – by getting to the root causes of ailments. The human body is a complex system. Naturopathic medicine considers this and turns to prescriptions last before suggesting behavior and nutritional modifications. I know because I've been there. It is jarring as a patient to have a great in depth conversation with my naturopath and be told that I need to leave their office to see another doctor (which might I add, increases medical bills) in order to get a prescription. I should be able to see one doctor for all of medical needs. That goes for all North Dakotans, just as it is in 16 other states where Naturopaths have the ability to write prescriptions.

Don't let North Dakota fall behind when it comes to medical treatments and prescriptions. We deserve the freedom to choose where to spend our healthcare dollars without unnecessary additional visits because of the current restriction in prescription writing privileges for Naturopathic Doctors.

Sincerely,

Nicole Steen-Dutton

West Fargo, ND

Lela Altman  
5814 4<sup>th</sup> Ave NW  
Seattle WA, 98107

Re: SB 2274 Naturopathic Scope

Mr. Chairman and Members of the Human Services Committee,

My name is Lela Altman and I am a licensed naturopathic physician in Seattle, Washington. I am writing this letter to discuss Senate Bill 2274 pertaining to Naturopathic scope expansion. I am writing to shed light on the scope of practice of naturopathic physicians in Washington state, and how they support the medical system as a whole.

First, I will tell you a little bit about myself and my training. After graduating from Bastyr University (an accredited university for naturopathic medicine), I completed a 3-year residency in naturopathic primary care at the Bastyr Center for Natural Health. During my first year of residency, I had the opportunity to see patients at the Tulalip tribal reservation through Indian Health Services as well as see hundreds of patients at our main clinic and community outreach clinics, while receiving clinical mentorship. Through my entire second year of residency, I maintained a patient panel at Health Point Community Health Center in Kent, WA. Providing primary care to underserved populations in addition to seeing patients at our main clinic. My third year of residency focused on evidence-based medicine (EBM) and clinical research in addition to patient care. At that time, I also had the opportunity to complete evidence-based medicine training at McMaster University as one of the few ND's amongst many MDs and to teach EBM to our incoming residents. I now currently have a private practice where I serve as a primary care provider and have a focus in digestive diseases. I also work amongst MD's at the Center for Integrative Medicine at Virginia Mason Hospital in downtown Seattle and am full time teaching faculty at Bastyr University. I have a good referral relationship with several MD's in and out of the hospital setting.

Patients can see me as a specialist or as their primary care provider. For those whom I provide primary care to, I am responsible for performing screenings such as pap smears and blood pressure monitoring as well ordering/referring for screening imaging, labs and procedures such as colonoscopies and DEXA scans. As a primary care provider, I also prescribe medications pretty much every day that I am seeing patients. The most common medications I prescribe are anti-hypertensive medications, antibiotics, diabetes medications such as metformin and asthma medications such as inhaled corticosteroids and rescue inhalers. Some of the most common conditions that I treat include digestive disorders such as IBS, thyroid disorders, asthma, hypertension, metabolic disorders and psychiatric concerns such as anxiety, depression and sleep disorders.

As you may know, there is a huge shortage of primary care providers in the United States. Naturopathic physicians, who attend 4-year doctoral level medical training programs after achieving their undergraduate degree, are trained to be primary care providers and can fill this need. I can't imagine and would not consider practicing in a state where I am not able to practice within the full scope of my training such as ordering labs, imaging and medications. I would feel that this would be a waste of my training and would not allow me to provide the kind of care that people desperately need and help to fill the void of primary care physicians. I hope that North Dakota follows the lead of states such as

Washington, Oregon and Arizona who have relied on naturopathic physicians as primary care providers for many years and who have only moved to give these providers a wider scope of practice due to their level of competence.

Thank you for your consideration,

*Lela Altman, ND, MSA, EAMP*  
Lela Altman, ND, MSA, EAMP

To Whom it May Concern,

My name is Althea Bain Fick. I am writing to urge you to PASS the Senate Bill 2274- Naturopathic Bill. I am a business owner in North Dakota and rely heavily on my Naturopathic Doctor for my primary health care physician. However, I am not able to get any prescriptions from the individual I view as my primary health care physician.

Four years ago, I was diagnosed with a neurological sleep disorder that triggered other issues in my life that requires me to have a primary physician, to be able to have my medication prescribed to me. This now means that I have my sleep medicine doctor, my primary care physician, and my naturopathic doctor. My primary care doctor has to be the one that okays my prescriptions, and nothing else.

My naturopathic doctor continues to prove she is competent, confident, trustworthy, and very thorough. She takes the time to educate me about disease prevention, and explain all possible treatment options as well as their associated benefits or risks.

Under the states current practice, Naturopathic Doctors cannot dispense pharmaceuticals, which is a huge disadvantage to me as I need to make additional appointments only to get prescriptions.

I think it is only right that you pass this bill to give individuals in North Dakota the right to choose to see one doctor and not numerous which continues to cost more money, and well as longer wait times when making appointments. Choose to PASS this bill and choose medical freedom for your constituents.

Sincerely,  
Althea Bain Fick

SB 2274-Naturopathic Bill  
Senate Human Services Committee  
Molly Dwyer  
February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

My name is Molly Dwyer and I will be graduating Naturopathic medical school in three months. My husband and I are originally from Bismarck, ND. We currently live in Villa Park, IL, as I finish school at National University of Health Sciences and my husband is employed as a middle school math teacher. I am writing to ask for your support, and urge you to pass Senate Bill 2274-Naturopathic Bill.

I always knew I wanted to be a doctor and first learned about Naturopathic Medicine while in college, through a Naturopathic Doctor in Moorhead, MN. Shortly after, I shadowed a Naturopathic Doctor in Bismarck and learned about the high demand of Naturopathic Medicine within our state. She had patients traveling across North Dakota just to receive healthcare from a Naturopathic Doctor. After observing the need for Naturopathic Doctors within my home state, I wanted to practice medicine in this area, so I started Naturopathic medical school with the intention of returning back home to North Dakota to provide primary care healthcare to rural and underserved areas. I am now 83 days away from graduating Naturopathic medical school and I still feel the passion and belief that every North Dakotan deserves access to and the opportunity to choose Naturopathic Medicine for their healthcare needs if they choose.

My Naturopathic medical education includes four years of undergraduate schooling followed by four years of professional level training at a federally accredited Naturopathic medical school. We are trained as primary care providers who diagnose, treat, and manage patients with acute and chronic conditions. The first two years of my education focused on standard medical curriculum. To confirm competency of the basic sciences, Naturopathic students are required to take the Naturopathic Physicians Licensing Examination (NPLEX) Part 1. This is a national board examination that is integrated and case-based. Topics include anatomy, physiology, genetics, microbiology, immunology, and pathology. For the last two years of my Naturopathic education, I have been completing an in-residence training program as a Naturopathic Intern in an integrative health clinic under the supervision of licensed healthcare professionals. As an intern, I practice Naturopathic Medicine in a primary care setting while collaborating with and co-managing patients with other providers like MDs, NPs, and Chiropractic Physicians. After graduation, I am required to take an additional board exam, NPLEX Part 2, which ensures proficiency in the following areas: physical, clinical, and lab diagnosis, diagnostic imaging, application of research studies, botanical medicine, physical medicine, clinical nutrition, disease prevention, emergency medicine, medical procedures, public health, and pharmacology.

As I near graduation in April and contemplate where I want to practice professionally, I would like North Dakota to be at the top of my list. However, when compared to other licensed states across the country, the limited scope of practice for Naturopathic Doctors makes the state less desirable and inviting to new graduates. North Dakota's limitations on Naturopathic Doctors' scope of practice is ultimately a disadvantage to consumers as it requires them to see additional or multiple providers, but ultimately receive the same outcome.

There are shortages of primary care providers across America, with rural areas being particularly underserved. If Naturopathic Doctors are given the ability to practice using their full scope of training, they can fill this void. I have friends and family who live in rural communities and I am passionate about serving these areas. I believe citizens in smaller communities should have the option of full-service Naturopathic Medicine. The small number of Naturopathic Doctors currently in North Dakota cannot keep up with the growing demand. Neighboring states like Montana have larger scopes and allow Naturopathic Doctors to practice in a manner that's representative of our robust medical education. Not only does this help their citizens, it attracts more young professionals to start businesses and contribute to their economies.

Because of this, I am strongly considering practicing as a Naturopathic Doctor across the North Dakota border in Sydney, MT. In Montana, I would have the ability to serve North Dakota citizens and operate as a Naturopathic Doctor with a full scope of practice. However, it would still be a major inconvenience for them, and I would not be contributing to North Dakota as much as I would like. Montana has significantly more Naturopathic Doctors throughout the state, and the growing popularity in Naturopathic medicine across the country has contributed not only to the health of the citizens, but also contributes to their state's economy.

North Dakota will always hold a special place in my heart; it is home to many of my family and friends who live in very caring and supportive communities that make the state a great place to settle down and start a family. As a young professional who is eager to enter her career field, it is imperative that I live and work in a place with a scope of practice that reflects my extensive education and allows me to succeed as a Naturopathic Doctor. With the passing of this bill, North Dakota would quickly become an appealing place to practice Naturopathic Medicine. I am enthusiastically asking you to support and pass SB 2274-Naturopathic Bill. I would really like to start my career in North Dakota.

Thank you for your time,

A handwritten signature in cursive script that reads "Molly Dwyer".

Molly Dwyer

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION**

Patient Name: Teresa Olin Maiden/Other Name: \_\_\_\_\_

Date of Birth: 11-11-71 Phone: 3917027

I authorize release of information from:

Sanford Dr. Mees  
Jones PT - Referred by Katelyn

To be released to:

Core Health Strategies, PLLC  
311 N. Mandan Street Suite 1  
Bismarck, ND 58501  
701.751.4464 (ph)  
701.751.3947 (fax)  
[info@corehealthstrategies.com](mailto:info@corehealthstrategies.com) (email)

PURPOSE OF THIS REQUEST (required)  Medical Appointment \_\_\_\_\_ Date needed by: \_\_\_\_\_

INFORMATION TO BE RELEASED:

last 2 years medical history & 1 year lab & x-ray reports

\_\_\_\_\_ other (please be specific) \_\_\_\_\_

Records that are of sensitive nature will not be released unless specifically authorized below. Any patients 14 years or older must authorize the release of their own sensitive information.

Psychiatric/Mental Health/Chemical Dependency \_\_\_\_\_ Date: \_\_\_\_\_

Contraception/STDs (if ages 14-17) \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if records are released to someone who is not a healthcare provider, health plan or health care clearinghouse, the health information released as a result of this authorization may no longer be protected by the federal privacy standards and the information may be further disclosed without obtaining my authorization.

I understand that I have the right to inspect or receive a copy of the health information I have authorized to be used or disclosed by this authorization form by contacting the staff of Core Health Strategies, PLLC at (701) 751-4464.

I understand that if I sign this authorization, I have a right to receive a copy of this form if requested.

I understand that I am under no obligation to sign this form and the action requested in the release will no be executed without a signature.

However, our medical treatment of the patient is not conditional on the signing or failure to sign this form. This authorization is effective for one year unless otherwise specified as follows: \_\_\_\_\_

I understand I may cancel this authorization at any time by written notification. I am aware that my withdrawal will no be effective to uses and/or disclosures of my health information that may have already been released. For information regarding how to withdraw my authorization or to receive a copy of it, I may contact the staff of Core Health Strategies, PLLC at (701) 751-4464.

I understand that Core Health Strategies, PLLC will not receive payment in connection with the use or disclosure of my health information, unless specified here: \_\_\_\_\_ This does not apply to a reasonable fee for copying and mailing when releasing records directly to the patient. There is no charge if medical records are released to a physician, hospital, clinic, or other medical facility for continued care purposes. Please ask the staff at Core Health Strategies, PLLC at (701) 751-4464 to see the printing fees for releasing records directly to the patient.

I have had an opportunity to review and understand the contents of this authorization. By signing this authorization, I am confirming that it accurately reflects my wishes. I release the staff of Core Health Strategies, PLLC from all liability pertaining to disclosure of any information in association with this release. A photocopy of this release is as valid as the original.

Teresa Olin  
Signature of Patient or Legal Representative

Date: 1-15-2021

\_\_\_\_\_ If not present, state relationship - proof may be required

\_\_\_\_\_ Witness

2/1/2021

Kayla Cash  
3563 50<sup>th</sup> St S  
Fargo, ND 58104

RE: Testimony regarding the scope of practice of a naturopath/DO Pass SB 2274

Good Morning!

I am a patient of a naturopathic doctor in Fargo. I've been seeing this professional for 12 months. I can honestly say this is the best care I've ever received from a health care professional. After seeing multiple doctors through Sanford, I also consulted with the naturopathic doctor that I trust. I felt like "just a number" at Sanford, the doctor was in and out in just a matter of minutes and it seemed as if I was just another patient to check off her list. The naturopathic doctor I've seen has taken hours to sit down and try to determine the root cause of my recent health challenges and I left her office feeling as if someone finally cared about my health. I am confident in my naturopathic doctor's knowledge and competence. She's highly skilled and her training and experience shows in my visits. Her ability to treat her patients far exceeds other health care professionals, in my opinion.

North Dakotas deserve the freedom to choose where to spend their healthcare dollars without unnecessary additional visits because of the current restriction in prescription writing privileges for Naturopathic Doctors. I know that being able to work directly with my naturopathic doctor for all of my healthcare needs, instead of relying on other doctors at Sanford due to regulations put on naturopathic doctors, will make a significant difference in my health, as well as the amount of dollars my family spends on their healthcare.

Please DO PASS SB 2274 Naturopathic Bill.

Thank you for your time, I appreciate it!

Kayla Cash  
Very Satisfied Patient of a Naturopathic Doctor

SB# 2274 Naturopathic Scope Bill  
Ryan Hill Defender  
Senate Human Services Committee  
February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

Thank you all for the opportunity to discuss our support of SB#2274. My wife, Cheyenne, is originally from Dunseith, ND and is an enrolled member of the Turtle Mountain Band of Chippewa. I grew up in Lewes, DE but during my time in the military I was stationed in Grand Forks AFB, ND. Cheyenne and I currently live in Phoenix, AZ, where we are furthering our education and career experience, but we love North Dakota and look forward to returning.

Cheyenne currently works as an RN, with an end goal of becoming an OBGYN and I am completing necessary coursework to allow me to pursue joint Doctor of Chiropractic/Doctor of Naturopathic Medicine degrees. Our dream is to return to North Dakota and establish ourselves in the rural healthcare setting, focusing on the Indigenous population.

We recognize that my ability to establish and practice effectively within rural North Dakota, and specifically within the underserved Indigenous communities, will be impaired without having a full scope of practice in which to perform my duties. We have much to offer to the communities we are passionate about. We hope that North Dakota's lawmakers will realize how important removing restrictions on perfectly qualified healthcare professionals is. If we truly want to impact the healthcare provider shortage in North Dakota, allowing naturopathic doctors to be fully functional care providers is a great step forward! Thank you very much for taking the time to read this recommendation.

I ask that you recommend a DO PASS on SB# 2274.

Thank you,

Ryan and Cheyenne Hill Defender

Phoenix, AZ

Hill.ryan60@yahoo.com

January 31, 2021

Re: SB2274 Scope of Practice for a Naturopath

To whom it may concern:

My name is Beth Sanford. I am writing this letter as a DO PASS for SB2274.

I am a 25Y Master's-prepared Registered Nurse, currently working as an Assistant Professor at Rasmussen University and a DNP student specializing in Public Health and Policy. I am a born and raised North Dakotan who has been under the care of a Naturopathic doctor for three years.

I see this bill as a great opportunity to attract more health care providers to the state, save consumers health care dollars and expand quality care options for our people.

As a practicing nurse in North Dakota, one of the issues I see in our state is lack of providers with prescriptive authority in the rural areas. In my hometown of Watford City, it is incredibly difficult to retain health care providers in our beautiful state-of-the-art facility. My own cousin, Rebekkah Sax, ND had to leave Watford City and her aging parents because of not being able to practice at full capacity as a Naturopathic Doctor. In Washington and Oregon, Naturopathic doctors are considered primary care providers. Our rural areas would benefit from this bill.

My personal experience with a Naturopathic doctor for my children and myself has been a very positive experience. My doctor is very thorough and always striving to get to the root of our concerns. The training she received is extensive and holistic as evidenced by her ability to diagnose and treat myself and my family with precision. With prescriptive authority, she could provide me more comprehensive care and it would save me money because I wouldn't have to make unnecessary trips to a doctor that I don't know and who doesn't know me to fill my thyroid prescription. I would like to have a choice where I spend my healthcare dollars.

In addition, the education of the Naturopathic doctor gives them a holistic, primary prevention focus that is unique which makes them a great addition to the interdisciplinary care team throughout the state.

With this bill, we can not only add to the quality care providers in the state but recruit more health care providers for the rural areas and allow North Dakotan natives to return home.

Thank you for your time and consideration,

Beth Sanford, MSN, RN, ACN, CLC  
Fargo, ND



SB# 2274 Naturopathic Scope Bill  
Trisha Fennern, FNP-C  
Senate Human Services Committee

February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

I am writing to you as a Nurse Practitioner in Minot, North Dakota. I have taken the time to develop professional relationships with the naturopathic doctors (ND) in this area. We have had many clinical case discussions and share a number of patients. I recognize the need for providers with the well-rounded education and clinical training that our North Dakota NDs have, and I support their efforts to be able to practice to the full extent of their training, including being able to competently prescribe and monitor pharmaceutical medications.

I ask that you recommend a DO PASS on SB# 2274.

Thank you,

Trisha Fennern, FNP-C

Minot Health Clinic

701-837-1551

**Phoenix Natural Family Medicine  
4535 S. Lakeshore Dr. Ste. 2  
Tempe, AZ 85282  
(480)-389-1099**

1.29.2021

Dear Human Services Committee Members,

I am writing in full support of expanding the scope of practice for Naturopathic Doctors in North Dakota. I am a 5<sup>th</sup>-generation North Dakota. My parents, grandparents and many other relatives continue to live in ND, and I visit several times per year. I was born in Dickinson and earned my bachelor's degree from UND. However, after graduating from the Southwest College of Naturopathic Medicine in Tempe, AZ, and passing my medical boards, I decided to stay in AZ, because at the time, North Dakota did not license Naturopathic Doctors.

I have had a thriving practice in AZ for over 10 years, and enjoy primary care status, the ability to diagnose and treat diseases, order and interpret labs, prescribing rights (including some controlled substances for which I have a DEA number), minor surgical rights, phlebotomy, IV therapy and injection therapy. If these rights and privileges had been in place in ND when I was deciding where to practice, I would likely be in practice in North Dakota today. My practice is focused on pain and aesthetics, and as the laws currently stand, I would not be able to do a fraction of what I can do in Arizona, in North Dakota.

It is crucial to know that the education we received at SCNMM was top-notch and I felt prepared to safely manage patients currently on medication, introduce or transition to a new medication, or discontinue medication when necessary. For the benefit of the people of North Dakota, whom I miss and deeply cherish, I hope that you will give a "do pass" recommendation to expand the scope of practice of North Dakota's highly trained and competent Naturopathic Doctors.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Preston Hesler, ND". The signature is fluid and cursive, with the initials "SPH" being prominent.

Sarah Preston Hesler, ND

SB# 2274 Naturopathic Scope Bill

Brittany Kudrna

Senate Human Services Committee

February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

I am writing to you as a doctorate level nurse practitioner in Bismarck, North Dakota. I have taken the time to develop professional relationships with the naturopathic doctors (ND) in this area. We have had many clinical case discussions and share a number of patients. I recognize the need for providers with the well-rounded education and clinical training that our North Dakota NDs have, and I support their efforts to be able to practice to the full extent of their training, including being able to competently prescribe and monitor pharmaceutical medications. Having this ability will have a positive effect on health outcomes for individuals and ultimately the healthcare system as a whole.

I ask that you recommend a DO PASS on SB# 2274.

Thank you,



Brittany Kudrna, DNP, FNP-C

CHI St. Alexius Family Medicine

2500 Sunset Drive, Mandan, ND 585543

bnkudrna@primecare.org

# Dakota

Natural Health Center

#4407

SB# 2274 Naturopathic Scope Bill  
Dr. Stephanie Nishek, ND  
Senate Human Services Committee  
February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

I'm writing today asking for a DO PASS recommendation on SB#2274. I am one of the licensed and practicing Naturopathic Doctors (NDs) here in North Dakota (since 2014) and also serve as the President of the North Dakota Association of Naturopathic Doctors (NDAND).

As President of NDAND, one of my priorities is to make North Dakota a desirable location for more NDs to establish themselves and build their practices. North Dakotans are traveling hundreds of miles for the type of care and services Naturopathic Doctors provide. I, myself, maintain two practices in two different cities, 100 miles apart and visit with dozens of people in both locations every week. There simply are not enough of us to meet our population's demand. In order to appeal to prospective NDs and ND students, we must have a scope of practice that is desirable to doctors who have invested such a substantial amount of time and money into their education and career outlook. Not to mention, our patients deserve to have their prescription needs met by their chosen, qualified healthcare provider.

I also want to proactively address the typical opposition to our scope expansion efforts. The North Dakota Medical Association Board, lobbyist and members are not the experts in the depth, breadth and adequacy of the naturopathic medical education. Their opposition to Naturopathic Doctors being granted the same prescribing rights as Physician Assistants and Nurse Practitioners should carry limited value. My ND colleagues will be providing ample factual information that accurately portrays our education and competency and a number of collaboratively-minded healthcare providers in North Dakota, including Medical Doctors, will be extending their support of our efforts based on their actual experiences and relationships with us.

We are simply asking for are the same prescriptive rights that all other independently-practicing healthcare providers in North Dakota have been granted before us.

I would be happy to discuss this further. Please feel free to get in touch for any reason.

Thank you,



Stephanie Nishek, ND

Bismarck, ND

[drstephanienishek@gmail.com](mailto:drstephanienishek@gmail.com)

Phone: (701) 258-9418  
FAX: (701) 258-9423  
Toll Free: (800) 290-7028

705 E. Main Ave.  
Bismarck, ND 58501  
[www.dakotarx.com](http://www.dakotarx.com)

**Testimony**  
**Senate Bill 2274 – Relating to the Scope of Practice of a**  
**Naturopath**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairwoman**  
February 1, 2021

Chairwoman Lee and Members of the Senate Human Services Committee:

I am Holly Johnson and I live in Minot, ND. I am providing written testimony in support of SB 2274 and going to share my personal experience as well as future hopes of receiving care under a Naturopathic Doctor.

Over 10 years ago, I was diagnosed with hypothyroidism. My primary care provider at the time, a Family Nurse Practitioner, prescribed me Levothyroxine/Synthroid. Several years later, after consulting with a friend and Naturopathic Doctor and to support her practice, I had her do my annual blood draw for thyroid hormone levels (TSH). It was only because of her I discovered the true root of my medical problems. I was diagnosed with an autoimmune disorder called Hashimoto's Disease. With this new information, I informed my primary care provider mentioned previously, who informed me that nothing in my prescriptions would change. I promptly left that provider to seek someone who would listen to my concerns and take the Hashimoto's Disease seriously, and established care with the person my Naturopathic Doctor friend recommended. I established care with this new provider, a Family Nurse Practitioner, who practices functional medicine. However, I believe that this FNP's scope of competence is limited in the expertise that I am seeking but cannot find a doctor who practices functional medicine.

In limiting the true scope of Naturopathic Doctors in this state, it essentially limits the options citizens like me have in their medical care. If a FNP can prescribe me my medication, with less education, but make less informed or less expert decisions for my care, the continued medical costs will rise, and not be spent as effectively as possible. North Dakotans, including myself, deserve the freedom to choose where to spend their healthcare dollars without unnecessary additional visits because of the current restriction in prescription writing privileges for Naturopathic Doctors.

In summary, please support SB 2274 with a DO PASS and allow Naturopathic Doctors to prescribe medication to citizens in North Dakota seeking their care. Should this legislation be passed into law, I will absolutely change my medical care to a Naturopathic Doctor. This concludes my testimony. Thank you for your time and consideration of this testimony. If I can be of assistance during this time of deliberation, please contact me at [holly.johnson.bcba@outlook.com](mailto:holly.johnson.bcba@outlook.com).

Sincerely,

Holly Johnson, Citizen

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

I am writing to you as a nurse practitioner in Ashley, North Dakota. I have taken the time to develop professional relationships with the naturopathic doctors (ND) in this area. We have had many clinical case discussions and share a number of patients. I recognize the need for providers with the well-rounded education and clinical training that our North Dakota NDs have, and I support their efforts to be able to practice to the full extent of their training, including being able to competently prescribe and monitor pharmaceutical medications.

I ask that you recommend a DO PASS on SB# 2274.

Thank you,

Tara Brandner, DNP, FNP

Ashley Medical Center

701-288-3448

**This is my testimony regarding SB 2274 Naturopathic Bill. I am asking for a DO PASS of this bill.**

**I am a single Mother that resides in West Fargo, ND, and have been a resident of North Dakota my whole life. Please vote DO PASS on SB 2274 Naturopathic bill. I am a patient of a Naturopathic Doctor in Fargo and I am confident in her knowledge and competence. I am not only a patient, but have been a nurse for many years, so when I say she is competent, I know what I am talking about. Working years around MD's and knowing what they can do in their scope of practice vs a Naturopathic Doctor seems completely absurd. Naturopathic Doctors are highly trained healthcare providers and preventing them from being able to practice their full scope of training is unacceptable. Me and my family, as well as all North Dakotans deserve the freedom to choose where to spend their healthcare dollars without unnecessary additional visits because of the current restriction in prescription writing privileges for Naturopathic Doctors. Our North Dakota Naturopathic Doctors have proven themselves to be knowledgeable and competent, along with holding an outstanding safety record, nationwide.**

**Please also take a few moments to read and listen to the information below. It is very beneficial in understanding Naturopathic Doctors.**

**<https://drpingel.com/what-is-naturopathic-medicine/>**

**Thank you for taking the time to read my testimony and urge you again to please PASS this bill through your committee.**

Dear Human Services Committee:

My name is Rachel Meuchel; I am a school counselor in western ND. Please recommend the passing of Senate Bill 2274 regarding naturopathic medicine. Naturopathic doctors play an important role in healthcare and should be allowed a broad scope of practice in our state. They are highly trained healthcare providers, and preventing them from being able to practice their full scope of training is unacceptable. They should be able to use the right tools at the right time for their patients.

Naturopathic medicine is a desirable option for many North Dakotans, and we want the choice of where our healthcare dollars go and who we see for services. Let's not limit the services that can be offered in our state; instead, let's keep making North Dakota the state with the best quality of living, including our options for healthcare.

Sincerely,  
Rachel Meuchel

Testimony Senate Bill 2274- IN OPPOSITION  
Human Services Committee  
Sixty-seventy Legislative Assembly of North Dakota  
February 1, 2021

Greetings Chairman Lee, Vice Chair Roers, and Senate Human Services Committee,

My name is Joan Connell. As a pediatrician as well as a clinical professor of Pediatrics, and based on many personal experiences, I am urging a DO-NOT-PASS vote on SB 2274. I am sure others will provide testimony regarding differences in curriculum and training. These objective differences are important to consider as the legislature works to discern the true “floor” of qualifications for people/groups who have less training but desire the privilege of prescriptive authority and other components of a physician’s scope of practice. I would imagine that you balance this “floor” and its associated risk of negligence and poor patient outcomes against the need to increase access to medical care in our state, which is in part achieved by providers working at the full scope of their practice. Many times in my career I have heard and experienced the reality of this statement:

**The more you know, the more you understand all that you do not know.**

This is the pitfall of many of these requests made by providers with less training... because of their limited scope of knowledge, they do not understand what they do not know. The remainder of my testimony will illustrate this fact with a few cases that have affected me personally, keeping in mind that in all cases, I am sure the naturopath provider had the best intentions of providing the best patient care, but was simply unaware of the consequences of their lack of knowledge.

Case 1: A mom of a baby I was caring for came in for their 6 month well check. The baby had become gassy after the 4 month well check and Mom was concerned that formula was the cause. Because of the dietary concern, she sought care from a local naturopath, who recommended a change from infant formula to goat’s milk. Luckily, this change in diet occurred two weeks prior to the 6 month well check. When Mom advised me of this change in nutrition, I was able to counsel her that goat’s milk does not provide adequate infant nutrition and can be dangerous for babies. While I think she struggled over which provider to believe, she did change back to formula. A few weeks later, a baby somewhere else in the United States died from his/her goat milk diet. Lucky...

Case 2: I was caring for a toddler suffering from retention constipation, for which I prescribed Miralax, a nonaddictive safe medicine that softens stool. It is a giant sugar molecule that stays in the gut and draws a lot of water around it, thereby liquifying the surrounding stool. I was unaware of this at the time, but the toddler’s Mom was concerned about using this medication long term, so sought care from a local naturopath, who prescribed high dose vitamin C. Luckily, shortly after this change in therapy, I happened to call the Mom to follow up on how the Miralax. I state that this was lucky because I learned about the change in treatment. I also learned that the dose of Vitamin C recommended by the naturopath for this toddler would have resulted in severe kidney stones. (I would have thought that a naturopath would have better command of the side effect profile of a vitamin...) Because of that spontaneous phone

call, I was able to counsel Mom accordingly, switch therapy back to the safer medication prior to any damage. Lucky...

Case 3: This is a story about my sister-in-law, Lois. While living in Arizona, a state where naturopaths have full prescriptive authority, Lois was diagnosed with metastatic breast cancer. Under the impression that naturopaths could provide the same treatments as physicians, Lois—my natural health minded sister-in-law, who changed careers from an interior designer to a physical therapist (in her 50s!), sought care from a naturopath. Lois died 15 months after her diagnosis, months earlier than expected. Two months before she died, Herceptin, a monoclonal antibody therapy that was effective against her cancer, was started by a physician who cared for her while she was hospitalized because of inability to walk and insurmountable pain from cancer that had invaded her back. The naturopath who had treated Lois up to that point had utilized herbal and diet-based treatments, but had never mentioned Herceptin, nor mentioned that it would likely extend Lois's life. I am certain this naturopath was doing his/her best. I am sure this naturopath was simply... unaware... Unfortunately, by the time the medication was started by the physician, it was too late. Unlucky...

You see, Chairman Lee, Vice Chair Roers, and Senate Human Services Committee members, it is easy to check off the box of completing a pharmacology class and feel empowered with the significant increase in knowledge one has gained. And given a fair amount of luck, and the resilience of the human body, those eager-but-lesser-trained-practitioners can many times get through suboptimal treatment recommendations without ever knowing about the significant risk of poor patient outcome due to suboptimal/incorrect/absent recommendations. Yet there is so very much more to the privilege and responsibility of the practice of medicine, including the privilege and responsibility of prescriptive authority. People put their lives in the hands of those deemed worthy by you, the legislature, to provide medical care. I urge you to take this responsibility seriously. I urge you to work fervently to support increasing access to QUALITY care for all North Dakotans. Clearly, passage of Senate Bill 2274 would move us further from that goal. As always, do not hesitate to contact me via this email address with any questions/comments you may have.

TRANSCRIPT OF ACADEMIC RECORD

9/22/2014

Bastyr University
14500 Juanita Drive NE
Kenmore, WA 98028-4966
(425) 823-1300

Page 1 of 3

STUDENT OFFICIAL TRANSCRIPT

Student Name : Deegan, Britt Marie

Student ID : [REDACTED]

Provided Solely for:



Major: Naturopathic Medicine

Degree: Doctor of Naturopathic Medicine 06/18/2011

Term: SP-08

Conferred: 06/18/2011

Majors: Naturopathic Medicine

Term: SU-07

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 2106 Introduction to Physics, BC 3115 Organic Chemistry 1 Lecture, BC 3116 Organic Chemistry 1 Lab, BC 3125 Organic Chemistry 2 Lecture, BC 3126 Organic Chemistry 2 Lab, BC 4112 Biochemistry for Life Sciences 2 Lecture.

Summary table for Term: SU-07 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 18.00, 13.00, 13.00, 46.80, 3.600

Term: FA-07

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 5104 Biochemistry 1, BC 5107 Human Physiology 1 Lec/Lab, BC 5110 Histology, BC 5122 Gross Human Anatomy 1, BC 5122L Gross Human Anatomy 1 Lab, NM 5113 Naturopathic Medicine in Historical Context, NM 5804 Clinic Entry 1.

Summary table for Term: FA-07 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 41.00, 36.00, 13.00, 46.80, 3.600

Term: WI-08

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 5108 Human Physiology 2 Lec/Lab, BC 5112 Embryology, BC 5123 Gross Human Anatomy 2, BC 5123L Gross Human Anatomy 2 Lab, NM 5114 Fundamentals of Naturopathic Clinical Theory, OM 4101 History of Medicine, PM 5301 Hydrotherapy/Physiotherapy Lecture, PM 5305 Hydrotherapy/Physiotherapy Lab, PS 9529 Clinical Biofeedback.

Summary table for Term: WI-08 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 64.00, 59.00, 17.00, 61.40, 3.612

Term: WI-09

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 6200 Human Pathology 1, BO 6301 Botanical Medicine 2, HO 6300 Homeopathy 1, NM 6210 Clinical Lab Diagnosis 1, NM 6221 Physical/Clinical Diagnosis 1 Lect, NM 6221L Physical/Clinical Diagnosis 1 Lab, PS 6305 Naturopathic Couns 1, TR 6310 Foods, Dietary Syst & Assessment.

Summary table for Term: WI-09 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 27.50, 27.50, 0.00, 0.00, 0.000

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 5106 Biochemistry 3, BC 5109 Human Physiology 3 Lecture, BC 5124 Gross Human Anatomy 3, BC 5124L Gross Human Anatomy 3 Lab, BC 5129 Neuroscience, BO 5301 Botanical Medicine 1, MW 9120 Fertility Awareness & Natural Family Planning, NM 5115 Naturopathic Medicine in Global Context, NM 8801 Preceptorship 1, PM 5310 Myofascial Analysis.

Summary table for Term: SP-08 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 24.50, 24.50, 0.00, 0.00, 0.000

Term: SU-08

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 6204 Immunology, BO 9128 Plant Identification and Medicinal Field Botany, OM 5442 Tai Chi, TR 5101 Whole Foods Production.

Summary table for Term: SU-08 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 11.00, 11.00, 4.00, 13.90, 3.475

Term: FA-08

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 6200 Human Pathology 1, BO 6301 Botanical Medicine 2, HO 6300 Homeopathy 1, NM 6210 Clinical Lab Diagnosis 1, NM 6221 Physical/Clinical Diagnosis 1 Lect, NM 6221L Physical/Clinical Diagnosis 1 Lab, PS 6305 Naturopathic Couns 1, TR 6310 Foods, Dietary Syst & Assessment.

Summary table for Term: FA-08 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 21.50, 21.50, 0.00, 0.00, 0.000

Term: WI-09

Table with columns: Course ID, Course Name, Credits, Grade, and GPA. Courses include BC 6201 Human Pathology 2, BC 6305 Pharmacology, BO 6302 Botanical Medicine 3, HO 6301 Homeopathy 2, NM 6211 Clinical Lab Diagnosis 2, NM 6222 Physical/Clinical Diagnosis 2 Lect, NM 6222L Physical/Clinical Diagnosis 2 Lab, PS 6306 Naturopathic Couns 2, TR 6311 Macro & Micronutrients.

Summary table for Term: WI-09 with columns: ATT, ERN, HRS, PTS, GPA. CUM: 27.50, 27.50, 0.00, 0.00, 0.000

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Page 2 of 3

STUDENT OFFICIAL TRANSCRIPT

Student Name : Deegan, Britt Marie

Student ID : [REDACTED]

Provided Solely for:



Term: SP-09

Term: WI-10

BC	6202	Human Pathology 3	4.00	AC
BC	6209	Infectious Diseases	5.00	AC
HO	6302	Homeopathy 3	3.00	AC
NM	6212	Clinical Lab Diagnosis 3	3.50	AC
NM	6223	Physical/Clinical Diagnosis 3 Lect	2.00	AC
NM	6223L	Physical/Clinical Diagnosis 3 Lab	2.00	AC
NM	6804	Clinic Entry 2	1.00	AC
NM	7417	Medical Procedures	3.00	AC
PM	6300	Naturopathic Manipulation 1	2.00	AC

BO	9506	Clinical Formulations & Applications of Botanical Medicine	1.00	AC
NM	7101	Environmental Medicine	1.50	AC
NM	7102	Public Health	1.50	AC
NM	7116	Naturopathic Clinical Theory	1.00	AC
NM	7304	Dermatology	2.00	AC
NM	7306	Oncology	2.00	AC
NM	7314	Pediatrics 1	2.00	AC
NM	7821	Patient Care 2	2.00	AC
NM	7822	Patient Care 3	2.00	AC
PM	7302	Naturopathic Manipulation 3	3.00	AC
PM	7341	Sports Med/Therapeutic Exercise	2.00	AC
PS	7203	Addictions and Disorders	2.00	AC
TR	7412	Diet & Nutrient Therapy 2	3.00	AC

	ATT	ERN	HRS	PTS	GPA
TERM:	25.50	25.50	0.00	0.00	0.000
CUM:	174.00	169.00	21.00	75.30	3.586

	ATT	ERN	HRS	PTS	GPA
TERM:	25.00	25.00	0.00	0.00	0.000
CUM:	232.50	227.50	25.00	87.30	3.492

Term: SU-09

Term: SP-10

BO	6303	Bot Med Dispensary Lab	1.00	AC
NM	7325	Nat Case Anal & Mgmt 1	1.50	AC
NM	7416	Minor Office Procedures	3.00	AC
NM	7820	Patient Care 1	2.00	AC
PM	7801	Pt Care 18/Phys Med 1	2.00	AC

BO	7301	Botanical Medicine 5	2.00	AC
NM	7109	Practice Management 1	2.00	AC
NM	7302	Gastroenterology	2.00	AC
NM	7305	Clinical Ecology	2.00	AC
NM	7311	Neurology	2.00	AC
NM	7315	Pediatrics 2	2.00	AC
NM	7320	Family Medicine	2.00	AC
NM	7330	The Healing Systems	1.00	AC
NM	7823	Patient Care 4	2.00	AC
NM	9562	IV Therapy, Form, Comp & Safety Considerations	2.00	AC
PM	7303	Naturopathic Manipulation 4	3.00	AC
PM	7802	Pt Care 19/Phys Med 2	2.00	AC
PS	7315	Nat Counseling 3	2.00	AC

	ATT	ERN	HRS	PTS	GPA
TERM:	9.50	9.50	0.00	0.00	0.000
CUM:	183.50	178.50	21.00	75.30	3.586

	ATT	ERN	HRS	PTS	GPA
TERM:	25.00	26.00	0.00	0.00	0.000
CUM:	258.50	253.50	26.00	87.30	3.492

Term: FA-09

Term: SU-10

BO	7300	Botanical Medicine 4	2.00	AC
MW	7320	Normal Maternity	3.00	AC
NM	7307	Eye, Ear, Nose and Throat	2.00	AC
NM	7313	Gynecology	3.00	AC
OM	4118	TCM Fundamentals	4.00	B
PM	7301	Naturopathic Manipulation 2	3.00	AC
PM	7305	Orthopedics	2.00	AC
PS	7200	Psychological Assessment	2.00	AC
TR	7411	Diet & Nutrient Therapy 1	3.00	AC

NM	7341	Cardiology	3.00	AC
NM	7824	Patient Care 5	2.00	AC
NM	7825	Patient Care 6	2.00	AC
NM	7826	Patient Care 7	2.00	AC
NM	7827	Patient Care 8	2.00	AC
NM	8206	Radiographic Intern 1 Lecture	3.00	AC
NM	8207	Radiographic Intern 1 Lab	1.00	AC

	ATT	ERN	HRS	PTS	GPA
TERM:	24.00	24.00	4.00	12.00	3.000
CUM:	207.50	202.50	25.00	87.30	3.492

	ATT	ERN	HRS	PTS	GPA
TERM:	15.00	15.00	0.00	0.00	0.000
CUM:	273.50	266.50	25.00	87.30	3.492

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Page 3 of 3

**STUDENT OFFICIAL TRANSCRIPT**

**Student Name :** Deegan, Britt Marie

**Student ID :** [REDACTED]

**Provided Solely for:**



**Term: FA-10**

NM	7828	Patient Care 9	2.00	AC
NM	7829	Patient Care 10	2.00	AC
NM	8101	Ethics	1.00	AC
NM	8303	Geriatrics	2.00	AC
NM	8308	Endocrinology	3.00	AC
NM	8312	Urology	1.50	AC
NM	8413	Advanced Naturopathic Therapeutics 1	2.00	AC
NM	8830	Patient Care 11	2.00	AC
NM	9316	Advanced Pediatrics	2.00	AC
PM	8801	Pt Care 20/Phys Med 3	2.00	AC

	ATT	ERN	HRS	PIS	GPA
TERM	19.50	19.50	0.00	0.00	0.000
CUM	293.00	288.00	25.00	87.30	3.492

**Term: WI-11**

NM	8212	Radiographic Interpretation 2	3.00	AC
NM	8309	Rheumatology	1.50	AC
NM	8325	Nat Case Anal & Mgmt 2: Grd Rds	1.00	AC
NM	8414	Advanced Naturopathic Therapeutics 2	2.00	AC
NM	8802	Preceptorship 2	1.00	AC
NM	8831	Patient Care 12	2.00	AC
NM	8832	Patient Care 13	2.00	AC
NM	8833	Patient Care 14	2.00	AC
NM	9563	Naturopathic Fertility Management	2.00	AC
PS	6207	Counseling for Ealing Disorders	2.00	AU

	ATT	ERN	HRS	PIS	GPA
TERM	16.50	16.50	0.00	0.00	0.000
CUM	309.50	304.50	25.00	87.30	3.492

**Term: SP-11**

NM	8102	Jurisprudence	1.00	AC
NM	8109	Practice Management 2	2.00	AC
NM	8213	Diagnostic Imaging	2.00	AC
NM	8314	Pulmonary Medicine	1.50	AC
NM	8803	Preceptorship 3	1.00	AC
NM	8834	Patient Care 15	2.00	AC
NM	8835	Patient Care 16	2.00	AC
NM	8836	Patient Care 17	2.00	AC
NM	8844	Interim Patient Care	2.00	AC
NM	9538	Standards of Care	2.00	AC
PM	8802	Pt Care 21/Phys Med 4	2.00	AC

	ATT	ERN	HRS	PIS	GPA
TERM	19.50	19.50	0.00	0.00	0.000
CUM	329.00	324.00	25.00	87.30	3.492

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*Aracely S*



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Friday, January 29, 2021



# The American Association of Naturopathic Physicians Urges Physicians and Hospitals to Utilize IV Vitamin C to Combat the COVID-19 Pandemic

## Share Article



The Association calls for increased use of this effective and affordable intervention.

### WASHINGTON (PRWEB) APRIL 01, 2020

The American Association of Naturopathic Physicians (AANP), representing 8,000 licensed naturopathic doctors (NDs) in the United States, encourages healthcare practitioners on the front lines of treating moderate to severe cases of COVID-19 to utilize intravenous Vitamin C (IVC, also known as IV Ascorbic Acid) as an adjunctive measure in the care of their patients.

**Naturopathic doctors** are the nation's foremost experts in natural therapeutics and have extensive training in drug-nutrient and drug-herb interactions. Drawing from our long history of safe and effective use of intravenous Vitamin C, we urge our medical colleagues to incorporate this treatment from the naturopathic medicine toolkit immediately in an effort to save lives and reduce long-term morbidity. While we applaud the use of IVC by a small number of hospitals in the U.S., it unfortunately remains a rarely utilized intervention.

There currently is no definitive, evidence-based treatment for COVID-19. Due to the unusual and extreme clinical demands of hospitalized COVID-19 patients, IVC has been implemented in some Chinese hospitals, and data **published** (English **translation**) by the "Expert Group on Clinical Treatment of New Coronavirus Disease in Shanghai" details the use of IVC as effective adjunctive care of hospitalized COVID-19 patients. Patients receiving IVC experienced shorter hospital stays and lower mortality, allowing greater access to intensive care resources (including ventilators) for other vulnerable patients.

This recent data for this novel virus expands upon the extensive use of IVC in clinically relevant circumstances, including reduced mortality (**1, 2, 3**) in patients with sepsis and ARDS as well as **shortened ICU stays** and **reduced need for ventilators** in critically ill patients. Intravenous Vitamin C is

After reviewing the dosing, guidelines, and experiences of the hospitals in China, the evidence shows that the use of IVC in hospitalized COVID-19 patients has a high probability of reducing hospital stay duration and improving outcomes."

a generally **safe** (with rare, notable exceptions), cost-effective, and well-tolerated intervention even in the most critical patients when delivered based on appropriate **clinical guidelines** alongside existing treatments. Though further research is always warranted, time is of the essence to treat those who are in need of solutions today.

To ensure the broadest access for the most vulnerable patients, at this time the AANP encourages IVC use be reserved for high-risk and hospitalized patients. All providers administering this intervention must adhere to established safety protocols for using Personal Protective Equipment and disinfection. In hospital situations where IVC is preferred but unavailable, high dose oral use is indicated. Further, the AANP strongly advises that any individual considering the use of Vitamin C either orally or IV, consult their physician.

Paul Anderson, ND, member of the AANP's COVID-19 Clinical Task Force and expert on intravenous use of Vitamin C, stated, "I have used IVC safely and effectively in both clinical and hospital practice for over twenty years. After reviewing the dosing, guidelines, and experiences of the hospitals in China, the evidence shows that the use of IVC in hospitalized COVID-19 patients has a high probability of reducing hospital stay duration and improving outcomes."

The AANP calls on federal, state and local authorities to support the clinical use of IVC as an adjunct to current treatments offered to hospitalized patients. Licensed naturopathic doctors **work collaboratively** across all branches of medicine, and in regulated states NDs are already **integrated into healthcare systems**. Serving in primary and specialty care, NDs are ready, willing, and able to support other medical professionals in changing the trajectory of this public health crisis. NDs are available as a resource to physicians and organizations looking for clinical guidance in the proper use of this intervention.

AANP President, Robert Kachko, ND, LAc, adds, "In these unprecedented times, we must utilize all safe and effective clinical tools available to us. Extensive hospital use of intravenous Vitamin C has the potential to save many lives."

The American Association of Naturopathic Physicians and its affiliated organizations will remain a resource to our colleagues in health and medicine, working to limit this pandemic and ensure the continued health and safety of our population.

About the American Association of Naturopathic Physicians

The American Association of Naturopathic Physicians (AANP) is the professional association that represents licensed naturopathic physicians. AANP strives to make naturopathic medicine available to every American, and to increase recognition of naturopathic physicians as the identified authorities on natural medicine. Learn more at <http://www.naturopathic.org>.

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# The letters of the law: 35 more companies warned about questionable COVID claims

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**Lesley Fair**  
 Jun 4, 2020

**TAGS:** [Coronavirus \(COVID-19\)](#) | [Bureau of Consumer Protection](#) | [Consumer Protection](#) | [Advertising and Marketing](#) | [Health Claims](#)

FTC staff sent [the latest round of warning letters to 35 businesses](#) alleged to have made unsubstantiated coronavirus prevention or treatment claims. What they sold diverges widely – IV vitamin treatments, products containing silver, patches purporting to block electromagnetic radiation, etc. – but they have one thing in common: According to the FTC, their claims aren't supported by sound science. Here are the companies that received the [letters](#).

**Arizona Natural Medicine Physicians.** On a webpage titled *Coronavirus: Supplements, Herbs & Homeopathic Remedies*, the office claimed to offer “homeopathic injections such as Engystol which helps support immune function and prevent infection.”

**Bixa Human.** On its website, the company pitched products it sold – including BioBija Complex and Victoria T3 – as “the best way to boost your immunity and protect yourself from the coronavirus.”

**Bodhi Glypfix.** In Facebook posts, the New York business promoted the sale of products it sold by stating, “Our Silver Biotic Formula is patented and has studies showing it's effective against covid viruses.”

**Brexo Bio.** The California company claimed on YouTube and Facebook that its stem cell treatments “can be administered intravenously and by inhalation through a nebulizer to treat lung damage caused by COVID-19 . . . .”



**Cho Acupuncture.** For consumers who are “[e]xperiencing respiratory problems (Coronavirus) and need treatment,” the Georgia business claimed to “provide herbal medicine that will help with this virus. There are now several case studies that are being treated by the herbal medicine in China. These cases have had great success in getting over the virus.”

**Cory's SEOM.** In promoting a product called Virus Killer, the California business stated, “One of the essential oils in our mix has already been proven in medical testing to kill the SARS virus, which is a subset of the Corona Virus. We

believe that, due to the similarities in viruses, there is an excellent chance that our products will also be very effective at killing the Covid-19 virus.”

**Doll House Med Spa and Clinic.** In response to the question *How can ozone therapy help with COVID-19?*, the San Antonio clinic – which offers those services and others – claimed it “block[s] the virus’ ability to replicate by balancing the cellular redox state” and “improves oxygenation to prevent scarring of the lungs and protect vital organs from viral damage.”

**Dramov Naturopathic Medical Center.** From a homepage hyperlink labeled COVID-19 / CORONAVIRUS INFORMATION, the Oregon company took consumers to a retail website promoting “Viral Immune Support” supplements.

**Dr. Don Colbert.** In marketing materials titled *Dr. Colbert’s Keys to Avoid COVID-19 (Corona Virus)*, the Texas doctor sold “Supplemental Options for Prevention,” including Divine Health Green Supreme Food and Divine Health Multivitamin.

**Dr. Eric Nepute.** In a Facebook Live discussion of coronavirus, Missouri-based chiropractor Dr. Nepute stated, ““Guess who’s not sick. My patients. Guess why? Cause they’ve been getting vitamin IVs for months, weeks, or years. Guess what else is not going to happen to them? They’re not going to have other problems. Why? Because they’ve been getting adjusted regularly, because adjustments help improve the nervous system, which helps improve the immune system. Period.”

**East Valley Naturopathic.** In advertising its services, the Arizona office stated, “to treat pneumonia and hyper inflammation caused by COVID-19, vitamin C has been given at high doses,” both orally and as an IV.

**Enliven.** On a Facebook post titled *Coronavirus: Is High-Dose Vitamin C the Answer?*, the Texas company pitched products it sold by stating, “With even modest amounts of supplemental vitamin C, deaths will decrease. In a study, modest amounts of supplemental vitamin C (200 mg of vitamin C per day) resulted in an 80% decrease in deaths among severely ill, hospitalized respiratory disease patients.”

**Evergreen Naturopathic.** Based in Spokane, the office claimed on its Novel Coronavirus (COVID-19) FAQ page, “[W]e offer our patients personalized herbal tinctures to directly confront the viral infections that are most prevalent throughout the year while strengthening and supporting both the immune system and the sensitive tissues that are most susceptible to these infections.”

**The Feed.** The Boulder, Colorado, company promoted products it sold, including Ortho Molecular D/K2 (Vitamin D) and Quicksilver Vitamin C, on its website and in Facebook ads. For example, one ad included a graph that showed a “98.9% death rate” for coronavirus for people deficient in Vitamin D vs. a “4.1% death rate” for people with normal Vitamin D levels.

**GlyCop Co-op.** In marketing materials titled *Coronavirus Research*, the co-op claimed, “The bottom line for strengthening the immune system to fight the CV [coronavirus]” is to ingest large amounts of Vitamin C – which the Boise business sells.

**Gonino Center for Healing.** For consumers concerned about COVID-19, the Texas office promoted IV Ozone therapy, IV Vitamin C therapy, hyperbaric oxygen therapy, Quercetin, and other products and services it sells. According to a Facebook post, “I wanted to share a quick update on the #Coronavirus scare. . . . If I become infected, besides bedrest, fluids, and prayer, my plan will be iv ozone morning and afternoon on days 1 and 3, iv Vitamin C on days 2 and 4.”

**Hawaii Naturopathic Retreat.** On a page titled *COVID-19 Testing and Prevention*, the Hilo, Hawaii, business offered “immune boosting packages to help you protect yourself against the coronavirus. . . .” Those included both “Antiviral Supplements Drop Shipped Directly to You” and a variety of IV treatments, injections, an infrared sauna, and “colonics with probiotics.”

**Health Associates Medical Group.** In marketing materials titled *Important Covid 19 Information to Prevent and Possibly Treat This Virus*, the Sacramento office promoted its services by stating that “[i]ntravenous Vitamin C was used by the Chinese as part of their protocol to improve tissue oxygenation and prevent the ‘Cytokine storm’ in Covid 19 patients.”

**Hot Springs BioFeedback.** Under the heading “Diagnosed with COVID-19? I’ve got the answer! I’m in total recovery!,” the Texarkana, Texas, business recommended products containing silver. According to the company, silver “binds to the DNA of the virus-cell, preventing it from multiplying” and “prevent[s] the transfer of the virus from one person to another by blocking the ability of the virus to find a host cell to feed on.”

**Innovation Compounding.** In marketing materials titled *Coronavirus: Is High-Dose Vitamin C the Answer?*, the Georgia company promoted its Vitamin C infusions by stating, “China is conducting a clinical trial of 24,000 mg/day of intravenous vitamin C to treat patients with coronavirus and severe respiratory complications. . . .”

**Julie E. Health.** The Redondo Beach, California, business promoted its Corona Virus Prevention and Treatment Kit, which included EMF (electromagnetic radiation) Blocking Patches and supplements. According to the company, the kit is “your first line of defense nutritionally speaking to prevent the corona virus.”

**KimberTouch Technologies.** In online marketing materials titled *Professionals Are Here – Real Protocol for Coronavirus*, the company promoted an “anti-viral protocol” consisting of Vitamin C, silver, silver nasal wash, and oxygen.

**Love Acupuncture.** In promoting products as “Alternative treatments for COVID-19 (coronavirus),” the Oregon business stated, “[T]he Chinese government distributed Chinese herbal medicine to everyone with covid-19 in the hospital” and “yielded a 94% improvement rate . . . .” The company added, “While we are not allowed to say these herbs treat COVID-19[,] what we can tell you is that these preventative formulas are being used in China and the reports are showing a positive difference.”

**Natural Health 365.** In marketing materials titled *Consider Vitamin C for acute respiratory distress syndrome from COVID-19, Medical Journal says*, the Florida company promoted its products by claiming “Doctors recommend high dose vitamin C as potential treatment for COVID-19 sufferers, backed by decades of scientific research” and “High-dose glutathione shows promise in addressing respiratory distress in patients with COVID-19.”

**Nutritional Healing Center of Ann Arbor.** The office featured a video titled *Immune Supplement Bundles* that stated, “In the last few weeks and months, there’s a very scary virus that everybody’s talking about. And in the medical research, I have found at least twenty different nutrients, herbs, and vitamins that kill this virus.” The video promoted a variety of products sold by the Center, including ones called The Guard Dog package and The Sheriff.

**Organic Hawaii, LLC.** Using affiliate marketing links, the Honolulu business advertised “Best Natural Supplements, Vitamins, and Minerals to boost the immune system and help protect against COVID-19 coronavirus,” and linked to websites selling – among other things – liposomal Vitamin C, hemp seeds, pumpkin seeds, Lion’s Mane, Turkey Tail, elderberry syrup, and mushrooms.

**Post Falls Naturopathic Clinic.** The Idaho business said it has used “energetic signatures of the Coronavirus and influenza” to create Covid-19 & Flu Immune Booster, “a new homeopathic remedy to boost your immune system” and provide general immune support for colds, flu and the Coronavirus.

**Pure Prescriptions, Inc.** The California company urged consumers to “Do This to Help Lower Your Risk of Getting Coronavirus!” Among its recommendations was “supplementing with NewGreens,” a product for sale in its online store.

**Renaissance Health Centre.** To promote its products and services, the Las Vegas clinic claimed that “homeopaths [in China] report that the symptoms of people who get the Coronavirus point towards” the use of Gelsemium, Bryonia, Eupatorium Perf., and Thymulin 9C. The clinic also touted its intravenous hydrogen peroxide and ozone therapies.

**Restore Med Clinic.** In an Instagram post titled *COVID-19 What should you be doing to optimize your health?*, the clinic included a list of vitamins, but added, “Over the counter supplements and herbs are both convenient and easy, yet for a more effective protection,” it recommended “High-dose Vitamin C IV Therapy,” including “COVID-19 Immunity Boost” IV drips available at the clinic.

**Revival Hydration.** The San Francisco company promoted its IV vitamin therapy services by stating, “Keep Corona out with our Immunity treatment! . . . Our immunity treatment utilizes the most powerful immunity-strengthening supplements on the market.” According to the company, its treatment “Expedites Recovery exponentially” and “Makes you feel grateful your suffering period is cut in half at a minimum.”

**Sage Integrative Medicine Clinic.** On a webpage titled *Coronavirus Updates: Clinic News & Immune Support Tips*, the Edmonds, Washington, clinic promoted its “High-dose IV Vitamin C.” It made similar recommendations on a page with the heading *Coronavirus: The Top Ways to Protect Yourself and Your Family*.

**Tulsa Chiropractic Rehab.** In promoting treatments it sold, the Oklahoma office claimed, “Certain vitamins and supplements are proving effective in the fight against coronavirus: particularly vitamin D, vitamin C, and Zinc!”

**Utopia Silver.** In discussing products it sold, the Utopia, Texas-based company said, “If you’re actually fighting a cold or influenza OR corona-virus, you may need 10,000-20,000 [of Vitamin C] a short period of time along with a colloidal silver supplement.”

**Vero Clinics.** Next to a photo of products it sells, the Decatur, Illinois, clinic stated, “I know there’s a lot of anxiety and confusion regarding the recent pandemic that we’re all experiencing. I just want to make everyone aware there a number of immune-boosting modalities offered here at Vero Clinics. These include IV nutrition, high dose Vitamin C, IV silver, IV ozone, peptides, et cetera.”

Like the dozens of other warning letters the FTC has sent, these letters remind businesses that no study is currently known to exist that substantiates their COVID-19 claims. Therefore, they “must immediately cease making all such claims.” FTC staff expects to hear from back from them within 48 hours, describing what they’re doing to address these concerns.



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# 21 more companies warned about questionable COVID claims

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**Lesley Fair**  
**Apr 24, 2020**

**TAGS:** [Bureau of Consumer Protection](#) | [Consumer Protection](#) | [Advertising and Marketing](#) | [Health Claims](#)

FTC staff just sent [21 more warning letters](#) to companies that have used allegedly unsubstantiated coronavirus prevention and treatment claims to promote products and services. Many of the [latest letters](#) focus on questionable representations for high doses of vitamins, intravenous treatments, ozone, and purported stem cell therapies.

**Abundant Life Wellness Center.** The Florida business has said its Zyto biofeedback software system can “scan individuals for a customized homeopathic dilution for the Coronavirus.” According to the company, “This means that if you are exposed to the virus and you are taking your customized homeopathic dilution, you could present with less or no symptoms than if you were not taking it.”

**Vidaful Medicine.** On its website, the Pennsylvania company has linked to articles about “Coronavirus Prevention with High Dose Vitamin C IV” and has recommended its own IV therapy as a preventive measure “for anyone potentially exposed” to coronavirus.

**Liquvida Lounge.** According to FTC staff, the Fort Lauderdale company has claimed that Vitamin C – which it sells – “may both prevent the infection and treat it in patients who already have it.”

**RowenSu Clinic.** The warning letter to the California clinic cites statements that have appeared on its website touting ozone therapy – which it markets – as a “Cost[] Effective Treatment for Coronavirus.” In addition, the company has claimed that coronavirus may “have a soft underbelly” that is “easily and safely exploitable with ozone-related services.”

**Personalhealthshop.com.** The company has sold elderberry products, including gummies, by making claims like this on its website: “Elderberry Vs Corona Virus. Elderberry is an antiviral. It prevents the virus from replicating in the body, so you want to take it early and often if you start feeling symptoms. Once a day for prevention, four times if you start feeling sick . . . most importantly [elderberry] is high in zinc . . . ZINC + CHLOROQUINE has shown positive results against Covid19 . . . .”

**Prana IV Therapy.** The warning letter cites statements the Arizona company has made on its website that “most recently among hospitals in China during the outbreak of Covid-19 . . . [a]ll patents who received IVC improved and there was no mortality. . . . It’s with this data in mind that we crafted our Super Immunity Blast IV.” The letter also mentions claims the company had made on Facebook and Instagram through a consumer testimonial.

**REVIV.** According to the letter, Miami-based REVIV has stated that consumers can “[h]elp protect and prevent again . . . the Coronavirus with a REVIV Megaboost IV Therapy containing a high dose of Vitamin C.” The website also has

referenced “a recent clinical trial in China on coronavirus patients” purportedly demonstrating “decreased duration of hospital stay by 3-5 days.”

**Windhorse Naturopathic Clinic.** FTC staff says the Vermont company has claimed in marketing materials that “Vitamin C used intravenously is gaining promising clinical findings as a safe, inexpensive, and effective treatment to improve the outcomes of Covid-19 infection in critically ill patients.” The business has advertised that it “is currently administering IVC to WELL PATIENTS for prophylactic immune support.”

**Alkaline for Life.** The warning letter quotes claims the East Syracuse, New York, company has made on its website – for example, “HIGH-DOSE VITAMIN C PROTECTS AGAINST CORONAVIRUS (COVID-19) . . . The coronavirus pandemic can be dramatically slowed, or stopped, with the immediate widespread use of high doses of vitamin C . . . COULD OUR ALKALINI-C HELP? The answer is yes.”

**Ethos Natural Medicine LLC.** The FTC staff letter cites statements the Reno, Nevada, company has made on its website about kratom, which the company sell – for example, “Does Kratom Help? While we wait for a vaccine which is estimated to be 12-18 months away, it is important for everyone to stay sanitary, to strengthen our immune system, and look to nature for help. Kratom has several possible immunostimulant alkaloids . . . .”

**Greenbelt Outdoors.** According to the FTC, the Austin company has promoted products with claims like this: “Buy your Chaga Extract here to block receptor site for Covid-19/Coronavirus” and “Why N95 Masks DO NOT WORK And Only Hardening Your Immune System With Chaga And Vitamin C, D Does”

**Absolute Health Clinic.** Based in Olympia, Washington, the business has promoted its products and services by representing, “Did you know our clinic [has] . . . treatments available to treat COVID-19? . . . available treatments include . . . high doses of Vitamin C and D through IV therapy, and Stem Cell Therapy.”

**Blessed Maine Herb Farm.** On a section of its website titled “Preventive Care – Coronavirus,” the Athens, Maine, business cites a list of herbs to “protect against viral infection.” The company also advises consumers to “wear a protective amulet” of “garlic and prayers hung around your neck” and to “keep a small magic bag of protective herbs or stones in your pocket.”

**Fast Relief Acupuncture.** According to the warning letter, the New Jersey business has represented that “The use of acupuncture and herbal medication is vitally important when treating the Coronavirus. Not only can patients recover from the virus by receiving these treatments, patients can also use acupuncture and herbal medication to prevent the contraction of COVID-19.”

**Jiva Med Spa.** The warning letter cites statements the Columbus, Ohio, company has made in social media that products it sells – including Viragraphis, OlivDefense, and ImmunotiX 500 – should be taken “to help prevent the spread of this virus, the COVID-19” or “as soon as you start displaying symptoms of COVID-19.”

**American Medical Aesthetics.** According to marketing materials promoting the Los Angeles company’s products and services, people with COVID-19 have been “Cured with Ozone” and that treatments with “Mesenchymal Stem Cells” have been shown “to successfully treat the patient and reverse the illness.”

**AwareMed.** Based in South Carolina and Tennessee, the company has advertised its IVs as “a prevention treatment fronting this pandemi[c] of #covid19” and the “right treatment to prevent the #Covid 19.”

**Center for Regenerative Cell Medicine.** The FTC says the Scottsdale, Arizona, company has promoted its products and services by claiming on its website that “Mesenchymal stem cells are a viable option in new coronavirus infection treatment” and that stem cell therapy has “successfully treated” a COVID-19 patient.

**Merge Medical Center.** The South Carolina company has claimed on its website and in social media that consumers’ “Recipe for Survival” from coronavirus includes “IV high dose Vitamin C treatment,” an intravenous “Sepsis Treatment” protocol, and intravenous silver. The warning letter also cites the company’s claim that “Nano Silver Hydrosol is used to dramatically reduce the activity of the Coronavirus” by “suffocating it so it cannot do damage in the body.”

**Stemedix, Inc.** “While experts are diligently working on vaccines and drugs, one surprising treatment has demonstrated efficacy for combatting [coronavirus]: stem cell therapy.” According to the FTC warning letters, that’s just one claim the Florida business has used to promote its products and services.

**TRULYHEAL Pty. Ltd.** The Australian business has promoted its products by claiming, “Ozone plays a fundamental role in the treatment of viral infections including the Coronavirus (COVID-19) . . . .” According to the company, “To prevent and protect the body from a coronavirus infection at HOME with ozone, it is administered via rectal insufflation,” and it’s “the easiest, most inexpensive, safe, and effective protection solution that everyone should have available to them, their family and loves ones.”

The warning letters remind recipients that under the FTC Act, it’s illegal to advertise that a product can prevent, treat, or cure a disease unless the company has competent and reliable scientific evidence to support what they say – which may mean well-controlled human clinical studies. Furthermore, “For COVID-19, no such study is currently known to exist” for the products and services cited in the letters. FTC staff expects to hear back from the companies within 48 hours with a description of the specific actions the recipients have taken to address the concerns.



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The Honorable Judy Lee  
North Dakota State Senator for the 13<sup>th</sup> District  
Chair of the Human Services Committee

Re: Bill to Amend the Scope of Practice for Naturopathic in North Dakota (SB 2274)

**SB 2274 Endangers Patients**

January 29, 2021

Dear Senator Lee,

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

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. I grew up in California, but 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 have many family members in North Dakota; the flower girl from my 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, I wanted to contact you immediately and share my story. I would never recommend that any of my family members or friends seek naturopathic medical care for any medical condition, and certainly not for primary care.

I watched my colleague, Elizabeth Allmendinger, spearhead the political movement to get naturopaths licensed in North Dakota in 2011 from Bastyr's classrooms. I remember the excitement I felt about North Dakota "gaining licensure." With so much of my family still residing in the Midwest, the hypothetical possibility of practicing near family was an enticing fantasy. North Dakota passed legislation right before we graduated and I watched Elizabeth travel back home to fulfill her dream of practicing naturopathic medicine in her home state, while I went on to fulfill my dream of practicing in a pediatric clinic.

Sadly, it did not take much time for my dreams to come crashing down around me. During my brief time in practice as a naturopath, I witnessed dangerous, illegal, and unethical naturopathic practices from licensed naturopathic doctors who graduated from accredited schools. I had previously believed that only the "fake-NDs" who earned online degrees engaged in menacing medical practices, such as intravenous hydrogen peroxide therapy for the treatment of cancer or chronic disease. In reality, an abundant number of licensed naturopaths from accredited universities use dubious diagnostic

methods and unsound therapies. I personally witnessed the illegal importation of cancer therapies for use on terminally ill patients. I found this type of egregious behavior so common within the profession of “real” naturopathic doctors that I felt like I had no other choice than to change professions. I have since left the profession to study biomedical research in Germany. I am currently in the final year of my PhD program at the university medical clinic in Schleswig-Holstein (UKSH), Kiel.

Based on my educational and professional experience as an accomplished member of the naturopathic community, I can say that naturopathic medicine is not primary health care. I am saddened to report that not only was I misled, but so were hundreds of legislators, thousands of students, and tens of thousands of patients. I do not want to see legislators in North Dakota fooled by false information regarding the education, training, and medical capabilities of naturopaths.

The issue of this deceit boils down to the education and clinical training of naturopaths and how the American Association of Naturopathic Physicians (AANP) and its members manipulate this information for political advancement. The naturopathic profession perpetuates a series of false assertions to justify its progress, which unfold in a closed-loop system that eschews external criticism. Two examples of this dynamic show that naturopaths are the sole regulators of naturopathic medicine: 1) 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 or COMPLEX-USA for MDs and DOs. 2) 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.

Naturopaths frequently present education comparison charts to show that they are qualified to practice medicine as a primary care provider, write prescriptions for pharmacologic medications, and perform procedures like minor surgery or intravenous procedures. I’ve found several charts comparing naturopathic education to the education of other health care providers. They are all a bit different in how hours are categorized for comparison, which tipped me off that there was some manipulation of the data. To clarify the training of naturopaths for you, I have attached my transcript and a chart of my education hours which shows you exactly what was required for me to earn my naturopathic degree.

You will be interested in the following points from my transcript and the accompanying spreadsheet detailing the hours I spent in each class and in clinical training.

### **Clinical Training:**

- 1,100 hours of primary care medicine training in “direct patient contact” including
- 748 total clinical training hours on “patient care rotations”
  - 44 hours on a counseling rotation
  - 176 hours on physical medicine rotations (chiropractic therapy)
  - 132 hours spent shadowing any kind of health practitioner (ND, MD, DO, DC, LAc, Homeopath, PT, PA, NP, etc.)

748 Hours in Patient Care Rotations:

A patient care rotation is scheduled in 4-hour shifts, once per week, for an 11-week quarter. One of these four hours is spent discussing patient cases and information on every shift. Only three hours are spent in patient care, reducing the total numbers of hours spent in “direct patient contact” down to 561 hours. Clinical training on patient care shifts encompassed debunked medical theories, pseudoscience, energy medicine like homeopathy, the laying of hands, hydrotherapy like colon irrigation, physical medicine like chiropractic adjustments, and yes, some primary care concepts. However, the primary care training is diluted with the sheer amount of experimental medical practices and quackery.

### **Pharmacology:**

**BC 6305 Pharmacology for ND Students:** “pharmacology for the ND student population”

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

My clinical training included such a small amount of pharmacological experience that it hardly seems worth mentioning. I spent far more time learning how to write a prescription for botanical medicines than how to prescribe appropriate pharmaceutical medications. I specifically befriended a pharmacist at a local pharmacy in Seattle so I could ask questions about drugs, dosages, interactions, and protocols.

### **Standards of Care and Public Health:**

Of note, there are no naturopathic standards of care. Students and residents at Bastyr University have compiled documents explaining the diagnosis and treatments for a variety of diseases, which are available to students and faculty on the university’s online portal. A review of these documents reveals a large degree of untamed variability that is reflected in naturopathic medicine. For example, the entry on angina includes a variety of treatment options: 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; at home exercises; 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. Of the documents I’ve reviewed, all fail to mention any standard of care, which for some conditions, at a minimum should include an immediate referral to the emergency room or medical specialist. I know it sounds cynical, but naturopathic medical care is like picking treatments out of a magical hat.

The theme of not making firm clinical or public health recommendations rooted in science is apparent in the profession’s position papers. Most notably, 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 clearly leaves room open for exemptions and custom inoculation schedules between parents and practitioners “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. This type of weak public health care policy results in infectious disease outbreaks like the pertussis outbreak in California in 2010. Furthermore, according to Stephen Barret, MD, this position paper presents “unbalanced attack on immunization based on delusional philosophy rather than science.” He goes to conclude that, “the AANP position statement exaggerates the risks and suggests that “some” of the current vaccinations are ineffective.” I can imagine that strong public health policies regarding immunization are very important in North Dakota right now given the COVID-19 crisis. I don't view licensed naturopaths as reliable health practitioners capable of implementing public health policies, even in emergency situations, such as a global pandemic.

In April and June of 2020, the FTC sent out warnings to companies advertising dubious COVID claims (attached). Numerous naturopathic clinics were on these lists, as well as therapies commonly provided by licensed naturopaths including the use of high-dose, intravenous vitamin C to treat COVID-19 infections. In October of 2020, after these FTC complaints were issued, the American Association of Naturopathic Physicians announced that they were urging “physicians and hospitals to utilize IV [intravenous] vitamin C to combat the COVID-19 pandemic.” The press release issued by the AANP is attached. In their statement (attached), the association writes that recent data from China demonstrated that intravenous vitamin C was an effective adjunct therapy and that patients receiving intravenous vitamin C “experienced shorter hospital stays and lower mortality.”

I looked up the original publication in the Chinese Journal of Infectious Diseases. The study referenced is, in fact, not a study. Rather, it is recommended clinical guidelines for treating the novel coronavirus. I could not find any original data to support with the vitamin C recommendations or the claims that intravenous vitamin C therapy could shorten hospitalizations or reduce death. This is just one of many examples demonstrating that licensed naturopaths are not capable of providing credible health care information to the public.

#### **Additional Relevant Course Training:**

**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 covers common “primary care procedures” such as epi-pen injection, intravenous therapies, heavy metal testing, injections, IV cannulation, safety issues with IV therapy, sinus irrigation, naso-sympatico, eustachian tube massage, ear lavage, nebulizer use, how to use an oxygen tank and CPR/ first aid

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

It is my opinion, that naturopathic “doctors” or “physicians” are not qualified to practice primary care. Yet, I hope that my description of the clinical training provided by Bastyr propels this claim closer to the realm of fact. I find it extremely troubling to have been the victim of so many layers of deceit: from naturopathic medical school promotional material, the education and clinical training, the AANP’s political efforts, and information promulgated by my former naturopathic peers, colleagues, and elders. I sincerely hope that I can help shed light on the truth, which is why I decided to start my own blog ([www.naturopathicdiaries.com](http://www.naturopathicdiaries.com)).

In short, naturopathic clinical training is not on-par with medical or osteopathic doctors and is in fact far less, in terms of quantity and quality--also less than nurse practitioners and physician’s assistants. Of the hours that Bastyr provided to me and my classmates in purported primary care training (748 hours), one quarter of this time was spent in case preview and review. The remaining 75% (561 hours) contained dubious diagnostics and experimental treatments that were so embedded within a pseudo-medical practice that the student clinician loses the ability to assess what is truth and what is make-believe. When homeopathic remedies are presented on the same level as antibiotic treatment, the naturopathic student is lost, and I don’t blame them.

I think it is quite 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 providers. There is no way that such training produces better health care that is affordable or efficacious than what is currently available. Yet, this is exactly the rhetoric fed to federal and state lawmakers about naturopathic medicine, and it is wrong.

I recognize that it is a common position of governing bodies to promote freedom of choice. And by that logic, it is easy to license naturopaths, expand their scope of practice, and state that you are allowing citizens to make their own decisions regarding who is providing primary health care to them and their families. However, granting naturopaths an expanded scope of practice that includes prescription rights provides the false illusion to North Dakotans that they are choosing between equally qualified health care physicians. I graduated from naturopathic medical school with a meager amount of pharmacology training taught in a lecture format and not in a clinical setting. Any naturopath claiming to be adequately qualified in prescribing drugs, without having sought extensive training outside of naturopathic medical school, is simply regurgitating lies from their governing organization.

If naturopaths are going to continue to argue that their scope of practice should reflect their training, then they need to accept that their scope of practice should be severely dialed back or they need to conduct a massive overhaul of their training, as the DOs did in the 1970s. Furthermore, naturopaths are not required to complete residencies (except for those practicing in Utah who need one year of residency), which is where any physician will argue the real practice of medicine is learned over the course of a multiple-year residency in a teaching hospital.

Realistically, if I were to practice naturopathic medicine according to my training at Bastyr, I honestly do not even know what I would be qualified to do.

Please do not support SB 2274 to expand the scope of practice for naturopathic “physicians” in North Dakota. Please continue to limit the scope of naturopaths that is

commensurate with their minimal training in primary care medicine. To act otherwise, is to risk the wellbeing and safety of every North Dakotan.

Sincerely,

A handwritten signature in cursive script that reads "Britt Marie Hermes". The signature is written in black ink and is positioned above the printed name.

Britt Marie Hermes (née Deegan)

#4438

**SB 2274**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
**Feb. 1, 2021**

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.

I am submitting testimony in opposition to Senate Bill 2274 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 science-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, enemas, and, most importantly, homeopathy.

As such, most states 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.

SB 2274 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. A typical curriculum includes 6 credits of basic pharmacology out of about 250 credits required to graduate. In contrast, the curriculum includes 13 credits of homeopathy, calling in to question the quality of pharmacologic education. Since their foundation, naturopaths have been firmly against the use of

pharmaceuticals to treat disease, so prescribing active pharmaceuticals represents a fundamental shift in naturopath practice.

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, pathology 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 part duck to 99 parts water, 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. Either you believe that active ingredients matter or you don't. Anyone who practices homeopathy is not qualified to prescribe medications.

SB 2274 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 class 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 medications by people with significantly more science-based education than naturopaths. Expect that to increase if naturopaths are granted broad prescribing privileges.

SB 2274 also adds "minor office procedures" to a naturopath's scope of practice. 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. Consider a dog bite to a child's face. Superficially, this may seem like a straight forward problem requiring a simple procedure to repair. It's deceptively complex, however. Should the wound be closed now, delayed, or not closed at all? Does it require antibiotics, and, if so, which one? Does it need a flap? Does it require a rabies immunization or immunoglobulin? Studies show that people who see naturopaths are vaccinated for all diseases at rates lower than the general population. What testing or observation is required of the dog?

Naturopaths are seeking expanded scopes of practice across the U.S. with varying degrees of success. Currently, 22 states have licensed naturopaths; at least three have 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. 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 SB 2274, effectively requiring those trained in naturopathy to practice only naturopathic medicine.

Thank you for your consideration.

Chris Meeker, M.D.  
Chief Medical Officer  
Sanford Health Bismarck  
701-226-1461  
[Chris.Meeker@Sanfordhealth.org](mailto:Chris.Meeker@Sanfordhealth.org)

Dear Senator Lee,

My name is Grant Syverson, and I had the opportunity to meet you when I was the “Doctor of the Day” at the state capitol for the North Dakota Medical Association (NDMA). I am a pediatric rheumatologist serving the children of North Dakota and the legislative advocate for the North Dakota American Academy of Pediatrics (NDAAP). I am writing to you to voice my strong opposition to Senate Bill 2274 which seeks to allow naturopaths the ability to prescribe prescription medications and initiate therapeutic interventions including blood products. The North Dakota Board of Medicine (NDBOM), the North Dakota Hospital Association, and the NDMA have already submitted excellent written and oral testimony in opposition to this bill.

As a pediatric subspecialist I have a unique perspective on this issue as I have had to not only undergo the typical training for a pediatrician (4 years of medical school and 3 years of residency) I had to have an additional 3 years of training just to reach the necessary level of competency to independently care for my patients as a licensed practitioner. Naturopaths have none of this specialized training, are not trained in the medical model and yet, would be able to independently prescribe serious immune suppressive and life-threatening therapeutics. I am aware that amendments have been proposed which would limit this prescriptive practice to testosterone and all legend drugs. Legend drugs are defined by the board of pharmacy as a drug which, under federal law, is required to be labeled as a prescription drug and is restricted to use by licensed practitioners only. Some legend drugs that I prescribe are prednisone, chemotherapy (methotrexate, cyclophosphamide), and specialized therapies for juvenile arthritis, systemic lupus, vasculitis, and inflammatory muscle diseases. The list of legend drugs could go on and on but, ultimately any prescription medication can be dangerous if prescribed incorrectly. Neither myself nor any of my physician, nurse practitioner, or physician assistant colleagues would consider prescribing these therapies outside the scope of our training, as doing so without proper training would be unethical and considered malpractice.

So please, on behalf of myself and the membership of the NDAAP, vote **do not pass** on SB 2274. Naturopaths do not have the appropriate training, oversight, or clinical experience and the risk of harm to the children and adults of North Dakota is too great. Please feel free to give me a call or email to discuss further.

Thank you for your time,

Grant Syverson, MD  
Pediatric Rheumatologist  
NDAAP Legislative Champion  
[syverson@gmail.com](mailto:syverson@gmail.com)  
Cell: [414-530-7911](tel:414-530-7911)

Greetings,

I am writing regarding Senate Bill 2274.

My intent is not to dismiss naturopathy practices. I believe they have a role in patient care as any other healthcare professional. I am a bit confused that they are asking for drug prescriptions privileges when, naturopathy is based on a theory of treating and preventing diseases without the use of drugs, by techniques such as diet, exercise, tissue manipulation, and herbal supplements, allowing our own body to heal without the use of any chemicals and that is the main reason why some people are drawing to a naturopath.

I understand completely that the practice of medicine has evolved into a team approach where every team member plays a vital role in the overall care as long as each team member performs to the fullest of their scope of practice.

One of the most common mistakes that occur during Medical treatment is an error in medication. Most related to legend drugs. Ranked third after Misdiagnosis and delayed diagnosis. The error occurs either by prescribing the wrong medication or the wrong dose, or failing to account for drug interactions, or inability to recognize side effects and promptly intervening.

Pharmacology class and few hours of clinical rotation as an observer do not qualify for prescribing privileges. Even pharmacists in the state of North Dakota are not allowed to prescribe medications. It is best to preserve this right to clinicians, educated and trained through a rigorous curriculum that allows them to harness the necessary skills to provide the best and safest care possible.

Naturopathy is an alternative to traditional medicine, and it should be left at this. I personally refer patient to naturopath when medical therapy fails as I also get referral from naturopaths when their therapy fails. If they feel the need to prescribe medications it may be a good reason to refer these patients to a traditional clinician for further evaluation.

I urge you not to approve Senate Bill 2274 even with its amendment and keep the naturopath scope of practice limited as is for the sake of our patients and the health of North Dakotans.

I will be happy to address any concerns or answering any further questions.

Thank you for all you do and your time at the Capitol.

I did send a similar email to other members of the committee.

Fadel Nammour, M.D.

# 2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Sakakawea Room, State Capitol

SB 2274  
2/8/2021

A BILL for an Act to amend and reenact section 43-58-08 of the North Dakota Century Code, relating to the scope of practice of a naturopath.
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**Madam Chair Lee** opened the discussion on SB at 2:46 p.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

**Discussion Topics:**

- Naturopaths ability to prescribe schedule 1-5 and legend drugs

**[2:46] Senator Howard Anderson, District 8.** Provided the committee with proposed amendment 21.1003.01002. (testimony #5952)

**Senator Anderson** moves to **ADOPT AMENDMENT** 21.1003.01002 with the addition of the word "other" which resulted in 21.1003.01003.

**Senator K. Roers** seconded

Voice Vote – motion passed.

**Senator K. Roers** moves **DO PASS, AS AMENDED.**

**Senator Anderson** seconded

The motion failed 2-3-1

Senators	Vote
Senator Judy Lee	N
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	N
Senator Kathy Hogan	N
Senator Oley Larsen	Absent

**Senator Hogan** moves **DO NOT PASS, AS AMENDED.**

**Senator Clemens** seconded.

The motion passed 3-2-1

**Senator Lee** will carry SB 2274.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	N
Senator Howard C. Anderson, Jr.	N
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	Absent

**Additional written testimony:** N/A

Madam Chair Lee closed the discussion at 2:57 p.m.

*Justin Velez, Committee Clerk*

February 8, 2021

SAB  
2/18

PROPOSED AMENDMENTS TO SENATE BILL NO. 2274

Page 2, line 7, after "May" insert "not"

Page 2, line 7, replace "and" with "or"

Page 2, line 7, replace "II" with "I"

Page 2, line 8, after "administration" insert "except for testosterone"

Page 2, line 8, after "and" insert "may prescribe and dispense"

Page 2, line 8, after "all" insert "other"

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**SB 2274: Human Services Committee (Sen. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (3 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). SB 2274 was placed on the Sixth order on the calendar.

Page 2, line 7, after "May" insert "not"

Page 2, line 7, replace "and" with "or"

Page 2, line 7, replace "II" with "I"

Page 2, line 8, after "administration" insert "except for testosterone"

Page 2, line 8, after "and" insert "may prescribe and dispense"

Page 2, line 8, after "all" insert "other"

Renumber accordingly

Introduced by

Senators Dwyer, K. Roers, Bell

Representatives J. Nelson, Rohr, M. Ruby

1 A BILL for an Act to amend and reenact section 43-58-08 of the North Dakota Century Code,  
2 relating to the scope of practice of a naturopath.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. AMENDMENT.** Section 43-58-08 of the North Dakota Century Code is  
5 amended and reenacted as follows:

6 **43-58-08. Practice of naturopathic health care.**

- 7 1. A naturopath may practice naturopathic medicine as a limited practice of the healing  
8 arts as exempted under section 43-17-02. A naturopath may not:
- 9 a. ~~Prescribe~~Except as authorized under subsection 3, prescribe, dispense, or  
10 administer any prescription drug;
  - 11 b. Administer ionizing radioactive substances for therapeutic purposes;
  - 12 c. Perform a surgical procedure; or
  - 13 d. Claim to practice any licensed health care profession or system of treatment  
14 other than naturopathic medicine unless holding a separate license in that  
15 profession. A naturopath may not hold out to the public that the naturopath is a  
16 primary care provider.
- 17 2. A naturopath may prescribe and administer for preventive and therapeutic purposes a  
18 prescriptive device and the following nonprescriptive natural therapeutic substances,  
19 drugs, and therapies:
- 20 a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines,  
21 and homeopathic preparations;
  - 22 b. Topical drugs, health care counseling, nutritional counseling and dietary therapy,  
23 naturopathic physical applications, and therapeutic devices; and
  - 24 c. Barrier devices for contraception.

- 1           3. A naturopath:
- 2           a. May prescribe, dispense, administer, and procure drugs and medical devices.
- 3           b. May plan and initiate a therapeutic regimen that includes ordering and
- 4           prescribing nonpharmacological interventions, including durable medical
- 5           equipment, nutrition, blood and blood products, and diagnostic support services,
- 6           including home health care, hospice, and physical and occupational therapy.
- 7           c. May not prescribe and/or dispense schedule II through V substances as
- 8           designated by the federal drug enforcement administration except for
- 9           testosterone and may prescribe and dispense all legend drugs.
- 10          d. May not dispense a drug, unless pharmacy services are not reasonably
- 11          available, dispensing is in the best interest of the patient, or an emergency exists.
- 12          e. May request, receive, and sign for a professional sample and may distribute a
- 13          professional sample to a patient.
- 14          f. If prescribing or dispensing a controlled substance, shall register with the federal
- 15          drug enforcement administration and shall comply with appropriate state and
- 16          federal laws.
- 17          4. A naturopath may perform or order for diagnostic purposes a physical or orificial
- 18          examination, ultrasound, phlebotomy, clinical laboratory test or examination,
- 19          physiological function test, and any other noninvasive diagnostic procedure commonly
- 20          used by physicians in general practice and as authorized by the board.

**2021 HOUSE HUMAN SERVICES**

**SB 2274**

# 2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Pioneer Room, State Capitol

SB 2274  
3/23/2021

Relating to the scope of practice of a naturopath

**Chairman Weisz** opened the committee hearing at 9:00 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

## Discussion Topics:

- Board of Medicine
- Allopathic medical schools
- Legend drugs

**Sen. Mike Dwyer, District 47 (9:01)** introduced the bill, testified in favor of, and submitted testimony #10413.

**Elizabeth Allmendinger, Dakota Natural Health Center (9:06)** testified in favor and submitted testimony #10453, #10454, #10455.

**Tonya Loken, Practicing Naturopathic Doctor (9:23)** testified in favor and submitted testimony #10461 & #10462.

**Kevin Oberlander, Dakota Pharmacy (9:33)** testified in favor and submitted testimony #10430.

**Lezlie Link, Doctor of Naturopathic Medicine (9:47)** testified in favor and submitted testimony #10479.

**Jeffrey Schmidt, Bismarck (10:04)** testified in favor and submitted testimony #10443.

**Emily Wangen Chair Board of Integrative Health Care (10:12)** testified in favor and submitted testimony #10207.

**Terra Provost, Doctor of Naturopathic Medicine (10:14)** testified in favor and submitted testimony #10450, #10451, #10452.

**Jay Metzger, President North Dakota Academy of Physician Assistants (10:18)** testified in opposition and submitted testimony #10409 & #10410.

**Brenda Miller, Board Member North Dakota Board of Medicine (10:25)** testified in opposition and submitted testimony #10444.

**Courtney Koebele, North Dakota Medical Association (10:35)** introduced Josh Ranum, Vice President North Dakota Medical Association.

**Josh Ranum, Vice President North Dakota Medical Association (10:36)** testified in opposition and submitted testimony #10432.

**Tim Blasl, North Dakota Hospital Association (10:52)** introduced Todd Schaffer, Vice President Clinic Operations Sanford Health

**Todd Schaffer, Vice President Clinic Operations Sanford Health (10:52)** testified in opposition and submitted testimony #10399.

**Gabriela Balf, Associate Clinical Professional UND School of Medicine (11:08)** testified in opposition and submitted testimony #10551.

**Megan Houn, Director Government Relations Blue Cross Blue Shield (11:27)** testified in opposition.

**Additional written testimony:** #10297, #10439, #10441, #10459, #10463, #10464, #10470, #10471, #10473, #10475, #10476, #10477, #10478, #10480, #10482, #10486

**Chairman Weisz** adjourned at 11:28 a.m.

*Tamara Krause, Committee Clerk*

House Human Services Committee  
SB 2274: March 23, 2021

Mr. Chairman and Members of the hard-working House Human Services Committee. North Dakota has a handful of Naturopathic Doctors, 8 to be exact. And a few more who would like to come to North Dakota if we pass this bill. In Montana, Docs embraced Naturopathic medical practice, and they have 75 practicing Naturopathic Doctors with full prescribing authority for Schedule II, III, IV and V drugs.

Health care is a major issue in our country and state, and is the subject of SB 2274.

1. First, health care costs, and health care insurance premiums, are a major issue for our state and country. THIS BILL WILL HELP WITH HEALTH CARE COSTS.
2. Second, we are continually striving to provide better access to health care, including our Native Americans. THIS BILL WILL ALSO HELP WITH BETTER ACCESS TO HEALTH CARE.
3. Third, I think there is a consensus that we Americans could be healthier. Naturopathic primary care physicians are trained in both natural and conventional approaches to prevent disease, treat acute illness, and manage or reverse chronic health conditions. THIS BILL WILL HELP US ACHIEVE HEALTHIER OUTCOMES.

The bill was amended in the Senate to exclude all Schedule II through V drugs, except testosterone from Schedule III, and Legend Drugs, such as antibiotics.

There have been some concerns expressed I would like to address.

1. The first concern is that Naturopathic Doctors are not educated in pharmacology. Attached to my testimony is the list of medical school courses that are required to be certified and licensed as a Naturopathic Doctor. These courses are comparable to other doctors.
2. The next concern is that Naturopathic Doctors do not have any clinical experience and training in pharmacology. Again, if you look at the materials, you will see extensive education, clinical training and experience in pharmacology.

3. The next concern is that this bill is not safe. The safety record of Naturopathic Doctors in those states that allow full prescription authority is impeccable. Those Naturopathic Doctors have the same relationship with pharmacists as other doctors, which is collaborative on any medications that are prescribed.

In summary:

1. By allowing a greater scope of practice as provided in this bill, Naturopathic Doctors can ENHANCE ACCESS to health care. We have a shortage of medical professionals, and this bill will provide more access to health care.
2. The foundation of Naturopathic Medicine is to utilize the most natural, least invasive and least toxic therapies for disease prevention. The limited prescriptions in this bill will save time and money for the patients of Naturopathic Doctors, and for all of health care.
3. As for Americans being healthier, Naturopathic medicine emphasizes disease prevention, so there is extensive training to help people make lifestyle changes in support of their personal health.

In Montana, the medical establishment has embraced Naturopathic medical care, rather than try to exclude this area of medicine. As a result, Naturopathic Doctors can prescribe all Level II, III, IV, and V drugs, and there are 75 practicing Naturopathic Docs. The safety record of these Montana Naturopathic Doctors is exemplary. And many of Montana's Naturopathic Docs serve Montana's rural areas. In some cases Medical and Naturopathic Docs have their practices together. I believe Montana's approach of encouraging Naturopathic Medical care provides better health care for its people.

Finally, if you look at the map of states that have licensure, have authorized prescriptions, or have authorized primary care privileges, you will see that this area of medical practice is growing.

For issues of health care costs, better access, and healthier Americans, I urge a Do Pass on SB 2274. Thank you.

# Naturopathic Doctor Education Comparison

	Both prescribing providers in ND		NATUROPATHIC DOCTOR	ALLOPATHIC DOCTOR
	PHYSICIAN ASSISTANT	NURSE PRACTITIONER		
YEARS OF UNDERGRADUATE MEDICAL EDUCATION	4 Years	4 Years	4 Years	4 Years
LENGTH OF PROGRAM	2 Years	4 Years	4 Years	4 Years
CLASSROOM & ONLINE INSTRUCTION	13 Months	2 Years	2 Years	2 Years
AVERAGE CREDITS FIRST TWO YEARS	88	63	130	91
CLINICAL TRAINING (BEFORE RESIDENCY)	Primary Care in 30 Weeks + 16 Weeks Specialty	1020 Hours	143.5 Credits 1578 Hours	148 Credits 1632 Hours
CLINICAL SUPERVISION	46 Weeks	2 Years	2 Years	2 Years
PHARMACOLOGY CREDITS	4	5	6	8/10
NUTRITION & LIFESTYLE CREDITS	0	2	12-20	0-4

# American Association of Naturopathic Physicians

## Naturopathic Medicine is Safe

Each year since 2013, the United States Congress has recognized the safety and efficacy of naturopathic medicine by designating the second week in October as Naturopathic Medicine Week. The resolution recognizes the “value of naturopathic medicine in providing **safe**, effective, and affordable health care” Available data backs this assertion. The incidence of malpractice claims made against Naturopathic Doctors in jurisdictions where they are regulated is exceedingly low, especially as compared to allopathic physicians, and disciplinary action against Naturopathic Doctors is exceedingly rare.

Naturopathic medicine is well-established. Of 22 states and territories where Naturopathic Doctors are regulated, licensure in five of them dates back to 1935 or earlier; in the others, Naturopathic Doctors have been regulated an average of 17 years.

In the 12 states that regulate Naturopathic Doctors prescribing rights, nine report **ZERO prescriptive disciplinary actions** against Naturopathic Doctors from 2010-2020\*:

State:	Year of regulation:	Approximate # of regulated Naturopathic Doctors:	Total # of disciplinary actions against NDs in the last five years:
California	2003	1,001	0
Hawaii	1925	132	0
<i>*Idaho</i>	<i>2019</i>	<i>19</i>	<i>0</i>
Maine	1995	66	0
Montana	1991	97	0
New Hampshire	1994	88	0
<i>*New Mexico</i>	<i>2019</i>	<i>licensure in progress</i>	<i>0</i>
Utah	1996	62	0
Vermont	1995	338	0

*\*Idaho and New Mexico became licensed in 2019, therefore ten years of data is unavailable.*

*Source: 2020 Federation of Naturopathic Medicine Regulatory Authorities (<https://fnmra.org/>)*

California is one of the more recent states to license Naturopathic Doctors, yet they've been licensed long enough to provide an excellent example of the safety records of Naturopathic Doctors post-licensure. California passed its licensure law in 2003 and began licensing Naturopathic Doctors in 2005. California's over 1,000 practicing Naturopathic Doctors have a pristine safety record:

➤ There have been **no cases of patient harm** caused by Naturopathic Doctors in California since the first licenses were issued in 2005 to date.

➤ Of 16,925 medical malpractice payments totaling more than \$2.7 billion made in California from 2002-2012, **none of them** were attributed to Naturopathic Doctors.

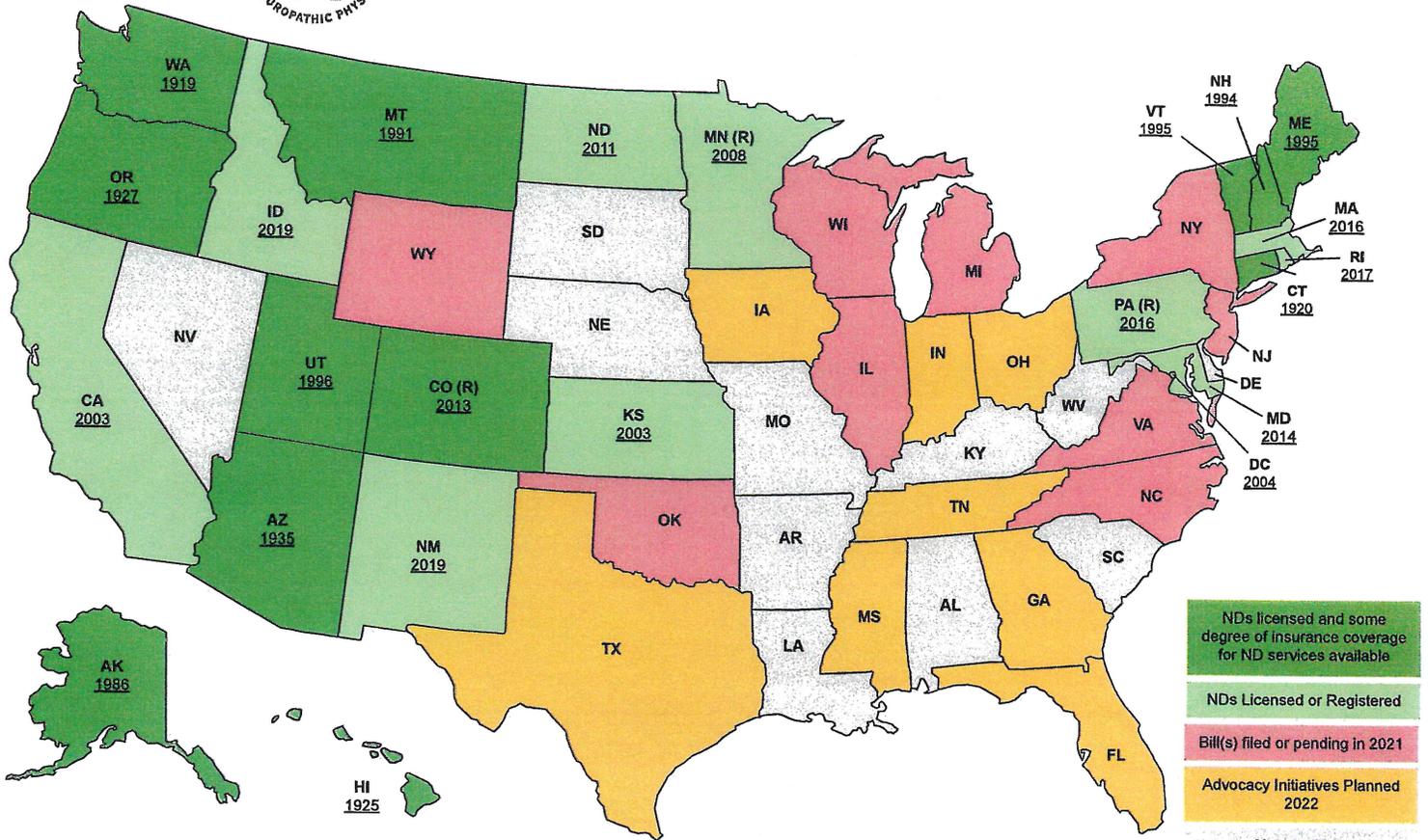
*(Sources: California Naturopathic Doctors' Association, 2016; U.S. Department of Health and Human Services National Practitioner Databank).*

Because of the exemplary safety record of Naturopathic Doctors, **malpractice insurance costs are low** for them. Average yearly malpractice premiums for Naturopathic Doctors practicing in full-scope states tend to be substantially lower – 30-40 percent less – than premiums for medical doctors and osteopaths.



## Regulation of Naturopathic Doctors in the United States

(Update 01/2021)



(R) = registered state.  
 Year = year ND regulation passed.  
 Regulated territories (not pictured): Puerto Rico (2004) and the US Virgin Islands (2001).

## Naturopathic Medicine is Safe

Each year since 2013, the United States Congress has recognized the safety and efficacy of naturopathic medicine by designating the second week in October as Naturopathic Medicine Week. The resolution recognizes the “value of naturopathic medicine in providing **safe**, effective, and affordable health care” Available data backs this assertion. The incidence of malpractice claims made against Naturopathic Doctors in jurisdictions where they are regulated is exceedingly low, especially as compared to allopathic physicians, and disciplinary action against Naturopathic Doctors is exceedingly rare.

Naturopathic medicine is well-established. Of 22 states and territories where Naturopathic Doctors are regulated, licensure in five of them dates back to 1935 or earlier; in the others, Naturopathic Doctors have been regulated an average of 17 years.

In the 12 states that regulate Naturopathic Doctors prescribing rights, nine report **ZERO prescriptive disciplinary actions** against Naturopathic Doctors from 2010-2020\*:

State:	Year of regulation:	Approximate # of regulated Naturopathic Doctors:	Total # of disciplinary actions against NDs in the last five years:
California	2003	1,001	0
Hawaii	1925	132	0
<i>*Idaho</i>	<i>2019</i>	<i>19</i>	<i>0</i>
Maine	1995	66	0
Montana	1991	97	0
New Hampshire	1994	88	0
<i>*New Mexico</i>	<i>2019</i>	<i>licensure in progress</i>	<i>0</i>
Utah	1996	62	0
Vermont	1995	338	0

*\*Idaho and New Mexico became licensed in 2019, therefore ten years of data is unavailable.*

*Source: 2020 Federation of Naturopathic Medicine Regulatory Authorities (<https://fnmra.org/>)*

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## MEDICAL CAREERS

Have you ever wondered what the difference is between medical careers? There are multiple routes one can take, each with their best fit for the career and lifestyle you want to have. We break down 3 common paths, their similarities, differences, and more.



### NATUROPATHIC DOCTOR

Naturopathic medicine is a distinct health care profession that combines the wisdom of nature with the rigors of modern science. Naturopathic doctors (ND) are trained as primary care providers who diagnose, treat and manage patients with acute and chronic conditions, while addressing disease and dysfunction at the level of body, mind and spirit.



### MEDICAL/OSTEOPATHIC DOCTOR

Medical doctors (MD/DO) are a physician, specialist or surgeon who takes a biological approach to healing. Their education is disease specific. They utilize various techniques and tests to diagnose a patient's symptoms and develop a treatment plan to address the disease.



### NURSE PRACTITIONER

Nurse Practitioners (NP) are advanced practice nurses. As clinicians they blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective and personal touch to health care.



## CONTACT US

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# ND, MD/DO, NP: WHAT'S THE DIFFERENCE?

# PRIMARY CARE TRAINING

# REQUIREMENTS/ COURSEWORK

# WORK ENVIRONMENTS

	ND	MD/DO	NP
Medical Assessment and Diagnosis	✓	✓	✓
Patient Management	✓	✓	✓
Communication and Collaboration [Leadership and Health Delivery System Competencies]	✓	✓	✓
Professionalism	✓	✓	✓
Career Development and Practice Management	✓	✓	✓
Systems-based Practice	✓	✓	✓
Practice-based Learning, Research and Scholarship	✓	✓	✓

	ND	MD/DO	NP
Years of Undergraduate Medical Education	4	4	4
Two Years of Classroom Instruction	✓	✓	✓
Average Credits First Two Years	191	91	136 <sup>1</sup>
Minimum Hours of Clinical training/Clerkship (before residency)	1200 <sup>2</sup>	1760	1000 <sup>3</sup> 1364
Department of Education Accreditation Recognition	✓	✓	✓
Biomedical sciences (anatomy, biochemistry, neuroanatomy, embryology, histology, pharmacology)	✓	✓	✓
Pharmaceutical Training	✓	✓	✓
Clinical Judgment/ Problem-Solving Skills	✓	✓	✓
Cultural Competence and Health Care Disparities/Societal Problems	✓	✓	✓
Medical Ethics	✓	✓	✓
Communication and Interprofessional Collaboration	✓	✓	✓
Scientific Method/ Clinical Research	✓	✓	✓
Years in Residency Training	1-3 Optional	3	None <sup>4</sup>
Lifestyle Counseling	✓		
Botanical Medicine	✓		
Physical Medicine and Hydrotherapy	✓	★ <sup>5</sup>	
Nutrition	100-220 Hours	0-70 <sup>6</sup> Hours	10-19 <sup>7</sup> Hours

	ND	MD/DO	NP
Interprofessional Outpatient Clinics	✓	✓	✓
Concierge or Telemedicine Practice	✓	✓	✓
Non-profit and Underserved Community Clinics	✓	✓	✓
Administration	✓	✓	✓
Research	✓	✓	✓
Academia/Education	✓	✓	✓
Supplement and Natural Products Industry	✓	✓	✓
Entrepreneurship/Private Business	✓	✓	✓
Hospitals	★ <sup>8</sup>	✓	✓
Pharmaceutical Industry		✓	✓



SCAN ME



- 1 Reflects NP didactic education spread throughout education years per California requirements, 270 credit hours over four years = 67.5 hours per year.
- 2 Minimum hours for the median osteopathic college clerkship per 2018-2019 Weeks of Clinical Clerkship Hours by Osteopathic Medical College from AACOM. There are no minimum clerkship types, weeks or hours required for accreditation of a medical school by LCME or AACOM. LCME does not report on weeks of clerkship per medical school.
- 3 Includes clinical hours from required registered nursing training. Clinical hours for NPs vary, 500 hours is the minimum requirement.
- 4 NP specialization occurs during education tracks
- 5 Includes Osteopathic Manipulative Medicine only
- 6 Overall, medical students received 19.6 contact hours of nutrition instruction during their medical school careers (range: 0-70 hours); the average in 2004 was 22.3 hours.
- 7 Majority of NP programs with 10 to 19 clock hours of nutrition education
- 8 Most NDs practice in outpatient settings, however there are some instances of NDs being employed in hospital settings

References: LCME Functions and Structure of a Medical School (2021-2022) | <https://lcme.org/publications/Standards> | CNME Accreditation Handbook (2020) | <https://cnme.org/wp-content/uploads/2020/01/CNME-Accreditation-Handbook.pdf> | AACOM Reports on Curriculum (2018-2019) | <https://www.aacom.org/reports-programs-initiatives/aacom-reports/curriculum> | Criteria for Evaluation of Nurse Practitioner Programs (2016) | <https://cdm.yumaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf> | NONPF Core Competencies (2017) | [https://www.pncb.org/sites/default/files/2017-02/NONPF\\_Core\\_Competencies.pdf](https://www.pncb.org/sites/default/files/2017-02/NONPF_Core_Competencies.pdf) | Population Focused Nurse Practitioner Competencies | <https://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Population-Focused-NP-Competencies-2013.pdf> | ND AANMC Competencies (2018) | DO Competency Domains | AAMC-PGRS Competencies | AAMC Weeks of Instruction and Hours Required at US Medical Schools | AAMC Clerkship Week Requirements by Curriculum Year | LCME Standards (2021-2022) Functions and Structure of a Medical School | NONPF Core Competencies (2017) | [https://www.pncb.org/sites/default/files/2017-02/NONPF\\_Core\\_Competencies.pdf](https://www.pncb.org/sites/default/files/2017-02/NONPF_Core_Competencies.pdf) | [https://cdm.yumaws.com/www.nonpf.org/resource/resmgr/competencies/20170516\\_NONPFCoreCompsContentF.pdf](https://cdm.yumaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NONPFCoreCompsContentF.pdf) | Touger-Decker, R., Benedict-Spragano, A. M., & Sullivan-Maillet, J. (2001). Nutrition education in health professions programs: a survey of dental, physician assistant, nurse practitioner, and nurse midwifery programs. Journal of the American Dietetic Association, 101(1), 63-69 | <https://pubmed.ncbi.nlm.nih.gov/20736683/>

For more information, visit [www.aanmc.org](http://www.aanmc.org)

**Beth Allmendinger**  
**SB 2274 – Naturopath Licensure**  
**House Human Services Committee**  
**March 23, 2021, 9:00 AM**

Good morning Chairman Weisz and members of the committee, for the record my name is Beth Allmendinger (Lobby #1075) and I am here on behalf of the North Dakota Association of Naturopathic Doctors. I am also a practicing naturopathic doctor here in Bismarck, ND. I am a North Dakota native and attended NDSU for my undergraduate education. I returned to ND after we were licensed in 2011.

SB 2274 was introduced on our behalf, and I have been asked to explain the bill. Our licensure statute was created in 2011 and has not been amended since its inception. This bill seeks to add qualified, prescriptive rights to the naturopath licensure. I say qualified, prescriptive rights, as this request is specific to authorize only those licensed naturopath doctors who have successfully completed their 4-year undergraduate degree with pre requisite science courses, a 4-year graduate naturopathic medical degree in addition to passing a two-step national board exam.

### **Bill Review**

I will now go through each section to explain the changes and rationale.

Page 1 - Section 1 (Line 9) 43-58-08 defines the scope of practice for naturopaths.

Section 1 defines what a naturopathic provider can't do. Previously, we could not prescribe drugs and this change allows us to prescribe drugs according to subsection 3.

Page 2 Subsection 3

*(Line 2-6) Part a & b defines what naturopath can prescribe.*

This includes medical equipment, drugs, nutrition and support services such as physical and occupational therapy.

*(Line 7-9) Part c is specific to the pharmaceutical portion.*

This includes all legend drugs. We amended the bill on the Senate side to remove schedule I-V substances, except testosterone.

*(Line 10-11)*

This clarifies that we cannot dispense medication unless its an emergency, such as an Epi pen, or if it's in the best interest of the patient or pharmacy services are not available

*(Line 12-14)*

Allows of distribution and access to professional pharmaceutical samples within our scope.

(Line 15-17)

Requires naturopaths to comply with federal and state guidelines pertaining to controlled substances. This would include having a DEA number.

We are seeking this authorization in our licensure to give confidence in safety and distinction in our industry as there are individuals who call themselves naturopaths in other states that do not have this level of education, and they are not eligible for licensure in our state.

You may hear from our opposition that we aren't science based. That is incorrect. Our first two years of naturopathic medical school are spent learning sciences. We have more science classes than NPs and PAs and the same as MDs. Dr Tonya Loken will be speaking about this in more details and providing comparison charts.

We rely on up-to-date research for diagnosis and treatment of our patients. Many Naturopathic doctors participate in research all over the country. Some are leading researchers in places such as National institute of Health (NIH), Department of Defense, MD Anderson and Fred Hutch cancer centers.

I would like to address some commonly misunderstood perceptions about naturopath regulation:

1. In the past it has been argued that the Board of Integrative Health Care cannot properly regulate Naturopath Doctors.
  - When we were attaining licensure, we requested to be under the Board of Medicine. They refused. Legislators created the BIHC with an MD, NP, pharmacist, and a representative of each profession on the board to oversee us and other professions that didn't quite fit under other boards. Now that board has 4 professions with over 100 licensees that it regulates. It works well and they are fully functional and capable of continuing to regulate us. However, if this addition not satisfactory to include prescriptive rights, we would be very open to a conversation about changing the oversight to the Board of Medicine.
2. There has been discussion about naturopaths not working within the allopathic (MD) setting or not being trained with that standard of care.
  - This is incorrect. Some of our instructors are MDs. The previous Dean of Bastyr's Naturopathic program was an MD. Our textbooks are the same as MDs. We have clinic shifts in hospitals and integrated practices. We precept with MDs. We qualify to match for MD residencies. Naturopath Doctors work in integrated clinics, local hospitals and federal hospitals such as the VA. They work along side MD's at Cancer Treatment Centers of America. Some naturopaths teach at allopathic medical schools. Our board exams are based on allopathic standard of care. In the at least 7 states where we are licensed as Primary Care Providers, we have to adhere to allopathic standard of care in our assessment and treatment of patients.

There are testimonies from MDs and other prescribers that have worked directly with naturopaths and can confirm our knowledge, training and safety. Some have even done rotations at naturopathic schools and have first-hand knowledge of our training. I understand how MDs would be concerned about patients' safety with prescribing. We take patients safety just as seriously. Many MDs don't know the details of our profession and training. You have received multiple testimonies of local and national practitioners that do and can speak to our abilities. Not only just our local Naturopath Doctors, but all naturopaths graduating from accredited schools.

We are different, yes. We are not MD's, nor are we trying to be. We are not surgeons, oncologists, cardiologists or ER physicians, nor are we trained to be. However, we are trained in primary care. The heavy focus of time and training in primary care has given us the skills and abilities to manage patients in a setting similar to a primary care setting. We also are trained to refer when something, such as cancer, is out of our training and scope.

We approach a patient's healthcare from a more wholistic viewpoint. We teach the patient about their current state of health, which includes answering the question of why they are on the prescriptions they are on. We take more time learning about the patient's overall health condition and all treatments they are doing. We are the only providers with extensive training on drug/herb interactions and with 75-86% of Americans on supplements this is now becoming a necessary skill when prescribing.

We are educated equally or more than other professions with these abilities in this state.

We are safe. Malpractice rates in multiple other states demonstrate this. Rates are generally 30-40% less expensive than MD's because our patient safety record is excellent.

Our patients, North Dakota citizens and your constituents are requesting this, and we can help alleviate the significant provider shortage that North Dakota faces.

There are North Dakota natives that want to come back and practice here using more of their training.

We take our professions tenant of First, Do No Harm very seriously.

I have included handouts on naturopathic safety information and an overview of ND, MD/DO and NP medical training. Last night I emailed you a short, informative video about our education and profession that I encourage you to view if you haven't yet.

I strongly encourage a DO PASS on SB 2274. Thank you for your time and attention. I would be happy to answer any questions you may have.

# NATUROPATHIC DOCTORS EDUCATION COMPARISON

	PA	NP	ND	MD
<b>YEARS OF UNDERGRADUATE MEDICAL EDUCATION</b>	4 Years	4 Years	4 Years	4 Years
<b>LENGTH OF PROGRAM</b>	2 Years	4 Years	4 Years	4 Years
<b>CLASSROOM &amp; ONLINE INSTRUCTION</b>	13 Months	2 Years	2 Years	2 Years
<b>AVERAGE CREDITS FIRST TWO YEARS</b>	88	63	130	91
<b>CLINICAL TRAINING (BEFORE RESIDENCY)</b>	Primary Care in 30 Weeks + 16 Weeks Specialty	1020 Hours	143.5 Credits 1578 Hours	148 Credits 1632 Hours
<b>CLINICAL SUPERVISION</b>	46 Weeks	2 Years	2 Years	2 Years
<b>PHARMACOLOGY CREDITS</b>	4	5	6	8/10
<b>NUTRITION &amp; LIFESTYLE CREDITS</b>	0	2	12-20	0-4

SB 2274 Naturopathic Scope Bill  
Tonya Loken, ND, MS, RN, BSN  
House Human Services Committee  
March 23, 2021

Hello, my name is Dr. Tonya Loken and as practicing naturopathic doctor for the last four years and now a family nurse practitioner student, I am very equipped to speak to the competency and preparation of the naturopathic doctor to take on the role of a prescribing provider.

My naturopathic medical school education was a four-year post baccalaureate doctoral degree. The naturopathic doctoral curriculum included basic science courses like anatomy, physiology, genetics, and biochemistry. Clinical science courses included three pathology courses, four laboratory interpretation and diagnostic courses, four physical exam courses, four clinical diagnosis courses, three pharmacology courses and three diagnostic imaging courses. In addition, body systems courses such as endocrinology, cardiology, gastroenterology, gynecology, and ear, nose and throat courses allowed us to take a deep dive into the pathology and pharmacological treatment that would be appropriate for each system.

The pharmacology courses taken by naturopathic doctors are not unique to our profession in anyway. In fact, these courses taught my colleagues and I the same drugs that I learned about in my nurse practitioner training, and without a doubt, the same drugs that were taught to our medical doctor, and physician assistant colleagues. The pharmacology training a naturopathic doctor receives includes multiple courses which discuss the mechanism of action, drug safety considerations, proper monitoring, contraindications, and drug herb interactions. These courses helped prepare us to better understand how each drug would interact within that system and what effect it would have when given with another drug.

SB 2274 Naturopathic Scope Bill  
Tonya Loken, ND, MS, RN, BSN  
House Human Services Committee  
March 23, 2021

These rigorous, comprehensive medical courses prepared me for the fifteen hundred hours of direct patient care that I completed over the last two years of my education and was then tested on during my second national board exam. During my patient contact hours, I assessed, ordered the appropriate tests, and prescribed or deprescribed the proper pharmaceutical treatment for my patients under the guidance of our attending physicians. The extensive coursework and hands on practical experience should be evidence enough to convince you of the naturopathic doctor's ability to be a safe and effective provider. However, despite this comprehensive training, I am unable to prescribe as a naturopathic doctor in the state of North Dakota.

Because I see the value in all the tools I have been trained to use, pharmaceuticals being one of them, I knew I needed to find a way to use them in my practice. I decided to obtain another degree, one which the law recognizes as able to prescribe pharmaceuticals. I chose to get my family nurse practitioner degree. Because I wasn't a nurse already, I had to obtain my RN degree first. I then went to get my bachelor's degree in nursing and now I am just three months shy of graduating with my family nurse practitioner degree which will allow me to be a fully licensed, primary care provider that can prescribe pharmaceuticals. My other colleagues who practice in this state and the numerous more that are sure to follow should not have to obtain two degrees to practice to their full training.

The course work for my family nurse practitioner degree has given me even more confidence in my education as a naturopathic doctor. My nurse practitioner education has been a great review of many of the concepts I learned while in naturopathic medical school, however I can confidently say it has not advanced my diagnostic skills, pharmacology knowledge, or my assurance in prescribing beyond what I developed in my naturopathic medical training.

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Tonya Loken, ND, MS, RN, BSN  
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Other professions in the state of North Dakota including physicians assistants, dentists and optometrists are also afforded prescriptive authority with less training in pharmacology than what my colleagues and I received in naturopathic medical school. The discrepancy in who is allowed to utilize their training to its fullest is frustrating, knowing that my naturopathic education is so comprehensive.

I hope this helps clarify why my colleagues and I continue to advocate for ourselves, our education, and all naturopathic doctors that wish to come to our state and use their full scope of knowledge and tools to treat their patients. We have as much training as our colleagues in other professions that are able to prescribe yet we have not been afforded the opportunity to use our education to its fullest. My ask today is that you understand how expansive the training and education is of the naturopathic doctor and help us add prescriptive authority to our scope of practice.

Chairman Weisz and members of Human Services Committee

Thank you for the opportunity to testify on SB 2274

Good morning, I'm Pharmacist Kevin Oberlander. I was born and raised in North Dakota and graduated from NDSU College of Pharmacy in 1980. I served my pharmacy internship at Bismarck Pharmacy and never left. I have been employed as a Pharmacist by the same corporation in Bismarck and forty-one years later own and operate this same pharmacy now known as Dakota Pharmacy.

We have a traditional retail pharmacy, accredited compounding labs known as Dakota PrecisionRx Labs and Dakota Natural Health Center. My pharmacy class was really the beginning of clinical pharmacy education as me and my classmates were some of the first pharmacy students that participated in clinical work as most of us spent a semester in rotations in hospital settings. It made me realize how rewarding my profession could be working as part of a medical team to achieve the best outcomes for patients. I also realized that I didn't want to work in a hospital setting as my background was a small North Dakota community and a dream of owning and operating my own independent community pharmacy.

Two things saved my pharmacy career. First, we discovered the world of compounding pharmacy which is guided by the Triad of Care. Prescriber, patient and compounding pharmacist working together for the individual patient. Secondly was the incredible fortunate opportunity to work side-by-side with Naturopathic Doctors and Registered Nurses. Over the years we have employed four Registered Nurses and three Naturopathic Doctors. We currently work daily with

Naturopaths Dr. Elizabeth Allmendinger and Dr. Stephanie Nishek as well as Cindy Fisher, RN.

In 2011 the State of North Dakota established the North Dakota Board of Integrative Health Care. One of the duties of this Board was to License Naturopathic Doctors. I was appointed to the first ND Board of Integrative Health Care by then Governor Dalrymple as the Pharmacist on the Board and served two terms and a total of five years.

As you can only imagine in these 40 plus years these eyes have looked at, deciphered, filled and consulted with prescribers and patients on thousands of prescriptions. Almost daily as Pharmacists we see errors, drug interactions and in some rare occasions prescriptions that could be dangerous to a patient. We see patients using medication incorrectly or taking poly-pharmacy as they get medications from multiple places including in the mail. Our job is to work as part of the medical community to assure the health and wellness of these patients.

I have seen the prescriber landscape change dramatically with the inclusion of Nurse Practitioners and Physician Assistants for example attaining prescriptive privileges. At the onset of the inclusion of these privileges I had some reservations. But it didn't take long to realize that these caregivers were highly talented, well-educated and not afraid to reach out for help if needed. I consulted with many new prescribers, especially nurses that had advanced their careers to become Nurse Practitioners. Many of them were colleagues from years past and have become close friends that I refer patients to and consult with on a daily basis.

As a Pharmacist I have absolutely no reservation in Naturopathic Doctor's abilities to add prescriptive privileges to their practice. They are competently educated and as I have witnessed firsthand highly skilled. Fourteen states currently allow Naturopathic Doctors to

prescribe in some capacity including Montana. I have Pharmacist friends in the country that already work closely with Naturopathic Doctors that prescribe. I have 16 plus years working every day with Naturopathic Doctors not only in our pharmacy but consulting with other licensed individuals in North Dakota. Often these consults are about appropriate treatment which may include supplementation or prescription medications and often both. In many cases the patient needs to make another appointment with a practitioner to seek treatment or seek changes to current treatment. Obviously, this can be a barrier to therapy for that individual patient or limits the choices the patient is making in their health care treatment. What doesn't change is the Pharmacist being an integral part of the prescription process.

What is most bothersome to me is that if we receive a prescription from a Naturopathic Doctor who is licensed to prescribe in the state they practice and the patient resides in North Dakota we can fill that prescription. We do see patients travel to see Naturopathic Doctors and bring these prescriptions to our pharmacy. Snowbirds spending time in Arizona is a great example. I have a hard time with the idea that I can fill that prescription from a Naturopathic Doctor outside of North Dakota but can not do so for these competent individuals that see patients in the same building as Dakota Pharmacy or someone with a Naturopathic Doctor license, licensed by the state of North Dakota that might be 5 blocks away.

Please consider a do pass on Senate Bill 2274

SB 2274 Naturopathic Scope Bill  
Lezlie Link, ND  
House Human Services Committee  
March 23rd, 2021

Good Morning Chairman Weisz and Members of the House Human Service Committee. My name is Lezlie Link. I am a Doctor of Naturopathic Medicine, also known as an ND, from Bismarck. I am in support of the naturopathic scope expansion bill. I have been co-prescribing pharmaceutical drugs since my doctorate graduation in 2009. After finishing my graduate education, I started my naturopathic family residency program at Southwest College of Naturopathic Medicine in Tempe, Arizona. In my nationally accredited residency program, I oversaw the patient management of pharmaceuticals, targeted dietary interventions, lifestyle counseling, and botanical medicines alongside my attending physicians. In addition to the 2400+ patients I saw during my naturopathic medical training, I saw an additional 1200 patients. During my post-graduate residency, I oversaw the diagnostic skills, laboratory evaluation, and pharmaceutical prescribing and of 3<sup>rd</sup> and 4<sup>th</sup> year students. The residency allowed me to rotate within the Maricopa County Hospital System at their Guadalupe Community Health Center. Within the Maricopa County system, I was responsible for seeing 15-20 patients/half day which included the conventional diagnosis and standards of care of many primary care conditions such as type II diabetes, hypertension, and acute care.

After my residency ended, I was tasked to oversee the clinical development and training of naturopathic, osteopathic, and medical students at Mission of Mercy. Mission of Mercy is a multistate faith-based community organization providing healthcare to the uninsured and underinsured. At MOM, my colleagues included volunteer community providers (MDs and DOs) and we evaluated and triaged an average of 200 patients a day starting at 730 in morning. We performed in house lab testing and dispensed necessary patient medications for hypertension, elevated cholesterol, diabetes, acute and chronic infections, wound management, suturing, and if necessary, sent patients to Walmart for \$9 prescriptions.

My graduate education prepared me for these experiences. I knew what questions to ask the patient, the pertinent physical exam to perform, and the standard of care guidelines before working in these facilities. These experiences didn't add to what I already knew, they taught me to be a fast decision maker and be able to see patients quickly.

In 2011, the naturopathic licensure bill passed in North Dakota with overwhelming Senate and House support and I decided that my life in Arizona as great as it was, was coming to close. I was being called home and I knew my skill set could benefit the great state of North Dakota. Honestly, I was hesitant to come back, although my family was and is all here in ND, I knew that there would be limitations to my scope of work in the state. I knew I was making a personal and professional sacrifice. I was fortunate to found Core Health Strategies in Bismarck with an open-minded internist and radiation oncologist, Glen Hyland, MD. Over the past 9 years, I have been allowed the opportunity to continue to prescribe and monitor medications under my practice partner's license. He's seen firsthand, my diagnostic and clinical decision making, lab and imaging interpretation prescribing recommendations, and specialty referrals. He'd be here today if it wasn't for post covid-19 complications. As great as our relationship is, prescribing

SB 2274 Naturopathic Scope Bill  
Lezlie Link, ND  
House Human Services Committee  
March 23rd, 2021

under Dr. Hyland's license puts liability on him when I should be the one carrying the liability. Naturopathic doctors carry malpractice insurance and prescription writing is covered under our plans. Traditionally, naturopathic doctors have minimal malpractice premiums due to fewer disciplinary actions.

As of 2006, in states that allow naturopathic doctors to prescribe, there were no reported complaints related to patient harm or disciplinary action due to naturopathic doctor prescribing, nor were there any civil actions against naturopathic doctors for prescribing. NCMIC Insurance Company, which insures naturopathic doctors in all licensable states, stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges we have never opened a claim against a Naturopathic Physician involving prescription medications." Additionally, Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the two states with the greatest number of naturopathic doctors and the longest histories of licensure (since 1919 and 1927, respectively), found no cases against naturopathic doctors for prescription negligence and reports that "for that matter our database contained no cases against naturopaths at all."

I recommend a do pass on SB 2274.

Thank you for time,

Lezlie Link, ND

If you have follow-up questions, please email [dr.lezlielink@gmail.com](mailto:dr.lezlielink@gmail.com).

SB 2274 Naturopathic Scope Bill  
Lezlie Link, ND  
House Human Services Committee  
March 23rd, 2021

SOURCES:

Mark Cohen MH. Malpractice and vicarious liability for providers of complementary & alternative medicine. *Benders Health Care Law Mon.* 1996 Jun:3-13.

Mark Studdert DM, Eisenberg DM, Miller FH, Curto DA, Kaptchuk TJ, Brennan TA .Medical malpractice implications of alternative medicine. *JAMA.* 1998 Nov 11;280(18):1610-5.

**SB 2274 Naturopathic Scope Bill**  
**House Human Services Committee**  
**Jeff Schmidt**  
**March 23, 2021**

Good Morning Chairman Weisz and Members of the House Human Services Committee. My name is Jeffrey (Jeff) M Schmidt from Bismarck, ND. I am here as a skeptic, who has become a believer in Naturopathic Medicine. My wife has gone to Naturopathic doctors and Nurse Practitioners for a long time and my sister was after me forever to go to Dr Link to investigate my thyroid concerns. I would tease my sister mercilessly about going to quacks and taking natural medications. I totally believed in staying with standard medical doctors within my insurance payment plan. But I changed my mind after Dr Link saved my life!

My experience with the main stream medical establishment for the treatment and care for my thyroid condition is lengthy and spans for decades and quite frankly is still unbelievable for anyone believing in traditional medicine. I would like to point out that I was always a skeptic of Naturopathic Medicine until my personal experience proved otherwise. I had reached a point in my care that I felt very strongly that I had to try something else, so I decided to give Naturopathic Medicine 1 year to improve my health and change my skepticism, as I had nothing to lose trying, or just give up trying to improve my health. Wow what a difference Naturopathic Medicine has made in my life and what a path it was to get here.

I am 61 years old so I have had quite a bit of time dealing with medical doctors. Both of my parents had thyroid issues and had the usual, the only treatment for thyroid – cut it out. So many times, when I went in for checkups, doctors would take one look at my enlarged eyes and goiter in my neck and say you obviously have thyroid issues. Then they would run the one standard test, TSH, Thyroid Stimulating Hormone, and low and behold it was within the wide normal range, so nothing could be done! One doctor wanted to immediately kill it with radioactive iodine, of course! I said to that doctor, I am allergic to iodine, when I was swabbed with betadine it resulted in a major burn with blisters over the entire area of the betadine swab, so I refused the treatment of killing off the thyroid with iodine. Having dealt with my own and family thyroid issues, I have done a lot of reading and studying it.

About 3 years later the goiter was even bigger which had me again pursuing medical consult and now a different M.D. Finally, a doctor here in Bismarck (who had an autoimmune disease himself) ran all 3 thyroid tests (TSH, T4, T3). The TSH again came back in the normal range but the T3 and T4 were way outside of normal ranges prompting the Doctor to ask how I am feeling. I answered, no different than I have in years, but he said my blood tests are so far out of acceptable range that he was surprised I wasn't in a coma and we need to start treating with Synthroid immediately and return for blood tests in 6 weeks. So, I was finally put on the standard Synthroid medication which did help me feel better and reduce my goiter.

At this time my blood tests were mostly within normal ranges and I was feeling well overall for quite a few years. Due to circumstances out of my control my insurance coverage changed to Blue Cross of South Dakota and their benefits regarding my prescription medications changed from Blue Cross of North Dakota. They would no longer allow coverage for brand name thyroid medications and I had to use only generic thyroid medications if I wanted the insurance to cover the costs. Upon starting the generic medication, I would itch all over, especially my

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hands. After I talked to the pharmacists, we determined that I was reacting to the generic brand. The pharmacists thought it could be the fillers which make up the generic pill, causing the itching. The insurance company did not care, so I had to either use the generic regardless of complications or purchase thyroid medications totally at my expense.

I decided, that since I was going to pay for 100% of the cost of thyroid medications, I wanted to try a natural thyroid medication Armour due to the reaction of the generic. My doctor was open to trying the medication Armour. I immediately felt much better, but there was constant testing and readjusting. Unfortunately, my doctor moved to administration, so I was forced to see a new doctor. The new doctor tried to help with adjustments but he didn't really want to be bothered trying to figure out what dosage I was needing and even admitted he does not know a lot about thyroids.

I began to start feeling poorly again and was beginning to have more skin eruptions, which I thought was sensitivity to more and more foods. I really, truly wanted to stay within mainstream medical treatments. I thought I would try another doctor because I just wanted to have the same doctor for my regular physical checkups and also take care of my thyroid as that was really my only other medical concern. But this doctor asked me why I was even there and said he is not about to be messing around adjusting thyroid medication. I was even told by that M.D. that they don't pay the doctor to get involved with 'thinking' to figure out what isn't easy thyroid adjustments. And that doctor even said my theory of food causing issues is the dumbest thing he had ever heard a patient say. This left me feeling very lost as how to proceed. I had reached the point now that I just needed someone else to evaluate my condition that can think outside the box or just willing to put some thought into what might be happening. Who could help me? My sister had been recommending for years that I should see Glen Hyland, M.D. and Lezlie Link, N.D., as they helped her, her daughter, and her granddaughter with their thyroid issues. That last visit with a regular medical doctor, was the last straw for me and the beginning of me being treated by a naturopathic doctor.

Dr Link ordered an ultrasound for a base line and there were still lumps and bumps in my thyroid. We did a second follow up ultrasound 6 months later and that looked like there were further changes. Now, I had an ultrasound years before that another doctor had ordered, but just for a base line and we'll just watch it. But what they were watching, I don't know as they never ordered another one. Dr Link followed up again and ordered a biopsy of my thyroid to check out the strange nodules. The radiologist broke several biopsy needles on my very hard nodule, so that was strange. The lab could not determine if there was any cancer. Dr Link referred me on to an ENT (Ear, Nose, Throat) doctor and he recommended a total thyroidectomy. My pathology report showed cancer in my thyroid, the ENT doctor said, luckily it was all still encapsulated within the thyroid. Now one year post surgery I am healthy and feeling better than I have in decades. I have continued working with Dr Link on adjusting my thyroid medication under the direction of Dr Hyland's oversight for the last 17 months.

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My decision to be seen by a Naturopathic Doctor was my best decision, I only wish I would have made it decades ago. I believe, had I continued to tolerate the care of medical providers in regards to my thyroid, no one really knows where my health situation would be now. I feel so much better than I use to. It is amazing what a person will put up with when a person does not know what could or should be, and how much better, healthier they can feel. I still believe traditional medicine is awesome if you have a gunshot wound or something very obvious, but if you have a health situation that requires a puzzle master to sort through the clues, a Naturopathic Doctor is the way to go, because if there is something out of their scope, they are not afraid to refer you to the specialist needed. I am very pleased with my experience with naturopathic medicine and have all intentions of keeping them a part of my care. It would be nice if insurance companies would start accepting naturopathic medicine into the main stream medicine and start accepting claims from them as normal medical services without doubling deductibles. I have no way of quantifying how many \$ dollars my case will save the medical insurance and myself over the long term but strongly feel it will be substantial. So, I give credit to Dr Link, my Naturopathic doctor, for saving my life. Without her ordering the necessary imaging and tests, my cancer could have advanced without any one caring to follow up and catching it so early.

I do recommend a DO PASS on SB 2274 Naturopathic Bill.

Respectfully,

Jeffrey M Schmidt

SB 2274 Naturopathic Bill  
Emily Wangen, MT-BC/L  
Senate Human Services Committee  
March 20th, 2021

Good morning Chairman Weisz and respective House of Human Services committee members my name is Emily J. Wangen. I am a board certified and licensed music therapist appointed by Governor Burgum to the ND Board of Integrative Health Care, and currently serve as the chairperson. The Board of Integrative Health Care was created in 2012, by respective professionals to license small numbers of various professions, a cooperative approach with cost saving advantages to the state and the individual professions. Currently, the Board licenses 23 music therapists, 14 licensed acupuncturists, 63 behavioral analysts, and 14 naturopathic doctors. Our board members consist of a naturopathic doctor, medical doctor, pharmacist, nurse practitioner, music therapist, behavioral analyst, and an acupuncturist.

The ND Board of Integrative Health Care is in support of the SB 2274 Naturopathic Bill with the following proposed amendments: 1) that the professional Naturopathic doctor must take and pass the (NPLEX) the pharmacology elective exam of the naturopathic physicians licensing examinations 2) If prescribing or dispensing controlled substances, shall participate in the prescription drug monitoring program pursuant to chapter 19-03.5.” The full proposed amendment is shown below.

If this bill were to pass, the pharmacist, nurse practitioner, medical doctor, and naturopathic doctor would be a designated subcommittee to draft the administrative rules regarding SB 2274.

**On Jan 26, 2021 The NDBIHC voted to Amend SB 2274**  
**PROPOSED AMENDMENTS to Senate BILL NO. 2274**

Page 1, line 1, replace “section” with “sections 43-58-05 and”

Page 1, line 2, after “the” insert “licensure requirements and”

Page 1, after line 3 insert the following language:

**“SECTION 1. AMENDMENT.** Section 43-58-05 of the North Dakota Century Code is amended and reenacted as follows:

**43-58-05. Application for licensure.**

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:

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Emily Wangen, MT-BC/L  
Senate Human Services Committee  
March 20th, 2021

- a. a. Successful graduation of an approved naturopathic medical college;
  - a. b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations and the pharmacology elective exam of the naturopathic physicians licensing examinations;
  - a. c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
  - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.”

Page 1, after line 15, insert:

“g. If prescribing or dispensing controlled substances, shall participate in the prescription drug monitoring program pursuant to chapter 19-03.5.”

(Renumber accordingly)

If you have any further questions, please feel free to contact me  
[Emily@musictherapyinmotion.com](mailto:Emily@musictherapyinmotion.com) or 1-218-791-0908

Sincerely,

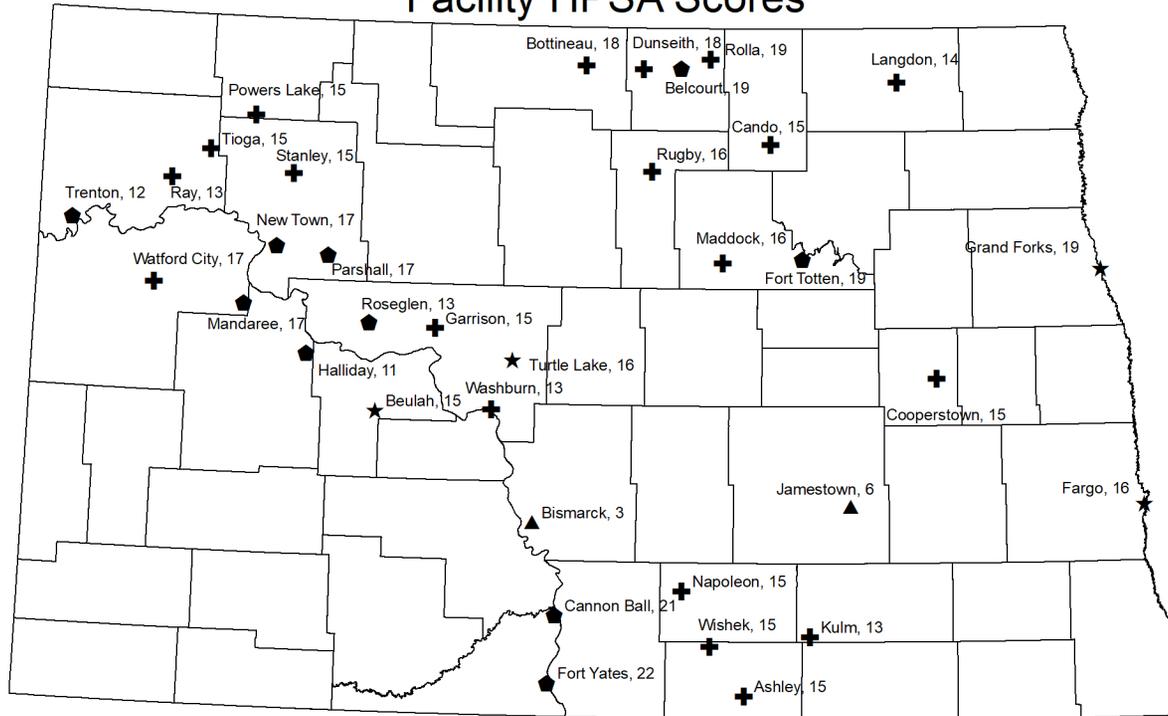


Emily Wangen, MT-BC/L  
ND Board of Integrative Health Care – Chair  
Music Therapy in Motion, LLC Founder/Director  
6046-B 14<sup>th</sup> St. S Fargo, ND 58104  
1-218-791-0908

# North Dakota Health Professional Shortage Areas: Primary Care

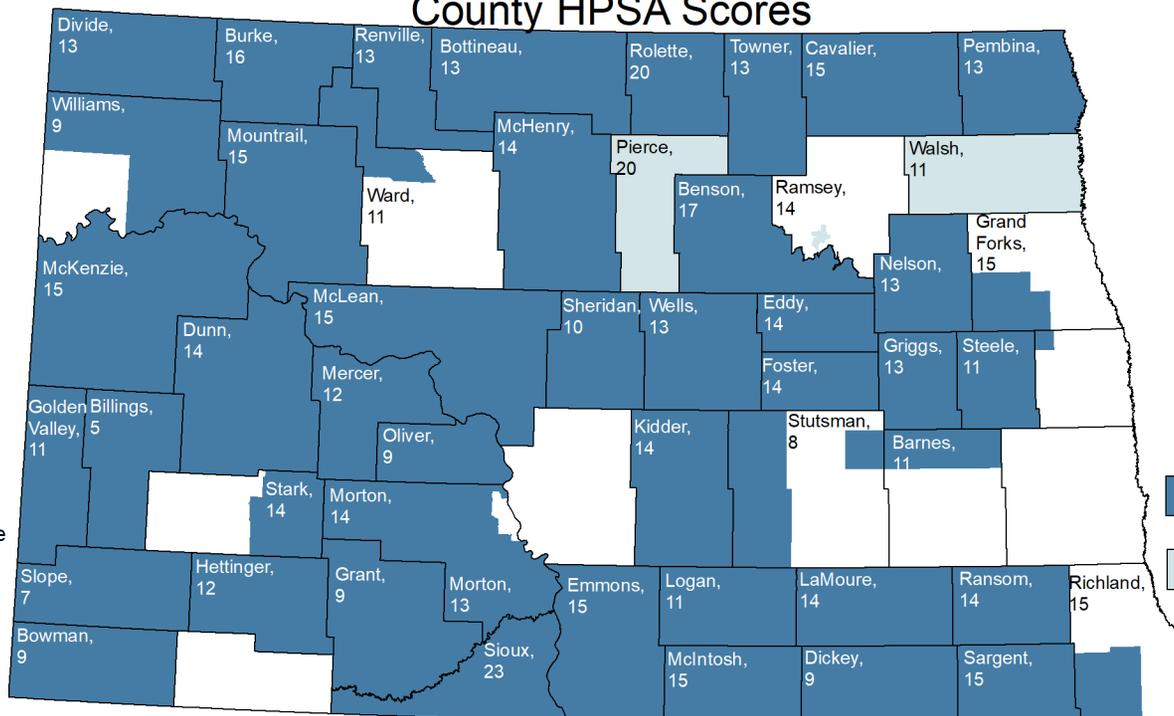
#10450

## Facility HPSA Scores



- ✚ Rural Health Clinic
- Indian Health Service
- ★ Federally Qualified Health Center
- ▲ Correctional Facility

## County HPSA Scores



- Geographic Health Professional Shortage Area
- Low Income Population Health Professional Shortage Area

Upper map is city name, facility HPSA score  
Lower map is county name, HPSA score



Source: data.HRSA.gov, U.S. Department of Health and Human Services

Created by the North Dakota Healthcare Workforce Group on 5/2020

# Physician Supply and Demand — A 15-Year Outlook: Key Findings

In June 2020, the AAMC released *The Complexities of Physician Supply and Demand: Projections from 2018 to 2033*. The report includes projections across four broad categories: Primary Care, Medical Specialties, Surgical Specialties, and Other Specialties.<sup>1</sup> The study presents ranges for the projected shortages of physicians rather than specific shortage numbers to reflect uncertainties in the health care system. The report takes a separate look at the impact of an evolving health care delivery system and inequities in health care utilization.



**Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2018 and 2033, demand will grow more steeply.**

- By 2033, demand for physicians will exceed supply by a range of between 54,100 and 139,000 full-time-equivalent physicians.
- Total projected shortages by 2033 vary by specialty grouping and include<sup>2</sup>:
  - A shortfall of between 21,400 and 55,200 primary care physicians.
  - A shortfall of between 33,700 and 86,700 non-primary care physicians, including 17,100 to 28,700 surgical specialists.
- Demographics — specifically, population growth and aging — continue to be the primary driver of increasing demand from 2018 to 2033. During this period, the U.S. population is projected to grow by 10.4%, from about 327 million to 361 million.

The population aged 65 and over is projected to grow by 45.1%.<sup>3</sup> Therefore, demand for specialty physicians who predominantly care for older Americans will increase.

The total projected physician shortage persists under most likely scenarios: a moderate increase in the use of advanced practice nurses (APRNs) and physician assistants (PAs), greater use of alternate settings such as retail clinics, and changes in payment and delivery (e.g., accountable care organizations, or ACOs).

Included for a fifth year, the AAMC's analysis of Health Care Utilization Equity Scenarios found that current U.S. demand could increase by between 74,100 and 145,500 physicians if health care utilization patterns are equalized across race, insurance coverage, and geographic location. This estimate was not included in the ranges of projections.

# Physician Supply and Demand — A 15-Year Outlook: Key Findings



Tomorrow's Doctors, Tomorrow's Cures®



Though the 2020 physician workforce projections were prepared before the pandemic, we recognize that COVID-19 is likely to have short- and long-term consequences for the nation's physician workforce, including changes in the specialties physicians choose, the educational pipeline, licensure and reimbursement regulations, how medicine is practiced, and workforce exit patterns. The COVID-19 pandemic has already highlighted shortages in specialty physicians, especially those with hospital-based specialties such as critical care, pulmonary care, and emergency medicine.

## Addressing the Doctor Shortage

Addressing the shortage will require a multipronged approach, including innovation in care 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 magnitude of the projected shortfalls is significant enough that no single solution will be sufficient to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2033 is a problem that needs to be addressed now.

The study is an update to last year's report. It incorporates the most current and best available evidence on health care delivery and responds to questions received after the release of the previous report. The AAMC has committed to updating the study annually to make use of new data and new analyses and to take an active role in fostering the conversation around modeling physician workforce projections.

For more information: [aamc.org/workforceprojections](https://aamc.org/workforceprojections)

### NOTES

1. Primary Care consists of family medicine, general internal medicine, general pediatrics, and geriatric medicine. Medical Specialties consist of allergy and immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology and oncology, infectious diseases, neonatal and perinatal medicine, nephrology, pulmonology, and rheumatology. Surgical Specialties include general surgery, colorectal surgery, neurological surgery, obstetrics and 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 and rehabilitation, psychiatry, radiology, and all other specialties.
2. The range in the projected shortfall for total physicians is smaller than the sum of the ranges in the projected shortfalls 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 nonprimary care physicians. Likewise, the shortfall range for total nonprimary care is smaller than the sum of the shortfall ranges for the specialty categories.
3. U.S. Census Bureau. 2017 National Population Projections Datasets. <https://www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html>. Published 2018. Accessed Dec. 12, 2019.

SB# 2274 Naturopathic Scope Bill  
Dr. Terra Provost, ND  
House Human Services Committee  
March 22, 2021

Good morning Chairman Weisz and members of the committee, My name is Dr. Terra Provost and I am a licensed Doctor of Naturopathic Medicine (ND) in North Dakota. I am in my eighth year of practice as a licensed naturopathic doctor. I have practiced in Arizona, California and have now been licensed in North Dakota since 2017.

I would like to speak to you today in support of Senate Bill 2274 to expand the scope of practice for naturopathic doctors in North Dakota to include prescribing rights. My plan after medical school had been to open a practice in Fargo, North Dakota, as it is the largest city close to my family in rural Minnesota and at that time there were no naturopathic doctors in Fargo. After graduation however, I made the difficult decision to practice in Arizona and later California, because both were states that allowed me to prescribe, thus utilize a more comprehensive scope of the education I had received.

That scope allowed me the prescribing rights to work in both a multi-practitioner and a sole-provider setting where I regularly administered intravenous nutrition, wrote prescriptions for thyroid, hormone replacement, antibiotics and others. Thus I was able to address whatever the health care needs were of my patients walking through the door. In Arizona, I worked at The Riversource, which is a drug and alcohol rehabilitation in-patient facility. I held a DEA license for prescribing purposes where I managed not only prescriptions for incoming patients, but also managed detox reactions by writing prescriptions for benzodiazepines and tapering individuals from opiates, alcohol and other addictive substances.

When my husband was given active duty orders for the Marines, we decided I should move back to the midwest to be closer to family. We moved to North Dakota due to licensure being established and having a slightly better scope in North Dakota than Minnesota. This is an example of how an expanded scope of practice will open up opportunities for naturopathic doctors from the Midwest to practice closer to home.

Practicing in North Dakota over the past three years I have had many patients require either new prescriptions or alterations of ones they are taking. These individuals choose to see me as a naturopathic doctor, pay out of pocket for the expertise given, and often will drive hours for an initial visit. They then need to pay another office visit fee, wasting both time and money. Most often the health concerns I deal with as a naturopathic doctor are lifestyle related and affect endocrine issues such as thyroid, diabetes and blood sugar dysregulation, hormone imbalances such as polycystic ovarian syndrome (PCOS) and fertility concerns, among others. I am able to recommend diet and supplement support, but often also need to send the patient to a primary care provider or refer out in another way for a prescription, which I am unable to give. The concern is, that provider may then be unaware of supplement, herb and drug interactions.

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," and urinary tract infections (UTI) are both bacterial infections easily diagnosed in-office with a swab of the tonsils and throat for strep throat or a urine sample for a UTI. These infections can both have significant long term consequences if not treated promptly. The possibility of experiencing long term consequences

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is essentially negated if antibiotic therapy is initiated promptly upon diagnosis. This is why the standard of care, even as a naturopathic doctor, is to treat with antibiotics. My 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 treatment window and creates an unnecessary financial burden on my patients and the conventional medical system.

Extending prescribing rights not only gives North Dakota residents options in their healthcare, but it also helps to address the physician shortage issue which the Association of American Medical Colleges (AAMC), published in “The Complexities of Physician Supply and Demand: Projections From 2018 to 2033”, is estimated to be between 21,400 and 55,200 primary care physicians according to the Key Findings of the report as seen in the AAMC handout. In North Dakota, we have an even greater urgency, as the majority of our state is rural, which is in higher demand of trained professionals. It takes between 12-15 years to train new primary care physicians, however North Dakota has a unique ability to implement a resolution starting today by giving qualified and trained naturopathic doctors the right to prescribe.

<https://blog.definitivehc.com/factors-lead-to-physician-shortage>

The baseline physician requirement per 100,000 people is 291 according to the US Department of Health and Human Services. That demand has risen since 2000 from 253 physicians and will continue to rise, due to an aging population. Since 2018, North Dakota has dropped from 232.1 to 221.5 physicians per 100,000 people, with a population of 672,591 and 1,490 active primary care physicians in 2020. This not only drops North Dakota well below the baseline requirement, but also below the national average of 271.6 physicians per 100,000 people as of 2018.

<https://blog.nomadhealth.com/complete-list-of-states-with-the-worst-physician-shortages/>  
<https://healthprovidersdata.com/statistics/north%20dakota.aspx#PhysiciansbySpecialty>

Naturopathic doctors who want to work in rural areas of North Dakota have their hands tied with a lack of prescribing rights because they are unable to adequately care for the needs of their patients. A patient coming in to seek health care with a need for a prescription then needs to be referred to an already overworked and understaffed Primary Care or General Family Practice Provider. This is the case in all but 12 of 53 counties in North Dakota as you can see by the North Dakota Health Professional Shortage Areas: Primary Care map handout from the Center for Rural Health at University of North Dakota School of Medicine & Health Sciences.

Provided the information given to you today, I hope you can see how expanding the scope of naturopathic doctors to include prescriptive rights is not only safe and responsible, but is beneficial to the residents of North Dakota, by giving them options and accessibility when seeking quality healthcare.

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

SB# 2274 Naturopathic Scope Bill  
Dr. Terra Provost, ND  
House Human Services Committee  
March 22, 2021

Supporting Documents:

1. Physician Supply and Demand: a 15-Year Outlook: Key Findings
2. North Dakota health Professional Shortage Areas: Primary Care Map

## Physician Assistant (PA) Education

<p><b>Overview:</b></p> <ul style="list-style-type: none"> <li>– PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient’s principal healthcare provider in collaboration with physicians and other health care providers.</li> </ul>	<p><b>Admissions:</b></p> <ul style="list-style-type: none"> <li>– Students entering the UND PA Program average over 12,000 hours of prior healthcare experience*.</li> <li>– Matriculants come from various previous professions to include paramedics, respiratory therapists, athletic trainers, physical therapists, radiology technicians, nurses, and nurse assistants, among others.</li> </ul>
<p><b>Certification and Licensure:</b></p> <ul style="list-style-type: none"> <li>– PAs must <b><i>recertify at the national level every two years</i></b> and take a <b><i>recertification exam every 10 years</i></b>.</li> <li>– <b><i>One hundred hours</i></b> of continuing medical education (CME) are required <b><i>every two years</i></b>.</li> </ul>	<p><b>Curriculum and Clinical Experience:</b></p> <p>PA education is full-time:</p> <ul style="list-style-type: none"> <li>– Six semesters over 24 months,</li> <li>– 90 credits,</li> <li>– 48 weeks of clinical rotations,</li> <li>– and includes an average of <b><i>1800 hours of direct patient contact*</i></b>.</li> </ul>
<p><b>Pharmacology in PA Education</b></p> <p>PA students are instructed on pharmacology and prescribing <i>throughout the entire 24 months</i>:</p> <ul style="list-style-type: none"> <li>– <b>Semesters 1 &amp; 2:</b> <ul style="list-style-type: none"> <li>– Pharmacology I &amp; II</li> <li>– 4 credits (soon to be 6 credits) with over <b><i>65 hours of classroom instruction</i></b> <ul style="list-style-type: none"> <li>– Covered in these fundamental pharmacology courses are: <ul style="list-style-type: none"> <li>• pharmacokinetics and pharmacodynamics,</li> <li>• pharmacogenetic concepts of the major drug classes,</li> <li>• drug regulations and narcotic schedules,</li> <li>• and drug interactions and contraindications.</li> </ul> </li> </ul> </li> </ul> </li> <li>– <b>Semesters 3, 4, 5, &amp; 6:</b> <ul style="list-style-type: none"> <li>– Pharmacology instruction is continued in the classroom and then <b><i>applied every day during clinical rotations and clerkships</i></b>.</li> <li>– Classroom instruction covers medications in all classes, including cardiology, pulmonology, endocrinology, ENT, gastrointestinal, renal, OB/GYN, neurology, infectious disease/antibiotics, psychiatry, urology, pain medicine, hematology, and oncology. <ul style="list-style-type: none"> <li>– <b><i>Classroom instruction in pharmacology is over 150 hours during this phase*</i></b>.</li> </ul> </li> <li>– PA students are supervised by licensed physicians and physician assistants trained in the pharmacological management of medical conditions using evidence-based practices. <ul style="list-style-type: none"> <li>– Students encounter an <b><i>average of over 1500 patients during their clinical rotations*</i></b>.</li> <li>– Pharmacological management is addressed and applied in most of these patient encounters.</li> </ul> </li> </ul> </li> </ul>	

**HOUSE HUMAN SERVICES COMMITTEE****SB 2274****Testimony of Jay Metzger, PA-C****North Dakota Academy of Physician Assistants****March 23, 2021**

Chairman Wiesz, members of the House Human Services Committee, my name is Jay Metzger and I am a physician assistant (PA) and president of the North Dakota Academy of Physician Assistants (NDAPA). I am testifying on behalf of the NDAPA in **opposition to SB 2274** due to patient safety concerns, and I will also provide a factual account of what PA education entails in general and specifically from pharmacological and prescribing perspectives. Information presented or circulated in favor of SB 2274 to the North Dakota Senate about PA education and training was misleading, inaccurate, or incomplete.

As you will see in the attached document (PA Education Overview), PAs have extensive education in the science of pharmacology, benefits, risks, interactions, and most importantly, the actual application of prescription medications to patients in the clinical setting. In the information provided to the Senate by various people and entities, it was suggested that PAs only have two courses in pharmacology (two credits each) in comparison to that of naturopathic doctors who may have as many as eight credits. What was misleading is that

while PAs only have two courses entitled “pharmacology,” pharmacology is embedded in every clinical medicine classroom course and supervised clinical patient care rotation. The amount of classroom time alone spent on pharmacology and appropriate/safe prescribing of medications, not to include case studies, simulations, labs, reading, studying, etc., is more than 215 hours. Supervised clinical experience for PA students is over 1800 hours on average and more than 1500 patients are seen during that time, most of which require prescribing or monitoring of prescription medications. Once in practice, PAs continue to collaborate with physicians and other healthcare providers to ensure the safe practice of medicine, especially when treating people with prescription medications and monitoring of these therapies.

As a PA educator, I can also tell you that one credit at one institution does not always equal one credit at another. In reviewing the information supplied in previous testimony and other forms circulated to the Senate, there were many misleading comparisons made about naturopathic education in contrast to PA education, NP education, and physician education. Much of this misleading information was comparing credit-credit or credit-hours. Doing the math on one of the most highly acclaimed naturopathic schools in the nation, one credit of clinical experience is only 23 hours per credit, whereas North Dakota’s only PA school has 38 to 50 hours per credit. This difference in credits vs. hours is

significant and raises concerns about the actual education and training that naturopathic doctors receive regarding prescription medications.

This is not a “turf war” rather a concern for patient safety. We will still have more than enough patients to care for in our practices. We as PAs have pursued changes to our scope of practice, and with those have come opposition from other medical providers. The key difference here is that PAs have advocated for things that we are well educated, trained, and practice every day. Naturopathic doctors are valuable providers in the areas that they are educated and trained. Having alternative medical professionals to care for patients who do not wish to be treated with conventional allopathic or osteopathic means can be of benefit in many cases. However, when it comes to prescription medications, it is best to have a team approach and leave that aspect to other professionals who have the training and experience to safely manage these medications in our patients.

The NDAPA thanks you for your time and respectfully ask for a **DO NOT PASS on SB 2274.**

A handwritten signature in black ink, appearing to read 'Jay R. Metzger', with a stylized flourish at the end.

Jay R. Metzger, PA-C  
President, North Dakota Academy of Physician Assistants  
[NDAPABoard@gmail.com](mailto:NDAPABoard@gmail.com)

HOUSE HUMAN SERVICES COMMITTEE  
March 23, 2021

TESTIMONY OF NORTH DAKOTA BOARD OF MEDICINE  
SENATE BILL NO. 2274

Chairman Weisz, members of the Committee, my name is Dr. Brenda Miller. I am here on behalf of the North Dakota Board of Medicine testifying in opposition to SB 2274. This is my 6th year serving on this board and I have been a licensed physician for almost 25 years.

I was present during a previous session testifying on a similar bill. Now the bill has come before you again with the addition of the ability to prescribe all legend drugs and testosterone, as a controlled substance. It is the mission of our Board to protect the health, welfare, and safety of the citizens of North Dakota. My concern, as well as that of our own board, is the education and training of naturopaths to prescribe such medicines.

Since my last testimony, I reviewed the naturopathic curriculum. All the courses related to medicine are solely naturopathic, focusing on disease prevention through herbal and botanical remedies, homeopathic medications, non-drug approaches, food as medicine and natural treatments. The coursework does not focus on pharmaceutical medications but instead focuses on natural ways, herbs, and non-drug approaches to treat the patient. No training at all in applying pharmaceutical medicines in disease states.

As physicians, our undergraduate training focuses on physics, biology, and organic cellular chemistry. This provides a base of how medications work. Once in medical school we have advanced courses in immunology, anatomy, physiology, and biochemistry. Our pharmacy classes are directed toward how these medications work; how to evaluate a patient; when and more importantly when NOT to use antibiotics; how to choose the right lipid, HTN, anxiety medication; etc. In addition to 4-5 years of undergraduate education, physicians have 4 years medical school, plus 3 to 8 years residency.

Our oath says "Do No Harm".

In regards to the controlled substances we have a rigorous monitoring system. A two-step process is used to prescribe including DEA# and fingerprint, as paper prescriptions are no longer safe. This is all monitored through the Prescription Drug monitoring program, a committee on which I serve. I believe that the few states that do allow the naturopaths to prescribe any controlled substances require oversight by licensed physicians.

Testimony submitted by naturopaths compare their education to that of a physician assistant or nurse practitioner, in inaccurate comparison in reviewing the actual curriculum and experience required of these licensed professions. In addition, physician assistants are required by law to have a written collaborate agreement with a physician for the first four thousand hours of practice, and thereafter must continue to collaborate with an appropriate member of the patient's health care team. This allows for additional training and oversight even after a physician assistant's thorough education, a component missing from a naturopath's education and licensure requirements.

For the above reasons, I would request a "do not pass" on this bill. Thank you for your time and I am happy to answer any questions.



## House Human Services Committee

**SB 2274**

**March 23, 2021**

Chairman Weisz and Committee Members, I am Dr. Josh Ranum – a physician in Hettinger, ND where I practice internal medicine and I am also Vice President of the ND Medical Association.

During my years in student training, I vividly remember witnessing a drug-related death. He was an older man from the Rugby area. He was appropriately prescribed a sulfa drug for an infection – a four-dollar medication among the most commonly used antibiotics in the world. He had no allergies nor any dangerous drug interactions but developed bone marrow failure from the medication. He died in the ICU suffering a rather gruesome death – something I will never forget.

This is one example of how the complexities of prescribing medications can lead to detrimental consequences. Many years of complex pharmacological training can still fail patients even in situations when practitioners have many years of training and oversight.

The circumstances of inappropriately prescribing becomes more critical when a provider seeks permissions beyond their scope of practice. This is the case with Senate Bill 2274 - naturopaths seeking to expand their practice to prescribing, dispensing, administering, and procuring legend drugs.

Although we respect naturopathic practices that complement medicine within the scope of practice, naturopaths are not adequately trained to prescribe. Proper training takes years of experience and supervision by *experienced prescribers* and classroom hours are not a substitute for prescribing experience.

It is important to know that naturopathic training is fundamentally different from a physician, nurse practitioner, or physician assistant. Years are spent on proper training and experience for prescribing. Earning prescribing rights is fundamentally different than learning the principals – or the laying the foundation – of prescribing. For example, as a medical student, I did an orthopedic surgery rotation. I'm not qualified to replace a hip. As a student and resident, I did several months of nephrology and oncology. Yet, I'm not writing dialysis orders or administering chemotherapy drugs.

This zeal to prescribe medications, all of which have potential consequences, without adequate training and supervision highlights how disastrous your vote to grant prescriptive authority could be. Furthermore, NDMA has concerns that the board regulating naturopaths in North Dakota does not have the expertise in this area to properly regulate and discipline its members.

Allowing inadequately trained and regulated naturopaths to prescribe legend drugs puts your constituents in harm's way.

On behalf of myself as a physician and The North Dakota Medical Association, the primary concern with this bill is patient safety. For this reason, we ask you to give Senate Bill 2274 a DO NOT PASS.

Thank you for the opportunity to testify today. I would be happy to answer any questions.



**2021 Senate Bill no. 2274**  
**House Human Services Committee**  
**Representative Robin Weisz, Chairman**  
**March 23, 2021**

Chairman Weisz and members of the House Human Services Committee, for the record my name is Todd Schaffer and I am a board-certified family medicine physician and vice president of clinic operations at Sanford Health in Bismarck. Before attending medical school, I completed a doctorate of pharmacy degree and practiced as a licensed pharmacist while putting myself through medical school.

I am here today representing the N.D. Hospital Association and its 46 member hospitals.

Thank you for this opportunity to speak in opposition to Senate Bill 2274, a bill that would dramatically expand a naturopath's scope of practice.

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.

Homeopathy is [based on the notion](#) that miniscule doses of a toxin can cure certain medical conditions. A large and growing body of research has found that homeopathy doesn't work any better than a placebo, or sugar pill.

As such, many states do not license naturopaths and fewer allow broad prescribing authority for legend medications as is being pursued in North Dakota. Some states actually prohibit naturopath licensure all together.

SB 2274 expands a naturopath's scope of practice into dangerous territory—allowing naturopaths to prescribe medications they are not qualified to administer. In fact, naturopathy teaches that “allopathic” medicine uses 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.

SB 2274 opens the door to prescribing medications that will harm patients when not used appropriately. Excluding controlled substances from classes I-V only addresses medications with abuse potential. SB 2274 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.

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.

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 SB 2274, effectively requiring those trained in naturopathy to practice only naturopathic medicine.

In summary, NDHA opposes this bill and asks that you give it a **Do Not Pass** recommendation. Thank you, Chairman Weisz and Committee. I'm happy to answer any questions.

Todd Schaffer, M.D.  
Vice President  
Sanford Health Bismarck  
701-323-2052  
[Todd.Schaffer@SanfordHealth.org](mailto:Todd.Schaffer@SanfordHealth.org)

Disciplinary Actions taken by States from 2010 to Jul 2020

State	PHYSICIAN ACTS RELATED TO THE ADMINISTRATION OF A NATUROPATHIC MEDICINE PRACTICE										
	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet C requirements
Alaska											
Arizona	1		1			3			1	1	5
California											
Colorado	1										
Connecticut											
Dist. of Columbia											
Hawaii			1								
Kansas											1
Maine											
Maryland	2										
Minnesota											
Montana											
New Hampshire											
North Dakota											
Oregon		3				3					
Puerto Rico											
Rhode Island											
Utah											
Vermont											
Virgin Islands											
Washington	1	1	3	0	0	1	4	0	3	1	
TOTAL	5	4	5	0	0	7	4	0	4	2	6

**PHYSICIAN ACTS THAT (DIRECTLY) HARM PATIENTS PHYSICALLY OR EMOTIONALLY**

**PHYSICIAN ACTS THAT POTENTIALLY (INDIRECTLY) HARM THE PATIENT**

Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
												1
6	2			17	14	1	1	9		2		2
1												
	1											1
												3
												1
		1	2	11	2	1	3	2		1	6	
1												1
6			1	32	10	4	2	2	1		1	1
14	3	1	3	60	26	6	6	13	1	3	7	10



NORTH DAKOTA  
PSYCHIATRIC  
SOCIETY

A District Branch of the  
American Psychiatric Association

March 23<sup>rd</sup>, 2021

To: House Human Services Committee

Re: In Opposition to SB 2274

Chairman Weisz, Vice Chair Rohr, Members of the Committee,

My name is Gabriela Balf, MD, MPH, I am a Clinical Associate Professor at UND School of Medicine and the immediate past president of NDPS.

I am here to speak in opposition to the expansion of the naturopath prescribing privileges, due to grave patient safety concerns.



Fig 1. The case of BH, who presented to the ED 4 times in a month with chest pains. He stated he was taking no OTC medications.

Only allopathic trained clinicians should be allowed to prescribe the whole gamut of the available medications, because their **training** is not only extensive in terms of direct patient care, but also **covers the extent of problems that may arise from the prescription of these medications**. Allopathic physicians go through **hospital training** not only during medical school, the equivalent of the naturopathic schools, but also during the mandatory 3 or 4-year residency that follows. PAs and NPs are also extensively exposed to hospital experience under the guidance of physicians. During these times they can appreciate the severity of the adverse drug reactions that have constituted, for the last 40 years, the fourth cause of death in US and Canada (Deng et al 2009); not only allergic reactions but also drug-drug interactions leading to fatal cardiac arrhythmias, severe bleeding, drug-induced liver injury (DILI), kidney failure, etc.

One of the most vulnerable segments of the population is the **elderly**. In a 2005-2006 study, a population-based survey of community-dwelling persons 57 to 85 years of age showed that 37.1% of men and 36% of women between 75 and 85 years of age took 5 or more prescription medications<sup>1,2</sup>. Or we know that, in people taking 5 or more medications, they will have at least one significant adverse drug reaction (ADR)<sup>3</sup>. There is much information on high-risk drug therapy as defined by Beers Criteria, Screening Tool of Older Person's Prescriptions (STOPP) guidelines, Drug Burden Index, and others.

That same year, hospital data for England and US showed that **5.64% hospital admissions were due to ADRs**<sup>4</sup>. The 5 most commonly implicated drug classes, collectively accounting for 27.7% of the estimated adverse drug events, were insulins, opioid-containing analgesics, anticoagulants, amoxicillin-containing agents, and antihistamines/cold remedies. A study of 5213 participants in England found the **rate of falls** was 21% higher in people taking 4 or more medications compared with those taking fewer[...] Using a  $\geq 10$ -drugs threshold, there was an increase in rate of falls by 50%<sup>5</sup>.

Last year, an exploding body of literature has underlined the **complications brought on by the COVID-19 infection** on heart, brain, kidney, liver that have affected organ function and the effect of regular medications and, when patients treated with antivirals, the related drug-drug interactions.

Allopathic medicine has dealt with its increasing complexity by inserting **multiple and repeated safety checkpoints**:

- Mandatory USMLE exam parts 1, 2, and 3
- Mandatory recertification board examinations for physicians (every 10 years),
- Mandatory requirements regarding amount of Continuing Medical Education hours (50 hours /2 years in ND for physicians)
- Mandatory electronic health records implementation,
- Electronic Prescribing of Controlled Substances regulations,
- Prescription Drug Monitoring Program reporting,
- Antibiotic prescribing stewardship
- Voluntary reporting systems to track medication errors: US Food and Drug Administration (FDA) MedWatch, the Medication Error Reporting Program, and MEDMARX.

Our professional associations:

- **Collaborate with each other and internationally**, issue guidelines,
- Perform targeted studies and reviews regularly to advance science and keep it organized (e.g. UpToDate). There is a whole branch of science, translational medicine, that deals with translating the incredible volume of medicine knowledge, that doubles every two years, into real-life practicing in the trenches – so that our patients can be safe.

Upon the best of my knowledge, naturopathic medicine has remained largely **non-regulated**. There are no standards of care, nor guidelines: <https://naturopathic.org/>. There is **one** required exam, NPLEX part 1 and part 2. There are no requirements to adhere by allopathic medicine guidelines issued by professional organizations, CDC, etc.

Had these currents of medicine remained separate, we would not have this discussion. While they both have benefits, and we all can see multiple ways we can collaborate for better access to care, healthier lifestyle, safe use of alternative medicine, herbal products, etc, they do converge when our patient is accessing both, or a pandemic occurs that requires a cohesive, unified approach because there is no other viable public health solution: mass vaccinations, standardized ED and hospital treatment, etc.

Until we can all function and **collaborate by abiding by the same rules**, I remain very concerned about the unregulated use of such powerful medications by providers who have not been thoroughly trained in their use and the potential lethal consequences of their use.

Thank you for listening,  
Gabriela Balf-Soran, MD, MPH  
Assoc Clin Prof UND School of Medicine



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Dear Chairman Weisz and the Members of the House Human Services Committee,

My name is Dr. Grant Syverson and I am a pediatric rheumatologist serving the children of North Dakota and the legislative advocate for the North Dakota American Academy of Pediatrics (NDAAP). I am writing to you to voice my strong opposition to Senate Bill 2274 which seeks to allow naturopaths the ability to prescribe prescription medications and initiate therapeutic interventions including blood products. The North Dakota Board of Medicine (NDBOM), the North Dakota Hospital Association, Essentia Health, Sanford Health, CHI St. Alexius, Altru Health, Trinity Health, NDAAP, ND Academy of Family Physicians, and the NDMA all oppose this legislation.

As a pediatric subspecialist I have a unique perspective on this issue as I have had to not only undergo the typical training for a pediatrician (4 years of medical school and 3 years of residency) I had to have an additional 3 years of training just to reach the necessary level of competency to independently care for my patients as a licensed practitioner. Naturopaths have none of this specialized training, are not trained in the medical model and yet, would be able to independently prescribe serious immune suppressive and life-threatening therapeutics. Legend drugs are defined by the board of pharmacy as a drug which, under federal law, is required to be labeled as a prescription drug and is restricted to use by licensed practitioners only. Some legend drugs that I prescribe are prednisone, chemotherapy (methotrexate, cyclophosphamide), and specialized therapies for juvenile arthritis, systemic lupus, vasculitis, and inflammatory muscle diseases. The list of legend drugs could go on and on but, ultimately any prescription medication can be dangerous if prescribed incorrectly. Neither myself nor any of my physician, nurse practitioner, or physician assistant colleagues would consider prescribing these therapies outside the scope of our training, as doing so without proper training would be unethical and considered malpractice.

So please, on behalf of myself and the membership of the NDAAP, vote do not pass on SB 2274. Naturopaths do not have the appropriate training, oversight, or clinical experience and the risk of harm to the children and adults of North Dakota is too great. Please feel free to give me a call or email to discuss further.

Thank you for your time,

Grant Syverson, MD  
Pediatric Rheumatologist  
NDAAP Legislative Champion  
[syverson@gmail.com](mailto:syverson@gmail.com)  
Cell: 414-530-7911

SB# 2274 Naturopathic Scope Bill  
Ryan Hill Defender  
Senate Human Services Committee  
February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

Thank you all for the opportunity to discuss our support of SB#2274. My wife, Cheyenne, is originally from Dunseith, ND and is an enrolled member of the Turtle Mountain Band of Chippewa. I grew up in Lewes, DE but during my time in the military I was stationed in Grand Forks AFB, ND. Cheyenne and I currently live in Phoenix, AZ, where we are furthering our education and career experience, but we love North Dakota and look forward to returning.

Cheyenne currently works as an RN, with an end goal of becoming an OBGYN and I am completing necessary coursework to allow me to pursue joint Doctor of Chiropractic/Doctor of Naturopathic Medicine degrees. Our dream is to return to North Dakota and establish ourselves in the rural healthcare setting, focusing on the Indigenous population.

We recognize that my ability to establish and practice effectively within rural North Dakota, and specifically within the underserved Indigenous communities, will be impaired without having a full scope of practice in which to perform my duties. We have much to offer to the communities we are passionate about. We hope that North Dakota's lawmakers will realize how important removing restrictions on perfectly qualified healthcare professionals is. If we truly want to impact the healthcare provider shortage in North Dakota, allowing naturopathic doctors to be fully functional care providers is a great step forward! Thank you very much for taking the time to read this recommendation.

I ask that you recommend a DO PASS on SB# 2274.

Thank you,  
Ryan and Cheyenne Hill Defender  
Phoenix, AZ  
Hill.ryan60@yahoo.com

SB# 2274 Naturopathic Scope Bill  
Dr. Stephanie Nishek, ND  
House Human Services Committee  
March 23, 2021

Dear Chairman Weisz and Members of the House Human Services Committee,

I'm writing today asking for a **DO PASS** recommendation on SB#2274. I am one of the licensed and practicing Naturopathic Doctors (NDs) here in North Dakota, since 2014, and also serve as the President of the North Dakota Association of Naturopathic Doctors (NDAND).

As President of NDAND, one of my priorities is to make North Dakota a desirable location for more NDs to establish themselves and build their practices. North Dakotans are traveling *hundreds of miles* for the type of care and services Naturopathic Doctors provide. I, myself, maintain two practices in two different cities, 100 miles apart and visit with dozens of people in both locations every week. There simply are not enough of us to meet our population's demand. In order to appeal to prospective NDs and ND students, *we must have a scope of practice that is desirable to doctors who have invested such a substantial amount of time and money into their education and career outlook.*

I also want to proactively address the typical opposition to our scope expansion efforts. The North Dakota Medical Association Board, lobbyist and members are **NOT** the experts in the depth, breadth and adequacy of the naturopathic medical education. Their unreasonable, uncompromising opposition to Naturopathic Doctors being granted lesser prescribing rights than our Physician Assistant and Nurse Practitioner colleagues should carry little to no weight at all.

We came into this session asking for are the same prescriptive rights that all other well trained, independently-practicing healthcare providers in North Dakota have been granted before us. We have already reduced our "ask" in an attempt to appease the NDMA. As you will soon learn, from their opposing testimony and aggressive lobbying, they are absolutely unwilling to engage in an effort to find middle ground when another healthcare profession is perceived as infringing on their "turf." In fact, we are aware of intentional misinformation that the NDMA spread widely while our bill was in the Senate involving a story of a provider who hyper-dosed Vitamin D in an infant which led to hospitalization of that child. While this is, unfortunately, a real documented occurrence, the provider involved was NOT a Naturopathic Doctor. Stories like these are nothing more than a tiresome attempt to discredit any healthcare professional without "MD" after their name. I, too, could share a list of personal and professional examples where MDs have missed, misdiagnosed or mistreated in situations that have led to negative patient outcomes.

My ND colleagues will be providing ample factual information that accurately portrays our education and competency. A number of collaboratively-minded healthcare providers in North Dakota will also be extending their support of our efforts based on their actual experiences and relationships with us.

I would be happy to discuss this further. Please feel free to get in touch for any reason.

Stephanie Nishek, ND  
Bismarck, ND  
[drstephanienishek@gmail.com](mailto:drstephanienishek@gmail.com)

**Phoenix Natural Family Medicine**  
**4535 S. Lakeshore Dr. Ste. 2**  
**Tempe, AZ 85282**  
**(480)-389-1099**

#10459

3.23.2021

Dear Chairman Wiesz and Members of the House Human Services Committee,

I am writing in full support of expanding the scope of practice for Naturopathic Doctors in North Dakota. I am a 5<sup>th</sup>-generation North Dakota. My parents, grandparents and many other relatives continue to live in ND, and I visit several times per year. I was born in Dickinson and earned my bachelor's degree from UND. However, after graduating from the Southwest College of Naturopathic Medicine in Tempe, AZ, and passing my medical boards, I decided to stay in AZ, because at the time, North Dakota did not license Naturopathic Doctors.

I have had a thriving practice in AZ for over 10 years, and enjoy primary care status, the ability to diagnose and treat diseases, order and interpret labs, prescribing rights (including some controlled substances for which I have a DEA number), minor surgical rights, phlebotomy, IV therapy and injection therapy. If these rights and privileges had been in place in North Dakota when I was deciding where to practice, I would likely be in practice there today. My practice is focused on pain and aesthetics, and as the laws currently stand, I would not be able to do a fraction of what I can do in Arizona, in North Dakota.

It is crucial to know that the education we received at SCNM was top-notch and I felt prepared to safely manage patients currently on medication, introduce or transition to a new medication, or discontinue medication when necessary. For the benefit of the people of North Dakota, whom I miss and deeply cherish, I hope that you will give a "do pass" recommendation to expand the scope of practice of North Dakota's highly trained and competent Naturopathic Doctors.

Sincerely,



Sarah Preston Hesler, ND

Dear Members of the Human Services Committee,

My name is Cori Randall, and I am a Nurse Practitioner who works full time in Ashley ND and also help out as a Nurse Practitioner in Crosby ND. I have been in the nursing field since 1999. I have a Master's Degree in Nursing Education, am a certified nurse practitioner, and am a Board Certified Emergency nurse. I currently provide services in clinic, hospital, nursing home, and the emergency room.

I am writing in opposition to SB 2274. Currently the Naturopathic continuing education for pharmacology does not equal what a nurse practitioner is required to complete to keep up competency in prescribing medications. Naturopathic providers in practice in North Dakota currently do not have experience with prescribing medications or continuous monitoring for side effects of these medications. It is highly concerning that they are requesting to prescribe blood products and chemotherapy agents without education specific to these products. I have had personal experiences working in the Emergency Room with patients who have used Naturopathic care in our state. To date I have received no documentation of treatments recommended for these patients by their Naturopathic provider. Many over the counter medications and supplements interfere with lifesaving medications. It makes it extremely difficult to provide treatment for these patients in the emergency setting without accurate information regarding treatments they are using. The Naturopathic providers have pointed out that they are looking to eliminate unnecessary additional healthcare expenses. From my experience I would counter that they are actually increasing healthcare expenses for the patients I have treated in the emergency room. I ask you to question whether a profession that is not interested in collaborating with other medical providers is really working in the best interests of patient care? Should they be given the enormous responsibility of prescribing medications with limited preparation and no current continuous pharmacology education process to ensure they are safely prescribing medications? As a provider I feel it is my duty to speak for my patient's safety. And I ask you to consider the safety of the people of North Dakota. Thank you for your time.

Sincerely,

Cori Randall BCEN FNP-C

Tessa Monzelowsky  
SB 2274 – Naturopath Licensure  
House Human Services Committee  
March 23, 2021, 9:00 AM

Dear Chairman Weisz and members of the Human Services committee,

My name is Tessa Monzelowsky, I'm a daycare provider from Mandan. I want a YES on SB 2274 Naturopathic Bill.

I've been a patient of a Naturopath for 9 years. In early 2020, I had skin problems that my Naturopath instantly diagnosed as a fungal infection, and she said a prescription for Diflucan would be best to clear it. Since she is currently unable to prescribe in ND, she referred me back to a Medical Doctor. We thought it would be a simple visit to a Medical Doctor, but it wasn't simple.

I spent the next 8 months:

- had 7 face to face visits
- saw 5 different MD'S
- the 5th MD and 7th visit also included 2 follow up messages over 3 weeks
- had 2 topical steroids, 1 topical antibiotic, 2 oral steroids, 1 oral antibiotic, 1 topical antifungal/steroid, 1 antifungal shampoo (none of these worked)
- and finally I got a prescription for 200mg of fluconazole for 28 days.

Once I finally started the fluconazole the infection started clearing and was almost completely resolved. As I type this testimony I've been off this prescription and the fungal infection has returned. Had I been able to get the initial prescription on my visit with my Naturopath my fungal infection would've been taken care of. The fact that it took me so long doctoring with MD'S not only made the infection worse, but I'm going to have to go on another round of treatment to try and get rid of it. I've not only had the medical costs associated with 7 office visits and multiple other prescription attempts, but now because of the long term use of fluconazole I have additional cost for lab work to monitor my liver.

The patient care I received with my Naturopath would have saved me money, time, and from having this infection get so out of control.

Please vote YES on SB 2274, please.

Sincerely,

Tessa Monzelowsky  
ND International Ambassador 2021

SB 2274-Naturopathic Bill  
House Human Services Committee  
Molly Dwyer  
March 23, 2021

Dear Members of the House Human Services Committee,

My name is Molly Dwyer and I will be graduating Naturopathic medical school in three months. My husband and I are originally from Bismarck, ND. We currently live in Villa Park, IL, as I finish school at National University of Health Sciences and my husband is employed as a middle school math teacher. I am writing to ask for your support, and urge you to pass Senate Bill 2274-Naturopathic Bill.

I always knew I wanted to be a doctor and first learned about Naturopathic Medicine while in college, through a Naturopathic Doctor in Moorhead, MN. Shortly after, I shadowed a Naturopathic Doctor in Bismarck and learned about the high demand of Naturopathic Medicine within our state. She had patients traveling across North Dakota just to receive healthcare from a Naturopathic Doctor. After observing the need for Naturopathic Doctors within my home state, I wanted to practice medicine in this area, so I started Naturopathic medical school with the intention of returning back home to North Dakota to provide primary care healthcare to rural and underserved areas. I am now one month away from graduating Naturopathic medical school and I still feel the passion and belief that every North Dakotan deserves access to and the opportunity to choose Naturopathic Medicine for their healthcare needs if they desire.

My Naturopathic medical education includes four years of undergraduate schooling followed by four years of professional level training at a federally accredited Naturopathic medical school. We are trained as primary care providers who diagnose, treat, and manage patients with acute and chronic conditions. The first two years of my education focused on standard medical curriculum. To confirm competency of the basic sciences, Naturopathic students are required to take the Naturopathic Physicians Licensing Examination (NPLEX) Part 1. This is a national board examination that is integrated and case-based. Topics include anatomy, physiology, genetics, microbiology, immunology, and pathology. For the last two years of my Naturopathic education, I have been completing an in-residence training program as a Naturopathic Intern in an integrative health clinic under the supervision of licensed healthcare professionals. As an intern, I practice Naturopathic Medicine in a primary care setting while collaborating with and co-managing patients with other providers like MDs, NPs, and Chiropractic Physicians. After graduation, I am required to take an additional board exam, NPLEX Part 2, which ensures proficiency in the following areas: physical, clinical, and lab diagnosis, diagnostic imaging, application of research studies, botanical medicine, physical medicine, clinical nutrition, disease prevention, emergency medicine, medical procedures, public health, and pharmacology.

As I near graduation and contemplate where I want to practice professionally, I would like North Dakota to be at the top of my list. However, when compared to other licensed states across the country, the limited scope of practice for Naturopathic Doctors makes the state less desirable and inviting to new graduates. North Dakota's limitations on Naturopathic Doctors' scope of practice is ultimately a disadvantage to consumers as it requires them to see additional or multiple providers, but ultimately receive the same outcome.

There are shortages of primary care providers across America, with rural areas being particularly underserved. If Naturopathic Doctors are given the ability to practice using their full scope of training, they can fill this void. I have friends and family who live in rural communities and I am passionate about serving these areas. I believe citizens in smaller communities should have the option of full-service Naturopathic Medicine. The small number of Naturopathic Doctors currently in North Dakota cannot keep up with the growing demand. Neighboring states like Montana have larger scopes and allow Naturopathic Doctors to practice in a manner that's representative of our robust medical education. Not only does this help their citizens, it attracts more young professionals to start private practices and contribute to their economies.

Because of this, I am strongly considering practicing as a Naturopathic Doctor across the North Dakota border in Sydney, MT. In Montana, I would have the ability to serve North Dakota citizens and operate as a Naturopathic Doctor with a full scope of practice. However, it would still be a major inconvenience for them, and I would not be contributing to North Dakota as much as I would like. Montana has significantly more Naturopathic Doctors throughout the state, and the growing popularity in Naturopathic Medicine across the country has contributed not only to the health of the citizens, but also contributes to their state's economy.

North Dakota will always hold a special place in my heart; it is home to many of my family and friends who live in very caring and supportive communities that make the state a great place to settle down and start a family. As a young professional who is eager to enter her career field, it is imperative that I live and work in a place with a scope of practice that reflects my extensive education and allows me to succeed as a Naturopathic Doctor. With the passing of this bill, North Dakota would quickly become an appealing place to practice Naturopathic Medicine. I am enthusiastically asking you to support and pass SB 2274-Naturopathic Bill. I would really like to start my career in North Dakota.

Thank you for your time,

A handwritten signature in cursive script that reads "Molly Dwyer".

Molly Dwyer

SB 2274 – Naturopathic Scope Bill  
House Human Services Committee  
March 23, 2021

Dear Members of the House Human Services Committee,

My name is Jennifer Bina. I am writing to urge you to make a Do Pass recommendation for Senate Bill 2274 – Naturopathic Bill. I am a teacher and have worked for Bismarck Public Schools for 12 years. My husband and I are life-long residents of North Dakota and have been seeing a Naturopathic Doctor in Bismarck for the last five years.

We originally became involved with Naturopathic Medicine during a time when my husband was experiencing both acute and chronic health concerns. At our first visit with the Naturopathic Doctor, we were immediately impressed by the extensiveness of her medical training, her warm and compassionate nature, and her attentiveness to our concerns or questions. As my husband's health concerns resolved and our family grew in number, we continued to use our Naturopathic Doctor for many of our family's primary care needs.

Our Naturopathic Doctor has continuously proven herself to be competent and effective as our primary care provider. We are confident and trust in her ability to assess, diagnose, and treat acute or chronic conditions using the appropriate therapies for the right situation. She takes the time to educate us about disease prevention and explains all possible treatment options as well as their associated benefits, risks, and expected outcomes.

Under the state's current scope of practice, Naturopathic Doctors cannot dispense pharmaceuticals; this is a disadvantage to consumers as it requires them to make unnecessary visits to additional medical providers and dictates where they can spend their healthcare dollars. If I am seeing my Naturopathic Doctor and an antibiotic is recommended, I am then required to see additional healthcare providers to dispense the antibiotic that was originally recommended by the Naturopathic Doctor. North Dakotans deserve the freedom to choose where to spend their healthcare dollars without redundant medical visits because of the current restriction in prescription writing privileges for Naturopathic Doctors within our states.

Since I began seeing a Naturopathic Doctor, it has become more difficult to schedule appointments with her due to the increased demand for Naturopathic Medicine in our state and her large patient population. As Naturopathic Medicine continues to grow in popularity, our small but impactful group of Naturopathic Doctors in North Dakota cannot keep up. Attaining more Naturopathic Doctors in our state would increase access to and provide more opportunity to utilize Naturopathic Medicine for all citizens including myself and my family. To match increased demands, it would be most beneficial for our citizens and for our economy to pass this bill and increase

Naturopathic scope of practice. This action would make our state more appealing to new graduates as it would allow them to practice Naturopathic medicine as a full-scope primary care health provider.

Our North Dakota Naturopathic Doctors have proven themselves to be qualified and effective primary care providers for my family, myself, and many other citizens throughout the state. I am asking for your support and urge a Do Pass recommendation on Senate Bill 2274 – Naturopathic Bill. Thank you for your time.

A handwritten signature in cursive script that reads "Jennifer Bina". The signature is written in black ink on a light-colored background.

Jennifer Bina

SB# 2274 Naturopathic Scope Bill

Brittany Kudrna

Senate Human Services Committee

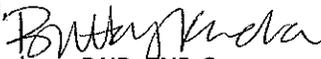
February 1, 2021

Dear Chairwoman Lee and Members of the Senate Human Services Committee,

I am writing to you as a doctorate level nurse practitioner in Bismarck, North Dakota. I have taken the time to develop professional relationships with the naturopathic doctors (ND) in this area. We have had many clinical case discussions and share a number of patients. I recognize the need for providers with the well-rounded education and clinical training that our North Dakota NDs have, and I support their efforts to be able to practice to the full extent of their training, including being able to competently prescribe and monitor pharmaceutical medications. Having this ability will have a positive effect on health outcomes for individuals and ultimately the healthcare system as a whole.

I ask that you recommend a DO PASS on SB# 2274.

Thank you,



Brittany Kudrna, DNP, FNP-C

CHI St. Alexius Family Medicine

2500 Sunset Drive, Mandan, ND 585543

bnkudrna@primecare.org



# 21 more companies warned about questionable COVID claims

## Share This Page

**Lesley Fair**  
**Apr 24, 2020**

**TAGS:** [Bureau of Consumer Protection](#) | [Consumer Protection](#) | [Advertising and Marketing](#) | [Health Claims](#)

FTC staff just sent [21 more warning letters](#) to companies that have used allegedly unsubstantiated coronavirus prevention and treatment claims to promote products and services. Many of the [latest letters](#) focus on questionable representations for high doses of vitamins, intravenous treatments, ozone, and purported stem cell therapies.

**Abundant Life Wellness Center.** The Florida business has said its Zyto biofeedback software system can “scan individuals for a customized homeopathic dilution for the Coronavirus.” According to the company, “This means that if you are exposed to the virus and you are taking your customized homeopathic dilution, you could present with less or no symptoms than if you were not taking it.”

**Vidaful Medicine.** On its website, the Pennsylvania company has linked to articles about “Coronavirus Prevention with High Dose Vitamin C IV” and has recommended its own IV therapy as a preventive measure “for anyone potentially exposed” to coronavirus.

**Liquvida Lounge.** According to FTC staff, the Fort Lauderdale company has claimed that Vitamin C – which it sells – “may both prevent the infection and treat it in patients who already have it.”

**RowenSu Clinic.** The warning letter to the California clinic cites statements that have appeared on its website touting ozone therapy – which it markets – as a “Cost[] Effective Treatment for Coronavirus.” In addition, the company has claimed that coronavirus may “have a soft underbelly” that is “easily and safely exploitable with ozone-related services.”

**Personalhealthshop.com.** The company has sold elderberry products, including gummies, by making claims like this on its website: “Elderberry Vs Corona Virus. Elderberry is an antiviral. It prevents the virus from replicating in the body, so you want to take it early and often if you start feeling symptoms. Once a day for prevention, four times if you start feeling sick . . . most importantly [elderberry] is high in zinc . . . ZINC + CHLOROQUINE has shown positive results against Covid19 . . . .”

**Prana IV Therapy.** The warning letter cites statements the Arizona company has made on its website that “most recently among hospitals in China during the outbreak of Covid-19 . . . [a]ll patents who received IVC improved and there was no mortality. . . . It’s with this data in mind that we crafted our Super Immunity Blast IV.” The letter also mentions claims the company had made on Facebook and Instagram through a consumer testimonial.

**REVIV.** According to the letter, Miami-based REVIV has stated that consumers can “[h]elp protect and prevent again . . . the Coronavirus with a REVIV Megaboost IV Therapy containing a high dose of Vitamin C.” The website also has

referenced “a recent clinical trial in China on coronavirus patients” purportedly demonstrating “decreased duration of hospital stay by 3-5 days.”

**Windhorse Naturopathic Clinic.** FTC staff says the Vermont company has claimed in marketing materials that “Vitamin C used intravenously is gaining promising clinical findings as a safe, inexpensive, and effective treatment to improve the outcomes of Covid-19 infection in critically ill patients.” The business has advertised that it “is currently administering IVC to WELL PATIENTS for prophylactic immune support.”

**Alkaline for Life.** The warning letter quotes claims the East Syracuse, New York, company has made on its website – for example, “HIGH-DOSE VITAMIN C PROTECTS AGAINST CORONAVIRUS (COVID-19) . . . The coronavirus pandemic can be dramatically slowed, or stopped, with the immediate widespread use of high doses of vitamin C . . . COULD OUR ALKALINI-C HELP? The answer is yes.”

**Ethos Natural Medicine LLC.** The FTC staff letter cites statements the Reno, Nevada, company has made on its website about kratom, which the company sell – for example, “Does Kratom Help? While we wait for a vaccine which is estimated to be 12-18 months away, it is important for everyone to stay sanitary, to strengthen our immune system, and look to nature for help. Kratom has several possible immunostimulant alkaloids . . . .”

**Greenbelt Outdoors.** According to the FTC, the Austin company has promoted products with claims like this: “Buy your Chaga Extract here to block receptor site for Covid-19/Coronavirus” and “Why N95 Masks DO NOT WORK And Only Hardening Your Immune System With Chaga And Vitamin C, D Does”

**Absolute Health Clinic.** Based in Olympia, Washington, the business has promoted its products and services by representing, “Did you know our clinic [has] . . . treatments available to treat COVID-19? . . . available treatments include . . . high doses of Vitamin C and D through IV therapy, and Stem Cell Therapy.”

**Blessed Maine Herb Farm.** On a section of its website titled “Preventive Care – Coronavirus,” the Athens, Maine, business cites a list of herbs to “protect against viral infection.” The company also advises consumers to “wear a protective amulet” of “garlic and prayers hung around your neck” and to “keep a small magic bag of protective herbs or stones in your pocket.”

**Fast Relief Acupuncture.** According to the warning letter, the New Jersey business has represented that “The use of acupuncture and herbal medication is vitally important when treating the Coronavirus. Not only can patients recover from the virus by receiving these treatments, patients can also use acupuncture and herbal medication to prevent the contraction of COVID-19.”

**Jiva Med Spa.** The warning letter cites statements the Columbus, Ohio, company has made in social media that products it sells – including Viragraphis, OlivDefense, and ImmunotiX 500 – should be taken “to help prevent the spread of this virus, the COVID-19” or “as soon as you start displaying symptoms of COVID-19.”

**American Medical Aesthetics.** According to marketing materials promoting the Los Angeles company’s products and services, people with COVID-19 have been “Cured with Ozone” and that treatments with “Mesenchymal Stem Cells” have been shown “to successfully treat the patient and reverse the illness.”

**AwareMed.** Based in South Carolina and Tennessee, the company has advertised its IVs as “a prevention treatment fronting this pandemi[c] of #covid19” and the “right treatment to prevent the #Covid 19.”

**Center for Regenerative Cell Medicine.** The FTC says the Scottsdale, Arizona, company has promoted its products and services by claiming on its website that “Mesenchymal stem cells are a viable option in new coronavirus infection treatment” and that stem cell therapy has “successfully treated” a COVID-19 patient.

**Merge Medical Center.** The South Carolina company has claimed on its website and in social media that consumers’ “Recipe for Survival” from coronavirus includes “IV high dose Vitamin C treatment,” an intravenous “Sepsis Treatment” protocol, and intravenous silver. The warning letter also cites the company’s claim that “Nano Silver Hydrosol is used to dramatically reduce the activity of the Coronavirus” by “suffocating it so it cannot do damage in the body.”

**Stemedix, Inc.** “While experts are diligently working on vaccines and drugs, one surprising treatment has demonstrated efficacy for combatting [coronavirus]: stem cell therapy.” According to the FTC warning letters, that’s just one claim the Florida business has used to promote its products and services.

**TRULYHEAL Pty. Ltd.** The Australian business has promoted its products by claiming, “Ozone plays a fundamental role in the treatment of viral infections including the Coronavirus (COVID-19) . . . .” According to the company, “To prevent and protect the body from a coronavirus infection at HOME with ozone, it is administered via rectal insufflation,” and it’s “the easiest, most inexpensive, safe, and effective protection solution that everyone should have available to them, their family and loves ones.”

The warning letters remind recipients that under the FTC Act, it’s illegal to advertise that a product can prevent, treat, or cure a disease unless the company has competent and reliable scientific evidence to support what they say – which may mean well-controlled human clinical studies. Furthermore, “For COVID-19, no such study is currently known to exist” for the products and services cited in the letters. FTC staff expects to hear back from the companies within 48 hours with a description of the specific actions the recipients have taken to address the concerns.



ftc.gov



# The letters of the law: 35 more companies warned about questionable COVID claims

## Share This Page

**Lesley Fair**  
 Jun 4, 2020

**TAGS:** [Coronavirus \(COVID-19\)](#) | [Bureau of Consumer Protection](#) | [Consumer Protection](#) | [Advertising and Marketing](#) | [Health Claims](#)

FTC staff sent [the latest round of warning letters to 35 businesses](#) alleged to have made unsubstantiated coronavirus prevention or treatment claims. What they sold diverges widely – IV vitamin treatments, products containing silver, patches purporting to block electromagnetic radiation, etc. – but they have one thing in common: According to the FTC, their claims aren't supported by sound science. Here are the companies that received the [letters](#).

**Arizona Natural Medicine Physicians.** On a webpage titled *Coronavirus: Supplements, Herbs & Homeopathic Remedies*, the office claimed to offer “homeopathic injections such as Engystol which helps support immune function and prevent infection.”

**Bixa Human.** On its website, the company pitched products it sold – including BioBija Complex and Victoria T3 – as “the best way to boost your immunity and protect yourself from the coronavirus.”

**Bodhi Glyphix.** In Facebook posts, the New York business promoted the sale of products it sold by stating, “Our Silver Biotic Formula is patented and has studies showing it's effective against covid viruses.”

**Brexo Bio.** The California company claimed on YouTube and Facebook that its stem cell treatments “can be administered intravenously and by inhalation through a nebulizer to treat lung damage caused by COVID-19 . . . .”



**Cho Acupuncture.** For consumers who are “[e]xperiencing respiratory problems (Coronavirus) and need treatment,” the Georgia business claimed to “provide herbal medicine that will help with this virus. There are now several case studies that are being treated by the herbal medicine in China. These cases have had great success in getting over the virus.”

**Cory's SEOM.** In promoting a product called Virus Killer, the California business stated, “One of the essential oils in our mix has already been proven in medical testing to kill the SARS virus, which is a subset of the Corona Virus. We

believe that, due to the similarities in viruses, there is an excellent chance that our products will also be very effective at killing the Covid-19 virus.”

**Doll House Med Spa and Clinic.** In response to the question *How can ozone therapy help with COVID-19?*, the San Antonio clinic – which offers those services and others – claimed it “block[s] the virus’ ability to replicate by balancing the cellular redox state” and “improves oxygenation to prevent scarring of the lungs and protect vital organs from viral damage.”

**Dramov Naturopathic Medical Center.** From a homepage hyperlink labeled COVID-19 / CORONAVIRUS INFORMATION, the Oregon company took consumers to a retail website promoting “Viral Immune Support” supplements.

**Dr. Don Colbert.** In marketing materials titled *Dr. Colbert’s Keys to Avoid COVID-19 (Corona Virus)*, the Texas doctor sold “Supplemental Options for Prevention,” including Divine Health Green Supreme Food and Divine Health Multivitamin.

**Dr. Eric Nepute.** In a Facebook Live discussion of coronavirus, Missouri-based chiropractor Dr. Nepute stated, ““Guess who’s not sick. My patients. Guess why? Cause they’ve been getting vitamin IVs for months, weeks, or years. Guess what else is not going to happen to them? They’re not going to have other problems. Why? Because they’ve been getting adjusted regularly, because adjustments help improve the nervous system, which helps improve the immune system. Period.”

**East Valley Naturopathic.** In advertising its services, the Arizona office stated, “to treat pneumonia and hyper inflammation caused by COVID-19, vitamin C has been given at high doses,” both orally and as an IV.

**Enliven.** On a Facebook post titled *Coronavirus: Is High-Dose Vitamin C the Answer?*, the Texas company pitched products it sold by stating, “With even modest amounts of supplemental vitamin C, deaths will decrease. In a study, modest amounts of supplemental vitamin C (200 mg of vitamin C per day) resulted in an 80% decrease in deaths among severely ill, hospitalized respiratory disease patients.”

**Evergreen Naturopathic.** Based in Spokane, the office claimed on its Novel Coronavirus (COVID-19) FAQ page, “[W]e offer our patients personalized herbal tinctures to directly confront the viral infections that are most prevalent throughout the year while strengthening and supporting both the immune system and the sensitive tissues that are most susceptible to these infections.”

**The Feed.** The Boulder, Colorado, company promoted products it sold, including Ortho Molecular D/K2 (Vitamin D) and Quicksilver Vitamin C, on its website and in Facebook ads. For example, one ad included a graph that showed a “98.9% death rate” for coronavirus for people deficient in Vitamin D vs. a “4.1% death rate” for people with normal Vitamin D levels.

**GlyCop Co-op.** In marketing materials titled *Coronavirus Research*, the co-op claimed, “The bottom line for strengthening the immune system to fight the CV [coronavirus]” is to ingest large amounts of Vitamin C – which the Boise business sells.

**Gonino Center for Healing.** For consumers concerned about COVID-19, the Texas office promoted IV Ozone therapy, IV Vitamin C therapy, hyperbaric oxygen therapy, Quercetin, and other products and services it sells. According to a Facebook post, “I wanted to share a quick update on the #Coronavirus scare. . . . If I become infected, besides bedrest, fluids, and prayer, my plan will be iv ozone morning and afternoon on days 1 and 3, iv Vitamin C on days 2 and 4.”

**Hawaii Naturopathic Retreat.** On a page titled *COVID-19 Testing and Prevention*, the Hilo, Hawaii, business offered “immune boosting packages to help you protect yourself against the coronavirus. . . .” Those included both “Antiviral Supplements Drop Shipped Directly to You” and a variety of IV treatments, injections, an infrared sauna, and “colonics with probiotics.”

**Health Associates Medical Group.** In marketing materials titled *Important Covid 19 Information to Prevent and Possibly Treat This Virus*, the Sacramento office promoted its services by stating that “[i]ntravenous Vitamin C was used by the Chinese as part of their protocol to improve tissue oxygenation and prevent the ‘Cytokine storm’ in Covid 19 patients.”

**Hot Springs BioFeedback.** Under the heading “Diagnosed with COVID-19? I’ve got the answer! I’m in total recovery!,” the Texarkana, Texas, business recommended products containing silver. According to the company, silver “binds to the DNA of the virus-cell, preventing it from multiplying” and “prevent[s] the transfer of the virus from one person to another by blocking the ability of the virus to find a host cell to feed on.”

**Innovation Compounding.** In marketing materials titled *Coronavirus: Is High-Dose Vitamin C the Answer?*, the Georgia company promoted its Vitamin C infusions by stating, “China is conducting a clinical trial of 24,000 mg/day of intravenous vitamin C to treat patients with coronavirus and severe respiratory complications. . . .”

**Julie E. Health.** The Redondo Beach, California, business promoted its Corona Virus Prevention and Treatment Kit, which included EMF (electromagnetic radiation) Blocking Patches and supplements. According to the company, the kit is “your first line of defense nutritionally speaking to prevent the corona virus.”

**KimberTouch Technologies.** In online marketing materials titled *Professionals Are Here – Real Protocol for Coronavirus*, the company promoted an “anti-viral protocol” consisting of Vitamin C, silver, silver nasal wash, and oxygen.

**Love Acupuncture.** In promoting products as “Alternative treatments for COVID-19 (coronavirus),” the Oregon business stated, “[T]he Chinese government distributed Chinese herbal medicine to everyone with covid-19 in the hospital” and “yielded a 94% improvement rate . . . .” The company added, “While we are not allowed to say these herbs treat COVID-19[,] what we can tell you is that these preventative formulas are being used in China and the reports are showing a positive difference.”

**Natural Health 365.** In marketing materials titled *Consider Vitamin C for acute respiratory distress syndrome from COVID-19, Medical Journal says*, the Florida company promoted its products by claiming “Doctors recommend high dose vitamin C as potential treatment for COVID-19 sufferers, backed by decades of scientific research” and “High-dose glutathione shows promise in addressing respiratory distress in patients with COVID-19.”

**Nutritional Healing Center of Ann Arbor.** The office featured a video titled *Immune Supplement Bundles* that stated, “In the last few weeks and months, there’s a very scary virus that everybody’s talking about. And in the medical research, I have found at least twenty different nutrients, herbs, and vitamins that kill this virus.” The video promoted a variety of products sold by the Center, including ones called The Guard Dog package and The Sheriff.

**Organic Hawaii, LLC.** Using affiliate marketing links, the Honolulu business advertised “Best Natural Supplements, Vitamins, and Minerals to boost the immune system and help protect against COVID-19 coronavirus,” and linked to websites selling – among other things – liposomal Vitamin C, hemp seeds, pumpkin seeds, Lion’s Mane, Turkey Tail, elderberry syrup, and mushrooms.

**Post Falls Naturopathic Clinic.** The Idaho business said it has used “energetic signatures of the Coronavirus and influenza” to create Covid-19 & Flu Immune Booster, “a new homeopathic remedy to boost your immune system” and provide general immune support for colds, flu and the Coronavirus.

**Pure Prescriptions, Inc.** The California company urged consumers to “Do This to Help Lower Your Risk of Getting Coronavirus!” Among its recommendations was “supplementing with NewGreens,” a product for sale in its online store.

**Renaissance Health Centre.** To promote its products and services, the Las Vegas clinic claimed that “homeopaths [in China] report that the symptoms of people who get the Coronavirus point towards” the use of Gelsemium, Bryonia, Eupatorium Perf., and Thymulin 9C. The clinic also touted its intravenous hydrogen peroxide and ozone therapies.

**Restore Med Clinic.** In an Instagram post titled *COVID-19 What should you be doing to optimize your health?*, the clinic included a list of vitamins, but added, “Over the counter supplements and herbs are both convenient and easy, yet for a more effective protection,” it recommended “High-dose Vitamin C IV Therapy,” including “COVID-19 Immunity Boost” IV drips available at the clinic.

**Revival Hydration.** The San Francisco company promoted its IV vitamin therapy services by stating, “Keep Corona out with our Immunity treatment! . . . Our immunity treatment utilizes the most powerful immunity-strengthening supplements on the market.” According to the company, its treatment “Expedites Recovery exponentially” and “Makes you feel grateful your suffering period is cut in half at a minimum.”

**Sage Integrative Medicine Clinic.** On a webpage titled *Coronavirus Updates: Clinic News & Immune Support Tips*, the Edmonds, Washington, clinic promoted its “High-dose IV Vitamin C.” It made similar recommendations on a page with the heading *Coronavirus: The Top Ways to Protect Yourself and Your Family*.

**Tulsa Chiropractic Rehab.** In promoting treatments it sold, the Oklahoma office claimed, “Certain vitamins and supplements are proving effective in the fight against coronavirus: particularly vitamin D, vitamin C, and Zinc!”

**Utopia Silver.** In discussing products it sold, the Utopia, Texas-based company said, “If you’re actually fighting a cold or influenza OR corona-virus, you may need 10,000-20,000 [of Vitamin C] a short period of time along with a colloidal silver supplement.”

**Vero Clinics.** Next to a photo of products it sells, the Decatur, Illinois, clinic stated, “I know there’s a lot of anxiety and confusion regarding the recent pandemic that we’re all experiencing. I just want to make everyone aware there a number of immune-boosting modalities offered here at Vero Clinics. These include IV nutrition, high dose Vitamin C, IV silver, IV ozone, peptides, et cetera.”

Like the dozens of other warning letters the FTC has sent, these letters remind businesses that no study is currently known to exist that substantiates their COVID-19 claims. Therefore, they “must immediately cease making all such claims.” FTC staff expects to hear from back from them within 48 hours, describing what they’re doing to address these concerns.



ftc.gov

**Britt Marie Hermes, M.Sc. ND (ret.)**

www.naturopathicdiaries.com

naturopathicdiaries@gmail.com

Re: Bill to Amend the Scope of Practice for Naturopathic in North Dakota (SB 2274)

**SB 2274 Endangers Patients**

March 23, 2021

To the House Human Services Committee of North Dakota:

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

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 have many family members in North Dakota; the flower girl from my 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, I wanted to contact you immediately and share my story. I would never recommend that any of my family members or friends seek naturopathic medical care for any medical condition, and certainly not for primary care.

I watched my colleague, Elizabeth Allmendinger, spearhead the political movement to get naturopaths licensed in North Dakota in 2011 from Bastyr's classrooms. I remember the excitement I felt about North Dakota "gaining licensure." With so much of my family still residing in the Midwest, the hypothetical possibility of practicing near family was an enticing fantasy. North Dakota passed legislation right before we graduated and I watched Elizabeth travel back home to fulfill her dream of practicing naturopathic medicine in her home state, while I went on to fulfill my dream of practicing in a pediatric clinic.

Sadly, it did not take much time for my dreams to come crashing down around me. During my brief time in practice as a naturopath, I witnessed dangerous, illegal, and unethical naturopathic practices from licensed naturopathic doctors who graduated from accredited schools. I had previously believed that only the "fake-NDs" who earned online degrees engaged in menacing medical practices, such as intravenous hydrogen peroxide therapy for the treatment of cancer or chronic disease. In reality, an abundant number of licensed naturopaths from accredited universities use dubious diagnostic methods and unsound therapies. I personally witnessed the illegal importation of cancer therapies for use on terminally ill patients. I found this type of egregious behavior so common within the profession of "real" naturopathic doctors that I felt like I had no other choice than to change professions. I have since left the profession to study biomedical

research in Germany. I am currently in the final year of my PhD program at the university medical clinic in Schleswig-Holstein (UKSH), Kiel.

Based on my educational and professional experience as an accomplished member of the naturopathic community, I can say that naturopathic medicine is not primary health care. I am saddened to report that not only was I misled, but so were hundreds of legislators, thousands of students, and tens of thousands of patients. I do not want to see legislators in North Dakota fooled by false information regarding the education, training, and medical capabilities of naturopaths.

The issue of this deceit boils down to the education and clinical training of naturopaths and how the American Association of Naturopathic Physicians (AANP) and its members manipulate this information for political advancement. The naturopathic profession perpetuates a series of false assertions to justify its progress, which unfold in a closed-loop system that eschews external criticism. Two examples of this dynamic show that naturopaths are the sole regulators of naturopathic medicine: 1) 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 or COMPLEX-USA for MDs and DOs. 2) 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.

Naturopaths frequently present education comparison charts to show that they are qualified to practice medicine as a primary care provider, write prescriptions for pharmacologic medications, and perform procedures like minor surgery or intravenous procedures. I've found several charts comparing naturopathic education to the education of other health care providers. They are all a bit different in how hours are categorized for comparison, which tipped me off that there was some manipulation of the data. To clarify the training of naturopaths for you, I have attached my transcript and a chart of my education hours which shows you exactly what was required for me to earn my naturopathic degree.

You will be interested in the following points from my transcript and the accompanying spreadsheet detailing the hours I spent in each class and in clinical training.

### **Clinical Training:**

- 1,100 hours of primary care medicine training in "direct patient contact" including
- 748 total clinical training hours on "patient care rotations"
  - 44 hours on a counseling rotation
  - 176 hours on physical medicine rotations (chiropractic therapy)
  - 132 hours spent shadowing any kind of health practitioner (ND, MD, DO, DC, LAc, Homeopath, PT, PA, NP, etc.)

### **748 Hours in Patient Care Rotations:**

A patient care rotation is scheduled in 4-hour shifts, once per week, for an 11-week quarter. One of these four hours is spent discussing patient cases and information on every shift. Only three hours are spent in patient care, reducing the total numbers of hours spent in "direct patient contact" down to 561 hours. Clinical training on patient care

shifts encompassed debunked medical theories, pseudoscience, energy medicine like homeopathy, the laying of hands, hydrotherapy like colon irrigation, physical medicine like chiropractic adjustments, and yes, some primary care concepts. However, the primary care training is diluted with the sheer amount of experimental medical practices and quackery.

### **Pharmacology:**

**BC 6305 Pharmacology for ND Students:** “pharmacology for the ND student population”

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

My clinical training included such a small amount of pharmacological experience that it hardly seems worth mentioning. I spent far more time learning how to write a prescription for botanical medicines than how to prescribe appropriate pharmaceutical medications. I specifically befriended a pharmacist at a local pharmacy in Seattle so I could ask questions about drugs, dosages, interactions, and protocols.

### **Standards of Care and Public Health:**

Of note, there are no naturopathic standards of care. Students and residents at Bastyr University have compiled documents explaining the diagnosis and treatments for a variety of diseases, which are available to students and faculty on the university’s online portal. A review of these documents reveals a large degree of untamed variability that is reflected in naturopathic medicine. For example, the entry on angina includes a variety of treatment options: 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; at home exercises; 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. Of the documents I’ve reviewed, all fail to mention any standard of care, which for some conditions, at a minimum should include an immediate referral to the emergency room or medical specialist. I know it sounds cynical, but naturopathic medical care is like picking treatments out of a magical hat.

The theme of not making firm clinical or public health recommendations rooted in science is apparent in the profession’s position papers. Most notably, 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 clearly leaves room open for exemptions and custom inoculation schedules between parents and practitioners “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. This type of weak public health care policy results in infectious disease outbreaks like the pertussis outbreak in California in 2010. Furthermore, according to Stephen Barret, MD, this position paper presents “unbalanced attack on immunization based on delusional philosophy rather than science.” He goes to conclude that, “the AANP

position statement exaggerates the risks and suggests that “some” of the current vaccinations are ineffective.” I can imagine that strong public health policies regarding immunization are very important in North Dakota right now given the COVID-19 crisis. I don’t view licensed naturopaths as reliable health practitioners capable of implementing public health policies, even in emergency situations, such as a global pandemic.

In April and June of 2020, the FTC sent out warnings to companies advertising dubious COVID claims (attached). Numerous naturopathic clinics were on these lists, as well as therapies commonly provided by licensed naturopaths including the use of high-dose, intravenous vitamin C to treat COVID-19 infections. In October of 2020, after these FTC complaints were issued, the American Association of Naturopathic Physicians announced that they were urging “physicians and hospitals to utilize IV [intravenous] vitamin C to combat the COVID-19 pandemic.” The press release issued by the AANP is attached. In their statement (attached), the association writes that recent data from China demonstrated that intravenous vitamin C was an effective adjunct therapy and that patients receiving intravenous vitamin C “experienced shorter hospital stays and lower mortality.”

I looked up the original publication in the Chinese Journal of Infectious Diseases. The study referenced is, in fact, not a study. Rather, it is recommended clinical guidelines for treating the novel coronavirus. I could not find any original data to support with the vitamin C recommendations or the claims that intravenous vitamin C therapy could shorten hospitalizations or reduce death. This is just one of many examples demonstrating that licensed naturopaths are not capable of providing credible health care information to the public.

#### **Additional Relevant Course Training:**

**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 covers common “primary care procedures” such as epi-pen injection, intravenous therapies, heavy metal testing, injections, IV cannulation, safety issues with IV therapy, sinus irrigation, naso-sympatico, eustachian tube massage, ear lavage, nebulizer use, how to use an oxygen tank and CPR/ first aid

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

It is my opinion, that naturopathic “doctors” or “physicians” are not qualified to practice primary care. Yet, I hope that my description of the clinical training provided by Bastyr propels this claim closer to the realm of fact. I find it extremely troubling to have been the victim of so many layers of deceit: from naturopathic medical school promotional

material, the education and clinical training, the AANP's political efforts, and information promulgated by my former naturopathic peers, colleagues, and elders. I sincerely hope that I can help shed light on the truth, which is why I decided to start my own blog ([www.naturopathicdiaries.com](http://www.naturopathicdiaries.com)).

In short, naturopathic clinical training is not on-par with medical or osteopathic doctors and is in fact far less, in terms of quantity and quality--also less than nurse practitioners and physician's assistants. Of the hours that Bastyr provided to me and my classmates in purported primary care training (748 hours), one quarter of this time was spent in case preview and review. The remaining 75% (561 hours) contained dubious diagnostics and experimental treatments that were so embedded within a pseudo-medical practice that the student clinician loses the ability to assess what is truth and what is make-believe. When homeopathic remedies are presented on the same level as antibiotic treatment, the naturopathic student is lost, and I don't blame them.

I think it is quite 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 providers. There is no way that such training produces better health care that is affordable or efficacious than what is currently available. Yet, this is exactly the rhetoric fed to federal and state lawmakers about naturopathic medicine, and it is wrong.

I recognize that it is a common position of governing bodies to promote freedom of choice. And by that logic, it is easy to license naturopaths, expand their scope of practice, and state that you are allowing citizens to make their own decisions regarding who is providing primary health care to them and their families. However, granting naturopaths an expanded scope of practice that includes prescription rights provides the false illusion to North Dakotans that they are choosing between equally qualified health care physicians. I graduated from naturopathic medical school with a meager amount of pharmacology training taught in a lecture format and not in a clinical setting. Any naturopath claiming to be adequately qualified in prescribing drugs, without having sought extensive training outside of naturopathic medical school, is simply regurgitating lies from their governing organization.

If naturopaths are going to continue to argue that their scope of practice should reflect their training, then they need to accept that their scope of practice should be severely dialed back or they need to conduct a massive overhaul of their training, as the DOs did in the 1970s. Furthermore, naturopaths are not required to complete residencies (except for those practicing in Utah who need one year of residency), which is where any physician will argue the real practice of medicine is learned over the course of a multiple-year residency in a teaching hospital.

Realistically, if I were to practice naturopathic medicine according to my training at Bastyr, I honestly do not even know what I would be qualified to do.

Please do not support SB 2274 to expand the scope of practice for naturopathic "physicians" in North Dakota. Please continue to limit the scope of naturopaths that is commensurate with their minimal training in primary care medicine. To act otherwise, is to risk the wellbeing and safety of every North Dakotan.

Sincerely,

Britt Marie Hermes (née Deegan)

Friday, January 29, 2021



# The American Association of Naturopathic Physicians Urges Physicians and Hospitals to Utilize IV Vitamin C to Combat the COVID-19 Pandemic

## Share Article



The Association calls for increased use of this effective and affordable intervention.

### WASHINGTON (PRWEB) APRIL 01, 2020

The American Association of Naturopathic Physicians (AANP), representing 8,000 licensed naturopathic doctors (NDs) in the United States, encourages healthcare practitioners on the front lines of treating moderate to severe cases of COVID-19 to utilize intravenous Vitamin C (IVC, also known as IV Ascorbic Acid) as an adjunctive measure in the care of their patients.

**Naturopathic doctors** are the nation's foremost experts in natural therapeutics and have extensive training in drug-nutrient and drug-herb interactions. Drawing from our long history of safe and effective use of intravenous Vitamin C, we urge our medical colleagues to incorporate this treatment from the naturopathic medicine toolkit immediately in an effort to save lives and reduce long-term morbidity. While we applaud the use of IVC by a small number of hospitals in the U.S., it unfortunately remains a rarely utilized intervention.

There currently is no definitive, evidence-based treatment for COVID-19. Due to the unusual and extreme clinical demands of hospitalized COVID-19 patients, IVC has been implemented in some Chinese hospitals, and data **published** (English **translation**) by the "Expert Group on Clinical Treatment of New Coronavirus Disease in Shanghai" details the use of IVC as effective adjunctive care of hospitalized COVID-19 patients. Patients receiving IVC experienced shorter hospital stays and lower mortality, allowing greater access to intensive care resources (including ventilators) for other vulnerable patients.

This recent data for this novel virus expands upon the extensive use of IVC in clinically relevant circumstances, including reduced mortality (**1, 2, 3**) in patients with sepsis and ARDS as well as **shortened ICU stays** and **reduced need for ventilators** in critically ill patients. Intravenous Vitamin C is

After reviewing the dosing, guidelines, and experiences of the hospitals in China, the evidence shows that the use of IVC in hospitalized COVID-19 patients has a high probability of reducing hospital stay duration and improving outcomes."

a generally **safe** (with rare, notable exceptions), cost-effective, and well-tolerated intervention even in the most critical patients when delivered based on appropriate **clinical guidelines** alongside existing treatments. Though further research is always warranted, time is of the essence to treat those who are in need of solutions today.

To ensure the broadest access for the most vulnerable patients, at this time the AANP encourages IVC use be reserved for high-risk and hospitalized patients. All providers administering this intervention must adhere to established safety protocols for using Personal Protective Equipment and disinfection. In hospital situations where IVC is preferred but unavailable, high dose oral use is indicated. Further, the AANP strongly advises that any individual considering the use of Vitamin C either orally or IV, consult their physician.

Paul Anderson, ND, member of the AANP's COVID-19 Clinical Task Force and expert on intravenous use of Vitamin C, stated, "I have used IVC safely and effectively in both clinical and hospital practice for over twenty years. After reviewing the dosing, guidelines, and experiences of the hospitals in China, the evidence shows that the use of IVC in hospitalized COVID-19 patients has a high probability of reducing hospital stay duration and improving outcomes."

The AANP calls on federal, state and local authorities to support the clinical use of IVC as an adjunct to current treatments offered to hospitalized patients. Licensed naturopathic doctors **work collaboratively** across all branches of medicine, and in regulated states NDs are already **integrated into healthcare systems**. Serving in primary and specialty care, NDs are ready, willing, and able to support other medical professionals in changing the trajectory of this public health crisis. NDs are available as a resource to physicians and organizations looking for clinical guidance in the proper use of this intervention.

AANP President, Robert Kachko, ND, LAc, adds, "In these unprecedented times, we must utilize all safe and effective clinical tools available to us. Extensive hospital use of intravenous Vitamin C has the potential to save many lives."

The American Association of Naturopathic Physicians and its affiliated organizations will remain a resource to our colleagues in health and medicine, working to limit this pandemic and ensure the continued health and safety of our population.

About the American Association of Naturopathic Physicians

The American Association of Naturopathic Physicians (AANP) is the professional association that represents licensed naturopathic physicians. AANP strives to make naturopathic medicine available to every American, and to increase recognition of naturopathic physicians as the identified authorities on natural medicine. Learn more at <http://www.naturopathic.org>.

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SB 2274 Naturopathic Scope Bill  
Glen Hyland, MD  
ND House Human Services Committee  
March 23rd, 2021

Good Morning Chairman Weisz and Members of the House Human Service Committee, my name is Glen Hyland, MD. I am an internist and radiation oncologist with over 30 years in practice. I have worked collaboratively with a naturopathic doctor for the last 10 years. She is an excellent diagnostician, diligent, and safe in her approach to patient care. She consistently refers when appropriate and easily recognizes when something is beyond her clinical scope or if a patient would be better served by another provider. We collaborate on patient cases and over the years I have prescribed countless necessary medications recommended by her for our patients. She is quick to check clinical references such as the Nursing Drug Handbook, which is a comprehensive desk reference of 3,760 medications or UpToDate, which is a common online clinical reference. She routinely updates me on the newest changes to clinical guidelines and approved standards of care. I can say confidently that I trust her knowledge prescribing pharmaceutical medications. She's exhibited time after time, sharp clinical judgement and when she's in doubt calls on local pharmacists to aid in the decision making. She continues to educate me on herb-drug interactions that her education has extensively knowledge about, so much more than mine. Many patients credit her, not me, even though we work collaboratively, as the provider that helped institute long lasting health improvements.

Thank you for serving the great state of North Dakota,

Glen Hyland, MD

If you have further questions, please call (701) 226-0747



Ashley King M.D.  
Stacia Munn M.D.  
Tara Whitaker M.D.

## Capital City Family Medicine

1/25/21

Dear Legislator,

I am contacting you as a medical doctor to ask for your support of naturopathic physicians in North Dakota.

I support the access to full scope and standard of care of Naturopathic Physicians who graduated from a four year federally accredited naturopathic medical school (CNME). I graduated from University of Washington School of Medicine prior to completing my residency at the Family Medicine Residency of Idaho in Boise, ID. During medical school, I had the opportunity to spend a one-month rotation at Bastyr University, a highly respected four-year training program for naturopathic physicians in Seattle, WA. I was impressed by the academic rigor and professionalism that I observed. I left my rotation hoping to find trained naturopathic physicians to collaborate within my future practice.

As a family physician in Boise, initially, this was difficult to find as naturopathic physicians had not yet been licensed in Idaho. However, in 2020, this changed when naturopathic physicians who graduated from four-year programs were allowed to become licensed in the state and have access to their full scope of care. As a family physician in Idaho, I now am able to easily determine which naturopathic physicians are licensed and guide my patients to make good choices about the care they receive from natural medicine practitioners. I also have had the opportunity to work closely with providers in my state who were trained in this way and I have been impressed with their care, collaboration and scope to practice. They serve an important role in my patient's care. As patient's continue to seek complementary and alternative treatments to their medical problems, it is essential to have well-trained providers with full access to their standard of care to guide them and collaborate with their allopathic doctors in a meaningful way

Access to their full scope and standard of care for naturopathic physicians allows for improved collaboration and public safety.

Thank you for your time. I appreciate your help in getting naturopathic physicians access to their full scope and standard of care in North Dakota.

Sincerely,

A handwritten signature in black ink, appearing to read "Tara Whitaker", is written over a horizontal line.

Tara Whitaker, MD

Testimony Senate Bill 2274- IN OPPOSITION  
Human Services Committee  
Sixty-seventy Legislative Assembly of North Dakota  
March 23, 2021

Greetings Chairman Weisz, Vice Chair Rohr, and House Human Services Committee,

My name is Joan Connell. As a pediatrician as well as a clinical professor of Pediatrics, and based on many personal experiences, I am urging a DO-NOT-PASS vote on SB 2274. I think that the issue of lack of insurance coverage for naturopaths and the prescriptions they may write, that will result in horrific out-of-pocket-costs should end this discussion. However, I am sure others will gloss over this essential fact and provide testimony regarding differences in curriculum and training. These objective differences are important to consider as the legislature works to discern the true “floor” of qualifications for people/groups who have less training but desire the privilege of prescriptive authority and other components of a physician’s scope of practice. I would imagine that you balance this “floor” and its associated risk of negligence and poor patient outcomes against the need to increase access to medical care in our state, which is in part achieved by providers working at the full scope of their practice. Many times in my career I have heard and experienced the reality of this statement:

**The more you know, the more you understand all that you do not know.**

This is the pitfall of many of these requests made by providers with less training in traditional medicine... because of their limited scope of knowledge in traditional medicine, they do not understand what they do not know. The remainder of my testimony will illustrate this fact with a few cases that have affected me personally, keeping in mind that in all cases, I am sure the naturopath provider, who I am also sure is well trained in naturopathy and had the best intentions of providing the best patient care, was simply unaware of the consequences of their lack of knowledge.

Case 1: A mom of a baby I was caring for came in for their 6 month well check. The baby had become gassy after the 4 month well check and Mom was concerned that formula was the cause. Because of the dietary concern, she sought care from a local naturopath, who recommended a change from infant formula to goat’s milk. Luckily, this change in diet occurred two weeks prior to the 6 month well check. When Mom advised me of this change in nutrition, I was able to counsel her that goat’s milk does not provide adequate infant nutrition and can be dangerous for babies. While I think she struggled over which provider to believe, she did change back to formula. A few weeks later, a baby somewhere else in the United States died from his/her goat milk diet. Lucky...

Case 2: I was caring for a toddler suffering from retention constipation, for which I prescribed Miralax, a nonaddictive safe medicine that softens stool. It is a giant sugar molecule that stays in the gut and draws a lot of water around it, thereby liquifying the surrounding stool. I was unaware of this at the time, but the toddler’s Mom was concerned about using this medication long term, so sought care from a local naturopath, who prescribed high dose vitamin C. Luckily, shortly after this change in therapy, I happened to call the Mom to follow up on how the Miralax. I state that this was lucky because I learned about the change in treatment. I also learned that the dose of Vitamin C recommended by the naturopath for this toddler would

have resulted in severe kidney stones. (I would have thought that a naturopath would have better command of the side effect profile of a vitamin...) Because of that spontaneous phone call, I was able to counsel Mom accordingly, switch therapy back to the safer medication prior to any damage. Lucky...

Case 3: This is a story about my sister-in-law, Lois. While living in Arizona, a state where naturopaths have full prescriptive authority, Lois was diagnosed with metastatic breast cancer. Under the impression that naturopaths could provide the same treatments as physicians, Lois-my natural health minded sister-in-law, who changed careers from an interior designer to a physical therapist (in her 50s!), sought care from a naturopath. Lois died 15 months after her diagnosis, months earlier than expected. Two months before she died, Herceptin, a monoclonal antibody therapy that was effective against her cancer, was started by a physician who cared for her while she was hospitalized because of inability to walk and insurmountable pain from cancer that had invaded her back. The naturopath who had treated Lois up to that point had utilized herbal and diet-based treatments, but had never mentioned Herceptin, nor mentioned that it would likely extend Lois's life. I am certain this naturopath was doing his/her best. I am sure this naturopath was simply... unaware... Unfortunately, by the time the medication was started by the physician, it was too late. Unlucky...

You see, Chairman Weisz, Vice Chair Rohr, and House Human Services Committee members, it is easy to check off the box of completing a pharmacology class and feel empowered with the significant increase in knowledge one has gained. And given a fair amount of luck, and the resilience of the human body, those eager-but-lesser-trained-practitioners can many times get through suboptimal treatment recommendations without ever knowing about the significant risk of poor patient outcome due to suboptimal/incorrect/absent recommendations. Yet there is so very much more to the privilege and responsibility of the practice of medicine, including the privilege and responsibility of prescriptive authority. People put their lives in the hands of those deemed worthy by you, the legislature, to provide medical care. I urge you to take this responsibility seriously. I urge you to work fervently to support increasing access to QUALITY care for all North Dakotans. Clearly, passage of Senate Bill 2274 would move us further from that goal. As always, do not hesitate to contact me via this email address with any questions/comments you may have.

# 2021 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

SB 2274  
3/24/2021

Relating to the scope of practice of a naturopath

Chairman Weisz opened the committee meeting at 10:52 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

### Discussion Topics:

- Pharmacology curriculum variation
- Exam requirements

Rep. Karen Rohr (10:52) moved **Do Pass**

Rep. Kathy Skroch (10:52) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	N
Representative Chuck Damschen	Y
Representative Bill Devlin	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Dwight Kiefert	N
Representative Todd Porter	N
Representative Matthew Ruby	Y
Representative Mary Schneider	Y
Representative Kathy Skroch	Y
Representative Bill Tveit	Y

Representative Greg Westlind	N
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**Motion Carried Do Pass 8-6-0**

**Bill Carrier:** Rep. Matthew Ruby

Chairman Weisz adjourned at 11:02 a.m.

*Tamara Krause, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**SB 2274, as reengrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **DO PASS** (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING).  
Reengrossed SB 2274 was placed on the Fourteenth order on the calendar.