

Approved: March 16, 2000
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 7, 2000 at the Dillon House.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Marla Rhoden, KDHE
Representative Gwen Welshimer
Barbara Dennison, R.N.
Dr. Stan Beyrle, Naturopathic Doctor, Wichita
Boyd Landry, Coalition for Natural Health

Others attending: See Attached Sheet

The Chairperson opened the hearing on **HB 2728 - Concerning licensing and regulation of naturopathic physicians.**

Marla Rhoden, Health Occupations Credentialing Section, Department of Health and Environment, gave a briefing on the Health Occupations Credentialing Act. During the 1970s, the Kansas legislature received a multitude of requests, an increasing number of requests, from health care professions or occupations for initial credentialing. To address this issue, in 1980 the Kansas Credentialing Act, KSA 65-5001 et seq. was adopted. The purpose of the act was to provide a mechanism to advise the legislature on societal costs/benefits of credentialing a particular health care profession or occupation. Policies and procedures to carry out the provisions of the act were developed by the Statewide Health Coordinating Council.

The purpose of Credentialing Review under the Health Occupations Credentialing Act is twofold: 1) provide the legislature a thorough analysis of the application for credentialing, by gathering and describing information through technical and public meetings; and 2) recommend to the legislature whether a group should be credentialed, and if so, at what least restrictive level is necessary to protect the public.

The first step an applicant group takes is to submit a letter of intent to the Secretary of KDHE. If the letter of intent provides required information about the occupation or profession, and the occupation fits the definition of health care profession or occupation under the act, the letter of intent is approved and the applicant group may proceed. Upon receipt of a formal application for credentialing and fee from an applicant group, the Secretary appoints a technical committee consisting of seven members, four of whom must be health care professionals and three, consumer representatives. No member of the technical committee can have a personal interest in the health occupation or profession under review (See Attachments #1 & 2)

Representative Storm requested material be provided that in 1982 the legislature enacted provisions in KSA 65-2872a which allowed the naturopaths meeting certain criteria as of January 1, 1982 would be permitted to practice in Kansas without approval by the Board of Healing Arts (See Attachment #3).

Ms. Rhoden will provide that information.

Representative Gwen Welshimer, testified as a proponent for **HB 2728**, stating her constituents deserve a choice. Licensing of naturopathic physicians will make a difference in regards for the efforts of Great Plains Comprehensive Agriculture and Medical Institute. Kansas consumers want and need licensing of naturopathic physicians (See Attachment #4).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 7, 2000.

Barbara Dennison, B.S.N., RN, H.C., testified as a proponent for **HB 2728**, stating the bill provides a scope of practice, licensing and regulation for Naturopathic Doctors (ND) in the state. This regulation is necessary so that the public can be assured they will receive appropriate and safe care. Through licensing, the public will know that their ND was educated according to the professional standards established by the accredited naturopathic colleges in the United States. The public has the right to natural options for their healthcare that respects and collaborates with conventional medicine. It is the public's right to have this choice, as a way to blend, conventional/traditional medicine with a holistic approach (See Attachment #5).

Stanley W. Beyrle, N.D., owner of Kansas Clinic of Traditional Medicine, Wichita, testified in support of **HB 2728**, stating the scope of practice of naturopathic physicians is extensive and multi-factional. NDS are trained to order and assess lab work, perform physical exams, develop patient history, evaluate patient emotional status, as well as other clinical diagnostics of health care. Therapies include, but are not limited to, natural therapies such as homeopathy, botanical and nutritional, as well as physical medicine and the referral to other medical specialist providers if necessary.

There are 3 federally accredited naturopathic medical schools and each has curriculums approved by the U.S. Secretary of Education through the Continuing Naturopathic Medical Education. The national exam is the PLEX (naturopathic licensing examination) and is required in each state that is licensed.

Training/education - college education, admission into an accredited college or university; pre-clinical education, casework and labwork in basic biomedical setting; clinical education, four years of in residence medical schooling; residency, if applicable; continuing medical school.

Graduates of Naturopathic medical schools are not allowed to practice unless they were here 19 years ago. Naturopathic physicians are trained and examined to diagnose and treat human illness. Due to the high level of training, naturopathic physicians are licensed as primary care physicians. Licensing naturopathic physicians should allow such doctors to do that which falls within the scope of their education, training and examination (See Attachment #6).

Representative Morrison asked Dr. Beyrle what his degree was in.

Dr. Beyrle replied his BS degree was in biochemistry and human biology from Kansas Newman in 1979.

Representative Morrison asked Dr. Beyrle what post graduate training at physician level – what does that mean?

Dr. Beyrle stated: “that is anything after graduation. We have post graduate training at physician level like an optometrist, medical doctor, osteopath, or chiropractor, etc. We have post graduate training at the physician level like a dentist, optometrist. I took two years of basic science board examination and set next to allopathic, medical doctors, chiropractic and osteopathic doctors to be. I set next to those that took the exact same basic science board exam of all three of the professions I just indicated and passed those exams. The last two years of clinical sciences are different.”

Representative Morrison asked if Dr. Beyrle could provide documentation to support the scope of practice of naturopathic physicians to order and assess labwork, perform physical exams, develop patient history, evaluate patient emotional status, as well as other clinical diagnostics of health care.

Dr. Beyrle stated, “yes, I can.”

Representative Morrison stated natural school of medicine should be delineated rather than school of medicine because it creates confusion to the public.

Dr. Beyrle stated that is why they use the N.D. Degree. Most of my patients do not wish to be in a conventional allopathic doctor, they have been there and done that.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 7, 2000.

Representative Morrison stated: “ N.D. sounds a lot like M.D. and there is confusion. Usually when you call yourself a physician is the implication to the general consuming public that you are an M.D. and that is what you are attempting to convey. I heard you say that the protection of the public was one of the major reasons for licensure. At the same time you said funding would not be awarded without licensure so are we going after funding or patient protection?”

Mr. Beyrle responded the state has a lot to gain with licensure of naturopathic physicians. The Director of National Council on Complementary Alternative Medicine, 2 naturopathic physicians are on the executive council for the NIH and what the executive director has passed down to the executive members is that he will fund alternative medicine to conventional providers, but his priority is to fund alternative doctors performing alternative therapeutics in alternative clinics and so the lions share of this money in NCCAM is going to these states that have licensed naturopathic doctors. For example, the College of Naturopathic Medicine in conjunction with Oregon Health Science University, which is the medical school put a proposal together at NIH and they have been awarded millions of dollars simply because they have the alternative providers on board.

Boyd Landry, Executive Director, The Coalition for Natural Health, testified as an opponent to **HB 2728**, representing over 2,500 individuals nationwide, and over 50 individuals in Kansas, who share a common goal: to promote the holistic approach to health and to ensure that natural health alternatives remain widely accessible to the public. The “naturopathic physician’s” true agenda for this legislation is economic protection. The proponents need this bill because a new law creating a new profession is necessary to allow them to perform the range of services they want to perform and because some of these services would be interpreted as the practice of medicine. In other words, it is all about money and self-interest. A Colorado “naturopathic physician” was quoted in the Colorado Daily as stating, “We need this bill because at this point, we’re illegal — we’re practicing medicine without a license” (See Attachment #7).

The Chairperson closed the hearing, as time had run out, on **HB 2728** and stated it would be continued at a later date.

The following written testimony was distributed:

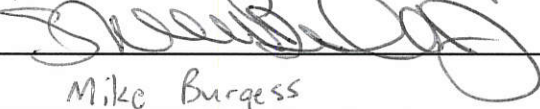
Proponents: Dr. Steven J. Gould, chiropractic radiologist (See Attachment #8), William C. Simon, Riverside Health System, Wichita (See Attachment #9), Ruth B. Packard, Ph.D. Wichita State University (See Attachment #10), Rhonda R. Janke, Associate Professor and Extension Specialist, K State University (See Attachment #11).

Opponents: Dr. Kate A. Coleman, Center for Natural Health and Research LLC, Wichita, Kansas (See Attachment #12).

The meeting adjourned at 3:15 p.m.

HEALTH AND HUMAN SERVICES

DATE March 7, 2000

NAME	REPRESENTING
Chip Wheelen	Osteopathic Assoc.
MILDRED LOWRY	HEALTH FOOD INDUSTRY
Austin Lowry	" " "
Marla Rhoden	KDHE
Kevin Barone	Hem/lowe chrtl.
Mary Ellen Coles	Via Christi Health Services
Amy Buzick	KANP
Peter Simble	KANP
Helen Walshurst	House
Rev. Cheryl J. Bell	UMOM/Guest Chaplain
Rich Gethrie	Health Midwest
Amy Weisinger	Intern
Larrie Ann Lower	KANP
Carolyn Mullenberg	Ks St Ns Assn
Susan Maple	Mercury Gemini Publishing
Dorothy S. Gray	KANP
Colene Marshall	KANP
Barbara Denison	KANP
	KANP
Mike Burgess	Burgess & Associates
Tom Burgess	KANP
John Muscalle	Senator Lee
Michelle Peterson	Peterson Public Affairs Group
Boyd J. Landry	Coalition for Natural Health
Jerry Slaughter	KMS
Chris Collins	KMS



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Briefing on

Health Occupations Credentialing Act

Chairman Boston, committee members, my name is Marla Rhoden and on behalf of the Kansas Department of Health and Environment, Health Occupations Credentialing Section, I am pleased to have this opportunity to provide information on the Health Occupations Credentialing Act.

I will begin with a very brief history of the credentialing review process in Kansas.

During the 1970s, the Kansas legislature received a multitude of requests, an increasing number of requests, from health care professions or occupations for initial credentialing. To address this issue, in 1980 the Kansas Credentialing Act, KSA 65-5001 *et seq.* was adopted. The purpose of the act was to provide a mechanism to advise the legislature on societal costs/benefits of credentialing a particular health care profession or occupation. Policies and procedures to carry out the provisions of the act were developed by the Statewide Health Coordinating Council.

In 1986, the Statewide Health Coordinating Council was dissolved. The Credentialing Act was amended, with administrative authority transferred to the Kansas Department of Health and Environment, Office of Health Policy and Planning. In 1988, the Health Occupations Credentialing unit of KDHE was developed, with Cathy Rooney as Director.

The purpose of Credentialing Review under the Health Occupations Credentialing Act is twofold: 1) provide the legislature a thorough analysis of the application for credentialing, by gathering and describing information through technical and public meetings; and 2) recommend to the legislature whether a group should be credentialed, and if so, at what least restrictive level is necessary to protect the public.

This twofold purpose of credentialing review is accomplished through a process outlined in the act and administrative rules and regulations. The Health Occupations Credentialing Act requires that any health profession seeking credentialing by the state apply to the Secretary of KDHE and participate in a thorough review of the occupation and its impact on health care and the health and safety of the citizens of Kansas.

The first step an applicant group takes is to submit a letter of intent to the Secretary of KDHE. If the letter of intent provides required information about the occupation or profession, and the occupation fits the definition of health care profession or occupation under the act, the letter of intent

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is approved and the applicant group may proceed. Upon receipt of a formal application for credentialing and fee from an applicant group, the Secretary appoints a technical committee consisting of seven members, four of whom must be health care professionals and three, consumer representatives. No member of the technical committee can have a personal interest in the health occupation or profession under review.

The technical committee then conducts a formal review of the application. The review process takes about six months to complete and includes at least four fact-finding public meetings to cumulate data and formulate a recommendation to the Secretary. The Secretary's recommendation is then forwarded to the legislature. The Secretary is not bound by the technical committee's recommendation, nor is the legislature bound by the Secretary's recommendation.

On December 23, 1980, a request for review of an application for the credentialing of the practice of naturopathic medicine in Kansas was received by the Statewide Health Care Coordinating Council (SHCC) through its administrative agent, the Kansas Department of Health and Environment, Office of Health Planning. Technical review was conducted under the authority of KSA 65-5001 *et seq.* During subsequent months evidence was gathered through hearings and applicant-supplied materials and testimony in accordance with the criteria recognized at that time. The result of these deliberations was a recommendation for denial of credentialing by the technical committee and the SHCC. In 1982, the legislature enacted provisions in KSA 65-2872a which allowed that naturopaths meeting certain criteria as of January 1, 1982 would be permitted to practice in Kansas without approval by the Board of Healing Arts. Since that time, representatives of the profession have approached the legislature with a variety of proposed amendments and new statutory language. The representatives have corresponded with staff of Health Occupations Credentialing and have been provided the materials necessary to apply for credentialing under the Health Occupations Credentialing Act. The Secretary has not received an application as of today.

Presented by: Marla Rhoden, Health Program Analyst
Health Occupations Credentialing
Kansas Department of Health and Environment

**Credentialing Review Program
1980 to Present**

Updated February 2000

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Applicant group and State Regulatory Body	Date of letter of intent, date of application and request	Technical Committee recommendation	Secretary's recommendation	Other Notation
Naturopathic physicians <i>(exempted Board of Healing Arts)</i>	12/23/80 (ltr) licensure 02/09/81 (app) 04/21/81 (app) 10/08/98 licensure re-application. Letter of intent & fee returned with directions for application process	1/26/82 Denied	Denied	1982 Healing Arts Act amended to include exemption. 1999 HB 2085 2000 HB 2728 2000 HB 2776b 2000 SB 593 Direct to legislature; bypassing HOCA
Respiratory therapists <i>(Board of Healing Arts)</i>	03/17/82 (ltr) licensure 05/20/83 (app) 05/18/92 (ltr) from registration to licensure	5/24/84 Denied 12/8/93 Denied	9/26/84 Approved 1986 Registered No action	1985 HB 2533 introduced 1986 registration passed 1996 HB 276 1997 SB 242 1999 HB 2215 licensure passed Direct to legislature; bypassing HOCA
Clinical laboratory professionals <i>(N/A)</i>	05/19/82 (ltr) licensure 03/11/85 (app) 02/05/88 app revised as required.	7/13/88 Approved (technologists for licensure; technicians for registration)	11/8/88 Denied	1989 HB 2427 Direct to legislature; bypassing HOCA 1990 Died in committee

**Credentialing Review Program
1980 to Present**

Updated February 2000

Applicant group and State Regulatory Body	Date of letter of intent, date of application and request	Technical Committee recommendation	Secretary's recommendation	Other Notation
Occupational therapists (Board of Healing Arts)	07/20/82 (ltr) licensure 12/82 (app)	5/3/84 Approved (licensure)	Approved (licensure)	1986 Registration passed 2000 HB 2886b Direct to legislature; by-passing HOCA
Therapeutic recreational therapists (N/A)	08/09/82 (ltr) unspecified			09/27/83 Secretary denied letter of intent
Athletic trainers (Board of Healing Arts)	12/09/82 (ltr) registration 11/18/85 (app) 01/25/89 app revised as required	6/2/89 Approved	8/15/89 Approved	1991 Original bill SB 105 introduced; revised language & resubmitted 1995 Registration passed 1995 SB 57
Professional counselors (Behavioral Sciences Regulatory Board)	01/18/83 (ltr) licensure 02/17/84 (app)	8/23/85 Approved (registration) 9/25/85 (licensure)	1/87 Approved (originally Sec. Sabol approved registration; then Acting Sec. Walker reviewed and approved licensure)	1987 Registration passed 1996 Licensure passed 1996 HB 2692 Direct to legislature; by-passing HOCA

**Credentialing Review Program
1980 to Present**

Updated February 2000

Applicant group and State Regulatory Body	Date of letter of intent, date of application and request	Technical Committee recommendation	Secretary's recommendation	Other Notation
Marriage and family therapists <i>(Behavioral Sciences Regulatory Board)</i>	04/83 (ltr) licensure 11/08/84 (app) 09/87 app revised as required	2/4/88 Approved (registration)	6/9/88 Denied	1990 Registration passed 1996 Licensure passed 1996 HB 2692 Direct to legislature; by-passing HOCA
Dietitians <i>(Kansas Department of Health and Environment)</i>	05/26/83 (ltr) licensure 03/05/84 (app)	11/20/85 Approved	1/87 Approved (originally Sec. Sabol approved registration; then Acting Sec. Walker reviewed and approved licensure)	1989 Licensure passed 1989 SB 102
Master's level psychologists <i>(Behavioral Sciences Regulatory Board)</i>	08/25/83 (ltr) licensure 10/83 (app)	1/25/85 Approved (registration)	3/20/85 Approved (registration)	1987 Registration passed 1996 Licensure passed 1996 HB 2692 Direct to legislature; by-passing HOCA

**Credentialing Review Program
1980 to Present**

Updated February 2000

Applicant group and State Regulatory Body	Date of letter of intent, date of application and request	Technical Committee recommendation	Secretary's recommendation	Other Notation
Physical therapists <i>(Board of Healing Arts)</i>	10/26/83 (ltr) licensure (from registration)			Remain registered (KSA 65-2901). 2000 HB 2235 Direct to legislature; by-passing HOCA
Opticians <i>(N/A)</i>	03/23/84 (ltr) licensure 10/25/84 (app) 04-88 app revised as required	1/5/89 Denied	5/18/89 Denied	No action
Alcohol and drug abuse counselors <i>(Behavioral Sciences Regulatory Board)</i>	08/16/84 (ltr) registered 05/25/91 (app)	12/18/91 Approved	1/27/92 Approved	1992 Registration passed (SB 458; KSA 65-6601). 2000 HB 2760 Direct to legislature; by-passing HOCA
Exercise physiologists <i>(N/A)</i>	08/21/84 unspecified			09/12/84 Secretary denied letter of intent
Sanitarians <i>(N/A)</i>	04/05/85 (ltr) registered 12/15/87 registered (application process changed; Kansas Credentialing Act amended 4/24/86; rules & regulations effective 5/1/87.)			04/17/90 Applicant withdrew Acknowledged (Applicant/Secretary concur: 1/29/91, sanitarians do not meet definition of health care personnel.)

**Credentialing Review Program
1980 to Present**

Updated February 2000

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Applicant group and State Regulatory Body	Date of letter of intent, date of application and request	Technical Committee recommendation	Secretary's recommendation	Other Notation
Dental assistants	07/08/85 (ltr) licensure			10/08/85 Secretary denied ltr of intent; 12/04/86 approved upon appeal; not credentialed.
Lay Midwives (<i>N/A</i>)	12/03/85 (ltr) unspecified			01/21/86 Secretary approved; 03/22/86 application withdrawn (fee-related) Request for fee waiver & immunity from prosecution; Direct to legislature; by-passing HOCA 1994 Died in committee
ARNP Nurse Midwives (<i>Kansas Board of Nursing</i>)				1983 approved for inclusion in ARNP Act. (K.S.A. 65-1130 thru 65-1134) (K.A.R. 60-11-102)
Speech-language pathologists and audiologists (<i>Kansas Department of Health and Environment</i>)	12/12/85 (ltr) licensure 03/25/86 (app)	03/09/90 Approved	07/19/90 Approved	1991 Licensure approved (HB 2104; KSA 65-6501 <u>et seq.</u>)

**Credentialing Review Program
1980 to Present**

Updated February 2000

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Applicant group and State Regulatory Body	Date of letter of intent, date of application and request	Technical Committee recommendation	Secretary's recommendation	Other Notation
Art therapists (N/A)	05/27/98 licensure	10/08/98 Denied	12/18/98 Denied	Secretary approved letter of intent 06/02/97; not credentialed
Radiologic technologists (N/A)	06/24/83 (ltr) registration 04/09/97 (ltr) licensure 10/12/98 (app)	10/18/99 Approved	11/3/99 Approved	07/06/83 Secretary approved application; Direct to legislature; by-passing HOCA 06/02/97 Secretary approved letter of intent 2000 HB 2761



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

March 9, 2000

The Honorable Sue Storm
Kansas House of Representatives
Room 272-W, State Capitol
Topeka, Kansas 66612

Dear Representative Storm:

As requested, attached is a copy of the technical committee and Statewide Health Coordinating Council's final report on the credentialing review of naturopathic physicians which was conducted during 1981-1982. I regret that page one of the report is missing and could not be located among the materials on file related to this credentialing review. I visited with Emalene Correll of legislative staff to determine whether legislative files might contain the entire report; Emalene indicated she would check those files and advise if the missing page is located.

Please note that in order for a technical committee to recommend credentialing at the time this particular credentialing review was conducted, there were three criteria which were required to be met. On page two of the report, under "Summary of Committee Findings, Conclusion, and Recommendation," it indicates that Criterion 1 was found to be met while Criteria 2 and 3 were not. "In making its findings, the technical committee has determined that, although potential for harm from the unregulated practice of naturopathy does exist (thus meeting Criterion 1), the public lacks assurances of initial and the continuing ability and training required for the levels of practice desired by the applicant (thereby failing to meet Criterion 2). In addition, the existence and enforcement of the Kansas Healing Arts Act constitutes a means other than credentialing by which to protect the public from harm (thus failing to meet Criterion 3)."

Further explanation (summarized) of how Criteria 2 and 3 failed to be met can be found on pp. 18-19 under *Overall Findings and Conclusions on the Criteria and Standards for the Need for Credentialing*. Included in the body of the report itself is greater detail on how Criterion 2 failed to be met on pp. 11-12, under Standard 2.c., and Criterion 3, on p. 13 under Standard 3.a (2) and on pp. 13-14 under Standard 3.a (3).

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Representative Storm

March 9, 2000

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It would appear that the technical committee's main concerns were related to the absence of standardized education and training programs, lack of national credentialing mechanisms for competency, and the existence of laws which were effective in protecting the public from harm.

I hope this information is beneficial. If you need anything further, please let us know.

Sincerely,



Marla K. Rhoden, Health Occupations Credentialing
Bureau of Health Facilities

c: Rep. Garry Boston, Chair, House Committee on Health & Human Services
Clyde D. Graeber, Secretary, KDHE
Emalene Correll, Legislative Research

SUMMARY OF COMMITTEE FINDINGS, CONCLUSION, AND RECOMMENDATION

In making its findings, the technical committee has determined that, although potential for harm from the unregulated practice of naturopathy does exist (thus meeting Criterion 1), the public lacks assurances of initial and the continuing ability and training required for the levels of practice desired by the applicant (thereby failing to meet Criterion 2). In addition, the existence and enforcement of the Kansas Healing Arts Act constitutes a means other than credentialing by which to protect the public from harm (thus failing to meet Criterion 3).

In order for a recommendation for credentialing to be made, the technical committee must find that all three criteria for the need for credentialing are met by the applicant. Because all three criteria have not been found to be met, the conclusion is reached that a need for credentialing of naturopathic physicians by the State of Kansas does not exist. The technical committee therefore recommends that the Kansas Naturopathic Medical Association not be credentialed by the State of Kansas.

ANALYSIS OF INFORMATION GATHERED FROM APPLICANT AGAINST THE CRITERIA AND STANDARDS FOR THE NEED FOR CREDENTIALING

Presented below is a detailed consideration of each criterion and standard.

CRITERION 1

The unregulated practice of the occupation or profession can harm or endanger the health, safety, or welfare of the public and the potential for such harm is recognizable and not remote or dependent upon tenuous argument.

Standard 1.a.

Harm shall be construed to be a condition representative of physical, emotional, mental, social, financial, or intellectual impairment resulting from the functions performed or failed to be performed by the occupation.

Information Provided by Applicant

Application Items 41, 42, and 49. Potential harm from unregulated practice is asserted and discussed, but no specific instances are given. The regulated practice of naturopathy, however, "does not pose a threat to the public health or welfare" (Page 20), and "there have been no scientific studies which document the danger of inadequate or erroneous care by naturopathic physicians" (Page 20). Examples are given from other licensing jurisdictions (Arizona, Oregon, Washington) in which licensed naturopaths have exceeded the legal scope-of-practice yet have not harmed patients (Pages 21 and 22).

September 24th Meeting. A patient of a naturopathic physician in Kansas stated that she did not think any of the treatment she received was dangerous (Minutes, Page 4).

3-3

October 30th Meeting. The applicant gave as a specific example of financial or perhaps emotional harm from the unregulated practice of naturopathy the allegations in the suit in Wichita. The suit apparently involves illegal practice, however (Minutes, Page 5). The applicant noted it is difficult to show how practitioners from correspondence schools have harmed the public (Minutes, Page 5).

Staff Analysis

There appears to be little practical difference between the regulated (licensed) and the unregulated practice of naturopathy regarding harm to patients; the potential exists, yet virtually no actual cases are cited, with or without regulation. The principal effect of regulation (licensing) appears to be the creation of actual instances of exceeding the particular jurisdiction's scope-of-practice laws, rather than reducing instances of illegal or harmful practice.

Final Committee Finding

The standard is in the form of a definition of harm. Thus, the definition, as well as the information provided by the applicant and the staff analysis, are prefatory in nature and will be applied to findings on the standards that follow.

Standard 1.b.

The potential for harm to the public's health, safety, and welfare may be present in the form of:

- (1) the inherently dangerous nature of the occupation's functions;

Information Provided by Applicant

Application Items 41, 42, 57; Appendix A, Pages 2-5. The applicant states that the functions of diagnosis and treatment, the use of drugs, and the performance of minor surgery and obstetrics are all inherently dangerous (Pages 20, 21, and 27).

Minor surgery is defined using Utah and Oregon law and would allow episiotomies and exclude plastic or reconstructive surgery (Appendix, Page 5). Obstetrics is not defined but would be limited by exclusion of major surgical procedures and use of general anesthetics (Appendix, Pages 3-5).

September 24th Meeting. The applicant further described the functions of minor surgery and obstetrics (Minutes, Pages 2-3). Minor surgery primarily would involve suturing minor lacerations. Obstetrics would involve prenatal care, nutritional supplements, home deliveries, and referral of high-risk patients.

Supplement II (dated October 14, 1981). The applicant defines minor surgery by excluding from the definition in Dorland's Illustrated Medical Dictionary, 24th edition, the procedures that would not be performed (Page 13).

Obstetrics also is defined essentially as above, also by exclusion from Dorland's definition (Page 13).

October 30th Meeting. The applicant described evaluation of a laceration to determine its degree of severity (Minutes, Page 3). Besides suturing of "superficial lacerations," minor surgery would encompass excising sebaceous cysts, incision and drainage of abscesses, excision of lipomas, and excision of moles for biopsy (Minutes, Page 4). Obstetrical care would include prenatal screening by history, physical, and lab tests. Prenatal visits would be monthly for seven months, every two weeks in the eighth month, and weekly in the ninth month. High-risk patients, such as diabetics, toxemics, or those having an abnormally presented fetus, would be referred. Vitamin supplements may or may not be given (Minutes, Page 4).

The applicant described the typical encounter with a patient to include history, physical exam, lab tests, dietary diary, assessment and treatment, and return visits every week or two.

Staff Analysis

The functions of the applicant fall into several broad categories: a) taking a history, performing a physical exam, and performing or having done any diagnostic procedures thought necessary; b) assessing nutritional status, counseling, and prescribing natural and/or synthetic drugs or substances as treatment in addition to dietary recommendations; c) performing minor surgical procedures; and d) performing obstetrical care limited only by surgical restrictions or maternal risk factors.

Final Committee Finding

The functions of the practice of naturopathy are inherently dangerous; the standard is met.

Standard 1.b.

- (2) the inherently dangerous nature of devices or substances used in performing the occupation's functions; or

Information Provided by Applicant

Application Item 19 and Appendix A. Substances listed for Level One practice include: 1) water, foods, extracts, vitamins, minerals; 2) allergic extracts or allergens; 3) plant, animal, and mineral substances; 4) bronchodilating agents; and 5) synthetic or semisynthetic analogues of the above. Level Two practice would allow use of any drug except: a) general anesthetics, and b) parenterally given radio-opaque substances (Appendix A, Page 3). Devices include the ophthalmoscope, otoscope, stethoscope, electrocardiograph, and physical therapy equipment (diathermy, ultrasound, galvanic current, sinusoidal current, and ultraviolet radiation) (Page 5). The applicant states that "all drugs are potentially dangerous if not used correctly" (Page 23).

3-5

October 30th Meeting. Other devices would include use of the sigmoidoscope, sphygmomanometer, vaginal speculum, and x-ray and fluoroscopic machines (Minutes, Page 6). Also allowed would be acupuncture, venipuncture, and intravenous injections (Minutes, Page 6).

Staff Analysis

The degree of inherent danger of the substances would vary greatly depending on the level of licensing. A level permitting minor surgery and obstetrics would allow prescribing equivalent to doctors of medicine and osteopathy. The lesser level would still involve inherent danger but would include no controlled drugs and fewer legend drugs.

The degree of inherent danger of the devices used would vary little with the levels of licensing. Not performing minor surgery or obstetrics would not affect use of any of the devices.

As stated by the applicant, the potential dangers inherent in the use of both substances and devices are illustrated not by examples of actual harm but by instances of exceeding the scope-of-practice.

Final Committee Finding

The devices and substances used the practice of naturopathy are inherently dangerous; the standard is met.

Standard 1.b.

- (3) the frequent exercise by a practitioner of an observable degree of independent judgment when:
- (a) identifying or evaluating a consumer's or client's problem or symptoms;

Information Provided by Applicant

Application Items 12, 17, 44, and 45. Naturopathic physicians practice in independent settings (Page 3), prescribe or order services independently (Page 4), are responsible for making diagnoses, and do so without supervision by other health care providers (Page 23).

Staff Analysis

It is clear that naturopathic physicians exercise independent judgment when evaluating patients' problems or symptoms.

Final Committee Finding

Naturopathic physicians exercise independent judgment when evaluating patients' problems or symptoms; the standard is met.

Standard 1.b.

- (3) (b) formulating a plan for consumer or client care, service delivery, or treatment; and/or

Information Provided by Applicant

Application, Items 44, 46, and 47. Naturopathic physicians are responsible for creating a treatment plan and do so independent of supervision from other health care practitioners.

October 30th Meeting. Naturopathic physicians typically spend about an hour with patients diagnosing, counseling, and deciding on treatment plans (Minutes, Page 6). Referrals to and from naturopaths are frequent, but statistics are not available (Minutes, Page 5).

Staff Analysis

Naturopathic physicians exercise considerable independence in judgment when formulating treatment plans.

Final Committee Finding

Naturopathic physicians exercise independence in judgment when formulating treatment plans; the standard is met.

Standard 1.b.

- (3) (c) providing consumer or client care, delivering service, or implementing a plan of treatment.

Information Provided by Applicant

Application Items 17, 44, and 47. Naturopathic physicians prescribe (Page 4) and provide (Page 23) services independently and personally (Page 23).

October 30th Meeting. Naturopathics administer allergenic tests, perform venipuncture, sometimes take x-rays or electrocardiograms, personally dispense and administer drugs, and see patients on follow-up visits independent of peer review (Minutes, Pages 5).

Staff Analysis

Naturopathic physicians use independence of judgment to implement and evaluate treatment plans.

Final Committee Finding

Naturopathic physicians exercise independence of judgment to implement and evaluate treatment plans; the standard is met.

Standard 1.c.

Such potential for harm may be documented by:

- (1) expert testimony;

Information Provided by Applicant

Dr. Becker, Dr. Hurlburt, and Dr. Greene have provided all testimony regarding potential for harm of naturopathic functions and substances or devices used.

Information Provided by Interested Persons

September 24th Meeting. Jerry Jumper, D. O., Kansas Board of Healing Arts, stated that home deliveries would be a mistake to include in any licensing (Minutes, Page 5).

Staff Analysis

Potential for harm is implied by Dr. Jumper and by the applicant.

Final Committee Finding

Potential for harm inherent in the practice of naturopathy is documented by expert testimony; the standard is met.

Standard 1.c.

- (2) client or consumer testimony;

Information Provided by Interested Persons

September 24th Meeting. A patient of a naturopathic physician in Kansas stated that she did not think any of the treatment she received was dangerous (Minutes, Page 4). State Representative Theo Cribbs stated that naturopathic physicians are in no way harmful to the public (Minutes, Page 5).

Staff Analysis

Providers claim there is potential harm, yet non-providers do not perceive potential harm. Neither group furnishes further documentation of these views.

Public Comment

Both Representative Cribbs and the patient provided testimony which indicated they had directed their previous comments toward the regulated practice of naturopathy (Exhibits B and J). Apparently they intended to imply harm from the unregulated practice of naturopathy. The Committee finding reflects the change.

Final Committee Finding

Potential for harm inherent in the practice of naturopathy is documented by consumer or client testimony; the standard is met.

3-8

Standard 1.c.

(3) research findings; or

Information Provided by Applicant

The applicant provided no research findings to document potential harm from functions, substances, or devices used in naturopathic practice.

Staff Analysis

No research or studies are offered by which to assess potential harm from the practice of naturopathy itself. Obviously, however, considerable research exists to document potential harm from both levels of practice which the applicant seeks.

Final Committee Finding

Research exists to document the potential for harm inherent in the practice of naturopathy; the standard is met.

Standard 1.c.

(4) legal precedents, financial awards, or judicial rulings.

Information Provided by Applicant

Application Items 41 and 42. Disciplinary actions against naturopathic physicians in the eight jurisdictions which license naturopaths involve exceeding the scope of practice, not harmful practice (Pages 21 and 22). Malpractice suits are "nonexistent or nearly so (we are not aware of any)" (Page 20).

Staff Analysis

Although legal precedents for potential harm are not given, the licensing laws of the eight licensing jurisdictions which license naturopathic physicians would by themselves show legal precedents for recognition of potential harm.

Final Committee Finding

Legal precedents exist to document the potential for harm inherent in the practice of naturopathy; the standard is met.

Standard 1.d.

Such potential for harm may be remote when:

- (1) instances of impairment are infrequent or rare;
- (2) impairment is minor in nature; or
- (3) impairment is due to secondary or tertiary effects of the practice of the occupation.

Information Provided by Applicant

Application Items 41 and 42. The applicant states that while potential for harm from practice of naturopathy is "common knowledge" (Page 20), instances of actual impairment "occur rarely in the course of practice of naturopathy physicians who are credentialed in other states" (Page 21).

Staff Analysis

Without specific information, it is not possible to assess how immediate or remote the potential for harm is.

Final Committee Finding

The potential for harm from the practice of naturopathy is not remote; the standard is met.

CRITERION 2

The practice of the occupation or profession requires specialized skill and training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability.

Standard 2.a.

A need for specialized skill and training may be distinguished when its absence is likely to increase the incidence and/or degree of harm to the consumer or client.

Information Provided by Applicant

Application Items 18-22, and 48; Appendices A and B. The applicant identifies skills required for two levels of practice and licensing. Minimum skills are the abilities to diagnose and treat illnesses, to use physical therapy equipment, to give nutritional advice, and to prescribe or administer various medications including some prescription drugs. Advanced skills include the abilities to perform minor surgery and obstetrics and to prescribe or administer most prescription (legend and controlled) drugs (Pages 7, 33, and 34). Members of the applicant group have had training consisting of: 1) at least three years of undergraduate study at a regionally accredited university or college, 2) four years of residential study at a naturopathic college, and 3) licensure in at least two states which license naturopathic physicians (Page 6). Initial licensing for basic practice in Kansas (Level One) would involve meeting the above requirements or require: 1) 15 or more years of continuous practice of naturopathy in Kansas, and 2) completing 2,500 or more hours of study at the National College of Naturopathic Medicine (Page 32). Future licensing for Level One would require more undergraduate education (Pages 34-35). Level Two licensing would require passing the FLEX for grandfathered licensees or: 1) 300 hours in principles of surgery/emergency medicine, and 2) 200 hours of clinical experience in minor surgery (Page 35).

October 30th Meeting. Fully licensed (Level Two) naturopaths would function as "family practitioners," especially in rural areas (Minutes, Page 5). Unlike dietitians, naturopaths would provide nutritional counseling in the context of "primary care" (Minutes, Page 7).

Staff Analysis

Both levels of practice show the need for specialized skills and training, the absence of which is likely to increase the incidence and/or severity of harm to a patient. It is unclear whether the applicant believes the lack of postgraduate training programs in naturopathy would enable naturopaths to practice in a manner equivalent to board-certified medical family practitioners. Particularly at-risk for such potential harm would seem to be naturopaths grandfathered into licenses who subsequently seek Level Two licensing by passing the FLEX without recent clinical experience in minor surgery, obstetrics, or use of most prescription drugs. Evidence of the availability of proper education and training for the proposed functions of the occupation is lacking.

Public Comment

The applicant points out that grandfathered licensees who pass the FLEX could only use most prescription drugs (Exhibit A) and that obstetrics or minor surgery would require additional education. The Committee finding is unchanged.

Final Committee Finding

Absence of specialized skills and training is likely to increase the incidence and/or degree of harm from the practice of naturopathy. Thus, a need for specialized skills and training exists; the standard is met.

Standard 2.b.

The public needs and will benefit by assurances of ability when the public is unable through ordinary and reasonable means to judge the competence of a practitioner, and thus to avoid harm done by incompetent practitioners.

Information Provided by Applicant

Application Items 50 and 57. The applicant states that ordinary consumers would not be able to judge the competence of a practitioner, except after harm occurred (Pages 24 and 27).

Staff Analysis

The skills and knowledge required for the scope-of-practice desired make judgment of competence by ordinary consumers very difficult.

Final Committee Finding

The public is unable through ordinary means to judge the competence of naturopathic practitioners; the standard is met.

Standard 2.c.

Assurance of continuing ability is especially important when there occur frequent or major changes in areas of skill, knowledge, and technique of which the practitioner must keep informed in order to meet current standards.

Information Provided by Applicant

Application Item 51. Expanded teaching of "all areas of pharmacology" (Page 24) and teaching and practice of acupuncture are the major changes in naturopathy over the last 20 years (Pages 24-25).

September 24th Meeting. The applicant said that ultrasonography is used at the National College of Naturopathic Medicine (Minutes, Page 3).

October 30th Meeting. Major changes again are stated as changes in pharmacology and acupuncture (Minutes, Page 5). In addition, many blood tests were referred to in the screening of obstetrical patients (Minutes, Page 4) that would represent new tests or require changes in knowledge.

Correction by Applicant, November 6th. The applicant corrected the information given at the September 24th meeting; the National College does not presently have diagnostic ultrasound equipment (Letter, Page 1).

Supplements I and II to Application. The curricula are shown for the four residential naturopathic colleges (Supp. I, Pages 11-14) and the National College (Supp. II., Pages 1-6); faculty and course-syllabi are shown for the National College (Supp. II., Pages 7-23).

Application, Appendix B. The Council on Naturopathic Medical Education's educational standards for naturopathic colleges are listed (Pages 47-54). Included are requirements for accreditation by the Council on Naturopathic Medical Education for the basic sciences, clinical sciences, and clinical experience; for faculty; for research, library, and physical facilities; and for continuing education.

Staff Analysis

It is difficult to assess the changes in the skills and knowledge that have taken place in or are required in the practice of naturopathy, based on the applicant's information. Acupuncture represents a technique new to naturopathy. Changes in pharmacology would encompass enormous change over the last 20 years and certainly would require assurance of continuing ability and knowledge. Practice of obstetrics and minor surgery also would require such assurance. Thus, it appears that naturopathy, especially regarding pharmacology, minor surgery, and obstetrics, has incurred the necessity of assuring a knowledge and ability equivalent to that assured by schools of medicine, osteopathy, and chiropractic, regardless of the status of changes in traditional naturopathy.

3-12

From the information presented by the applicant, it is doubtful that mechanisms for such assurance exist in naturopathic schools. Without any fully accredited institutions, a well-defined continuing education system, or access to the same training experiences as medicine, osteopathy, or chiropractic, there is great uncertainty whether the faculties, curricula, and facilities of the schools can keep pace with changes in practice at the level the applicant describes, i.e., as general or family practitioners of medicine, osteopathy, or chiropractic.

Final Committee Finding

Assurance of initial and continuing ability is necessary to meet the standards of practice required for both levels of practice of naturopathy, but assurances of the mechanisms to maintain such ability do not exist; the standard is not met.

CRITERION 3

The public is not effectively protected from harm by means other than credentialing.

Standard 3.a.

Indicators of protection by means other than credentialing shall include but not be limited to:

- (1) supervision by practitioners of a regulated occupation;

Information Provided by Applicant

Application Items 44, 47, and 56. There is no supervision of naturopathic physicians (Page 23) and no peer review (Page 26).

October 30th Meeting. Technical evaluation is by individual follow-up of patients only; there is no peer review (Minutes, Page 5).

Staff Analysis

Supervision by practitioners of a regulated occupation is not a means to ensure protection of the public.

Final Committee Finding

Supervision of naturopathic physicians by practitioners of a regulated occupation does not exist. . Therefore, such supervision is not a means other than credentialing to protect the public; the standard is met.

Standard 3.a.

- (2) existence of laws governing devices and substances used in the occupation and their effective enforcement;

Information Provided by Applicant

Application Item 53. The applicant mentions the Kansas Uniform Controlled Substances Act which regulates the sale of drugs (Page 25). These laws, in effect, limit the availability of drugs to naturopaths to over-the-counter substances. Licensing would allow naturopaths to prescribe drugs.

October 30th Meeting. Naturopaths administer and sell drugs in their offices (Minutes, Page 5).

Staff Analysis

If the practice of naturopathy is legalized, the Kansas Uniform Controlled Substances Act would effectively regulate the use of substances, not devices or other aspects of practice. Without credentialing, no scope-of-practice would be defined; substances would be limited to non-prescription drugs. With credentialing, substances allowed would depend on the scope-of-practice defined.

Under the Kansas Healing Arts Act, the practice of naturopathy is illegal. Consequently, the use of devices and substances is controlled by existing law.

Final Committee Finding

Existing laws governing devices and substances used in the practice of naturopathy and their effective enforcement are a means other than credentialing to protect the public from harm; the standard is not met.

Standard 3.a.

- (3) existence of laws governing the standard of practice and their effective enforcement;

Information Provided by Applicant

Application Item 52. There are no laws in Kansas governing the standards of practice of naturopathy (Page 25).

Staff Analysis

Under the Kansas Healing Arts Act, the practice of naturopathy in Kansas is illegal. Enforcement would, of course, prevent any practice of naturopathy in Kansas until legalized.

Final Committee Finding

Existing laws governing the practice of naturopathy and that their effective enforcement are a means to protect the public from harm; the standard is not met.

Standard 3.a.

- (4) existence of standards for professional performance and their effective enforcement;

Information Provided by Applicant

Application Item 55. The KNMA and the KNA have set standards for ethical behavior, but they are ineffective because they have no legal authority (Page 26).

Staff Analysis

If the practice of naturopathy is legalized, enforcement of professional standards would help protect the public. Enforcement has no meaning or context, however, as long as the practice of naturopathy is illegal in Kansas.

Final Committee Finding

Enforcement of standards for professional performance is not possible and is not a means other than credentialing to protect the public; the standard is met.

Standard 3.a.

- (5) employment in licensed or certified health facilities which are required to employ competent staff;

Information Provided by Applicant

Application Item 12. Outside the colleges of naturopathic medicine, almost all naturopaths practice in offices, either solo or in a group (Page 6).

October 30th Meeting. Naturopaths do not have hospital privileges and cannot enter training programs available to M.D.'s or D.O.'s (Minutes, Page 6).

Staff Analysis

Certification, licensing, or accreditation of facilities is not a meaningful alternative to credentialing members of the occupation to protect the public, even if the practice were legal.

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Final Committee Finding

Employment of naturopathic physicians in licensed facilities is not a means other than credentialing to protect the public; the standard is met.

Standard 3.a.

- (6) existence of federal licensing or credentialing mechanisms and their effective enforcement;

Information Provided by Applicant

Application Items 27-29. No national mechanism for credentialing exists (Page 9). The KNA has certified five naturopathic physicians: 1) by a one-time examination constructed and administered by the National College, 2) by evaluation of education, and 3) by requiring completion of a postgraduate program.

Staff Analysis

There is no national mechanisms for certification of the members of the occupation.

Final Committee Finding

National credentialing mechanisms of naturopathic physicians do not exist and are not a means other than credentialing to protect the public; the standard is met.

Standard 3.a.

- (7) existence of civil service procedures which effectively screen potential employees for competence;

This standard is not applicable, because the profession is not subject to civil service procedures.

Final Committee Finding

Civil service procedures are not a means other than credentialing to protect the public; the standard is met.

Standard 3.a.

- (8) graduation of members of applicant groups from an accredited educational institution or training program; or

3-16

Information Provided by Applicant

Application Items 23-25, and Appendix B. None of the four residential colleges of naturopathy is fully accredited by the Council on Naturopathic Medical Education, which has been in existence since 1978 (Pages 7-8). The Council on Naturopathic Medical Education is not formally recognized either by licensing states or by the U.S. Office of Education. Accreditation requirements of the CNME are shown in Appendix B.

September 24th Meeting. The CNME is formed by representatives of the four colleges, representatives of the general public, and private naturopathic physicians (Minutes, Page 4).

October 30th Meeting. The CNME must be active for at least two years before the U.S. Office of Education will recognize it; it has been active for one and one-half years. Currently, the colleges have correspondent status; full accreditation by the CNME would come when their first classes graduate (Minutes, Page 2).

Staff Analysis

Protection of the public through graduation of naturopathic physicians from an accredited institution or training program is not currently possible; nevertheless, the development of fully accredited institutions is a very important element in any mechanism to protect the public. Accreditation of institutions should be viewed as a means to strengthen, not to replace, credentialing of members of an occupation.

Final Committee Finding

Accredited educational institutions and training programs do not exist. Thus, graduation of naturopathic physicians from such programs is not a means other than credentialing to protect the public; the standard is met.

Standard 3.a.

- (9) mandatory participation in on-the-job training programs which are required by law or by professional organizations of the occupation.

Information Provided by Applicant

Application Item 25. The residential colleges of naturopathy require clinical preceptorship experiences of students for graduation (Page 8).

Supplement I. The clinic/obstetrical externship/preceptorship experience at the National College of Naturopathic Medicine totals 1,694 hours (Page 8). Participation in 15 deliveries at home is required in obstetrics (Page 8).

3-17

Staff Analysis

Beyond the externships/preceptorships, no on-the-job training is required. Protection of the public by this means does not exist. As with accreditation of institutions or training programs, on-the-job training should be viewed as a means to strengthen, not to replace, credentialing of the occupation to protect the public.

Final Committee Finding

On-the-job training of naturopathic physicians is not a means other than credentialing to protect the public; the standard is met.

Standard 3.b.

Indicators of protection by means other than credentialing shall be assessed and evaluated at least in view of the extent to which they:

- (1) address all practitioners within the occupation;
- (2) appear sufficient to protect the general public from harm caused by the practice of the occupation; and
- (3) appear to be permanent and ongoing mechanisms.

Staff Analysis

Indicators 3(a)(1), 3(a)(5), and 3(a)(7). Supervision by members of another regulated profession, employment in a licensed, certified, or accredited facility, and screening through civil service procedures, respectively, do not exist, and thus would satisfy none of these standards. ✓

Indicators 3(a)(2) and 3(a)(3). The enforcement of existing laws governing substances, devices, and standards of practice (the Kansas Healing Arts Act and the Kansas Uniform Controlled Substances Act), would satisfy all three standards.

Indicator 3(a)(4). Existence of professional standards set by and enforced through the KNMA and the KNA, would affect only practitioners voluntarily joining the associations. Difficulty in enforcing makes protection of the general public questionable; apparently, the standards are ongoing.

Indicator 3(a)(6). Existence of non-state credentialing mechanisms, consists only of the one-time certification by the KNA. Not all practitioners were affected, and protection of the general public is questionable.

Indicator 3(a)(8). Accreditation of training programs would, if finally achieved and recognized, satisfy the three standards, but probably only if incorporated as part of a credentialing mechanism, not as an independent mechanism.

3-18

Indicator 3(a)(9). On-the-job training programs, presently affects only graduates of the residential colleges and is not an ongoing mechanism (not part of a continuing education program). Being a means to train students, it does not appear sufficient to protect the general public from harm.

OVERALL FINDINGS AND CONCLUSION ON THE CRITERIA AND STANDARDS
FOR THE NEED FOR CREDENTIALING

CRITERION 1

Committee findings on the Standards for Criterion 1 show the following: 1) The functions of and devices and substances used in the practice of naturopathy are inherently dangerous. These standards are met. 2) Naturopathic physicians exercise independent judgment when evaluating patients' problems and when formulating, implementing, and evaluating treatment plans. These standards are met. 3) The potential for harm inherent in the practice of naturopathy is documented by expert testimony, by research findings, by legal precedents, and by consumer testimony. The overall standard is met. 4) The potential for harm is not remote. This standard is met.

The Committee finds that the unregulated practice of naturopathy can harm or endanger the health, safety, or welfare of the public and that the potential for such harm is recognizable and not remote or dependent on tenuous argument. The Committee makes the final finding that Criterion 1 is met.

CRITERION 2

Committee findings on the Standards for Criterion 2 show the following: 1) Absence of specialized skills and training is likely to increase the incidence and/or degree of harm from the practice of naturopathy. This standard is met. 2) The public is unable through ordinary means to judge the competence of naturopathic practitioners. This standard is met. 3) Mechanisms do not exist to assure the public of the continuing ability of naturopathic physicians to meet the standards of practice required for both levels of practice of naturopathy. This standard is not met.

The Committee finds that the applicant has not provided the public with assurance of initial and continuing ability necessary for the practice of naturopathy. The Committee makes the final finding that Criterion 2 is not met.

CRITERION 3

Committee findings on the Standards for Criterion 3 show the following: 1) Supervision of naturopathic physicians by practitioners of a regulated occupation does not exist and is not a means to protect the public from harm from the practice of naturopathy. This standard is met.

2) Enforcement of existing laws governing the practice of and devices and substances used in the practice of naturopathy is a means other than credentialing to protect the public from harm. These standards are not met. 3) Enforcement of standards of professional performance is not possible and is not a means to protect the public from harm. This standard is met. 4) Employment of naturopathic physicians in licensed, certified, or accredited facilities does not exist and is not a means to protect the public from harm. This standard is met. 5) National credentialing mechanisms of naturopathic physicians do not exist and are not a means to protect the public from harm. This standard is met. 6) Civil service procedures do not apply to naturopathy and are not a means to protect the public. This standard is met. 7) Accredited education institutions and training programs do not exist and are not a means to protect the public from harm. This standard is met. 8) Mandatory on-the-job training of naturopathic physicians does not exist and is not a means to protect the public from harm. This standard is met.

The Committee finds that enforcement of existing laws governing the practice of naturopathy is a means other than credentialing to protect the public from harm from the practice of naturopathy. The Committee makes the final finding that Criterion 3 is not met.

THE NEED FOR CREDENTIALING

The Committee makes the final findings that Criterion 1 has been met but that neither Criterion 2 nor Criterion 3 has been met. Therefore, because all three criteria for the need for credentialing have not been met, the Committee reaches the final conclusion that a need for credentialing of naturopathic physicians in Kansas does not exist.

COMMITTEE RECOMMENDATION

The Committee recommends that the Kansas Naturopathic Medical Association not be credentialed by the state of Kansas.

ARH/ldh
1/19/82

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ADDITIONAL STATEMENTS BY
TECHNICAL COMMITTEE MEMBERS

The Credentialing Program Procedures allow minority statements to accompany the Committee's final report and recommendations (Program Procedures II.B.7.d.). The following is a summary of a statement made by Dr. Surendra Singh, and concurred with by Mr. Earl Bigbee, after the final report was adopted by the Committee.

Given that specialization characterizes all fields of health care, and given the desirability of encouraging young people to pursue new avenues of basic-science education, knowledge and application of plants and their derivatives would enhance the delivery of health care in Kansas. Licensing of naturopathy at a level that consists of such a scope-of-practice would not harm and would benefit the people of Kansas.

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STATE LEGISLATURES

March 7, 2000

TESTIMONY: HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
HB 2728, LICENSING NATUROPATHIC PHYSICIANS

WHO NEEDS LICENSING OF NATUROPATHIC PHYSICIANS???

1. As a totally satisfied patient, I need licensing of naturopathic physicians. I want it for my constituents because they deserve a choice. I want it for my state because of the difference it will make in rewards for the efforts of Great Plains Comprehensive Agriculture and Medical Institute. I serve on this board as a member from the House, along with Sen. Salmans from the Senate.
2. Kansas' consumers want and need licensing of naturopathic physicians. This is consumer-driven health care. Demand is growing at the rate of 100% per year. Six billion dollars is spent annually in the U.S. on plant medicine which is used by naturopathic physicians. 60% of all patients choose alternative health care today. N.D.'s became allopathic M.D.'s prior to WWI and the beginning of the pharmaceutical companies.
3. The University of Kansas, Higuchi Bio-Science Center needs N.D.'s to be licensed. The conventional or standard medical research grants appear to be drying up. The NATIONAL INSTITUTE OF HEALTH'S NATIONAL CENTER FOR COMPLEMENTARY & ALTERNATIVE MEDICINE has new research grant money and lots of it. Naturopathic medical schools have received large grants, up to \$60 million for one, for research in plant medicine. Universities in unlicensed states receive little more than \$1.5 million for plant medicine research. People making these grant decisions at the federal level include naturpathic research physicians. KU researchers have a small grant from KTEC for a specialized grant writer in this field. This was achieved by Great Plains CAMI.

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4. The University of Kansas Medical Center needs N.D.licensing. Licensed naturopathic research physicians means grants for integrated clinical studies, and at some time in the future, a school of naturopathic medicine on that campus. Physicians at the medical center are members of Great Plains CAMI.
5. Kansas State University needs N.D. licensing. Naturopathic physicians are the marketing and quality control sources that will enhance a phytomedicinal value-added agricultural industry in Kansas through a center of excellence at K-STATE in alternative crop production. CAMI is well served by KSU's doctors in horticulture, experimental farming, and agricultural economists.
6. Kansas economic leaders, including KTEC and Commerce and Housing's Agriculture Div. Need N.D. licensing. Both are members of Great Plains CAMI. KTEC will have the CAMI web page up and running in July 2000. This is the first time, to my knowledge, that all of our universities, particularly, KU and KSU, have come together with economic leaders on a project goal of any kind. Their hearts are in it. They are excited. They know we have a reachable goal and that they are paving the road for a future for Kansas.
7. Wichita State University needs N.D. licensing. As a branch of Great Plains CAMI, WSU Dept. of Public Health and Health Policy has created a clinical project for a low-income area in Wichita to meet requiremets for N.I.H. alternative medicine research funding. It involves the Dept. of Community Health, Planeview United Neighborhood, United Methodist Health Clinic, Newman University, Dept. of Social Work, and contributing Via Christi nursing administrators, osteopaths, chiropractors, naturopaths, optometrists and dentists in the area. This neighborhood is one of the most impoverished and ethnically diverse neighborhoods in the state. Asian and oriental residents understand naturopathic medicine and are insecure in this country without it.
8. Washburn University needs N.D. licensing. Naturopathic and alterative medicine nursing programs are planned for this university. Washburn's president is a member of Great Plains CAMI.
9. Kansas' farmers need N.D. licensing. One hundred cultivated acres of Echinacea, known as Kansas Snake Root, had a gross market value of \$1.3 million in 1998. Kansas native medicinal plants, all 103 of them, are of better quality

than other locations and climates in the world. Echinacea is an antibiotic for virus and is the top seller of herbal medicines today.

10. Health food stores need N.D. licensing. Since CAMI plans to make Kansas a globally recognized state for plant medicine, Kansas' health food stores will continue to grow into supermarkets and reflect the staggering growth of such stores in licensing states. Attached to this testimony is a letter from Tim Clark, consumer, who tells you he has over 200 petitions from health store customers asking for N.D. licensing. Also attached is a statement of support from the National Nutritional Foods Association.
11. Naturopaths who are not physicians need N.D. licensing. Naturopathic colleges, trade schools, and correspondence schools providing education for consultation professions in the benefits of health foods, herbs, and medicinal herbs, will be able to have their students consult openly. Current statute prohibits any practice by those who graduate from colleges, if they were not practicing here prior to January 1, 1982. This is repealed in HB2728. However, the bill does not allow the use of the term doctor or N.D. for those who do not meet educational and board exam requirements of this bill. Correspondence schools awarding the title of "doctor" and "N.D." with a mail order degree will not do that in Kansas under this bill.
12. Other professions within the field of "alternative health care," such as acupuncturists and massage therapists, need N.D.'s to be licensed. N.D. licensing will build a professional resource for the legislature, when tiered licensing issues within the alternatives is requested by these providers.
13. Public Health agencies need N.D. Licensing, urgently, because public health is dealing with ethnic groups that are more comfortable and more familiar with naturopathic care. Also, one ethnic group needs diabetic care that is not the same for another ethnic group.
14. The Kansas Legislature needs to pass HB2728. The current statute, KSA 65-2872a, is in Kansas Supreme Court to determine its constitutionality. This statute is grossly unfair to alternative providers and the citizens of this state. The statute is an injustice. Injustice anywhere is a threat to justice everywhere.

15. Hospitals need N.D.'s to improve patient care. This may start a turnaround for the growing number of medical mistakes plaguing hospitals and conventional medical professionals.
16. M.D.'s need N.D.'s working with them because conventional health care emphasizes trauma medicine and naturopathic medicine picks up where that leaves off.

HB2728 moves Kansas forward with a vision and a plan. It enables us to work toward hundreds of millions of dollars in research grants, agricultural exports, new industries, jobs, educational opportunities, new revenue sources, reduced reliance on health insurance, reduced reliance on high-cost prescriptions, and the beginning of a reversal to the ever-increasing pollutants going into our waters from agriculture.

Naturopathic medicine works. Consumers say so. It is SAFE! Attached to my testimony is a letter from a professional liability insurer stating this company's favorable experience nationwide. They hope to insure N.D.'s in Kansas when they are licensed here.

HB2728 creates a board of naturopathic medicine. SB593 puts N.D.'s under the regulation of the Kansas Board of Healing Arts. There is some concern by the Dept. of Administration as to whether the board of naturopathic medicine can support itself in the beginning. Even though I prefer the new board, I would not oppose this committee's decision to amend SB593 into HB2728 and thereby change it to Healing Arts.

In order to clarify the intent of HB2728, as it relates to various students and graduates of naturopathy and health food store owners and employees, I ask the committee to amend HB2728 with the amendment I have attached to this testimony. This spells out the exemption for licensing for counselors, educators, and retailers.

10406 W. May
Wichita, KS 67209

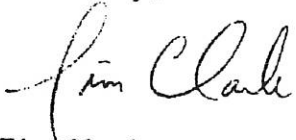
Date: 2/28/00

State Capital Building
Attn: Representative Gwen Welshimer
Topeka, KS 66612

Dear Rep. Welshimer

I have information pertaining to a petition of signatures supporting licensure for Naturopathic Physicians in the State Of Kansas. I have 200 or more signatures on the petitions, which I collected during the months of May and June of 1999. The signatures from the petition were from customers at the various health food stores in Wichita, Ks. The information is available at your request.

Sincerely,



Tim Clark
Future Naturopath



www.mgis.com

March 3, 2000

Kansas State Legislature
Kansas State Capitol
Topeka, KS 66612

Re: Naturopathic Physicians

To Whom It May Concern,

I am writing in support of legislation leading to the licensure of naturopathic physicians.

For over ten years, our firm has provided licensed naturopathic physicians with medical-professional liability insurance. We have been very pleased with the low claims frequency and severity on this group of physicians. We believe that the favorable claims experience is due to the typically high-quality physician-patient relationship and to the non-invasive aspect of naturopathic medicine.


We provide this coverage to naturopathic physicians only in states that license them. It appears to us that the above legislation would enable us to provide coverage to naturopathic physicians in your state.

We base our opinions on our experience nationwide as a broker specializing in providing insurance coverage to the health care industry. With medical-professional liability alone, we insure several thousand physicians in all types of health care delivery systems nationwide. Company wide, with many types of insurance coverages applied, we serve over 100,000 physicians nationwide.

Please call me anytime at 1-800-969-6447 with any questions you may have.

Respectfully yours,

MGIS Property & Casualty Insurance Services, Inc.


Jeffrey D. Brunken, CPCU
President

JDB:me

4-6

National Nutritional Foods Association

Founded 1936

3931 MacArthur Blvd., Suite 101, Newport Beach, CA 92660 • (949) 622-6272 • Fax (949) 622-6266 • NNFA@aol.com

The National Nutritional Foods Association's Position Paper on: Alternative and Naturopathic Medicine

Naturopathic Medicine is a distinctively natural approach to health and healing that recognizes the integrity of the whole person. Naturopathic Medicine is heir to the vitalistic tradition of medicine in the Western world, emphasizing the treatment of disease through the stimulation, enhancement and support of the inherent healing capacity of the person. Alternative medicine is also extremely popular with the public. A national telephone survey found that 34% of Americans visited alternative practitioners in 1990, spending \$13.7 billion on these visits. Americans made more visits to alternative practitioners (425 million) than to primary care physicians (388 million).¹

That food is the best medicine is a cornerstone of naturopathic practice. According to NNFA Director of Science, Jill Ellis, Ph.D.,² "Many health conditions can be treated effectively with foods and nutritional supplements, with fewer complications and side effects." Naturopathic physicians use dietetics, natural hygiene, fasting and nutritional supplementation in practice.

Naturopaths professional status is now being recognized in more and more states. The National Nutritional Foods Association (NNFA) supports the licensure of naturopaths so long as there are adequate safeguards to assure that NNFA's policy, with respect to nutritional information, is preserved. It is NNFA's policy that all persons have the right to provide, disseminate or receive nutritional information, assessment and counseling from the source of their choice. NNFA supports the following exemptions from naturopathic licensure requirements as necessary and appropriate:

Supplement Retailers

Individuals engaged in the sale of vitamins, health foods, dietary supplements, herbs, or other products of nature, the sale of which is not otherwise prohibited under state or federal law should be exempted from licensure, but this does not: (a) allow a person to diagnose any human disease, ailment, injury, infirmity, deformity, pain, or other condition, or (b) prohibit providing truthful and non-misleading information regarding any of the products under this subsection.

Religious Freedoms

A person engaged in good faith in the practice of the religious tenets of any church or religious belief, without the use of prescription drugs should be exempted from

¹ Eisenberg DM, Kessler RC, Foster C, Novlock FE, Calkins DR, Delblanco TL, et al. Unconventional Medicine in the United States. *N Engl J Med* 1993; 328:246- 52

² Ph.D. in Nutritional Science from University of California, Davis.

4-7

8-17

1 (a) Prescribe, dispense or administer any prescription drugs or con-
2 trolled substances, except those natural medicines as authorized by this
3 act.

4 (b) Perform the taking of x-ray tests or electrocardiograms.

5 (c) Perform surgical procedures.

6 (d) Practice emergency medicine, except as a good samaritan ren-
7 dering gratuitous services in the case of emergency and except for the
8 care of minor injuries.

9 (e) Practice or claim to practice allopathic medicine, surgery, oste-
10 opathy, dentistry, podiatry, optometry, chiropractic, physical therapy or
11 any other system or method of treatment not authorized by this act.

12 New Sec. 6. Nothing in this act shall be construed to prohibit or
13 restrict:

14 (a) The practice of a profession by individuals who are licensed, cer-
15 tified or registered under other laws of this state who are performing
16 services within their authorized scope of practice.

17 (b) The practice of naturopathic medicine by an individual employed
18 by the government of the United States while the individual is engaged
19 in the performance of duties prescribed by the laws and regulations of
20 the United States.

21 (c) The practice by a doctor of naturopathic medicine duly registered
22 or licensed in another state, territory, or the district of Columbia when
23 incidentally called into this state for consultation with a person licensed
24 to practice medicine and surgery.

25 (d) The practice of naturopathic medicine by students enrolled in an
26 approved naturopathic medical college. The performance of services shall
27 be pursuant to a course of instruction or assignments from an instructor
28 and under the supervision of the instructor. The instructor shall be a
29 licensed naturopathic physician.

30 (e) The treatment of the sick or suffering by spiritual means through
31 prayer alone in accordance with the tenets and practices of an established
32 church or religious denomination.

33 (f) Persons gratuitously administering ordinary nutritional or house-
34 hold remedies.

35 (g) A chiropractor licensed under the healing arts act.

36 New Sec. 7. Naturopathic physicians shall have the same authority
37 and responsibility as other practitioners of the healing arts regarding pub-
38 lic health laws, reportable diseases and conditions, communicable disease
39 control and prevention, recording of vital statistics, health and physical
40 examinations, and local boards of health, except that such authority shall
41 be limited to activity consistent with the scope of practice authorized by
42 this act.

43 New Sec. 8. The board shall:

(h) Any person, including persons employed in health food stores, from furnishing nutrition information as to the use of food, food materials or dietary supplements, nor to prevent in any way the free dissemination of information or of literature as long as no individual engaged in such practices holds oneself out as being licensed under this act.

is certified by the board of healing arts under K.S.A. 65-2899 to administer such general and local anesthetics.

History: L. 1957, ch. 343, § 72; L. 1976, ch. 273, § 33; L. 1976, ch. 276, § 2; July 1.

Research and Practice Aids:

Physicians and Surgeons ⇐ 6(1).

C.J.S. Physicians, Surgeons and Other Health-Care Providers §§ 2 to 5, 14, 15, 28.

Law Review and Bar Journal References:

"Guideline for Joint Policy Statement on Nursing Service," 69 J.K.M.S. 66, 67 (1968).

"Physician's Assistant and Nurse Practitioner Laws: A Study of Health Law Reform," Philip C. Kissam, 24 K.L.R. 1, 12, 22, 23, 26, 27 (1975).

"Recent Legislation: The Kansas Approach to Medical Malpractice," Nancy Neal Scherer and Robert P. Scherer, 16 W.L.J. 395, 407 (1977).

Attorney General's Opinions:

Persons deemed engaged in the practice of healing arts. 85-92.

Tests for alcohol or drugs; who may administer. 87-64. Master level psychologists; supervision; limitations on practice. 87-184.

Mobile intensive care technicians; authorized activities. 90-134.

CASE ANNOTATIONS

1. Mentioned; terms "physician" and "qualified medical technician" as used in 8-1003 interpreted. *State v. Carter*, 202 K. 63, 66, 446 P.2d 759.

2. Cited; practice of healing arts does not include those whose services are performed under supervision of a licensed practitioner. *State, ex rel., v. Doolin & Shaw*, 209 K. 244, 257, 262, 497 P.2d 138.

3. Cited; ambulance services as professional services and exempt from bidding requirements in home rule statute (19-214) examined. *Curtis Ambulance v. Shawnee Cty. Bd. of Cty. Comm'rs*, 811 F.2d 1371, 1381 (1987).

65-2872a. Practice of certain naturopaths permitted without approval by board; certain activities prohibited. Any naturopath who is a graduate of a nationally recognized naturopathic college as approved by the state naturopath association and practicing in the state of Kansas as of January 1, 1982, shall be permitted to practice in Kansas without approval by the board of healing arts. No naturopath shall be permitted to practice surgery, obstetrics or write prescriptions for prescription drugs.

History: L. 1982, ch. 378, § 6; July 1.

65-2873. License to practice healing arts by examination; prerequisites; postgraduate study; use of title and degree. (a) Each applicant for a license by examination to practice any branch of the healing arts in this state shall:

(1) Present to the board evidence of proficiency in the basic sciences issued by the national board of medical examiners, the board of examiners of osteopathic physicians and sur-

geons or the national board of chiropractic examiners or such other examining body as may be approved by the board or in lieu thereof pass such examination as the board may require in the basic science subjects;

(2) present proof that the applicant is a graduate of an accredited healing arts school or college; and

(3) pass an examination prescribed and conducted by the board covering the subjects incident to the practice of the branch of healing art for which the applicant applies.

(b) Any person seeking a license to practice medicine and surgery shall present proof that such person has completed acceptable postgraduate study as may be required by the board by regulations.

(c) The board may authorize an applicant who does not meet the requirements of paragraph (2) of subsection (a) to take the examination for licensure if the applicant:

(1) Has completed three years of postgraduate training as approved by the board;

(2) is a graduate of a school which has been in operation for not less than 15 years and the graduates of which have been licensed in another state or states which has standards similar to Kansas; and

(3) meets all other requirements for taking the examination for licensure of the Kansas healing arts act.

(d) In addition to the examination required under paragraph (3) of subsection (a), if the applicant is a foreign medical graduate the applicant shall pass an examination given by the educational commission for foreign medical graduates.

(e) No person licensed to practice and actively engaged in the practice of the healing arts shall attach to such person's name any title, or any word or abbreviation indicating that such person is a doctor of any branch of the healing arts other than the branch of the healing arts in which such person holds a license but shall attach to such person's name the degree or degrees to which such person is entitled by reason of such person's diploma.

History: L. 1957, ch. 343, § 73; L. 1969, ch. 299, § 16; L. 1976, ch. 273, § 34; L. 1985, ch. 216, § 2; July 1.

Research and Practice Aids:

Physicians and Surgeons ⇐ 5(2).

C.J.S. Physicians and Surgeons §§ 13, 23.

Law Review and Bar Journal References:

"Use of Medical Expert Testimony on Standard Care for Chiropractors," Timothy Short, Vol. VIII, No. 5, J.K.T.L.A. 19 (1985).



6 March 2000

Representative Gwen Welshimer
Sedgwick County
8103 Castle
Wichita, KS 67218

Cooperative Extension Service

K State Research and Extension
Horticulture
3601 Throckmorton Plant
Sciences Center
Manhattan, KS 66506-5507
785-532-6173
Fax: 785-532-5780
http://www.oznet.ksu.edu/dp_hfrr

Dear Representative Welshimer:

I am writing in support of House Bill. No. 2728, "an act concerning naturopathic physicians; relating to the licensing and regulation thereof."

As the designated Chair of the Great Plains Comprehensive Agriculture and Medical Institute, I see that this bill would both strengthen and complement the mission of this organization (CAMI). As you know, the CAMI mission statement reflects both educational and research oriented goals. It also promotes profitability of agriculture, and the practice of alternative medicine in Kansas. The value of developing phyto-medicinals as a future crop and product for Kansas will depend on the collaboration between agricultural scientists and licensed naturopathic physicians. That's why this bill is so important, and so timely.

I'm also writing in support of this bill as one of the agricultural scientists involved in seeking funding from the National Institute of Health (NIH) and other organizations for research on phyto-medicinals. Since January, I have made two trips to Washington D.C. to meet with NIH program staff, to become familiar with the NIH Center for Alternative Medicine funding mechanisms, and to be a representative of the Kansas "team" working on these grants. Up to \$1.5 million per year will be awarded this year by NIH for a botanical center. Kansas has put together an excellent team of researchers including KSU, KU, KU Medical Center, Haskell, and others. One of the NIH criteria is for medical schools to collaborate with agricultural scientists and botanists. Another recommendation is for the active involvement of naturopathic physicians in the design and interpretation of clinical trials. Kansas will have stiff competition in this granting process. We are one team, and may be competing against as many as a dozen others. However, we think that we have a strong proposal design, and the right blend of projects and researchers. The approval of HB 2728 would strengthen our grant even further.

I'm sorry that I can't be there in person to lend my support for this bill. I hope that you will consider my written testimony, and that of my other colleagues who are looking forward to future research projects on phyto-medicinal plants.

Sincerely,

Rhonda R. Janke
Associate Professor and Extension Specialist
Sustainable Cropping Systems

Kansas State University
Agricultural Experiment
Station and Cooperative
Extension Service

K-State, County Extension
Councils, Extension Districts,
and U.S. Department of
Agriculture Cooperating.

All educational programs
and materials available
without discrimination on
the basis of race, color,
religion, national origin,
sex, age, or disability

"Knowledge
for Life"

TESTIMONY IN SUPPORT OF HB 2728

Barbara Denison, BSN, RN, HNC
6609 S. Spencer Road
Newton, KS 67114

March 7, 2000

Representative Gary Boston
Chairperson
House Public Health and Welfare Committee
State Capital
Topeka, Kansas 66612

Chairman Boston and members of the committee, I thank you for giving me the opportunity to speak today in support of HB 2728. My name is Barbara Denison; I am a registered nurse and Certified Holistic Nurse. I am employed at Via Christi Regional Medical Center in Wichita, Kansas in the position of Coordinator of Complementary Healing Services. In this position I provide nursing care for inpatients and outpatients, such as Therapeutic Touch, music and imagery, as well as teach Therapeutic Touch and health promotion classes. I am pursuing Advanced Practice Nursing education through a Masters of Science in Nursing at Wichita State University.

I am here today to speak in support of both HB 2728 and SB 593 because they provide scope of practice, licensing and regulation for Naturopathic Doctors (ND) in the state of Kansas. This regulation is necessary so that the public can be assured they will receive appropriate and safe care. Through licensing, the public will know that their ND was educated according to the professional standards established by the accredited naturopathic colleges in the United States. The public has the right to natural options for their healthcare that respects and collaborates with conventional medicine. It is the public's right to have this choice, as a way to blend, conventional/traditional medicine with a holistic approach.

NDs are educated as primary care providers. They provide quality diagnosis and use the least invasive approach to promote health as their first line of intervention. These interventions would be considered complementary alternative medicine (CAM) approaches. The public is demanding complementary treatments as evidenced by the well known Eisenberg survey published in the *New England Journal of Medicine* in 1993 that indicated 34% of adults in the U.S. used at least 1 "unconventional" form of healthcare. (1) A recent Stanford University survey found that 69% of Americans used some form of alternative therapy in the past year. (2) A researcher from Harvard Medical School who performed a survey of 117 of the 125 U.S. medical schools between 1997 and 1998 found that nearly two-thirds offered courses on CAM. (3) However most of these were electives. NDs education emphasizes CAM during their clinical instruction with training in herbal medicine, nutritional medicine, acupuncture, homeopathy, hydrotherapy, mind-body medicine, and massage. The opportunity for allopathic physician's to collaborate with NDs who have the expertise in the field of CAM should be made available through this legislation. A 1997 study in the *Journal of American Medical Association* revealed that the reason Americans use CAM is not because they are dissatisfied with conventional medicine, but largely because they find these healthcare alternatives to be more congruent with their own values, beliefs and philosophical orientations toward health and life. (4) As a registered nurse whose patient's request complementary therapies and as a person who uses CAM, I ask your support for HB 2728.

1. Eisenberg, D.M.; Lessler, R.C.; Foster, C.; Norlock, F.E.; Calkins, D.R.; Delbano, T.L. (1993). Unconventional Medicine in the United States. Prevalence, Costs, and Patterns of Use. New England Journal of Medicine, 328(4): 246-252.
2. Stanford Center for Research in Disease Prevention in Stanford, CA, and American Specialty Health Plans and Health Net. (1998). Survey of 1,000 Americans about their use of 19 treatments and therapies. Complementary and Alternative Medicine at the National Institute of Health Newsletter, V(3): 3.
3. Wetzel, M.S. (1998). Survey of 117 of the 125 U.S. medical schools. Complementary and Alternative Medicine at the National Institute of Health Newsletter, V(3): 3.
4. Astin, J.A. (1998). Why Patients Use Alternative Medicine. Results of a national Study. Journal of American Medical Association, 279(19): 1548-1553.

H+H5
3-7-2000
Atch #5

TESTIMONY
STANLEY W. BEYRLE, N.D.
HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
MARCH 7, 2000

To : Representative Gary Boston, Chairman, and Committee Members.

SUBJECT: Alternative Health Care, re: Naturopathic physicians

It is my honor and privilege to testify before your committee today. I want to thank you for your time and attention to this matter before you.

My name is Stanley Beyrle. I am a naturopathic physician and the owner of the Kansas Clinic of Traditional Medicine. I have provided Naturopathic medicine to residents of Kansas for the past 18 years. I am here in support of a Naturopathic licensing bill.

Nature of the profession:

a) Post graduate training at physician level, utilizing natural biochemical and physical therapies. It spans four years and includes in residence academics and clinical training methods.

b) Naturopathic physicians fill a vacuum where medical doctors leave off, such as clinical therapeutic nutrition and successful treatment of chronic disease. A Naturopathic physician can address the interactive combinations of pharmaceutical prescription drugs and natural medicines such as vitamins and/or botanicals (herbs).

c) Naturopathic physicians work in private clinics, as sole proprietors or with a group of other N.D.s. These also can be multi disciplinary settings, as for example, Cancer Treatment Centers of America, community clinics and hospitals. Some N.D.s work in clinics alongside M.D.s.

d) Consumers are referred by non-physicians, physicians, media and national association referral lines.

e) The scope of practice of Naturopathic physicians is extensive and multi-factional. N.D.s are trained to order and assess labwork, perform physical exams, develop patient history, evaluate patient emotional status, as well as other clinical diagnostics of health care. Therapies include, but are not limited to, natural therapies such as homeopathy, botanical and nutritional, as well as physical medicine and the referral to other medical specialist providers if necessary.

H+HS
3-7-2000
Atch #6

TRAINING/EDUCATION:

- a) College education: admission into an accredited college or university.
- b) Pre clinical education: Classwork and labwork in basic biomedical setting.
- c) Clinical education: Four years of in residence medical schooling.
- d) Residency, if applicable.
- e) Continuing Medical School.

Each of the three federally accredited naturopathic medical schools has curriculum approved by the U.S. Secretary of Education through the Continuing Naturopathic Medical Education (CNME).

Credentials issued are N.D. for Doctor of Naturopathic Medicine.

National exam is the NPLEX (naturopathic licensing examination) is required in each state that is licensed.

CREDENTIALING:

- a) Federal: U.S. DEPT of Education/CNME
- b) State: Licensure in 11 states and Puerto Rico.

ASSOCIATION: (National) American Association of Naturopathic Physicians. The members are graduates of the four year, federally accredited naturopathic medical schools. The association guarantees the quality by assuring the public of the educational "gold" standard.

REGULATION

a) AANP is in total agreement of the need to name an impartial professional government body for the purpose of licensing, policy making and regulating the Naturopathic profession.

b) The profession should not be regulated by a professional state association, but rather a government body that deals with health providers.

N.D.s serve on the advisory panels and Cancer research boards at the National Center for the Complementary Alternative Medicine. They have made it clear that Naturopathic

physician providers must be involved for the state to receive 100% of the funding available for each study. Without such alternative providers, funding is minimal

In Kansas, we currently have a statute that does not allow graduates of Naturopathic medical schools to practice unless they were here 19 years ago. Because of this, a licensing law is requested to resolve this matter. Naturopathic medicine is a distinct and separate form of the healing arts (as per federal recognition) and therefore requires a licensing law that defines scope and standards. Naturopathic physicians are trained and examined to diagnose and treat human illness. Due to the high level of training, naturopathic physicians are licensed as primary care physicians.

Licensing Naturopathic physicians should allow such doctors to do that which falls within the scope of their education, training and examinations. As it stands now, a Naturopathic physician in Kansas can not practice as he or she has been trained to do and as federal recognition allows.

Naturopathic physicians meet acceptable high level standards. The Kansas legislature must recognize those standards in the law, thereby ensuring the citizens of Kansas the appropriate quality practitioners to provide excellence in health maintenance and treatment of disease.

We have testimony for you today from conventional medical professionals and doctors that will tell you they support this licensure. They know that this regulation is essential to protecting the public safety outside of mainstream medical realm.

The Kansas Board of healing Arts has a duty to ensure public safety through regulation. They currently lack the standards with which to ensure qualifications for protection of the public in Naturopathic medicine. Licensing provides the standards, based upon federal law and precedent set by other states who have licensing. The attorney for the Kansas Board of Healing Arts has been quoted as saying that "Naturopathic Medicine is a form of the practice of the healing arts, although it is currently carved out by state statute". Without licensing standards the potential for the untrained and inadequately schooled to operate without oversight is probable and no public safety nets for Kansas citizens.

You may hear testimony today from a health store owner/manager that will tell you this licensing bill will affect his business. That is true. In licensed states, the health food stores are bigger and better. In part this is because NDs refer people to health food stores to purchase organic foods, whole grains and other health related products. There is a direct correlation that the more NDs there are in a state, the busier the health food stores are in that state. This bill only encourages the patronage of health food stores.

You may here testimony today from someone who claims they are of the same profession as myself and my colleagues. They will tell you that they are not physicians and that they do not practice medicine. Well they don't, but we do. We are educated, trained and examined as primary care naturopathic physicians. They do not have this education and training. Nor are they required to pass national board examination.

Lastly, you may hear testimony today saying we must first go through the credentialing process like other professions, that we failed to do this. This is not so. We submitted the credentialing criteria, and it was determined there were too few NDs in the state for this process to be viable. We were not rejected because of substance but because of such few numbers. We have at least a dozen NDs, Kansas natives wishing and waiting to come back to Kansas. Home. As quoted by Surendra Singh Ph.d., KDHE committee member on that credentialing board, "Given that specialization characterizes all fields of health care, and given the desireability of encouraging young people to pursue new avenues of basic science education, knowledge and application of plants and their derivatives would enhance the delivery of health care in Kansas. Licensing of Naturopathic medicine at a level that consists of such scope-of-practice

would not harm and would benefit the people of Kansas"
The citizens of Kansas will be the benefactors.

Thank you for your attention.

Stanley W. Beyrle N.D.



The Coalition For Natural Health

**TESTIMONY BEFORE THE
KANSAS
HOUSE COMMITTEE
ON
HEALTH AND HUMAN SERVICES
TUESDAY, MARCH 7, 2000**

Mr. Chairman, and members of the Committee, I want to thank you for the opportunity to speak to you today about the Coalition for Natural Health's opposition to licensing of "naturopathic physicians" proposed in HB 2728. My name is Boyd J. Landry, Executive Director of the Coalition for Natural Health, with offices in Missoula, MT and Washington, DC.

The Coalition for Natural Health (CNH) is a non-profit organization representing over 2,500 individuals nationwide, and over 50 individuals in Kansas, who share a common goal: to promote the holistic approach to health and to ensure that natural health alternatives remain widely accessible to the public.

The mission of the Coalition for Natural Health is:

- to educate the public as to the true meaning and benefits of traditional naturopathy;
- to educate legislators on the efficacy of traditional naturopathy;
- to prevent legislation that would prohibit traditional naturopaths from practicing now and in the future; and
- to keep traditional naturopathy in the public domain.

1220 L Street, N.W.
Suite 100-408
Washington, DC 20005-4018
1-800-586-4CNH (4264)
DC Residents 202-216-9488
1-800-598-4CNH (4264)
<http://www.naturalhealth.org>

♻️ 100% RECYCLED PAPER

H & HS
3-7-2000
Atch #7

Before delving into specific aspects of HB 2728, introduced in 2000, I would like to address the perfunctory need of the proponents to pass this legislation. The "naturopathic physician's" true agenda for this legislation is economic protection. The proponents need this bill because a new law creating a new profession is necessary to allow them to perform the range of services they want to perform and because some of these services would be interpreted as the practice of medicine. In other words, it is all about money and self-interest. Dr. Rena Bloom, a Denver "naturopathic physician" was quoted in the Colorado Daily (Exhibit 1) on Monday, January 18, 1999, as stating, "We need this bill because at this point, we're illegal --- we're practicing medicine without a license."

REQUIREMENTS OF LICENSURE

The bill is divided into 3 contentious parts: 1) Qualifications for Licensure; 2) Scope of Practice; and 3) Title Protection. These are the same three parts that raise the level of discussion on this issue in many other states. The proponents of this legislation will argue that eleven states have passed legislation of this type and Kansas should follow suit. However, since 1996, eleven states (Texas, Minnesota, Rhode Island, Kentucky, Iowa, Massachusetts, Kansas, Missouri, Oklahoma, Colorado, and Idaho) rejected legislation of this type and six of these, Oklahoma, Minnesota, Idaho, Colorado, Massachusetts and Texas rejected it more than once. In total, it has been rejected on 18 different occasions in the past four years.

Section 10 of the bill calls for all licensees to be a graduate of a board approved naturopathic medical university that is accredited. With respect to Section 10, these "naturopathic medical" schools claim that the U.S. Department of Education authorizes the Council of Naturopathic Medical Education to accredit these schools. Exhibit 2 shows that the Council is composed of eleven members, of which nine are "naturopathic physicians" who accredit the schools from which they graduated and limit the practice to graduates of these schools, thereby creating a self-serving monopoly on such licensure. It should also be noted that the schools which provide "naturopathic medical" education and training to self-described "naturopathic physicians" are accredited as academic programs and not medical programs. None of the schools have received accreditation from the American Medical Association or the Liaison Committee on Medical Education (LCME), the accrediting agency for medical schools in the United States. Despite the lack of an accredited medical education, this bill allows for a medical scope of practice.

An examination of the faculty of Bastyr University, one of the "accredited schools" highlights the limitations of "naturopathic medical" education. In 1997, there were a total of 64 faculty members for Bastyr University listed in Peterson's Guide to Colleges and Universities. Of these 64 individuals, there

are only three faculty members that are listed as M.D.'s. Thirty-one of Bastyr's faculty members hold N.D. degrees from Bastyr as their primary qualification. Four hold N.D.'s from National College of Naturopathic Medicine in Portland. Exhibit 3 indicates that in 1999, National College listed 58 faculty members with 40 members of the faculty having graduated from National College. In fact, the faculty member who teaches oncology and gynecology lists National College as her only credential.

I'm sure that the proponents of this bill provided you with a chart that compared the three naturopathic schools to top medical schools such as Johns Hopkins, and Stanford. While the chart compared only course hours, it certainly conveyed a sense that these "naturopathic medical" schools were academically on par with, or better than, the best medical schools in the United States. "Naturopathic medical" schools have only been accredited since the late 1980's. Most of the instructors at these schools are "naturopathic physicians," and that means most instructors either graduated from unaccredited schools or are relatively new to practice. I ask you to closely re-examine the faculty at National College in Exhibit 3 where you will find that 24 (60%) of the 40 faculty members with National College degrees received their degree prior to federal accreditation.

As you can see, "naturopathic medical" education and training mimics medical education and training in form but not in content. Conventional medical students start clinical work under physician supervision in their third and fourth years, and are assigned to work in major teaching hospitals and clinics. Even after four years of medical school, graduates are ineligible for full medical licenses but must enter residency programs which last between three and eight years. The three "naturopathic medical" colleges in the United States do not provide the equivalent of a medical education. It cannot even be compared.

The Council of Naturopathic Medical Education is currently under review by the Department of Education for renewal of accreditation status. The Department of Education deferred its decision on the renewal application to its fall meeting at its public hearing on May 12, 1999, in Washington, DC. Exhibit 4 indicates that there is strong evidence that the Department may not renew the CNME's status as an accrediting body. In fact, on November 19, 1999, the Department of Education staff (Exhibit 5) recommended that CNME not be continued as a federally recognized accrediting agency. If the National Advisory Committee on Institutional Quality and Integrity accepts the staff's recommendation, only graduates from one school, Bastyr, would be eligible for licensure.

TITLE PROTECTION

Section 3 of the bill outlines which titles are protected. "Naturopathic physicians" cannot help but refer to themselves as such and to what they do as "naturopathic medicine." The State of New Hampshire prohibits the use of the term "physician," yet, the "naturopathic physicians" use these terms and titles to identify themselves in their newsletter, The Naturopathic Physician, Volume 9 Number 2 Summer 1994, when they referred to the passage of the law as the licensing of "naturopathic physicians" in Exhibit 6. This action forced State Representatives William Kidder and Kathleen Ward to take the publication to task in Exhibit 7. The usage of the terms "physician" and "medicine" create a serious problem of confusion for the public.

Please turn to Exhibit 8, Bastyr University's catalog, and flip through the pages to all of the highlighted portions. The program is referred to as "naturopathic medicine," and if this bill passes, you can pencil Kansas in on the right side of page 13 where it lists the states that currently license "naturopathic medicine." You will notice that the list includes New Hampshire. This is two significant examples of blatant disregard for public policy.

NATUROPATHY VS. NATUROPATHIC MEDICINE

A person who feels ill and sees an allopathic physician will typically be given a diagnosis to name the disease and then a prescription for medication to kill the germs that cause the illness. Once the symptoms have disappeared, the person is considered healthy. The allopathic approach to healing is to find the agent of disease – that is, bacteria or virus – and then to kill it.

Vis medicatrix naturae, or the healing power of nature, is central to naturopathic philosophy. This philosophy holds that disease occurs when a person is weakened by toxins that have accumulated internally – usually due to incorrect lifestyle, a poor diet, and improper care of the body. Bacteria and viruses, which are always present, seldom cause problems in a healthy body. While allopathic methods of treatment may get rid of symptoms, these treatments alone do not bring healing. The human body is designed to heal itself. Naturopathic modalities muster the body's inner forces to get rid of accumulated toxins and thereby allow true healing to take place. Rather than trying to attack specific diseases, naturopaths focus on cleansing and strengthening the body.

Naturopaths avoid procedures that are common to medical care – diagnosing disease, treating disease, prescribing drugs and pharmaceuticals, and performing invasive procedures. Instead, naturopaths focus on health and education, teaching their clients how to create internal and external environments that are conducive to good health. This is how naturopathy was meant to be as evidenced by Benedict Lust's obituary reported in *The New York Times*, "The members of the American Naturopathic Association do not believe in ...drug treatments, medicinal remedies or vivisection." (Exhibit 9)

Traditional naturopathy is not a medical practice. Diagnosing and treating disease, prescribing drugs and pharmaceuticals, performing major and minor surgery, giving injections and drawing blood, and performing other invasive procedures are medical practices that are outside the scope of naturopathy. A naturopath who performs these procedures is practicing medicine and, under existing laws, can be prosecuted for doing so without a license.

The common man on the street knows, and has known for over 100 years, that the colloquial meaning of the word "naturopathy" is synonymous with NOT using drugs or surgery. The American Heritage Dictionary of the English Language, 3rd edition, copyright 1996, defines naturopathy as "naturopathy, n. a system of therapy that relies on natural remedies, such as sunlight supplemented with diet and massage."

While self-styled "naturopathic physicians" seek to claim the same core philosophy as naturopaths, in practice, they move into territory long held by allopathic physicians. "Naturopathic physicians" seek to have laws enacted that would authorize them to perform minor surgery, practice obstetrics including episiotomies, prescribe certain drugs including some synthetic antibiotics, and use many allopathic diagnostic procedures including X-rays, electrocardiograms, ultrasound, and clinical laboratory tests. These procedures move "naturopathic medicine" far from the realm of traditional naturopathy and into the practice of medicine. This is why, "naturopathic physicians" are seeking to be licensed; otherwise, in conducting their desired scope of practice, and they would be illegally practicing medicine.

Minnesota was the most recent state to complete a comprehensive study of complementary and alternative medicine. A copy of the final report is provided. "In 1997, the Minnesota Legislature directed the Department of Health to conduct a study based on existing literature, information, and data on the scope of complementary medicine in Minnesota. This study was to include information on the types of complementary therapies available in the state, information on existing regulation of complementary medicine, utilization, and the extent of health plan coverage of complementary medicine therapies. The study was also to include recommendations on possible regulation of one or more complementary medicine provider groups. The legislation also directed the Commissioner of Health to convene a Complementary Medicine Advisory Committee. The committee includes representation from health care providers, including providers of complementary care, consumers, and health plans. This advisory committee was convened in September 1997 and provided input and advice on the development of this report." (Exhibit 10)

For the purposes of this discussion today, the Committee, for the first time by a state, distinguished naturopathy and naturopathic medicine. The committee defined naturopathy as, "...a distinct system of non-invasive health care and health assessment in which neither surgery nor drugs are used, dependence being placed only on education, counseling, naturopathic modalities, and natural substances, including without limitation, the use of foods, food extracts, vitamins, minerals, enzymes, digestive aids, botanical substances, topical natural substances, homeopathic preparations, air, water, heat, cold, sound, light, the physical modalities of magnetic therapy, naturopathic non-manipulative bodywork, and exercise to help stimulate and maintain the individual's intrinsic self-healing processes." As you can see, this definition does not deviate from the long-standing history and tradition of naturopathy.

In contrast, "naturopathic medicine" includes, "...the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; minor surgery and naturopathic obstetrics (natural childbirth), nutritional medicine, psychotherapy and counseling; dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; homeopathy; acupuncture;

Chinese medicine; naturopathic physical medicine, including naturopathic manipulative therapies; hydrotherapies; heat and cold; ultrasound; and therapeutic exercise." Again, this definition does not deviate from the short history of "naturopathic medicine. Let me further add, that some of the states that regulate "naturopathic medicine" give it primary care status on equal footing with allopathic and osteopathic physicians.

SCOPE OF PRACTICE

Sections 1 through 13, inclusive, set forth the scope of practice of potential licensees under this bill. By allowing "naturopathic physicians" to "diagnose and treat" disease, prescribe medications, perform obstetrics, and perform surgery, they will be elevated to the status of primary care physicians. This is a role they believe they were destined to serve in Kansas and the United States. Thomas Kruzel, former President of the American Association of Naturopathic Physicians, was quoted in the Spring 1994 edition of The Naturopathic Physician (Exhibit 11) as saying, "Naturopathic physicians are primary care, family practice physicians, and as such are gate keepers to the medical system, along with family practice MDs and DOs." You may also remember at the last meeting, Mr. Kruzel in response to a question from Senator Long stated that he has the authority to prescribe opium, without an accredited medical education. By passing this bill, the Kansas legislature would be equating "naturopathic physicians" with MDs and DOs, because "naturopathic physicians" will inform their patients that there is no need to continue to see a regular medical physician. Clients will assume "naturopathic physicians" have an education from an LCME recognized medical school because clients won't know the difference.

In a sworn deposition (Exhibit 12) Mr. Kruzel, former president of the AANP, defined minor surgery in this way: "...generally it means that you do not enter a body cavity." The Oregon "naturopathic medicine" licensing law defines minor surgery as "the use of electrical or other methods for the surgical repair and care incident thereto of superficial lacerations and abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics and local anesthetics in connection therewith." It is difficult to reconcile Kruzel's definition of minor surgery with the actual wording of the law.

Furthermore, Kruzel has given the following sworn testimony regarding his qualifications to perform vasectomies:

Q: You mentioned that you could do vasectomies on male gonads; is that correct? A: That's correct...Q: You don't consider that to be an invasive procedure? A: Certainly it's an invasive procedure, but it doesn't invade a body cavity, the scrotum is considered an appendix. Q: And is this procedure taught at National College? A: I don't know if it is or not... I'm saying that it's within the scope of naturopathic medical practice, and I believe that it probably is taught in school...Q: How many vasectomy operations did you do in school?...A: I did no vasectomies. Q: Do you feel that the fact that you did no vasectomies in school qualifies you to do them in the scope of practice out here with the public? A: Yes. It's a relatively simple procedure to do. Q: Could you learn this procedure by a video tape? A: Possibly.

The Washington Association of Naturopathic Physicians exposed their real agenda of displacing medical doctors as justification to expand prescriptive rights for "naturopathic physicians" to include Schedule II drugs. In a report to the Washington legislature last year (Exhibit 13), it stated, "The primary reason for this language change is to ensure that patients seeking naturopathic care will not unnecessarily be burdened with seeking a second office visit by another licensed practitioner (i.e. a real medical doctor) in order to get, for example, codeine cough syrup or an antibiotic which is not currently in the list of legend drugs that a naturopathic physician can prescribe." The Washington law was amended in 1988 and here they are again trying to broaden their scope to cover narcotic drugs.

CONCLUSION

Today, there are even more reasons why licensure should not be granted. It is clear that the education of "naturopathic physicians" does not come up to the standard one would expect from individuals that diagnose and treat disease, prescribe medications, and perform surgery. Granting licensure for "naturopathic physicians" would create an expectation that "initial and continuing professional or occupational competence" is assured. *If licensure is granted at this time, those so-called "naturopathic physicians" will be so elevated in stature that they will be perceived by the public as equal to the far more extensively trained allopathic physicians, thus creating the potential for harm.*

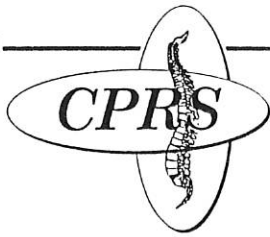
If licensure is not granted, "naturopathic physicians" may continue to practice in the same manner that is legal today – without making diagnoses, without prescribing medications, and without performing invasive procedures. Those who do these things without a license will be practicing medicine without a license and will be breaking the law. *Legal procedures are already in place for addressing this problem, at no added cost to the state.*

There has been no change in the State of Kansas or nationally since 1996 that would now indicate any need for licensing "naturopathic physicians." All of the eleven state legislatures which have looked at this question in 1997, 1998, 1999, and thus far in 2000, have concluded that traditional naturopathy

should remain unregulated and that there is no need to create a new medical profession styled as "naturopathic medicine."

Since the public is not crying out for the licensure of "naturopathic physicians," then who is? The cry for licensure is coming from 1 "naturopathic physician" in Kansas. This is not about public protection. This is about economic protection and economic survival. This "naturopathic physician" gambled on going to school for a profession that does not exist in 39 of the 50 states and he now expects the state to recognize them. Nancy Aagenes, President of the American Association of Naturopathic Physicians, stated in 1996 and it is still true today, "Nonetheless a student coming out of our schools, uncertain and anxious anyway often simply will not practice in an unlicensed state. If enough of us default on our loans, a major source of income for our schools is cut off."

Licensing this new medical profession would elevate the profession in the eyes of the public, since this licensure signifies approval by the State. While traditional naturopathy holds great potential benefit, it poses no danger to the public so state regulation is unnecessary and would prove nothing but a burden. Traditional naturopathy does not need to be licensed. With "naturopathic medicine" the potential for harm exists, and the training of "naturopathic physicians" is so questionable that this form of medicine should not receive approval by the State of Kansas. The State of Kansas *does not need to create a new medical profession* known as "naturopathic medicine." The State needs to reject the position of the AANP/KANP just as it did the last couple of years, and just as every state which considered this type of legislation in 1997 (Massachusetts, Texas, Iowa, and Minnesota), in 1998 (Minnesota, Kentucky, and Idaho), in 1999 (Idaho, Oklahoma, Missouri, Colorado, Massachusetts, Texas, Idaho, Rhode Island, and Kansas), and to date in 2000 (Oklahoma) rejected such licensing. This legislation is nothing but a self-serving attempt by a small group of individuals to legitimize their alternative approach *to the practice of medicine* by mandating the creation of their own licensing process; while simultaneously attempting to disenfranchise hundreds of your current constituents who have been practicing as a traditional naturopaths for years.



CENTRAL PLAINS RADIOLOGIC SERVICES

Dr. Steven J. Gould, Board Certified Chiropractic Radiologist

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Wichita, KS. 67277-1001

Phone: (316)-687-4991

Fax: (316)-684-1570

February 15, 2000

House of Representatives/ Senate
State Capital
Topeka, KS. 66612

Re: HB 2728
SB 593

Dear Representative/ Senator,

I am a chiropractic radiologist practicing in Wichita KS. I am familiar with the recent bills being introduced to provide a practice act or licensure for Naturopathic doctors. I would like to touch on several points of importance.

The need for a practice act: Some may say there is no need for Naturopathic doctors and to not let them in the state. I disagree with that thinking and by the buying habits of the American public (~~13.7~~ billion dollars on alternative care in the U.S.), the public in general is opting for non-traditional medical care. I would like to stress that it is important for these doctors to have a legislative act or provision by which to practice. If practitioners are practicing without a "license" of any kind, as the Naturopaths are forced to do now, then the public would have no recourse but through civil court, if something were to go wrong with the patient's care. Additionally there would be no checks and balances as to what kinds of Naturopaths would be practicing.

Having Naturopathic doctors with sufficient training is also vitally important. Chiropractic colleges have gone through a lot in the past years and has attained advanced education status that rivals or exceeds medical education in some areas. As for myself, I completed a separate Radiology Residency program following Chiropractic College and then had to pass Radiology Board Examinations for Board Certification in Radiology. The training of Naturopathic doctors must stand to the same standards, with proper internships and national board testing. As for the scope of practice for Naturopaths, I

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would recommend that the scope include those subjects appropriately taught in accredited Naturopathic colleges.

In short I am in favor of a licensing provision or practice act for Naturopaths. They must have provisions for national board testing, and appropriate hands on clinical training (no mail order degrees), and they must pass national board and possibly state board examinations prior to practicing in Kansas. Their types of services are being requested by the public, due to changing perceptions on medical care and greater emphasis on wellness and prevention by health care professionals and the general public.

Thank you


Steven J. Gould, D.C., D.A.C.B.R.

8-2



RE: Naturopathy in the State of Kansas

TO WHOM IT MAY CONCERN:

My name is William C. Simon, I am a chiropractic physician. I graduated from Cleveland Chiropractic College in Kansas City in 1981 and was licensed to practice in the state of Kansas and Missouri. I was in practice 3-1/2 years. I got my bachelor's degree in nutrition from Park College in Parkville Missouri and I was accepted to osteopathic school and graduated from osteopathic school in May of 1989. I did a rotating internship at Riverside Hospital and I am licensed to practice in the state of Kansas and Missouri. I practiced at Lake of the Ozarks for 1 year and then I have been in Wichita, Kansas for the last 7-1/2 years.

I first came to know of Dr. Beyerle, when a neighbor of mine was telling me that she was taking her child with recurrent ear infections to this naturopath because she was getting concerned because her son was not getting well with traditional approaches and antibiotics and the next step would be ear tubes which she was trying to avoid. That was about 4-1/2 to 5 years ago. Dr. Beyerle shortly thereafter, moved into an office a couple of blocks down the street from where our office is and since that time I have come to know and to work with him on a regular basis.

We have multiple patients in common, I have patients that I see that go to him for his help and expertise and I have patients who want to take the alternative route to their care so consequently, I work closely with Dr. Beyerle and these patients. He also will refer patients to me to medically manage as he does their nutritional support.

Throughout my experience with Dr. Beyerle over the last 4 to 5 years, the outcomes have usually been better than one would expect with just the traditional approach and certainly patient satisfaction was high.

Patients do seek me out because of my approach to alternative medicine and the fact that I am willing to work with them along other lines and do encourage them to take control in their

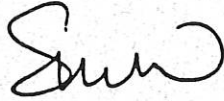
Page 2

RE: Naturopathy in Kansas

choices, and therefore, I have had interactions with lots of patients who have sought the alternative route. I do not consider naturopathy an alternative route, I consider it part of medicine because I think it is complimentary to the medications and treatments that we as osteopathic and main stream medical practitioners prescribe.

I do agree with the legalization of naturopathic medicine for the state of Kansas as it does offer other avenues for overall patient help. The educational standards are high and I feel that naturopathy has a place within the field of health care.

Sincerely, submitted,



William C. Simon, D.C.D.O.

WCS/ljb



WICHITA STATE UNIVERSITY

Department of Public Health Sciences

March 4, 2000

To Honorable Members of the Health Committees and Subcommittees of the Kansas Legislature

I am writing to support proposed legislation that would provide for licensing of naturopathic physicians and the regulation of the practice of naturopathic medicine in the State of Kansas. The reasons I favor such enabling legislation are simple:

- (1) there are far too many residents of the State who are unable to obtain needed health care in our current delivery system due to the lack of funds and/or available providers;
- (2) there are many others who, if given a choice, would prefer to seek care from practitioners who rely on naturopathic treatments and products; and,
- (3) there is a rapidly swelling consumer demand for safe, efficacious, and cost-effective alternatives to conventional medicine, especially in the case of health promotion and treatment of chronic disease.

As a public health teacher and practitioner, I believe we have a societal obligation to ensure that all people in the State have reasonable access to affordable and appropriate health care. But, increasingly we are becoming aware of the therapeutic importance of taking into account the values and beliefs that people bring to health care encounters. For example, evidence suggests that those with a deep religious faith recover more quickly after surgery if prayer and/or other elements of spirituality are incorporated into the treatment regimen. Similarly people holding strong beliefs about the efficacy of indigenous practices such as acupuncture or massage will be more likely to comply with and benefit from treatments that incorporate such procedures. I am enclosing the summary of a study conducted last fall by students in my Health Politics class at Wichita State University in which they found that more than 80 percent of the more than 350 respondents of all ages who were attending university courses, indicated they take botanical supplements or at least sometimes seek health care from other than allopathic physicians.

I hold great respect for our practitioners of conventional allopathic medicine and their curative technologies. However, the very science that has produced our modern medical wonders is increasingly emphasizing preventive measures while questioning the use of some of the more invasive methods and toxic products that have sharply driven up the cost of health care in recent decades. This convergence of cutting edge medical science, public demand and the knowledge base of alternative practitioners such as naturopathic physicians and acupuncturists, argues strongly for supporting in Kansas, a **complementary, integrative approach** to health care that respects the best practices of each field. Furthermore, a carefully regulated process that establishes rigorous scope-of-practice standards can ensure that State residents not only have access to a broader number of providers, but that the care they are able to receive is in keeping with their individual and family beliefs and traditions.

Sincerely,

Ruth B. Pickard, Ph.D.

6 March 2000

Representative Gwen Welshimer
Sedgwick County
8103 Castle
Wichita, KS 67218



Cooperative Extension Service
K State Research and Extension
Horticulture
3601 Throckmorton Plant
Sciences Center
Manhattan, KS 66506-5507
785-532-6173
Fax: 785-532-5780
http://www.oznet.ksu.edu/clp_lftr

Dear Representative Welshimer:

I am writing in support of House Bill No. 2728, "an act concerning naturopathic physicians; relating to the licensing and regulation thereof."

As the designated Chair of the Great Plains Comprehensive Agriculture and Medical Institute, I see that this bill would both strengthen and complement the mission of this organization (CAMI). As you know, the CAMI mission statement reflects both educational and research oriented goals. It also promotes profitability of agriculture, and the practice of alternative medicine in Kansas. The value of developing phyto-medicinals as a future crop and product for Kansas will depend on the collaboration between agricultural scientists and licensed naturopathic physicians. That's why this bill is so important, and so timely.

I'm also writing in support of this bill as one of the agricultural scientists involved in seeking funding from the National Institute of Health (NIH) and other organizations for research on phyto-medicinals. Since January, I have made two trips to Washington D.C. to meet with NIH program staff, to become familiar with the NIH Center for Alternative Medicine funding mechanisms, and to be a representative of the Kansas "team" working on these grants. Up to \$1.5 million per year will be awarded this year by NIH for a botanical center. Kansas has put together an excellent team of researchers including KSU, KU, KU Medical Center, Haskell, and others. One of the NIH criteria is for medical schools to collaborate with agricultural scientists and botanists. Another recommendation is for the active involvement of naturopathic physicians in the design and interpretation of clinical trials. Kansas will have stiff competition in this granting process. We are one team, and may be competing against as many as a dozen others. However, we think that we have a strong proposal design, and the right blend of projects and researchers. The approval of HB 2728 would strengthen our grant even further.

I'm sorry that I can't be there in person to lend my support for this bill. I hope that you will consider my written testimony, and that of my other colleagues who are looking forward to future research projects on phyto-medicinal plants.

Sincerely,

Rhonda R. Janke
Associate Professor and Extension Specialist
Sustainable Cropping Systems

Kansas State University
Agricultural Experiment
Station and Cooperative
Extension Service
K-State, County Extension
Councils, Extension Districts,
and U.S. Department of
Agriculture Cooperating.
All educational programs
and materials available
without discrimination on
the basis of race, color,
religion, national origin,
sex, age, or disability.

"Knowledge
for Life"

H & HS
3-7-2000
Atch # 11



446 North Dellrose Avenue
Wichita, Kansas 67208
316.618.4444
Fax 316.618.4455

Center for Natural Health and Research LLC

MEMORANDUM

To: Rep. Gary Boston, Chair
Kansas House Committee on Federal and State Affairs

From: Dr. Kate A. Coleman

Date: 2/25/00

Subject: Opposition to Proposed House Bill 2728 and other related Bills
Relevant to Proposed Legislature of Rep. Gwen Welshimer for Dr. Stan Beyrle
Regarding licensing of "Naturopathic Physician" Stan Beyrle

Please find enclosed a copy of Mr. Boyd J. Landry, Executive Director of The Coalition for Natural Health's strong opposition to the above-referenced legislative efforts. Please accept this on behalf of Mr. Landry to be read into testimony at any hearing, which may be held on the above-referenced subject.

TESTIMONY FROM DR. KATE A. COLEMAN:

There are several Naturopathic Doctors in the State of Kansas which strongly oppose the proposed legislature of house bill 2728 and other related bills attempting to elevate the status of Dr. Stan Beyrle from an N.D. to a primary care physician; and to eliminate any other N.D. which does not meet his approval. This is absurd. To understand exactly what this proposed bill is attempting to accomplish one must really read the bill(s) in their entirety together with the District Court lawsuit filed by the Healing Board of Arts which Dr. Beyrle lost in Sedgwick County, together with the briefs of both parties waiting to be heard at the Supreme Court in Kansas. After understanding at this level, it is clear that there is an attempt to establish Dr. Beyrle as the only qualified, N.D. in the state because all others will be sifted out according to the Board he proposes establishing of which he will rule. Far more dangerous, however, is the concept that, without going through the proper regulatory branch in Kansas to receive a license, that a person can become a "primary care physician"?

There are many N.D.s in the state which did not graduate from his school or the other two on site colleges, which would challenge and surmount the qualities of an N.D. graduating only from the approved Beyrle college list. To eliminate the true N.D.s from this state by some flimsy amendment, which does not allow us to use the title N.D. or perform the services, which we perform within the law of Kansas, is not constitutionally sound.

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I together with the other N.D.s in the State who do not pass the Beyrle sniff test do not believe we are physicians such as he does. We are truly N.D.s and do not want to be eliminated and/or under the scrutiny of Dr. Beyrle if this law were to pass. If this proposed law were to pass, it will establish a one-person show in Kansas as to who can practice as an N.D. There are federal laws preventing monopolies. If Dr. Beyrle believes he has the credentials to be a primary care physician in the State of Kansas then let him approach the licensing and regulatory agency for this license not to try to "backdoor" his self-elevated status through confusing legislature. To propose a bill which eliminates all other N.D.s, and M.D.s from practicing any type of naturopathic care and/or medicine which does not pass his sniff test, is absurd. If one read the proposed Bill even a Medical Doctor would be subject to Dr. Beyrle's Board if they prescribed or diagnosed healthcare utilizing nutrition and herbs and alternative methods. Dr. Beyrle and his Association believe that their school is superior to other schools. This is simply not true. I would suggest reviewing the practice of mine and other N.D.s in comparison to Dr. Beyrle's practice for the real meat. There are many conventional doctors in the state, which did not graduate from an Ivy League Medical School but are very competent, and contribute to the medical care in Kansas. This is likewise for N.D.s who are not deluded in to believing they are M.D.s . We do not intend to bypass the current law and pretend we are primary care physicians or practice outside of the law and be convicted of practicing medicine without a license as the Sedgwick County District Court found for Dr. Beyrle. Likewise, we do not intend to have one (1) N.D. tell us that we cannot practice our profession in the State of Kansas unless he approves the same.


Kate A. Coleman, N.D.



The Coalition For Natural Health

February 8, 2000

LEGISLATIVE ALERT - CALL AND WRITE TODAY

Dear Natural Health Advocate,

Kansas' legislators are seriously considering a bill that endangers the future of traditional naturopathy. HB 2728 seeks to license one (1) Kansas "naturopathic physician," who studied *out of state* -- at National College (Oregon), Bastyr University (Washington), or Southwest College (Arizona). These few schools teach a strange, hybrid form of "allopathic naturopathy," which runs counter to traditional teachings of naturopathy. The Coalition for Natural Health (CNH) believes that there's clearly a place for both allopathic and naturopathic care, but that combining the two is a confusing and even dangerous compromise.

This letter is to alert CNH members and interested persons. **You can make a big difference by calling members of the House Committee on Federal and State Affairs, using the enclosed phone list, and asking the Representative to vote NO on HB 2728.**

What would happen, if Kansas enacts HB 2728? One (1) "naturopathic physician" would be elevated to the status of a primary care physician -- without the medical background that comes with hospital internships, residencies and traditional allopathic and osteopathic medical school training. This "naturopathic physician" could get licensed to diagnose, treat and prevent human health conditions, injury and disease.

In contrast, traditional naturopaths such as yourself -- who favor natural and non-invasive preventive care, based on educating clients how to maintain healthy lifestyles, and who pose no threat of harm to anyone -- **would have to either abandon your chosen career or face the threat of being fined and put out of business. This monopolistic, exclusionary legislation is bad news for the profession and for the citizens of Kansas.**

HB 2728 will be heard in the House Committee on Federal and State Affairs very soon, so please write your letters and make your phone calls today. The Coalition for Natural Health may also call you, to ask for further help. If you have any questions, please also feel free to call CNH.

Best regards,

Boyd J. Landry
Executive Director

P.S. Please call (800)-586-4264, fax to (800) 598-4264, or email to boydlandry@naturalhealth.org, any comments from any members of the House Committee on Federal and State Affairs. This information is crucial in counting votes in opposition to HB 2728. So that we may alert you more quickly in the future, please send me your e-mail address and/or fax number.

1220 I Street, N.W.

Suite 100-408

Washington, DC 20005-4018

1-800-586-4CNH (4264)

DC Residents 202-216-9488

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Below is a list of the Kansas House Committee on Federal And State Affairs. Please contact every Representative as soon as possible. You will have to make a separate calls to each office to register your opposition. If you wish to contact them in Topeka you may use the following information:

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5-81
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