

February 16, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Dear Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

On behalf of myself and my many patients who benefit greatly from naturopathic care I write you with very strong objections to SB2577 SD1.

Naturopathic physicians have proved to be competent practitioners and to have an important role in healthcare in Hawaii. Time and time again patients write in support of the care they have received and our history proves our safety. Since the expanded scope of practice in 2009 there have been no reports filed against NDs for prescribing issues. In fact, NDs across the country have a stellar record of prescription safety.

Excerpt from the California Bureau of Naturopathic Medicine, January 2007 Report

In preparation for this report, the Bureau contacted the licensing agencies for each of the states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing. In addition, the states were not aware of any civil actions against NDs for prescribing.

The Bureau also contacted NCMIC Insurance Company. NCMIC insures NDs in all of the licensing states and also insures the naturopathic medical schools. In a letter to the Bureau dated June 7, 2006, NCMIC 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."

SB2577 SD1 would put an absolutely unnecessary burden on the medical community by requiring naturopathic physicians to report directly to MDs. This is ludicrous and once again feels like a turf war by allopathic practitioners. For years I have sat in on legislative hearings and heard blatant misinformation being given about naturopathic education. It is beyond time that legislators take a few minutes to educate themselves so this does not continue to repeat itself. Please read the attached file and understand the extensive training that we do have. The fact that Nurse Practitioners have a significantly greater scope of practice in Hawaii than NDs with significantly fewer hours lends again to misinformation about education. They currently are able to prescribe virtually all prescription drugs, with the following exceptions (NDs do not have any prescriptive rights for controlled substances and cannot even obtain a DEA number in this state).

*HAWAII ADMINISTRATIVE RULES , TITLE 16 , DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ,CHAPTER 89 (NURSES)
Exhibit A: The Exclusionary Formulary shall consist of: Investigational drugs except as part of an IRB-approved clinical trial, Stimulants and hormones for treatment of obesity, Human Growth hormones, anabolic steroids, or hormones for performance enhancement or decreasing the impact of aging, Methadone for maintenance or detoxification of a narcotic-dependent person as restricted in HRS 329-121, and Medical marijuana as restricted in HRS section 329-121.*

Having one physician oversee another physician means more paperwork and time for already overworked individuals. Naturopathic and allopathic educations have many similarities and we both get training to make us competent primary care physicians (including pharmaceutical therapies). However, they are different and to think an MD could understand ND prescriptions, especially of a nutritional nature, when that is not their training, makes no sense. It also brings up numerous issues of patient confidentiality, insurance issues, additional paperwork, and difference in perspective between practitioners of different schools of thought.

Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen. To deny us the use of basic prescriptive drugs like anti-hypertensives puts our patients and us in a situation that would require many unnecessary ER visits.

The Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii's naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Aloha,

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What is a Naturopathic Physician?

As defined by the US Department of Labor¹:

Naturopathic physicians diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. Naturopathic physicians may use physiological, psychological or mechanical methods. They may also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.

Naturopathic Physicians generally practice as primary care providers and are licensed to do so in the state of Hawaii. In all licensed states, Naturopathic Physicians used the same modern diagnostic methods employed by all licensed primary care providers. This includes labs, imaging such as x-ray, CT scans, MRI's, and ultrasound. These, along with history, clinical presentation, and physical exam are all employed in reaching a diagnosis. Referrals are made to specialists or other healthcare providers for additional testing or treatment when necessary.

How is a Naturopathic Physician Educated?

Naturopathic Physicians attend four-year, graduate level medical programs at institutions recognized by the US Department of Education. (*Appendix A: Regulatory Agencies*) The professional regulating agency for naturopathic medical schools is the Council on Naturopathic Medical Education (CNME). The schools also have attained regional accreditation from such agencies as The Higher Learning Commission of the North Central Association of Colleges and Schools. There are currently seven such schools in the United States and Canada. Naturopathic medical education consists of a four-year post-baccalaureate profession program that incorporates naturopathic philosophy, biomedical sciences, clinical sciences, and supervised patient care. Prerequisite course work for entry is similar to that of tradition medical colleges and includes general and organic chemistry, biology and physics, among others.

Naturopathic medical schools provide the same foundational coursework as conventional medical schools. (*Appendix B: Hours of Pharmacology required for ND/NMD degree*), (*Appendix C1: School Curriculum from National College of Natural Medicine*), (*Appendix C2: Bastyr University Book List*), (*Appendix D: Southwest College of Naturopathic Medicine curriculum correlated to university of Iowa Roy J and Lucille A Carver College of Medicine*). In facts, ND programs often provide more pharmacology and physiology than conventional medical schools. The first two years of study the curriculum focuses on clinical and basic sciences and diagnostics covering: anatomy, biochemistry, human physiology, histology, human pathology, immunology, macro and microbiology, neuroscience and pharmacology. The final two years students intern in clinical settings under supervision of licensed professionals demonstrating skills in laboratory and clinical diagnosis and learn



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additional therapeutic modalities such as botanical medicine, clinical nutrition, counseling, homeopathy and naturopathic physical medicine, including approximately 1500 required clinical hours.

ND students must sit for and pass two board exams known as the Naturopathic Physicians Licensing Exam (NPLEX). (*Appendix E: NPLEX Examinations*). The NPLEX exam is divided into 2 parts. NPLEX Part I, biomedical science examination is the equivalent to USMLE step 1. This is a systems based exam taken upon successful completion of graduate level training in anatomy, physiology, biochemistry, genetics, microbiology, immunology and pathology at a CNME approved naturopathic medical school. It is a clinically oriented examination requiring the synthesis of all basic sciences.

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

Safety of Naturopathic Medicine

Health is a right that all residents of Hawaii deserve access to. Naturopathic Physicians are healthcare providers that are professionally trained to work with other branches of medicine to offer the best and safest health care available. Naturopathic Physicians have a phenomenal safety record. In states that license and insure NDs, coverage costs, reports and claims are significantly lower than those found in conventional medicine. Malpractice claims against CAM practitioners occur less frequently and typically involve less severe injury than claims against conventional physicians.^{2,3}

Safety Record of ND Prescribing

ND's have a long history of safe prescribing practices, in the states that offer prescriptive rights for ND's. Currently, 15 states, the District of Columbia, and the US territories of Puerto Rico and the U.S. Virgin Islands have licensing laws for naturopathic doctors. Of the 15 states 13 plus DC currently have prescriptive authority and variable formularies. Presently, efforts are underway in the remaining licensed states without prescriptive authority to enhance scope of practice to include prescriptive rights. (*Appendix G: Licensed States and Prescriptive Authority*)

Excerpt from the California Bureau of Naturopathic Medicine, January 2007 Report

In preparation for this report, the Bureau contacted the licensing agencies for each of the states that allow NDs to prescribe. None of the states reported



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any patient harm or disciplinary action due to ND prescribing. In addition, the states were not aware of any civil actions against NDs for prescribing. The Bureau also contacted NCMIC Insurance Company. NCMIC insures NDs in all of the licensing states and also insures the naturopathic medical schools. In a letter to the Bureau dated June 7, 2006, NCMIC 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, the Committee contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against a licensed ND. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and that have been licensing NDs for a considerable length of time (since 1919 and 1927, respectively). JVN responded "Upon reviewing cases contained in Jury Verdicts Northwest's database we found no cases against naturopaths for prescription negligence, or for that matter our database contained no cases against naturopaths at all." ⁴

An updated report from NCMIC and JVN were also obtained recently.

JVN did in fact provide updated information and it should be noted that JVN has provided information regarding civil jury verdict for accurate case evaluation, litigation and settlement negotiations since 1962. They offer summaries from Washington, Idaho, Oregon and Alaska. All of these states license Naturopathic Physicians. As discussed above Washington and Oregon are the two states with the greatest number of practicing NDs.

The updated report from JVN, dated April 7, 2010 states

"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."

We also received an update from NCMIC. NCMIC, located in Des Moines, Iowa, is the largest insurer for Naturopathic Physicians and has been offering this coverage since 2001 in all states that recognize and license the profession. A letter from the Vice President of claims, dated May 3, 2010 states

"In the years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim based on an allegation against a Naturopathic Physician involving prescription medications."



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Naturopathic Medicine Lowers Health Care Costs

In a recent study conducted by Green Mountain Wellness Solutions for the Vermont Automobile Dealers Association in 2005-2006, 848 employees were examined and advised by Naturopathic Physicians for one year. The organization saved \$1.5 million in direct and indirect medical costs the first year. Further, the drastic reduction in health risk factors has resulted in a decrease in insurance premiums for each year the program has been in place. (*Appendix H: VADA Wellness Program*).

Diabetes, heart disease and cancer are all considered preventable conditions, yet the current health care system has shown little efficacy in preventative medicine.^{10,11,12,13,14} Naturopathic Medicine has proven itself to be significantly more effective in improving health and reducing health care costs.¹⁵ The Oregon Office of Medical Assistance provided data showing that Naturopathic Medical Services have been "57.5% more cost effective than MD/DO/NP combined services in the last 4 years."¹⁶ The King County report from Regence Blue Shield of Washington states that "preliminary outcome suggests that an effective ND PCP centered managed care program could cut the costs of chronic and stress related illness by up to 40%."¹⁷

Conclusion

Naturopathic Physicians are trained as experts in the integration of conventional and natural medicine. They are leaders in health promotion and have extensive training in pharmacology, drug-herb interaction, and alternative non-invasive approaches to disease management. Their didactic training includes all the same coursework as conventional (MD/DO) physicians along with additional coursework in naturopathic therapeutics. The curriculum standards are exceptional and accredited by the US Department of Education accrediting agency.

Please demonstrate your support for safe and responsible medicine. We ask that you provide your support to our efforts in the upcoming session. We look forward to continuing to have open communication with those involved in the legislative process to ensure transparency in our legislation. We also welcome feedback and hope to establish a cooperative relationship.



Endnotes

- 1 <http://online.onetcenter.org/link/summary/29-1199.04>
- 2 Cohen MH. Malpractice and vicarious liability for providers of complementary & alternative medicine. *Benders Health Care Law Mon.* 1996 Jun;3-13.
- 3 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.
- 4 California Bureau of Naturopathic Medicine, Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor, January 2007 Report, http://www.naturopathic.ca.gov/formspubs/formulary_report.pdf
- 5 Nahin, RL, Barnes PM, Stussman BJ, and Bloom B. Costs of Complementary and Alternative Medicine (CAM) and Frequency of Visits to CAM Practitioners: United States, 2007. *National health statistics reports; no 18.* Hyattsville, MD: National Center for Health Statistics. 2009.
- 6 Office of the Actuary, Centers for Medicare and Medicaid Services, National Health Expenditure Data for 2007. U.S. Department of Health and Human Services. Available at: www.cms.hhs.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage. Accessed June 25, 2009.
- 7 Barnes PM, Bloom B, Nahin RL. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. *National health statistics reports; no 12.* Hyattsville, MD: National Center for Health Statistics. 2008.
- 8 *JAMA.* 1998 Nov 11;280(18):1569-75. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, Kessler RC.
- 9 Gilmore Research Group published Iowa Health Care Survey Results Commissioned by CodeBlueNow!, a national a national, non-partisan, not-for-profit citizen organization formed to build public consensus in health care policy
- 10 Preventing Cancer, Cardiovascular Disease and Diabetes: A Common Agenda American Cancer Society, American Heart Association, and the American Diabetes Association, *Circulation*, 2004
- 11 The Health Professionals Follow-up Study (n=42,847) *Circulation* 2006
- 12 *New Engl J Med* 2002
- 13 Ornish et al., *JAMA*, 1998
- 14 Herman, WH. *Ann Int Med* 2005
- 15 Vermont Automobile Dealer's Association and Green Mountain Wellness Solutions <http://www.greenmountainwellness.com/>; <http://www.vermontada.org/wellness.asp>; <http://www.vermontfitness.org/news/051806.html>
- 16 The Cost Effectiveness of Naturopathic Delivery of Oregon Medicaid Services Statistics provided by



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Leslie

Hendrickson, Office of Medical Assistance. Feb 11, 1991

17 G. C. Henny. Phase I Final Report, Alternative Healthcare Project Steering Committee by King County Medical Blue Shield (KCMBS). August 5, 1995. pg 5 numbered 0018475

- **Initial Report Compiled by Iowa Naturopathic Physicians Association**
(PO Box 954, cedar Falls, IA 50613 www.iowaND.org 319-455-6145)

Appendix A: Regulatory Agencies

Accrediting Agencies for Health Education Programs Recognized by the United States Department of Education

Health Program	US Dept of Ed Recognized Programmatic Accrediting Authority	Contact Information
Naturopathic Medicine	Council on Naturopathic Medical Education	P.O. Box 178 Great Barrington, MA 01230 413-528-8877 www.cnme.org
Allopathic Medicine	Liaison Committee on Medical Education	2450 N Street, N.W. Washington, DC 20037 202-828-0596 (contact for July 2008- June 2009) www.lcme.org
Osteopathic Medicine	Commission on Osteopathic College Accreditation	142 East Ontario Street Chicago, IL 60611 312-202-8097 www.osteopathic.org/index.cfm?PageID=acc_predoc
Podiatry	Council on Podiatric Medical Education	9312 Old Georgetown Road Bethesda, MD 20814-1621 301-581-9200 www.cpme.org
Acupuncture	Accreditation Commission for Acupuncture and Oriental Medicine	Maryland Trade Center #3 7501 Greenway Center Drive Suite 760 Greenbelt, MD 20770 301-313-0855 www.acaom.org
Dental	Commission on Dental Accreditation	211 East Chicago Ave. Chicago, IL 60611-2678 312-440-2500 www.ada.org/prof/ed/accred/commission/index.asp



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Chiropractic	Commission on Accreditation of the Council on Chiropractic Education	8049 N. 85th Way Scottsdale, AZ 85258-4321 480-443-8877 www.cce-usa.org/coa.php
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Source referenced on August 5, 2008 at <http://ope.ed.gov/accreditation/Search.asp>

Appendix B: Hours of Pharmacology

Hours of Pharmacology Coursework in ND/NMD Schools and Iowa Medical and Osteopathic Schools

School	Year Established	Class Size*	Pharmacology Hours Required for Graduation
National College of Natural Medicine Portland, Oregon	1956	81	72 hours
Bastyr University Seattle, Washington	1977	260	55 hours
Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	1993	65	110 hours
University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut	1996	19	44 hours
Canadian Naturopathic Medical College Toronto, Ontario, Canada	1978	135	110 hours
Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada	2001	16	42 hours
University of Iowa Roy J. and Lucille A. Carver College of Medicine Iowa City, Iowa	1870	131	69 hours
Des Moines University College of Osteopathic Medicine	1898	221	90 hours



Des Moines, Iowa			
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* Number of graduates in 2006 for ND/NMD and 2013 for DO and 2010 for MD.			
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Appendix C1: National College of Natural Medicine Curriculum Naturopathic Medical Curriculum

FIRST YEAR

Musculoskeletal Anatomy I & II
Organ Systems A & P I, II & III
Anatomy Lab I, II & III
Cellular Systems w/Tutorial I, II & III
Medical Histology
Basic Science Clinical Correlate I, II & III
Naturopathic Med Phil and Ther I, II & III
Research and Statistics
Microbiology/Public Health I & II
Hydrotherapy w/Lab
Palpation I & II Lab
Doctor Patient Communication I w/Lab
Pathology I
Introduction to Clinic
Medical Ethics
Stress Management

SECOND YEAR

Chinese Medicine I & II
Clinical/Physical Diagnosis I
Physical Diagnosis Lab I, II & III
Pathology II, III & IV
Lab Diagnosis I, II & III w/Lab I, II & III
Pharmacology I, II & III
Intro Homeopathy
Clinical Case Presentations I, II & III
Office Orthopedics I & II
Clinical Rotation Hydro/Massage
Botanical Materia Medica I & II
Clinical/Physical Diagnosis II & III
Homeopathy I & II
Clinical Rotation Hydro/Massage
Nutrition I
Naturopathic Manipulative Ther I w. Lab I
Clinic Education

THIRD YEAR

Botanical Materia Medica III
Diagnostic Imaging I - III
Homeopathy III - IV
Naturopathic Man. Ther. II - IV w/lab II - V
Gynecology
Nutrition II - IV
Obstetrics I
Clinic Secondary Shift # 1 - 6
Clinic Grand Rounds/Clinic Ed
Clinic Lab Practicum
Physiotherapy I & II w/ Lab I-II
Doctor Patient Communication II w/Lab
Minor Surgery I-II with Lab I-II
Gastroenterology
Clinic Grand Rounds/Clinic Ed
Clinic Medicinary Practicum
Clinic Lab Practicum
Business Practice Seminar I
Cardiology



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Pediatrics
Minor Surgery II with lab
First Aid & Emergency Medicine
Gynecology Lab
Clinic Grand Rounds/Clinic Ed
Clinic Lab Practicum
FOURTH YEAR
Clinic X-Ray Practicum
Clinic Senior Lab Post
Clinic Primary Shifts 1 - 13
Clinic Field Observations 1-6
Clinic Community Service
Eye, Ears, Nose, Throat
Environmental Medicine
Dermatology
Psychological Assessment
Geriatrics
Exercise Therapeutics
Clinic Grand Rounds/Clinic Ed/I-III
Neurology
Urology
Proctology
Endocrinology
Counseling Tech.
Thesis
Clinic Education
Medical Genetics
Jurisprudence
Business Practice Seminar II
Oncology
ELECTIVES
Advanced Minor Surgery
Chronic Viral Disease
Colonics
Homeopathy V - VIII
Northwest Herbs I - III
Northwest Herbs II
Advanced Bot Med I - II
Advanced Bot Med II
Obstetrics II - VII
Natural Pharmacology
Bodywork I Massage Foundations
Bodywork II Advanced Massage
Bodywork III Energy Work
Somatic Re-Education I-V
Clinical Case Presentation IV
TCM III Part A & B
IV Therapy
The Liver in Health & Disease
Advanced Pediatrics
Nature Cure

HOURLY SUMMARY HOURS

Class Hours 2460
Lab Hours 828
Clinic Hours 1548
Total Required Hours 4836
Total Elective Hours 930



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Appendix C2: Bastyr University School of Naturopathic Medicine Book List

BASTYR UNIVERSITY

SCHOOL OF NATUROPATHIC MEDICINE

Booklist Academic Year 08-09 (FALL 2009)

Submitted by Jane Gultinan, ND, Dean

FALL 2009

BC 5104 Biochemistry 1

Marks' Basic Medical Biochemistry 3rd edition– Lieberman

Required

Medical Biochemistry at a Glance 2nd edition – Salway

Recommended

BC 5107 Human Physiology 1 Lec/Lab

Human Physiology 4th edition – Rhoades

Required

Physiology Coloring Book, 2nd edition – Kapit

Recommended

BC 5110 Histology Lec/Lab

Netter's Essential Histology – Ovalle

Required

Photographic Atlas of Histology – Leboffe

Required

Histology Lab Manual – Frederickson/Love

Required

BC 5112 Embryology

Developing Human 8th ed – Moore

Required

BC 5122 Gross Human Anatomy 1 Lec

Clinically Oriented Anatomy 5th Edition – Moore

Required

Bates Guide to Physical Examination 9th Edition – Bickley

Required

Physical Examination of the Spine and Extremities 2nd Ed– Hoppenfield

Required

Atlas of Human Anatomy 4th Edition – Netter

Required

Gray's Atlas of Anatomy – Drake

Highly Recommended

Color Atlas of Anatomy 6th – Rohen

Recommended

Anatomy Coloring Book 3rd ed- Kapit

Recommended

Choose one:

Stedman's Medical Dictionary 28th ed

Highly recommended (*this or Dorland's – see below)

Dorland's Illustrated Medical Dictionary 31st ed

Highly recommended (*this or Stedman's – see above)



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BC 5122L Gross Human Anatomy 1 Lab

Grant's Dissector 14th ed – Tank

Required

Atlas of Human Anatomy 4th Edition – Netter

Recommended

Color Atlas of Anatomy 6th – Rothen

Recommended

BC 6200 Human Pathology 1

Robbins and Cotran Pathologic Basis of Disease 8th ed – Kumar

Required

Pocket Companion to Pathologic Basis of Disease 7th ed – Mitchell

Optional

BC 6204 A&B Immunology

Immune System 3rd edition – Parham

Required

BO 6301 Botanical Medicine 2

Medical Herbalism – Hoffman

Required

Principles and Practice of Phytotherapy – Mills

Required

Herbal Medicine from the Heart of the Earth – Tilgner

Recommended

Book of Herbal Wisdom – Wood

Recommended

BO 7300 Botanical Medicine 4

Herbal Medicine: Classic edition – Weiss

Required

Medical Herbalism – Hoffman

Recommended

Principles and Practice of Phytotherapy – Mills

Recommended

Medicinal Plants of the Pacific West – Moore

Recommended

BO 7300L Botanical Medicine 4 – Lab

See BO 7300 lecture for textbooks

HO 6300 Homeopathy 1

Pocket Manual of Homeopathic Materia Medica and Repertory – Boericke

Required

Lectures on Homeopathic Materia Medica – Kent

Required

Repertory of the Homoeopathic Materia Medica – Kent

Required

Leaders in Homoeopathic Therapeutics – Nash

Required

Homeopathic Treatment of Children – Herscu

Recommended

Lectures on Homoeopathic Philosophy – Kent

Recommended

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MW 7320 Normal Maternity

Heart and Hands, Midwife's GT Pregnancy and Birth 4th Ed – Davis

Required

Holistic Midwifery, Volumes 1 & 2 – Frye



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Recommended

Ina May's Guide to Childbirth – Gaskin

Recommended

Varney's Midwifery, 4th edition – Varney

Recommended

Williams Obstetrics, 23rd edition – Cunningham

Recommended (due 11/13/09)

NM 5113 Naturopathic Medicine in Historical Context

Vitalism: History of Herbalism, Homeopathy, Flower Essences – Wood

Required

Nature Doctors – Kirchfeld

Required

Nature Cure – Lindlahr

Required

Energy Medicine – Oschman

Recommended

Embracing Mind – Wallace

Recommended

Art of Possibility – Zander

Recommended

NM 5804 Clinic Entry

No Required Textbook

NM 6210 Clinical Lab Diagnosis

Clinical Hematology and Fundamentals of Hemostasis 5th ed – Harmening

Required

Manual of Laboratory & Diagnostic Tests, 8th ed – Fischbach

Required

Merck Manual, 18th edition – Beers

Required

Cecil Essentials of Medicine 7th edition – Andreoli

Recommended

5-Minute Clinical Consult 2010 – Domino

Recommended

Ferri's Clinical Advisor 2010 – Ferri

Recommended

NM 6210D Clinical Lab Diagnosis Discussion

Field Guide to Bedside Diagnosis 2nd edition – Smith

Required

NM 6210L Clinical Lab

Color Atlas of Hematology 3rd edition – Thelml

Required

Color Atlas & Instruction Manual of Peripheral Blood Cell Morphology – O'Connor

Recommended

Interpretation of Diagnostic Tests 8th ed - Wallach

Recommended

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NM 6221 Physical/Clinical Diagnosis 1 Lecture

Bates Guide to Physical Examination and History 9th ed – Bates

Required

Harrisons Principles of Internal Medicine 17th ed – Fauci

Highly Recommended

Merck Manual

Recommended

Ferri's Clinical Advisor 2010 – Ferri

or



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5-Minute Clinical Consult, 2010 - Domino

NM 6221L Physical/Clinical Diagnosis 1 Lab

Bates Guide to Physical Examination and History 9th Edition - Bickley
Required

Orthopedic Physical Assessment 5th Edition - Magee
Recommended

NM 7302 Gastroenterology

Naturopathic Gastroenterology - Yarnell
Highly Recommended

NM 7307 Ear, Eye, Nose, and Throat

Natural Approach to Ophthalmology/Otolaryngology 6th ed - Conroy
Required

Basic Ophthalmology 8th Edition - Bradford
Recommended

Essentials of Otolaryngology 5th Edition - Lucente
Recommended

NM 7313 Gynecology

Berek & Novak's Gynecology 14th Edition - Berek
Recommended

Women's Encyclopedia of Natural Medicine 2nd ed - Hudson
Recommended

Contraceptive Technology 19th ed - Hatcher
Recommended

Glass' Office Gynecology 6th edition - Curtis
Recommended

Women's Gynecologic Health - Schuiling
Recommended

Managing Contraception pocket version 2007/2009 edition - Hatcher
Optional

NM 8101 Ethics

Principles of Biomedical Ethics 6th ed - Beauchamp
Recommended

Clinical Ethics 6th ed - Jonsen
Recommended

NM 8206 Radiographic Interpretation 1 Lecture

No Required Textbook

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NM 8207 Radiographic Interpretation 1 Lab

Pocket Atlas of Radiographic Anatomy 2nd ed - Moeller
Required

Merrill's Pocket Guide to Radiography 6th ed - Frank
Required

Normal Findings in Radiography - Moeller
Recommended

NM 8303 Geriatrics

Primary Care Geriatrics 5th ed - Ham
Required

Merck Manual of Geriatrics 3rd Ed - Merck
Recommended (out of print)

NM 8308 Endocrinology

Greenspan's Basic and Clinical Endocrinology 8th Edition - Greenspan
Required

Endocrinology and Naturopathic Therapies 8th Ed - Powell
Highly Recommended

NM 8312 Urology



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Naturopathic Urology and Men's Health – Yarnell

Required

NM 8413 Advanced Naturopathic Therapeutics 1

Adrenal Fatigue: The 21st Century Syndrome - Wilson

Recommended

Hypothyroidism Type 2 – Starr

Recommended

PM 7301 Naturopathic Manipulation 2

Muscle Energy Techniques 3rd ed– Chaitow

Recommended

Photographic Manual of Regional Orthopaedic and Neurological Tests 4th ed – Cipriano

Recommended

PM 7302 Naturopathic Manipulation 3

Chiropractic Technique – Peterson

Required

PM 7305 Orthopedics

Photographic Manual of Regional Orthopaedic and Neurological Tests 4th ed – Cipriano

Recommended

Physical Examination of the Spine – Hoppenfield

Recommended

Orthopedic Physical Assessment – Magee

Recommended

PS 6305 Naturopathic Counseling 1

Essentials of Intentional Interviewing – Ivey

Required

PS 6305L Naturopathic Counseling 1 Lab

No Required Textbook

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PS 7200 Psychological Assessment

DSM IV TR – APA

Required

TR 6310 Food Dietary Systems & Assessment

Healing with Whole Foods – Pitchford

Recommended

Worlds Healthiest Foods – Mateljan

Recommended

Omnivore's Dilemma – Pollan

Recommended

TR 7411 A&B Diet & Nutrient Therapy 1

No Required Textbook

WINTER 2009

BC 5105 Biochemistry 2

Mark's Basic Medical Biochemistry: A Clinical Approach 2nd Ed – Smith

Required

Metabolism at A Glance 3rd ed – Salway

Recommended

BC 5108 Human Physiology 2 Lec/Lab

Medical Physiology 3rd edition – Rhoades

Required

Physiology Coloring Book 2nd edition – Kapit

Required

BC 5112 Embryology

Developing Human 8th ed – Moore

Required



Hawaii Society of
Naturopathic Physicians

BC 5123 Gross Anatomy 2

Gray's Atlas of Anatomy – Drake

Required

Clinically Oriented Anatomy 5th Edition – Moore

Required

Bates Guide to Physical Examination 9th Edition – Bickley

Required

Physical Examination of the Spine and Extremities – Hoppenfield

Required

Anatomy Coloring Book 2nd edition – Kapit

Recommended

Atlas of Human Anatomy 4th edition – Netter

Recommended

Choose one:

Stedman's Medical Dictionary 28th ed.

Highly recommended (*this or Dorland's – see below)

Dorland's Illustrated Medical Dictionary 31st ed.

Highly recommended (*this or Stedman's – see above)

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BC 5123L Gross Human Anatomy 2 Lab

Grant's Dissector 14th ed – Sauerland

Required

Atlas of Human Anatomy 4th ed – Netter

Recommended

Color Atlas of Anatomy 6th ed – Rothen

Recommended

BC 5142 Fundamentals of Research Design

Epidemiology 4th edition – Gordis

Required

Clinical Epidemiology & Evidence Based Med – Katz

Recommended

BC 6201 Human Pathology 2

Robbins and Cotran Pathologic Basis of Disease 7th Ed – Kumar

Required

Lecture Outlines in Human Pathology 2 - Frederickson

Recommended

BC 6209 Infectious Disease

Mims' Medical Microbiology 4th edition – Goering

Required

Sanford GT Antimicrobial Therapy 2008 – Gilbert

Required

BC 6305 Pharmacology

Principles of Pharmacology 2nd edition – Golan

Required

Sanford GT Antimicrobial Therapy 2008 – Gilbert

Recommended

BO 6302 Botanical Medicine 3

Women, Hormones & the Menstrual Cycle 2nd ed – Trickey

Required

HO 6301 Homeopathy 2

Leaders in Homeopathic Therapeutics – Nash

Required

Desktop Guide to Keynotes & Symptoms – Morrison

Required

Repertory of the Homoeopathic Materia Medica – Kent



Hawaii Society of
Naturopathic Physicians

Required

Pocket Manual of Homoeopathic Materia Medica & Repertory – Boericke

Required

NM 5114 Funds. of Naturopathic Clinical Theory

Nature Cure – Lindlahr

Required

Organon of the Medical Art (O'Reilly) – Hahnemann

Required

Nature Doctors _ Kirchfeld

Recommended

NM 5804 Clinic Entry 1

No Required Textbook

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NM 6211 Clinical Lab Diagnosis 2

Clinical Chemistry 6th Edition – Marshall

Required

Clinical Hematology and Fundamentals of Hemostasis 5th ed – Harmening

Required

Cecil's Essentials of Medicine 7th edition – Andreoli

Required

Color Atlas of Hematology 2nd edition – Thelml

Recommended

Clinical Hematology Atlas 3rd edition – Carr

Recommended

Manual of Laboratory & Diagnostic Tests, 8th ed – Fischbach

Recommended

Interpretation of Diagnostic Tests 8th edition – Wallach

Recommended

NM 6211D Clinical Lab Diagnosis 2 Disc

Field Guide to Bedside Diagnosis 2nd ed – Smith

Recommended

NM 6211L Clinical Lab Diagnosis 2 Lab

Manual of Laboratory and Diagnostic Tests 8th ed - Fischbach

Required

Interpretation of Diagnostic Tests 8th ed - Wallach

Required

NM 6222 Physical/Clinical Diagnosis 2

Bates Guide to Physical Examination 9th ed – Bickley

Required

Harrisons Principles of Internal Medicine 17th edition –Fauci/Kasper

Highly recommended

Merck Manual 18th edition – Merck

Recommended

5-Minute Clinical Consult 2009 - Domino

Recommended

NM 6223L Physical/Clinical Diagnosis 2 Lab

Bates Guide to Physical Examination 9th ed – Bickley

Required

Orthopedic Physical Assessment 4th ed – Magee

Recommended

NM7101 Environmental Medicine

Needed Books on reserve at library

NM7102 Public Health

Understanding Health Policy 5th ed – Bodenheimer

Required



Hawaii Society of
Naturopathic Physicians

NM 7115 Naturopathic Clinical Theory 2

No Required Textbook

NM 7142 Critical Evaluation of Medical Literature

Evidence Based Medicine Toolkit 2nd ed. – Heneghan

Recommended

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NM 7304 Dermatology

Fitzpatrick's Color Atlas/Synopsis Clinical Dermatology, 5th ed. – Wolff

Required

NM 7306 Oncology

Oncology 2nd edition - Watson

Required

NM 7314 Pediatrics I

Herbal Treatment of Children – McIntyre

Required

Choose one of these two:

Nelson's Essentials of Pediatrics 5th Ed – Behrman

Required or choose

Current Pediatric Diagnosis/Treatment 18th ed – Hay

Required

NM 8101 Ethics

Principles of Biomedical Ethics 5th ed – Beauchamp

Recommended

Clinical Ethics 6th edition – Jonsen

Recommended

NM 8212 Radiographic Interpretation 2

Chest X-Ray Made Easy 2nd edition – Corne

Optional

Essential Radiology – Gunderman

Optional

Essentials of Skeletal Radiology 2nd ed. – Yochum

Special order

NM 8213 Diagnostic Imaging

Essential Radiology 2nd ed – Gunderman

Required

Right Imaging Study – Eisenberg

Recommended

NM 8309 Rheumatology

Integrative Rheumatology – Vasquez

Required

Primer on the Rheumatic Diseases 13th ed – Klippel

Recommended

NM 8325 Nat Case Analysis

No Required Textbook

NM 8414 Adv. Naturopathic Therapeutics 2

Adrenal Fatigue: The 21st Century Syndrome – Wilson

Recommended

Hypothyroidism Type 2 – Starr

Recommended

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PM 5301 Hydrotherapy/Physiotherapy Lecture

Evidence Based Guide To Therapeutic Physical Agents – Belanger

Required

Lectures in Naturopathic Hydrotherapy – Boyle



Hawaii Society of
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Recommended

Manual of Hydrotherapy and Massage – Moor

Recommended

PM 5305 Hydrotherapy/Physiotherapy Lab

No Required Textbook

PM 7302 Naturopathic Manipulation 3

Chiropractic Technique – Bergmann

Required

PM 7303 Naturopathic Manipulation 4

Chiropractic Technique – Bergmann

Required

PM 7341 Sports Medicine/Therapeutic Exercise

Conditioning for Outdoor Fitness - Musnick

Highly Recommended

Clinical Sports Medicine, 3rd edition – Brukner

Required

PS 6306 Naturopathic Counseling 2

Cognitive Therapy: Basics and Beyond – Beck

Required

Clinical Handbook of Psychological Disorders 4th ed – Barlow

Recommended

Mindfulness and Psychotherapy – Germer

Recommended

Acceptance and Commitment Therapy – Hayes

Recommended

PS 7203 Addictions and Disorders

Uppers, Downers, All Arounders 6th ed– Inuba

Recommended

TR 6311 Macro & Micronutrients

Advanced Nutrition and Human Metabolism 5th ed– Groff

Required

Evidence-Based Approach to Vitamins and Minerals – Higdon

Required

Biochemical and Physiological Aspects of Human Nutrition 2nd ed – Stipanuk

Recommended

TR 7412 Diet & Nutrient Therapy 2 __

No Required Textbook

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BC 5106 Biochemistry 3

Mark's Basic Medical Biochemistry 2nd edition – Smith

Required

Metabolism at a Glance 3rd edition – Salway

Recommended

BC 5109 Human Physiology 3 Lecture

Medical Physiology 3rd edition – Rhoades

Required

Physiology Coloring Book, 2nd edition – Kapit

Required

BC 5124 Gross Human Anatomy 3 Lecture

Gray's Atlas of Anatomy – Drake

Required

Clinically Oriented Anatomy 5th Edition – Moore

Required



Hawaii Society of
Naturopathic Physicians

Bates Guide to Physical Examination 9th Edition – Bickley

Required

Physical Examination of the Spine and Extremities – Hoppenfield

Required

Anatomy Coloring Book 2nd edition – Kapit

Recommended

Choose one:

Stedman's Medical Dictionary 28th ed.

Highly recommended (*this or Dorland's – see below)

Dorland's Illustrated Medical Dictionary 31st ed.

Highly recommended (*this or Stedman's – see above)

BC 5124L Gross Human Anatomy 3 Lab

Grant's Dissector 14th ed – Sauerland

Required

Atlas of Human Anatomy 4th ed – Netter

Recommended

Color Atlas of Anatomy 6th ed – Rothen

Recommended

BC 5129 Neuroscience

The Human Brain, 6th edition – Nolte

Required

Neuroanatomy Atlas of Structures, Sections, Systems 7th – Haines

Required

BC 5142 Fundamentals of Research Design

Epidemiology 4th edition – Gordis

Required

BC 6202 Human Pathology 3

Robbins and Cotran Pathologic Basis of Disease 7th Ed – Kumar

Required

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BC 6209 Infectious Diseases

Mims Medical Microbiology 4th edition – Goering

Required

Sanford Guide to Antimicrobial Therapy 2009 ed – Gilbert

Required

BC 6305 Pharmacology

Principles of Pharmacology 2nd edition – Golan

Required

Sanford GT Antimicrobial Therapy 2009 ed – Gilbert

Recommended

BO 5301 Botanical Medicine 1

Medical Herbalism – Hoffman

Required

Herbal Medicine from the Heart of the Earth – Tilgner

Recommended

BO 6303 Bot Med Dispensary Lab

No Required Textbook

BO 7301 Botanical Medicine 5

Herbal Medicine classic edition – Weiss

Required

Principles and Practice of Phytotherapy – Mills

Recommended

Medical Herbalism – Hoffmann

Recommended

Herbal Vade Mecum – Skendari



Recommended

HO 6302 Homeopathy 3

Lectures on Homeopathic Philosophy – Kent

Required

Lectures on Homeopathic Materia Medica – Kent

Required

Pocket Manual of Homeopathic Materia Medica & Repertory - Boericke

Required

HO 9303 Homeopathy 6

Homeopathic Treatment of Children – Herscue

Required

Lectures on Homeopathic Materia Medica – Kent

Required

Kent's Repertory of the Homoeopathic Materia Medica – Kent

Required

Key Notes and Red Line Symptoms – Lippe

Recommended

Pocket Manual of Homeopathic Materia Medica & Repertory - Boericke

Recommended

NM 5115 Naturopathic Medicine in Global Context

In Search of the Medicine Buddha – Crow

Recommended

NM 5804 Clinic Entry 1

No Required Textbook

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NM 6212 Clinical Lab Diagnosis 3

Clinical Chemistry 6th Edition – Marshall

Required

Cecil's Essentials of Medicine 7th ed – Andreoli

Required

Manual of Laboratory Diagnostic Tests 8th Edition – Fischbach

Recommended

NM 6212D Clinical Lab Diagnosis 3 Disc

Field Guide to Bedside Diagnosis 2nd ed – Smith

Recommended

NM 6212L Clinical Lab Diagnosis 3 Lab

Handbook of Routine Urinalysis – Graff

Recommended

NM 6223 Physical/Clinical Diagnosis 3

Bates' Guide to Physical Examination 9th ed – Bickley

Required

Differential Diagnosis in Primary Care 4th edition – Collins

Required

NM 6223L Physical/Clinical Diagnosis 3 Lab

Bates' Guide to Physical Examination 9th ed – Bickley

Required

Orthopedic Physical Assessment 5th edition – Magee

Recommended

NM 6804 Clinic Entry 2

No Required Textbook

NM 7109A Practice Management 1

Success Signals – Hiler

Recommended

NM 7109B Practice Management 1

12 Months to Your Ideal Practice: a workbook – Grodzki



Hawaii Society of
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Recommended

NM 7302 Gastroenterology

Naturopathic Gastroenterology – Yarnell

Required

NM 7305 Clinical Ecology

Food Allergies and Food Intolerance – Brostoff

Required

Coping with Food Intolerances 4th edition – Thom

Recommended

NM 7311 Neurology

Four-Minute Neurologic Exam – Goldberg

Required

Neurology for the Non-Neurologist 5th edition – Weiner

Recommended

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NM 7315 Pediatrics 2

Herbal Treatment of Children – McIntyre

Required

Choose one of these two:

Nelson's Essentials of Pediatrics 5th Ed – Behrman

Required or choose

Current Diagnosis and Treatment in Pediatrics 19th ed – Hay

Required

NM 7320 Family Medicine

No Required Textbook

NM 7330 Healing Systems

No Required Textbook

NM 7341 Cardiology

Pathophysiology of Heart Disease 4th ed – Lilly

Required

Rapid Interpretation of EKGs 6th ed – Dubin

Required

NM 7416 Minor Office Procedures

No Required Textbook

NM 7417 Medical Procedures

Plumer's Principles and Practice of IV Therapy 8th ed – Weinstein

Recommended

NM 8102 Jurisprudence

Primary Care Provider's Guide to Compensation and Quality 2nd ed – Buppert

Recommended

Success Signals – Hiler

Recommended

NM 8109B Practice Management 2

12 Months to Your Ideal Practice: a workbook – Grodzki

Required

NM 8212 Radiographic Interpretation 2

Essential Radiology 2nd edition - Gunderman

Required

Clinical Radiology Made Ridiculously Simple 2nd ed – Ouellette

Recommended

Chest X-Ray Made Easy 2nd edition – Corne

Recommended

NM 8213 Diagnostic Imaging

Essential Radiology 2nd edition – Gunderman

Optional



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NM 8308 Endocrinology

Greenspan's Basic & Clinical Endocrinology 8th ed – Gardner

Required

Endocrinology & Naturopathic Therapies 8th ed – Powell

Highly Recommended

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NM 8314 Pulmonary Medicine

No Required Textbook

NM 8325 Nat Case Analysis & Mgmt 2

No Required Textbook

NM 9562 IV Therapy

Plumer's Principles and Practice of Intravenous Therapy 8th ed – Weinstein

Recommended

OM 5120 Fundamental Principles of TCM (ND)

Web That Has No Weaver – Kaptchuk

Required

PM 5310 Myofascial Analysis

Anatomy Trains, 2nd edition – Myers

Recommended

Palpation and Assessment Skills 2nd edition – Chaitow

Recommended

Patient Gowns required for the class are located by the lab coats.

PM 6300 Naturopathic Manipulation 1

Physical Examination of the Spine – Hoppenfeld

Recommended

Anatomy Trains, 2nd edition – Myers

Recommended

Photographic Manual of Regional Orthopaedic/Neurological Tests 4th ed – Cipriano

Recommended

PM 7303 Naturopathic Manipulation 4

Chiropractic Technique 2nd edition – Peterson

Recommended

PS 7315 Naturopathic Counseling 3

Motivational Interviewing – Miller

Required

Learning ACT: Training Manual for Therapist – Luoma

Required

Cognitive Therapy: Basics and Beyond – Beck

Recommended

SUMMER 2009

AV 9110 Fundamentals of Ayurvedic Medicine

Textbook of Ayurveda – Lad

Recommended

BC 5110 Histology

Netter's Essential Histology – Ovalle

Required

Photographic Atlas of Histology – Leboffe

Required

Histology Laboratory Guide – Frederickson

Required

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BC 5110L A Histology Lab

See BC 5110 lecture

BC 5110L B Histology Lab



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See BC 5110 lecture

BC 5142 Fundamentals of Research Design

Epidemiology 4th ed – Gordis

Required

BC 6204 Immunology

Immune System 3rd edition – Parham

Required

BC 9505 Laboratory Research Methods

No Required Textbook

BO 6303 Bot Med Dispensary Lab

Herbal Medicine-Makers Handbook – Green

Required

Encyclopedia of Herbal Medicine 2nd edition – Chevallier

Recommended

Herbal Medicine from the Heart of the Earth – Tilgner

Recommended

Complex Herbs-Complete Medicines – Brinker

Recommended

Making Plant Medicine 3rd edition – Cech

Recommended

Phytochemistry and Pharmacy for Practitioners – Yarnell

Recommended

Medical Herbalism – Hoffman

Recommended

Herbal Recipes for Vibrant Health – Gladstar

Recommended

NM 7325 Nat Case Analysis & Mgmt 1

Clinicians Handbook of Natural Medicine 2nd ed – Pizzorno

Required

NM 7341 A&B Cardiology

Pathophysiology of Heart Disease 4th ed – Lilly

Required

Rapid Interpretation of EKGs 6th ed – Dubin

Required

NM 7416 Minor Office Procedures__

No Required Textbook

NM 7417 Medical Procedures__

Plumer's Principles and Practice of IV Therapy – Weinstein

Recommended

NM 8206A Radiographic Interp 1 Lecture

No Required Textbook

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NM 8207 Radiographic Interp 1 Lab

Pocket Atlas of Radiographic Anatomy 2nd ed. – Moeller

Required

Pocket Guide to Radiography 6th ed. – Ballinger

Required

Normal Findings in Radiography – Moeller

Recommended

OM 5120 Fundamental Principles of TCM (ND)

Web That Has No Weaver – Kaptchuk

Required

PM 7301 Naturopathic Manipulation 2

Muscle Energy Techniques 3rd ed – Chaitow

Recommended



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Photographic Manual of Regional Orthopaedic and Neurological Tests – Cipriano

Recommended

PS 7200 Psychological Assessment

DSM-IV-TR – APA

Required

DSM-IV Made Easy – Morrison

Recommended

TR 7412 Diet & Nutrient Therapy 2

No Required Textbook

Overview

U of Iowa Med. School

1 year

Admission Requirements

Physics

1 1/2 years

2 courses in psych., 2 in humanities

2 courses

baccalaureate degree (or equivalent)

Biology

Social Sci & Humanities

2 courses

No minimum listed

1 year

4 courses

Math

Chemistry

Southwest College of Nat. Med.

1 college level course

none listed

1 year general, 1/2 year organic

college algebra and trigonometry

1 year organic chemistry



Appendix D: Southwest College of Naturopathic Medicine Curriculum Compared to University of Iowa Roy J. and Lucille A. Carver College of Medicine

Courses are arranged according to similarity to Univ. of Iowa medical school curriculum. Some content in courses at the University of Iowa are found in more than one course at SCNM. There are two pages of comparative content followed by a page that lists courses considered unconventional.

Third and fourth year clinical curriculum is made up almost entirely by clinical rotations for University of Iowa students, whereas students at SCNM have more classroom hours in their additional clinical subjects. SCNM clinical rotations are in a variety of out-patient, primary care settings which add clinical hours to those listed.

U of Iowa Med. School	Admissions requirements	Southwest College of Nat. Med.
1 year	Physics	1 college level course
College algebra and trigonometry	Math	None Listed
1 year organic chemistry	Chemistry	1 year general, ½ year organic
1 year	Biology	1 ½ years
4 courses	Social Sci & Humanities	2 courses psych, 2 in humanities
2 courses	English	2 courses
No minimum listed	Total years of college required	Baccalaureate degree (or equiv)

University of Iowa Medical School	credits	Southwest College of Naturopathic Medicine (SCNM) SCNM allopathic/conventional medical courses
Medical Gross Human Anatomy	6	Regional Anatomy I/Lab (5.5) (1.5) Regional Anatomy II/ Lab (6.5) (2)
Medical Neuroscience	4	Neuroanatomy/ Lab (6.5) (1) Embryology (3) Microscopic Anatomy/ Lab (3) (1)
Medical Biochemistry	4	Medical Biochemistry I (6) Medical Biochemistry II (6)
Principles of Medical Immunology	2	Microbiology and Immunology/ Lab (3)(1)
Principles of Infectious Diseases	5	Microbiology and Immunology II (3) Epidemiology/ Public Health (3)
Medical Genetics	2	Medical Genetics (2) Endocrinology (4)
Laboratory Medicine & Pathology	1	Assessment of Laboratory Techniques I (2) Assessment of Laboratory Techniques II (2)
Medical Cell Biology	2	Assessment of Laboratory Techniques III (2)
Human Organ Systems	8	Cell Function & Organ Systems I/ Lab (5)(1) Cell Function & Organ Systems II/ Lab (4) (0.5) Cell Function & Organ Systems III/ Lab (4) (0.5)
Medical Pathology I	5	Pathophysiology & Disease Process (4)
Medical Pathology II		Organ Systems & Disease I (4) Organ Systems & Disease II (4)
Foundations of Clinical Practice I	5	Healthy Communication (2)



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		Basic Concepts in Research I (2)
		Basic Concepts in Research II (2)
Foundations of Clinical Practice II	5	Physical Assessment I/ Lab (2)(1)
		Physical Assessment II/ Lab (2)(1)
		Physical Assessment III/ Lab (2)(1)
Foundations of Clinical Practice III	5	Clinical Assessment and Case Review I (6)
		Clinical Assessment and Case Review II (6)
		Clinical Assessment and Case Review III (6)
Medcial Pharmacology	5	Pharmacology and Pharmacotherapeutics I (4)
		Pharmacology and Pharmacotherapeutics II (4)
		Pharmacology and Pharmacotherapeutics III (3)
		Nutritional Disease Protocols (3)
Clinical Radiology	2	Diagnostic Techniques & Assessment in Radiology I (2)
		Diagnostic Techniques & Assessment in Radiology II (2)
		Diagnostic Techniques & Assessment in Radiology III (2)
		Clinical Lab Procedures/Lab I (1)/(.5)
Electrocardiography	1	Clinical Lab Procedures II/Lab (1)(.5)
Healthcare Ethics, Law, and Policy	2	Medical Ethics (2)
UIHC Compliance Training	0	Jurisprudence (2)
M3 Clinical Beginnings	1	Clinical Entry Assessment (2)
Clinical Dermatology	2	Dermatology (2)
Clinical Ophthalmology	2	Eyes, Ears, Nose and Throat (2)
Clinical Otolaryngology	2	Viral Disorders/HIV (2)
Clinical Obstetrics & Gynecology	6	Obstetrics (3)
		Gynecology (3)
Clinical Pediatrics	4	Pediatrics (3)
		Principles and Practice of Medical Psychology (3)
Clinical Psychiatry	4	Eating Disorders & Prescriptions in Addictive Behaviors (2)
Outpatient Internal Medicine	4	Oncology (2)
		Endocrinology (3)
		Cardiology (2)
		Pulmonology (2)
		Gastroenterology (3)
Community Based Primary Care	4	Clinical Posts (2)
		Geriatrics (2)
Clinical Urology	2	Urology (including men's health) (2)
Clinical Neurology	4	Neurology (2)
Clinical Orthopaedics	2	Introduction to Physical Medicine and Orthopedics/ Lab (1)(0.5)
		Rheumatology (2)
		Sports Medicine (4)
		Physiotherapy modalities/lab (1) (0.5)
Clinical Surgery	6	Minor Surgery (2) (0.5)
Clinical Anesthesia	2	Advanced Techniques in Minor Surgery/Lab (1) (0.5)
Emergency Medicine or Critical Care Medicine	4	Emergency Medicine I (2)
		Emergency Medicine II (3)
Foundations of Clinical Practice IV	13	Grand Rounds (2)
		Grand Rounds (2)
		Grand Rounds (2)
		Grand Rounds (2)
		Grand Rounds (2)
		Grand Rounds (2)
		Clinical Training (2 rotations) (4)



M3 and M4 YEARS CLINICAL CLERKSHIPS		Clinical Training (2 rotations) (4)
		Clinical Training (2 rotations) (4)
		Clinical Training (2 rotations) (4)
Preceptorship in Family Medicine	4	Clinical Training (3 rotations) (6)
M4 SubInternship	4	Clinical Training (6 rotations) (12)
M4 Advanced Electives	12	Clinical Training (8 rotations) (16)
3 electives @ 4 weeks		Clinical Training (7.5 rotations) (15)
		Option 1) CLTR 882 Clinical Training (7.5 rotations) (15)
		Option 2) CLTR 882 Clinical Training (4-7.5 rotations) (8-15 credits)
Inpatient Internal Medicine	6	
Clinical Years Requirements	81	Program Totals: Classroom/Lab Instruction :313 quarter credits
		Clinical Training- 67 quarter Credits
Total: 233 Quarter Credits		Total: 380 Quarter Credits

SCNM non-allopathic/unconventional medicine courses

Philosophy & History of Naturopathic Medicine (2)
Physician Heal Thyself (2)
Analysis & Integration of Naturopathic Philosophy & Practice (2)
Introduction to Botanical Medicine (2)
Pharmacy of Botanical Medicine (2)
Pharmacognosy & Phytochemistry (3)
Naturopathic Materia Medica, Pharmacognosy & therapeutics I (2)
Naturopathic Materia Medica, Pharmacognosy & therapeutics II (2)
Naturopathic Materia Medica, Pharmacognosy & therapeutics III (2)
Botanical Medicine Therapeutics- Developing Clinical Proficiency (2)
History of Nutrition and Diet/Detoxification (2)
Macronutrients and Specialized Diets (2)
Micronutrients, Enzymes and Accessory Nutrients (3)
Creating Nutrition Based Protocols for patients (2)
Touch as Treatment/ Lab (1)(0.5)
Principles of Hydrotherapy/Lab (1)(0.5)
Naturopathic Manipulative Treatment Assessment & Application I (2) (1)
Naturopathic Manipulative Treatment Assessment & Application I (2) (1)
Introduction to Homeopathic Medicine (2)
Homeopathic Materia Medica, Repertory & Case taking I (3)
Homeopathic Materia Medica, Repertory & Case taking II (2)
Homeopathic Materia Medica, Repertory & Case taking III (3)
Patient Management and Case Taking (2)
Advanced Case Management (2)
Fundamentals of Mind-Body Medicine (2)
Practicum in Mind-Body Healing (2)
Theory and Fundamentals of Oriental Medicine (3)
Traditional Chinese Medicine Diagnosis (3)
Meridians & Points I (2) (0.5)
Meridians & Points II/ Lab (2) (0.5)
Traditional Chinese Medicine Pathology (4)
Acupuncture Techniques/ Lab (1) (0.5)
Oriental Medicine- Case Analysis (2)
Oriental Medicine- Case Management (2)
Environmental Medicine/ Toxicology (2)
Depuration techniques (1) (0.5)
Basics of Environmental Medicine (2)
Business Practice Management I (1)
Business Practice Management II (2)
Business Practice Management III (3)
Clinical Science Board Review (3)



Appendix E: NPLEX Examinations

North American Board of Naturopathic Examiners (NABNE) Naturopathic Physician Licensing Examinations (NPLEX)

The NPLEX is the series of examinations that graduates of one of the accredited naturopathic medical colleges must pass to be licensed in the states/jurisdictions or 5 provinces that license naturopathic physicians. NABNE is responsible for approving applicants to take the NPLEX and for administering the examinations.

NPLEX Examinations are case-based. This means that some type of clinical scenario is presented and several questions are asked that pertain to the case. The clinical scenario is very brief on the Part I - Biomedical Science Examination and more extensive on the Part II - Clinical Science Examinations. Items on the Part I - Biomedical Science Examination do not require clinical training, as all relate to the biomedical basis for the patient's condition, not diagnosis or treatment.

- Items on the examinations are all in a multiple choice, single answer format (i.e., the "stem" asks a question and there are four response alternatives, only one of which is keyed as the correct answer).
- The examinee must select the best response from among the alternatives and mark the corresponding bubble on the answer sheet.

Part I - Biomedical Science Examination

A single, 200-item examination covers the topics of anatomy, physiology, biochemistry & genetics, microbiology & immunology, and pathology. The examination, which is scored with a single pass or fail designation, is administered in two sessions (morning and afternoon) of 2-1/2 hours each.

Part II - Core Clinical Science Examination

The single, integrated examination consists of 90-100 case clusters (400 items). Each case cluster provides a clinical presentation, followed by 3-5 items pertaining to that case. This examination is given in three sections over the course of 3 days (3-1/2 hours each day).

Part II - Clinical Elective Examinations

NPLEX offers two elective examinations - Minor Surgery and Acupuncture - that are required by only some jurisdictions. Each 50-item examination is comprised of 10-15 case clusters (a brief clinical presentation followed by 3-5 items pertaining to that case). Examinees are allowed 60 minutes to complete each elective examination.



Last updated 09/01/2009

Appendix G: Licensed States and Prescriptive Authority

Currently, 15 states, the District of Columbia, and the US territories of Puerto Rico and the U.S. Virgin Islands have licensing laws for naturopathic doctors. The Alliance for State Legislation (Alliance) is a group of representatives from various state naturopathic associations that align with each other to share information, support, and experience in their quest for licensure and expanding scope, under the auspices of the American Association of Naturopathic Physicians. According to the Alliance, the states of Colorado, Florida, Illinois, Iowa, Massachusetts, New Mexico, New York, North Carolina, Pennsylvania, Rhode Island, Wisconsin and Virginia plan to introduced legislation during the next two years. The states of Maryland, Michigan, Nevada, Ohio and Texas are moving towards legislation in the near future.

Year of Licensure Enactment, Current Number of Active NDs and Current Prescriptive Authority as of 2009

State	ND Licensure Enacted	# of Current Active NDs	Prescriptive Authority	MD/DO Supervision Required
Alaska	1986	40	No	No
Arizona	1935	375	Yes	No
California	2005	395	Yes	No
Connecticut	1920	210	No	No
DC	2007	5	Yes	No
Hawaii	1925	85	Yes	No
Idaho	2005	8	Yes	No
Kansas	2003	11	Yes	Yes
Maine	1995	27	Yes	1 year
Minnesota*	2009	~25	Yes	No
Montana	1991	67	Yes	No
New Hampshire	1994	57	Yes	No
Oregon	1927	715	Yes	No
Utah	1997	18	Yes	No
Vermont	1995	117	Yes	No



Washington	1919	802	Yes	No
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* Pending Reports

Appendix H: VADA Wellness Program

Vermont Auto Dealers Association Extraordinary Success in Reducing Health Care Costs

In a program conducted by Green Mountain Wellness Solutions for the Vermont Automobile Dealers Association in 2005-2006, 848 employees were examined and advised by naturopathic physicians for one year.

For those employees who participated:

- Incidence of high blood pressure dropped 36%
- Incidence of diabetes dropped 13%
- Risk for cardiovascular disease dropped 35%
- Obesity fell by 15%
- Physical inactivity fell 21%
- High cholesterol fell 17%
- Smoking fell by 17%
- High risk stress fell 24%

For those employees who also participated in a supplementary pedometer program:

- High blood pressure dropped by 47%
- Diabetes fell by 20%
- Risks for cardiovascular disease fell 43%

These figures do not only describe an improvement in the health of the employees. Since many of these conditions can be quite costly to treat through conventional care, the data also show a great reduction in the cost of healthcare for the employer. By using complimentary and alternative medical care the Vermont Automobile Dealers Association saved:

- \$315,000 in direct health care costs
- \$1,145,000 in indirect health care costs (absenteeism, low-productivity, etc.)
- Almost \$1,500,000 in total health care costs.

The use of regulated naturopathic medical care is physically and economically beneficial to employers and employees alike. The care that naturopathic physicians provide is often less dangerous and uncomfortable than some more conventional medical treatments.

Naturopathic care can also be less expensive than conventional medicine, making health care more available to those who otherwise could not afford it. Licensure minimizes the potential for malpractice of naturopathic medicine and maximizes the medical options available to residents of licensed states.

February 18, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws. First, this bill essentially proposes that naturopathic physicians, in order to continue qualifying for the prescription privileges the legislature wisely granted them (with overwhelming public support) years ago, would be required to have MDs "review" all of their prescriptions. According to the bill, these MDs would then "address any concerns" with these prescriptions, including the actual amounts prescribed, to the naturopathic physician and the board. This is worse than illogical, because:

1. The training of MDs does not at all qualify them for such a role. Allopathic education, compared to naturopathic education, has far fewer standards and requirements for training in the use of natural and preventive treatment modalities. SB2577 SD1 reflects a misunderstanding of, or a disregard for, what a naturopathic physician is. The entire point of naturopathic physician's education and training is to become a distinctly different type of medical expert than an MD - one who is highly educated in an alternative system of medicine that differs in many ways from that of conventional allopathic physicians. MDs are not equipped by their training to provide a meaningful review of naturopathic prescriptions, or have a comprehensive understanding of the complex issues they involve. (In an attempt to defend the bill, the Committee Report states that "naturopathic education differs from that received within allopathic or osteopathic medical schools." You cannot have it both ways; if the training is different, then it makes no sense for MDs to review naturopathic prescriptions.)

2. The extensive medical training of naturopathic physicians already more than qualifies them for their current prescription privileges.

3. Such a proposal is conspicuously one-sided and unfair. Is a corresponding requirement placed on MDs and other health care providers? Should MDs be required to have naturopathic physicians review and monitor all of their prescription activities, since the training of naturopathic physicians is much more extensive in many important areas (particularly those pertaining to a broad range of natural and preventive treatments) than that of MDs?

4. Appointing one type of physician to “oversee” another’s jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more. Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary. Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen.

There’s no logical reason why naturopathic physicians should be singled out for any of the above-mentioned excesses of SB2577 SD1. To the contrary, since naturopathic physicians received prescriptive authority nearly five years ago, no evidence of patient harm regarding their prescription rights has been brought to the board, and there has been no overuse of prescriptive authority and not one lawsuit filed in this regard. In addition, the public has benefitted enormously as a result of the current prescriptive rights of naturopathic physicians; countless people have improved their health, and the public continues to overwhelmingly support those rights. Furthermore, in other states where naturopathic physicians have prescriptive rights there’s no precedent for such restrictive requirements as those proposed in SB2577 SD1. In fact, the Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii’s naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. (By the way, this is the ONLY portion of SB2577 SD1 that is reasonable and should be proposed.)

SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,
Jennifer Kay Duncza

I am writing to ask for a no vote on SB2577 SD1 relating to naturopathic physicians. My relationship with my naturopathic doctor is extremely important to me and I do not want her ability to treat me hindered in any way. SB2577 SD1 will do just that. Among other things, it would negatively affect my naturopathic doctor's ability to write certain prescriptions and would deprive me of other naturopathic care options. While I also have Kaiser coverage, my primary care comes from my naturopath. I urge a no vote on this bill.

Thank you for your attention to this matter.

Ted Herhold

--

Theodore Townsend Herhold
62-2308 Kanehoa St.
Kamuela, HI 96743
(415) 699-8921
tedherhold@gmail.com

Please add my name to the list to protect Naturopathic care in Hawaii. I believe in it as an alternative medical route! Annemarie Brennan, San Diego, CA.

Claire Fanger
1519 SE 126th Ct.
Vancouver, WA 98683

February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provides oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, *not* when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the

requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,

A handwritten signature in cursive script that reads "Claire Fanger".

Claire Fanger

To Whom It May Concern:

I am currently a student of Naturopathic Medicine at National College of Natural Medicine. Like many of my colleagues, I was accepted to many conventional medical schools and programs throughout the country, but was unimpressed with their emphasis on subspecialties rather than primary care. As a medically trained Naturopathic Doctor, I will achieve a high degree of training as a primary care trained physician but exit my program with a lower loan burden, which – when matched with insurance coverage and parity with other providers – will allow me to provide a cost-effective form of primary health care that will be accessible and will improve the health of families. In many ways our training is comparable to conventional physicians, but it is also very different: in addition to pharmaceutical prescriptions, we are also highly skilled in other therapeutic modalities that support patients' wellbeing. The efficacy of this multi-faceted approach, which sometimes involves the judicious use of pharmaceutical prescriptions, has been shown to improve the health outcomes of Americans and decrease health care costs. For more information on the cost-effectiveness of Naturopathic Medicine, please refer to the *Natural Medicine Journal* study (attached): "The Economic Evaluation of Complementary and Alternative Medicine: The growing importance of including naturopathic doctors in healthcare reform." Below is an excerpt from the conclusion of the study.

"The United States healthcare system is not only grappling with rising costs but it is also facing an undeniable shortage of primary care providers, with an estimated projected shortage of 52,000 primary care doctors by 2025.^{73,74} Given that an estimated 46 million Americans do not have access to healthcare due to financial, physical, and geographic barriers,^{75,76} increasing access to cost-effective primary care is imperative.⁷⁷ With the increasing popularity of CAM (Complementary & Alternative Medicine), CAM providers' orientation toward health promotion and prevention, and the growing body of research demonstrating the cost-effectiveness of CAM, policy makers and insurers invested in addressing the rising cost of healthcare should work to ensure that implementation of the Affordable Care Act proceeds as intended (inclusive of CAM providers). While naturopathic physicians are often lumped into the designation of CAM provider, it is important to note that they are also trained (and licensed in several states) as primary care doctors known for emphasizing health promoting activities and disease prevention."^{78,79}

The men and women of your state and indeed the country are counting on you to make unbiased and honest decisions that can help them gain economic access and freedom of choice in the healthcare marketplace.

SB2577 SD1 would place impractical and inappropriate burdens on naturopathic physicians' practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you for your consideration,

--

Clair Hamilton Araujo
Student of Natural and Classical Chinese Medicine
National College of Natural Medicine
Portland, Oregon

The Economic Evaluation of Complementary and Alternative Medicine

The growing importance of including naturopathic doctors in healthcare reform

2/6/2013
Setareh Tais, ND, and Erica Oberg, ND, MPH

Abstract

The use of complementary and alternative medicine (CAM) has steadily grown in recent decades, followed by an increase in insurance coverage for various CAM providers (eg, naturopathic physicians, acupuncturists, massage therapist, chiropractors). However, with rising healthcare costs, insurers and policy makers have expressed concerns about the cost-effectiveness of healthcare, both conventional and CAM. Although more prospective outcome studies are needed to evaluate the cost-effectiveness of CAM, there have been published research studies demonstrating that CAM is cost-effective and may present cost-savings due to inexpensive treatments, lower technology interventions, and its emphasis on preventative medicine. If healthcare reform proceeds in a direction favoring lower-cost approaches, further integration of CAM practitioners, including naturopathic primary care providers, into healthcare delivery systems may be beneficial. Here we review the literature regarding the cost-effectiveness of CAM and naturopathic medicine.

Introduction

Complementary and alternative medicine (CAM), including naturopathic treatments are becoming increasingly common. The Cochrane Collaboration defines CAM as "all practices and ideas, which are outside the domain of conventional medicine... preventing or treating illness, or promoting health and well being."¹ Reports suggest that between 1997 and 2007, 36% of adults (roughly 72 million adults) used some form of alternative medicine. Out-of-pocket expenditures on CAM therapies are estimated to be \$34 billion annually in the United States.²⁻⁶ Patients report using CAM for health promotion and disease prevention^{7,8} and because it is often "more congruent with their values, beliefs and philosophical orientations towards health and life"⁹ or when conventional medicine cannot cure their chronic medical conditions.¹⁰ Furthermore patients have reported using CAM because conventional medicine is too expensive, a concern that coincides with the trend that CAM users are 4 times more likely to be uninsured.¹¹



As the costs of healthcare and prescription drugs rapidly increase each year,¹² policy makers are now focusing their attention on the cost of various therapies and providers in the face of a finite healthcare budget and limited healthcare resources. Cost-effectiveness research is necessary to determine the best values for limited healthcare dollars. In 2000 the World Health Organization published a workbook on the economic evaluations of healthcare services.^{13,14} Several methods are available for evaluating the economic impact of naturopathic and CAM therapies: A cost-benefit analysis (CBA) compares the monetary cost of treatments with the monetary benefit of treatments. Although this makes for easy comparison, it can be challenging to assign a monetary value to a health goal, which is why CBAs are not often performed.¹⁵ In contrast, a cost-effectiveness analysis (CEA) compares the costs and health outcomes of competing interventions within a fixed healthcare budget.¹⁶ Similarly, a cost-utility analysis (CUA) assesses a common health outcome between 2 competing treatments with a unique focus on the quality of the outcome, known as quality-adjusted life years (QALY).¹⁷ Cost-minimization analyses evaluate the costs of competing interventions when health outcomes are the same in order to determine which intervention costs least to achieve the same outcome.¹⁸ Health economists, as well as experts in CAM, recommend that economic evaluations use methods that focus on relative costs in terms of patient-centered outcomes, such as QALY.^{19,20} Just recently, a book was published with guidelines on the best methods by which this could be accomplished in CAM settings.²¹

One of the challenges in evaluating the economic impact of CAM is collecting comprehensive data on the cost of CAM services and therapies, which are largely paid for out-of-pocket. This particular challenge can be overcome by studying insurance claims in Washington state. Since 1996, the "Every Category of Provider" law (WAC 284-43-205) has required private commercial insurance companies to cover services within their benefit plans whether they are provided by a licensed CAM provider or conventional provider, as long as the service is within the provider's scope of practice.^{22,23} By studying insurance claims in Washington State, researchers, healthcare policy makers, and insurers may investigate concerns that providing additional coverage may increase healthcare costs. Washington State is also unique in that an estimated 90% of Washington patients seek some form of CAM, with approximately 37% under the care of a naturopathic physician.²⁴⁻²⁷ Care delivery and associated costs in Washington state can be studied as a

Wednesday, February 06, 2013

by: Setareh Tais, ND, and Erica Oberg, ND, MPH

Section: Peer-Reviewed Articles

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About the Authors



is a naturopathic doctor practicing general family medicine with a focus on women's health, pediatrics, and reproductive health in Fresno, CA. She received her doctorate of naturopathic medicine from Bastyr University and completed a 2-year naturopathic family medicine residency. During her residency, she received additional training in integrative reproductive endocrinology and infertility. She serves on the Board of the California Naturopathic Doctor's Association and participates on the legislative committee. She is also a member of the American Association of Naturopathic Physicians. For more information about her practice, please visit www.fresnoholisticmedicine.net.



directs the Center for Health Policy & Leadership at Bastyr University. She has been involved in CAM health policy for over a decade, including past service on the Boards of the Washington Association of Naturopathic Physicians, the Naturopathic Physicians Research Institute and currently the Integrative Health Policy Consortium. She

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model by which other states can learn what to expect if CAM providers and CAM services are broadly included in healthcare reform.

As the debate over managing rising healthcare costs and improving access to quality primary care commences, the stage has been set for a historic change in the American healthcare delivery system with the re-election of President Obama and the passing of the Patient Protection and Affordable Care Act (PPACA). The intent of the PPACA is to increase access to healthcare, lower costs, and improve quality of care by expanding health insurance coverage, encouraging the use of preventative medicine, and rebuilding the primary care workforce.²⁸ Section 2706 dictates non-discrimination among healthcare providers, specifically listing complementary and alternative medicine providers. While this allows for interpretation that provides for the inclusion of naturopathic physicians (as do several other key sections of the legislation), it remains to be seen if state-level rule making will remain consistent with the intent of the law. A review of the literature on care delivery and associated costs in patients treated by CAM providers and naturopathic physicians can shed light on what can be expected if these providers and services are broadly included as intended in the language of the Affordable Care Act.

With the increasing popularity of CAM, policy makers and insurers invested in addressing the rising cost of healthcare should work to ensure that implementation of the Affordable Care Act proceeds as intended (inclusive of CAM providers).

The Economic Evaluation of Complementary and Alternative Medicine

Cardiovascular disease (CVD) is the leading cause of death in the United States²⁹ and is extremely expensive to manage in terms of direct medical costs (medical services) and indirect costs (lost productivity from work absenteeism and presenteeism). A 2007 United States National Health Interview Survey demonstrated that CAM users are attracted to CAM for its emphasis on prevention. This is noteworthy because the same survey demonstrated that CAM users possess many modifiable cardiovascular risk factors, such as hypertension (18%), hyperlipidemia (20%), obesity/overweight (54%), prediabetes/diabetes (9%) and tobacco use (17%).³⁰ Recently a trial was conducted to evaluate the naturopathic approach to CVD prevention and to determine the cost-effectiveness of such an approach.^{31,32} The study found that after 1 year of naturopathic care, there was a 3.3% reduction in 10-year CVD event risk, based on equations developed in the Framingham heart study (NNT = 30).³³ This resulted in an average net reduction in societal costs by \$1,138 per participant and a reduction in employer costs by \$1,187 per participant compared to usual care alone. The majority of cost savings were attributed to reductions in losses due to presenteeism (reduced productivity while at work). The only CVD intervention known to be of lower cost is daily aspirin.^{34, 35} The study had noteworthy strengths: participant retention was high (91% and 88% for participants receiving naturopathic care and usual care, respectively), missing data was thoughtfully addressed using multiple statistical methods, interventions were evidence-based, and electronic claims and absenteeism data were available for use. Limitations include the reliance of self-reports to track the use of natural health products and presenteeism. In addition, some of the natural health products used in the study (and factored into the cost analysis) were offered to participants at a discounted rate, possibly lowering the cost of naturopathic care; however the cost of these products was representative of prices available elsewhere.

A cost-effectiveness analysis was conducted to assess the effects of metformin or lifestyle modifications in preventing type 2 diabetes in adults with impaired glucose tolerance.³⁶ In the study, 3,234 adults with impaired glucose tolerance were randomly assigned to receive metformin (850 mg twice daily), to participate in a lifestyle modification program (designed for 7% weight loss through lower fat intake and 150 minutes of exercise per week), or to receive placebo. The study found that compared to placebo, metformin reduced the incidence of diabetes by 31%, while lifestyle modification reduced the incidence of diabetes by 58%. Using base case analysis, the researchers estimated that compared with placebo, lifestyle interventions delay the onset of diabetes by 11 years while metformin therapy delays the onset of diabetes by 3 years in those with impaired glucose tolerance. The lifestyle modification program would cost \$8,800 while metformin therapy would cost \$29,000 per QALY saved. Additionally, the lifestyle modification program was shown to be cost-effective in all adults, while metformin was not cost-effective after age 65. Limitations of the study include the use of volunteer participants, who may be more motivated than nonparticipants. In addition, because researchers cannot study all clinical interventions or measure disease progression over a lifetime, the authors relied on several models to estimate future costs, quality of life, and health outcome data. Researchers concluded that compared to metformin, the lifestyle modification program cost less and resulted in better health outcomes. Lifestyle interventions as a preventative measure

has worked with numerous state health departments, federal committees, and nonprofits representing CAM disciplines and the role of health promotion and prevention in public health policy. She is also a primary care provider and practices her own health through gardening, water sports, and cooking healthy food.



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In pre-diabetic patients should be employed to curtail the high cost of treating diabetes and also to reduce the rising incidence of diabetes. Healthcare providers knowledgeable in encouraging and supporting patients in adopting long-lasting health-promoting lifestyle modification are needed to address the current diabetes epidemic.

In 2009, researchers in Washington state looked at insurance data to determine the use of adult preventive screening services among female CAM users.³⁷ Patients who were using CAM in conjunction with conventional care had increased rates of cervical cancer screening using Papanicolaou testing and breast cancer screening using mammography. The survey also found that patients under the care of a naturopathic physician reported improved health compared to the previous year. Of concern, authors found that CAM users were less likely to receive routine chlamydia screening; however, one of the limitations of collecting data from insurance claims alone is the inability to identify all sexually active, insured women. Nevertheless, the negative correlation between CAM use and chlamydia screening warrants further investigation given that chlamydia is often asymptomatic and can result in serious health consequences if left untreated. The authors also found that patients under the care of a naturopathic doctor were less likely to receive mammography (compared to patients under the care of other CAM providers). Although this does not necessarily mean that CAM providers are less likely to recommend mammography, one possible reason for this trend may be that patients who seek naturopathic care are more likely to be concerned about risks of radiation. The study findings suggest that women who use CAM in addition to conventional care may be more engaged in health-promoting activity. This coincides with prior studies demonstrating the trend that CAM users are more likely to engage in healthy behaviors like regular exercise,³⁸ healthy dietary choices,³⁹ and nonuse of tobacco.⁴⁰ Given the fact that Americans are currently receiving only half the recommended screening services,⁴¹ one of the goals of healthcare reform is to increase access and coverage of preventative services. CAM providers and naturopathic physicians should identify barriers to health screenings and should continue to encourage their patients to receive appropriate preventative services.

A small cost-effectiveness analysis ($n = 70$) was conducted on the naturopathic treatment of chronic low back pain in 75 warehouse workers in a large American corporation.⁴² For the purpose of this study, naturopathic treatment consisted of a specific 3-month protocol of acupuncture, relaxation training, exercise, dietary advice and written education on back care; it was compared to a 3-month standardized physiotherapy program consisting of written education on back care. Naturopathic care was associated with a statistically significant improvement in symptoms and quality of life, as well as a decrease in costs by \$1,212 per study participant. Workplace absenteeism was also reduced by 6.7 days (95% CI: -4.8, -8.6). The authors conclude that naturopathic care was more cost-effective than a standard physiotherapy plan.⁴³ Limitations include lack of measuring absenteeism (productivity at work), which could likely increase cost savings in the study intervention group. In addition, because naturopathic care was provided on-site during work hours, the cost of travel and childcare was not included in the analysis. Lastly, participants expressed a strong preference for naturopathic care with higher retention rates in the naturopathic care group compared to the control group (82% and 22% at 6-month follow-up).

Surveys have found that most patients with fibromyalgia syndrome (FMS) are using CAM, with 1 report estimating 37% are under the care of a naturopathic physician.⁴⁴ Part of the attraction to naturopathic medicine may be attributable to psychosocial benefits, such as an increased sense of hope,⁴⁵ empathy and listening skills of CAM providers, and visit lengths sufficient to attend to these psychosocial dimensions.⁴⁶⁻⁴⁸ In 2007, researchers at the University of Washington analyzed insurance claims to evaluate healthcare expenditures in patients with FMS under the care of conventional providers and CAM providers.⁴⁹ The study found fibromyalgia patients who used CAM were in poorer health and had more frequent medical visits (mean \pm SD) (34 ± 25) than those seeking conventional care (23 ± 21 , $P < 0.001$), however despite the increased morbidity and more frequent CAM office visits, overall annual healthcare costs were similar for patients under the care of a CAM provider ($\$4,636 \pm \$9,660$) than those who did not use CAM ($\$4,728 \pm \$10,564$, ns), likely due to the lower cost of care per visit with a CAM provider. Interestingly, the authors repeated their analyses but restricted the FMS group to those with at least 2 (instead of 1) ICD-9-identified claims for FMS during the year. Using this new definition, CAM users had a statistically significant lower annual expenditure than FMS patients who did not use any CAM ($\$4,390$ vs. $\$5,535$, $P < 0.001$). Either way, CAM did not increase healthcare cost but may have produced a small cost savings (possibly by replacing the use of more expensive conventional services). In a subanalysis of pharmacy claims, fibromyalgia patients under the care of a CAM provider had fewer pharmacy claims (20.4 vs. 26.6, $P < 0.001$) and lower pharmacy expenditures ($\$1,914$ vs. $\$2,346$, $P = 0.002$) than patients who did not use CAM. The authors conclude that in chronic, debilitating conditions for which conventional medicine cannot offer a cure (such as FMS), "CAM providers may offer an economical alternative for FMS patients seeking symptomatic relief." They further suggest that coverage of CAM by government programs such as

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Medicaid would not increase healthcare expenditures and may actually lower them in sicker patients who require more visits per year.⁵⁰ Limitations of the study include lack of randomization of CAM use (which can create self-selection bias), the relatively short time period (1 year) of care from which claims were collected, and that data analysis did not adjust for confounding demographic characteristics like education and race. Additional long-term studies on the cost-effectiveness of naturopathic treatments for fibromyalgia are warranted.

Functional bowel disease (FBD) refers to a group of chronic bowel disorders of a physiologic origin (irritable bowel syndrome, functional diarrhea, functional constipation, and functional abdominal pain). Roughly 30 million people in the United States meet the diagnostic criteria for irritable syndrome (IBS) alone, and FBD is associated with high healthcare costs and more frequent healthcare visits.^{51, 52} Conventional treatment strategies are limited for mitigating symptoms. Recently, the cost and perceived effectiveness of CAM was studied in 1,012 patients with FBD over a 6-month period.⁵³ Patients from a healthcare maintenance organization were followed for 6 months, using questionnaires that assess symptom severity, quality of life, and utilization and expenditures on CAM (limited to herbal medicines, homeopathy, hypnotherapy, massage, yoga, biofeedback, and acupuncture). The cost of conventional medical care was ascertained from administrative claims. The study demonstrated that 35% of patients with FBD in this HMO used a CAM therapy, at a median annual cost of \$200 per participant (ranging between \$40 and \$2,000), which was equivalent to the median annual cost of over-the-counter drugs (\$200) and roughly a third the cost of the median annual cost of prescription drugs (\$533). Visits with naturopathic doctors were not considered in this study. Another explanation for the seemingly low median cost of CAM among study participants is that the most commonly used CAM therapy reported was ginger (14%). The annual out-of-pocket cost of CAM was only 6% the cost of conventional HMO expenses (\$3,636 per participant), although the authors do not describe what is included in their calculations of HMO healthcare expenses. The cost of conventional care was similar between CAM and non-CAM users. Sixty percent of CAM users and 64% of non-CAM users perceived their respective treatment as effective and were satisfied with the relief of their bowel symptoms at follow-up; CAM users appeared to experience more severe symptoms at baseline.⁵⁴ This study demonstrated that among patients with IBS, CAM users were more likely to have more severe symptoms than non-CAM users but that the cost of CAM was equivalent to expenditure on over-the-counter drugs and a fraction of the cost of conventional provider-based care. There were several limitations of the study. The authors chose to ignore the use of probiotics and fiber, suggesting that these are "more likely considered a part of conventional care," and only insurance claims billed under conventional providers were used. Further studies on the cost-effectiveness of the naturopathic management of FBD are needed.

Natural Health Products

In 2007, a systematic review of randomized controlled trials on natural health products (NHPs) was performed.⁵⁵ NHPs are defined as vitamins, minerals, herbal medicines, homeopathic remedies, probiotics, amino acids, and essential fatty acids.⁵⁶ In the systematic review, pooled searches of various databases uncovered 585 original studies, however only 9 of these studies included a cost evaluation and excluded populations with a known nutritional deficiency. Eight of these 9 studies showed that when a NHP was included in a medical intervention, there was both a positive health outcome and a cost savings. Three of these studies showed that perioperative parenteral nutrition in critically ill patients resulted in a reduction in postoperative complications and a concomitant reduction in hospital-related costs.⁵⁷⁻⁵⁹ Two studies on gastrointestinal disorders^{60,61} and 1 study on urinary tract infections⁶² showed that the addition of a NHP resulted in a 19%-73% reduction in costs. Two studies on cardiovascular disorders demonstrated that supplementation with vitamin E both improved health outcomes post-myocardial infarction and resulted in a cost savings,⁶³ while supplementation with essential fatty acids significantly improved health outcomes but did not result in a cost savings.⁶⁴

The Cost of CAM Use by Insured Patients in Washington State

In 2010, an extensive cost-minimization analysis of healthcare expenditures by insured patients in Washington State was performed.⁶⁵ As mentioned previously, CAM utilization in Washington State is of particular interest because the broad inclusion of CAM provides a test case for what could be expected nationally if licensed CAM providers were included in federal-level healthcare reform. Data were collected from insurance claims from visits with both CAM providers (naturopathic physicians, chiropractors, acupuncturists, and massage therapists) and conventional providers (medical doctors, osteopathic physicians, advanced registered nurse practitioners, and physician assistants) for back pain, fibromyalgia, and menopause. Using linear regression models, researchers concluded that CAM users with low back pain, fibromyalgia, or menopausal symptoms had lower average expenditures compared to non-CAM users (\$3,707 vs \$4,153, $P=0.0001$). The most impressive difference in expenditures was seen in patients with the highest disease burden, wherein patients with the poorest health cost an average of \$1,420 less annually if they were CAM users compared to those who were under the care of conventional providers.

exclusively ($P < 0.0001$).⁶⁶ However, one of the limitations of using a cost minimization analysis to evaluate costs is the assumption that health outcomes are equivalent and that interventions are equally efficacious. Lower average expenditures for CAM users do not necessarily correlate with equal amounts of effective care or equivalent perceived satisfaction with treatment. From the perspective of third party payers, the use of CAM may result in cost savings in patients with back pain, menopausal symptoms, and fibromyalgia; however, additional studies are needed to address the economic impact of CAM from societal and patient perspectives.

A Systematic Review of Economic Evaluations of CIM

An extensive systematic review was conducted on economic evaluations of complementary and integrative medicine (CIM) published between 2001 and 2010, resulting in 204 research studies that contained economic evaluations of CIM.⁶⁷ The proposed objective of the study was to establish the extent of publications of research studies conducting economic evaluations on CIM. The authors found that the biggest concentration of evaluations (19 studies) involved manipulative (chiropractic and osteopathic techniques) and massage therapy for low back pain, although the studies were notably diverse in terms of therapies used and the nature of back pain treated (acute vs chronic). Of the higher quality studies, 29% were cost-saving, meaning that the addition of a CIM therapy resulted in lower costs than usual care alone. Some examples of cost savings were seen for acupuncture in reducing breech presentation in the Netherlands,⁶⁸ acupuncture for low back in the United Kingdom,⁶⁹ manual therapy for neck pain,⁷⁰ vitamin K for preventing osteoporotic fractures,⁷¹ and adjunctive use of antioxidants for preventing cataract formation.⁷² The paper nicely summarizes the types of economic evaluations conducted. The incremental cost effectiveness ratio of 31 of the higher-quality articles was identified: 13 acupuncture studies, 5 physical medicine studies (massage therapy, osteopathic manipulation, and chiropractics), 9 studies using natural health products, 1 study using tai chi, 1 naturopathic care study, and 2 studies using spa-exercise therapy. The authors described the challenging nature of defining a search strategy for CIM as there is no universally accepted definition of CAM/CIM; the authors also note that 20% of the articles included in the study were identified through bibliographies and article lists obtained by CIM researchers.

Conclusion

The United States healthcare system is not only grappling with rising costs but it is also facing an undeniable shortage of primary care providers, with an estimated projected shortage of 62,000 primary care doctors by 2025.^{73,74} Given that an estimated 46 million Americans do not have access to healthcare due to financial, physical, and geographic barriers,^{75,76} increasing access to cost-effective primary care is imperative.⁷⁷ With the increasing popularity of CAM, CAM providers' orientation toward health promotion and prevention, and the growing body of research demonstrating the cost-effectiveness of CAM, policy makers and insurers invested in addressing the rising cost of healthcare should work to ensure that implementation of the Affordable Care Act proceeds as intended (inclusive of CAM providers). While naturopathic physicians are often lumped into the designation of CAM provider, it is important to note that they are also trained (and licensed in several states) as primary care doctors known for emphasizing health promoting activities and disease prevention.^{78,79} Language in the Affordable Care Act provides for including naturopathic primary care providers in the creation of medical homes; doing so would be prudent in light of current statistics that only half of Americans are receiving recommended preventative care services.⁸⁰

A notable limitation of this review is that the economic evaluations presented were conducted from a variety of perspectives (patient, payer, society). What is cost-effective from one perspective may not be from another perspective. Additional prospective studies are needed to assess the cost-effectiveness of naturopathic medicine. Future studies should focus on economic evaluations conducted from the societal perspective in order to provide more information to policy makers regarding the economic impact of adding more coverage for CAM and naturopathic medicine services. Unlike Herman et al's recently published systematic review, this review was not a systematic review and therefore is subject to author bias. Also unlike Herman et al's systematic review, we focused our attention on naturopathic medicine and services provided by naturopathic physicians, the only CAM providers trained in comprehensive primary care services. If healthcare reform proceeds in a direction favoring lower-cost approaches, rebuilding the primary care work force and promoting preventative medicine, further integration of CAM and naturopathic primary care providers may be beneficial.

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Ginger Roberts
PO Box 1561

Kapa'au, HI 96755

February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

SB2577 SD1 requires your Naturopathic Physician to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have

with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If SB2577 SD1 is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians.

Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,

Ginger Roberts

James Crouse
2013 NE 110th Ct.
Vancouver, WA 98684

February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provides oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my

health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,
James Crouse

February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. I know how important it is for my naturopathic doctor's ability to write certain prescriptions when I need them. The case is the same in Hawaii and without the unreasonable restrictions proposed by SB2577 SD1 is an important part of the health care and of all Hawaiian residents.

Additionally, as a naturopathic medical student considering opening a specialty clinic in Hawaii after graduation, if this bill were to pass, my colleagues and I would no longer pursue opening this or any business in your state. This bill could even destroy patients' relationship with their doctor altogether, because the requirements in SB2577 SD1 are so draconian that some naturopathic physicians could feel compelled to leave Hawaii if the bill passes. Considering the existing shortage of primary care physicians and the rising cost of health care, passing this bill would be an immense disservice to the people of Hawaii as it would further reduce access to affordable standard, natural and traditional medicine and primary care physicians.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board.

There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription

privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined.

Standards of care have recently been adopted by the Board that provides oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal.

A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care.

Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of

Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians.

Please oppose SB2577 SD1 and protect the access of Hawaiians and all who visit the beautiful state to the high level of naturopathic care that they all deserve. Thank you.

Sincerely,

Christy Soto

2nd year Naturopathic Medical Student at SCNM

1235 S. Dorsey Lane #103

Tempe, AZ 85281

Sheryl Wagner

8513 NE Hazel Dell Ave. Suite 203

Vancouver, WA 98665

February 19th, 2014

Position: Strong Oppostioon to SB2577 SD1 Relating to Naturopathic Physicians

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Thank you,



Heather Boyd-Roberts
8513 NE Hazel Dell Ave. Suite 203
Vancouver, WA 98665

February 19th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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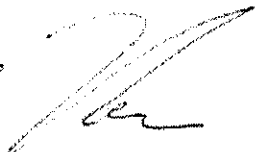
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Thank you,



John and Lois Lemley
312 West 36th Street
Vancouver, WA 98660
(360) 699-1638

February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

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Thank you,

suzanne vlach

13211 se rivercrest dr

Vancouver wa 98683

February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

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Thank you, Suzanne Vlach

Heather Carrie
February 19, 2014

Position of Testimony: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
The hearing for this measure is at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Members of the Senate Committee on Commerce and Consumer Protection:

My primary care doctor is a naturopathic physician who I have been receiving excellent health care from for many years. Naturopathic doctors provide very comprehensive quality care and should be able to practice as primary care doctors without any supervision from MDs. I hope that you will do everything you can to oppose SB2577 SD1. This bill would require naturopathic physicians to reduce or give up prescription rights that are necessary to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the inappropriate restrictions proposed by SB2577 SD1, is an important part of my health care. There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefited greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

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Heather Carrie

Heather Carrie
MAS Candidate | Health Law and Policy
206-372-6720 | HCarrie@law.cwsl.edu

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In regard to:

February 19, 2014

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Kind Regards,

Analisa Jahna

5230 SE 49th Avenue

Portland, Oregon 97206

Ellen Langlitz
13508 NE 253rd Circle.
Battle Ground, WA 98604

February 19th, 2014

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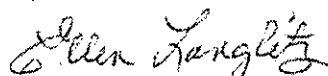
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Thank you,



Kathleen Williams
321 Miami Way
Vancouver, WA 98664

February 19th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provides oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

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Thank you,

Kathleen Williams

If you are not the intended addressee, please inform us immediately that you have received this e-mail in error, and delete it. We thank you for your cooperation.

Katherine Souza

3030 SW 4th Ave, Apt. 3

Portland, OR 97201

February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Thank you,

Katherine Souza

Student at NCNM

This would be such a mistake. NDs are so well-trained and only you use these when absolutely necessary which means a huge financial savings.

Dr Heather Herington ND (in practice for 26 years)

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

Though I live in New Jersey, my husband and I actually took a time-out from our honeymoon in Maui in May 2013 to meet with Dr. David Kern, the first naturopathic physician in Hawaii admitted to a state hospital medical staff. My husband has struggled with depression and anxiety, kidney stones, gout, and gastrointestinal issues that no MD has been able to connect the dots with thus far. We were seeking a naturopathic perspective, because the number of prescription drugs he has been given by M.D.s as temporary bandages is outrageous for a 33-year-old ... or anyone for that matter. Dr. Kern sat with my husband and me for 2 hours to discuss his case and offered us valuable advice and ideas about my husband's conditions we haven't heard elsewhere. I knew that naturopathic medicine would be a valuable resource for my husband, as I myself have been working with a naturopathic doctor since September 2010. SHE alone is responsible for helping me achieve the balance I was seeking with my hormonal and reproductive health, making it much more possible for us to conceive one day. This after I had sought help from an M.D., an endocrinologist, who told me that I would not ever be able to regulate my cycle enough to ultimately have a baby. Who wanted to prescribe me steroids or birth control pills, so he could get onto his next patient.

As you can tell, I am personally extremely passionate about naturopathic medicine and naturopathic doctors ability to practice to their fullest capability.

That said, there's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

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Thank you,
Maressa Brown

I oppose the bill to limit naturopathic a current prescription writing abilities. Please keep the law as it is.

Sincerely, Cheryl Cyman

89-725 Aina lani pl.

Captain cook, hi

96704

Sent from my iPhone

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you oppose SB2577 SD1. This bill would restrict my naturopathic physician from being able to write prescriptions that are important in the health care of my family. Although naturopathic physicians try to minimize the use of prescription medications, in many cases they are essential to the practice of integrative family medicine.

There is no rational basis for this legislation. Since the Legislature authorized prescriptive rights for Hawaii's naturopathic physicians, there have been:

- No complaints brought to the Hawaii State Naturopathic Board regarding prescriptive use by naturopathic physicians
- No cases of naturopathic physicians using prescriptions outside their training and scope of practice
- No overuse of prescriptive authority by naturopathic physicians
- No lawsuits filed in this regard

Instead, the vast majority of the testimony already submitted regarding SB2577 shows that the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

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Thank you,
Ellie Miller

The information in this email is confidential and should only be used by the intended recipient. If you are not the intended recipient, then you are notified that you have received this email in error and any use, review, dissemination, distribution, copying, or acting in reliance upon this information is strictly prohibited. Please contact the sender and delete this information from your computer.

To whom it may concern:

I see a ND because my MD won't find the cause of my health issues; they just prescribe a prescription to lessen the symptoms, but the condition still exists. My ND prescribes medicine that helps to reverse the cause and therefore I am on a prescription for a short time instead of the rest of my life. NDs are very important part of health care. Not all of us want to see an MD for everything; they can't help with everything. I love my MD but I also love my ND and my acupuncturist and chiropractor. Between all 4 of them, I am healthier than I have ever been. I have the best of all 4. Please don't pass this bill as many patients like me may suffer. It will cause tension between the patient and MD for the care they desire.

Thanks you.

Nicole Gauthier

A bill has been passed by the Hawaii Senate Health Committee that could seriously undermine your access to quality naturopathic care. The bill, SB2577 SD1, would take away many of the rights gained in 2009 when several hundred patients submitted emails to lawmakers in support of efforts to improve Hawaii's naturopathic law. This overwhelming response played a crucial role in changing the law, and now you can take action again to protect your rights to naturopathic care.

How the proposed bill could affect you: SB2577 SD1 would hinder the practice of naturopathic medicine in numerous ways, preventing or impeding your naturopathic doctor's ability to write many prescriptions, and depriving you of other naturopathic care options that you currently have. This bill would also drastically change your personal relationship with your naturopathic physician by removing your right to have your naturopathic care be a private matter between just you and your doctor. It would require your naturopathic doctor to have an MD "oversee" your naturopathic care, including even the specific doses of your personal naturopathic prescriptions. This bill could even destroy your relationship with your doctor altogether, because the requirements in SB2577 SD1 are so draconian that some naturopathic physicians could feel compelled to leave Hawaii if the bill passes.

Your help is urgently needed to stop this bill and preserve your rights to the kind of naturopathic health care you deserve. Here's how you can take action and make a huge difference: please email messages opposing this bill to legislators at the address below. You can copy and paste the sample message that follows into an email. Add your name and address (and your name at the bottom), enter Oppose SB2577 SD1 in the subject line, and send. For maximum effect, please modify and personalize the message - for example, add a story that shows how naturopathic medicine has helped

you and why we need to expand, not shrink, the prescription abilities of naturopathic doctors. The sooner you send your message, the better.

The deadline for sending your messages is 10:30 am this Wednesday, February 19th (24 hours prior to the bill's hearing). If you are receiving this email after the deadline, there's no urgent need to send a message, as decision-making on this bill will occur at the hearing. However, messages sent after the deadline but prior to the hearing are still included on the website as late testimony.

Please let all your relatives and friends know about the damage this bill could do to your health care options, and rally their support to help us fight it. Forward this message to everyone you know, and ask them to spread the word and submit messages too. You don't need to be a Hawaii resident to make a difference; if people in other states submit emails, it will definitely help. We can't overstate the importance of getting as many people as possible to join you in sending messages opposing this bill. The future of your access to quality naturopathic care is at stake.

Thank you for whatever you can do to help!

Sincerely,

(Each individual ND sending this message should sign here, and include all of what follows along with the message)

Please email your messages to: CPNtestimony@capitol.hawaii.gov

Your Name /Address

February , 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. T

Nicole Gauthier

FLOIT PROPERTIES, INC.

3565 7th Avenue
San Diego, CA 92103

619-294-3350 x2
619-456-0819 efax
619-417-2888 cell

The compassionate connection on a personal, cellular and etherial levels has healed me. THAT helps me go out and heal the world, too.
Save yourselves, save us, SAY YES.

I worked with Dr.Mehmet Oz 1993-1996. I am open to help support your change.

Aloha.
Respectfully,

Sarah Jane Shaines
808-250-9079
Kihei, Maui

Ashley Clampitt
7711 NE 175th St
Unit E308
Kenmore, WA 98028

February 19th, 2014

Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,
Ashley Clampitt

Cheri Clarkson
3116 NW 46th Loop
Camas, WA 98607

February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

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SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,
Cheri Clarkson

Cheri Clarkson
Design
Agave Denim
Tel (360) 887-5400 x109
Fax (360) 887-5800



Pure West Coast Luxury
HANDCRAFTED IN CALIFORNIA

Janice S. Jackson
17031 E. El Lago Blvd. #2135
Fountain Hills, AZ 85268
pandn@swbell.net

February 19, 2014

Position: Strong Opposition to SB2577 SDI Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I am a 3rd year medical student at Southwest College of Naturopathic Medicine and I am planning to practice in Hawaii after graduation. I request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. The ability to write certain prescriptions when needed, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well-defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii Naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for

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If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect the prescriptive rights of naturopathic doctors in Hawaii.

Sincerely,

Janice Jackson
Integrative Medicine Chair, N-ACT
3rd year medical student
Southwest College of Naturopathic Medicine

Laverne Otsuka-Twomey

February 18, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

SB2577 SD1 requires your Naturopathic Physician to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, *not* when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

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If SB2577 SD1 is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians.

Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,

Laverne Otsuka-Twomey

Lise' D. Buell
12215 NE Sliderberg RD
Brush Prairie, WA 98686
February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provides oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for

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If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you for your time.

Sincerely,

Lise' D. Buell

Lise'
Omnia Pro Deo



Attention: HOUSE OF REPRESENTATIVES 27th Legislature 2014
HOUSE COMMITTEE OF CONSUMER PROTECTION & COMMERCE

Re: HB2584 – Relating to Personal Injury Protection Benefits

Company Testimony

We, Rx Development, fully support the utilization of In-Office Medication Dispensing for patients being treated for personal injuries as well as personal injury. These valuable services provide the personal attention and injury relief that they deserve by obtaining their medications at POC (Point of Care) and thereby, increasing patient compliance at all levels that extend beyond medications.

Repackaged medications allow for physicians to safely and accurately dispense medication on a national basis and meet all state requirements for safety and reporting of medications being utilized. **Bill HB2584 is a bill that we strongly oppose** as it significantly limits the benefits listed above to patients to receive the care they seek out by the physician they trust with their appropriate and individualized treatment plan.

The underlying premise that providers should not make a profit despite the added work, time and resources needed (e.g. treatment plans, depositions, appeals, court dates, denials, other documentation, etc.) to care for these patients that fall under these unfortunate circumstances is irrational. Traditional community pharmacies mark up the same medications up every day plus add more pressure by opening up their own clinics to compete with community physicians. Charges in-line with a community pharmacy, plus a modest dispensing fee to cover the costs associated is more than appropriate.

Manny Bojorquez
Doctors Medical, Inc
Rx Development, LLC

800 Executive Drive
Oviedo, Florida 32765

Toll Free: 866.351.PILL (7455)
Fax: 888.366.7112

Info@RxDevelopment.com
www.RxDevelopment.com

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I am a certified holistic health coach and am writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care, and what has set Hawaii apart from many other states in our right to choose health care providers.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefited greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to

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SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

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Thank you,
Landry Fuller

Landry Fuller, Health Coach, Nutrition Counselor & Private Vegan Chef
Fuller Living
67-5077 Yutaka Pen Place
Kamuela, Hawaii 96743
310-926-1040
www.fullerliving.net



February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

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If SB2577 SD1 is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians.

I personally have been helped by Naturopathy when regular medical approaches failed.

Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you, Daphne Gray/ Waimea

Christine Petersen
Ridgefield, WA 98642
February 18th, 2014
Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

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If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,

Chris Petersen

February 19 , 2014

Justin Langlais

7719 SE 69th Ave

Portland OR. 97206

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other-Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I am from O'ahu and I am currently a student at NCNM, the oldest accredited Naturopathic Medical school in our country. I plan on returning to Hawaii to practice once I am finished with my training here. Our training with respect to Pharmacology, the training I have received, which is taught by an MD, is equal to and in some instances exceeds the hours of pharmacology that is taught at many MD/DO schools. The physicians that we train under regularly prescribe Pharmacological therapeutics under the same standard of care and guidelines as MD/DO's.

It should be noted that the AMA brochure submitted by the Hawaii branch of the AMA does no comparison of MD/DO to ND hours with respect to Pharmacology. If this bill claims our training is not equal to MD/DO training, then isn't that a highly relevant comparison that should be made?

In addition, MD/DO's are allowed to prescribe nutraceutical and botanical medicines, both of which can have fatal results when utilized improperly. Both of these disciplines are virtually non-existent in MD/DO curricula when compared to ND curricula.

There is an extreme shortage of physicians in our state and in particular in the realm of primary care, the area in which most ND's practice. This bill is unrealistic, not feasible and discounts the extensive training that ND's receive. Most importantly, I strongly believe that this bill can and will have a significant negative impact on the people of Hawai'i.

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefited greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the

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SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

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Thank you and Aloha,

Justin Langlais

Jeannie-vie Woods
PO Box 198900 pmb#216
Hawi, Hi 96719

February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

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Thank you,

Jeannie-vie Woods

Lise' D. Buell
12215 NE Sliderberg RD
Brush Prairie, WA 98686
February 18th, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians
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Thank you for your time.

Sincerely,

Lise' D. Buell

Lise'
Omnia Pro Deo

Alyssa Moreau
1042- B Ilima Drive
Honolulu, Hawaii 96817

February 19 , 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Thank you for your time,

Alyssa Moreau
#343-1447

Catharina Swindell
1418 Ala Mahamoe St.
Honolulu, Hawaii 96820

February 18, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Thank you,
Catharina Swindell

Paul Byron
82-5680 Kahau Pl
Captain Cook, HI
96704

February 18, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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February 18th, 2014

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Thank you,

—

Eiji Ozawa, ND

www.OzawaND.com

小澤栄治 自然療法医師

February 18, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Thank you,

Nik

February 18, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I want to share with you, my personal story regarding naturopathic care. In July of 2008, I was prescribed antibiotics from my M.D. to treat an eye infection. What followed, was 8 months of discomfort, sleeplessness, mental agony and medical visits.

Upon taking the antibiotics, I became highly allergic to almost all foods. Everything I ate, or drank for that matter, resulted in me breaking out with hives over my entire body. After a couple of weeks of barely sustaining using over the counter Benadryl, I returned to my M.D. He sent me to an specialist to be tested for allergies. After weeks of testing, the allergist concluded I was allergic to a multitude of foods, grasses, nuts, etc. His only suggestion was for me to avoid everything I was allergic to.

As weeks went by and my situation had not improved, I went back to my M.D once again. This time he sent me to a psychiatrist. The psychiatrist put me on antidepressants. As I told my friends "I still have the hives, but I am happy about it." After several more weeks without improvement, the psychiatrist increased my dosage of antidepressants. I still have the hives, but, getting happier about them. More time passed without any improvements so the psychiatrist wanted to up my dosage again. Before she could up the dosage, I had to undergo a EKG to ensure my Q time was not too long. I don't know what that means, but I did not like the sounds of it. So under the psychiatrists guidance, I discontinued the antidepressants.

More time passed. My days were fogged by the every four hour dosage of Benadryl. My nights were spent sitting on the edge of a chair until I could not stay awake another moment, as anything in contact with my skin was unbearable. I was physically and mentally exhausted.

In March of 2009, my wife and I took a vacation to Kona, Hawaii. Still living on daily doses of Benadryl, I was less than exciting to be around. On one of our excursions, my wife came across Dr. Margaret Dexter, ND. My wife briefly explained my situation to Dr. Dexter. Reluctantly, I agreed to visit Dr. Dexter in her office.

I am not, or was not, a believer in naturopathic medicine. However, my mind has been changed forever. Within a couple of days, under Dr. Dexter's care, and a regimen of probiotics, the hives had completely disappeared. I was no longer having reactions to foods I ate or grasses, nuts, etc.

Upon returning to California, I paid my M.D. a visit to tell him of the recovery and the role naturopathic medicine played in my recovery and re-entry into life. He dismissed my being

cured as coincidental and the probiotics had no part in my healing. I assure you, this was not a coincident.

If SB2577 SD1 passes and my M.D., or one like him, had to approve what Dr. Dexter prescribes, many patients will suffer needlessly, as my M.D. would. most likely not approve the prescription.

I am writing to urge you oppose SB2577 SD1 and allow all naturopathic doctors such as Dr. Margaret Dexter, ND to continue to provide the high quality of unimpeded naturopathic care to their patients.

Thank you,
Jeffrey L. Evans

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

My Naturopathic Physician is by far the best doctor I have ever seen. I'm 37 years old. My husband is active duty in the United States Air Force, so I have seen many doctors on and off base from many different places. For about 20 years I have struggled and seen doctors for the same problem/illness. Treatment was usually always the same which didn't help with the real problem. I started to lose hope, until just a couple months ago, feeling desperate for relief, I decided to see a naturopathic physician. After being seen and treated by my naturopath, I finally feel relief! My problem/illness I struggled with for over 20 years is finally going away. My naturopathic doctor has found and addressed the real problem. This relief has also improved other important areas/relationships in my life. I feel the best I have ever felt, thanks to my naturopath's knowledge and training.

Why interfere with or change something that works and is good? It would be TERRIBLE, absolutely awful if SB2577 SD1 was passed. Please oppose SB2577 SD1.

Thank you for your time.

Jenny Davis
Hickam AFB
Honolulu, HI
#405-623-6906

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services.

Naturopathic physicians are an essential part of the primary care workforce in Hawaii and have been serving Hawaii's citizens for over 30 years. Over the last 5 years, naturopathic physicians have had prescription rights and an exemplary track record of safety. Under SB2577 patients would have to see a second healthcare provider when a simple prescription like an antibiotic for a urinary tract infection is a required instead of handling it safely and simply with their naturopathic physician. This costs patients and the healthcare system more money and delays essential care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined.

Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect access to the high level of naturopathic care that Hawaii's citizens deserve.

Please protect Hawaii's access to skilled, safe primary care - oppose SB2577.

Thank you,
Erica Oberg, ND MPH
Board of Directors, Integrative Health Policy Consortium Pacific Pearl La Jolla
6919 La Jolla Blvd
La Jolla, CA 92037

Anna-Marie Khiev
8765 SW Brady Ct
Beaverton, OR 97007

February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal

problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Sincerely,

Anna-Marie Khieu

The information contained in this communication is intended solely for the use of the addressee and may contain confidential and/or privileged material. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, be advised that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return email or by telephone and delete this communication and all copies, including all attachments.

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services.

There's no good reason for this bill, and every reason to oppose it.

Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, *not* when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe

to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians.

Please oppose SB2577 SD1 and protect access to the high level of naturopathic care that we deserve.

Thank you,

Sincerely,

Kristin Stiles Green

Debbie Chambrella
94-1042 Oli Loop
Waipahu, HI 96797

February 19, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians fully prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care are already in place that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have earned prescriptive rights. Furthermore, the Hawaii naturopathic board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic

treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and parenteral therapy, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I demand.

Thank you,
Debbie Chambrella

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws.

First, this bill essentially proposes that naturopathic physicians, in order to continue qualifying for the prescription privileges the legislature wisely granted them (with overwhelming public support) years ago, would be required to have MDs "review" all of their prescriptions. According to the bill, these MDs would then "address any concerns" with these prescriptions, including the actual amounts prescribed, to the naturopathic physician and the board. This is worse than illogical, because:

1. The training of MDs does not at all qualify them for such a role. Allopathic education, compared to naturopathic education, has far fewer standards and requirements for training in the use of natural and preventive treatment modalities. SB2577 SD1 reflects a misunderstanding of, or a disregard for, what a naturopathic physician is. The entire point of naturopathic physician's education and training is to become a distinctly different type of medical expert than an MD - one who is highly educated in an alternative system of medicine that differs in many ways from that of conventional allopathic physicians. MDs are not equipped by their training to provide a meaningful review of naturopathic prescriptions, or have a comprehensive understanding of the complex issues they involve. (In an attempt to defend the bill, the Committee Report states that "naturopathic education differs from that received within allopathic or osteopathic medical schools." You cannot have it both ways; if the training is different, then it makes no sense for MDs to review naturopathic prescriptions.)
2. The extensive medical training of naturopathic physicians already more than qualifies them for their current prescription privileges.
3. Such a proposal is conspicuously one-sided and unfair. Is a corresponding requirement placed on MDs and other health care providers? Should MDs be required to have naturopathic physicians review and monitor all of their prescription activities, since the training of naturopathic physicians is much more extensive in many important areas (particularly those pertaining to a broad range of natural and preventive treatments) than that of MDs?

4. Appointing one type of physician to “oversee” another’s jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more. Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary. Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen.

There’s no logical reason why naturopathic physicians should be singled out for any of the above-mentioned excesses of SB2577 SD1. To the contrary, since naturopathic physicians received prescriptive authority nearly five years ago, no evidence of patient harm regarding their prescription rights has been brought to the board, and there has been no overuse of prescriptive authority and not one lawsuit filed in this regard. In addition, the public has benefitted enormously as a result of the current prescriptive rights of naturopathic physicians; countless people have improved their health, and the public continues to overwhelmingly support those rights. Furthermore, in other states where naturopathic physicians have prescriptive rights there’s no precedent for such restrictive requirements as those proposed in SB2577 SD1. In fact, the Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii’s naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. (By the way, this is the ONLY portion of SB2577 SD1 that is reasonable and should be proposed.)

SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Eddie Schott,
1505 Kewalo St, #103-A, Honolulu, HI 96822

My testimony against this bill is based on my 12-year association with Michaela Martin, ND, of Kamuela, on Hawaii Island. During these 12 years I have lost the services of FIVE HMSA primary care physicians. They left the island, moved on to Kaiser, retired, stopped taking insurance. Allopathic medicine on Hawaii Island has failed to provide any continuity of care, and I am often left without an MD, and forced again to begin the search for another practice to join. I am not alone with this problem. Many residents on this island often wind up in Emergency Rooms because they have no PCP. Urgent care centers are often prohibitively expensive: I once watched while a landscape worker, crippled by a large suppurating wound on his shin, left an urgent care center because he did not have insurance or \$165 cash. You can bet he either died or found help at an ER, at a much greater cost to the state. **WE DO NOT HAVE ENOUGH PHYSICIANS ON THIS ISLAND.**

Through all this Dr. Martin has provided both care continuity and treated me for many problems allopathic physicians were not able to address: acupuncture provides relief for chronic and debilitating sciatica. Dr. Martin diagnosed my diverticulitis when my physician ignored it, so that I could seek further treatment. And when MDs were throwing medications at me that directly resulted in osteopenia, Dr. Martin suggested alternatives and supplements that halted the progression.

I have relied on Dr. Martin for prescriptions to treat cystitis and yeast infections, because waiting days or weeks for an MD appointment significantly increases the severity of both the infection and the symptoms. MDs on Hawaii Island are so overworked that the waiting period for a specialist appointment can exceed two months. In the meantime, our NDs keep us healthy with their advice and interventions.

There have been no adverse incidents involving ND formulary rights in Hawaii. If you dismantle the prescriptive rights of NDs, you will increase patient distress, escalate health care costs, overburden ERs, and roll back health care advances across the state, **for no good reason.**

Thank you for your time.

Katherine M. Bell, Ph.D.
73-4423 Ahiahi Street
Kailua Kona, Hawai'i 96740

Seolryu Hwang/ 16629 44th ave w. Lynnwood, WA 98027

February , 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic Board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians sufficiently prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care have recently been adopted by the Board that provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have prescriptive rights. Furthermore, the Hawaii naturopathic Board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

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SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and some injectable medicines, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce the quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I deserve.

Thank you,

Christie Adams
6254 Kawaihae Place
Honolulu, HI 96825-1904

February 15, 2014

Re: Testimony in opposition to SB2577 SD1 Relating to Naturopathic Physicians

To: Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to express my strong objections to SB2577 SD1.

As you know, the Hawaii State Legislature received more than 300 emails opposing SB2577, and only three in support of the bill, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights. Such rights are integral to their services. The bill also would add unfair burdens to their practices.

This bill is illogical, unnecessary and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community. It's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on

pharmacological treatment of disease.” In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

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Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the Legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It also would completely waste the valuable time of many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to

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Aloha,

Christie Adams

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Honolulu, HI

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www.ChristiesCollection.com

www.ChristieAdamsAccordionist.com

<https://www.facebook.com/ChristieAdamsAccordionist>

www.OceanfrontStudioInHawaii.com

www.Linkedin.com/In/ChristieAdamsInHawaii

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Jenny Lee
2209 Liliha Street
Honolulu, HI 96817
February 15, 2014

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john rogers, 14 aulike st #909 Kailua HI 96734

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Kevin W Johnson

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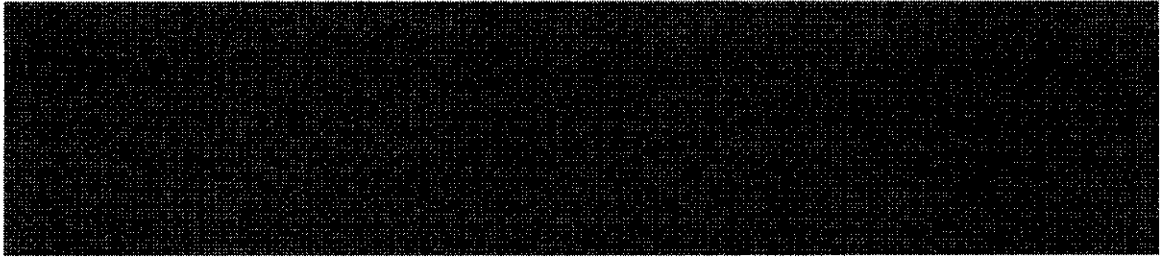
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Bernice Arakawa
3280 Kehau Place
Honolulu, hi. 96816



Steelsmith Natural Health Center 438 Hobron Lane, Suite 314 | Honolulu, HI 96815 US
This email was sent to andber@hawaiiantel.net. To ensure that you continue receiving our emails, please add us to your address book or safe list.

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Ann Porter
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Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Ann Porter

Jane Ma'u
509 University Ave #906
Honolulu, HI 96826

February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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I have personally benefited from naturopathic services to address a life threatening condition that my medical doctors could not resolve. Without the help of my naturopath I would not be here today.

The people of Hawaii deserve to have full access to naturopathic services which have proved to be extremely beneficial to thousands of us. I strongly urge you to oppose this measure.

Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Wendy K. Lang, registered voter
733 Honua Street
Honolulu, HI 96816
Ph. 808-744-8699
2/15/2014

Please do not pass this bill. It reflects a lack of understanding and information regarding the education of Naturopathic physicians. Please educate yourself concerning the education of these physicians before making a decision. Natural medicine has changed my life and given me my life back where allopathic physicians could not help me. The prescriptions given to me were invaluable to my recovery from an illness that allopathic medicine missed after 10 years of seeking allopathic medicine for answers. Many, many people who came to the end of the help offered by allopathic medicine turned to a naturopath and found their answers and got their health back. Please do not limit these healers ability to prescribe medicines they deem necessary for their patients. Please educate yourself about this profession. It is unfairly portrayed by some who are ignorant of the present day profession and training and is unfoundedly feared by some in traditional medicine. It is simply a matter of looking at their training in pharmacology. Contact a Natural medicine University and learn about it before making a decision that could affect all of our freedoms to choose what type of physician we want to see.

Thank you

sincerely

Cheryl Turansky

Gail Uehara
472 Halapia Pl
Honolulu HI 96817
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Furthermore, in other states where naturopathic physicians have prescriptive rights there’s no precedent for such restrictive requirements as those proposed in SB2577 SD1. In fact, the Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii’s naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. (By the way, this is the ONLY portion of SB2577 SD1 that is reasonable and should be proposed.)

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Sincerely,
Gail Uehara

Shaunessy McCue
134 Plum St.
Wahiawa, HI 96786
February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Shaunessy McCue

CYNTHIA C. RILLAMAS
94-1044 OLI LOOP
WAIPAHU, HI 96797

February 15, 2014

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I am a patient of both allopathic and naturopathic physicians and, have experienced a better standard of care from my naturopathic physician. I believe I should have the right to my choice of care without the government imposing one type of physician to oversee the other. I believe

we have sufficient knowledge to make wise choices and I certainly don't feel that the allopathic physician provides a higher standard of care or knowledge than my naturopathic physician. To some degree, the allopathic physician is comparable to a drug pusher - this is ALWAYS their first course of action, albeit the "drugs" are considered legal. My allopathic physician is constantly URGING me to take this drug or the other when, in many instances, the "cure" is worse than the disease (e.g., the side effects of these so called wonder drugs). I sincerely hope the politicians that WE have voted into office give serious thought to this matter - taking into consideration the wishes of your constituents - as your decision will affect many of us.

Sincerely,

Cynthia C. Rillamas

Kirsten Biondi
PO Box 731
Kamuela, HI
96743-0731

February 16, 2014

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Kirsten Biondi

808-443-4111

On Sunday, February 16, 2014 7:21 AM, Jay Ogden <aquaponicsoahu@yahoo.com> wrote:

On Sunday, February 16, 2014 7:13 AM, Jay Ogden <aquaponicsoahu@yahoo.com> wrote:

Jay F. Ogden
5102A Kalanianaʻole Hwy,
Honolulu, HI 96821
February 15, 2014

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Phyllis Kam-Young
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SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii.

My personal experience since seeking the services of a naturopathic physician in August 2013 have been very satisfactory with significant results. I am now being treated for several conditions that were not detected previously because my conventional physician simply follows standard treatment protocol. As my own health advocate, who wants to have a choice from the conventional & have research I did acknowledged, I would be bereft without the option of naturopathic services.

Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,
Phyllis Kam-Young

Jade K Mullaney

February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

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SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws.

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4. Appointing one type of physician to "oversee" another's jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more.

Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary. Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen.

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Sincerely,

Jade K Mullaney

February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." **Why was a second hearing scheduled when there was such overwhelming opposition to this bill?**

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

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achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii, myself included.

Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,
Judy Self
521 Hahaione St 7J
Honolulu, HI 96825

Judy Self, Realtor Associate
"Putting Foundations Under Your Dreams" . . .
HomeQuest, Realtors LLC

808-238-9388

Search homes instantly @ www.DreamHomeInHawaii.com

Tamara Montgomery
958 Kailiu Place
Honolulu, Hawaii

February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

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Sincerely,
Tamara Montgomery

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Sincerely,

To Whom it may concern,

I was born and raised with Naturopathic medicine. As a child I remember my mother educating us about healthy eating, healthy thinking, healthy living. I have grown to live by this for myself and my own family now. Over the years I have watched Naturopathic physicians develop and meet the needs of the new millenia. There are four accredited naturopathic schools in this country. The science around natural health and well being is on the rise in the world. Internationally we will be considered slow and backward if this bill passes. For myself, my children, my community, my beloved state of Hawaii please think again and measure carefully all the current information surrounding Naturopathic medicine and it's successes without a biased view. Over time the state of Hawaii will change drastically. The health and wellbeing of your people, and quality of life will diminish. Every educated person on the planet knows that Healthy Eating, Healthy Thinking, Healthy Living is one of the most important corner stones for a healthy, peaceful society. I have personal, testimonials, but I will spare you that. But I will reiterate, ALL INTELLIGENT NATIONS HONOR AND RESPECT NATUROPATHIC MEDICINE. THEY DEVOTE FUNDING TO SUPPORT THE SCIENCE AROUND THE CONSISTENT DEVELOPMENT OF NATUROPATHIC MEDICINE. WE WILL BE CONSIDERED A BACKWARD NATION IF YOU GO FORWARD WITH THIS BILL.

Thank you for your time,

Maia Campbell

February 16, 2014

Re: My Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Katherine Orr

44-119 Bayview Haven Place

Kaneohe, HI 96744

www.KatherineShelleyOrr.com

From: Catherine Ostrem/5431 Paniolo Place, Honolulu, HI 96821

February 16, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws.

First, this bill essentially proposes that naturopathic physicians, in order to continue qualifying for the prescription privileges the legislature wisely granted them (with overwhelming public support) years ago, would be required to have MDs "review" all of their prescriptions. According to the bill, these MDs would then "address any concerns" with these prescriptions, including the actual amounts prescribed, to the naturopathic physician and the board. This is worse than illogical, because:

1. The training of MDs does not at all qualify them for such a role. Allopathic education, compared to naturopathic education, has far fewer standards and requirements for training in the use of natural and preventive treatment modalities. SB2577 SD1 reflects a misunderstanding of, or a disregard for, what a naturopathic physician is. The entire point of naturopathic physician's education and training is to become a distinctly different type of medical expert than an MD - one who is highly educated in an alternative system of medicine that differs in many ways from that of conventional allopathic physicians. MDs are not equipped by their training to provide a meaningful review of naturopathic prescriptions, or have a comprehensive understanding of the complex issues they involve. (In an attempt to defend the bill, the Committee Report states that "naturopathic education differs from that received within allopathic or osteopathic medical schools." You cannot have it both ways; if the training is different, then it makes no sense for MDs to review naturopathic prescriptions.)

2. The extensive medical training of naturopathic physicians already more than qualifies them for their current prescription privileges.

3. Such a proposal is conspicuously one-sided and unfair. Is a corresponding requirement placed on MDs and other health care providers? Should MDs be required to have naturopathic physicians review and monitor all of their prescription activities, since the training of naturopathic physicians is much more extensive in many important areas (particularly those pertaining to a broad range of natural and preventive treatments) than that of MDs?

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Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually.

Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on

many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary.

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Sincerely,

Catherine S. Ostrem

Catherine Ostrem, REALTOR®, CRS, ePro
Robert Ostrem, Jr. RA

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Gaylord Wilcox
111 Royal Circle
Honolulu, HI 96816
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To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other
Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I urge you to oppose SB2577 SD1. I am aware that many others have in the past given testimony detailing the reasons why this is not a good bill. I would like to say that the Committee Report is at times untruthful and misleading. I am not aware of any great problems naturopaths have caused operating as they do now, so why make a law that adds unneeded bureaucratic actions and makes it harder for people to receive care, when the state already has an MD shortage.

Aloha

Eileen Peppard

1602 Kanalui Street

Honolulu, HI 96816

February 16, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians fully prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care are already in place that provides oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have earned prescriptive rights. Furthermore, the Hawaii naturopathic board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, not when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and parenteral therapy, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I demand.

Ironically, I sought the advice of a naturopathic doctor because my primary care physician is too quick to pull out the prescription pad. I was seeking an approach that would solve the problem rather than mask the symptoms with a pharmaceutical (a situation which allows a cascade of problems to occur down the line). I am very happy with solution she helped me find by

changing my diet. I fully trust her knowledge-base and prudence when it comes to providing prescriptions when really needed.

Thank you for your time and consideration.

Respectfully,

Eileen Peppard

William Thornton, DC, ND
2118 Wilshire Blvd, #577
Santa Monica, CA 90403
February 16, 2014

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Sincerely,

Monique Aucoin

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Monique Aucoin Naturopathic Doctor
(416) 939-6497 | MoniqueAucoinND.com

Dr. Natalie Groenewoud ND
156 W 3rd St
North Vancouver, BC
V7M 1E8

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3. Such a proposal is conspicuously one-sided and unfair. Is a corresponding requirement placed on MDs and other health care providers? Should MDs be required to have naturopathic physicians

review and monitor all of their prescription activities, since the training of naturopathic physicians is much more extensive in many important areas (particularly those pertaining to a broad range of natural and preventive treatments) than that of MDs?

4. Appointing one type of physician to “oversee” another’s jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more. Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary. Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen.

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SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,
Leslie Ann Harris

41-762 Kalanianaʻole Hwy.
Waimanalo, Hawaii 96795

To:

Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

From:

Sheryl Shook, PhD

3038 Woolsey Place

Honolulu, HI 96822

February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians

“offers very few contact hours of study on pharmacological treatment of disease.” In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws.

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1. The training of MDs does not at all qualify them for such a role. Allopathic education, compared to naturopathic education, has far fewer standards and requirements for training in the use of natural and preventive treatment modalities. SB2577 SD1 reflects a misunderstanding of, or a disregard for, what a naturopathic physician is. The entire point of naturopathic physician’s education and training is to become a distinctly different type of medical expert than an MD - one who is highly educated in an alternative system of medicine that differs in many ways from that of conventional allopathic physicians. MDs are not equipped by their training to provide a meaningful review of naturopathic prescriptions, or have a comprehensive understanding of the complex issues they involve. (In an attempt to defend the bill, the Committee Report states that “naturopathic education differs from that received within allopathic or osteopathic medical schools.” You cannot have it both ways; if the training is different, then it makes no sense for MDs to review naturopathic prescriptions.)

2. The extensive medical training of naturopathic physicians already

more than qualifies them for their current prescription privileges:

3. Such a proposal is conspicuously one-sided and unfair. Is a corresponding requirement placed on MDs and other health care providers? Should MDs be required to have naturopathic physicians review and monitor all of their prescription activities, since the training of naturopathic physicians is much more extensive in many important areas (particularly those pertaining to a broad range of natural and preventive treatments) than that of MDs?

4. Appointing one type of physician to “oversee” another’s jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more.

Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary.

Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable

medicines, vaccines, and medical oxygen.

There's no logical reason why naturopathic physicians should be singled out for any of the above-mentioned excesses of SB2577 SD1. To the contrary, since naturopathic physicians received prescriptive authority nearly five years ago, no evidence of patient harm regarding their prescription rights has been brought to the board, and there has been no overuse of prescriptive authority and not one lawsuit filed in this regard. In addition, the public has benefitted enormously as a result of the current prescriptive rights of naturopathic physicians; countless people have improved their health, and the public continues to overwhelmingly support those rights. Furthermore, in other states where naturopathic physicians have prescriptive rights there's no precedent for such restrictive requirements as those proposed in SB2577 SD1. In fact, the Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii's naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. (By the way, this is the ONLY portion of SB2577 SD1 that is reasonable and should be proposed.)

SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Sheryl Shook, PhD

3038 Woolsey Place

Honolulu, HI 96822

Yoko Tomita / PO Box 11810, Honolulu, Hawaii 96828
February 16, 2014

Position: Strong Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Hearing at 10:30 am on February 20th, 2014 in Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair, the Honorable Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to request that you do everything in your power to oppose SB2577 SD1. This bill would essentially require naturopathic physicians to restrict or give up prescription rights that are essential to their services. My naturopathic doctor's ability to write certain prescriptions when I need them, without the unreasonable restrictions proposed by SB2577 SD1, is an important part of my health care.

There's no good reason for this bill, and every reason to oppose it. Since the Legislature rightfully granted Hawaii's naturopathic physicians prescriptive authority almost five years ago, there has been no evidence whatsoever of patient harm pertaining to these prescription rights brought to the naturopathic board. There has also been no overuse of prescriptive authority, no cases of naturopathic physicians using it outside their training and scope of practice, and not one lawsuit filed in this regard. Instead, the public has benefitted greatly from this prescriptive authority. The training of naturopathic physicians fully prepares them for their prescription privileges, and they are highly qualified to offer all the services they currently provide, to the full extent of their licensed scope of practice, which is well defined. Standards of care are already in place, which provide oversight and clear criteria for the practice of naturopathic medicine in Hawaii. The restrictive requirements in SB2577 SD1 have no precedent in other states where naturopathic physicians have earned prescriptive rights. Furthermore, the Hawaii naturopathic board has set some of the highest standards in the US for the practice, safety, and competence of naturopathic physicians. Hawaii's naturopathic physicians have even taken the unusual step of voluntarily recommending that they complete 15 hours of continuing education in pharmacology biennially.

One of the more misguided aspects of this bill is the proposal that naturopathic physicians would be required to have MDs review all of their prescriptions, including the amounts prescribed, and that these MDs would address any concerns they have with these prescriptions to the naturopathic physician and the board. This is an extremely ill-conceived proposal. A naturopathic physician is a very different type of medical expert than an MD. With all due respect, MDs

are not at all equipped to make sensible reviews of naturopathic prescriptions, because their education has few, if any, requirements for training in the use of naturopathic treatment modalities. The education of my naturopathic physician far exceeded that of any MD in many areas essential to my health care. Naturopathic doctors are highly trained to be independent providers who consult with other health professionals when they consider it appropriate for the patient, *not* when required by law to subordinate their expertise to individuals untrained in naturopathic medicine. In addition, requiring one type of doctor to oversee and review a very different type of doctor's practice would create endless implementation and legal problems when it comes to issues such as insurance, patient privacy, HIPAA laws, and much more.

SB2577 SD1 would also hinder naturopathic physicians and reduce their effectiveness by placing other unnecessary, inappropriate, and impractical burdens on their practices. These include the requirement that they submit detailed monthly reports of each item they prescribe to the board, the requirement that they receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item from their own formulary, and the requirement that certain important prescription items, such as vaccines, medical oxygen, and parenteral therapy, be excluded from the naturopathic formulary. In some cases, requirements that SB2577 SD1 would impose seem blatantly unfair, and may even be discriminatory, because no comparable requirements are placed on other types of physicians.

If this bill is not stopped, it will undermine the high standards that the people of Hawaii have come to expect from naturopathic physicians. It will also reduce quality of naturopathic care and the effectiveness of some of our most valued primary care providers, at a time when primary care physicians are already in short supply. The last thing we need is to turn back the clock on the prescriptive abilities of our naturopathic physicians. Please oppose SB2577 SD1 and protect my access to the high level of naturopathic care that I demand.

Thank you,

Yoko Tomita

Diana L. Salansky
94-533 Lumiauau Street
Waipahu, HI 96797
February 16, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws.

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My personal testimony: Dr. Coles has helped me tremendously with adrenal fatigue that included lack of energy and sleepless nights. Also, I have found relief from migraine headaches along with numerous other issues that could not be explained by western medicine. I’m a firm believer that naturopathic medicine especially acupuncture along with supplements have given me back my life. I have had no adverse reaction to any of the supplements and my body seems to

respond well to the treatment. I have been seeing Dr. Coles for over a year and hold her in high regard.

Sincerely,
Diana L. Salansky

Ana Cleverdon
91-212 Noholike Place
Ewa Beach, HI 96706

February 15, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

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Sincerely,

Ana Cleverdon

Stan Williams / Sue Kurowski
92-319 Kewai Pl
Kapolei, HI 96707

February 16, 2014

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection and Senator Mike Gabbard:

We've added the form letter below as we agree with each and every point it makes. However, we feel strongly that we must add to the input - if you will hear it. As we indicated when we first contacted you on this matter, we receive far better care from our Naturopathic Doctor (ND) than from any of the many MDs we've consulted with over the last several years. Again, NDs (here and on the mainland) explore and treat causes illuminated by symptoms whereas MDs routinely treat solely based on test results. MDs perform well when directed by tests, NDs perform well with and without them. We've encountered multiple MDs that told us they did not have time to adequately treat the complex health issues one of us presented. Not one time have we gotten that response from the NDs visited. Currently, patients have the option to seek help where it can best be provided, often one in support of the other - MD or ND leading where they best serve the patient and supporting the other when required.

So, we must ask you:

1. What systematic issues were brought to you in regards to ND care that you must address?
2. Are those sources special interest groups or citizens?
3. Where are the calls for change from your constituents - if any, where are they posted so we other citizens can inform ourselves and take appropriate action?
4. Does the source of this bill have a conflict of interest in this matter? Any of you? - If you are a MD, that answer must be yes.
5. Have there been any - just one - scientific survey/study to support the proposed changes in this bill? If not, what's the real issue here?
6. Why are you attempting to reduce our health care options when costs are increasing and viable options are diminishing (do we not already have an MD shortage that's projected to worsen in the coming years)? How does this help?
7. Why are you not listening to the overwhelming support of NDs?
8. Who are you truly supporting on this matter, citizens or special interests?

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4. Appointing one type of physician to "oversee" another's jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more. Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature

annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary.

Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen.

There's no logical reason why naturopathic physicians should be singled out for any of the above-mentioned excesses of SB2577 SD1. To the contrary, since naturopathic physicians received prescriptive authority nearly five years ago, no evidence of patient harm regarding their prescription rights has been brought to the board, and there has been no overuse of prescriptive authority and not one lawsuit filed in this regard. In addition, the public has benefitted enormously as a result of the current prescriptive rights of naturopathic physicians; countless people have improved their health, and the public continues to overwhelmingly support those rights.

Furthermore, in other states where naturopathic physicians have prescriptive rights there's no precedent for such restrictive requirements as those proposed in SB2577 SD1. In fact, the Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii's naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. (By the way, this is the ONLY portion of SB2577 SD1 that is reasonable and should be proposed.)

SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Stan Williams & Sue Kurowski

sswilski@gmail.com

808-672-6380 HST

February 16, 2014

From: Dr. Laurie Steelsmith, N.D., L.Ac.
Steelsmith Natural Health Center
438 Hobron Lane, Suite 314
Honolulu, HI 96815

To: Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection

Testimony Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Dear Honorable Senator Rosalyn Baker, Honorable Senator Brian Taniguchi, and Distinguished Members of the Committee,

I am writing to request that you strongly oppose SB2577 SD1 relating to naturopathic physicians. I have held naturopathic licenses in the state of Hawaii and the state of Washington for over 20 years, and practiced naturopathic medicine in Hawaii since 1993. This bill has no grounds for reducing the naturopathic formulary, or requiring that licensed naturopathic physicians submit to reviews by MDs in order to prescribe medicines that naturopathic physicians have been highly trained to administer to their patients. This would severely limit our prescriptive authority and undermine our ability to care for patients according to our training. Naturopathic doctors are experts in addressing numerous conditions that are often overlooked or poorly understood by MDs, because naturopathic doctors have extensive training in many areas of preventive and naturopathic medicine that MDs have little or no training in. I am an independent primary care provider who is licensed to diagnose and treat disease and consult with other practitioners when I consider it best for the patient. A law that forces me to consult with any other practitioner every time I write a prescription would be extremely unreasonable, inappropriate, and restrictive to my practice. In addition, the requirement that naturopathic doctors obtain reviews for their prescriptions by doctors not educated in naturopathic medicine has many glaring shortcomings from a legal perspective, considering the complexities of malpractice insurance and patient privacy issues.

Nearly five years ago the legislature wisely granted naturopathic physicians the right to prescribe pharmaceutical medicines within the full scope of our practice. Since then there has not been a single complaint to the board, and not one instance of disciplinary action taken, regarding these prescription rights. And during this time many thousands of people in Hawaii have seen naturopathic physicians and improved their health in numerous ways.

Because naturopathic doctors are highly focused on creating health rather than on prescribing medicines that suppress symptoms, as a rule they are among the very safest and most cautious practitioners when it comes to prescribing pharmaceutical agents. Some pharmaceutical treatments, as our current law rightfully acknowledges, are integral to the training and practice of naturopathic physicians. For example, we are experts in prescribing such items as bio-identical hormones, natural thyroid hormone replacement, and intravenous nutritional therapies. These and other prescription medicines in the Hawaii naturopathic formulary, administered according to our well-established scope of practice, can profoundly increase the quality of patients' lives. Removing any components of our naturopathic formulary would be a detriment to the people of Hawaii.

For the record, naturopathic doctors have had prescription rights for 20 years in Washington State. This bill would put Hawaii's naturopathic law back many years compared to the laws in Washington, Utah, Arizona, Oregon, and other states. Our Hawaii Board has adopted standards of care that provide oversight for the practice of naturopathic medicine, and the Board recommends that all naturopathic physicians in Hawaii receive 15 continuing education credits or more in pharmacology biennially.

Naturopathic doctors are thoroughly trained physicians who practice according to rigorous standards of education taught at accredited naturopathic medical schools. In order to have a naturopathic medical license, we are required to pass national board exams, recognized by the State of Hawaii, which cover the full scope of our training and qualify us to safely and effectively prescribe appropriate pharmaceutical medications.

Please oppose SB2577 SD1 and keep our Hawaii naturopathic law, with our current prescription rights, intact.

Thank you,
Dr. Laurie Steelsmith, N.D., L.Ac.
Medical Director and Supervising Physician,
Steelsmith Natural Health Center

Lenore L Ogawa
55 S Judd Street, #1310
Honolulu, HI 96817

February 16, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

To Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

I'm writing to voice very strong objections to SB2577 SD1. The Legislature received well over 300 emails opposing SB2577, and only three in support, yet the Committee Report (SB2577 SD1 SSCR2244) seemed to ignore this, stating only that the committee "received testimony in opposition to this measure from Sakoda Construction, LLC, and several individuals." Why was a second hearing scheduled when there was such overwhelming opposition to this bill?

SB2577 SD1 would require naturopathic physicians to unreasonably reduce their current prescription rights - integral to their services - and add unfair burdens to their practices. This bill is illogical, unnecessary, and clearly biased against the naturopathic profession. It seems intended to foster conflict rather than cooperation in Hawaii's integrative health care community, and it's based on faulty assumptions about the education of naturopathic physicians. For example, the Committee Report incorrectly states that the education of naturopathic physicians "offers very few contact hours of study on pharmacological treatment of disease." In fact, the hours of pharmacology training for naturopathic physicians are nearly the same as that of MDs, and greater than that of osteopaths.

There are so many problems with this bill that adequately describing them all would require dozens of pages of testimony. The following is a brief summary, beginning with its most egregious flaws.

First, this bill essentially proposes that naturopathic physicians, in order to continue qualifying for the prescription privileges the legislature wisely granted them (with overwhelming public support) years ago, would be required to have MDs "review" all of their prescriptions. According to the bill, these MDs would then "address any concerns" with these prescriptions, including the actual amounts prescribed, to the naturopathic physician and the board. This is worse than illogical, because:

1. The training of MDs does not at all qualify them for such a role. Allopathic education, compared to naturopathic education, has far fewer standards and requirements for training in the use of natural and preventive treatment modalities. SB2577 SD1 reflects a misunderstanding of, or a disregard for, what a naturopathic physician is. The entire point of naturopathic physician's education and training is to become a distinctly different type of medical expert than an MD - one who is highly educated in an alternative system of medicine that differs in many ways from that of conventional allopathic physicians. MDs are not equipped by their training to provide a meaningful review of naturopathic prescriptions, or have a comprehensive understanding of the complex issues they involve. (In an attempt to defend the bill, the Committee Report states that "naturopathic education differs from that received within allopathic or osteopathic medical schools." You cannot have it both ways; if the training is different, then it makes no sense for MDs to review naturopathic prescriptions.)

2. The extensive medical training of naturopathic physicians already more than qualifies them for their current prescription privileges.

3. Such a proposal is conspicuously one-sided and unfair. Is a corresponding requirement placed on MDs and other health care providers? Should MDs be required to have naturopathic physicians review and monitor all of their prescription activities, since the training of naturopathic physicians is much more extensive in many important areas (particularly those pertaining to a broad range of natural and preventive treatments) than that of MDs?

4. Appointing one type of physician to “oversee” another’s jurisdiction raises all manner of legal and ethical concerns. It would be terrible public policy to require one kind of doctor to answer to another kind of doctor, trained in a different form of medicine, in order to simply maintain the prescription rights they were trained to have, especially when other types of doctors enjoy corresponding rights with no such requirement. Some have questioned whether a proposal of this kind may be unconstitutional and discriminatory. It would also be highly impractical, as it raises numerous dilemmas regarding patient rights, insurance issues, patient confidentiality, and more. Second, this bill would require naturopathic physicians to submit monthly reports to the board detailing every single item they prescribe, and require the board to report this data to the legislature annually. Again, this is blatantly unfair, since no corresponding requirement is placed on other types of physicians. It is also impractical and cumbersome: it would place a completely unnecessary burden of paperwork on many of our most valuable primary care physicians - which Hawaii already has a shortage of. And SB2577 SD1 would further hinder the prescription process by requiring naturopathic physicians to receive authorization from the Department of Commerce and Consumer Affairs in order to prescribe any item on their own formulary.

Last but not least objectionable, SB2577 SD1 would also place inappropriate and unreasonable limits on the naturopathic formulary by excluding such current prescription items as certain injectable medicines, vaccines, and medical oxygen.

There’s no logical reason why naturopathic physicians should be singled out for any of the above-mentioned excesses of SB2577 SD1. To the contrary, since naturopathic physicians received prescriptive authority nearly five years ago, no evidence of patient harm regarding their prescription rights has been brought to the board, and there has been no overuse of prescriptive authority and not one lawsuit filed in this regard. In addition, the public has benefitted enormously as a result of the current prescriptive rights of naturopathic physicians; countless people have improved their health, and the public continues to overwhelmingly support those rights. Furthermore, in other states where naturopathic physicians have prescriptive rights there’s no precedent for such restrictive requirements as those proposed in SB2577 SD1. In fact, the Hawaii board has already adopted standards of practice, care, competency, and safety for naturopathic physicians that are among the most rigorous in the nation. Hawaii’s naturopathic physicians have even gone so far as to voluntarily recommend that they complete 15 hours of continuing education bi-annually in pharmacology. (By the way, this is the ONLY portion of SB2577 SD1 that is reasonable and should be proposed.)

SB2577 SD1 is a highly regressive proposal reflecting a failure to honor and understand an entire profession. It would reverse many positive gains that naturopathic physicians have rightfully achieved, and by reducing the effectiveness of many of our very best primary care doctors, have numerous negative consequences for the people of Hawaii. Thank you for your consideration of my testimony in strong opposition to this bill.

Sincerely,

Lenore L Ogawa

February 16, 2014

My Position: Opposition to SB2577 SD1 Relating to Naturopathic Physicians

Dear Senator Rosalyn H. Baker, Chair, Senator Brian T. Taniguchi, Vice Chair, and other Distinguished Members of the Senate Committee on Commerce and Consumer Protection:

On behalf of myself and my many patients who benefit greatly from naturopathic care I write you with very strong objections to SB2577 SD1.

Naturopathic physicians have proved to be competent practitioners and to have an important role in healthcare in Hawaii. Time and time again patients write in support of the care they have received and our history proves our safety. Since the expanded scope of practice in 2009 there have been no reports filed against NDs for prescribing issues. In fact, NDs across the country have a stellar record of prescription safety.

Excerpt from the California Bureau of Naturopathic Medicine, January 2007 Report

In preparation for this report, the Bureau contacted the licensing agencies for each of the states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing. In addition, the states were not aware of any civil actions against NDs for prescribing.

The Bureau also contacted NCMIC Insurance Company. NCMIC insures NDs in all of the licensing states and also insures the naturopathic medical schools. In a letter to the Bureau dated June 7, 2006, NCMIC 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."

SB2577 SD1 would put an absolutely unnecessary burden on the medical community by requiring naturopathic physicians to report directly to MDs. This is ludicrous and once again feels like a turf war by allopathic practitioners. For years I have sat in on legislative hearings and heard blatant misinformation being given about naturopathic education. It is beyond time that legislators take a few minutes to educate themselves so this does not continue to repeat itself. Please read the attached file and understand the extensive training that we do have. The fact that Nurse Practitioners have a significantly greater scope of practice in Hawaii than NDs with significantly fewer hours lends again to misinformation about