

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 April 2, 2002 in Room 210, Memorial Hall of the Capitol.

All members were present except: Representative Nancy Kirk, Excused
 Representative Peggy Palmer, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department

Conferees appearing before the committee: Jerry Slaughter, Executive Director, Kansas Medical Society
 Gary L. Baker, M.D., Kansas City
 Larry Buening, Executive Director, Kansas Board of Healing Arts
 Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine
 Boyd Landry, Executive Director, The Coalition for Natural Health
 Dr. Terry Klein, Sedgwick County Medical Society
 Gary White, Kansas Trial Lawyers
 Troy Bledsoe, Kansas Coalition for Natural Health

Others attending: See Attached Sheet

The Chairperson opened the hearing for opponents on **SB 610 - Naturopathic doctor licensure act.**

The Chairperson stated there were 14 conferees listed to speak as opponents today and written testimony from 6 other individuals. The Chairperson explained that time would be limited to as close to 5 minutes as possible and asked that testimony not be read or repeat what previous conferees had said. Not asking you to not read testimony, but if you do, please read fast. It would be helpful if you would summarize your testimony. Questions will be limited to their two best questions and don't roll the questions. Check with the Chair each time before asking a question.

Jerry Slaughter, Executive Director, Kansas Medical Society, an opponent to **SB 610**, said he felt compelled to comment on one of the conferee's comments yesterday. Dr. Randles comments were disturbing. He is very cynical.

The KMS can not support the licensure of naturopaths, nor can we support the scope of practice in the bill as it is currently written. If regulation is necessary, and we are not convinced that it is, we would urge consideration of registration as opposed to licensure of naturopaths, with a more limited scope of practice than that which appears in the Senate version of the bill. The bill currently authorizes a scope of practice for naturopaths that is overly broad and not clearly delineated about what is being authorized. KMS suggests several amendments which clear up some of the ambiguity in the bill regarding scope of practice. The Secretary of Education's Decision was to not renew recognition of the Council on Naturopathic Medical Education ("CNME") as a nationally recognized accrediting agency under Section 496 of the Higher Education Act of 1965, as amended ("HEA"), 20 U.S.C. 1099b. CNME has appealed this recommendation. Arnold S. Relman, M. D., Emeritus Professor of Medicine and of Social Medicine, Harvard Medical School, said after studying a two-volume textbook that is edited by two naturopaths of Bastyr University, his conclusion is that the licensing of naturopathic medical practitioners as independent providers of primary health care would endanger the health and safety of the public and would not result in health benefits commensurate with its risks. **(Attachments 1, 2, 3 and 4).**

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

Gary L. Baker, M.D., F.A.C.S., testified as an opponent to **SB 610**, stating the medical schools are based on the scientific method and evidence-based medicine with emphasis on the treatment of sick and injured patients. Medical school graduates usually complete three to five years of postgraduate training; naturopathic schools and naturopathic school graduates do not. Naturopathic practice is based on belief and testimonial. Naturopathic methods are not safer because they are "natural"; natural remedies can be toxic and even deadly is used improperly. The majority of states that have addressed this issue chose not to license naturopaths. There is no clear established scope in **SB 610** (Attachment 5).

Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, an opponent to **SB 610**, stated the Board does not oppose the credentialing of naturopaths at some level by the state of Kansas. However, the Board is opposed to this bill for the following reasons: (1) Licensure is not the appropriate level of credentialing; (2) Lack of knowledge of basic requirements for education and examination; (3) The scope of practice allowed to naturopaths is far too great; and (4) The State Board of Healing Arts is designated as the regulatory agency (Attachment 6).

Charles L. Wheelen, Kansas Association of Osteopathic Medicine, testified as an opponent to **SB 610**, stating this bill would authorize invasive medical procedures as well as administration of prescription-only drugs by individuals who are not licensed to practice medicine and surgery. Furthermore, **SB 610** is totally unnecessary. The basic question whether there is a need to license naturopathic doctors depends almost entirely on the defined scope of practice. When testifying in the Senate Public Health and Welfare Committee it was suggested that some sections of **SB 610** appeared to be copies from previous bills which were originally borrowed from other states and if the Legislature were to pass these sections without scrutiny, they would be adopting the mistakes of other states including misspelled words, poorly structured sentences, confusing mixed subjects, and vague references, as well as questionable public policy. We continue to believe that **SB 610** is inherently flawed (Attachment 7).

Boyd Landry, Executive Director, The Coalition for Natural Health, testifying as an opponent for **SB 610**, stating 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. It is all about money and self-interest (Attachment 8).

Gary White, Kansas Trial Lawyers, Association, testified as an opponent to **SB 610**, stating KTLA opposed amendment of Section 18 of this bill, which removes the mandatory professional liability insurance coverage of \$200,000 per claim with a \$600,000 annual aggregate for naturopathic doctors. Under existing Kansas law, health care providers are required to maintain professional liability insurance coverage of \$200,000 per claim with a \$600,000 annual aggregate. As such, naturopathic doctors are requesting an exemption that does not apply to other health care providers and fails to protect patients insured by the negligence of a naturopathic doctor (Attachment 9).

Terry Klein, said they commit their lives to helping their community. Have established research and developed application for a diabetic association. The goals are good preventive and affordable care.

Troy Bledsoe, the owner of a herb and vitamin store, stated he has chosen to be a part of the alternative medicine community and an opponent to **SB 610**. Alternative medicine is typically formed through several non-conventional modalities of treatment. Why society has adopted the term of alternative medicine is puzzling. The many practices that comprise alternative medicine were in place centuries before conventional medicine was adopted. Why then, do we need licensure to practice, what innumerable people know as a way of life (Attachment 10).

CONTINUATION

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, ROOM 210 Memorial Hall at 1:30 p.m. on April 2, 2002

The following written testimony was received in opposition of **SB 610**: Dr. Robert Moser, President, KAFP (Attachment 11) Charles F. Jordon (Attachment 12), Debra Jordon (Attachment 13), Diane Miller (Attachment 14) and proponents for **SB 610** Randy Kidd, DVM, PhD (Attachment 15) and John C. Kraft, R.Ph (Attachment 16).

The meeting adjourned at 3:20 and the next meeting will be April 3.

HEALTH AND HUMAN SERVICES

DATE 4-2-2002

NAME	REPRESENTING
Phyllis L. Lynch	Ultimate Lifestyles
GL Baker	John Wayne Med Soc
Terry Klein MD	Sedgewick Co Med Soc.
Charles F. Pillar	self
Virginia M. Pillar	self
Mary Tenney	Self
Jack S. Haynes	self
Chris Collins	KMS
Michael Lipnick	self
Chris Blosser	self
Evelyn Humphrey	self
Leonard Humphrey	self
Bark Covert	Ko Trial Lawyers Assoc
Mary White	ICTLA
Louise F. Busel	self
Tom Bell	KITA
Harrie Ann Lower	KAHP
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
GARY Robbins	KS Optometric Assn
Jim Morris	My Own Health Bus
Eldon W. Woodland	" " "
Sally Finney	Ko. Public Health Assn.
Rose Baker	Our Family Business
Dale Scott	Self + Family Business
David Scott	Self + Family Business

HEALTH AND HUMAN SERVICES

DATE 4-2-2002

NAME	REPRESENTING
Beverly Campbell	my own health business
Diane Walters	my own health business
Rebecca J	Chiropractic Assoc
Clinton Kay Miller	Health Freedom Fund
Karen Ross	own my own health Bus.
HOPE HOPE KONRHA	BETTY RUSSELL
Marjorie Brull	Betty Russell
Betty Russell	Natural connection Betty + Frank Russell
Frank Russell	BPO MAGNETIC WORLD INC. FRANK & BETTY
Elmer L. Schmucker	owner of Herbal Shop.
Katie L. Schmucker	" " " "
Russ Daniels	Independent council
Emily Ximinez	Contra Consulting Group
Jessica Morrison	Self.
Juliana Mader	Self
Dina Mader	self
Jane Fastow	self - + business owner
Jane Case	owner of herb shop
Mary McCutcheon	Self
Helen Keegan	Herb shop owner - Ultimate Lifestyles
Karen McGowan	ULTIMATE LIFESTYLES (REP)
Terry McGowan	" " (REP)
Troy Bledsoe	self
Sheryl Smith	Ultimate Lifestyles/Synergistics Inc
Charles T. Smith	" " " "
Jimmie Lovell	" " " "
Judith Scales	Ultimate Lifestyles

HEALTH AND HUMAN SERVICES

DATE April 2, 2002

NAME	REPRESENTING
Valerie Gregory	a friend in a health business
Joyce Elliott	my own health business
Connie Newcome	my own business
Madeline Miller	my own business
Norman Schmidt	my Lord & Savior
Myron B. Schmeck	My own business
Boyd J. Landry	CNH
Maasha Jones	My Reflexology Business
Lloyd Kraft	A friend in health business
Madine Kraft	A friend in health business
Austin Lowry	Self
FENWETH WEBER	SELF + Ultimate Lifestyles
Dennis McCartney	Self & Ultimate Lifestyles
Carolyn Metcalf	Ultimate Lifestyles
Wesley Heilmann	Self
Frank Benschel	self
Margy McReynolds	my community
Janey Higgison	The Wellness Center
Krista Drummond	Self
Kabran Chapelk	Prospective Naturopathic Student
Elise Nelson	KNPA.
Mehdi Khosh	KNPA
Fahmy Khosh	KNPA
Chris Kinley	KNPA
David Scott	myself
Dale Scott	myself.
Chip Wheeler	Osteopathic Association

3
4 **SENATE BILL No. 610**

5
6 By Committee on Public Health and Welfare

7
8 2-15

9
10 AN ACT concerning naturopathy; providing for the licensure and regu-
11 lation of practitioners thereof; providing for administration by the
12 board of healing arts; amending K.S.A. 65-2872 *and K.S.A. 2001*
13 *Supp. 65-1626* and repealing the existing ~~section~~ *sections*; also re-
14 pealing K.S.A. 65-2872a.

15
16 *Be it enacted by the Legislature of the State of Kansas:*

17 New Section 1. Sections 1 to 17, inclusive, shall be known and may
18 be cited as the naturopathic doctor licensure act.

19 New Sec. 2. As used in sections 1 to 17, inclusive and amendments
20 thereto:

21 (a) "Naturopathic doctor" means a doctor of naturopathic medicine
22 who is authorized and licensed pursuant to this act.

23 (b) "Naturopathic medicine," or "naturopathy" means a system of
24 health care practiced by naturopathic doctors for the prevention, diag-
25 nosis and treatment of human health conditions, ~~injury and disease. Its~~
26 ~~purpose is to promote or restore health by the support and stimulation~~
27 ~~of the individual's inherent self-healing processes. This is accomplished~~
28 ~~through education of the patient by a naturopathic doctor and through~~
29 ~~the use of natural therapies and therapeutic substances~~ *injuries and dis-*
30 *eases, that uses education, natural medicines and therapies to sup-*
31 *port and stimulate the individual's intrinsic self-healing processes.*

32 (c) "Board" means the state board of healing arts.

33 (d) "Approved naturopathic medical college" means a college and
34 program granting the degree of doctor of naturopathy or naturopathic
35 medicine that has been approved by the board under this act and which
36 college and program requires at a minimum a four-year, full-time resident
37 program of academic and clinical study.

38 (e) "Homeopathic preparations" means substances and drugs pre-
39 pared according to the official homeopathic pharmacopoeia ~~of the United~~
40 ~~States, which is the standard homeopathic text~~ recognized by the United
41 States food and drug administration.

42 (f) "Naturopathic acupuncture" means the insertion of fine metal
43 needles through the skin at specific points on or near the surface of the

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1 body with or without the palpation of specific points on the body and
2 with or without the application of electric current or heat to the needles
3 or skin or both to treat human disease and impairment and to relieve
4 pain.

5 (g) "Minor office procedures" means care incidental to superficial
6 lacerations and abrasions, superficial lesions and the removal of foreign
7 bodies located in the superficial tissues, except eyes, and not involving
8 blood vessels, tendons, ligaments or nerves. "Minor office procedures"
9 includes *may include* use of antiseptics in connection with the methods,
10 but shall not include ~~the alteration or removal of tissue use of general~~
11 ~~or spinal anesthesia.~~ Minor office procedures does not include the use
12 of anesthetics or surgery ~~or removal of tissue.~~

the suturing, repair, alteration or removal of tissue.

the use of anesthetics or

13 (h) "Naturopathic physical applications" means the therapeutic use
14 by naturopathic doctors of the actions or devices of electrical muscle
15 stimulation, galvanic, diathermy, ultrasound, ~~ultraviolet~~ *ultraviolet*
16 light, constitutional hydrotheraphy, naturopathic manipulative therapy
17 and therapeutic exercise.

18 (i) ~~"Topical drugs" means topical analgesics, antiseptics, scabicides,~~
19 ~~antifungals and antibacterials.~~

20 (j) "Legend drugs" means those for prescribing, administration and
21 dispensing by naturopathic doctors, consistent with naturopathic philos-
22 ophy, practice and education.

23 (j) ~~"Natural estrogens" and "natural progesterone" are those~~
24 ~~hormones derived from plant substances found in nature that com-~~
25 ~~prise the whole, or parts of plants, and constituents thereof, and~~
26 ~~that have not had changes made in their molecular structure as~~
27 ~~found in nature.~~

"collaborative relationship" means a formal affiliation between a naturopathic doctor licensed under this act and a person licensed to practice medicine and surgery who may order the administration of intravenous therapy by such naturopathic doctor when appropriate. Any licensee of the board entering into a collaborative relationship shall notify the board in writing of such relationship by providing such information as the board may require.

28 New Sec. 3. (a) The board, as hereinafter provided, shall administer
29 the provisions of this act.

30 (b) The board shall ~~pass upon~~ *judge* the qualifications of all appli-
31 cants for examination and licensure, ~~provide for all examinations,~~ deter-
32 mine the applicants who successfully pass the examination, duly license
33 such applicants and adopt rules and regulations as may be necessary to
34 administer the provisions of this act.

35 (c) The board shall issue a license as a naturopathic doctor to an
36 individual who prior to the effective date of this act (1) graduated from
37 a school of naturopathy that required four years of attendance and was
38 at the time of such individual's graduation accredited or a candidate for
39 accreditation by the council on naturopathic medical education and (2)
40 passed the naturopathic physician's licensing examination covering ap-
41 propriate naturopathic subjects including basic and clinical sciences.

42 (d) The board shall keep a record of all proceedings under this act
43 and a roster of all individuals licensed under this act. Only an individual

1 censed physician under subsection (g) of K.S.A. 65-2872 and amendments
2 thereto.

3 (6) Dentists practicing their professions, when licensed and practic-
4 ing in accordance with the provisions of law.

5 (7) Nurses practicing their professions, when licensed and practicing
6 in accordance with the provisions of law or persons performing services
7 pursuant to the delegation of a licensed nurse under subsection (m) of
8 K.S.A. 65-1124 and amendments thereto.

9 (8) Health care providers who have been formally trained and are
0 practicing in accordance with the training or have received specific train-
1 ing in one or more functions included in this act pursuant to established
2 educational protocols, or both.

3 (9) Students while in actual attendance in an approved naturopathic
4 medical college and under the supervision of a qualified instructor.

5 (10) Self-care by a patient or gratuitous care by a friend or family
6 member who does not represent or hold oneself out to the public to be
7 a naturopathic doctor or other term specified under subsection (a).

8 (11) The practice by a doctor of naturopathic medicine authorized to
9 practice naturopathy in another state, territory or the District of Columbia
0 when incidentally called into this state for consultation with a licensed
1 physician.

2 (c) No statute granting authority to licensees of the state board of
3 healing arts shall be construed to confer authority upon naturopathic doc-
4 tors to engage in any activity not conferred by this act.

5 New Sec. ~~13~~ 12. (a) A naturopathic doctor may not:

6 ~~(1) Prescribe, dispense or administer any prescription or controlled~~
7 ~~drugs except for whole gland thyroid, homeopathic preparations, the natu-~~
8 ~~ral therapeutic substances, drugs and therapies described in this act.~~

9 (2) administer ionizing radioactive substances for therapeutic pur-
0 poses;

1 (3) perform ~~surgical procedures~~ *surgery*;

2 (4) claim to practice any licensed health care profession or system of
3 treatment other than naturopathic medicine unless holding a separate
4 license in that profession;

5 (5) practice obstetrics;

6 (6) 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; or

9 (7) practice or claim to practice allopathic medicine and surgery, os-
0 teopathic medicine and surgery, dentistry, podiatry, optometry, chiro-
1 practic, physical therapy or any other system or method of treatment not
2 authorized in this act.

3 ~~(b) Naturopathic doctors may prescribe and administer for preven-~~

(1) Prescribe, dispense or administer any controlled substances as defined in K.S.A. 65-4101 et seq., or any prescription-only drug except the homeopathic and natural therapeutic substances included on the naturopathic formulary adopted by the board pursuant to this section.

1 tive and therapeutic purposes the following natural therapeutic sub-
2 stances and therapies:

3 —(1) Food, food extracts, vitamins, minerals, enzymes, whole gland thy-
4 roid, botanical medicines, homeopathic preparations, natural hormones
5 and legend substances approved by the board;

6 —(2) topical drugs, health care counseling, nutritional counseling and
7 dietary therapy, naturopathic physical applications, therapeutic devices
8 and nonprescription drugs;

9 —(3) intramuscularly or intravenously any vitamins, minerals, botani-
0 cals, amino acids, D5W, saline solutions, isotonic solutions and glandulars;

1 —(4) immunizations, or

2 —(5) noncontrolled legend drugs to the extent authorized by the board.

3 —(c) Naturopathic doctors may perform or order for diagnostic pur-
4 poses a physical or orificial examination, ultrasound, phlebotomy, pap
5 smear, clinical laboratory test or examination, physiological function test
6 and any other noninvasive diagnostic procedure commonly used by phy-
7 sicians in general practice. Naturopathic doctors may perform minor of-
8 fice procedures.

9 ~~(b) Naturopathic doctors may prescribe, recommend or admin-
10 ister for prevention and therapeutic purposes the following natural
11 substances and therapies:~~

12 ~~(1) Food, food extracts, vitamins, minerals, enzymes, whole
13 gland thyroid, botanicals, homeopathic preparations, nystatin, nat-
14 ural estrogens and natural progesterone;~~

15 ~~(2) topical drugs as defined in subsection (t) of section 2 and
16 amendments thereto, health care counseling, nutritional counseling
17 and dietary therapy, naturopathic physical applications, therapeu-
18 tic devices, barrier contraceptive devices and nonprescription
19 drugs;~~

20 ~~(3) intramuscularly any vitamins, minerals, botanicals, amino
21 acids, D5W, saline solutions, isotonic solutions and glandulars;~~

22 ~~(4) intravenously any vitamins, minerals, botanicals, amino ac-
23 ids, D5W, saline solutions, isotonic solutions and glandulars, as long
24 as the patient's physician of record is notified within 10 days of the
25 treatment;~~

26 ~~(5) immunizations.~~

27 (c) Naturopathic doctors may perform or order for diagnostic
28 purposes noninvasive physical or orificial examinations including
29 phlebotomy, clinical laboratory tests, speculum examinations and
30 physiological function tests excluding all endoscopies, physiological
31 function tests or other tests requiring infusion, injection, inhalation,
32 or ingestion of medications or other substances to perform such
33 tests. A naturopathic doctor may order for diagnostic purposes ul-

(b) Naturopathic doctors are limited to prescribing or administering for prevention and therapeutic purposes the following substances and therapies:

(1) Food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, homeopathic preparations, non-prescription drugs, plant substances that are not designated as controlled substances, and the substances listed on the naturopathic formulary;

(2) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices;

(3) substances on the naturopathic formulary which are approved for intramuscular administration;

(4) substances on the naturopathic formulary which are approved for intravenous administration may only be administered pursuant to the order and direction of a person licensed to practice medicine and surgery who has a collaborative relationship with a naturopathic doctor licensed under this act.

1 *trasound, x-ray and electrocardiogram tests but must refer to an*
2 *appropriate licensed health care professional for conducting and*
3 *interpreting the test results.*

4 ~~(d) Naturopathic doctors have the same authority and responsibility~~
5 ~~as persons licensed to practice medicine and surgery with regard to public~~
6 ~~health laws, reportable diseases and conditions, communicable disease~~
7 ~~control and prevention, recording of vital statistics, health and physical~~
8 ~~examinations and local boards of health, except that the authority and~~
9 ~~responsibility are limited to activities consistent with the scope of practice~~
0 ~~described in this act.~~

Naturopathic doctors licensed under this act shall observe and are subject to all state public health laws and regulations consistent with the scope of practice described in this act.

1 New Sec. ~~14~~ 13. In order to practice naturopathic acupuncture, a
2 naturopathic doctor shall obtain a naturopathic acupuncture ~~specialty~~
3 *specialty* certification from the board. The board may issue this specialty
4 certification to a naturopathic doctor who has:

5 (a) Submitted an application and paid certification fee to be deter-
6 mined by the board;

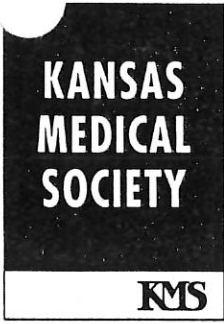
7 (b) completed basic oriental medicine philosophy in a federally ac-
8 credited college or university approved by the board and 500 hours of
9 supervised clinical training under a trained naturopathic acupuncturist's
0 supervision.

1 New Sec. ~~15~~ 14. (a) There is established a naturopathic advisory
2 council to advise the board in carrying out the provisions of this act. The
3 council shall consist of five members, all citizens and residents of the state
4 of Kansas appointed as follows: Three members shall be naturopathic
5 doctors appointed by the state board of healing arts; one member shall
6 be the president of the state board of healing arts or a person designated
7 by the president; and one member shall be from the public sector who
8 is not engaged, directly or indirectly, in the provision of health services
9 appointed by the governor. Insofar as possible persons appointed to the
0 council shall be from different geographic areas. If a vacancy occurs on
1 the council, the appointing authority of the position which has become
2 vacant shall appoint a person of like qualifications to fill the vacant posi-
3 tion for the unexpired term, if any. The members of the council appointed
4 by the governor shall be appointed for terms of three years and until a
5 successor is appointed. The members appointed by the state board of
6 healing arts shall serve at the pleasure of the state board of healing arts.
7 If a member is designated by the president of the state board of healing
8 arts, the member shall serve at the pleasure of the president.

9 (b) Members of the council attending meetings of the council, or
0 attending a subcommittee meeting thereof authorized by the council,
1 shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and
2 amendments thereto from the healing arts fee fund.


3 New Sec. ~~16~~ 15. When it appears to the board that any person is

(e) The board shall develop and adopt a naturopathic formulary which lists the drugs and substances that may be prescribed, dispensed or administered by naturopathic doctors pursuant to this act, including those substances and solutions which are approved for intramuscular or intravenous administration. The board shall appoint a naturopathic formulary advisory committee which shall advise the board and make recommendations on the list of substances which may be included in the naturopathic formulary. The naturopathic formulary advisory committee shall consist of a licensed pharmacist, a person knowledgeable in medicinal plant chemistry, two persons licensed to practice medicine and surgery, and two naturopathic doctors licensed under this act.



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To: House Health and Human Services Committee

From: Jerry Slaughter
Executive Director 

Date: April 2, 2002

Subject: SB 610; concerning the licensure of naturopaths

The Kansas Medical Society appreciates the opportunity to appear today as you consider SB 610, which would license naturopathic doctors for the first time in our state. We do not support the licensure of naturopaths, nor can we support the scope of practice in the bill as it is currently written. If the committee decides that regulation is necessary - and we are not convinced that it is - we would urge you to consider registration as opposed to licensure of naturopaths, with a more limited scope of practice than that which appears in the senate version of the bill. The bill currently authorizes a scope of practice for naturopaths that is overly broad and not clearly delineated about what is being authorized.

The credentialing study conducted by KDHE concluded that regulation by the state, and specifically licensure, was the preferred means to protect the public from the potential harm that could be caused by unqualified naturopathic practitioners. We disagree with the findings of the credentialing technical committee at KDHE that regulation is necessary, and believe that registration would be a more appropriate method of regulation, in any case.

We would like to make a point about the credentialing review itself. In spite of the conclusion of the credentialing committee that reviewed the naturopaths application, we do not believe that all of the ten required criteria for credentialing were met. Criterion IX requires a finding that "*nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.*" However, the accrediting organization that is identified in the bill - the Council on Naturopathic Medical Education - had its recognition by the US Department of Education revoked in January 2001 because of irregularities in accrediting practices (see attached). Apparently the three naturopathic schools in the US are pursuing or have gotten individual recognition from regional accreditation organizations that accredit schools which provide broadly-based degree programs, and not specifically naturopathy programs. In other words, the only nationally identified accrediting agency specifically for naturopathic training programs lost its recognition by the federal government for participation in federal student financial assistance programs. The action by the Secretary of Education casts some doubt, or at a minimum, raises serious questions about the quality of the national accreditation

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process for naturopathic doctor training programs. In our view Criterion IX was not met, which would disqualify the group from credentialing. Why the technical committee overlooked or ignored this information is not clear.

While the KDHE credentialing process did recommend licensure, it did not make specific findings or recommendations about the scope of practice that should be authorized for naturopaths. The scope of practice contained in the bill is our second major problem with this legislation. Since this is a new profession that would be credentialed for the first time in our state, we believe any legislation which authorizes them to practice should go slowly because we do not have much reliable experience to draw upon. Only eleven states currently regulate naturopaths, and there is a fair amount of variability in the scope of practice authorized in those states. In our own state there are only seven naturopathic doctors who are apparently practicing at the present time. State law currently limits them to non-invasive practices which do not involve surgery, obstetrics or the prescribing of drugs. However, they are not limited in any other way, such as recommending or providing natural substances and naturopathic therapies.

There is also disagreement about the breadth and depth of their training programs. Proponents of the bill contend that naturopathic doctors have an educational experience that is comparable to that received by physicians trained at KU School of Medicine. We strongly disagree, and do not believe that their programs are comparable to a traditional medical education, particularly as it relates to the clinical experience. Medical educators universally agree that newly graduated physicians would not be qualified to practice medicine independently. That is why every physician (MD or DO) must go through an intensive, supervised clinical residency training program of three to as much as seven years, before they are able to enter an independent medical practice. In these residency programs they observe and learn to treat a wide variety of ambulatory and hospitalized patients with acute and chronic, mild and severe illnesses in a supervised practice setting. By contrast, the clinical training of naturopaths is all in outpatient clinics or private offices, where there is very little exposure to illness and disease with clinical manifestations serious enough to require hospital care. Yet, naturopaths are asking for independent practice straight out of naturopathy school with very little in the way of limitation on what they can treat.

New Section 12 contains most of the language about scope of practice in the bill. A key part of the section contains a lengthy list of those "natural substances" which could be prescribed and administered by naturopathic doctors. Included are "vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nystatin, natural estrogens and natural progesterone." However, thus far in the process there has been no real discussion of what those substances are, what the therapeutic indications are for them, if the naturopaths are qualified to use them, or if they pose any risk of harm, either by themselves or in combination with other drugs. We believe that a much better, and safer, approach would be to charge the Healing Arts Board to establish a formulary, or approved substances list, that naturopathic

doctors could legally use. The Board is in a much better position to create such a list, and we have offered an amendment to accomplish this recommendation on page 9, at line 11.

Another amendment we have offered deals with the issue of intravenous therapy. The proponents of the bill desire the authority to administer a number of undefined substances intravenously. We do not support allowing naturopaths to do intravenous therapy independently at this time. We know very little about their training and treatment philosophy, and there has been no discussion of what conditions they intend to treat by injecting potentially dangerous substances directly into a patient's veins. If the committee feels that intravenous therapy should be included we urge you to require that it only be done within the context of a collaborative or supervised relationship with a physician. We have all heard that many naturopaths desire to work with traditional physicians in the "integrative practice" model. This is one area in particular that it makes good sense to structure the scope of practice such that there is collaboration and supervision by a physician when potentially dangerous procedures are done.

The proponents of this bill probably think we are reading something into the language of this bill that is not intended. Our answer to that is to be specific and clear about what is and is not authorized. Since naturopathy is an emerging profession in our state, and licensed in only eleven other states, we believe the legislature should go carefully in enacting a scope of practice. There is a tendency to think that all things "natural" are safe. That is simply not the case. Many "natural" substances and therapies can represent a significant potential for harm if not properly utilized. Our concern with this bill is that it contains a scope of practice that goes well beyond "natural" therapies, and is sufficiently vague to rule almost nothing out.

We have met with the naturopaths several times over the past two or three years to discuss their legal status. We have consistently stated that we would not oppose legal recognition for them, so long as it did not include a scope of practice that was beyond their training. From our review of the available information, we do not believe their training programs contain nearly enough clinical exposure to warrant some of the scope of practice authorized in SB 610, as it is currently written. Attached to our testimony is a balloon with several suggested amendments which clear up some of the ambiguity in the bill regarding scope of practice. The amendments do the following:

- make it clear that naturopathic doctors may not prescribe controlled substances (page 7, lines 26-28);
- establish a naturopathic formulary that would be developed by an advisory committee of naturopaths, physicians and a pharmacist (page 9, line 11);
- makes it clear that naturopathic doctors have limited prescribing authority to the substances listed in subsection (b)(1) on page 8, plus the substances on the naturopathic formulary (page 8, lines 19-36);
- establishes a "collaborative" relationship with a physician for those naturopathic doctors who wish to provide IV therapy (p. 8, subsection (b)(4) and p. 2, line 8).

KMS Testimony on SB 610

April 2, 2002

Page 4

If the committee decides to work the bill, we would urge you to adopt our amendments, which are intended to more clearly delineate the scope of practice authorized in the bill. Thank you for the opportunity to offer these comments.



THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

In the Matter of

**THE COUNCIL ON
NATUROPATHIC MEDICAL EDUCATION,**

Appellant.

**Docket No. 00-06-O
Accrediting Agency
Recognition Proceeding**

DECISION OF THE SECRETARY

The National Advisory Committee on Institutional Quality and Integrity ("National Advisory Committee") has recommended that I not renew recognition of the Council on Naturopathic Medical Education ("CNME") as a nationally recognized accrediting agency under Section 496 of the Higher Education Act of 1965, as amended ("HEA"), 20 U.S.C. § 1099b. CNME has appealed this recommendation. I deny CNME's appeal and adopt the recommendation of the National Advisory Committee to deny CNME's petition for continued recognition.

CNME is an accrediting agency initially recognized by the Secretary in 1987. CNME has accredited and preaccredited only educational programs that lead to the degree of Doctor of Naturopathy or Doctor of Naturopathy Medicine. Currently, CNME's accreditation or preaccreditation forms the basis of eligibility to participate in federal programs for only one institution, Southwest College of Naturopathic Medicine ("Southwest"). In total, CNME accredits or preaccredits two programs and two institutions. By statute, the Secretary can recognize accrediting agencies only when their accreditation enables an institution or program to participate in a federal program. Section 496 (m) of the HEA, 20 U.S.C. § 1099b (m). Therefore, it is CNME's preaccreditation of Southwest that enables it to seek recognition by the Secretary.

In order to be recognized by the Secretary, an accreditor must have standards for accreditation that assess, among other things, an institution's "curricula," "faculty," and "fiscal and administrative capacity." Section 496 (a)(5) of the HEA, 20 U.S.C. § 1099b (a)(5). Further, the accreditor must be one that "consistently applies and enforces standards that ensure that the course or programs . . . are of sufficient quality to achieve . . . the stated objective for which the courses or the programs are offered." Section 496 (a)(4) of the HEA, 20 U.S.C. § 1099b (a)(4). As well, the Secretary recognizes an accrediting agency only after determining that it is a "reliable authority as to the quality of the education or training offered." Section 101(c) of the HEA, 20 U.S.C. § 1001 (c).

Our mission is to ensure equal access to education and to promote educational excellence throughout the Nation.

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The governing regulations allow an accreditor to grant an institution preaccreditation status for a limited period of time of no more than five years. 34 C.F.R. §§ 602.2, 602.23 (b)(2). Accordingly, CNME's accreditation standards allow for a grant of preaccreditation or "candidate" status when an institution has met CNME's eligibility requirements and is progressing toward accreditation. Exhibit 1 to CNME Petition for Recognition, CNME Handbook of Accreditation for Naturopathic Medical Colleges and Programs ("Handbook of Accreditation") at p. 7. At the same time, CNME's Handbook of Accreditation provides that the following circumstances "will lead" CNME to issue a show-cause letter as to the withdrawal of candidacy status: an institution's failure to maintain compliance with CNME's eligibility requirements or policies; unsatisfactory progress in meeting the general goals for the development of the college; inadequate financial support and control; and inadequacies in the number or professional competence of the faculty, administrators or support staff. Handbook of Accreditation at p. 12.

CNME's eligibility requirements require that a candidate college must have a chief executive officer whose full-time or major responsibility is to the college or program; can document a funding base, financial resources, and plans for financial development adequate to carry out the college's mission and objectives within a balanced budget and a safe level of debt; and must disclose to CNME all information required to carry out its evaluation and accrediting functions. Handbook of Accreditation at pp. 8-9. In accordance with the regulations, CNME also requires that a candidate college progresses towards full accreditation within 5 years; and CNME emphasizes that "sound financial management and planning are of critical importance" for a candidate college. Handbook of Accreditation at p. 12, 34.

Since Southwest is the only institution accredited or preaccredited by CNME, it is CNME's handling of Southwest's preaccreditation that forms the basis of the National Advisory Committee's recommendation and my decision. CNME initially preaccredited Southwest in 1994. In 1996, CNME's site evaluation team stated its concerns about Southwest's financial circumstances by noting the expense involved in opening a new campus in Tempe, Arizona, and underscoring the need for fundraising to support the school's educational program. Exhibit 3 to the Petition for Recognition, July 1996 Evaluation Team Report at pp. 4-5. Soon thereafter in September of 1996, CNME voted to reaffirm Southwest's candidacy status. A scheduled mid-1997 site visit was postponed at Southwest's request to November of 1997. November 1997 Evaluation Team Report (Exhibit 3 to CNME Petition for Recognition)("November 1997 Report") at p. 8.

The November 1997 Report revealed that Southwest was in serious trouble. Between July 1996 and November 1997, its "entire financial structure had become unstable"; the college had "a large accumulated debt." November 1997 Report at 1. Southwest had no President, Senior Vice President/Chief Operation Officer, or Dean of Students, primarily because of financial constraints. November 1997 Report at p. 6. The school's tuition income could not cover its general operating budget, much less deal with its debt burden. November 1997 Report at p. 11. The school's administrative problems made it impossible for the evaluation team to review monthly income and expense statements, November 1997 Report at p. 10, and,

understandably, the team concluded that the school's employees, students, and board members believed that the school "was operating under crisis management." November 1997 Report at p. 6. Not surprisingly, the team also found that the school had not adequately addressed the recommendations that the 1996 site evaluation team had made. November 1997 Report at p. i.

Under CNME's own standards, these facts certainly called for CNME to issue a show cause letter why Southwest's candidacy status should not be terminated. However, CNME did not issue a show cause letter and did not undertake to withdraw Southwest's candidacy or preaccreditation status. Instead, CNME scheduled another visit for the spring of 1998, made additional recommendations, and asked for further information. November 1997 Report at p. 35-37.

The April 1998 site team visit did not reveal significant improvement. The school had not addressed CNME's concerns. April 1998 Evaluation Team Report (Exhibit 3 to CNME's Petition for Recognition) at pp. 1-2. Once more, CNME did not issue a show cause letter or withdraw Southwest's candidacy status. Instead it reaffirmed Southwest's candidacy status. CNME Minutes of May 22, 1998 (Tab A to CNME Petition for Recognition) at p. 5. CNME did ask Southwest for a progress report, and subsequently scheduled a site visit for November of 1998. CNME Minutes of August 24, 1998 (Tab A to CNME Petition for Recognition) at p. 4.

In March of 1999, near the end of Southwest's five-year candidacy period, CNME recognized that there were sufficient reasons to justify a show cause order, but CNME refrained from sending a show cause letter. Instead, it sent Southwest a letter outlining what it considered critical issues facing Southwest, including Southwest's serious financial problems. CNME March 17, 1999 Letter to Southwest (attached to CNME's response to the Staff Analysis of the U.S. Department of Education, November 12, 1999)("CNME's Response"). Subsequently, on July 27, 1999, the school's leadership announced a decision to close the school, in the end classes were suspended for two weeks, and the then-president and board chair resigned. CNME August 3, 1999 Letter (attached to CNME's Response). Thereafter on July 30, 1999, CNME finally issued a show cause letter to Southwest; CNME amended its show cause letter on August 20, 1999, giving Southwest until September 10, 1999, to demonstrate that its candidacy should be continued. CNME July 30 and August 20, 1999 Letters (attached to CNME's Response).

Based on these facts, CNME failed to "consistently appl[y] and enforce[] standards that ensure that the course or programs . . . are of sufficient quality to achieve . . . the stated objective for which the courses or the programs are offered." Section 496 (a)(4) of the HEA, 20U.S.C. § 1099b (a)(4). See also Section 101(c) of the HEA, 20 U.S.C. § 1001 (c). As of November 1997, the conditions at Southwest clearly were those that, under CNME's Handbook of Accreditation, "will lead" to a show cause letter. From that point on, the conditions at Southwest continued to deteriorate significantly, yet CNME did not issue a show cause letter until July of 1999, after the school's president and board chair attempted to close the school and classes were suspended. Faced with the serious condition of Southwest in 1997, CNME did not follow its requirements. Likewise, CNME did not, as required by the regulations, either take prompt adverse action or require Southwest to bring itself into compliance with CNME's standards within a period not

exceeding two years. 34 C.F.R. § 602.26(c)(2) and (3). See also 34 C.F.R. § 602.24 (setting out requirements for accreditation processes, including the requirement that accreditors evaluate whether an institution complies with the accreditor's criteria).

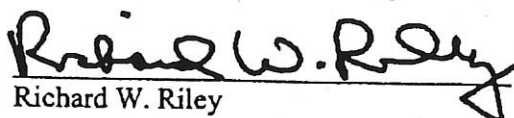
In its appeal, CNME contends that it has been "completely impartial and objective" toward Southwest. The basis of the National Advisory Committee's recommendation and the basis of my decision is not a conclusion that CNME has acted in bad faith or with partiality. Instead, CNME is denied recognition because it did not follow its own standards and did not take appropriate action when faced with a school in candidacy status that was in a financial and management crisis.

CNME also raises concerns about a third party organization that opposed CNME's recognition before the National Advisory Committee and argues that CNME has served a useful purpose for the naturopathic profession. However, the views of this third party organization have played no part in my decision, and the National Advisory Committee and I do not express any view concerning any issues regarding the naturopathic profession. Our only role is to determine whether CNME satisfies the statutory and regulatory requirements for an accreditor to be recognized under the Higher Education Act, so that the accreditor can accredit institutions for participation in various federal programs, including the Title IV student financial assistance programs. As explained above, both the National Advisory Committee and I have concluded that it does not.

For these reasons, I deny CNME's appeal, adopt the recommendation of the National Advisory Committee, and deny CNME's petition for continued recognition.

So ordered this 16th day of January 2001.

Washington, D.C.


Richard W. Riley

Textbook of Natural Medicine

Arnold S. Relman, M.D.

January 9, 2001

This two-volume textbook, published in a second edition in 1999, is edited by two naturopaths -- one the president, and the other a member of the faculty, of Bastyr University, which is the leading school of naturopathic medicine in the country. The textbook has over 1,600 pages and 57 contributors (most of whom practice and/or teach naturopathic medicine), and it purports to provide "well-documented standards of practice for natural medicine." I therefore take it to be an up-to-date summary of what is taught about the practice of naturopathic medicine and how its practitioners are expected to provide care for the patients who consult them.

Among the criteria we have adopted for deciding whether a CAM practice should be licensed by the State are: (a) Evidence that the practice "confers measurable benefits" to those who use it (Criterion #2), and b) Evidence that the use of "some or all of the modalities within a practice that fall within the accepted standards of the practice may result in direct patient harm" (Criterion #5). A close reading of this textbook should provide some answers to these crucial questions about the potential benefit and harm of naturopathic practices as currently taught.

I borrowed a copy of the Textbook of Natural Medicine (the "Textbook") and studied it carefully over a period of several days, in an attempt to answer these questions. My conclusion is that the licensing of naturopathic medical practitioners as independent providers of primary health care would endanger the health and safety of the public and would not result in health benefits commensurate with its risks. There is abundant evidence in the Textbook to support this conclusion, but I summarize below only a few of the most problematic examples of the deficiencies and dangers in naturopathic practices.

1) The textbook describes the diagnosis and treatment of only 70 "specific health problems," and they are simply listed in alphabetical order, without regard to the nature of the condition or the organ(s) involved. In comparison, standard textbooks of conventional medicine provide a much more rational and systematic presentation that includes hundreds more disease conditions and describes them in much greater depth and detail. The Textbook includes in its 70 chapters on specific diseases nothing about cancer, diseases of the blood (including leukemias and anemias), nothing about heart attacks or serious abnormal rhythms of the heart (such as atrial fibrillation), and virtually nothing about kidney diseases, chronic obstructive pulmonary disease, cirrhosis of the liver, or about many common and serious infections such as pulmonary tuberculosis, malaria, syphilis, meningitis, encephalitis or bacterial endocarditis. Lacking adequate education about these diseases, naturopathic practitioners might fail to diagnose them in a timely fashion or delay in referring patients for appropriate medical treatment,

2) Many of the treatments recommended in the Textbook for the 70 diseases are not likely to be effective, and treatments proven to be effective are often totally ignored. This could endanger the health and safety of patients with serious diseases who relied solely on care from a naturopathic practitioner. As explained in the Textbook, naturopathy objects to the use of

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pharmaceutical agents and depends instead on the use of herbal or "natural" remedies of unproven value. Here are some examples of common, serious diseases that are dangerously mistreated in the naturopathic Textbook:

A) The chapter on the treatment of anginal (coronary artery) heart disease does not even mention the use of nitrates, beta-blockers or calcium-channel blockers--all of which are standard, effective, FDA-approved treatment for this condition. Failure to use one or more of these agents in the treatment of severe angina would probably be considered medical malpractice. There is no mention of "statin" drugs to lower cholesterol and prevent further progression of coronary heart disease. The use of angioplasty or bypass surgery for patients unresponsive to pharmacologic therapy is dismissed. "Chelation" --a totally irrational and unproven form of treatment -- is discussed favorably. However, at the end of this chapter, it is stated that "patients with unstable angina pectoris ... should be hospitalized", thus tacitly admitting that naturopathic methods may be ineffective and that serious cases may require medical or surgical treatment found only in hospitals.

B) The chapter on congestive heart failure recommends unproven nutritional supplements, but says nothing about the standard (and usually effective) treatment with diuretics and ACE-inhibitors, which have been shown to give comfort to, and prolong, the lives of these patients. It does, however, admit that "In later stages, adjunct (prescription) drug therapy is Usually necessary", but gives no details,

C) The chapter on high blood pressure says nothing about the diagnostic work up that is often needed to rule out certain curable causes (such as certain diseases of the adrenal gland, or obstruction in the aorta or the renal arteries). It recommends diet lifestyle changes and the use of herbs but admits that severe cases unresponsive to these "natural" measures may require treatment with pharmaceuticals (presumably under the management of a conventional medical doctor). However, it ends with the dangerous advice that once control of high blood pressure has been achieved with drugs, the naturopathic physician should have the patient "taper off" the medications. For some such patients, a reduction in medication risks sudden resurgence of severe hypertension and the possibility of a stroke or heart attack. Most patients with severe hypertension need to remain on medication indefinitely, or for many years.

D) The chapter on diabetes says very little about the use, of insulin, nothing about oral hypoglycemic drugs, and nothing about the diagnosis, prevention or treatment of diabetic acidosis-- except to warn that it is a medical emergency that will require hospitalization,

E) The chapter on epilepsy says nothing about the use of anti-epileptic drugs, without which many cases simply could not be adequately controlled. Uncontrolled epilepsy is dangerous.

F) The chapter on HIV infection and AIDS advocates various types of herbal and "natural" remedies but gives no information about conventional drug therapy. Although it is admitted that no clinical studies have yet demonstrated the effectiveness of naturopathic medical care in HIV infection when used alone, or even as a supplement to conventional medical treatment, the chapter nevertheless ends with this advice: "We urge physicians to apply the principles of

naturopathic medicine in the care of their HIV positive patients." As if this neglect of the proven life-prolonging value of anti-viral pharmacotherapy were not shocking enough, the chapter also fails to recommend drug treatment of pregnant women with HIV infections, which is standard practice for the prevention of HIV transmission to the newborn. Neglect of such treatment would surely be considered malpractice in the medical profession.

G) The chapter on the treatment of asthma is also seriously deficient because it says nothing about the use of bronchodilator drugs, or drugs that block the allergic response in the lining of the respiratory passages, or about the short-term use of adrenal steroids for emergency cases. These are all well-established treatments for asthma and it is difficult to imagine how serious cases could be managed without them. However, the Textbook advises naturopathic physicians to refer patients with acute asthmatic attacks" to a hospital emergency room -- again acknowledging that naturopathic remedies may not work and seriously ill patients will need treatment by conventional medical methods.

3) As already noted, naturopathic teaching (as exemplified in the Textbook) claims that "natural" herbal remedies are generally superior to pharmaceuticals in the treatment of most diseases -- despite the fact that the FDA forbids the manufacturers of herbal preparations and dietary supplements from making therapeutic claims. The textbook nevertheless has a large section devoted to herbs and dietary supplements, in which many such claims are made, often with little or no credible supporting evidence in the peer-reviewed scientific literature. At the same time, the Textbook omits entirely (or mentions only in passing) the use of many standard, proven pharmaceuticals that modern medicine has found useful or even essential in the treatment of serious diseases. Antibiotics are given only cursory consideration and often mentioned only as a last resort. For example, nothing is said about the antibiotic treatment of syphilis, tuberculosis or meningitis, Chemotherapeutic agents for cancer are dismissed--despite the fact that they are known to be effective in certain types of tumors and in leukemias. There is no mention of the use of anticoagulants (blood-thinners) in the treatment of blood clots or their use to prevent embolic strokes in patients with atrial fibrillation. (These diseases are not even mentioned.) There is no mention of diuretic drugs that are sometimes absolutely essential in the treatment of edema due to heart failure or kidney disease,

Perhaps most disturbing of all, there is no mention of opioid drugs in the treatment of intractable pain. Morphine and its derivatives are often essential for the relief of patients in the terminal stages of cancer. It is almost incomprehensible that nowhere in the numerous discussions of the management of pain by a great variety of "natural" methods is there a reference to the use of morphine or other analgesic drugs. Obviously, as any experienced physician knows, there are alternatives to drugs that may help -- particularly when pain is mild, moderate or only intermittent. But in advanced cancer, morphine is often the only way to afford relief, and it seems remarkable that the Textbook should omit such an essential form of treatment,

Primary care practitioners whose education does not include the use of prescription drugs simply cannot be expected to provide effective and safe care for many serious conditions they are

likely to encounter. While it is true that unnecessary or inappropriate use of drugs is harmful, and that even proper usage of drugs can sometimes cause serious reactions, there can be no doubt that on balance prescription drugs have been enormously beneficial, and that drugs will be even more important in the future. . . The anti-pharmaceutical bias of naturopathic education (as illustrated in the Textbook) therefore poses real risks for patients who rely on naturopaths for the management of their illnesses. Without prompt and appropriate drug therapy many patients with serious diseases will die.

I recognize that there are probably large variations in philosophy and medical education among naturopathic practitioners. Some may practice more prudently than others and may use conventional medical treatments more frequently and work more closely with conventional medical practitioners. But we should make public policy decisions based on the standards of practice that are being taught, not on our opinions about individual practitioners. Judging by the standards of practice presented in the Textbook, it seems clear that the risks to many sick patients seeking care from the average naturopathic practitioner would far outweigh any possible benefits.

Dr. Relman is Emeritus Professor of Medicine and of Social Medicine, Harvard Medical School; Editor-in-Chief Emeritus of The New England Journal of Medicine; and a member of the Massachusetts Board of Registration in Medicine (BORM). He prepared this report while serving as BORM's representative to the Special Legislative Commission on Complementary and Alternative Medical Practitioners, an ad hoc group formed to provide advice to the Massachusetts legislature.

This article was posted on January 17, 2002.

Gary L. Baker, M.D., F.A.C.S.
Cosmetic, Reconstructive and Hand Surgery

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Honorable Jim Morrison
Honorable Willa DeCastro
Honorable Lana Gordon
Honorable Patricia Lightner
Honorable Peggy Long

Honorable Ray Merrick
Honorable Frank Miller
Honorable Peggy Palmer
Honorable Doug Patterson
Honorable Dale Swenson

Honorable Geraldine Flaharty
Honorable Nancy Kirk
Honorable Sue Storm
Honorable Joe Wells
Honorable Gwen Welshimer
Honorable Judy Showalter

Dear Committee Members:

I am present today to state my opposition to the Licensure of Naturopaths in the State of Kansas (SB 610).

I am a plastic and reconstructive surgeon who practices in both **Johnson County, Kansas** and Jackson County, Missouri. I am currently certified by *both* medical and surgical specialty board. I believe my traditional training and experience allows me to objectively consider both sides of this complex health care licensure issue.

My stated opposition to SB 610 is based on the following eight points:

- Medical schools are based on the scientific method and evidence-based medicine with emphasis on the treatment of sick and injured patients. Medical school graduates usually complete three to five years of postgraduate training; naturopathic schools and naturopathic school graduates do not.
- Medical and surgical disciplines are evidence-based and grow out from scientific observation, verification and usually publication following a peer review process; naturopathic practice is based on belief and testimonial.
- Naturopathic methods are not safer because they are "natural"; natural remedies can be toxic and even deadly if used improperly. A natural compound does not guarantee its safety.
- The majority of states that have addressed this issue chose not to license naturopaths; only eleven states currently license naturopaths. Licensure is possible in only eleven states.
- The Counsel on Naturopathic Medical Education is not recognized by the U.S. Department of Education as an accrediting agency.
- Naturopathy can not be compared to evidence-based medicine because naturopathy is simply not an evidence-based endeavor; naturopathy should not be licensed *as if* it were a scientific evidence-based endeavor in the manner of medical board licensure.
- There is no clear established scope of practice in SB 610; confusion regarding the scope of practice and the use of some *natural drugs* will certainly result from this bill. Contradictory language and lack of definition will certainly result in future confusion and controversy.
- Licensure of naturopaths tends to legitimize unproven therapies; licensure of unproven therapies results in a *double standard* for health care in Kansas. The ultimate result of naturopathic licensure would be to legitimize unproven, unscientific and possibly harmful practices.

In summary, I request you oppose the licensure of naturopaths in Kansas (SB 610). This bill, in its present form, does not provide for adequate public safety and protection. **Thank you** for allowing me to present the forgoing opposition to this committee. Finally, I would be happy to serve as a resource to any committee member regarding this complex medical issue. You may contact me at the address or phone number listed below.

Gary L. Baker, M.D., F.A.C.S.

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KANSAS BOARD OF HEALING ARTS

BILL GRAVES
Governor



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TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr. 
Executive Director

DATE: April 2, 2002

RE: Senate Bill No. 610

Chairman Boston and members of the Committee, thank you for the opportunity to appear before you and provide testimony on S.B. No. 610. Let me make it perfectly clearly from the outset that the State Board of Healing Arts does not oppose the credentialing of naturopaths at some level by the state of Kansas. However, the Board is opposed to this bill for the following reasons:

1. Licensure is not the appropriate level of credentialing;
2. Lack of knowledge of basic requirements for education and examination;
3. The scope of practice allowed to naturopaths is far too great;
4. The State Board of Healing Arts is designated as the regulatory agency.

I believe few would dispute that the practice of naturopathy constitutes the practice of the healing arts. K.S.A. 65-2802 states that the healing arts include "...any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, or injury...". By enacting K.S.A. 65-2872a in 1982, the Legislature acknowledged that the practice of naturopathy was the practice of the healing arts. That statute allows any naturopath who is a graduate of a nationally recognized naturopathic college and who was practicing in the state of Kansas as of January 1, 1982, to practice in Kansas without the approval of the Board. However, naturopaths were not permitted to practice surgery, obstetrics or order prescription-only drugs.

K.S.A. 65-2801 states that the practice of the healing arts is a privilege and not a right. The purpose of the Healing Arts Act was to provide "...regulation to the end that the public shall be properly protected against unprofessional, improper, unauthorized and unqualified practice of the of the healing arts..." K.S.A. 65-2803 makes it unlawful for person who is not licensed under the Healing Arts Act to engage in the practice of the healing arts.

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

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In 1996, the Board authorized and directed that an injunctive action be brought against a naturopath who met the qualifications of K.S.A. 65-2872a. This action was instituted not because the individual was practicing naturopathy, but because the individual had engaged in the practice of the healing arts and had violated the provisions of K.S.A. 65-2872a. Not only had this individual violated K.S.A. 65-2872a, but the individual had engaged in dangerous practices. Specifically, the individual had prescribed prescription-only drugs and directed that they be administered at a rate so far in excess of standard practice that the patient likely would have had serious consequences had the pharmacist filled the prescription as directed.

Largely due to the Board's action in this particular case, legislation has been introduced since 1999 which, in one form or another, would allow naturopaths who do not meet the qualifications of K.S.A. 65-2872a to practice in the state of Kansas. The Board has consistently opposed this legislation on the basis that the Legislature, by enacting the Kansas Act on Credentialing in 1980, had specified the process that health care personnel seeking credentialing should follow. The Kansas Naturopathic Physician Association has now complied with that process and the Secretary of Health and Environment has recommended that naturopaths be credentialed. The Board does not disagree with the recommendation of the Secretary that naturopaths should be credentialed. However, the Board believes that licensure is not the appropriate level.

The Board of Healing Arts was created in 1957 by the combining of three Boards. Regulation of medical and osteopathic doctors had been in existence in Kansas since 1901. Chiropractors had been regulated since 1913. Since 1957, the Legislature has enacted legislation adding eight additional professions to be regulated by the Board. Of these eight additional professions, only podiatry had previously been regulated by a state agency. The other seven professions----physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, respiratory therapists, physician assistants and athletic trainers---had all been legally practicing in Kansas but had not previously been regulated by a state agency. All of these seven professions were originally registered but not licensed. This meant these professionals had title protection but not a specific scope of practice. Furthermore, the individuals in each of these professions are dependent practitioners. They may engage in their profession only after receiving an order from a physician.

Many of the proponents of S.B. No. 610 told you yesterday that they believe there needs to be collegiality and increased communication between naturopaths and practitioners of the healing arts. The State Board of Healing Arts wholeheartedly agrees. Proponents for this bill have testified to the extent that people are seeking alternative forms of health care treatment and their right to receive this type of therapies. Again, the Board concurs. Conferees also indicated that use of natural remedies can cause major problems and should be provided by individuals who have a thorough knowledge and understanding of the benefits, contraindications and side effects of natural substances. The Board supports this position as well. Just because a substance is natural does not mean it is safe. Kava kava has been banned in some countries. Sweden requires that there be a warning label on St. John's Wort due to suspected interference with other drugs and its potential side effects. The Federal Food and Drug Administration does not regulate non-prescription nutritional supplements and herbal remedies. Therefore, the public should have access to persons who have a thorough knowledge of the efficacy and safety of natural products.

One solution is to enact legislation that allows only individuals who meet certain minimum qualifications to hold themselves out as naturopaths and that these persons practice in a dependent relationship with persons licensed to practice the healing arts. S.B. No. 610 allows for independent practice by naturopaths and has no provisions that would promote peer-to-peer communication or result in an integrated approach to the overall health of citizens.

A number of issues have been raised as to the quality of the education and the examination required of naturopaths. S.B. No. 610 would place the responsibility for approval of the educational programs and examination on the State Board of Healing Arts. However, information has been received that the Council on Naturopathic Medical Education is no longer recognized as a national agency for the accreditation and preaccreditation of institutions and graduate programs in naturopathy. Further, serious questions have been raised as to the validity of the naturopathic licensing examination. We know that the examination has been compromised in the past. Both the examination itself and the answers to the examination questions have been made available. Further, no information has been provided as to whether the examination is psychometrically sound or is a true indicator of an individual's ability to safely and competently practice naturopathy.

Page 8 of S.B. No. 610 specifies the scope of practice of naturopathic doctors. Included within this scope is the ability to administer certain substances both intramuscularly and intravenously. The Federal Food, Drug, and Cosmetic Act defines a prescription drug as one which, "... (B) because of its toxicity or other potentiality for harmful effect, or method of its use, or the collateral measures necessary to its use, is not safe for use except under the supervision of a practitioner licensed by law to administer such drug...". All injectable drug products, because of their method of use are prescription drugs, and therefore, are not considered safe for use except under the supervision of a practitioner licensed by law to administer such drugs. Specifically, Dextrose Injection 5% (D5W), by its method of use and/or route of administration is a prescription drug, and is not considered safe for use except under the supervision of a practitioner licensed by law to administer such drugs.

Proponents for S.B. No. 610 have stated that the education of naturopaths includes the administration of substances both intramuscularly and intravenously. However, we are required to assume these statements to be true because none of us know what training and education is received. One of the conferees indicated that naturopaths would be willing to accept some type of oversight in their IV and IM administration of fluids. The Board suggests that this can best be accomplished by legislation that would authorize naturopaths to practice by order of or delegation or referral from a person licensed to practice the healing arts in Kansas. Statutorily allowing naturopaths to independently utilize prescription medications without a thorough and complete understanding of their education and training is not in the best interests of the citizens of the state of Kansas.

Finally, S.B. No. 610 addresses only a tiny fraction of practices which have become known as complementary and/or alternative health care. No mention is made of massage therapists, acupuncturists, herbalists and practitioners of homeopathy and Chinese medicine. The Board submits that, like the seven individuals currently in Kansas to which this bill would apply, these practices done by unqualified and incompetent persons have at least an equal potential for causing harm to the public as the practice of naturopathy. Therefore, the Board believes that the time has come for the Legislature to look at the entire realm of complementary and alternative practices. However, regulation of these practices should be placed in an agency that specifically administers professions that engage in alternative and non-traditional practices.

In conclusion, the State Board of Healing Arts supports the regulation of practitioners who engage in practices that can be integrated with and are complementary to the practice of the healing arts. However, S.B. No. 610 allows for the independent practice of naturopathy and does not promote any increased communication or collegiality between naturopathic doctors and other recognized and credentialed health care professionals. Therefore, the State Board of Healing Arts opposes S.B. No. 610.



Testimony on Senate Bill 610
House Health and Human Services Committee
By Charles L. Wheelen
April 2, 2002

Thank you for this opportunity to explain why we are opposed to SB610. This bill would authorize invasive medical procedures as well as administration of prescription-only drugs by individuals who are not licensed to practice medicine and surgery. Furthermore, SB610 is totally unnecessary.

Whether you should license an occupation is a significant public policy question. Licensure grants exclusive rights to a selected class of people and restricts consumer freedom of choice. But licensing is appropriate when it protects the public from harm by untrained or unscrupulous persons who hold themselves out as professionals when they are not. That's why the Kansas Act on Credentialing relies heavily on criteria measuring public exposure to potential harm.

The basic question whether there is a need to license naturopathic doctors depends almost entirely on the defined scope of practice. Assuming a scope of practice that does not overlap into the practice of medicine and surgery, public exposure to potential harm is comparatively remote. This has been the case for the past twenty years. The practice of naturopathy was authorized by the 1982 Legislature and there were no problems until one practitioner attempted to engage in the practice of medicine and surgery. Because the Board of Healing Arts intervened, that case went all the way to the Kansas Supreme Court and in addition to other decisions, the naturopathy statute was declared constitutional.

Furthermore, the public is already protected pursuant to the Healing Arts Act. *Kansas Statutes Annotated* 65-2802 defines the healing arts to "include any system, treatment, operation, diagnosis, prescription, or practice for the ascertainment, cure, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, or injury, and includes specifically but not by way of limitation the practice of medicine and surgery; the practice of osteopathic medicine and surgery; and the practice of chiropractic" (underscore added). In other words, the Healing Arts Act already applies to the practice of naturopathy, as well as any other system of diagnosing or treating human illnesses or injuries. Therefore, anyone who causes patient injury or other harm by practicing naturopathy in this State can be prosecuted for violation of the Healing Arts Act unless he or she is exempt from the Act.

On the other hand, if naturopathic doctors would be allowed to perform surgery or other invasive procedures such as intravenous therapy, or if they would be allowed to prescribe or administer prescription-only drugs; then the unlicensed practice could pose a significant and recognizable prospect of harm to the public, and the practice should be licensed. Apparently this was the conclusion arrived at by the Secretary of Health and Environment. But during the credentialing process, neither the Technical Committee nor the Secretary of Health and Environment were informed that the Healing Arts Act already addresses this issue.

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Kansas Statutes Annotated 65-2873 (copy attached) does not require a particular type of academic degree to apply for and be granted a license. Instead, it stipulates that an applicant for a license must be “a graduate of an accredited healing arts school or college.” That section of law says the applicant must: (1) Present evidence of proficiency in the basic sciences based on passage of an examination conducted by an examining body approved by the Board of Healing Arts, (2) prove that he or she graduated from an accredited healing arts school or college, (3) pass an examination prescribed by the Board of Healing Arts, and for a license to practice medicine and surgery, (4) present proof that he or she has completed acceptable postgraduate study.

Nor does the Healing Arts Act require that an applicant for a license to practice medicine possess a doctor of medicine degree, but instead says that an accredited school of medicine is one that the Board determines “to have a standard of education substantially equivalent to the university of Kansas school of medicine.” The statutory criteria the Board must use to make that determination do not include a specific type of diploma or academic degree.

We have all heard supporters of naturopathy repeatedly argue that the scholastic requirements and academic curriculum at naturopathic colleges are similar to medical and osteopathic colleges. This was stressed by proponents of SB610 during testimony yesterday. In addition, some individuals have asserted that persons who have earned a doctor of naturopathic medicine degree have “four years of medical school just like MDs and DOs.” If this is the case, there is nothing in Kansas law preventing these individuals from obtaining a license to practice the healing arts. In other words, there is no need for a separate licensing law.

When we testified in the Senate Public Health and Welfare Committee we suggested that some sections of SB610 appear to be copied from previous bills which were originally borrowed from other states. We said, “If the Legislature were to pass these sections without scrutiny, you would be adopting the mistakes of other states including misspelled words, poorly structured sentences, confusing mixed subjects, and vague references, as well as questionable public policy.” We continue to believe that SB610 is inherently flawed.

For the above reasons, we urge you to **recommend that SB610 not be passed**. Attached to this statement is a better way of achieving the same objectives by amending the existing statute that allows the practice of naturopathy in Kansas. Subsection (a) would preserve the existing section of law that applies to those few naturopathic doctors who were practicing in Kansas in 1982. Subsection (b) would require the Board of Healing Arts to identify accredited naturopathic colleges. Subsection (c) would allow graduates of accredited naturopathic colleges to practice the healing arts in Kansas, that is, independently diagnose and treat patients. And subsection (d) would strengthen public protection by making it clearly unlawful for anyone to claim he or she is a naturopathic doctor unless they really are. We believe this is a reasonable compromise that allows the practice of naturopathy in Kansas and also protects the public.

Thank you for considering our position on this matter.

**Chapter 65.--PUBLIC HEALTH
Article 28.--HEALING ARTS**

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 surgeons 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.

Draft Substitute for SB610
by C. Wheelen, KAOM
March 25, 2002

Be it enacted by the Legislature of the State of Kansas:

Sec. 1. K.S.A. 65-2872a is hereby amended to read as follows: 65-2872a. (a) 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.

(b) On and after July 1, 2002 the board of healing arts shall create and maintain a registry of accredited naturopathic colleges located in the United States that award a doctor of naturopathy degree or doctor of naturopathic medicine degree.

(c) Persons who have received a doctor of naturopathy degree or doctor of naturopathic medicine degree from one of the colleges listed in the registry created pursuant to subsection (b) of this section shall be permitted to practice in Kansas without approval by the board of healing arts provided such person does not: (1) perform surgery or other invasive procedures, (2) practice obstetrics or otherwise assist in the delivery of infants, or (3) order prescriptions for, administer, or furnish prescription-only drugs.

(d) It shall be prima facie evidence of a violation of the healing arts act if a person who has not received a doctor of naturopathy degree or doctor of naturopathic medicine degree from one of the colleges listed in the registry created pursuant to subsection (b) of this section publicly professes to be a doctor of naturopathy or attaches to their name the title N.D., D.N.M., doctor of naturopathy, or any other word or abbreviation indicating that they are a doctor of naturopathy.

Sec. 2. K.S.A. 65-2872a is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.



**TESTIMONY BEFORE THE
KANSAS
HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES
TUESDAY, APRIL 2, 2002**

Mr. Chairman and members of the Committee, I want to thank you for the opportunity to present testimony in writing to you today about the Coalition for Natural Health's opposition to licensing of "naturopathic physicians" proposed in SB 610. My name is Boyd J. Landry, Executive Director of the Coalition for Natural Health, headquartered in Washington, DC.

The Coalition for Natural Health (CNH) is a non-profit organization representing over 2,500 individuals nationwide, and over 120 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.

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Before delving into specific aspects of SB 610, 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 Idaho should follow suit. However, since 1996, eighteen states (Texas, Minnesota, Rhode Island, Kentucky, Iowa, California, New York, Pennsylvania, North Carolina, West Virginia, Louisiana, Nebraska, Massachusetts, Kansas, Missouri, Oklahoma, Colorado, and Idaho) rejected legislation of this type and eight of these, Pennsylvania, Kansas, Oklahoma, Minnesota, Idaho, Colorado, Massachusetts and Texas rejected it more than once. In total, it has been rejected on over 35 different occasions in the past six years.

The bill calls for all licensees to "be a graduate of an approved naturopathic medical college and have successfully completed an examination..." The bill defines an "approved naturopathic medical college" as "a college and program granting the degree of doctor of naturopathy or naturopathic medicine that has been approved by the board under this act and which college or program requires at a minimum a four-year, full-time resident program of academic and clinical study."

It should 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 (Exhibit 2), one of the "accredited schools" highlights the limitations of "naturopathic medical" school's 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.

In the Credentialing application, 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 by regional accrediting agencies or by a programmatic accrediting agency recognized by the United States Department of Education. At one time, Bastyr University was the only school that had been accredited by both, and today, none of the schools are accredited by institutional and programmatic accrediting agencies. 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" school education and training attempts to mimic 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.

Today, there is no agency recognized by the United States Department of Education with the responsibility of accrediting naturopathic medical programs. There is no agency responsible for verifying that laboratories are up to par, ventilation systems are properly installed and are working appropriately, and whether cadaver practices are in place and are being followed. Given the problems leading up to the United States Department of Education's removal of the Council on Naturopathic Medical Education's status as a recognized accrediting agency, would lead a reasonable person to believe that both the institution and the program should be accredited by agencies recognized by the United States Department of Education. (Exhibit 4)

TITLE PROTECTION

The bill outlines that 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," like SB 610, yet, the "naturopathic physicians" use these terms interchangeably and titles to identify themselves in their newsletter, The Naturopathic Physician, Volume 9 Number 2 Summer 1994 (Exhibit 5), when they referred to the passage of the law as the licensing of "naturopathic physicians." This action forced State Representatives William Kidder and Kathleen Ward to

take the publication to task. The usage of the terms "physician" and "medicine" create a serious problem of confusion for the public (Exhibit 6).

Bastyr University's catalog refers to the practice as "naturopathic medicine," and if this bill passes, you can pencil Kansas in on the right side of page 13 of Exhibit 2 where it lists the states that currently license "naturopathic medicine." You will notice that the list includes New Hampshire. These are two significant examples of blatant disregard for public policy.

It is interesting that if a potential licensee violates a provision under these bills, the licensee receives a slap on the wrist. If one of the 120 or so traditional naturopaths accidentally practices "naturopathic medicine or naturopathy," according to the bill (a), they are faced with Class B person misdemeanor. This will be a significant expense to the state as the 7 proponents use this bill as a means to put the over 120 traditional naturopaths out of business. This is just another example of the high-handed and over-reaching attempts of the proponents to elevate themselves at the expense of others.

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 toxins that have accumulated internally – usually due to incorrect lifestyle, a poor diet, and improper care of the body weaken a person. 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 7)

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 Exhibit 8. "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."

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

The bill sets forth the scope of practice of potential licensees under this bill. By allowing "naturopathic doctors" to "diagnose and treat" disease, and prescribe medications, 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 9) 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."* The State of Oregon allows its licensees to prescribe opium, without an accredited medical education. By passing this bill, the Kansas legislature would be equating "naturopathic doctors" with MDs and DOs, because "naturopathic doctors" will inform their patients that there is no need to continue to see a regular medical physician. Clients will assume "naturopathic doctors" have an education from an LCME recognized medical school because clients won't know the difference.

In a sworn deposition (Exhibit 10) Mr. Kruzel, former president of the AANP and the current Clinical Director at the Southwest College of Naturopathic Medicine, 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 videotape? 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 (Exhibit 11) to the Washington legislature last year, 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 doctors" does not come up to the standard one would expect from individuals that diagnose and treat disease and prescribe medications. Granting licensure for "naturopathic doctors" 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 doctors" will be so elevated in stature that they will be perceived by the public as equal to the far more extensively trained allopathic and osteopathic physicians, thus creating the potential for harm.*

If licensure is not granted, "naturopathic doctors" may continue to practice in the same manner that is legal today – without making diagnoses, without prescribing medications, and without performing invasive procedures. Given the status of SB 610 as amended by the Senate Committee, the bill is not much different than the status quo, except for an exclusive license for 7 people. 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 doctors." All of the eleven state legislatures that have looked at this question in 1997, 1998, 1999, 2000, 2001, and thus far in 2002, 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 7 "naturopathic doctors" in Kansas. This is not about public protection. This is about economic protection and economic survival. These seven "naturopathic doctors" gambled on going to school for a profession that does not exist in 39 of the 50 states and they now expect 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."***

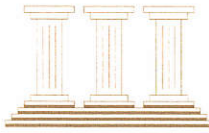
A study titled "Profiling the Professions: A model for Evaluating Emerging Health Professions," conducted by the Center for the Health Professions at the University of California, San Francisco, September 2001, stated, ***"Although regulation is the legislature's decision, legislatures virtually never seek to regulate a profession on their own. When regulation is sought, it is always at the behest of***

members of the profession. When it is enacted, it is almost always after long and contentious battles between competing or would-be competing professions. Therefore, though informative, the existence of regulation may or may not mean much more beyond the capacity of the would-be regulated profession to garner sufficient political power.” (Page 13)

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. The State *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 that considered this type of legislation since 1996. 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.

Finally, the bill calls for 3 licensees to be appointed to “a naturopathic advisory council to advise the board in carrying out the provisions of this act.” Since there are 7 potential licensees in the state at this time, 43% of the potential licensees will be appointed to serve on the council. ***How is the public protected by the proposed ratio of licensees to council members?***

8-11



KANSAS TRIAL LAWYERS ASSOCIATION

Lawyers Representing Consumers

TO: Members of the House Health and Human Services Committee

FROM: Gary White
Kansas Trial Lawyers Association

RE: SB 610

DATE: April 2, 2002

Thank you for the opportunity to submit comments on SB 610. KTLA opposes the proposed amendment of Sec. 18 of this bill, which removes the mandatory professional liability insurance coverage of \$200,000 per claim with a \$600,000 annual aggregate for naturopathic doctors.

Under existing Kansas law, health care providers are required to maintain professional liability insurance coverage of \$200,000 per claim with a \$600,000 annual aggregate. As such, naturopathic doctors are requesting an exemption that does not apply to other health care providers and fails to protect patients injured by the negligence of a naturopathic doctor.

The failure to statutorily mandate profession liability insurance relieves the naturopathic doctor of responsibility and accountability. The injured patient and his/her family are left to deal with not only the health implications of the injury but also with the resulting financial burdens.

Under this bill, naturopathic doctors would be licensed to render treatment and conduct physical examinations of patients or make referrals for echocardiograms and other diagnostic tests. Negligent treatment or the failure to refer a patient could have a substantial impact on the patient or his/her family.

For instance, a naturopathic doctor could treat a woman suffering from abdominal distension and vaginal bleeding for a period of months without referral. It is later determined that the mother has an ovarian mass that has ruptured and is cancerous. The woman's chance of survival is significantly decreased due to the failure to diagnose the mass and she later dies of cancer.

In another example, a man complains of chest pain but the naturopathic doctor decides not to refer the patient to a cardiologist. The patient suffers a heart attack and dies.

Terry Humphrey, Executive Director

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Under each of these scenarios, the impact on the surviving families is substantial but they will be required to meet the financial burdens on their own or possibly with the help of state assistance if mandatory financial insurance is not required for naturopathic doctors.

Please note that by utilizing these examples KTLA is not questioning the integrity or ability of naturopathic doctors. However, the examples fully demonstrate the adverse impact that could occur to Kansas patients if professional liability insurance is not required for naturopathic doctors as is required for other health care providers.

Thank you for the opportunity to express our serious concerns about this bill. We encourage you to include mandatory professional liability insurance coverage limits in Sec. 18 of this bill.

LEGISLATIVE UPDATE

KANSAS TRIAL LAWYERS ASSOCIATION



Kansas Trial Lawyers Association

April 1, 2002

Legislative Deadlines...

Adjournment on March 30, 2002 was the deadline for second house bill consideration. Therefore, non-exempt bills still in committee or in either house can no longer be considered. The text of those bills, however, can be amended into similar bills that are exempt from the rule. Exempt bills are those bills sponsored by, referred to or acted upon by Senate Ways and Means, House and Senate Federal and State Affairs, House Calendar and Printing, House Appropriations and House Taxation. April 13, 2002 is the final deadline for consideration of all bills, except bills vetoed by the Governor, omnibus appropriations act bills and omnibus reconciliations spending limit bills. There are rumors that there may not be an interim session in 2002 because of the budget crisis.

Included in this publication is a summary of the bills on which KTLA has taken a position and where those bills stand in the legislative process.

KTLA Legislative Update is a publication of the Kansas Trial Lawyers Association. The Update is published biweekly during the Kansas Legislative Session. Send questions or comments to Cathy McNorton or Barb Conant, KTLA, 700 SW Jackson, Ste. 706, Topeka, 66603. Ph. 785-232-7756. Fax 232-7730. trialla4@ink.org

Consumer Protection Issues...

- **SB 377/Medical Records:** The bill, a joint effort of KTLA and the Kansas Bar Association, would give Kansans affordable and timely access to their own medical records. After passing the Senate, a hearing was held in the House Judiciary Committee. The committee has not yet worked the bill, which is exempt.
- **SB 535 and HB 2957 False Claims Act:** KTLA supports a state false claims act that will save taxpayers money, but opposed SB 535 because the bill did not go far enough to protect Kansas taxpayers. The bill only covered the Medicaid program and did not allow a private right of action. It also did not protect whistleblowers. The Senate Judiciary Committee agreed with KTLA that the bill should be a subject for interim study, however due to the budget crisis there may be no interim session this year. SB 535 is not exempt, so it can no longer be considered. A companion bill, HB 2957, is exempt and remains in House Appropriations.
- **HB 2711/Health Care Providers Right of Conscience Act:** KTLA opposes this bill which, among other things, would allow health care insurers to deny coverage for services that they allege violate their moral principles. This bill, which is exempt, passed the House and is currently in the Senate Public Health and Welfare Committee where it awaits final committee action.
- **Unwanted Telemarketing Calls and E-Mails:** KTLA supports the concept of protecting consumers from unwanted telemarketing calls and e-mails. However, several of the bills being considered contain an affirmative defense provision that makes it harder for consumers to pursue entities that disregard their request. Following is the long list of these bills:
 - **SB 296/Unwanted Phone Calls is an exempt bill that contains an affirmative defense provision that can be used once in a 12 month period. It passed the Senate and is currently awaiting a hearing by the full House. HB 2100 and 2903 are similar exempt bills that await consideration by the House.
 - **SB 538/Unwanted Phone Calls is an exempt bill that does not contain an affirmative defense provision. It is still in Senate committee and has passed neither house. HB 2767 was similar to SB 538, but it is a nonexempt bill that passed neither house.
 - **Sub SB 467/Unwanted E-Mails passed both houses, but was amended by the second house. The Senate will need to concur with the amendments before the bill goes to the governor. The bill currently does not contain an affirmative defense provision.

Defeated Immunity Bills ...

While the bill numbers are dead, the concepts could be amended into similar bills.

- SB 549 attempted to provide immunity to livestock producers for certain defective meat products. The committee did not work this bill.
- HB 2285 contained immunity for contact lenses dispensers. A house committee amended out the immunity before the bill passed the house. It was not worked on the Senate side.
- HB 2722 sought immunity for organizations releasing information to SRS. The committee adopted KTLA amendments and passed the bill. It was killed on House Final Action, 62-60. A companion bill, SB 510, did not make it through either house before the deadline.
- HB 2734 would have brought affiliates of the Kansas Hospital Authority under the Kansas Tort Claims Act. The bill's proponents agreed to amend the language from the bill but the nonexempt bill was not worked by the house committee before the legislative deadline. A similar bill, SB642, passed both houses without the provision and awaits the Governor's signature.
- HB 2835 provided immunity to home builders or contractors against faulty constructions, acts of God and dampness or condensation that could lead to toxic mold. It also limited liability for soil movement in certain cases. This nonexempt bill was not worked by the first house, thus missing the legislative deadline.

Immunity and Limited Liability Bills...

Immunity and limited liability provisions improperly insulate special interest groups from accountability for their actions and take away their incentives to protect the safety of Kansas citizens. Financial burdens for injuries become the responsibility of Kansas consumers and taxpayers. KTLA opposed the immunity bills listed on this page.

Bills that are still alive and that KTLA still opposes:

- SB 489/Anhydrous Ammonia: Third party immunity provisions in the original bill were amended out by Senate Judiciary Committee and replaced with a loser pays provision. The bill passed the Senate as amended, but the immunity could be added back into the bill in the House. This is a dangerous bill that will only benefit negligent owners of anhydrous ammonia and their insurers.
- SB 616/Construction Contracts: This anti-consumer bill attempts to change current law and harm the free enterprise system by mandating construction contract terms that are favorable to the contractor and no longer subject to negotiation by the parties. It requires owners to dispute a bill in writing within 10 days or to pay the request in accordance with the act, even in cases where the consumer has orally disputed the request or where the request for payment is made while the consumer is out of town. The bill also limits the liability of escrow agents, thus protecting escrow agents who have negligently performed their duties at the expense of Kansas consumers and governmental agencies. Lastly, it contains a loser pay provision. KTLA opposes this whole bill, which is exempt and remains in the Senate Commerce Committee.

Bills that are still alive, but amended so KTLA no longer opposes:

- SB 116/ Gun Manufacturers: This bill limits the rights of Kansas counties or municipalities to bring suit against firearms or ammunitions manufacturers or dealers. KTLA opposed the original bill, which has been amended to allow suits to be brought for damages to employees or agents of such political subdivisions caused by defective products. KTLA no longer opposes the bill.
- SB 490/ Excavators of Underground Utilities: The original bill would have provided immunity on claims by injured third parties even when the excavator was negligent. KTLA worked with the bill's proponents to amend the third party immunity from the bill. The bill now awaits the Governor's signature.
- SB 607/Agritourism: KTLA opposed the original bill because it would have expanded the immunity granted in the Recreational Use Statute from injuries caused by the natural conditions of the land itself to include activities and equipment provided by vendors using land in for-profit activities. LJ Leatherman, Topeka, offered an amendment that would honor the common law tradition of landowner immunity for invitees for recreational purposes without extending the immunity to value added services. The Senate Agriculture Committee accepted the amendment and passed the bill out of committee. It awaits a hearing by the full Senate, where we expect an attempt to add a floor amendment that would return the bill to its original language.

Judiciary Issues that Appear Dead...

- SB 420/WCGME. KTLA supported this bill which would have repealed the retroactive date included in 2001 SB 366. That bill redefined the Wichita Center for Graduate Medical Education as a health care provider. The retroactive provision eliminated WCGME's vicarious liability and impacted two pending medical malpractice cases. The Senate Financial Institutions and Insurance Committee, chaired by Senator Praeger, killed the bill.
- SB 493: This bill would diminish the authority of law enforcement officers to test train crew members for the presence of drugs and alcohol. KTLA opposed this bill, which died when the committee failed to work it.
- HB 2085/Increase Juror Compensation. KTLA supported this bill which died in House final action 52-71.
- HB 2688/Addiction Counselors. KTLA opposed the privilege given to addiction counselors but worked out a compromise with the bill's proponents. The bill, which is not exempt, was not worked by the committee.
- HB 2986/Terrorist Crimes, KTLA opposed this bill which creates an off the grid crime for terrorist activities. Poor definitions in the bill, however, could have had devastating consequences. The bill, which is not exempt, was not worked in House Committee.

Judiciary Issues That Are Still Alive...

- SB 445/Small Claims Court. KTLA supports this bill which allows the winner of a small claims judgment to collect in a different county. The bill passed both houses. However, amendments made by the House were unacceptable to the Senate, so the bill was rereferred to Senate Judiciary.
- Common Law Marriages: HB 2366, which required all parties in a common law marriage to be 18, was not exempt and didn't make it through both houses. SB 486 originally did away with ALL common law marriages. It passed the Senate. The House then gutted SB 486 and replaced it with the language from HB 2366 and passed the bill as amended. The bill is scheduled to go to conference committee. KTLA is concerned about the impact on spousal benefits if the original SB 486 is passed.
- HB 2179/Judicial Budget would no longer need executive branch approval. KTLA supports this bill which has passed neither house but is exempt.
- HB 2640/Viaticle Settlements. KTLA opposed the fact that records were not subject to discovery. Amendments to the bill corrected this and KTLA is now neutral. The bill passed both houses. Amendments made in the Senate must be approved by the house before the bill goes to the Governor.
- HB 2736/Cloning: While KTLA has no position on the cloning bill itself, we were very supportive of a floor amendment offered by Rep. Swenson that would raise the wrongful death cap in Kansas to \$1 million. Kansas currently has the second lowest wrongful death cap in the nation. The floor amendment failed on a vote of 37 to 66. KTLA will continue to watch this bill for "tort reform" amendments. The bill is currently in Senate Federal and State Affairs Committee.
- HB 2755 proposes to assess all Kansas attorneys \$400-\$600 annually based on the number of years in practice to help fund the court system. This exempt bill has never had a hearing and remains in House Appropriations Committee.

Loser Pays...

KTLA opposes loser pay provisions because they block access to the judicial system. Loser pay provisions are one-sided and are unnecessary and unwarranted because K.S.A. 60-211 adequately addresses concerns that an action could be brought without good faith and without a reasonable basis of fact or law. The following bills all remain alive with the loser pays provision intact.

- SB 407/Beer Keg Registration: This bill passed both houses and awaits the Governor's signature.
- SB 489/Anhydrous Ammonia: See information in immunity Section on page 2.
- SB 616/Construction Contracts: See information in immunity section on page 2.

Work Comp Issues...

- SB 121/Professional Employer Organizations: KTLA opposes this 2001 legislation. The most onerous provision of the original bill, providing alternating immunity to the client employer and the PEO depending upon who was controlling the assigned worker at any given moment, was removed before the bill passed out of the Senate in 2001. The bill then remained alive in House Business Commerce and Labor for the rest of the 2001 session. The tax implications of the bill were discussed in interim committee. The bill was resurrected on March 20, 2002 when it was transferred to the House New Economy Committee for a hearing. Tim Short, Pittsburg, testified in opposition to the bill, which affects workers compensation benefits because it confuses the issue of which entity is the statutory employer-- the PEO or their client. It then allows the client to forgo purchasing workers compensation insurance. This would become problematic if the PEO fails to purchase the insurance or let the insurance lapse, because the client employer would face liability for a claim for which it is uninsured and the injured worker could face significant delays in receiving medical treatment and disability compensation. The bill also holds only the client employer civilly liable for damages caused by the employee. KTLA believes, however, that both entities should be equally liable. This exempt bill passed the Senate in 2001. It remains in House committee.
- SB 376/ Hazardous Materials Response Team: KTLA opposed this bill because it excluded response team members who are not full time employees of the State Fire Marshal's Department from being treated as employees of the State of Kansas for purposes of the Workers Compensation Act or the Kansas Tort Claims Act. The bill was not recommended favorably by Senate committee and died. HB 2881, a companion bill, was not exempt and didn't make it through either house.

Mr. Chairman, members of the committee, Thank you for the opportunity to testify in opposition of Senate Bill 610 today. Being the owner of an Herb and vitamin store, I have chosen to be a part of the Alternative Medicine community. Alternative medicine is typically formed through several non-conventional modalities of treatment. Why society has adopted the term of Alternative Medicine is puzzling to me. The many practices that comprise Alternative Medicine were in place centuries before Conventional Medicine was adopted. Why then, do we need licensure to practice, what innumerable people know as a way of life?

My children know that Conventional medicine exists, and has it's place in society. When my 14 year old son had a bicycle accident and tore an 8 inch gash in his shin, he went directly to the emergency room for sutures. When he broke his ankle, I took him for X-rays and a cast. When he is ill, he reaches for herbs, vitamins, and homeopathics. He has extreme allergic reactions to beef and pork. We did not have to go to any sort of Doctor, Naturopath or Medical, to figure out his allergies, nor how to counter the reactions. He knows, without having been to Bastyr or any other school, what to do should he suffer from an allergic reaction.

I have 6 children. All of which know no other way of medicine, than Traditional Medicine. If this bill passes, my entire family will be guilty of a class B person Misdemeanor, at least one count for every day for the remainder of our lives. We have taught, and will continue to teach, and to use "naturopathy", as will our children to their children, and them to their children. This bill makes outlaws of each and every one of my family members for generations to come.

40% of my business will be lost if this bill is passed and justly enforced. If I lose

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that much capitul, I lose my entire business, 100%. My family loses our right to liberty and pursuit of happiness, as well as our livelihood. All of this so 7 people will not be harassed for practicing medicine without a license. Or is it for monetary gain, through being eligible to receive compensation from insurance companies? Maybe it's so they can have the abbreviation of N.D. behind their name, thus making them proud and better than anyone else. I truly do not know the reason. But I do know some of the consequences, and how my family and over 400 regular customers, your constituents, will be affected.

Yesterday there were 2 testimonials given by patients of Dr.s Kosh. I am sure that these didn't begin to scratch the surface. I am truly excited that these 2 naturopaths are able to help relieve the suffering of so many. They have done so without any form of licensure. I have asked a couple of my customers for testimonials as well. These come from prominent persons in our community who were diagnosed and treated by Naturopaths, Medical Doctors, Specialists for the respective concerns, and Doctors of Osteopathy. They have found relief, and are free from harmful side effects, after decades of suffering. They did so through nutritional support from the products sold in my store. Again, I am truly excited that I can supply the products to help relieve the pain and suffering of so many. I did so without licensure, without having attended any college, Traditional or distance courses, and most importantly, by my customers having the freedom of choice to consult whomever they pleased, licensed, unlicensed, certified, uncertified, sanctified or unsanctified.

I am honored to have as a great friend and business associate, a Native American Wildcrafter and Healer. Together, we have learned about ceremonies, uses of herbs and

other natural remedies. She has been the key to assisting me to trace my lineage to Blackfoot nation of the Northern Plains. Similar to Alex Haley and the tracing of his "ROOTS". I am unwilling to forget my ancestry, and I am devoted to furthering my knowledge of ceremonies, spiritual or healing, and practicing what I learn. SB 610 does not provide for any exclusions for any tribe to practice what is their way of life.

For 19 years, I served in the U.S. Army. I joined for patriotic reasons as a young and naïve teenager. The longer I served, the more I learned, and the more I came to believe in protecting the rights of all Americans. I retired 4 years ago today, and it really wasn't until then that I could enjoy the freedom and Rights I was willing to die for. My beliefs are no less today, and my convictions are even stronger. I now must oppose fellow Americans who are trying to deprive me of my rights. I ask that you now join me in retaining the rights that I fought for, the rights that you have enjoyed over the last 23 years, and my service to not have been in vain.

Thank you Mr. Chairman,

Troy Bledsoe

Paula Vecchiarelli
Kingman, Kansas

Our daughter was diagnosed with ulcerative colitis at the age of 3 ½. After many, many years of medications and no relief in sight, I did extensive research with the Crohn's and Colitis Foundation and in combination with recommendations from the Mayo Clinic came up with an herbal regime that I hoped would help my daughter. I took this list down to our local Herb Specialist and asked for her help in designing a program to nutritionally support our daughter. Her assistance and extensive knowledge allowed our daughter to become stabilized in her condition for the first time ever. She is now 17 and has been stable for 3 years. Her pediatric gastro-enterologist said keep doing whatever you are doing to keep her in this condition because it is working

10-4

RE: SB 610

I understand your concern for the people of KS, and, therefore I urge you to **KILL SB 610**. I am concerned about the validity of SB 610 because the Civil Rights Law states “. . . People agreed to live under a common government; but not to surrender their “rights of nature” to the government. Instead, they expected the government to protect these rights’ . . .”

The reason I feel so strongly about this Bill is that from Dec 30, 01 to Jan. 12, 02, I was in Harper Hospital, KS; being treated by Dr. Bellar on continuous antibiotic IV drip for what he told me was a ‘kidney stone’. Two of the antibiotics were listed on my allergy record; but were administered several times anyway, causing severe pain and allergic reaction. The true diagnosis was “sepsis”, a severe blood infection caused by a big toe nail removal done on 10/ 01.

On the tenth hospital day during rounds, an Intern let slip, “ It’s hard to believe she’s (me) dying from a viral infection and her ‘color’ is so good!”

Ironically, antibiotics react negatively on viral infections. Therefore, my husband checked me out of the hospital on January 12, 02, and we turned to herbs to treat my problem.

From my “20% chance of survival” quoted to my husband by the Doctor, to an almost complete recovery 9 weeks later, I give full and complete credit for my recovery to Nature’s Sunshine Products (recognized by the FDA) and the Herb Specialist training class I attended.

The fact that a well-stocked store, and a very knowledgeable certified Herbalist was located 25 miles from my home, expedited my healing time; and, I believe, saved MY LIFE!

Requiring that only ND’s from certain colleges, as well as MD’s, be allowed to educate, and, as in my case, provide moral support for the people who suffer “system break-down” is counter-productive to the welfare of all Kansas residents; and if this type of law takes precedent in Kansas, and spreads across the United States, then 30 yrs. of dedicated Herbal Education will be lost; endangering the future health of all Americans

I have personally used herbs for A.D.D. in my own family along with liver and cholesterol problems and have seen positive results never achieved by the most powerful medicines prescribed by MD.’s.

Pat Lankford
Zenda, Kansas

10-5

Written Testimony in Opposition to Senate Bill 610

Presented By: Robert Moser, M.D.
President Kansas Academy of Family Physicians

To the House Committee on Health And Human Services
Subcommittee on Credentialing

March 18, 2002

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Thank you for this opportunity for the Kansas Academy of Family Physicians to submit testimony in opposition to SB 610, which proposes to establish the Naturopathic Doctor Licensure Act. My name is Robert Moser, and I am the KAFP president this year. I practice family medicine in Tribune, Kansas. The Kansas Academy of Family Physicians represents 800 practicing family physicians across the state of Kansas, and is the largest medical specialty organization in the state.

Naturopaths are only recognized in eleven states despite being an active group in many states. Naturopathic origins in the United States go back to the pre-scientific era of medicine or prior to the 1900's, yet relatively few states recognize them as legitimate health care providers. Kansas must carefully examine this health care system, and in doing so will subsequently and appropriately side with other states who have denied their licensure.

The Kansas Academy of Family Physicians agrees with the principles of granting licensure in the healing arts as stated in the beginning of K.S.A. 62-2801. This statute "recognizes that the practice of the healing arts is a privilege granted by legislative authority and is not a natural right of individuals."

The responsibility to public health and safety is a daunting task not to be taken lightly. Unregulated occupations or professions dealing with health do pose a threat to the public's health, safety and welfare. The first step is to determine if a profession or occupation exists as a separate and distinct healing arts entity. Or as with naturopathy, does it merely describe itself to look like a legitimate health care system, to embody a part of an established occupation such as medicine, while in reality existing in a nebulous form. Secondly, if we accept this new healing arts entity, then there should be good evidence that the practice confers measurable benefits to those who use it. The KAFP believes that granting licensure and recognition to such a questionable health care system, as naturopathy is, would be a serious error. We urge you to look beyond individual providers, anecdotal reports of naturopathy's benefits and instead to the standard of practice they are taught and the many scientific evaluations showing its dubious value.

Many states, like Kansas, have been asked to consider the licensure of naturopaths over the last few years. Instead of the general public requesting this consideration, the pressure to license naturopathy has come more from the naturopaths themselves and their supporters, most of whom are the manufacturers of naturopathic, homeopathic and nutritional supplements. This was particularly the case in Utah. The fact that certain individuals have received training and request the right to pursue a livelihood based on this training is also not an adequate reason for the state of Kansas to move forward with licensing naturopaths.

Naturopaths claim to be "primary care physicians" and to be adequately trained for this calling. In fact, in the states where naturopaths are permitted to practice, such as Arizona and Oregon, they are allowed to call themselves "doctors" and represent themselves to be "family physicians." The only branches of medicine that they consider beyond their expertise are major surgery and trauma. Their claim to being primary care physicians is repeated in the literature of every naturopathic institution, including the official websites of all four training programs in the U.S., the official website of the American Association of Naturopathic Physicians (AANP), and the *Textbook of Natural Medicine* (The official textbook of Naturopathy). Naturopathic training may include four years of training and in similarly named courses like those taught at accredited medical schools, but the content, depth and breadth of study does not approach the same rigors or prepare the student adequately for the analytical thought process necessary to apply their learning to the clinical process of patient care.

Naturopaths also lack adequate clinical exposure to patients in a hospital setting during their training, further decreasing the likelihood they can adequately recognize serious medical conditions. The resulting delays in appropriate treatment could cause serious patient harm. Even their primary textbook, *Textbook of Natural Medicine*, is sparse in its coverage of illness and disease with only 70 specific health problems contained in it. It lacks discussion of the diagnosis and treatment of cancer, abnormal heart rhythms or heart attacks.

The KAFP believe that many of the areas naturopaths study are of doubtful worth, based upon unempirical beliefs and practices. These include cranial osteopathy, iridology, electrodermal screening, applied kinesiology, portions of Chinese medicine and Ayurvedic medicine and acupuncture. Naturopathic literature reports that learning disabilities can be treated with cranial osteopathy or manipulation. In iridology, all the body is represented on the iris of an individual and a variety of diagnoses can be made just by examining it. This training is still listed on the web site for Bastyr University, one of the major naturopathic training sites in the United States. It also includes electrodermal screening and applied kinesiology which are two of the more blatant examples of health fraud. The electrodermal screen is nothing more than a galvanometer, measuring electrical resistance through the skin, which supposedly can diagnose parasitic infections, allergies, and a host of other ailments. Applied kinesiology is measuring the muscle weakness of an out-stretched hand and then having the person hold the various remedies until one is found that restores the "normal" strength, thereby confirming their deficiency and supposed proper treatment. The fact such diagnostic and treatment modalities are taught at these institutions further reflects this group has no well defined "standard of practice," lacks any scientific basis as an healing art occupation, and embraces a simplistic philosophy.

The spread of unproven therapies from the over-the-counter marketing of "naturopathic and homeopathic" agents has grown through the use of "complementary and alternative medicine." This should be recognized for what it is, simply a new-age marketing term which falsely proposes that untested and unscientific methods of care are equivalent to evidence-based medical therapies. Granted, anyone can enter a pharmacy, grocery store or "health food" store and purchase a variety of agents espousing a variety of cures and treatment. The federal government has failed to adequately regulate this activity through the Food and Drug Administration in the wake of the Dietary and Supplement Health and Education Act of 1994. The passage of this act placed the burden of proving that an herb is unsafe on the FDA, rather than on the herbal products industry. However, the problems with this act does not justify licensing a pseudoscientific group in hopes that they can ensure the appropriate use of these agents. Licensure of naturopaths because of public safety concerns with the use of OTC naturopathic or homeopathic agents by unqualified persons would result in additional public safety concerns rather than solving any. In fact, because naturopaths promote treatment of a variety of conditions with largely ineffective "natural medicines," the real safety concern is the problem of their being substituted for other, truly effective, medicines.

Treatments used by naturopaths often include natural agents such as vitamins and minerals. They receive homeopathic training as well and often sale remedies directly to the patients they treat. Their homeopathic training often leads them to request the right to prescribe agents such as those represented in the Homeopathic Pharmacopeia of the United States Revision Service. It needs to be noted that there are several agents with serious medicinal properties in this pharmacopoeia. There is no similar legislation for herbal preparations that naturopaths use or recommend. The concept of homeopathic medicines popular with naturopaths is another interesting concept based on pseudoscience and against known biopharmaceutical sciences. Medicinal agents in homeopathy are minute quantities of agents used to treat symptoms that are common with "toxic" doses of the same agent. They believe that

exposure to small amounts of these agents “strengthens the immune system.” In fact, some of these agents are given in such dilute amounts that no active agent could possibly exist in the final solution. This doesn’t deter naturopaths who propose the “essence” of the agent is still present and able to exert its effects. Such a notion with today’s knowledge of a dose-response curve in scientific medicine only shows how much of a cult or movement the practice of naturopathy is, and reminds us of the days of the “snake-oil” salesman!

Naturopathy has not changed its philosophy with the advancements in medical science. In fact, many of its practitioners challenge proven public health measures such as immunizations. They overlook the large volume of literature that proves immunizations as being beneficial and even claim they are harmful and responsible for a variety of maladies. The primary journal in naturopathy, *Journal of Naturopathic Medicine*, along with the *Textbook of Natural Medicine*, reports that immunizations are a cause of attention deficit disorder, autism, cancer and allergies. This has been proven untrue many times in the scientific literature, yet naturopaths continue to hold to their beliefs as they were taught. Training that causes them to ignore the facts and not assimilate new scientific information into their practices is not good medical training and gives further reason to push for non-licensure.

The KAFP is also concerned that a double standard in patient care will result if SB 610 is approved and naturopaths are licensed in Kansas. While it would be common practice for a naturopath to apply such unproven and dubious diagnostic approaches like applied kinesiology, a medical physician would be held contemptible for similar activity, as it does not represent standard of care. We cannot and should not allow for licensure of inadequately trained providers that would grant them the right to practice “medicine” in Kansas through this act. It would only serve to circumvent the normal training process and licensure for true primary care physicians in Kansas, threatening public health and patient safety. Medical doctors not only have the four years of medical school, but are also required to complete at least one year of postgraduate training and testing prior to being licensed to practice medicine in Kansas.

If Senate Bill 610 should pass and Kansas is to license a new set of “primary care providers” then our members believe they should be held to the same rigors of licensing that allopathic and osteopathic physicians must undergo. This includes passage of appropriate examinations that other physicians must pass to secure licensure, similar to the United States Medical Licensing Examination (USMLE™) which is sponsored by the Federation of State Medical Boards (FSMB) of the United States, Inc., and the National Board of Medical Examiners® (NBME®). The three Steps of the USMLE assess a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Since only attendees or recognized medical schools can sit for these examinations, another similar form would have to be derived to effectively evaluate the training and skills of a naturopathic applicant for licensure. If a naturopath's training is equivalent to warrant the same level of licensure as medical physicians then they should submit to the same type of testing.

Finally, the Kansas Academy of Family Physicians is concerned that this bill’s current language is too vague and will place the Board of Healing Arts in the position to administrate the details. This will involve relying on the same providers they are asked to monitor to assist the board with determining the naturopathic practice parameters of an unfamiliar group based on assumptions and legislative interpretation and not the strict, clearly laid-out law all other health care providers practice under according to Kansas Statutes.

Rep. Judy Showalter Tues, A.M. 4/2/02
Room No. 273-W
State House
Topeka, KS.

Dear Rep. Judy Showalter,

I am totally opposed to S.B. 610 -
I am asking you to vote against this bill

I would hate to have to hurt my
own State bus. & tax base - by going
out of State for my products & services.

But sadly this will be the result
if this bill S.B. 610, becomes law.

Sincerely,

My Ph. No.

785-738-4341

Charles F. Jordan

RR 4 Box 89

Bellevue, KS. 67420

P.S. this faxed letter is in place of my
at the last minute, not being able to come to
Topeka today to testify to the committee,
against this bill - S.B. 610.

02 APR 2002

H & HS
4-2-02
Atch # 12

4-2-82

Rep Judy Showalter
Room # 273-W
State House
Topeka KS

Dear Rep Judy Showalter,

I am opposed to S.B. 610. Please
vote NO. This bill will force me
to purchase my products out-of-state
through mail order. The loss of sales
tax will not help this state. Please
don't let this happen. Vote NO.

Sincerely,

Debra Jordan
RR 4, Box 88
Beloit, KS 67420

P.S. If I weren't raising my grand-
daughter I would have come to
Topeka today to testify NO. S.B. 610

02 APR 4:25
4-2-82
Aitch #13

Diane M. Miller
Attorney at Law
2116 St. Clair Ave.
St. Paul, MN 55105
(651) 699-8300
fax (651) 699-8306

FAX TRANSMITTAL COVER PAGE

DATE: 4/1/2002
TO: Representative Garry Boston
FAX NUMBER: 785-368-6365
FROM: Diane M. Miller, Attorney
NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3
COMMENTS: To: Rep Boston
From: Diane Miller

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4-2-02
Atch #14



National Health Freedom Action

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E-mail: similaris@aol.com

**Opposition Comments on
Kansas Senate Bill No. 610
Proposed Naturopathic doctor licensure act**

by Diane Miller, Attorney and Executive Director

April 1, 2002

To Whom It May Concern: The following comments are made on behalf of the National Health Freedom Action regarding proposed legislation in the State of Kansas.

Licensure Model: SB 610 appears to be drafted in the format of a traditional licensing Title Act for a health care profession. Because licensure is constitutionally the most restrictive means of regulation including criminal penalties and demanding exclusive scopes of practice and titles to be given to a special group, SB 610 would discourage and in some instances prohibit many wonderful natural health care practitioners from practicing who are currently successfully offering services to consumers in the natural health arena.

Jurisdiction Language Overly Broad: The jurisdiction language of the bill is overly broad and could jeopardize many of the healing arts that belong in the public domain. The bill as drafted creates exclusive jurisdiction over the use of "education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes." These jurisdiction issues could negatively impact the practices of natural health providers of all kinds. Because the bill may impact the rights of many people to practice their professions the bill needs to constitutionally be the least restrictive means of regulation possible however instead this bill uses a traditional scope of practice bill to regulate which is the most restrictive type of regulation available. This type of licensing language is inappropriate for the natural healing arts. This type of licensing language should not be constitutionally allowed for practices that are commonly considered not to pose a significant risk of harm to the public where there is no need for licensing statutes.

Misleading: SB 610 is misleading. The definition section of this bill, if adopted, could mislead the public as well as the whole natural health community into believing that this exclusive group of people represents the whole broad domain of the natural healing arts. It fails to make clear that a required characteristic and essential part of their system is its grounding in and utilization of allopathic diagnosis, medical protocols, and treatment options. Legal definitions impact jurisdiction and rights. Therefore there needs to be a redefining, so as to preserve the integrity of the entire broad domain of

natural health services and not to mischaracterize the group or its intent. This redefining is extremely important for jurisdictional purposes and public perception. It will impact whether there is a need for licensure and what type of model of legislation would best fit the situation at hand.

Over-breadth Concerns Repeated: The concerns regarding this bill are not unlike the concerns regarding the constitutional over-breadth arguments waged against the practice of medicine statutes. Groups have suffered historically under the confines of an overly broad medical statute. It is not desirable to draft another overly broad statute and attach exclusive jurisdiction to it, which could negatively impact many natural practitioner colleagues and put them in jeopardy of civil and criminal challenges. This bill sets out a very broad jurisdiction. Then it doles back in piece meal practices that it deems through its own eyes to be practices that it does not believe should be exclusive to itself. This unnecessarily overly broad jurisdiction is exactly what health freedom advocates work to avoid.

Future Impact of Bill: This bill would harm an existing pluralistic natural health care community. It would set up an environment that gives the impression that there is one type of natural health profession that knows all about all of natural health, i.e. an expert in natural health. That impression would be similar to the medical doctor model that one type of health care professional can know everything. This does not fit with the reality of the natural healing arts and the strength it has to offer. There are hundreds if not thousands of natural healing practices that consumers prefer and seek out, some of which are entire healing systems in and of themselves such as homeopathy, Vedic medicine, traditional healers, and anthroposophical systems. It is important for a consumer to not be misled into thinking that one natural health medical doctor could represent the depth and beauty of all of these natural healing practices. These professions and types of education are unique and practitioners can study any one practice in depth for years and grow in their total understanding of natural health. If our laws delegate the police power of the government to one group and call it naturopathic medicine at the exclusion of the rest of the natural healing arts, it would send a signal of scientific homogeneity to consumers and they might stop seeking valuable health services elsewhere. Health freedom advocates support empowering consumers with options and information and support concepts of pluralism.

Suggestion: I would ask that the group seeking licensure join the natural health community leaders and work to:

- a.) create a new model of legislation that authorizes all unlicensed natural health care providers to practice under certain circumstances; and
- b.) create legislation that authorizes individuals who use natural health care but also provide services involving allopathic practices to practice without taking exclusive jurisdiction over any of the natural healing arts and provides proper guidelines and oversight for such practitioners.

Mission Statement of the National Health Freedom Action:

To promote access to all health care information, services, treatments and products that the people deem beneficial for their own health and survival; to promote legislative reform of the laws impacting the right to access; and to promote the health of the people of this nation.

Respectfully Submitted:



To: Rep. Garry Boston, Committee Chair (Room 156-E), and
All members of the Committee on Public Health and Welfare
From: Randy Kidd DVM, PhD -- "holistic" veterinarian
Re: SB 610

4/1/02

Note: I am sending this as a Fax and EMail to Rep. Garry Boston, Committee Chair, in the hopes that it can be forwarded to other committee members. If I need to use another form of communication to get a copy to each committee member, please let me know. (See below for contact info.)

Dear Representative,

This Monday afternoon, 4/1/02, I attended the proponent segment of the public comments concerning the naturopathic licensure. I would like to add some comments from my perspective:

- About Dr. Kidd: I am a "holistic" veterinarian. I have more than 35 years experience as a practicing and academic veterinarian; I earned a PhD (in veterinary pathology) from Kansas State University in 1985. The past 10 years I have been practicing in Kansas City and the San Francisco Bay area. My practice has been exclusive alternative: acupuncture, homeopathy, chiropractic, herbal, nutritional supplements, and lifestyle advice. Naturopathic medicine is the best comparison in the human field to what I do, veterinary-wise.

I have also taught veterinary classes at two the veterinary schools, was an instructor for our veterinary chiropractic course, and am currently the dean of a distance-learning program specializing in energetic medicines. I feel very comfortable speaking to the academic requirements for post-graduate level instruction.

- Alternative medicines work. My patients are the four-footed, the winged ones, and the land crawlers. I am a pragmatist. I use alternative medicines for my patients because they work better than anything else I previously used in Western medicine, especially for the chronic cases I really had no answer for in my previous practices.
- The placebo effect has nothing to do with the effectiveness of the alternative medicines. I've often heard the argument that whatever positive results we get with the alternatives must be from the placebo effect. My patients are placebo immune, dumb animals unable to be

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affected by reasoning nor the belief that the pill, any pill, I give them will work. So, the placebo effect can not possibly be the cause of the innumerable cures I witness in my patients.

- Science and research is not lacking for most of the alternative medicines. And, the medicines used by naturopaths (and the ones I use in my holistic practice) have a substantial amount of science and research behind them. (Admittedly, not all the alternative medicines have been researched via Western medicine techniques; but then there is little or no research or science behind much of what Western medicine uses either ... despite claims to the contrary.) My PhD is a science and research degree, and I apply scientific principles and analysis to all the alternative methods I use. I am satisfied they work; I am satisfied the science and research behind them is every bit as good as that that applies to the medical methods I previously used as a Western practitioner.

I agree with Dr. Drisco when she says that it is extremely arrogant for doctors to say a medical methodology lacks science when they simply are unaware of the scientific research that is already out there.

I go a step further than she, though, when I speak to veterinary groups across the country. If you are a practicing doctor, I tell them, I think it is mal practice to not avail yourself of the alternative methods that are available and to not do the reading and research necessary to be acquainted with those alternatives. (Practitioners may need to get outside the commonly-read journals -- the journals that are mostly supported by drug company ads -- to be exposed to some of the research on alternatives. This is a hard concept for modern-day practitioners to grasp.)

- A veterinary comparison with Naturopathic licensing in Kansas: Ten years ago, when I began a totally holistic practice, we veterinarians had three basic courses on alternative medicines available to us: acupuncture, homeopathy, and chiropractic. These were 150-200 hour courses that could be taken by graduate veterinarians only. When I took these courses, I evaluated them as an X-academician, and I concluded that they each had the academic rigor, practical application, and testing policies comparable to a masters level course in veterinary school.

During the last 10 years, there have been perhaps three dozen courses started across the U.S.; many are week-end courses with no rigor or practicality. All these newer courses offer "certificates" of accomplishment, which means absolutely nothing for the consumer. If any of you, therefore, chooses to use alternative medicines for your pet, you have absolutely no good way of knowing if your practitioner has any competency whatsoever in

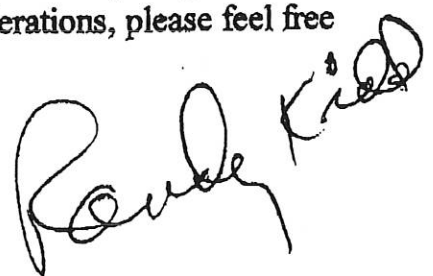
that methodology. Same-O, Same-O when naturopaths are not licensed and held to some level of competency.

- Licensure is, therefore, the best way to protect the consumer who is likely to try to use the alternative medicines anyway. It would be nice if our veterinary crew could be as forward-thinking as is Kansas.
- No reason not to license; every reason to license:
 - A. Naturopathic medicine (my holistic medicine) has in its core many proven medical methods for health and healing.
 - B. Naturopathic medicine is generally cost-effective for the consumer.
 - C. Naturopathic medicine, using another of its core values of "educating the patients" (and other doctors and nurses, as one respondent mentioned Monday) creates an awareness and ability for the consumer to access the most correct and least expensive method for their condition.
 - D. Naturopathic, natural medicines are also good for the environment -- an argument I did not hear during this public meeting. Unless you've been on another planet for the past few months, you are aware that medical wastes and antibiotic residues in our food and water supplies have become a real problem, and a statewide as well as national concern. Natural medicines do not create these same problems. (But, perhaps this is an argument for another time and place???)
- The ONLY people I can think of who might benefit from preventing naturopathic licensure are those with a greed motive and/or those who have a personal or professional turf to protect.

Please put me down as a strong advocate for Naturopathic medicine; a strong advocate for the licensure of naturopathic doctors in Kansas.

Thank you all so much for your interest and efforts in this matter. I truly appreciate all the work you have done. If there is anything else I can do to help the committee or to help further considerations, please feel free to contact me:

Randy Kidd DVM, PhD
16879 46th Street
McLouth, Ks 66054
785-863-3425 -- home, office and Fax
randykidd@ruralnet1.com



John C. Kraft, R.Ph.
Family Prescription Shop
7111 E. 21st Street, Suite C
Wichita, KS 67206

Representative Gary Boston
Kansas State Legislature
Topeka, KS

April 1, 2002

Dear Representative Boston:

I understand hearings are beginning on Senate Bill 610 dealing with licensure of naturopathic physicians to practice medicine in Kansas.

I am submitting this letter as testimony of my support of this bill.

As a community pharmacist I have had the privilege of working with a broad spectrum of healthcare providers. The physicians I have known with the Doctor of Naturopathy designation have been very knowledgeable and well-trained and offered a valuable perspective for treatment of disease as well as maintaining good health for patients. I have also been able to work closely with the ViaChristi Integrative Medicine Center here in Wichita which is a team care project offering an integration of medical therapies for patients needing care beyond the traditional medical care model. Naturopathy has been part of this project since its inception. This experience has further confirmed my belief in the value of naturopathic medicine to healthcare in Kansas.

It is my impression that by not advancing these types of healthcare options, the state of Kansas is falling behind in providing its citizens some of the best that the advances of science and technology have to offer today.

In summary, I support the licensure of naturopathic physicians to practice medicine with prescriptive authority in their areas of expertise.

I would be glad to discuss this matter further with you and try to answer any questions you might have. Also, I invite you to stop by Family Prescription Shop sometime and I will show you some of what pharmacy care involves today in my practice setting.

Sincerely,

John C. Kraft, R.Ph.
Phone 684-7899(work) 733-4066(home) E-mail jkraft@kscable.com

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