

Report to the Legislature

Sunrise Review
Naturopathic
Physician Scope
of Practice

December 2024



Prepared by
Health Systems Quality Assurance



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Executive Summary

The Senate Health and Long Term Care committee requested the Department of Health (department) review a proposal under [chapter 18.120 RCW](#) to expand the scope of practice for licensed naturopathic physicians (ND)¹ in Washington to include Schedule II-V controlled substances, broaden the definition of “minor office procedures,” and add the authority to sign forms that other primary care physicians are authorized to sign. The Washington Naturopathic Physicians Association (WANP) is the applicant for this proposal.

Recommendation:

Didactic training in naturopathic schools has evolved to include more curriculum based in pharmacology. In addition, the applicant has identified a need to expand ND’s prescriptive authority to increase access to opioid use disorder (OUD) treatment, help patients taper off controlled substances, and treat acute or post-surgical pain.

However, the department recommends this proposal not be enacted because it does not meet the criteria in RCW 18.120.010.

- The proposal does not demonstrate sufficient minimum education and training to safely prescribe Schedule II-V controlled substances. Naturopathic programs have evolved to include more pharmacology focus. However, many of the courses that include pharmacology include topics that do not have foundations in the basic sciences that the other medical programs include, and pharmacology training on controlled substances is not standardized and consistent across programs. In addition, naturopathic clinical training can occur almost entirely in naturopathic clinics without exposure to a variety of providers, settings, and situations where they could experience treatment of patients on a broad array of controlled substances.
- The other states that grant authority to prescribe controlled substances limit NDs to Schedules III-V or specific formularies and/or include safeguards such as collaboration with MDs, additional or continuing education, an additional pharmacology examination, or include MD or DO members on the naturopathic board or formulary advisory committee.
- The proposed definition of “minor office procedures” is vague and subject to a wide range of interpretations. The department cannot evaluate adequate training without knowing what specific procedures would be included in this definition.

¹ Also referred to as “naturopath” and “doctor of naturopathic medicine.” RCW 18.36A.030(2).

Summary of Information

Legislative Request

The proposed bill under review, Senate Bill 5411 (2023) makes the following changes to the naturopathic scope of practice:

- Broadens the definition of minor office procedures to include “primary care services.”
- Adds the prescriptive authority for controlled substances contained in Schedules II through V of the uniform controlled substances act, chapter [69.50 RCW](#), as necessary in the practice of naturopathy.
- Adds the authority for naturopathic physicians (ND) to sign forms and any documents physicians are authorized to sign (e.g., disability determinations) if they are within the ND scope of practice.
- Adds “or naturopathic physician” to the definition of naturopath in [RCW 18.36A.020](#) and changes “naturopath” to “naturopathic physician” in [RCW 18.36A.040](#) (Scope of practice).

Section 1 of the bill consists of findings which include:

- Washington has a primary care shortage and the pandemic “further expos[ed] the need to empower primary care providers to practice to the full scope of their training.”
- Naturopathic medical training emphasizes behavioral health, counseling, and lifestyle medicine in addition to conventional medicine to include pharmaceutical prescriptions.
- Many patients seek care from naturopathic physicians to stop taking or lower their doses of prescription medications.

Background

Naturopaths have been licensed and regulated with autonomous practice in Washington since 1987.² Their original scope of practice included:³

The prescription, administration, dispensing, and use, except for the treatment of malignancies or neoplastic disease, of nutrition and food science, physical modalities, homeopathy, certain medicines of mineral, animal, and botanical origin, hygiene and immunization, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and

² Laws of 1987, ch. 447.

³ Id. at § 3.

treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 RCW.

Prescriptive authority excluded legend drugs except vitamins, minerals, whole gland thyroid, and substances as exemplified in traditional botanical and herbal pharmacopoeia, and nondrug contraceptive devices excluding interuterine devices.⁴ The law also limited the use of intramuscular injections to vitamin B-12 preparations and combinations when clinical and/or laboratory evaluation has indicated vitamin B-12 deficiency and prohibited the use of controlled substances.⁵ It also prohibited ND's use of controlled substances.⁶

Minor office procedures meant "care incident thereto of superficial lacerations and abrasions, and the removal of foreign bodies located in superficial structures, not to include the eye; and the use of antiseptics and topical local anesthetics in connection therewith."⁷

Physical modalities were defined as "the use of physical, chemical, electrical, and other noninvasive modalities including, but not limited to heat, cold, air, light, water in any of its forms, sound, massage, and therapeutic exercise."⁸

ND's scope of practice was amended in 2005 to add controlled substances limited to codeine and Schedule III-V testosterone products, increase the scope of minor office procedures, add nondrug contraceptive devices, and change the term "naturopathy" to "naturopathic medicine" throughout the chapter. The bill required consultation with the Board of Pharmacy (now the Pharmacy Quality Assurance Commission) on education and training requirements.⁹

In 2011, the scope of practice was further amended to change the definition of "physical modalities" to remove the term "noninvasive" and add that the modalities cannot exceed those used as of the effective date of the bill (7/22/2011) in minor office procedures or common diagnostic procedures.¹⁰ The bill also removed "nondrug" from the contraceptive devices included in the practice of naturopathic medicine.¹¹

The current prescriptive authority for naturopaths encompasses "vitamins; minerals; botanical medicines; homeopathic medicines; hormones; and those legend drugs and controlled

⁴ Laws of 1987, ch. 447 § 4.

⁵ Id.

⁶ Id.

⁷ Id.

⁸ Id.

⁹ Laws of 2005, ch.158 § 1,2.

¹⁰ Laws of 2011, ch. 40 § 1.

¹¹ Id. at § 2.

substances consistent with naturopathic medical practice in accordance with rules established by the board. Controlled substances are limited to codeine and testosterone products that are contained in Schedules III, IV, and V in chapter 69.50 RCW (Uniform Controlled Substances Act).¹²

NDs in Washington have had a limited number of disciplinary actions related to prescribing under their current scope of practice. Between 2021-23, there were 1,620 licensed NDs in Washington.¹³ Since 2005, the department has taken disciplinary action in 22 cases involving controlled substance violations. Approximately 11 NDs voluntarily surrendered or gave up their DEA licenses as an act of good faith or due to disciplinary action imposed by the DEA.¹⁴

Summary of Applicant Report

The laws on sunrise reviews require the applicant group to explain several factors about the proposed legislation, including the problem it is attempting to fix, how it ensures competence of practitioners, and how it is in the public interest.¹⁵ The department refers to this as the “applicant report.” The applicant report is intended to supplement the proposed legislation to help the department determine if the proposed change in scope of practice meets the criteria in [RCW 18.120.010\(2\)\(Purpose – Criteria\)](#).

Once the department receives the proposed bill and applicant report, the department posts the materials online and solicits public comments. The department reviews all the data and comments received, drafts a report with initial recommendations, then solicits additional public comments on the draft recommendations. At the end of the public comment period, the department reviews comments received and adjusts the report and recommendations as necessary before submitting the final report to the legislature.

The applicant asserts Naturopathic Doctors (NDs) are recognized as primary care physicians and need the proposed scope of practice increase to adequately serve in this role, which is limited by:¹⁶

1. Lack of full prescriptive authority:

¹² RCW 18.36A.020(12).

¹³ Health Systems & Quality Assurance (HSQA). (2023). *Report to the Legislature: 2021-23 Uniform Disciplinary Act (UDA) Report*. Washington State Department of Health. <https://doh.wa.gov/sites/default/files/2024-03/631093-UDAReport2021-2023.pdf>.

¹⁴ Health Systems & Quality Assurance (HSQA). (2023). *UDA Cases Received and Closed*. Washington State Department of Health Integrated Licensing and Regulatory System (ILRS). Retrieved November 15, 2023.

¹⁵ RCW 18.120.030.

¹⁶ “Proposal to Increase Scope of Practice,” Washington Association of Naturopathic Physicians, Appendix B – Applicant Report. (Hereinafter referred to as “Applicant Report”).

- a. Many ND patients are already taking or require prescriptions for controlled substances and expect their ND to be authorized to prescribe them. The ND must refer their patients to other providers for these medications, which the applicant asserts creates duplication of services and is a financial burden on the patients, NDs, and the health care system.
 - b. Primary care physicians are expected to provide treatment for anxiety, insomnia, panic, ADHD, and addictions; provide temporary pain management; and provide medication assisted treatment (MAT) for opioid use disorder (OUD). NDs are not currently allowed to provide all forms of treatment for these issues. The applicant also provided examples of medications NDs would need authority to prescribe, including benzodiazepines, stimulant medications (e.g., methylphenidate to treat ADHD), and buprenorphine.
 - c. Applicants state NDs should be included in the definition of an “other health care provider” who can terminate or assist in terminating a pregnancy, but “the current limitations in naturopathic prescriptive authority and outdated language in the minor office procedures section of naturopathic scope preclude their participation.”
2. Inability to sign all documents and certificates that primary care providers are routinely expected to sign:
 - a. NDs have the authority to sign death certificates, but not Physician Orders for Life Sustaining Treatment (POLST), disability determinations, hospice orders, etc. This creates delays in obtaining this paperwork and a burden on patients to find another provider to sign these documents.
3. Exclusion from the Death with Dignity Act
 - a. The applicant asserts the limited prescriptive authority of naturopathic physicians resulted in an automatic exclusion of naturopathic physicians from the definition of “attending qualified medical provider,” who is expected to be the patient’s primary care provider. They state the list of qualified medical providers includes all statute-recognized primary care providers except for naturopathic physicians, who routinely provide primary care and support through end of life and occasionally receive requests for Death with Dignity from terminally ill patients.

What is Primary Care

There is not a consistent definition of primary care in Washington and the applicant report did not include a definition. However, the department found several sources that define or describe primary care that include serving as a patient’s primary point of contact, providing

continuous, integrated care to meet most health care needs, and care coordination. Here are some examples the department identified.

- **RCW 74.09.010 – Medical Care**

According to the applicant report, the legislature recognized NDs as primary care providers in 2011. They reference [RCW 74.09.010](#) (Definitions) on public assistance, which was amended in 2011 to add a definition of primary care provider as “a general practice physician, family practitioner, internist, pediatrician, osteopath, naturopath, physician assistant, osteopathic physician assistant, and advanced registered nurse practitioner licensed under Title 18 RCW (Businesses and professions).”¹⁷

- **Office of Financial Management (OFM)**

In its 2019 legislative report on annual primary care expenditures, the Office of Financial Management (OFM) defined primary care using the National Academy of Medicine’s (formerly the Institute of Medicine) definition:¹⁸

The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs including physical, mental, emotional, and social concerns, developing a sustained partnership with patients, and practicing in the context of family and community.

This report describes the four main features of primary care services as:¹⁹

- First-contact access (into the health care system) for each new need.
- Long-term person- (not disease-) focused care (also referred to as continuous care).
- Comprehensive care for most health needs.
- Coordinated care when it must be sought elsewhere.

- **U.S. Department of Health and Human Services (HHS)**

In 2023, HHS released an issue brief on primary care that describes it as providing health promotion, disease prevention, and disease treatment and management services for individuals across the lifespan. The brief states “[p]rimary care is founded on a longitudinal, trusted relationship between patients and their primary care clinicians and

¹⁷ Laws of 2011, ch.316 § 2.

¹⁸ Washington State Office of Financial Management (OFM). (2019) *Primary Care Expenditures: Summary of Current Primary Care Expenditures and Investment in Washington*.
<https://ofm.wa.gov/sites/default/files/public/publications/PrimaryCareExpendituresReport.pdf>.

¹⁹ *Id.* at 3.

associated care teams.”²⁰ HHS recognizes “[o]ther essential elements of primary care include: serving as a patient’s initial point of contact to the healthcare system, providing person- or family-centered, comprehensive, continuous, and coordinated care, and having a community orientation and engagement.”²¹

The applicant asserts that because naturopathic physicians serve as primary care providers, limitations in their scope of practice create challenges in providing care, burdens on the health care system, and duplication of services. However, there are necessary statutory limitations in scopes of practice for different types of health care providers based on education and training.

Death with Dignity Act

According to Washington’s Death with Dignity Act, prescribing and dispensing medications requires a diagnosis of a terminal illness by an attending qualified medical provider and confirmed by a consulting qualified medical provider.^{22,23} If either medical provider believes a patient may be suffering from a psychiatric or psychological disorder causing impaired judgment, they must refer the patient for counseling and cannot prescribe end-of-life medications until the person performing the counseling determines their judgment is no longer impaired.²⁴

Qualified medical provider:

Washington’s Death with Dignity Act defines a consulting qualified medical provider as “a qualified medical provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient’s disease.”²⁵ These providers’ responsibilities include examining the patient and relevant medical records, confirming in writing the attending qualified medical provider’s diagnosis that the patient has a terminal disease, and verifying the patient is competent, acting voluntarily, and has made an informed decision.²⁶

The definition also includes allopathic and osteopathic physicians, physician assistants, and advanced registered nurse practitioners.²⁷

²⁰ Department of Health and Human Services. (2023). *HHS is Taking Action to Strengthen Primary Care*. <https://www.hhs.gov/sites/default/files/primary-care-issue-brief.pdf>.

²¹ *Id.*

²² RCW 70.245.010

²³ RCW 70.245.020.

²⁴ RCW 70.245.060.

²⁵ RCW 70.245.010(4).

²⁶ RCW 70.245.050.

²⁷ RCW 70.245.010(10).

Washington’s Death with Dignity Act defines an attending qualified medical provider as “the qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient’s terminal disease.”²⁸ Responsibilities include:²⁹

- Making the determination of whether a patient has a terminal disease,
- Ensuring an informed decision by notifying the patient of their diagnosis,
- Informing the patient of their prognosis, risks of the medications, probable result of the medication, and feasible alternatives,
- Prescribing and dispensing medication to the patient (including ancillary medications to ease discomfort),
- Referring the patient to a consulting qualified medical provider for confirmation of the diagnosis, and
- Signing a patient’s death certificate listing the underlying terminal disease as cause of death.

Selection of qualified medical provider:

If a qualified patient selects an attending qualified medical provider who is a licensed professional other than a physician, the qualified patient must select a physician to serve as the qualified patient's consulting qualified medical provider.

A qualified patient may select a consulting qualified medical provider who is a licensed professional other than a physician, only if the qualified patient's attending qualified medical provider, is a physician.³⁰

Abortion

In Washington, the only health care providers allowed to perform abortions are physicians (allopathic or osteopathic),³¹ physician assistants, advanced registered nurse practitioners, or other health care providers acting within the provider's scope of practice.³² A health care provider may assist a physician, physician assistant, advanced registered nurse practitioner, or other health care provider acting within the provider's scope of practice in an abortion.³³ This includes surgical abortions, which require anesthesia, may require pain medications, and have small risks of cervical injury or uterine perforation or infection.

²⁸ RCW 70.245.010(2).

²⁹ RCW 70.245.040(1).

³⁰ RCW 70.245.230

³¹ RCW 9.02.170(4).

³² RCW 9.02.100.

³³ Id.

It also includes medical abortions, which require prescriptive authority for Mifepristone to block progesterone needed for a pregnancy to continue and Misoprostol (used through 10 weeks gestation).³⁴

Controlled Substances

Controlled substances are drugs, substances, or immediate precursors included in Schedules I through V of the state and federal Uniform Controlled Substances Acts (chapter 69.50 RCW and Title 21 USC). Drugs are scheduled based on acceptable medical use and potential for abuse or dependence, with the lowest number classifications indicating the most dangerous substances. Schedule I drugs have no accepted medical use and the highest abuse potential. Schedule II drugs have a high potential for abuse which may lead to severe psychological or physical dependence. Schedules III through V drugs have lesser potential for abuse and dependence than Schedule I and II drugs.

Opioid pain medications fall under Schedule II and III. Also included in Schedule II are methamphetamines, pentobarbital, and hallucinogenic substances. Drug overdose and opioid misuse is a serious public health crisis in the United States, including Washington state. This includes the use of prescription opioids.³⁵

Medication Assisted Treatment

Medication-assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies to treat substance use disorders, including opioid use disorders (OUD).^{36,37} MAT is used to treat both OUD and Alcohol Use Disorder (AUD), however the drugs used to treat OUD are different than the drugs used to treat AUD.

³⁴ United States Food & Drug Administration (FDA). (2023). *Questions and Answers on Mifepristone for Medical Termination of Pregnancy through Ten Weeks Gestation*. United States Food & Drug Administration. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation#:~:text=Mifepristone%20is%20a%20drug%20that,of%20the%20last%20menstrual%20period>.

³⁵ Washington State Department of Health. (n.d.). *Opioid Data*. Washington State Department of Health. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids>. (accessed May 13, 2024).

³⁶ United State Food & Drug Administration. (2024). *Information about Medication-Assisted Treatment (MAT)*. U.S. Food & Drug Administration. <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>.

³⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Medications for Substance Use Disorders*. SAMHSA. <https://www.samhsa.gov/medications-substance-use-disorders>.

There are three drugs approved by the FDA for the treatment of OUD: buprenorphine, methadone, and naltrexone. They are safe to use for long periods of time and some people may be on them safely for their lifetime. All three of these medications operate to normalize brain chemistry, block the euphoric effects of opioids, relieve cravings, and relieve negative withdrawal symptoms.³⁸

Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in a primary care physician's office.³⁹ Methadone used to treat OUD can only be dispensed through a certified Opioid Treatment Program (OTP).⁴⁰ Naltrexone can be prescribed and administered by any practitioner licensed to prescribe medications, as it is not considered a controlled substance.⁴¹ However, for OUD, it is only available in an intramuscular injectable formula.⁴² A critical note is that for patients who discontinue naltrexone or relapse after a period of abstinence, they "may have a reduced tolerance to opioids. Therefore, taking the same, or even lower doses of opioids used in the past can cause life-threatening consequences."⁴³

Program Comparisons

Because the skills and knowledge to prescribe controlled substances are intertwined across courses and clinical experience for each educational program, the department is unable to fully compare courses across professions. Instead, the department chose to compare major components of the programs. In some sections, the department used University of Washington Medical School, University of Washington DNP Program, University of Washington MEDEX NW PA program, and Bastyr University to illustrate specific requirements. Note that an in-depth description of education and practice requirements by program is included in Appendix D.

Requirements for entering training programs

³⁸ Id.

³⁹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Buprenorphine*. SAMHSA. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine>.

⁴⁰ Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Methadone*. SAMHSA. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone>.

⁴¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Naltrexone*. SAMHSA. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naltrexone>.

⁴² Id.

⁴³ Id.

All four professions require undergraduate degrees and similar prerequisite science courses, such as chemistry and biology. PAs are required to complete 2,000 hours of clinical patient care experience to enter their program.

Table 1. Comparison of requirements for entering training programs

MDs (Doctorate)	ARNPs (Doctorate)	PAs (Master’s)	NDs (Doctorate)
Undergraduate degree	Undergraduate degree	Undergraduate degree	Undergraduate degree
Passage of the Medical College Admission Test® (MCAT®)	Active RN license ⁴⁴ (which requires passage of the NCLEX examination)	2,000 hours clinical patient care experience ⁴⁵	Prerequisite science courses
Prerequisite science courses	Prerequisite science courses (for RN program)	Prerequisite science courses	

Didactic Training

It is difficult to compare naturopathic educational programs to medical and nursing programs because the focus of each training program is so different. In addition, though all the programs had varying amounts of specific pharmacology-related courses, some also integrated pharmacological concepts throughout other courses. Therefore, the department could not compare specific credit amounts or hours.

According to the Washington State Medical Association (WSMA), medical students complete didactic courses in pharmacology, as well as learn the clinical application of pharmacology over approximately 1,352 hours of basic sciences course work. The UW Medical School’s website states the program focuses on anatomy, embryology, pathology, histology, and pharmacology integrated into interdisciplinary blocks that cover all body systems, the lifecycle, behavioral health, infections & immunity, and the fundamentals of medical science and research.⁴⁶ Pharmacology is integrated across courses.⁴⁷

⁴⁴ University of Washington School of Nursing. (2024). *DNP - Doctor of Nursing Practice*. University of Washington. <https://nursing.uw.edu/academics/dnp/>. (Accessed October 7, 2024).

⁴⁵ MEDEX Northwest Physician Assistant Program. (2024). *Applicants*. University of Washington Medicine. <https://familymedicine.uw.edu/medex/applicants/>. (Accessed May 13, 2024). (Under “Clinical Prerequisites” tab).

⁴⁶ University of Washington School of Medicine. (2022). *Summer and Autumn Quarters*. University of Washington School of Medicine. <https://www.uwmedicine.org/sites/stevie/files/2023-02/Curriculum%20Visual.pdf>. (Accessed October 7, 2024).

⁴⁷ University of Washington School of Medicine. (2024). *Curriculum*. University of Washington School of Medicine. <https://www.uwmedicine.org/school-of-medicine/md-program/curriculum>. (Accessed September 2024).

UW's MEDEX NW PA program website states it focuses on basic scientific concepts, intensive history and physical exam instruction. Body systems are studied in blocks across courses, so the content of each is reinforced in the others. Curriculum courses include behavioral medicine, emergency medicine, adult medicine, and maternal and child health.⁴⁸ Pharmacology is integrated across courses.⁴⁹

ARNPs are required to hold an active license as an RN before entering an advanced practice program. According to the UW School of Nursing website, the BSN program focuses on the fundamentals in professional nursing practice, pharmacotherapeutics, and pathophysiology, as well as psychosocial nursing, and nursing practicums.⁵⁰ ARNPs take courses in pharmacotherapeutics and pathophysiology during their RN program, as well as in the DNP program.⁵¹ The DNP program focuses on advanced physical assessment, diagnosis, pathophysiology, and pharmacology.⁵¹

The dean of Bastyr University's Doctor of Naturopathic Medicine program states the program includes core principles in anatomy, histology, embryology, biochemistry, physiology, pathology, immunology, and infectious diseases in the context of body systems.⁵² Pharmacology content is integrated into psychopathology, naturopathic approaches to addiction, and medical procedures courses.⁵³ Bastyr's website shows the program also includes naturopathic therapeutics of body systems and conditions, minor medical/surgical procedures and multiple courses in hydrotherapy, homeopathy, electrotherapy, manipulation, and botanical medicine.⁵⁴ Regarding pharmacology training:

⁴⁸ MEDEX Northwest Physician Assistant Program. (2024). *Curriculum*. University of Washington Medicine. <https://familymedicine.uw.edu/medex/pa-program/curriculum/>. (Accessed September 2024).

⁴⁹ MEDEX Northwest Physician Assistant Program. (2024). *Didactic Year*. University of Washington Medicine. <https://familymedicine.uw.edu/medex/pa-program/curriculum/didactic-year/>. (Accessed September 2024).

⁵⁰ University of Washington School of Nursing. (2023). *Bachelor of Science in Nursing Program 2-Year Curriculum*. University of Washington. <https://students.nursing.uw.edu/wp-content/uploads/2023/06/BSN-2023-Curriculum-Grid.pdf>. (Accessed September 2024).

⁵¹ University of Washington School of Nursing. (n.d.). *Doctor of Nursing Practice Family Nurse Practitioner Track 3-Year Program Curriculum*. University of Washington. <https://students.nursing.uw.edu/wp-content/uploads/2022/06/DNP-FNP-2022-Curriculum-Grid.pdf>. (Accessed September 2024).

⁵² Bastyr University. (n.d.). *Doctor of Naturopathic Medicine*. Bastyr University. <https://bastyr.smartcatalogiq.com/en/2023-2024/academic-catalog/school-of-naturopathic-medicine/graduate-programs/doctor-of-naturopathic-medicine/>. (Accessed September 2024).

⁵³ Kristina Conner, Dean, School of Naturopathic Medicine, Bastyr University, communication to the Washington State Department of Health, November 20, 2023. (See Appendix C, A-41).

⁵⁴ *Doctor of Naturopathic Medicine*.

- According to the dean at Bastyr, students receive 12.65 credits related to pharmacology. This includes specific pharmacology courses and an additional 3.15 credits within integrated management courses.⁵⁵
- The dean of the College of Naturopathic Medicine at NUNM stated the core curriculum contains 141.5 hours of pharmacology that are threaded through organ-based blocks.
- The dean of the College of Naturopathic Medicine at Sonoran University shared the program includes 13.5 credits in pharmacology, emergency medicine, and medical management of addiction, as well as 4.5 credits integrated into endocrinology and geriatrics courses.

The pharmacology curriculum does not appear standardized among ND programs. For example, Bastyr includes specific pharmacology courses, while NUNM does not include specific courses but integrates pharmacology into course blocks.

Clinical training

Allopathic and osteopathic physicians have the most extensive training, which includes required clerkships/rotations and specified patient encounters that must be experienced as part of their program. PAs train under allopathic or osteopathic physicians and are required to take clerkships and rotations in specific medical settings and populations. The UW MEDEX program includes 1,600 clinical training hours.⁵⁶

ARNPs have required clinical rotations in their underlying RN programs as well as advanced practice programs. Current national specialty certification, which includes passage of an examination is also required for ARNP licensure. ARNPs are required to obtain 500 hours of clinical training that includes advanced physical assessment, advanced pharmacology, and advanced pathophysiology,⁵⁷ as well as 1,000 clinically relevant practice hours obtained in their RN program.⁵⁸

The Council on Naturopathic Medicine Education (CNME) states that elements of the clinical education component include providing opportunities to treat patients of all ages, with a variety of conditions and diseases and a minimum number of patient encounters to ensure

⁵⁵ Kristina Conner, Dean, School of Naturopathic Medicine, Bastyr University, communication to the Washington State Department of Health, November 20, 2023. (See Appendix C, A-41).

⁵⁶ Kai Weng, Program Coordinator, MEDEX Northwest, UW School of Medicine, communication to the Washington State Department of Health, May 10, 2024 (see Appendix C, A-38).

⁵⁷ American Academy of Nurse Practitioners National Certification Board, Inc. (2021). *FNP, AGNP & PMHNP Certification Handbook*. American Academy of Nurse Practitioners National Certification Board, Inc. <https://www.aanpcert.org/resource/documents/AGNP%20FNP%20Candidate%20Handbook.pdf>.

⁵⁸ University of Washington School of Nursing. (2024). *BSN—Bachelor of Science in Nursing*. University of Washington. <https://nursing.uw.edu/academics/bsn/>. (Accessed September 2024).

competency.⁵⁹ According to the Association of Naturopathic Medical Colleges and the Dean of Bastyr, naturopathic school faculty possess varied backgrounds with degrees in medicine, pharmacy, osteopathy, etc. However, CNME accreditation requires 900 of the 1,200 clock hours involving patient contact to occur in naturopathic clinics.⁶⁰ In addition, clinical training requirements reported by naturopathic programs show they can occur mainly in naturopathic clinics and do not appear to include requirements ensuring sufficient exposure to controlled substance prescribing. For example:

- Through Bastyr’s and the National University of Natural Medicine’s (NUNM) clinical experiences, students *may* manage patients on controlled substances during their required clinical rotations.⁶¹
- NUNM states students must demonstrate competency in pharmacological prescription through a total of only 12 prescriptions in at least eight different condition categories.⁶²
- Sonoran states it has two community clinics offering six clerkship opportunities per week where substance abuse disorders are common among the participants and that most student rotations are family practice, meaning many of the patients seen are taking medications the supervising physician has prescribed.⁶³

Sonoran University has elective site locations that are staffed by physicians in private practice, hospitals, ambulatory care facilities, long-term acute care facilities, etc., at the college’s nine community clinics and more than 100 off-site clinics, including hospitals, medical centers, and medical mobile units. No more than 20 of 108 credits in direct patient care may be completed at elective off-site locations.⁶⁴

Table 2. Comparison of clinical training

MDs	ARNPs	PAs	NDs
Required clerkships in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery,	750 hours. ⁶⁷ (plus 1,000 clinically relevant practice hours obtained in RN program). ⁶⁸	Approximately 1,600 hours. ⁶⁹ Core family medicine placement and required rotations in behavioral	1,204 clinical training hours in a supervised setting. ⁷¹ Must pass a clinic exit

⁵⁹ Council on Naturopathic Medical Education (CNME). (2024). *Handbook of Accreditation for Naturopathic Medicine Programs*. Council on Naturopathic Medical Education. <https://cnme.org/wp-content/uploads/2024/01/CNME-Handbook-of-Accreditation-January-2024-edition.pdf>.

⁶⁰ *Id.*

⁶¹ Applicant Report.

⁶² Applicant Report.

⁶³ Applicant Report.

⁶⁴ Sonoran University of Health Sciences. (2024). *Clinical Training*. Sonoran University of Health Sciences. <https://www.sonoran.edu/programs/college-of-naturopathic-medicine/clinical-training/>. (Accessed May 2024).

across urban and rural settings, hospital wards and outpatient clinics. ⁶⁵ According to WSMA, this is over two years. Requires specific patient encounters and procedures. ⁶⁶		medicine, emergency medicine, surgery, inpatient, and underserved populations. ⁷⁰	assessment ⁷²
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Examination

All professions require passage of an examination prior to licensure. In addition, ARNPs must obtain and maintain national specialty certification, which requires passage of an examination.⁷³

Table 3. Comparison of examination requirements

MDs	ARNPs	PAs	NDs
Passage of all steps of the United States Medical License Examination (USMLE) or the Licentiate of the Medical Council of Canada (LMCC).	Passage of the National Council Licensure Examination (NCLEX) for RN license. National specialty certification which includes passage of an examination.	Passage of the National Commission on Certification of Physician Assistants (NCCPA) examination.	Passage of the Naturopathic Physicians Licensing Examination (NPLEX). ⁷⁴ NPLEX elective pharmacology examination. ⁷⁵

⁶⁷ American Academy of Nurse Practitioners National Certification Board, Inc. (2021).

⁶⁸ *BSN—Bachelor of Science in Nursing*.

⁶⁹ Kai Weng, Program Coordinator, MEDEX Northwest, UW School of Medicine, communication to the Washington State Department of Health, May 10, 2024 (see Appendix C, A-38).

⁷¹ *Doctor of Naturopathic Medicine*.

⁶⁵ University School of Medicine. (2019). *PHASE 3: Explore & Focus*. University of Washington Medicine. <https://education.uwmedicine.org/curriculum/by-phase/clinical/explore-and-focus/>. (Accessed September 202).

⁶⁶ "PHASE 3: Explore & Focus."

⁷⁰ MEDEX Northwest Physician Assistant Program. (2024). *Clinical Year*. University of Washington Medicine. <https://familymedicine.uw.edu/medex/pa-program/curriculum/clinical-year/>. (Accessed September 2024).

⁷² *Doctor of Naturopathic Medicine*.

⁷³ WAC 246-840-302.

⁷⁴ WAC 246-836-030.

⁷⁵ North American Board of Naturopathic Examiners (NABNE). *Eligibility Requirements*. North American Board of Naturopathic Examiners. <https://nabne.org/eligibility-requirements/>. (Accessed October 2024).

Post-graduate requirements

MDs cannot be licensed to practice independently before completing a two-year residency in general medicine or surgery, or a specialty or subspecialty in the field of medicine or surgery as recognized by the American Board of Medical Specialties.⁷⁶ ARNPs must maintain their specialty certification and meet ongoing requirements for that certification. In addition, RNs are required to have a minimum of 96 hours of active nursing practice to maintain their license, where they practice under the supervision of MDs and other practitioners with prescriptive authority.⁷⁷

Table 4. Comparison of post-graduate requirements

MDs	ARNPs	PAs	NDs
<p>2-year residency in general medicine or surgery, or a specialty or subspecialty in the field of medicine or surgery.</p> <p>DEA-mandated 8 hours of CME training required for every provider prescribing controlled substances.</p>	<p>National specialty certification requires a minimum number of clinical hours, specific pharmacology courses, an exam, and renewal requirements.</p> <p>DEA-mandated 8 hours of CME training required for every provider prescribing controlled substances.</p>	<p>None.</p> <p>DEA-mandated 8 hours of CME training required for every provider prescribing controlled substances.</p>	<p>None.</p> <p>DEA-mandated 8 hours of CME training required for every provider prescribing controlled substances.</p>

Note: There are voluntary certification options available for NDs.

Prescriptive Authority

There are no restrictions on prescriptive authority for MDs/DOs or ARNPs.

PAs must have a practice agreement with a physician or physicians, which includes a supervising MD or DO.⁷⁸

NDs are limited in their prescriptive authority and for intravenous therapy, they must submit an attestation of training for at least sixteen hours of instruction.⁷⁹ At least eight hours must be part of a graduate level course.⁸⁰

⁷⁶ WAC 246-919-330(1).

⁷⁷ WAC 246-840-220

⁷⁸ WAC 246-918-035.

⁷⁹ WAC 246-836-220.

⁸⁰ WAC 246-836-220.

All professions who prescribe controlled substances are required to register with the Drug Enforcement Administration (DEA), which requires completion of a one-time, eight hours of addiction education and training.

Table 5. Comparison of prescriptive authority

MDs	ARNPs	PAs	NDs
No restrictions.	No restrictions.	Delegation agreement allows PAs to prescribe, order, administer and dispense legend drugs and Schedule II-V controlled substances. If a supervising or alternate physician’s prescribing privileges are restricted, the physician assistant will be deemed similarly restricted.	No restrictions, except controlled substance prescriptions are limited to testosterone and codeine-containing substances in Schedules III-V. For intravenous therapy, must submit 16-hour training attestation.

Continuing education

Continuing education requirements vary substantially by profession. Only ARNPs and NDs have specific requirements for pharmacology continuing education.

Table 6. Comparison of continuing education requirements

MDs	ARNPs	PAs	NDs
200 hours every 4 years (average of 50 hours per year).	30 hours every two years (average of 15 hours per year) plus 15 hours in pharmacotherapeutics to retain prescriptive authority. National certification requires 100 contact hours of advanced CE, including 25 credits of advanced practice pharmacology every 5 years.	100 hours every 2 years (average of 50 hours per year).	60 hours every 2 years plus (average of 15 hours per year) 15 hours in pharmacotherapeutics for those with limited prescriptive authority.

In this review, the department must assess the minimum qualifications for NDs to practice or plan to practice in Washington. However, the department must note that it received public comments from several NDs who appear to exceed minimum qualifications such as by receiving clinical training from a variety of settings like hospitals, surgery centers, and federally qualified health clinics where broad patient populations and conditions were represented, and oversight was provided by a diversity of provider types. Some of these NDs held specialty certifications and/or completed residencies. The department also heard from several NDs who work in collaborative practices with MDs, DOs, ARNPs, and PAs.

Other States

The applicant report provided information on states with broad prescriptive authority. The department conducted additional research into each state's scope of practice and educational and practice requirements to gain prescriptive authority. Please note we use ND throughout this section for consistency.

Arizona

The Arizona Naturopathic Physicians Medical Board regulates NDs, who have limited authority to prescribe controlled substances if they are granted a certificate to dispense. This requires either graduation from an approved naturopathic school after January 1, 2005, or completion of a 60-hour pharmacological course on natural substances, drugs, or devices.⁸¹

Prescriptive authority includes Schedule III-V plus morphine in Schedule II.⁸² Intravenous administration of legend drugs is excluded from ND's prescriptive authority except vitamins, chelation therapy, drugs used in emergency resuscitation and stabilization, minerals, and nutrients.⁸³ In addition, NDs cannot prescribe cancer chemotherapeutics classified as legend drugs, or antipsychotics.⁸⁴

NDs must provide evidence of 30 credit hours of continuing medical education activities annually, which include ten credit hours in pharmacology relating to the diagnosis, treatment, or prevention of disease.⁸⁵

The department was unable to obtain information on disciplinary actions in Arizona.

⁸¹ A.A.C. R4-18-902.

⁸² A.R.S. § 32-1501(15).

⁸³ Id.

⁸⁴ Id.

⁸⁵ A.A.C. R4-18-205(A).

California

The California Board of Naturopathic Medicine (board) regulates NDs, who are authorized to prescribe Schedule III-V controlled substances, limited to drugs agreed upon by the naturopathic doctor and a supervising physician and surgeon.⁸⁶ The board includes two physician (MD/DO) members.⁸⁷ The ND must function under a standardized procedure or protocol developed and approved by the supervising physician and surgeon and the ND.⁸⁸ The protocol must include which drugs may be furnished or ordered under what circumstances, the extent of supervision, the method of periodic review of the naturopathic doctor's competence, and review of the standardized procedure.⁸⁹ When the NDs furnish or order Schedule III substances, there must be a patient-specific protocol approved by the supervising physician.⁹⁰

NDs must include the following in their licensure application: (1) whether they intend to furnish or order controlled substances, and (2) provide written evidence to the licensing authority that they have completed at least forty-eight hours of instruction in pharmacology that included the pharmacokinetic and pharmacodynamic principles and properties of the drugs they are furnishing or ordering.⁹¹

NDs are specifically prohibited from performing an abortion or surgical procedure.⁹²

The board also requires satisfactory completion of 60 hours of approved continuing education biennially, including at least 20 hours in pharmacotherapeutics.⁹³

Since the board's creation in 2004-05, there have been only three actions taken against NDs for patient harm and/or unprofessional conduct.⁹⁴

Vermont

The Office of Professional Regulation (OPR) regulates NDs in Vermont. There is an advisory committee that is tasked with studying and reporting on issues related to prescribing authority that is composed of seven member that include two naturopathic physicians, two allopathic or

⁸⁶ CAL. BUS. & PROF. CODE § 3640.5.

⁸⁷ California Board of Naturopathic Medicine. (2024). *Board Members Bio*. California Department of Consumer Affairs. https://www.naturopathic.ca.gov/about_us/members.shtml. (Accessed 9/4/2024).

⁸⁸ CAL. BUS. & PROF. CODE § 3640.5.

⁸⁹ *Id.*

⁹⁰ *Id.*

⁹¹ CAL. CODE REGS. § 4212.

⁹² CAL. BUS. & PROF. CODE § 3642.

⁹³ CAL. BUS. & PROF. CODE § 3635.

⁹⁴ R. Mitchell, Executive Director, California Board of Naturopathic Medicine, communication to the Washington State Department of Health, August 29, 2024. (See Appendix C, pp. A-48-50).

osteopathic physicians, a pharmacologist, a pharmacist, and a public member.⁹⁵ NDs must obtain a special endorsement for prescription medications. The endorsement requires passage of the National Board of Medical Examiners (NBME) pharmacology examination or a substantially equivalent examination.⁹⁶ According to the applicant, the “substantially equivalent examination” of choice in Vermont is the same elective pharmacology exam administered by NABNE and that is the preferred examination by the Vermont Office of Professional Regulation to demonstrate. The first 100 drug prescriptions issued by an ND must be reviewed by an independent supervising physician or a naturopath with the endorsement through a formal written agreement.⁹⁷

NDs are allowed to administer and provide for preventative and therapeutic purposes such things as: nonprescription medicines, topical medicines, homeopathic medicines, naturopathic physical medicine, therapeutic devices, barriers for contraception and certain prescription medicines.⁹⁸ Those prescription medicines are any human drug required by federal law or regulation to be dispensed only by prescription.⁹⁹ NDs are authorized to possess and control all controlled substances (referred to as “regulated drugs” in Vermont law) to the extent doing so is within their education, training, experience, and scope of practice.¹⁰⁰ There are currently no rules clarifying this scope of practice.¹⁰¹

For licensees possessing the special endorsement for prescription medications, Vermont requires 30 hours of continuing medical education every two years upon renewal, including ten hours in pharmacology of legend drugs.¹⁰²

There are 122 NDs holding a prescriptive authority endorsement out of 416 active, licensed NDs.¹⁰³ The department could not identify any disciplinary actions specifically related to ND’s prescriptive authority.

New Mexico

⁹⁵ 26 V.S.A. § 4125.

⁹⁶ CVR 04-030-380 § 3.5.

⁹⁷ Id.

⁹⁸ 26 V.S.A. § 4121.

⁹⁹ Id.

¹⁰⁰ Confirmed by the Vermont Office of Professional Regulation (OPR). (Lauren K. Layman, communication to Department of Health, March 29, 2024) (See Appendix C, p. A-44).

¹⁰¹ Lauren K. Layman, communication to Department of Health, March 29, 2024. (See Appendix C, p. A-44).

¹⁰² CVR 04-030-380 §3.2.

¹⁰³ Vermont Office of Professional Regulation. (2021). *Find a Professional*. Vermont Office of Professional Regulation.

https://secure.professionals.vermont.gov/prweb/PRServletCustom/app/NGLPGuestUser/V9csDxL3sXkkjMC_FR2HrA*/!STANDARD?UserIdentifier=LicenseLookupGuestUser. (Accessed May 14, 2024). (Search “Profession” = Naturopathic Physicians” and “Profession Type” = “Naturopathic Physician” and “Status” = “Active”).

NDs are regulated by the New Mexico Medical Board.¹⁰⁴ A Naturopathic Doctors' Advisory Council advises the board. All licensees are required to pass the NPLEX biomedical science examination (Part I) and the core clinical science examination (Part II), as well as the clinical elective examination in minor surgery and pharmacology.¹⁰⁵

Under New Mexico's rules on naturopathic doctors, "primary care" is defined as:¹⁰⁶

Health care provided by a healthcare provider who typically acts as the first contact and principal point of continuing care for patients and coordinates other specialist care or services that the patient may require. Primary care providers are trained in non-specialty internal medicine and pediatrics, family medicine, general internal medicine, geriatrics (gerontology), general obstetrics and gynecology and general pediatrics, and refer to specialists when those services are warranted.

NDs must practice in collaboration with a medical or osteopathic physician and in alignment with naturopathic education.¹⁰⁷ "Collaboration" is defined under New Mexico rules as:¹⁰⁸

The process by which a licensed physician and a naturopathic doctor jointly contribute to the health care and treatment of patients, provided that: (a) each collaborator performs actions that the collaborator is licensed or otherwise authorized to perform, and (b) collaboration shall not be construed to require the physical presence of the licensed physician at the time and place services are rendered by the collaborating naturopathic doctor.

Section 16.10.22.11.B states, "This does not imply that supervision by a physician is required, rather that professional communication and collaboration is required between all healthcare providers for continuity of care in accordance with HIPAA regulations."

After passing a pharmacy examination authorized by board rules, NDs are authorized to prescribe all legend drugs, and testosterone products and all schedule III-V controlled substances, except all benzodiazepines, opioids, and opioid derivatives.¹⁰⁹ They are prohibited from performing surgical abortions.¹¹⁰ They are also required to take 75 hours of continuing

¹⁰⁴ New Mexico Medical Board. (2024). *Licensing and Renewal*. New Mexico Medical Board.

<https://www.nmmb.state.nm.us/licensing/>. (Accessed May 20, 2024). (The board regulates physicians, physician assistants, anesthesiologist assistants, genetic counselors, doctors or naprapathy, physician supervisors of pharmacist clinicians, polysomnographic technologists, naturopathic doctors, and podiatric physicians).

¹⁰⁵ N.M. Code R. § 16.10.22.9.

¹⁰⁶ N.M. Code R. § 16.10.22.7.

¹⁰⁷ N.M. Code R. § 16.10.22.11.

¹⁰⁸ N.M. Code R. § 16.10.22.7.

¹⁰⁹ *Id.*

¹¹⁰ N.M. Code R. § 16.10.22.12.

medical education every three years, including five hours in pain management and ten hours in pharmacology.¹¹¹

The department reached out to the New Mexico board to obtain information on disciplinary actions but were unable to obtain this information.

Oregon

Oregon NDs are regulated by the Oregon Board of Naturopathic Medicine.¹¹² Licensees are required to pass the Oregon Jurisprudence Examination and the NPLEX exams part I & II, as well as the NPLEX exams on clinical elective surgery and clinical elective pharmacology.¹¹³

Licensed Oregon NDs are defined as primary care physicians in statute and their scope of practice includes minor surgery, natural childbirth, and administering injection therapies.¹¹⁴ They are authorized to prescribe a large formulary of Schedules II-V controlled substances with no additional training.¹¹⁵ Two exceptions are ketamine therapy and injection and IV therapy, which have additional educating and reporting requirements.¹¹⁶ NDs are also prohibited from prescribing:¹¹⁷

- General anesthetics;
- Injectable ketamine for the purpose of general anesthesia;
- Mifepristone and misoprostol as an abortifacient;
- Barbiturates, except phenobarbital, butalbital, primidone; and
- Systemic oncology agents except for certain antineoplastic agents, in oral and topical form only.

The formulary was expanded in 2018 to include phenobarbital, butalbital, primidone; and again in 2023 to include prescription and administration of injectable and intravenous ketamine with additional training and education.

According to the executive director of the board of naturopathic medicine, Oregon licensees may prescribe medication from one of the most comprehensive formularies in the nation. Licensees may prescribe all pharmaceuticals needed in a primary care practice as well as the natural therapeutics.

¹¹¹ N.M. Code R. § 16.10.22.15.

¹¹² ORS § 685.145.

¹¹³ OAR 850-030-0020.

¹¹⁴ Mary-Beth Baptista, JD, Executive Director, Oregon Board of Naturopathic Medicine, communication to the Washington State Department of Health, August 31, 2024. (See Appendix C, pp. A-51-54).

¹¹⁵ OAR 850-060-0226.

¹¹⁶ OAR 850-060-0212.

¹¹⁷ OAR 850-060-0223.

The Naturopathic Formulary Council¹¹⁸ consists of seven members, one board member from the Oregon Board of Naturopathic Medicine, one naturopathic physician, two pharmacists, one allopathic physician, and two members with advanced degrees in either pharmacology or pharmacognosy. The council has adopted the current American Hospital Formulary Service Pharmacologic-Therapeutic Classification, which has been in use in hospitals and health systems for many years and is a logical way to group drugs for easy comparison and aggregate reporting on drugs for utilization and billing.^{119,120}

Licensees are required to obtain 32 hours of continuing education annually, including one hour in pain management and ten hours of pharmacology.¹²¹

There are 1,213 naturopathic physicians licensed in Oregon.¹²² Since 2017, there have been 19 disciplinary actions for conduct related to prescribing, including negligent prescribing, prescribing off the formulary, or not following state opioid prescribing guidelines appropriately. Since 2019, coinciding with the implementation of new Oregon Acute Opioid Prescribing Guidelines and associated resources, licensee discipline has been primarily for conduct that is “prescribing adjacent.” These are mostly ethical violations for failing to follow the aforementioned prescribing guidelines, i.e., negligent charting, failing to check Prescription Drug Monitoring Program, boundary setting, and not entering pain contracts.”¹²³

2014 Sunrise Review

In a 2014 sunrise review of a similar proposal to include prescriptive authority for all Schedule II-V controlled substances for NDs, the department determined the proposal did not meet the sunrise criteria.¹²⁴

However, the Health Care Authority (HCA) argued in support of a limited expansion of prescriptive authority because expanded Medicaid coverage was expected to include an

¹¹⁸ Oregon Board of Naturopathic Medicine. (n.d.). *Formulary Council*. Oregon Board of Naturopathic Medicine. <https://www.oregon.gov/obnm/Pages/Formulary%20Council.aspx>. (Accessed September 2024).

¹¹⁹ OAR 850-060-0226.

¹²⁰ American Society of Health-System Pharmacists, Inc. (2019). *AHFS Pharmacologic-Therapeutic Classification System*. American Society of Health-System Pharmacists, Inc. <https://www.oregon.gov/obnm/Documents/Formulary%20Information/AHFSClassificationwithDrugs2019.pdf>. (Accessed May 20, 2024).

¹²¹ ORS § 850-040-0210.

¹²² Robin Crumpler, communication to the Department of Health, April 17, 2024. (See Appendix C, p. A-47).

¹²³ Mary-Beth Baptista, JD, Executive Director, Oregon Board of Naturopathic Medicine, communication to the Washington State Department of Health, August 31, 2024. (See Appendix C, pp. A-51-54).

¹²⁴ Health Systems & Quality Assurance (HSQA). (2014). *Naturopathic Scope of Practice Sunrise Review: Information Summary and Recommendations*. Washington State Department of Health. <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/NaturopathFinal.pdf>.

expanded demographic of patients with medical conditions requiring controlled substances in the naturopathic primary care setting. HCA also argued that: (1) deaths related to prescription opioids occurred almost without exception in patients on chronic therapy, (2) short-term treatment of acute conditions with controlled substances is considered safer, and (3) limited prescriptive authority may reduce the number of unnecessary emergency department visits.

The department suggested a less expansive scope increase option for the legislature to consider that included:

- Limiting ND prescriptive authority to controlled substances in Schedule III-V (and hydrocodone products in Schedule II),
- Limiting prescriptions to no more than seven days,
- Setting a maximum dosage,
- Instructing the Board of Naturopathy consult with the Pharmacy Quality Assurance Commission on rules to determine appropriate training and education,
- Requiring adoption of pain management rules, and
- Requiring registration in the Prescription Monitoring Program (PMP)¹²⁵ to access patient prescription history.

The legislature did not enact a scope expansion in response to these suggested options. The current ND scope expansion proposal has been updated from the 2014 version to include some additional pharmacology education. However, the department continues to believe the applicant proposal is too expansive and does not meet the Sunrise criteria.

The department also received comments from HCA on the current proposal.¹²⁶ While HCA shared it believes there could be positive impacts, HCA also shared concerns regarding the varying amounts of training and education NDs receive in pharmacology, specifically with stimulants and controlled substances, stating:

- “HCA does see the potential for this scope change to improve *access* to care, but retains concerns that it could impact the *quality* of care.”
- “Medicaid managed care plans have concerns about the varying amounts of training and education naturopathic physicians receive in pharmacology, specifically with stimulants and controlled substances.”

¹²⁵ The PMP allows the department to monitor the prescribing and dispensing of all Schedule II-V controlled substances. It is a secure online database that collects data on Schedules II-V controlled substances. RCW 70.225.020(1). Prescribers are authorized to access PMP data before prescribing or dispensing drugs to look for duplicate prescribing, possible misuse, drug interactions, and other potential concerns.

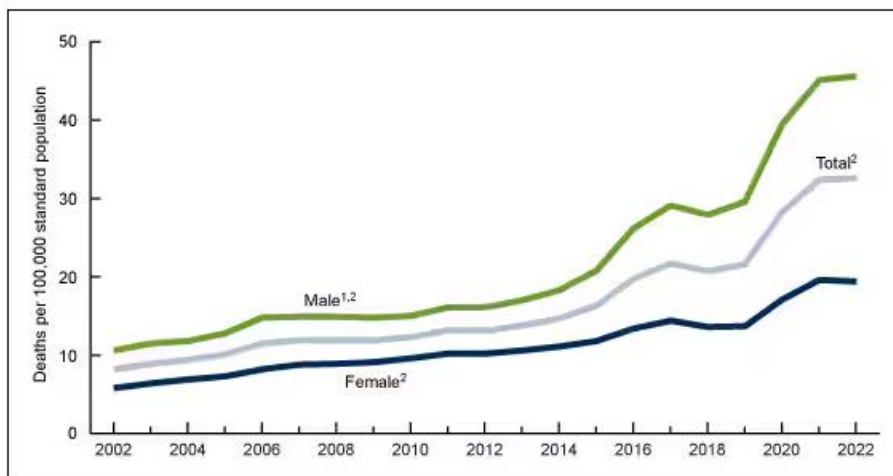
¹²⁶ Sandy Jaime, Legislative Review & Analysis Manager, Health Care Authority, communication to the Washington State Department of Health, November 20, 2023. (See Appendix C, pp. A-55-56).

In the 2014 ND Sunrise Review,¹²⁷ the department also noted that there was significant risk to increasing access without limitation to prescription opioid pain medication because:

- Prescription opioid related overdoses and deaths have reached epidemic levels,
- Data has shown a correlation between the rise in overdose deaths and states that have expanded prescription access to prescription opioids, and
- The state is currently engaged in intensive and effective efforts to curb the overuse of opioids in Washington. Granting broader prescribing authority for controlled substances is contrary to these efforts.

Since the 2014 ND Sunrise Review was completed, the opioid epidemic has gotten worse. According to the Centers for Disease Control and Prevention (CDC) in their March 2024 report,¹²⁸ “drug overdoses are one of the leading causes of injury death in adults and have risen over the past several decades in the United States.” As illustrated in the table below from the March 2024 CDC report, in both 2015 and 2019 there was a significant increase in overdose deaths.

Figure 1. Age-adjusted rate of drug overdose deaths, by sex: United States, 2002-2022



¹Rate significantly higher than for females for all years $p < 0.05$.

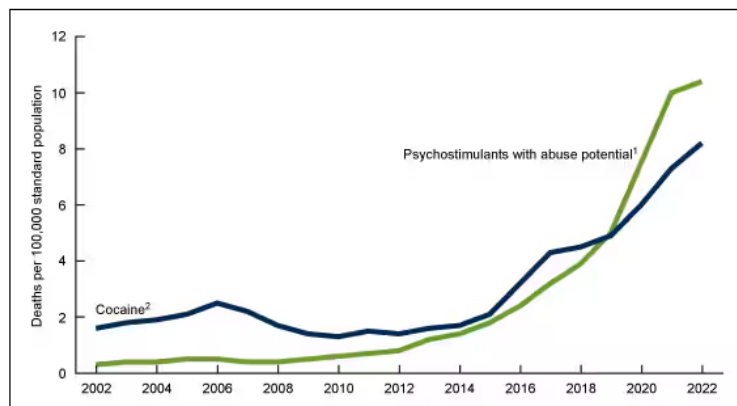
²Significant increasing trend from 2002 to 2022, with different rates of change over time, $p < 0.05$.

The CDC report also shows a similar significant increase in drug overdoses involving stimulants beginning around 2019.

¹²⁷ HSQA (2014).

¹²⁸ National Center for Health Statistics. (2024). *Drug Overdose Deaths in the United States, 2002–2022*. Center for Disease Control (CDC). <https://www.cdc.gov/nchs/products/databriefs/db491.htm>.

Figure 2. Age-adjusted rate of drug overdose deaths involving stimulants, by type of stimulant: United States, 2002-2022



¹Stable trend from 2002 to 2010, then significant increasing trend from 2010 to 2022, $p < 0.05$.

²Stable trend from 2002 to 2006, significant decreasing from 2006 to 2012, then significant increasing trend from 2012 to 2022, $p < 0.05$.

Given the increasing trend in overdose deaths involving controlled substances, especially opioids and stimulants, the department continues to be cautious in expanding the scope of prescriptive authority for these substances, especially when there is not clear evidence of sufficient training in prescribing and monitoring patients on opioids and stimulants.

Public Engagement

The department posted the applicant’s proposal and all materials to the department’s sunrise webpage and notified interested parties of the written comment period in the fall of 2023. The department received over 1,100 written comments. The department held a public comment meeting and accepted oral comments on April 24, 2024.

Here is a summary of the written and oral comments the department received.

Support

Commentors in support of the proposal stated that NDs are educated and trained in accredited naturopathic medical colleges to provide primary care. They argued this proposal would give Washington residents access to a broader range of healthcare options, particularly in rural and underserved areas, where access to conventional medical care can be limited or have long wait times. They also stated the proposal would decrease patient costs and make care timelier, as patients would not have to schedule a second office visit with another provider to fill or change a prescription. Requiring double visits delays care and increases costs due to insurance co-pays, time off work, and other cost shares, especially in rural communities.

NDs commented that natural medicine and conventional medicine are not mutually exclusive and there are circumstances that require both. NDs follow the least invasive approach first before introducing pharmaceuticals but are trained to identify when and whether a patient is overmedicated and when medications can be tapered off or discontinued.

Commentors also stated that inconsistencies in naturopathic regulation between Washington and Oregon places a burden on patients and doctors that travel across state lines for work or to seek care. Commentators claimed it is irrational for NDs who practice medicine in Oregon to be restricted or prohibited from providing the same level of care in Washington.

The department heard from numerous ND patients who wrote in support of the proposal. Many patients questioned why their ND could not write prescriptions for them since they are their primary care physician. They expressed concerns with the need to see multiple physicians for titrating medications and paying more than one co-pay, especially considering the long wait times to find another provider. Some patients wrote that they wished Medicare covered their naturopathic care, but they are willing to pay out of pocket because it is the care they trust. Many of the patients wrote specifically in support of having their ND prescribe ADHD and anti-anxiety medications.

The dean of Bastyr University wrote that the level of training by their graduates meets similar requirements as other healthcare practitioners who hold full prescriptive authority. The Bastyr program includes 300 credits, which equates to over 4,200 hours. The dean made some corrections to the education provided in the applicant report, which the department notes in the section on Bastyr training above. The dean attached updated information about Bastyr's current pharmacology and patient management courses on controlled substances, which include pharmacology, pharmaceutical management, and substance use disorders. According to these materials, Bastyr's ND program allocates 12.65 of curricular credits, which is equivalent to 141.75 hours of classroom time, specifically for didactic training and medication management. The latter is provided in a supervised setting throughout students' 1,204 hours of clinical training and is where students learn how to assess, manage, and refer substance use disorders. Bastyr emphasizes safe practice standards at every level of the student's education.

An instructor at Bastyr University who has also taught at Sonoran University stated their Bastyr graduates are well trained in the use of controlled substances, including having around 150 hours of classroom training and clinical training hours in pharmacology. They state NDs can simultaneously provide treatment on and support for managing controlled substances while ultimately reducing or eliminating the need for these medications. They attested that almost every patient encounter by their ND students involved pharmacological therapies.

The executive director of the Council on Naturopathic Medical Education (CNME) wrote to affirm that CNME-accredited naturopathic medical programs train naturopathic primary care physicians, and that training covers basic medical sciences, advanced clinical sciences, and

pharmacology. The program includes training on controlled substances and drug-herb-nutrient interactions, as well as public health, diagnostics, and non-pharmacologic therapeutics.

The executive director of the North American Board of Naturopathic Examiners (NABNE) wrote to confirm that the competencies tested in the NPLEX Part II – Core Clinical Sciences Examination are designed to test to the highest scope of practice available in any state, including medications used in primary care.

The Association of Accredited Naturopathic Medical Colleges (AANMC) wrote to confirm that ND training is similar to the biomedical and clinical requirements for other medical degrees such as MDs, ARNPs, and DOs. The AANMC’s recommended core competencies outline stringent guidelines and expectations for clinical and professional practice among licensed NDs who have graduated from accredited naturopathic programs. Accredited naturopathic medical schools train their students to meet the AANMC’s recommended clinical competencies and prepare them for the NPLEX exam. All accredited naturopathic medical schools in the US provide high-level pharmacology training, including coverage of controlled substances, pharmacology, pharmacognosy, drug-herb, and drug-nutrient interactions. They added that comparisons between naturopathic and conventional primary care programs (MD/DO, ARNP) demonstrate similarities in foundational medical training.

Other commentors noted that federal law requires that NDs who have DEA licenses, including those practicing in Washington, are required to obtain the same eight hours of training on Opioid Use Disorder (OUD) as all other practitioners who prescribe controlled substances. Washington NDs are also required by state law to take 15 hours of continuing education in pharmacology every two years.

One commenter who is both an ND and a family nurse practitioner (FNP)¹²⁹ stated that their FNP training did not include education on opioid prescriptions except to limit them, or on morphine equivalents. They also stated a third-party, rather than the program instructors, taught the buprenorphine section and that FNPs do not have mandatory residency requirements. They added that oftentimes FNPs never work as an RN or have clinical experience to support their success as an FNP.

The department also heard from an ND working in a primary care clinic that their ability to provide comprehensive primary care to their patients is impeded by their “limited prescriptive scope.” This ND completed a residency in interventional pain management and serves as the medical director for an outpatient drug and alcohol treatment center. They stated they are constantly looking for providers to refer patients to for medication management and see regular lapses in care due to three-to-six-month waitlists. They state this proposal is critical for

¹²⁹ FNPs are a category of ARNP in Washington and are authorized to prescribe controlled substances.

their patients using medications commonly used to treat conditions like ADHD, insomnia, addiction, and acute pain.

The department heard from an ND working for a rural FQHC who discussed provider (especially mental health provider) shortages and burnout in their health center. They often see acute walk-in patients they would like to keep out of the emergency department for unnecessary visits. The closest urgent care is more than an hour away and local provider schedules are often booked out for weeks. The ND often must send patients to the emergency department or try to find another busy provider to help with prescriptions.

Other commentors stated NDs can help decrease opioid dependence, which is supported by the 2022 AANP Naturopathic Profession Benchmarking Survey that ranked NDs' treatment modalities. The study showed opioid prescribing ranked last of all modalities used in the five states that allow NDs to prescribe controlled substances. Without access to Suboxone and other formulations of buprenorphine, NDs are left trying to help patients with OUD "with one arm tied behind their back."

Commentors further stated many patients seek out naturopathic care to decrease dependence on addictive medications, and hospitals increasingly provide limited pain management. NDs often must refer patients to their primary care providers for follow-up and ongoing management of post-procedural pain. A primary care physician must have the authority to prescribe a medication both to manage patients in these situations and to safely taper them off.

The department also heard that patients turn to their primary care provider to sign hospice orders, POLST forms, various disability determinations, and other vital records. Restricting NDs from signing these documents creates an undue burden on patients forcing them to locate and establish care with additional providers to sign these documents.

An ND who worked with patients experiencing homelessness and behavioral health issues wrote in support of the proposal. They stated they frequently have patients request MAT treatment for OUD and, under current regulations, are forced to refer them out. They also argued the department should consider using NDs more since we are currently experiencing a fentanyl epidemic and individuals experiencing homelessness are some of the most affected, stigmatized, and vulnerable.

The department also heard from an MD who is the chief medical officer (CMO) at a medical center that hires NDs for their primary care team. The CMO stated they use an integrated model where these NDs work alongside MDs, ARNPs, and PAs. He researched the ND training, specifically in pharmacology, and stated NDs have substantially comparable training to nurse practitioners and PAs, and very similar training to MDs. The CMO stated they have a program where they select charts randomly from all their providers every quarter and send them out for outside review. The NDs consistently scored high for appropriate diagnosis and treatment. He

added there is no scientific evidence that ND prescribing would increase the risk of narcotics in our state. The CMO argued there is an adequate system of measuring controlled substance use, as well as prescribing rules and reporting tools to track their use.

The department further heard from NDs with patients who wanted to reduce or get off their medications. Without the authority to prescribe these medications, NDs are unable to help de-prescribe their patients by giving them smaller and smaller dosages to wean off a medication.

Others stated the limitation in ND prescribing is more obvious in rural communities where the requirement to see a separate provider for a controlled substance is unreasonable, unfair, and inequitable for the patient. They argued NDs in other states have been safely prescribing controlled substances for years, with no reported increase in adverse events. In addition, they stated the concerns around the need for ND residencies are unfounded because nurse practitioners can prescribe these medications without a residency.

The department heard from one ND who stated their patients are all over the socioeconomic spectrum and those with the most precarious financial situations often had more complex medical needs that were greatly influenced by socioeconomic determinants of health. They argued these patients could save valuable time and money if they did not have to take additional unpaid time-off for health-related medical visits. They also stated NDs are not anti-conventional medicine but believe there is a time and a place for both approaches.

A pharmacist wrote they collaborated with nearly half of all licensed NDs this year and their interactions have consistently revealed ND's competence, compassion, and accessibility. They also worked at Bastyr University as affiliate faculty, contributing to the pharmacology series, specifically in dermatology. They stated it is routine that ND pharmacology training addresses specific medications, with a focus on mechanism of action, dosing and indications, contraindications and cautions, adverse reactions, and drug interaction.

The department heard from several NDs who practiced under Oregon's expanded scope of practice but now cannot prescribe and de-prescribe pain medications like Tramadol, ADD meds like Adderall and anxiolytics like Xanax. They described situations where patients in Washington had a severe fear of air travel where they would benefit from the authority to prescribe a small number of Xanax pills for a trip, patients who are stable on their ADD medication would like the ND to take over their prescription, patients who are taking a benzodiazepine such as alprazolam for sleep or anxiety and are ready to taper off. Some of these NDs describe their education at the National University of Natural Medicine in Portland as including countless hours of training in pharmaceutical prescribing.

The department heard comments from an ND who completed a residency at Bastyr and is the Power of Providers ND representative, which is an advisory committee to the department. This group meets monthly with health care providers of all disciplines on topics like COVID vaccines and access to underserved populations. They are also adjunct faculty at Bastyr, where they

train on the full scope of practice, including pharmaceuticals. They noted that when they were beginning their residency, they advocated for the Medicaid scope expansion and stated expertise and education in primary care has advanced since 2014. NDs are pivotal to addressing the concerns facing our state, including their holistic approach, which can include safe and practiced ways to use pharmaceuticals.

An ND who has practiced and held licenses in Oregon and has taught NDs and MDs for 30 years commented in support of the proposal. This ND is also a professor of pharmacology and clinical medicine and has taught physicians CME as well as naturopathic medical students, specifically in pharmacology, management and safe prescribing and deprescribing of controlled substances.

An ND and chief quality and compliance officer at a federally qualified health center (FQHC) serving the communities of Okanogan and Douglas counties wrote in support of the proposal. They were also chief resident of Bastyr in 2012, a trainer at McMaster University Evidence Based Clinical Practice program and served as a professor in evidence-based clinical practice at Bastyr prior to their current position. They said that states with expanded scope have NDs working in FQHCs, community clinics, rural clinics, and underserved areas. This scope expansion supports continuity of care for primary care relationships with NDs. They requested this proposal be evaluated against precedent set by the scope and training of other health professions in this state.

The department heard from MDs and others that they had misconceptions about naturopathic training and practice. They stated they had learned through working with NDs that they are supportive of vaccines and science-based decision making. They had also watched many traditionally biased MDs begin referring their patients to NDs. They added that the patients of the NDs they work with reported high patient satisfaction, high positive outcomes, and low incident reports.

Oppose

Those opposed to the proposal argued that naturopathic education and training is not equivalent to the education and training received by allopathic and osteopathic physicians. They cited how the CNME provides no standards around ND program course content and the incorporation of naturopathic principles with pharmacological sciences. They noted NDs take a two-part exam (NPLEX) covering basic sciences, diagnostic and therapeutic subjects, and clinical sciences that is written entirely by naturopaths and not subject to rigorous oversight or external review by experts in medical education. Furthermore, NDs are not required to complete a residency and only need to complete 850 hours of patient care with no requirement on treating specific conditions or patient populations.

Other commentors stated that naturopathic training does not prepare NDs to practice under the proposed increase in their scope of practice, including full prescriptive authority, minor

office procedures that could potentially include surgery such as vasectomies and abortions, and signing forms like disability determinations and hospice orders.

One person commented that the current ND scope of practice was achieved by misrepresentation of their education and training to lawmakers. They also stated naturopathic clinical training takes place in naturopathic teaching clinics that use patients with fake conditions and treatments like homeopathy, hydrotherapy, and botanical medicines. This commentor also stated NPs have no clinical training in hospital settings and their training hours are exaggerated and closer to 561 hours in direct patient care.

A surgeon and ophthalmologist spoke on behalf of the Washington Academy of Eye Physicians and Surgeons to oppose the proposal. They stated they have a unique insight from training various health professions – MDs, medical students, NDs, nurse practitioners, and physical therapists – and understand the distinct educational differences among these specialties. While there is importance to all health medical subspecialties, the commentator believed there is not appropriate expertise and training given in naturopathic schools.

Other commentors in opposition to the proposal state that MD and DO education includes:

- A highly regulated curriculum on the human body and its systems,
- Didactic courses and clinical training in pharmacology,
- Two years of patient care rotations through different specialties,
- Passage of a standardized, three-part licensing exam,
- Three to five years of accredited residency treating the acutely ill or injured in an emergency room setting, and
- Demonstration of competence at the end of the residency.

Some commentors argued the proposed scope of practice change is beyond NDs' knowledge and training, disregarding that care coordination is a critical part of patient care. They also stated that comprehensiveness of training, including residency, experience working as a team member with other physicians, and continued professional oversight allow board-certified physicians to stay current with professional standards and safely incorporate new treatments and medications into their practice.

Other commentors stated hospitals are already treating conditions that occurred due to naturopathic mismanagement. They argue NDs that practice independently cannot be compared to hospital-employed NDs who work in an integrated team-based care model with allopathic and osteopathic providers.

The department also heard that in-clinic abortions are safe when performed by practitioners with adequate clinical training in obstetrics and gynecology, including preprocedural preparation, performance of the procedure, and post-procedural patient care. Vasectomies are

delicate surgical procedures that involve injecting local anesthetics, incision into the scrotum, and tying, cauterizing, using surgical clips, or a combination of these.

Comments from pharmacists included they already see improper prescribing practices under the current naturopathic prescriptive authority. They do not believe naturopaths understand their current scope of practice and laws.

Others argued talented physicians in non-psychiatric specialties struggle with the treatment of serious mental illness and addiction and they have the benefit of much more extensive medical training and experience compared to NDs.

The department also heard that NDs do not have the training, guidance, and oversight to responsibly provide the level of care outlined in this bill. Commentators cited a 2018 study evaluating opiate prescribing patterns in Oregon found a greater percentage of high-risk opiate prescribing patterns by naturopaths. These commentators concluded that expanding opiate prescribing authority to naturopaths could undermine the progress Washington has made in reducing prescription opiate deaths.

Some opposing the proposal stated that while the idea of NDs playing a pivotal role in pain management is appealing, it lacks historical perspective. They argued there have been many regulations imposed on opioid prescribers who are attempting to find a balance between over- and under-prescribing of these substances. Treating opioid use disorder is a daunting prospect even for experienced prescribers.

Others stated that in this era of addiction epidemics, the issue lies not in access to these medications, but in the lack of access to knowledgeable care regarding their safe use. They argue that decreasing prescribing standards will just worsen this issue and allowing NDs to prescribe these substances would only worsen the current opioid crisis.

Emergency medicine physicians stated they have seen harm caused by NDs, including patients who have died of strokes and had end-stage cancer that could have been prevented with appropriate care. They stated there has also been a growing number of adverse events in office-based settings associated with sedation and/or anesthesia care. This care should be based on nationally accepted standards, guidelines, and levels of care established by states that are consistent throughout dental offices, hospitals, ambulatory surgery centers, and clinics. When NDs are already failing to appropriately care for patients, these physicians argued expanding the ND scope of practice seems at best ill-advised and at worst dangerous.

The department also heard that NDs do not have standards of care based on medical science. They argued naturopathic medicine is philosophically and foundationally different than allopathic and osteopathic medical practice, not science-based and, does not follow medically accepted standards of care. Commentors stated that botanical and homeopathic medications lack compelling evidence of their therapeutic efficacy and national standards for primary care

physicians consider these interventions medically unnecessary and substandard care. These medications are also not approved for medical use by the FDA.

Some commentors were concerned about assertions that referrals to specialists or other practitioners for medications are administrative red tape and that NDs must explain limitations to their prescriptive authority. They argued these referrals are intentional to protect patient safety and ensure care is provided only by those with adequate education and training. NDs cannot be considered comprehensive primary care providers due to the naturopathic community's lack of consensus around vaccines. They stated that the Naturopathic Medicine Institute opposed mandatory COVID-19 vaccines.

The department also heard there was no evidence to support the applicant's assertion that NDs may be the only health care providers in some rural communities. NDs generally practice in the same areas as allopathic and osteopathic physicians. In addition, there are safer options to address workforce challenges, including increased funding for student loan repayment programs, the workforce, retention initiatives, residencies, and continued use of telemedicine.

Others stated that while the applicant report highlights the ongoing mental health crisis as the rationale for expansion of ND prescribing authority, psychiatric care is much more than just prescribing medications. NDs have limited medical education, and this proposal disregards the training needed to understand the complex interactions between mental and physical health.

Other commentors argued that being recognized as a primary care provider does not equate to being qualified to provide the full scope of primary care services, nor justify scope expansion. The scope of practice for primary care MDs, DOs, PAs, ARNPs, NDs, and others is differentiated based on education and training. While overlaps may exist, there are necessary limitations to ensure patient safety.

The department also heard the proposed vague definition of minor office procedures could lead to troubling interpretations. The definition could be interpreted to include surgery, which may involve using lasers, scalpels, and needles; cutting and burning tissue; and making injections into body cavities, internal organs, and the central nervous system. It could also be interpreted to include injections in eye structures, which require specialized anatomical and procedural knowledge learned through surgical training.

Commentors stated the Board of Naturopathy already interprets minor office procedures to include the use of in-office nitrous oxide without guardrails, as well as procedures using Botox. There has been a growing number of adverse events in office-based settings associated with sedation or anesthesia care. This care should be based on nationally accepted standards and the proposal does not adhere to these standards.

Others reported that some Arizona naturopaths interpret the practice of naturopathy to include liposuction and gluteoplasty (Brazilian butt lifts) and the Arizona board has failed to

clarify the definition or discipline naturopaths who have performed “botched surgeries.” This may also happen in Washington.

In addition, the department heard concerns that the Board of Naturopathy does not have the expertise to determine adequate education and training for this size of scope of practice increase, including full prescriptive authority.

The department also received comments from two NDs who opposed the proposal because of issues with existing continuing education rules. These included how NDs are not able to provide continuing education on pharmaceutical drugs they are not currently allowed to prescribe in Washington. In addition, they assert that graduates of naturopathic doctoral programs have some of the worst debt to earnings ratios in the entire country, which makes them vulnerable. They state the proposal is intended to increase the earnings of naturopathic physicians.¹³⁰

Concerns/Other:

The department also heard from people with concerns about the proposal, stating:

- It is unclear what percentage of NDs embrace the use of legend (prescribed) drugs and believe it is essential to obtain controlled substance prescriptive authority.
- The proposed bill makes changes to the definitions of minor office procedures and physical modalities. However, the applicant report does not address these changes and what education NDs obtain on these procedures.
- The applicant report referenced the passage of House Bill 1851 in 2022, which added PAs, ARNPs, and other clinicians as providers who perform or assist in the termination of pregnancy. However, it does not address what training naturopathic physicians receive on pregnancy termination.
- No disciplinary data was provided to support the applicant’s claim that NDs have been safely prescribing since 2005.
- It is time for open, transparent communication between naturopathy and the greater healthcare community. They stated concerns that the foundational support for increased authority is not in place and included meeting notes from the Board of Naturopathy’s CE rules update process over the last 3 years as evidence.

Some commentors noted only one NP program’s pharmacology content is included in the curricula comparison, omitting the pharmacology content of pre-licensure nursing programs and neglecting the integration of pharmacology content into other clinical courses.

¹³⁰ Please note that many of the comments in opposition were form letters.

An anesthesiologist stated they have heard success with NDs in multidisciplinary practices where there's teamwork and cultural norms and the practices hold practitioners accountable for the care they provide. However, the anesthesiologist does not believe most NDs are practicing in these types of teams, but rather independently.

An ND provider in Tacoma with 20 years of experience as a professor in the training program stated that as more and more ND providers are moving into the FQHC and urgent care setting, it is not acceptable they cannot prescribe this important medication. In addition, the lack of clear parameters on what can be administered as an intravenous medication allows for providers to inject patients with any item obtained through a compounding pharmacy, even if this item lacks basic safety or efficacy research. This is an easy risk to address by adding a caveat to the ND scope of practice that stipulates that only FDA-approved medications can be administered. In addition, adding a restriction on off-label medication prescribed to patients with a current cancer diagnosis would be helpful.

The department also heard comments from NDs who would support a residency or additional exam requirement for NPs to qualify for full prescriptive authority.

The HCA provided comments that Medicaid managed care plans have concerns about the varying amounts of training and education NDs receive in pharmacology, specifically on stimulants and controlled substances. Regardless of the potential for addressing health care provider shortages, the HCA wants to ensure NDs caring for their clients have the level of training needed to provide quality care. HCA recognizes the potential of this proposal to impact access to care for Washington residents. However, they expressed concerns about the quality of care that might result from increasing the scope of practice without additional training requirements for the expanded prescriptive authority.

Comments from boards and commissions

The **Washington State Board of Naturopathy** wrote in support of the proposal because it would increase public safety and health by granting a wider range of options, as well as reducing costs associated with unnecessary duplicative care. They stated that an ND's approach starts with the least invasive method possible and includes a wide variety of treatment modalities on a case-by-case basis. Their position is that treatment options available to NDs should be the same as those available to and routinely used by all other recognized primary care providers. This should include controlled substances.

The Board added that the applicant report makes it clear ND's foundational training already meets or exceeds that of other providers with an advanced and autonomous scope of practice. In addition, the bill requires registration with the prescription monitoring program (PMP), which adds an additional safeguard and visibility into ND prescribing trends. They conclude that the board has a demonstrated history of careful and cautious rulemaking and will continue those efforts with a focus on keeping the public safe. In addition, there has

been little evidence of safety concerns regarding ND's current prescribing practices and the board is confident that this will continue once expanded prescriptive authority is granted.

The **Washington Medical Commission (WMC)** wrote with concerns about the adequacy of naturopathic training in the diagnosis of serious health conditions that may require use of controlled substances and the prevalence of overdose deaths from prescription opioids. They stated underlying conditions have evolved over the nine years since the last sunrise review, but the fundamental issues remain regarding training and the significant public health challenges with mitigating addiction and abuse of opioids.

They also expressed concerns that the proposed change to the definition of minor office procedures is meant to authorize vasectomies and dilation and curettage, adding that it is notable that the 2023 bills regarding who can perform abortions and participate in the death with dignity act excluded naturopathic physicians.

The **Washington State Board of Nursing (WABON)** stated they believe the proposal meets the sunrise criteria and may increase overall access to primary care. They stated a few areas of the applicant report needed correction. For example, the comparison of ARNP preparation to other providers in pharmacology credits did not include the pharmacology background completed in all nurses' baccalaureate education. WABON requested this be corrected to represent the full ARNP education. In addition, they stated the continuing education hours required for all providers who prescribe opioids is a one-time four-hour course. New opioid prescribers may require more continuing education depending on the individual provider. They added that there needs to be more clarity around the definition of office procedures.

Comments on draft report

The department posted the draft report online with initial recommendations and shared it with interested parties for review and comment. Interested parties were given a month to provide any comments. In this section the department summarizes the comments received and any changes to initial recommendations. Please note that the department piloted a survey to capture comments on the draft recommendations. However, the department received feedback that the survey questions were confusing and because the survey responses could be anonymous, there were concerns about including tallies of responses. Due to this input, the department is providing summaries of themes of the survey comments that are distinct from the separate letters the department received.

Comments in opposition to draft recommendations

Commenters wanted to ensure the final report accurately reflected that patients responded favorably to an expansion of scope of practice in prescribing for NDs. The majority stated they received more time with their ND and therefore believe they received better care. Most referred to their ND as their primary care provider and were often frustrated by the

requirement to also have a general practitioner (MD/DO) to prescribe suggested medications. Commentors also noted frustration regarding the extended time frame and cost that patients undergo in these situations due to current prescribing regulations.

The applicant and other commenters also stated the characterization of public comments was not reflective of the comments received, including not ensuring form letters were clearly identified and patient voices clearly communicated.

Response: The department has clarified its characterization of public comments.

The applicant and other organizations stated the disciplinary actions in Washington and other states is low in comparison to other professions. Some states included additional information on low numbers of disciplinary actions and regulations in their states. The California Naturopathic Doctors Association sent comments that it is burdensome for an MD to assume the extra responsibilities and malpractice risks associated with supervision, which is why only a small fraction of the 1,000 practicing NDs in California have established such relationships. They stated this impacts access to care, delayed treatment, and increased healthcare costs, as well as dual utilization of healthcare resources.

The applicant and other organizations commented that the report misrepresented physician supervision in other states. They also included additional information from other states on their regulations and disciplinary data.

Response: The department has clarified statements about disciplinary actions in Washington and other states and added new information submitted during the final comment period.

The applicant and other organizations referenced the 1999 and 2014 sunrise reports that acknowledged strong support from ND patients for an increase in scope of practice. They also pointed out that the department supported a narrower scope increase in 2014.

Response: The department has included additional information about the 2014 sunrise, but did not believe changes were needed to the draft report related to the 1999 sunrise.

The applicant and other organizations, including the Board of Naturopathy (board) stated the draft report appears to question whether NDs are qualified to educate and regulate themselves. The board wanted to ensure the report accurately reflects the current board expertise related to prescribing.

Response: The department has ensured this information was reflected in the final recommendations.

The applicant and other organizations, including Bastyr University, commented that the statement in the draft report “courses and treatment options in botanical medicine, exercise therapy, hydrotherapy, nature cure, acupuncture/traditional Chinese medicine, and homeopathy... leaves less time and focus on pharmacology related training and sciences.” is not supported and does not consider the length of the ND programs.

Some commenters stated the draft comment “based on their limited training and education, NDs run a greater risk of making incorrect diagnoses, evaluations, or recommendations on

treatment options, which could result in serious life or death impacts for patients” is not accurate based on data demonstrating NDs practice safely.

Response: The department has clarified these statements in the education, assessment of sunrise criteria, and final recommendations sections.

Commenters asserted that the draft report does not present consistent, accurate, and unbiased data on ND education and in comparing it to other prescribing professions. They also state that the draft report failed to include much of the details the applicant and naturopathic schools provided in written comments, including that pharmacology content is woven into the curriculum outside specific pharmacology courses like other healthcare professions state.

Response: The department inadvertently posted the draft report without the appendices, where Appendix D provided details about education and training and additional information submitted by the dean of Bastyr University. The department has added the appendices and clarified the credit comparisons as much as possible given the information the department was able to obtain.

Some commenters wanted to add a primary care definition.

Response: The department did not believe changes were needed to this section of the report.

The applicant and other organizations commented that the draft report’s statement that the clinical training for NDs occurs mainly in naturopathic clinics under supervision of naturopathic physicians is normal practice across all healthcare professions.

Response: The department clarified this statement in the final recommendations.

The Naturopathic Academy of Primary Care Physicians (NAPCP) wrote that they have been providing continuing education that includes guidance and education on the controlled substances proposed in the scope expansion for many years.

The CNME wanted the report to recognize that similar to the LCME, which accredits MD programs, the CNME is a U.S. Department of Education-recognized accrediting agency for ND doctoral programs with accreditation standards and processes that promote high quality naturopathic medical education and training with the goal of ensuring safe and effective practice. They list their accreditation standards on pharmacology.

Response: This information was presented in Appendix D of the report but was inadvertently left off the posting of the draft report.

One commenter added that NDs work extensively with patient populations on an extensive list of pharmaceuticals and are already called upon to manage complex cases, be wary of drug interactions, screen for nutritional deficiencies caused by drugs, etc. They are already weaning people off pharmaceuticals, managing the side effects of controlled substances, and helping reduce harm from these agents. Improving ND prescriptive authority will improve the ease with which such tasks can be managed, improve patient access to care and burdens on the

healthcare system, and streamline care for those patients who must see a variety of clinicians, or have long waits to access care.

A commenter serving community and migrant health centers stated that NDs play a vital role addressing the underlying conditions or structural determinants of health that contribute to poor health outcomes, especially in marginalized and vulnerable communities and the integration of naturopathic medicine with conventional medicine has strengthened their capacity to provide whole-person care in a multidisciplinary team-based care environment. expand and modernize the naturopathic physician scope of practice in Washington.

Response: The department did not believe these comments required changes to the draft report.

Comments in support of draft recommendations

The WMC commented that without the multi-modal education with trainees and trainers from other professions, ND training cannot be considered equivalent to other professions with prescriptive authority. They ask that the final report refrain from characterizing the NDs education as having a strong foundation in pharmacology. They also request the final report reflect that scope expansions may only occur through legislation, rather than through rulemaking efforts.

Response: The department has clarified the pharmacology training in response to a number of comments. The rest of this request is outside the scope of the sunrise statute.

WSMA wrote in support of the draft recommendations.

One commenter stated that expanding opioid scope should require the supervision of the boards that currently manage this skill. The board of naturopathy is not able to regulate this and is not served by people sufficiently trained to do so.

Response: The department did not make any changes in response to these comments.

Other comments on draft recommendations

Some NDs appreciated comments focused on increasing and/or requiring additional training to prescribe additional controlled substance medications and support a required additional exam or continuing education for additional prescribing authorization. They state they expect the profession to continue to have high standards for a broader scope.

The randomized chart reviews from integrative clinics points out that NDs are on par with MDs regarding diagnosis and treatment. Therefore, other MDs who point out a lack of training are usually not fully aware of ND training.

An ND who provides gender affirming care states this type of scope expansion could help gender diverse people who have difficulty accessing competent care because a large percentage of gender diverse people avoid medical care due to negative experiences with medical providers. They add that some patients have been refused care from medical practitioners so referring out for controlled substance medications would make them more comfortable. They also state that gender diverse people are often diagnosed with ADHD so NDs could provide bridge scripts for these patients when they have gaps in psychiatric management.

One commenter stated that this scope of expansion should at the very least be considered for NDs who have completed residency trainings. Other commenters indicated the department should support a scope expansion for NDs who have post-doctoral training.

A few commenters stated the Board of Naturopathy should determine minimum training for the proposed scope expansion.

One commenter stated NDs should consider a partnership with a professional organization of pharmacists to determine adequate training and bring their recommendations to the board jointly.

Response: The department did not believe changes were needed to the final report in response to these comments.

Review of Proposal Using Sunrise Criteria

The Sunrise Act, in [RCW 18.120.010](#), states that a health care profession should be regulated, or the scope of practice expanded only when:

- Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

Because the above criteria focus on new professions, the department directs applicant groups to demonstrate the following for proposals to increase a profession's scope of practice. The proposal benefits the public by:

- Protecting the public from harm;
- Providing assurance of sufficient education, training, and professional ability to perform the scope of practice; and
- Demonstrating the proposal is the most cost-beneficial option to protect the public.

First Criterion: Protecting the public from harm.

The proposal does not meet this criterion.

Naturopaths are currently a thoroughly regulated profession. The proposal, as written, does not offer adequate protections to meet this criterion. Controlled substances are drugs that have potential benefits but also carry substantial risks, which is why they are scheduled based on their potential for misuse, abuse, and dependence. The proposal's vague definition of minor office procedures also leaves the door open for broad interpretation. Without knowing what specific procedures are intended, the department cannot evaluate whether NDs have adequate training for those procedures.

The department acknowledges that pharmacology training in naturopathic schools has clearly evolved, adding a stronger didactic foundation in basic sciences and pharmacology. However, compared to other prescribers with full prescriptive authority, the minimum clinical requirements on pharmacology training and surgical procedures for NDs do not provide sufficient education and experience for NDs to warrant full prescriptive authority. In addition, many of the courses, including pharmacology, include components that do not have foundations in the basic sciences that the other medical programs do.

Second Criterion: Providing assurance of sufficient education, training, and professional ability to perform the scope of practice.

The proposal does not meet this criterion.

There are adequate laws and rules in place to assure the public of initial and continued professional ability for the current naturopath scope of practice. The proposal, as written, does not offer adequate protections to meet this criterion. The applicant has not shown adequate minimum core training requirements, especially clinical requirements, to ensure the public of their ability to safely prescribe Schedule II-V controlled substances. The proposed expanded definition of minor office procedures is too broad for the department to evaluate naturopathic school training since the department cannot determine what procedures need to be included in that training.

Third Criterion: The public cannot be effectively protected by other means in a more cost-beneficial manner.

This criterion was not fully evaluated because the applicant did not provide data or information that could be analyzed with a cost-benefit approach. In addition, the department did not fully evaluate these claims because the applicant did not demonstrate the proposal met the first two criteria to protect the public.

Detailed Recommendations

The applicant report identifies a need to expand ND's prescriptive authority to increase access to OUD treatment like Buprenorphine, help patients taper off controlled substances, treat acute or post-surgical pain, treat ADHD, and sign documents like hospice orders or POLST (portable medical orders) forms.

However, the department recommends this proposal not be enacted because it does not meet the criteria in , demonstrating it provides assurance of initial and continuing ability to protect patients from harm.

Rationale:

The department must be able to confirm sufficient education to perform increases to scope of practice. This proposal:

- Does not demonstrate sufficient minimum education and training to safely prescribe Schedule II-V controlled substances:
 - Naturopathic programs have evolved to include more pharmacology focus. However, many of the courses that include pharmacology include topics that do not have foundations in the basic sciences that the other medical programs include. Pharmacology, especially focused on controlled substances, is also not standardized and consistent across programs.
 - NDs' clinical training can occur almost entirely in naturopathic clinics without exposure to a variety of providers, settings where they could experience treatment of patients on a broad array of controlled substances. Naturopathic programs do not require:
 - Clinical training in settings such as hospitals or involving behavioral health medicine, emergency medicine, surgery, inpatient procedures, etc., or
 - Exposure to specific patient populations or conditions, such as pediatric patients, patients with specific behavioral health conditions, and patients on pain management.
- The other states that grant authority to prescribe controlled substances limit NDs to Schedules III-V or specific formularies and/or include safeguards such as collaboration with MDs, additional or continuing education, an additional pharmacology examination, or inclusion of MD or DO members on the naturopathic board or formulary advisory committee.
- The proposed definition of "minor office procedures" is vague and subject to a wide range of interpretations. The department cannot evaluate adequate training without knowing what specific procedures would be included in this definition.

- Many primary care providers refer patients requiring long term use of controlled substances to specialists because the significant risks of overdose, abuse, and misuse require additional training to prevent and mitigate.

The proposal includes language requiring the Board of Naturopathy to establish education and training requirements. However:

- Chapter [18.120 RCW](#) requires the department to analyze whether a proposal to increase a profession's scope of practice currently demonstrates it protects the public from harm and provides assurance of sufficient education, training, and professional ability to perform the expanded scope of practice.
- Without clearly stated education and training requirements, the department cannot determine whether they meet the sunrise criteria.
- Though the board currently has members with prescribing expertise, it is not a requirement and future board members may not have that expertise.

Appendix A - Request from Legislature with Proposed Bill



Washington State Senate

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Phone: (360) 786-7696

May 24, 2023

The Honorable Umair Shah, MD, MPH
Washington State Secretary of Health
Washington State Department of Health
PO Box 47890
Olympia, WA 98504-7890

Dear Secretary Shah,

I am requesting that the Department of Health consider a Sunrise Review application for a proposal that would change the scope of practice for licensed naturopaths to include, among other additions, the ability to prescribe Schedule 2-5 controlled substances.

A copy of the proposal is attached, SB 5411 from the 2023 legislative session. The Senate Health & Long Term Care Committee would be interested in an assessment of whether the proposal meets the sunrise criteria for expanding the scope of practice for a regulated health profession in Washington.

The proponent for this proposal is the Washington Association of Naturopathic Physicians (contact: Carey Morris – careymorris27@gmail.com; 360-961-7125).

I appreciate your consideration of this application and I look forward to receiving your report. Please contact my office if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Annette Cleveland".

Senator Annette Cleveland
Chair, Senate Health & Long Term Care Committee
49th Legislative District



Washington State Senate

220 John A. Cherberg Building
P.O. Box 40449
Olympia, WA 98504-0449

Senator Annette Cleveland

49th Legislative District

Annette.Cleveland@leg.wa.gov

Phone: (360) 786-7696

Cc: Kelly Cooper, Washington State Department of Health
Rob Oliver, Washington State Department of Health
Christie Spice, Washington State Department of Health
Carey Morris, Washington Association of Naturopathic Physicians
Greg Attanasio, Washington State Senate Committee Services
Thea Byrd, Washington State Senate Democratic Caucus

SENATE BILL 5411

State of Washington

68th Legislature

2023 Regular Session

By Senators Short, Randall, Robinson, Shewmake, Valdez, Warnick, C. Wilson, and L. Wilson

Read first time 01/17/23. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to addressing a shortage of primary care services
2 by increasing the scope of practice of naturopathic physicians;
3 amending RCW 18.36A.020, 18.36A.040, and 69.41.030; reenacting and
4 amending RCW 69.50.101; adding new sections to chapter 18.36A RCW;
5 and creating a new section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** The legislature finds that:

8 (1) Naturopathic physicians, licensed under chapter 18.36A RCW
9 since 1987 and chapter 18.36 RCW since 1919, are recognized as
10 primary care providers in both statute and rule, and have served in
11 this role for many years through private health plans, in apple
12 health (medicaid), and with the Indian health service systems.

13 (2) Washington has a shortage of primary care services that poses
14 a significant risk to public health resulting in increased human
15 suffering and increased costs. The coronavirus pandemic has added
16 strain on an already overburdened health care system, further
17 exposing the need to empower primary care providers to practice to
18 the full scope of their training.

19 (3) In some areas, naturopathic physicians are the only available
20 health care providers. As such, they need authority for all
21 appropriate primary care services consistent with their education and

1 patient populations. This act supports better patient care, prevents
2 duplication of services, reduces emergency department visits, and is
3 more cost-effective for patients, health plans, and state agencies.

4 (4) Naturopathic medical training emphasizes behavioral health,
5 counseling, and lifestyle medicine in addition to conventional
6 medical diagnostics and treatments, including pharmaceutical
7 prescriptions. Many patients seek care with naturopathic physicians
8 in order to stop taking or lower their doses of prescription
9 medications. Most controlled substances cannot be stopped without a
10 careful dosage taper. Enabling naturopathic physicians to practice to
11 the full extent of their training, to include authority to prescribe
12 and deprescribe controlled substances, allows them to play a more
13 significant role in addressing the ongoing opioid and benzodiazepine
14 crises facing our communities.

15 (5) The legislature first granted naturopathic physicians limited
16 prescriptive authority in 1987 and expanded this in 2005 to include
17 all legend drugs and limited controlled substances in Schedules III
18 through V of the uniform controlled substances act. Licensed
19 naturopathic physicians in neighboring states currently have
20 prescriptive authority beyond what those in Washington have. Licensed
21 naturopathic physicians have demonstrated competence and safety in
22 prescribing controlled substances both here and in surrounding
23 states.

24 (6) This act recognizes the board of naturopathy (established by
25 the legislature in 2011), and its role in rule making for
26 determination of specific clinical parameters and educational
27 requirements in the same manner as other boards and commissions with
28 primary care authority.

29 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.36A
30 RCW to read as follows:

31 (1) Subject to the requirements of this section, a naturopathic
32 physician may prescribe and administer legend drugs and controlled
33 substances contained in Schedules II through V of the uniform
34 controlled substances act, chapter 69.50 RCW, as necessary in the
35 practice of naturopathy.

36 (2) A naturopathic physician who prescribes controlled substances
37 shall register with the department to access the prescription
38 monitoring program established in chapter 70.225 RCW.

1 (3) By rule, the board shall establish education and training
2 requirements related to prescribing legend drugs and controlled
3 substances. A naturopathic physician may prescribe and administer
4 drugs pursuant to subsection (1) of this section only if he or she
5 satisfies the education and training requirements established by the
6 board.

7 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.36A
8 RCW to read as follows:

9 A naturopathic physician may sign and attest to any certificates,
10 cards, forms, or other required documentation that a physician may
11 sign, so long as it is within the naturopathic physician's scope of
12 practice. This includes, but is not limited to, disability
13 determinations, physician orders for life-sustaining treatment,
14 hospice orders, student athletic forms, guardianships, powers of
15 attorney, and similar legal documents.

16 **Sec. 4.** RCW 18.36A.020 and 2021 c 179 s 21 are each amended to
17 read as follows:

18 Unless the context clearly requires otherwise, the definitions in
19 this section apply throughout this chapter.

20 (1) "Board" means the board of naturopathy created in RCW
21 18.36A.150.

22 (2) "Colon hydrotherapist" means a person certified under this
23 chapter to perform colon hydrotherapy pursuant to an affiliation with
24 one or more naturopaths.

25 (3) "Colon hydrotherapy" means the performance of enemas or
26 colonic irrigation.

27 (4) "Common diagnostic procedures" means the use of venipuncture
28 consistent with the practice of naturopathic medicine, commonly used
29 diagnostic modalities consistent with naturopathic practice, health
30 history taking, physical examination, radiography, examination of
31 body orifices excluding endoscopy, laboratory medicine, and obtaining
32 samples of human tissues, but excluding incision or excision beyond
33 that which is authorized as a minor office procedure.

34 (5) "Department" means the department of health.

35 (6) "Educational program" means an accredited program preparing
36 persons for the practice of naturopathic medicine.

37 (7) "Homeopathy" means a system of medicine based on the use of
38 infinitesimal doses of medicines capable of producing symptoms

1 similar to those of the disease treated, as listed in the homeopathic
2 pharmacopeia of the United States.

3 (8) "Hygiene and immunization" means the use of such preventative
4 techniques as personal hygiene, asepsis, public health, and
5 immunizations, to the extent allowed by rule.

6 (9) "Manual manipulation" or "mechanotherapy" means manipulation
7 of a part or the whole of the body by hand or by mechanical means.

8 (10) "Minor office procedures" means primary care ~~((and))~~
9 services; procedures incident thereto of superficial lacerations,
10 lesions, ~~((and abrasions))~~ minor injuries, and the removal of foreign
11 bodies located in superficial structures, not to include the eye; and
12 the use of antiseptics and topical or local anesthetics in connection
13 therewith. "Minor office procedures" also includes ~~((intramuscular,~~
14 ~~intravenous, subcutaneous, and intradermal))~~ injections and topical
15 applications of substances consistent with the practice of
16 naturopathic medicine and in accordance with rules established by the
17 ~~((secretary))~~ board.

18 (11) "Naturopath" ~~((means))~~ or "naturopathic physician" mean an
19 individual licensed under this chapter.

20 (12) "Naturopathic medicines" means vitamins; minerals; botanical
21 medicines; homeopathic medicines; hormones; and ~~((those legend drugs~~
22 ~~and controlled))~~ other nutrients, compounds, and natural substances
23 consistent with naturopathic medical practice ~~((in accordance with~~
24 ~~rules established by the board. Controlled substances are limited to~~
25 ~~codeine and testosterone products that are contained in Schedules~~
26 ~~III, IV, and V in chapter 69.50 RCW))~~.

27 (13) "Nutrition and food science" means the prevention and
28 treatment of disease or other human conditions through the use of
29 foods, water, herbs, roots, bark, or natural food elements.

30 (14) "Physical modalities" means use of physical, chemical,
31 electrical, and other modalities ~~((that do not exceed those used as~~
32 ~~of July 22, 2011, in minor office procedures or common diagnostic~~
33 ~~procedures,))~~ including, but not limited to, heat, cold, air, light,
34 water in any of its forms, sound, massage, durable medical equipment,
35 and therapeutic exercise.

36 (15) "Radiography" means the ordering, but not the
37 interpretation, of radiographic diagnostic and other imaging studies
38 and the taking and interpretation of standard radiographs.

39 (16) ~~(("Secretary" means the secretary of health or the~~
40 ~~secretary's designee.~~

1 ~~(17))~~) "Suggestion" means techniques including but not limited to
2 counseling, biofeedback, and hypnosis.

3 **Sec. 5.** RCW 18.36A.040 and 2011 c 40 s 2 are each amended to
4 read as follows:

5 Naturopathic medicine is the practice by ~~((naturopaths))~~
6 naturopathic physicians of the art and science of the diagnosis,
7 prevention, and treatment of disorders of the body by stimulation or
8 support, or both, of the natural processes of the human body. A
9 ~~((naturopath))~~ naturopathic physician is responsible and accountable
10 to the consumer for the quality of naturopathic care rendered.

11 The practice of naturopathic medicine includes manual
12 manipulation (mechanotherapy), the prescription, administration,
13 dispensing, and use, except for the treatment of malignancies, of
14 nutrition and food science, physical modalities, minor office
15 procedures, homeopathy, naturopathic medicines, legend and nonlegend
16 drugs and controlled substances contained in Schedules II through V
17 of the uniform controlled substances act, chapter 69.50 RCW, hygiene
18 and immunization, contraceptive devices, common diagnostic
19 procedures, and suggestion; however, nothing in this chapter shall
20 prohibit consultation and treatment of a patient in concert with a
21 practitioner licensed under chapter 18.57 or 18.71 RCW. No person
22 licensed under this chapter may employ the term "chiropractic" to
23 describe any services provided by a ~~((naturopath))~~ naturopathic
24 physician under this chapter.

25 **Sec. 6.** RCW 69.41.030 and 2020 c 80 s 41 are each amended to
26 read as follows:

27 (1) It shall be unlawful for any person to sell, deliver, or
28 possess any legend drug except upon the order or prescription of a
29 physician under chapter 18.71 RCW, an osteopathic physician and
30 surgeon under chapter 18.57 RCW, an optometrist licensed under
31 chapter 18.53 RCW who is certified by the optometry board under RCW
32 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician
33 and surgeon under chapter 18.22 RCW, a naturopathic physician under
34 chapter 18.36A RCW, a veterinarian under chapter 18.92 RCW, a
35 commissioned medical or dental officer in the United States armed
36 forces or public health service in the discharge of his or her
37 official duties, a duly licensed physician or dentist employed by the
38 veterans administration in the discharge of his or her official

1 duties, a registered nurse or advanced registered nurse practitioner
2 under chapter 18.79 RCW when authorized by the nursing care quality
3 assurance commission, a pharmacist licensed under chapter 18.64 RCW
4 to the extent permitted by drug therapy guidelines or protocols
5 established under RCW 18.64.011 and authorized by the commission and
6 approved by a practitioner authorized to prescribe drugs, a physician
7 assistant under chapter 18.71A RCW when authorized by the Washington
8 medical commission, or any of the following professionals in any
9 province of Canada that shares a common border with the state of
10 Washington or in any state of the United States: A physician licensed
11 to practice medicine and surgery or a physician licensed to practice
12 osteopathic medicine and surgery, a physician licensed to practice
13 naturopathic medicine, a dentist licensed to practice dentistry, a
14 podiatric physician and surgeon licensed to practice podiatric
15 medicine and surgery, a licensed advanced registered nurse
16 practitioner, a licensed physician assistant, or a veterinarian
17 licensed to practice veterinary medicine: PROVIDED, HOWEVER, That the
18 above provisions shall not apply to sale, delivery, or possession by
19 drug wholesalers or drug manufacturers, or their agents or employees,
20 or to any practitioner acting within the scope of his or her license,
21 or to a common or contract carrier or warehouse operator, or any
22 employee thereof, whose possession of any legend drug is in the usual
23 course of business or employment: PROVIDED FURTHER, That nothing in
24 this chapter or chapter 18.64 RCW shall prevent a family planning
25 clinic that is under contract with the health care authority from
26 selling, delivering, possessing, and dispensing commercially
27 prepackaged oral contraceptives prescribed by authorized, licensed
28 health care practitioners: PROVIDED FURTHER, That nothing in this
29 chapter prohibits possession or delivery of legend drugs by an
30 authorized collector or other person participating in the operation
31 of a drug take-back program authorized in chapter 69.48 RCW.

32 (2) (a) A violation of this section involving the sale, delivery,
33 or possession with intent to sell or deliver is a class B felony
34 punishable according to chapter 9A.20 RCW.

35 (b) A violation of this section involving possession is a
36 misdemeanor.

37 **Sec. 7.** RCW 69.50.101 and 2022 c 16 s 51 are each reenacted and
38 amended to read as follows:

1 The definitions in this section apply throughout this chapter
2 unless the context clearly requires otherwise.

3 (a) "Administer" means to apply a controlled substance, whether
4 by injection, inhalation, ingestion, or any other means, directly to
5 the body of a patient or research subject by:

6 (1) a practitioner authorized to prescribe (or, by the
7 practitioner's authorized agent); or

8 (2) the patient or research subject at the direction and in the
9 presence of the practitioner.

10 (b) "Agent" means an authorized person who acts on behalf of or
11 at the direction of a manufacturer, distributor, or dispenser. It
12 does not include a common or contract carrier, public
13 warehouseperson, or employee of the carrier or warehouseperson.

14 (c) "Board" means the Washington state liquor and cannabis board.

15 (d) "Cannabis" means all parts of the plant *Cannabis*, whether
16 growing or not, with a THC concentration greater than 0.3 percent on
17 a dry weight basis; the seeds thereof; the resin extracted from any
18 part of the plant; and every compound, manufacture, salt, derivative,
19 mixture, or preparation of the plant, its seeds or resin. The term
20 does not include:

21 (1) The mature stalks of the plant, fiber produced from the
22 stalks, oil or cake made from the seeds of the plant, any other
23 compound, manufacture, salt, derivative, mixture, or preparation of
24 the mature stalks (except the resin extracted therefrom), fiber, oil,
25 or cake, or the sterilized seed of the plant which is incapable of
26 germination; or

27 (2) Hemp or industrial hemp as defined in RCW 15.140.020, seeds
28 used for licensed hemp production under chapter 15.140 RCW.

29 (e) "Cannabis concentrates" means products consisting wholly or
30 in part of the resin extracted from any part of the plant *Cannabis*
31 and having a THC concentration greater than ten percent.

32 (f) "Cannabis processor" means a person licensed by the board to
33 process cannabis into cannabis concentrates, useable cannabis, and
34 cannabis-infused products, package and label cannabis concentrates,
35 useable cannabis, and cannabis-infused products for sale in retail
36 outlets, and sell cannabis concentrates, useable cannabis, and
37 cannabis-infused products at wholesale to cannabis retailers.

38 (g) "Cannabis producer" means a person licensed by the board to
39 produce and sell cannabis at wholesale to cannabis processors and
40 other cannabis producers.

1 (h) "Cannabis products" means useable cannabis, cannabis
2 concentrates, and cannabis-infused products as defined in this
3 section.

4 (i) "Cannabis researcher" means a person licensed by the board to
5 produce, process, and possess cannabis for the purposes of conducting
6 research on cannabis and cannabis-derived drug products.

7 (j) "Cannabis retailer" means a person licensed by the board to
8 sell cannabis concentrates, useable cannabis, and cannabis-infused
9 products in a retail outlet.

10 (k) "Cannabis-infused products" means products that contain
11 cannabis or cannabis extracts, are intended for human use, are
12 derived from cannabis as defined in subsection (d) of this section,
13 and have a THC concentration no greater than ten percent. The term
14 "cannabis-infused products" does not include either useable cannabis
15 or cannabis concentrates.

16 (l) "CBD concentration" has the meaning provided in RCW
17 69.51A.010.

18 (m) "CBD product" means any product containing or consisting of
19 cannabidiol.

20 (n) "Commission" means the pharmacy quality assurance commission.

21 (o) "Controlled substance" means a drug, substance, or immediate
22 precursor included in Schedules I through V as set forth in federal
23 or state laws, or federal or commission rules, but does not include
24 hemp or industrial hemp as defined in RCW 15.140.020.

25 (p)(1) "Controlled substance analog" means a substance the
26 chemical structure of which is substantially similar to the chemical
27 structure of a controlled substance in Schedule I or II and:

28 (i) that has a stimulant, depressant, or hallucinogenic effect on
29 the central nervous system substantially similar to the stimulant,
30 depressant, or hallucinogenic effect on the central nervous system of
31 a controlled substance included in Schedule I or II; or

32 (ii) with respect to a particular individual, that the individual
33 represents or intends to have a stimulant, depressant, or
34 hallucinogenic effect on the central nervous system substantially
35 similar to the stimulant, depressant, or hallucinogenic effect on the
36 central nervous system of a controlled substance included in Schedule
37 I or II.

38 (2) The term does not include:

39 (i) a controlled substance;

1 (ii) a substance for which there is an approved new drug
2 application;

3 (iii) a substance with respect to which an exemption is in effect
4 for investigational use by a particular person under Section 505 of
5 the federal food, drug, and cosmetic act, 21 U.S.C. Sec. 355, or
6 chapter 69.77 RCW to the extent conduct with respect to the substance
7 is pursuant to the exemption; or

8 (iv) any substance to the extent not intended for human
9 consumption before an exemption takes effect with respect to the
10 substance.

11 (q) "Deliver" or "delivery" means the actual or constructive
12 transfer from one person to another of a substance, whether or not
13 there is an agency relationship.

14 (r) "Department" means the department of health.

15 (s) "Designated provider" has the meaning provided in RCW
16 69.51A.010.

17 (t) "Dispense" means the interpretation of a prescription or
18 order for a controlled substance and, pursuant to that prescription
19 or order, the proper selection, measuring, compounding, labeling, or
20 packaging necessary to prepare that prescription or order for
21 delivery.

22 (u) "Dispenser" means a practitioner who dispenses.

23 (v) "Distribute" means to deliver other than by administering or
24 dispensing a controlled substance.

25 (w) "Distributor" means a person who distributes.

26 (x) "Drug" means (1) a controlled substance recognized as a drug
27 in the official United States pharmacopoeia/national formulary or the
28 official homeopathic pharmacopoeia of the United States, or any
29 supplement to them; (2) controlled substances intended for use in the
30 diagnosis, cure, mitigation, treatment, or prevention of disease in
31 individuals or animals; (3) controlled substances (other than food)
32 intended to affect the structure or any function of the body of
33 individuals or animals; and (4) controlled substances intended for
34 use as a component of any article specified in (1), (2), or (3) of
35 this subsection. The term does not include devices or their
36 components, parts, or accessories.

37 (y) "Drug enforcement administration" means the drug enforcement
38 administration in the United States Department of Justice, or its
39 successor agency.

1 (z) "Electronic communication of prescription information" means
2 the transmission of a prescription or refill authorization for a drug
3 of a practitioner using computer systems. The term does not include a
4 prescription or refill authorization verbally transmitted by
5 telephone nor a facsimile manually signed by the practitioner.

6 (aa) "Immature plant or clone" means a plant or clone that has no
7 flowers, is less than twelve inches in height, and is less than
8 twelve inches in diameter.

9 (bb) "Immediate precursor" means a substance:

10 (1) that the commission has found to be and by rule designates as
11 being the principal compound commonly used, or produced primarily for
12 use, in the manufacture of a controlled substance;

13 (2) that is an immediate chemical intermediary used or likely to
14 be used in the manufacture of a controlled substance; and

15 (3) the control of which is necessary to prevent, curtail, or
16 limit the manufacture of the controlled substance.

17 (cc) "Isomer" means an optical isomer, but in subsection (gg)(5)
18 of this section, RCW 69.50.204(a) (12) and (34), and 69.50.206(b)(4),
19 the term includes any geometrical isomer; in RCW 69.50.204(a) (8) and
20 (42), and 69.50.210(c) the term includes any positional isomer; and
21 in RCW 69.50.204(a)(35), 69.50.204(c), and 69.50.208(a) the term
22 includes any positional or geometric isomer.

23 (dd) "Lot" means a definite quantity of cannabis, cannabis
24 concentrates, useable cannabis, or cannabis-infused product
25 identified by a lot number, every portion or package of which is
26 uniform within recognized tolerances for the factors that appear in
27 the labeling.

28 (ee) "Lot number" must identify the licensee by business or trade
29 name and Washington state unified business identifier number, and the
30 date of harvest or processing for each lot of cannabis, cannabis
31 concentrates, useable cannabis, or cannabis-infused product.

32 (ff) "Manufacture" means the production, preparation,
33 propagation, compounding, conversion, or processing of a controlled
34 substance, either directly or indirectly or by extraction from
35 substances of natural origin, or independently by means of chemical
36 synthesis, or by a combination of extraction and chemical synthesis,
37 and includes any packaging or repackaging of the substance or
38 labeling or relabeling of its container. The term does not include
39 the preparation, compounding, packaging, repackaging, labeling, or
40 relabeling of a controlled substance:

1 (1) by a practitioner as an incident to the practitioner's
2 administering or dispensing of a controlled substance in the course
3 of the practitioner's professional practice; or

4 (2) by a practitioner, or by the practitioner's authorized agent
5 under the practitioner's supervision, for the purpose of, or as an
6 incident to, research, teaching, or chemical analysis and not for
7 sale.

8 (gg) "Narcotic drug" means any of the following, whether produced
9 directly or indirectly by extraction from substances of vegetable
10 origin, or independently by means of chemical synthesis, or by a
11 combination of extraction and chemical synthesis:

12 (1) Opium, opium derivative, and any derivative of opium or opium
13 derivative, including their salts, isomers, and salts of isomers,
14 whenever the existence of the salts, isomers, and salts of isomers is
15 possible within the specific chemical designation. The term does not
16 include the isoquinoline alkaloids of opium.

17 (2) Synthetic opiate and any derivative of synthetic opiate,
18 including their isomers, esters, ethers, salts, and salts of isomers,
19 esters, and ethers, whenever the existence of the isomers, esters,
20 ethers, and salts is possible within the specific chemical
21 designation.

22 (3) Poppy straw and concentrate of poppy straw.

23 (4) Coca leaves, except coca leaves and extracts of coca leaves
24 from which cocaine, ecgonine, and derivatives or ecgonine or their
25 salts have been removed.

26 (5) Cocaine, or any salt, isomer, or salt of isomer thereof.

27 (6) Cocaine base.

28 (7) Ecgonine, or any derivative, salt, isomer, or salt of isomer
29 thereof.

30 (8) Any compound, mixture, or preparation containing any quantity
31 of any substance referred to in (1) through (7) of this subsection.

32 (hh) "Opiate" means any substance having an addiction-forming or
33 addiction-sustaining liability similar to morphine or being capable
34 of conversion into a drug having addiction-forming or addiction-
35 sustaining liability. The term includes opium, substances derived
36 from opium (opium derivatives), and synthetic opiates. The term does
37 not include, unless specifically designated as controlled under RCW
38 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan
39 and its salts (dextromethorphan). The term includes the racemic and
40 levorotatory forms of dextromethorphan.

1 (ii) "Opium poppy" means the plant of the species *Papaver*
2 *somniferum* L., except its seeds.

3 (jj) "Person" means individual, corporation, business trust,
4 estate, trust, partnership, association, joint venture, government,
5 governmental subdivision or agency, or any other legal or commercial
6 entity.

7 (kk) "Plant" has the meaning provided in RCW 69.51A.010.

8 (ll) "Poppy straw" means all parts, except the seeds, of the
9 opium poppy, after mowing.

10 (mm) "Practitioner" means:

11 (1) A physician under chapter 18.71 RCW; a physician assistant
12 under chapter 18.71A RCW; an osteopathic physician and surgeon under
13 chapter 18.57 RCW; an optometrist licensed under chapter 18.53 RCW
14 who is certified by the optometry board under RCW 18.53.010 subject
15 to any limitations in RCW 18.53.010; a dentist under chapter 18.32
16 RCW; a podiatric physician and surgeon under chapter 18.22 RCW; a
17 veterinarian under chapter 18.92 RCW; a registered nurse, advanced
18 registered nurse practitioner, or licensed practical nurse under
19 chapter 18.79 RCW; a naturopathic physician under chapter 18.36A RCW
20 who is licensed under RCW 18.36A.030 subject to any limitations in
21 RCW 18.36A.040 and section 2 of this act; a pharmacist under chapter
22 18.64 RCW or a scientific investigator under this chapter, licensed,
23 registered or otherwise permitted insofar as is consistent with those
24 licensing laws to distribute, dispense, conduct research with respect
25 to or administer a controlled substance in the course of their
26 professional practice or research in this state.

27 (2) A pharmacy, hospital or other institution licensed,
28 registered, or otherwise permitted to distribute, dispense, conduct
29 research with respect to or to administer a controlled substance in
30 the course of professional practice or research in this state.

31 (3) A physician licensed to practice medicine and surgery, a
32 physician licensed to practice osteopathic medicine and surgery, a
33 dentist licensed to practice dentistry, a podiatric physician and
34 surgeon licensed to practice podiatric medicine and surgery, a
35 licensed physician assistant or a licensed osteopathic physician
36 assistant specifically approved to prescribe controlled substances by
37 his or her state's medical commission or equivalent and his or her
38 supervising physician, an advanced registered nurse practitioner
39 licensed to prescribe controlled substances, a naturopathic physician
40 licensed to prescribe controlled substances, or a veterinarian

1 licensed to practice veterinary medicine in any state of the United
2 States.

3 (nn) "Prescription" means an order for controlled substances
4 issued by a practitioner duly authorized by law or rule in the state
5 of Washington to prescribe controlled substances within the scope of
6 his or her professional practice for a legitimate medical purpose.

7 (oo) "Production" includes the manufacturing, planting,
8 cultivating, growing, or harvesting of a controlled substance.

9 (pp) "Qualifying patient" has the meaning provided in RCW
10 69.51A.010.

11 (qq) "Recognition card" has the meaning provided in RCW
12 69.51A.010.

13 (rr) "Retail outlet" means a location licensed by the board for
14 the retail sale of cannabis concentrates, useable cannabis, and
15 cannabis-infused products.

16 (ss) "Secretary" means the secretary of health or the secretary's
17 designee.

18 (tt) "State," unless the context otherwise requires, means a
19 state of the United States, the District of Columbia, the
20 Commonwealth of Puerto Rico, or a territory or insular possession
21 subject to the jurisdiction of the United States.

22 (uu) "THC concentration" means percent of delta-9
23 tetrahydrocannabinol content per dry weight of any part of the plant
24 *Cannabis*, or per volume or weight of cannabis product, or the
25 combined percent of delta-9 tetrahydrocannabinol and
26 tetrahydrocannabinolic acid in any part of the plant *Cannabis*
27 regardless of moisture content.

28 (vv) "Ultimate user" means an individual who lawfully possesses a
29 controlled substance for the individual's own use or for the use of a
30 member of the individual's household or for administering to an
31 animal owned by the individual or by a member of the individual's
32 household.

33 (ww) "Useable cannabis" means dried cannabis flowers. The term
34 "useable cannabis" does not include either cannabis-infused products
35 or cannabis concentrates.

36 (xx) "Youth access" means the level of interest persons under the
37 age of twenty-one may have in a vapor product, as well as the degree
38 to which the product is available or appealing to such persons, and

1 the likelihood of initiation, use, or addiction by adolescents and
2 young adults.

--- END ---



Proposal to Increase Scope of Practice Cover Sheet

To Whom It May Concern:

Please accept this packet as a proposal by the **Washington Association of Naturopathic Physicians (WANP)** to increase the scope of practice of **naturopathic physicians** (Chapter 18.36A RCW – Naturopathy¹; Chapter 246-836 WAC – Naturopathic Physicians²) licensed in Washington State. In particular, the legislative proposal we are seeking review for under the sunrise process was filed as **Senate Bill 5411**³ during the 2023 Legislative Session, with bipartisan sponsorship of Senators Shelly Short, Emily Randall, June Robinson, Sharon Shewmake, Javier Valdez, Judy Warnick, Claire Wilson, and Lynda Wilson. (Note that a very similar bill – filed as House Bill 4573.4 during the 2014 Legislative Session – has already undergone a review under the sunrise process, completed in December 2014.⁴) In short, the current bill would expand naturopathic prescriptive authority to include controlled substances in Schedules II through V of the Uniform Controlled Substances Act as necessary in the practice of naturopathy; enable naturopathic physicians to sign and attest to any documents or certificates that any primary care provider is routinely expected to sign; update defining language under “minor office procedures” and “physical modalities”; and update the RCW to reflect that our profession is now regulated by an established board rather than by the Office of the Secretary of Health (effective 2011).

As of August 2023, the Washington State Department of Health reports **1,619 licensed naturopathic physicians** in Washington State.

The **Washington Association of Naturopathic Physicians (WANP)**⁵, located at **14500 Juanita Drive NE, Room 381, Kenmore, WA 98028**, represents the naturopathic physician profession in Washington. **Executive Director Angela Ross, ND**, is the primary point of contact for this proposal. She can be reached by email at executive@wanp.org or via phone at **206.547.2130**. At present, the WANP has a **membership of approximately 480**.

The **American Association of Naturopathic Physicians (AANP)**⁶, located at **300 New Jersey Avenue SW, Suite 900, Washington, DC 20001**, represents the naturopathic physician profession nationally. As of August 2023, the AANP has a **membership of approximately 2,100**.

¹ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.36A>

² <https://app.leg.wa.gov/wac/default.aspx?cite=246-836>

³ <https://lawfilesexternal.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Bills/5411.pdf?q=20230817161356>

⁴ <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/NaturopathFinal.pdf?uid=650b3fac5f7a0>

⁵ <https://www.wanp.org>

⁶ <https://naturopathic.org/default.aspx>



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Most states have their own professional associations for naturopathic physicians and there are several national specialty and academic organizations. The WANP has some affiliation with many of these organizations through its affiliation with the AANP.

The scope of practice we are seeking in the current bill is already in place in **Oregon**⁷ and **Vermont**⁸. Additionally, naturopathic physicians licensed in **Arizona**⁹ can legally prescribe controlled substances in Schedules III through V, plus morphine in Schedule II and any other drugs that have been reclassified from Schedule III to Schedule II since 2014; those in **California**¹⁰ are legally permitted to prescribe controlled substances in Schedules III through V under the supervision of a physician or surgeon; and those in **New Mexico**¹¹ may prescribe all controlled substances in Schedules III through V except for benzodiazepines, opiates, or opiate derivatives.

Thank you in advance for taking the time to review this proposal. Please do not hesitate to reach out with any questions.

In health,

A handwritten signature in black ink, appearing to be "Angela Ross", written over a horizontal line.

Angela Ross, ND
Executive Director

⁷ <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3919>

⁸ <https://legislature.vermont.gov/statutes/fullchapter/26/081>

⁹ <https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/32/01501.htm>

¹⁰ https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=8.2.&article=4.

¹¹ <https://nmanp.org/wp-content/uploads/2019/10/sb0135.pdf>



Proposal to Increase Scope of Practice

Key Factors to Consider

In considering our proposal to increase the scope of practice of naturopathic physicians to better align with our legally recognized status as primary care providers, we respectfully request consideration of the following:

1.) Define the problem and why the change in regulation is necessary.

The practice of naturopathic medicine has been regulated in Washington State since 1919 – longer than in any other state in the country. Over the past century, the influence of and demand for this holistic approach to healthcare has steadily grown, and modern naturopathic physicians have earned recognition as primary care clinicians playing a key role in the primary healthcare network in Washington. As the world evolves and changes, so too do the needs of patients served by naturopathic doctors. It is past time to update the regulation pertaining to naturopathic physicians to enable trained and competent doctors to help address some of the incredible need that exists in the healthcare system today.

The last increase to naturopathic scope of practice occurred in 2005, when the Washington State Legislature overwhelmingly approved House Bill 1546¹² and granted naturopathic physicians legal authority to prescribe all legend drugs plus codeine and testosterone products contained in Schedules III through V of the Uniform Controlled Substances Act. Since then, naturopathic physicians have consistently demonstrated safety and competence in their prescribing. A lot has changed in healthcare in Washington in the two decades since – much of which supports the need for an increased scope of practice for naturopathic physicians.

In approximately 2013, naturopathic physicians were recognized by the state legislature as primary care providers¹³ and, effective January 2014, included as such in Washington’s Medicaid/Tribal Health systems. As of August 2023, there are over 450 naturopathic physicians – nearly 30% of licensees – credentialed as Medicaid providers and serving patients in 21 counties across Washington.¹⁴ As more and more patients select naturopathic physicians for their primary care needs (both within Apple Health and outside of it), more and more naturopathic doctors find themselves caring for patients on prescription medications that are not currently in their scope of practice. Patients establish care and rely on their state-recommended primary care practitioner to be able to prescribe refills of their controlled substances, but naturopathic doctors cannot legally provide this necessary care. In these

¹² <https://lawfilesext.leg.wa.gov/biennium/2005-06/Pdf/Bills/Session%20Laws/House/1546.SL.pdf?cite=2005%20c%20158%20%20>

¹³ <https://app.leg.wa.gov/rcw/default.aspx?cite=74.09.010>

¹⁴ <https://hca-tableau.watech.wa.gov/t/51/views/ProviderDashboard-EDW/ProviderDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>



cases, the naturopathic primary care physician must explain the limitations on their prescriptive authority and refer the patient out to a different provider type for management of just a few medications. This creates burden not only on the system by requiring funds to reimburse multiple providers for care that could easily be addressed by just one, but also on the patients who have to take additional time off work, pay additional co-pays and other cost shares (depending on insurance plans), and pay to travel. This burden can become prohibitive for patients in remote locations and those who cannot afford the additional costs of time and money. This duplication of services also adversely impacts coordination of care, increasing confusion and requiring more time and effort for patients, clinicians, and staff. There is simply no need for this dual utilization for prescription and management of medications that are routinely handled in the primary care setting.

During the 2019 Legislative Session, the Washington State Legislature passed an omnibus bill pertaining to the Vital Records System. Among other things, Engrossed Substitute Senate Bill 5332¹⁵ defined “physician” as “a person licensed to practice medicine, naturopathy, or osteopathy pursuant to Title 18 RCW.” This granted naturopathic physicians legal authority to sign death certificates and other vital records, yet naturopathic physicians remain excluded from signing hospice orders, POLST (portable medical orders) forms, some disability determinations, and more. Patients in need of these documents turn to their primary care physicians for support. Without this signatory authority codified in statute, many private industries and organizations create internal policies that do not include naturopathic physicians as allowable signatories. Once again, this creates undue burden on patients to locate and establish care with additional providers just to sign these documents. It also causes unnecessary delays for completing important (and often time-sensitive) paperwork and costs the system and patients more money.

Currently, Washington State is experiencing significant shortages in the healthcare workforce, and patients continue to suffer longer wait times to get in to see a healthcare practitioner. The COVID pandemic, beginning in 2020, exacerbated these issues. Just this month, the Washington State Medical Association (WSMA) identified the Health Care Workforce as one of its top 3 legislative agenda items for 2024.¹⁶ Earlier this year, the Washington State Hospital Association (WSHA) shared the *2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*, which demonstrates an average wait time of 24 days for patients to see a primary care provider for a non-urgent condition (like routine health screening).¹⁷ Naturopathic physicians can be a larger part of the solution – but they need to be able to address all routine primary care needs of their patients, including management of controlled substances beyond testosterone and codeine products.

¹⁵ <https://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5332-S.SL.pdf?cite=2019%20c%20148%20s%202>

¹⁶ https://wsma.org/Shared_Content/News/Membership_Memo/2023/august-25/wsmas-2024-legislative-agenda-a-preview

¹⁷ <http://www.wsha.org/wp-content/uploads/mha2022waittimesurveyfinal.pdf>

During the COVID pandemic, naturopathic physicians stepped forward and struggled to keep their clinics open in the midst of tremendous uncertainty and fear. The epidemic of mental and behavioral health crises got much worse, and increasing numbers of patients turned to their primary care providers for support for anxiety, insomnia, panic, and addictions. The National Institutes of Health (NIH) identified mental health as a primary focus of research after early data showed that nearly half of all U.S. Americans reported developing symptoms of anxiety or depression since the pandemic – with 10% reporting that their mental health needs were not being met.¹⁸ In March 2022, the World Health Organization (WHO) reported a 25% increase in anxiety and depression worldwide.¹⁹ The report highlighted that women and youth were the most impacted and that gaps in care during the pandemic were contributing to the problem. The American Psychiatric Association (APA) has published guidelines on the treatment of panic disorder²⁰ and of substance use disorders²¹, and the prescription of benzodiazepines (primarily Schedule IV controlled substances²²) features prominently in the standard of care treatment of both – particularly to help stabilize patients while waiting for other treatment approaches to take effect or for an appointment to open with a specialist.

Another mental health condition that has been a focus throughout the COVID pandemic is ADHD – especially as children moved to online schooling and adults moved to work-from-home formats. The Centers for Disease Control and Prevention (CDC) reports that 7% of children ages 3-17 have been diagnosed with ADHD in Washington, and that nearly 50% of those are currently on medication for it.²³ The American Academy of Pediatrics (AAP) has published guidelines that direct primary care clinicians to “prescribe US Food and Drug Administration–approved medications for ADHD” alongside behavior therapy, and state that “the evidence is particularly strong for stimulant medications.”²⁴ The primary stimulant medication used to treat ADHD is methylphenidate, which is currently a Schedule II controlled substance.²⁵ It is important to note that the AAP identifies the primary care clinician as the key player in not only diagnosing but also managing ADHD in patients. Once again, naturopathic physicians are serving as primary care physicians but find their hands tied when providing routine primary care to patients in need.

Yet another shift that has occurred in the last decade is the move to rely more heavily on the primary care clinician for temporary pain management, and this is another reason for this proposal to obtain expanded prescriptive authority. Over the years, more and more hospitals and surgical centers provide limited pain management and instead refer patients to their primary care clinicians for follow up and

¹⁸ <https://covid19.nih.gov/covid-19-topics/mental-health>

¹⁹ <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

²⁰ https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf

²¹ https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf

²² https://www.deadiversion.usdoj.gov/drug_chem_info/benzo.pdf

²³ <https://www.cdc.gov/ncbddd/adhd/data/diagnosis-treatment-data.html>

²⁴ <https://publications.aap.org/pediatrics/article/128/5/1007/31018/ADHD-Clinical-Practice-Guideline-for-the-Diagnosis?autologincheck=redirected>

²⁵ https://www.deadiversion.usdoj.gov/drug_chem_info/methylphenidate.pdf



on-going management of post-procedural pain. This makes good sense, as primary care practitioners are more likely to know the comprehensive personal and family medical histories of their patients and to recognize potentially addictive or drug-seeking behavior early on. But when post-surgical patients are sent to their naturopathic primary care physicians, they frequently end up back in the emergency room because of the current limitation on naturopathic prescriptive authority. Again, the burden here is primarily on the patient but also costs the state and the system more money for care that is typically managed in the primary care setting.

A recent change to federal law that adds support for this proposal for increased scope is the signing and implementation of the federal Consolidated Appropriations Act of 2023²⁶. Notably, this eliminated the requirement for health care practitioners to obtain a federal waiver to prescribe medication assisted treatment (MAT) for opioid use disorder (OUD)²⁷ and established a requirement for 8 hours of training on MAT for OUD for any practitioners registered with the U.S. Drug Enforcement Administration (DEA) to prescribe controlled substances²⁸. In light of this passage, both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the DEA have expressed commitment to make medication (primarily buprenorphine, which is a Schedule III narcotic analgesic²⁹) for OUD “readily and safely available to anyone in the country who needs it.”³⁰ Many naturopathic physicians in Washington are already registered with the DEA to prescribe codeine and testosterone in Schedules III through V, and these physicians are now mandated to complete training in MAT for OUD. However, state law prohibits them from prescribing this well-documented life-saving medication. Naturopathic physicians are ideally positioned to participate in addressing the opiate addiction crisis, as they are trained to utilize many other lifestyle, counseling, and nonpharmacological modalities in addition to pharmaceuticals to help patients achieve long-term recovery. But they need the legal authority to prescribe medications like buprenorphine and benzodiazepines to provide comprehensive care to those struggling.

There have also been two recent pieces of legislation here in Washington that aimed to expand access to care by updating language around what types of providers could provide said care. Engrossed House Bill 1851³¹, passed during the 2022 regular legislative session, updated the provider types that could terminate or assist in terminating a pregnancy from “physician” to “physician, physician assistant, advanced registered nurse practitioner, or other health care provider acting within the provider’s scope of practice.” Conversations with legislative champions of this bill revealed that the inclusion of

²⁶ <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>

²⁷ [https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20\(OUD\)](https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20(OUD))

²⁸ https://www.dea diversion.usdoj.gov/pubs/docs/MATE_training.html

²⁹ https://www.dea diversion.usdoj.gov/drug_chem_info/buprenorphine.pdf

³⁰ https://www.samhsa.gov/sites/default/files/dear-colleague-letter-fda-samhsa.pdf?utm_source=SAMHSA&utm_campaign=ccca9b7af8-EMAIL_CAMPAIGN_2023_05_10_01_10&utm_medium=email&utm_term=0_-ccca9b7af8-%5BLIST_EMAIL_ID%5D

³¹ <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1851.SL.pdf?q=20230828124709>



“other health care provider” was intended to include clinicians such as naturopathic physicians and midwives, but the current limitations in naturopathic prescriptive authority and outdated language in the minor office procedures section of naturopathic scope preclude their participation. Similarly, Engrossed Substitute Senate Bill 5179³², passed during the 2023 regular legislative session, updated the provider types that could participate in Washington’s Death with Dignity Act from “physician” to “qualified medical provider.” The bill further defined “attending qualified medical provider” as “the qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient’s terminal disease.” In other words, the “attending qualified medical provider” is expected to be the patient’s primary care provider. The bill as passed requires that the medications involved must be prescribed by the “attending qualified medical provider” (rather than by the “consulting qualified medical provider”). Therefore, the currently limited prescriptive authority of naturopathic physicians resulted in an automatic exclusion of naturopathic doctors under the bill’s definition of “qualified medical provider,” which was expanded to include a physician or osteopathic physician, a physician assistant, or an advanced registered nurse practitioner. Once again, this list includes all statute-recognized primary care providers except for naturopathic physicians – even though naturopathic physicians routinely provide primary care and support through end of life and occasionally receive requests for Death with Dignity from certain terminally ill patients.

Both of these bills clearly intend to expand their respective authority to all primary care provider types in Washington in order to expand access to care, but in both cases, the existing limitations on the prescriptive authority of naturopathic physicians prevents their participation – even despite having patients wanting this care and despite naturopathic physicians being willing (and competent) to provide it. Decisions around reproduction and end of life are deeply personal, and patients should be able to make these decisions with their primary care provider of choice. Expanding the scope of practice of naturopathic physicians as proposed would empower patients to seek the care they need from the provider they trust. And it would be in line with the legislative intent of expanding access to these important services.

In summary, naturopathic physicians are trained to be primary care physicians and are recognized as such by many Washington State departments, including Department of Health, Health Care Authority, Department of Labor and Industries, and Department of Vital Records. However, the current scope of practice does not match that of all other recognized primary care providers in Washington. Naturopathic doctors have been given the incredible responsibility of serving patients as primary care providers, yet they have restricted access to the tools routinely used in a primary care setting. This creates undue burden on and confusion for patients and the healthcare system as a whole and should be remedied through a change in regulation and an update to naturopathic scope of practice.

³² <https://lawfilesexxt.leg.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5179-S.SL.pdf?q=20230829172914>



2.) Explain how the proposal addresses the problem and benefits the public.

This proposal would increase the scope of practice of Washington-licensed naturopathic physicians to better match that of other statute-recognized primary care practitioners, thereby enabling them to provide the full scope of primary care services to patients.

This regulatory update would benefit the public in numerous ways, including:

This proposal would help address the on-going workforce shortage of healthcare providers in Washington State by enabling additional highly trained physicians to fulfill the full range of primary care needs of patients across the state. Allowing full prescriptive authority and codifying legal authority of naturopathic physicians to sign key health documents for patients (disability claims, hospice orders, etc.) increases opportunities for naturopathic physicians to work in community health clinics, hospital systems, and private integrated clinics, all of which currently must bear the costs of dual utilization internally when they bring naturopathic physicians on board.

This proposal would reduce barriers to access to care – particularly to traditionally underserved patients in rural and remote areas and to those of lower socioeconomic status. Naturopathic physicians live and work in 48 of 49 legislative districts in Washington and may be the only healthcare practitioner within a large radius in some of the more rural communities. The burden on patients having to seek care from multiple providers because naturopathic physicians do not legally have full prescriptive or signatory authority (and not because of a lack of competence, training, or safety) can be too much to bear for the most vulnerable among us.

This proposal would save money for patients, for taxpayers and the state, and for private insurers by decreasing dual utilization and duplicative care for no good reason.

This proposal would enable naturopathic physicians to play a larger role in helping to address behavioral health concerns of patients both by allowing them to prescribe life-saving medications like benzodiazepines for alcohol use disorder or buprenorphine for opioid use disorder and by allowing them authority to work with patients to safely taper use of controlled substances.

The public would be well-served by having access to additional competent and attentive prescribers to help address a full range of mental health conditions – from ADHD to panic disorder. These conditions are routinely diagnosed and managed in the primary care setting, and forcing a traumatized or struggling patient to have care delayed while they wait to be seen by a specialist or another type of provider with advanced prescriptive authority is frankly cruel and not in the best interest of either the individual patient or of the society in which they live.

3.) What is the minimum level of education and training necessary to perform the new skill or service based on objective criteria?

A review of Washington State statutes pertaining to opioid and other prescribing reveals a wide range when trying to establish an objective minimum level of education and training necessary to perform the increased scope we are seeking.

In Washington, the following healthcare professionals have authority to prescribe some or all controlled substances: medical doctor, osteopath, naturopathic physician, podiatrist, dentist, nurse practitioner, physician assistant, and optometrist.

When it comes to foundational training in these fields, a search of the curricula of local programs for each demonstrates the following: Bastyr University offers a 4-year Doctor of Naturopathic Medicine (ND) program totaling 300 credit hours – 13.5 of which are specifically related to pharmacology.³³ The University of Washington School of Medicine offers a 4-year Medical Doctor (MD) program totaling 288 credit hours.³⁴ Accredited colleges of podiatric medicine offer a 4-year Doctor of Podiatric Medicine (DPM) program totaling 173.5 credit hours – 8 of which appear to be specifically related to pharmacology.³⁵ Pacific University in Oregon offers a 4-year Doctor of Optometry (OD) program totaling 128 credit hours – 5 of which appear to be specifically related to pharmacology.³⁶ The University of Washington School of Dentistry offers a 4-year DDS program with 1 course that appears to be specifically related to pharmacology.³⁷ The University of Washington School of Nursing offers a 3-year Doctor of Nursing Practice – Family Nurse Practitioner (DNP) program totaling 93 credit hours – 5 of which appear to be specifically related to pharmacology.³⁸ The University of Washington Physician Assistant (PA) program offers a 2-year program totaling 162 credit hours – 6 of which appear to be specifically related to pharmacology.³⁹ Based on publicly available program descriptions, it appears two of these professions require additional training through formal residency post-graduation. Others may have residencies available, but they do not appear to be required for licensure.

³³ <https://bastyr.smartcatalogiq.com/en/2023-2024/academic-catalog/school-of-naturopathic-medicine/graduate-programs/doctor-of-naturopathic-medicine/>

³⁴ [https://www.washington.edu/students/genocat/program/S/school_medicine.html#:~:text=Medical%20School%20Curriculum%20\(For%20students%20entering%202022%20or%20after\),three%20phases%2C%20totaling%20288%20credits.&text=The%20first%2018%20months%20of%20the%20medical%2Dstudent%20curriculum%20start,two%2Dweek%20clinical%20imersion%20course.](https://www.washington.edu/students/genocat/program/S/school_medicine.html#:~:text=Medical%20School%20Curriculum%20(For%20students%20entering%202022%20or%20after),three%20phases%2C%20totaling%20288%20credits.&text=The%20first%2018%20months%20of%20the%20medical%2Dstudent%20curriculum%20start,two%2Dweek%20clinical%20imersion%20course.)

³⁵ <https://www.samuelmerritt.edu/catalog/curriculum-overviews#Podiatric%20Medicine>

³⁶ <https://www.pacificu.edu/optometry-od/curriculum>

³⁷ <https://dental.washington.edu/course-catalog/view-courses-year/>

³⁸ <https://students.nursing.uw.edu/wp-content/uploads/2022/06/DNP-FNP-2022-Curriculum-Grid.pdf>

³⁹ <https://familymedicine.uw.edu/medex/pa-program/curriculum/didactic-year/>

Comparison of core program length, total credits, pharmacology-specific credits, and residency requirement.

<i>Program</i>	Program length	Total credits	Pharm-specific credits	Residency required
<i>ND</i>	4 years	300	13.5	No
<i>MD</i>	4 years	288	Unk	Yes
<i>DPM</i>	4 years	173.5	8	Yes
<i>OD</i>	4 years	128	5	No
<i>DDS</i>	4 years	Unk	Unk (1 course)	No
<i>DNP-FNP</i>	3 years	93	5	No
<i>PA</i>	2 years	162	6	No

To prescribe opioids, a physician (MD or DO), podiatrist (DPM), or physician assistant (PA) in Washington State must complete a one-time 1-hour training in best practices of opioid prescribing and the rules pertaining their respective scopes of practice.⁴⁰ A dentist in Washington State must complete a one-time 3-hour training regarding best practices in opioid prescribing and rules pertaining to their scope.⁴¹ A nurse practitioner in Washington State may apply for prescriptive authority (which includes opioids) on demonstrating completion of 30 contact hours of education in pharmacology (not specifically in opioids).⁴² An optometrist (OD) in Washington State may apply for certification by the optometry board to use pharmaceuticals after demonstrating 60 hours in general and ocular pharmacology (not specific to opioids).⁴³ [Note: With the passage of the MATE Act, all of these provider types (including naturopathic physicians) now have to complete a one-time 8-hour training in opioid use disorders in order to obtain or renew a DEA registration.]

We submit that the training already in place for naturopathic physicians is in line with or superior to the minimum level of education and training necessary for this increased scope based on comparison to other professions that already have this scope.

4.) Explain how the proposal ensures practitioners can safely perform the new skill or service.

As proposed, Senate Bill 5411⁴⁴ ensures practitioners can safely perform this increased scope of practice through Section 2, which requires any naturopathic physicians who prescribe controlled substances to register with the Department of Health to access the Prescription Monitoring Program (PMP) and which requires the regulatory board to establish education and training requirements

⁴⁰ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-875&pdf=true>;
<https://app.leg.wa.gov/WAC/default.aspx?cite=246-922-685&pdf=true>; <https://app.leg.wa.gov/WAC/default.aspx?cite=246-918-825&pdf=true>

⁴¹ <https://app.leg.wa.gov/wac/default.aspx?cite=246-817-909>

⁴² <https://app.leg.wa.gov/wac/default.aspx?cite=246-840>

⁴³ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-851-400&pdf=true>

⁴⁴ <https://lawfilesexst.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Bills/5411.pdf?q=20230817161356>



related to prescribing legend drugs and controlled substances. Only those naturopathic physicians who meet the education and training requirements spelled out by the regulatory board would be allowed to prescribe additional controlled substances.

While not explicitly mentioned in SB 5411, all healthcare professionals are subject to the Uniform Disciplinary Act⁴⁵, which prohibits any healthcare provider (including naturopathic physicians) from incompetence, negligence, or malpractice. Providing any care that the practitioner is not fully trained to competence to provide would be grounds for discipline under this Act.

5.) Explain how the current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

While this increased scope would be new for Washington-licensed naturopathic physicians, all accredited naturopathic medical schools in North America train students to the most advanced scope of practice in the country. Therefore, the current education and training has adequately prepared naturopathic physicians for this increased scope for many years.

The Council on Naturopathic Medical Education (CNME) is recognized by the U.S. Department of Education as the accrediting body for naturopathic medical programs. Per its *Handbook of Accreditation for Naturopathic Medicine Programs*⁴⁶, eligibility criteria include the requirement that an accredited naturopathic medical program “is residential, consists of a minimum of four academic years, and requires a minimum of 4,100 clock hours, including a minimum of 1,200 hours devoted to clinical training.”

Additionally: “The academic component provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:

1. Biomedical sciences, including anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program
2. Environmental and public health, including epidemiology, immunology and infectious diseases
3. Pharmacology and pharmacognosy
4. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses

⁴⁵ <https://app.leg.wa.gov/RCW/default.aspx?cite=18.130>

⁴⁶ <https://cnme.org/wp-content/uploads/2022/08/CNME-Handbook-of-Accreditation-August-2022-Edition.pdf>



5. Therapeutic subject matter/courses, including botanical medicine, homeopathy, emergency and legend drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery
6. Clinical subject matter/courses, including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology, and hematology”

In terms of coverage of controlled substances in the current curriculum at several accredited naturopathic medical schools, the deans at Bastyr University in Washington and California, National University of Natural Medicine (NUNM) in Oregon, and Sonoran University of Health Sciences in Arizona provided information on each of their specific programs.

Bastyr University

Kristina Conner, ND, MSOM, Dean of the School of Naturopathic Medicine at Bastyr University in Kenmore, WA, and San Diego, CA, provided the following information on the required courses relating to controlled substances there:

1. BC 6112 Medical Pharmacology
 - a. Required Course, Spring Year 2
 - b. 3.0 credits, 33.0 hours
 - i. This module contains basic principles for the safe and effective use of pharmaceuticals, including mechanism of action and potential adverse effects.
2. BP 6200 Psychopathology
 - a. Required Course, Winter Year 2
 - b. 2.0 credits, 22.0 hours
 - i. This course trains students to assess and diagnose psychological conditions and refer or manage mental health conditions.
3. BP7300 Naturopathic Approaches to Addictions
 - a. Required Course, Fall Year 3
 - b. 6.0 credits, 66.0 hours
 - i. The focus of this course is the assessment, treatment and management of addictions from a naturopathic perspective.
4. NM7332-7335, NM8301 Clinical Pharmacology 1-5
 - a. Required Courses, Years 3-4
 - b. 2.5 credits total, 27.5 hours
 - c. This required course series instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. Each course focuses on a body system, as follows:
 - i. Clinical Pharmacology 1—pain and musculoskeletal system.

1. Includes 2 hours on opioid medications
 - ii. Clinical Pharmacology 2-Nervous System, Mental Health conditions, and Endocrine system
 1. Includes 2 hours on stimulants and 2 hours on anxiolytics which include some controlled substances
 - iii. Clinical Pharmacology 3-Digestive, Cardiovascular, and Respiratory Systems
 - iv. Clinical Pharmacology 4—Eye, Ears, Nose Throat, Renal, and Reproductive Systems
 - v. Clinical Pharmacology 5—Integumentary System
5. Students may manage patients on controlled substances in their required rotations. During their clinical training, they must demonstrate competency in the following areas which may be relevant to controlled substance use and abuse:
- a. Professional Ethics
 - b. Counseling
 - c. Mental status examination
 - d. Diagnosis and management of Mental illness
 - e. Diagnosis and management of Nervous system disorders
 - f. Musculoskeletal exam
 - g. Diagnosis and management of Musculoskeletal conditions, acute
 - h. Diagnosis and management of Musculoskeletal conditions, chronic

In summary, graduates of Bastyr University’s Doctor of Naturopathic Medicine program are trained in the prescription and management of controlled substances. Additionally, they are trained to assess substance use disorders and refer or manage those conditions, as appropriate. Courses span the 4-year curriculum and clinical training.

Admittedly, there was less focus on pharmaceuticals (including controlled substances) at Bastyr University prior to naturopathic scope expansion in Washington in 2005, but the curriculum was soon adjusted to better align with that taught at other accredited naturopathic medical schools once the new scope went into effect. When the new law went into effect, both Bastyr University and the WANP offered training courses on controlled substances and other pharmaceuticals to bring earlier graduates into compliance with the rules established in WACs 246-836-210⁴⁷ and 246-836-211⁴⁸. According to Paul Anderson, ND, Professor of Pharmacology for Bastyr University’s School of Naturopathic Medicine from approximately 2006 to approximately 2012, the pharmacology curriculum has included in depth coverage of controlled substances since at least 2009. In particular, the course syllabi, notes, and slide decks demonstrate coverage of legend drugs as well as coverage of testosterone prescribing and management; pharmaceutical management of pain (including opiates, synthetic opioids, and opiate overdose); opiate cough suppressants; benzodiazepines and barbiturates; other drugs of abuse and

⁴⁷ <https://app.leg.wa.gov/wac/default.aspx?cite=246-836-210>

⁴⁸ <https://app.leg.wa.gov/wac/default.aspx?cite=246-836-211>



misuse; and management of addiction and drug-seeking behaviors. Dr. Conner confirmed this information, adding: “After 2012, course content and syllabi reflect an equal or higher number of hours devoted to pharmacology... [including] the addition of Medical Pharmacology in 2018. That [added] 3 additional credits (33 hours).”

National University of Natural Medicine (NUNM)

Kelly Baltazar, ND, DC, MS, Dean of the College of Naturopathic Medicine at National University of Natural Medicine (NUNM) provided the following information on the required courses in their curriculum⁴⁹ relating to controlled substances:

NUNM’s curriculum is an organ-based block curriculum. Threaded through each of the block courses is content pertaining to therapeutic modalities such as botanical medicine, nutrition, homeopathy, hydrotherapy, practitioner cultivation, evidence-based medicine/evidence-informed practice (EBM/EIP), ethics, and pharmacology. Therefore, in the below information, there are not standalone pharmacology courses but rather an outline of the total credits for the relevant blocks. Within those blocks, NUNM’s core curriculum contains 141.5 required hours of pharmacology.

The following are the required core courses in the curriculum relating to controlled substances and where controlled substances are taught:

1. Therapeutic Modalities II
 - a. Required course, Year 1
 - b. 6.0 credits, 72 hours
 - i. This class explores the history, philosophy, and foundational concepts of pharmacology and explores how this modality is employed as part of a holistic approach to medicine. This class explores the principles of how medications physiologically interact with the body. Students learn major drug classes and start to build knowledge of indications, contraindications and how to prescribe drugs. This class discusses opioids and opioid use disorder.
2. Musculoskeletal Lecture, Tutorial, & Lab
 - a. Required courses, Year 2
 - b. 18.0 credits, 252 hours
 - i. This course explores musculoskeletal-based conditions and implements comprehensive management plans. The course includes pain education and opioids for pain management.
3. Reproductive Systems (Andrology, Gynecology, & Natural Childbirth) Lecture, Tutorial, & Lab
 - a. Required courses, Year 3
 - b. 14.5 credits, 180 hours
 - i. This course discusses Testosterone.
4. Psychology & Mental Health

⁴⁹ https://catalog.nunm.edu/preview_program.php?catoid=7&poiid=177



- a. Required courses, Year 3
- b. 7.0 credits, 84 hours
 - i. This course discusses stimulant medications, benzodiazepines, ketamine, and DEA/PDMP monitoring.

Additionally, each organ-based block instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. These courses are as follows:

1. Year 2 courses
 - a. Cardiology & Pulmonology
 - b. Hematology & Oncology
 - c. Gastroenterology & Proctology
 - d. Urology & Nephrology
 - e. Metabolism & Endocrinology
2. Year 3 courses
 - a. Rheumatology & Immunology
 - b. Eyes, Ears, Nose, Throat (EENT)
 - c. Dermatology & Minor Surgery
 - d. Pediatrics & Geriatrics
 - e. Environmental Medicine & Parenteral Therapy

In addition to the required core courses, students may manage patients on controlled substances during their required clinical rotations or may have exposure to patients being managed on controlled substance during their required 216 preceptorship hours. All students must demonstrate competency in the following areas during their clinical rotations, which may be relevant to controlled substance use and abuse:

1. Pharmacological prescription: total of 12 in at least 8 different condition categories
 - a. The student must demonstrate the ability to prescribe a pharmaceutical medication safely and accurately.
 - b. The student must demonstrate knowledge of the indications and contraindications of the drug, mechanism of action (MOA) for the active ingredient, side effects, potential interactions, and dosage and duration.
 - c. The student must be able to provide justification for the individual prescription along with any available evidence for that use.
 - d. The student must discuss the prescription and any applicable out-of-pocket costs with the patient and complete a PARQ and assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient's questions and needs.
2. Mental Health/Lifestyle Counseling



- a. The student must demonstrate the ability to successfully provide and document counseling for 12 patient visits, including:
 - i. Substance and alcohol use/abuse counseling (ability to identify, treat and/or refer when indicated)
 - ii. Mental health conditions (ability to diagnose, treat and/or refer when indicated)
 - iii. Pain management education

Lastly, all NUNM students are assessed during their primary clinical rotations on the following and are expected to be competent in these areas upon graduating:

1. Coordination of Patient Care Within the Health Care System
2. Medical Records Documentation
3. Communication and Interaction with patients and families
4. Various aspects of Professionalism and Ethics

In summary, NUNM students are trained throughout the curriculum in prescribing and management of controlled substances. They are also trained to understand when appropriate referrals are indicated.

Sonoran University of Health Sciences

Jessica Mitchell, ND, Dean of the College of Naturopathic Medicine at Sonoran University of Health Sciences in Tempe, AZ, provided the following information on the required courses in the curriculum⁵⁰ there related to controlled substances:

1. PHAR 6010, 6020, 6030 Pharmacology and Pharmacotherapeutics I-III
 - a. Required courses, Year 2
 - b. 9.0 total credits, 99 hours
 - i. These courses discuss therapeutic drugs and drugs of abuse including side effects, toxicity, interactions, and contraindications.
2. ERMD 8014 Emergency Medicine
 - a. Required course, Year 3
 - b. 3.0 credits, 33 hours
 - i. Students learn how to manage acute medical conditions including overdose utilizing Advanced Cardiac Life Support and medications.
3. GNMP 7030 General Medical Practice – Endocrinology
 - a. Required course, Year 3
 - b. 2.5 credits, 27.5 hours
 - i. Students learn endocrinology including appropriate use of prescription of hormones.
4. GNMP 8076 General Medical Practice – Geriatrics
 - a. Required course, Year 4

⁵⁰ https://www.sonoran.edu/wp-content/uploads/2022/10/Sonoran-College-of-Naturopathic-Medicine-Fall_Spring-2022-2023-4yr-Program-of-Study-rev.-10-25-22.pdf



- b. 2.0 credits, 22 hours
 - i. Students learn assessment and treatment of geriatric patients including medication management.
5. PSYC 8040 Mind-Body Medicine: Medical Management of Addiction
 - a. Required course, Year 4
 - b. 1.5 credits, 16.5 hours
 - i. This course provides training in caring for people suffering from addiction.

In addition to the required courses listed above, the students have the following requirements and training opportunities:

1. Students take ten additional clinical science courses (e.g. cardiology, neurology, rheumatology, etc.) where pharmaceuticals are discussed as part of the management of disease processes.
2. Sonoran University offers an elective course in Medical Cannabis designed to educate students on the appropriate clinical uses of medical cannabis and the prescribing laws in Arizona.
3. Students obtain 1,232 hours on clinical rotations and a minimum of 500 patient contacts while they are at Sonoran. Naturopathic Physicians in Arizona are licensed as primary care physicians with a large pharmacy scope. Most of our student rotations are family practice which means that many of the patients seen are taking medications and that the supervising physician is prescribing medications where appropriate.
4. Sonoran University has two community clinics, offering 6 clerkship opportunities per week, where substance abuse disorders are common among the participants.

Students in the Naturopathic Medicine program are training as primary care providers to the large scope of practice in Arizona. They are trained in prescription and management of controlled substances and the assessment of substance use disorders.

Post-Graduation Continuing Medical Education

After graduation, naturopathic physicians in Washington are required to maintain competence in their field by completing a minimum of 60 hours of continuing medical education every 2 years. As part of this 60-hour requirement, Washington-licensed naturopathic physicians are required to take a minimum of 15 hours specifically in pharmacology.⁵¹

For comparison to other states where naturopathic physicians have this advanced prescriptive authority: Naturopathic physicians licensed in Oregon have prescriptive authority that includes medications in Schedules II through V. Post-graduation, they are required to obtain 32 hours of continuing education, including 10 hours of pharmacology-specific continuing education, annually and 1 hour of continuing education in pain management every 2 years.⁵² Those licensed in Arizona also have prescriptive authority that includes medications in Schedules II through V. They are required to

⁵¹ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-836-080&pdf=true>

⁵² <https://www.oregon.gov/obnm/Pages/ContinuingEducation.aspx>

obtain 30 hours of continuing education, including 10 hours of pharmacology-specific continuing education, annually.⁵³ Naturopathic physicians licensed in Vermont also have prescriptive authority that includes medications in Schedules II through V and they must complete 30 credits of continuing education every 2 years with no specific requirement for pharmacology credits.⁵⁴

For comparison to other professions in Washington with this advanced prescriptive authority: MDs/DOs⁵⁵ are required to complete 200 hours of continuing education every 4 years, with no specific requirement for pharmacology hours; podiatrists⁵⁶ and PAs⁵⁷ are required to complete 100 hours of continuing education every 2 years, with no specific requirement for pharmacology hours; optometrists are required to complete 50 hours of continuing education every 2 years, with no specific requirement for pharmacology hours; ARNPs/DNPs⁵⁸ with prescribing rights are required to complete 45 hours of continuing education every 2 years, including 15 hours of pharmacology; and dentists⁵⁹ are required to complete 63 hours of continuing education every 3 years, with no specific requirement for pharmacology hours.

Comparison of continuing education credit requirements in Washington.

<i>Profession</i>	Total requirement	Average annual credits	Pharm-specific credits
<i>MD</i>	200/4 years	50	N/A
<i>DPM</i>	100/2 years	50	N/A
<i>PA</i>	100/2 years	50	N/A
<i>ND</i>	60/2 years	30	15/2 years (7.5/year)
<i>OD</i>	50/2 years	25	N/A
<i>DNP-FNP</i>	45/2 years	22.5	15/2 years (7.5/year)
<i>DDS</i>	63/3 years	21	N/A

6.) Is an increase in education and training necessary? If so, are the approved educational institutions prepared to incorporate the increase?

As indicated above, the accredited naturopathic medical schools have been ensuring competence to the proposed scope for many years based on the advanced prescriptive authority and practice of licensed naturopathic physicians in several other states. Since a Sunrise Review was completed on this same topic in December 2014, the continuing competency program for Washington-licensed

⁵³ https://apps.azsos.gov/public_services/Title_04/4-18.pdf

⁵⁴ <https://legislature.vermont.gov/statutes/section/26/081/04130>

⁵⁵ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-430&pdf=true>

⁵⁶ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-922-300&pdf=true>

⁵⁷ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-918-180&pdf=true>

⁵⁸ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-361&pdf=true>;

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-450&pdf=true>

⁵⁹ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-817-440&pdf=true>



naturopathic physicians has been overhauled to better align with that of other advanced scope health professions. At this time, we submit that the groundwork has already been laid for this increased scope for naturopathic physicians in Washington State and that no increase in training or education is immediately necessary to approve this proposal.

That said, the proposal does defer to the state regulatory board of naturopathy for rule-making and there may be additional training or educational requirements put in place by that body. We have secured a commitment from leadership at Bastyr University to work with us, the regulatory board, and the consortium of accredited naturopathic medical schools to incorporate any additional requirements established by our board.

7.) How does the proposal ensure that only qualified practitioners are authorized to perform the expanded scope of practice?

In 2005, when naturopathic physicians gained legal authority to prescribe codeine and testosterone products in Schedules III through V, rules were written to ensure that only qualified practitioners were authorized to prescribe these limited controlled substances. Specifically, WAC 246-836-210 and 246-836-211 require authorization by the regulatory Board to prescribe controlled substances:

WAC 246-836-210:

“(3) Prior to being allowed to administer, prescribe, dispense, or order controlled substances, a naturopathic physician must meet the requirements in WAC [246-836-211](#) and have obtained the appropriate registration issued by the Federal Drug Enforcement Administration.”

WAC 246-836-211:

“(1) Upon approval by the board, naturopathic physicians may obtain a current Federal Drug Enforcement Administration registration. The board may approve naturopathic physicians who have:

- (a) Provided documentation of a current Federal Drug Enforcement Administration registration from another state; or
- (b) Submitted an attestation of at least four hours of instruction. Instruction must be part of a graduate level course from a school approved under chapter [18.36A](#), 18.71, 18.57, or [18.79](#) RCW. Instruction must include the following:
 - (i) Principles of medication selection;
 - (ii) Patient selection and therapeutics education;
 - (iii) Problem identification and assessment;
 - (iv) Knowledge of interactions, if any;
 - (v) Evaluation of outcome;
 - (vi) Recognition and management of complications and untoward reactions; and
 - (vii) Education in pain management and drug seeking behaviors.”



Only naturopathic physicians who complete and attest to the training spelled out by the regulatory board in WAC 246-836-211 above receive an “authorization for DEA registration” on their licenses. Without this “authorization for DEA registration” documented directly on their Naturopathic Physician License in Washington, a naturopathic physician cannot obtain a DEA registration for Washington State. Without a DEA registration in Washington State, it is illegal for a naturopathic physician to prescribe any controlled substances for patients in the State of Washington.

These rules remain in place under the current proposal, and the current proposal allows an opportunity by the regulatory Board of Naturopathy to impose additional training and educational requirements if necessary. The current proposal establishes that “a naturopathic physician may prescribe and administer drugs pursuant to subsection (1) of this section only if he or she satisfies the education and training requirements established by the board.”

8.) If there are other factors in RCW 18.120.030 relevant to the proposal, please address them in detail.

We submit that naturopathic physicians are highly committed to protecting the public from harm based on their training and foundational philosophy, which directs naturopathic doctors to use the lowest force effective intervention⁶⁰. Additionally, there are already rules in place to ensure that the public is protected from harm by requiring authorization by the regulatory Board of Naturopathy to prescribe controlled substances, and this proposal includes an ability by the Board to implement additional training and educational requirements for naturopathic physicians seeking to utilize advanced prescriptive authority.

This profession has been licensed and regulated as “naturopathic physicians” in Washington since 1987. Naturopathic doctors have practiced autonomously and responsibly since then. Recognized in statute as both primary care providers and physicians, they have legal authority to supervise registered nurses⁶¹, licensed practical nurses⁶², medical assistants⁶³, and colon hydrotherapists⁶⁴. They have safely prescribed all legend drugs and limited controlled substances since 2005. Their core and continuing education has advanced over the years. Naturopathic physicians are already responsible for life and death decisions in daily patient care – managing multiple potentially deadly medications (e.g. insulins, blood thinners, anti-hypertensives, antidepressants), deciding when to refer a patient out for specialized care, and understanding the difference between something that can wait and something that requires immediate attention. The generally low costs of malpractice insurance for the

⁶⁰ <https://aanmc.org/naturopathic-medicine/>

⁶¹ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260>

⁶² <https://app.leg.wa.gov/RCW/default.aspx?cite=18.79.270>

⁶³ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.360&full=true#18.360.010>

⁶⁴ <https://app.leg.wa.gov/RCW/default.aspx?cite=18.36A.095&pdf=true>



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naturopathic profession speak to the relative safety and competent care naturopathic physicians provide.

We hope we have made the case above that the education, training, and professional ability of naturopathic physicians to safely perform this increased scope meets or exceeds the training of other healthcare practitioners in Washington who currently enjoy the scope of practice we are seeking.

We also hope that we have demonstrated that this proposal would increase access, improve continuity of care, and reduce costs – for individual patients, healthcare employers, insurance carriers, taxpayers, and the state – by reducing unnecessary dual utilization and allowing naturopathic doctors to provide the full breadth of care they are trained and licensed to provide.

Appendix C - Additional Practice and Education Information

From: MEDEX NW Clinical <medexcln@uw.edu>
Sent: Friday, May 10, 2024 12:09 PM
To: Thomas, Sherry (DOH) <Sherry.Thomas@DOH.WA.GOV>
Subject: Re: PA clinical training hours

External Email

Hi Sherry,

The average student should be completing about 1600 hours of clinicals during their clinical year.

Sincerely,
Kai Weng
Program Coordinator
MEDEX Northwest
Department of Family Medicine | UW School of Medicine
University of Washington
4311 11th Ave. NE, Suite 200
Box 354980
Seattle, WA, 98105-6367
wenny@uw.edu
Pronouns: he/him

From: Thomas, Sherry (DOH) <Sherry.Thomas@DOH.WA.GOV>
Date: Friday, May 10, 2024 at 11:49 AM
To: MEDEX NW Clinical <medexcln@uw.edu>
Subject: RE: PA clinical training hours

Yes, please

From: MEDEX NW Clinical <medexcln@uw.edu>
Sent: Friday, May 10, 2024 11:48 AM
To: Thomas, Sherry (DOH) <Sherry.Thomas@DOH.WA.GOV>
Subject: Re: PA clinical training hours

External Email

Hi Sherry,

I was forwarded your email from our admission team. Are you asking how much clinical hours an average student should go through during clinical year?

Sincerely,
Kai Weng
Program Coordinator
MEDEX Northwest
Department of Family Medicine | UW School of Medicine
University of Washington
4311 11th Ave. NE, Suite 200
Box 354980
Seattle, WA, 98105-6367
wenny@uw.edu
Pronouns: he/him

From: MEDEX NORTHWEST <medex@uw.edu>
Date: Friday, May 10, 2024 at 10:48 AM
To: MEDEX NW Clinical <medexcln@uw.edu>
Subject: Fwd: PA clinical training hours

Hi Clinical Team,

Are you able to advise on the following question?

Thank you,

Admissions Team
MEDEX Northwest Physician Assistant Program
University of Washington, Department of Family Medicine
medex@uw.edu
[Book an Admissions 1:1 Advising Session](#)
<http://depts.washington.edu/medex/>

 Facebook  Instagram  Twitter

Begin forwarded message:

From: "Thomas, Sherry (DOH)" <Sherry.Thomas@DOH.WA.GOV>

Subject: PA clinical training hours

Date: May 8, 2024 at 5:03:05 PM PDT

To: "medex@uw.edu" <medex@uw.edu>

Hi there,

I'm working on a study that includes clinical education of MDs, PAs, and ARNPs. I've pulled information on your PA clinical rotations that has been really helpful. However, I'm wondering if you have an estimated number of hours that are included in the clinical year of the PA program?

Thanks for any assistance you can provide.

Sherry Thomas

Pronouns: She/Her

Regulatory Analyst

Office of the Assistant Secretary

Health Systems Quality Assurance

Washington State Department of Health



The Honorable Umair Shah, MD, MPH
Washington State Secretary of Health
Washington State Department of Health
PO Box 47890
Olympia, WA 98504-7890

11.20.23

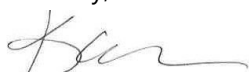
Dear Dr. Shah,

I am writing in support of Senate Bill 5411, to include prescribing schedules II-V of the Uniform Controlled Substances Act in the scope of the practice for naturopathic physicians in Washington. It is this provision within the requested changes that I would like to address directly.

I affirm that the level of training obtained by graduates of the Doctor of Naturopathic Medicine program at Bastyr University meets similar requirements as other healthcare practitioners who already hold this prescriptive authority. The Doctor of Naturopathic Medicine program includes 300 credits, which equates to over 4200 hours. In reviewing the information that I provided to the Washington Association of Naturopathic Physicians for their application packet, I noticed several corrections that need to be made. I am attaching an updated letter that outlines the content related to pharmacology and patient management related to controlled substances. In this updated letter, which is current for the 2023-24 academic year, 12.65 of total curricular credits (141.75 hours of classroom time) are dedicated to training in this subject area. Courses are comprehensive, covering all medication categories and body systems. In addition to these classroom hours, students provide medication management in a supervised setting throughout their 1204 hours of clinical training. In keeping with their role as future primary care providers, students also learn how to assess, manage, and refer substance use disorders. As public safety is a concern shared by both naturopathic medical programs and regulatory bodies, it may be reassuring to know that standards regarding safe practices are emphasized at every level of the student's education.

In summary, the naturopathic physician's education in pharmacology, pharmaceutical management, and substance use disorders enables graduates to manage the use of medications safely and competently, including the use of controlled substances. Please feel free to contact me if there is any further information that I can provide. Thank you for your consideration.

Sincerely,



Kristina Conner, ND, MSOM
kconner@bastyr.edu
Dean, School of Naturopathic Medicine, Bastyr University

1.6.23 revised 11.20.23

Angela Ross, ND

Executive Director, Washington Association of Naturopathic Physicians

Hello Dr. Ross,

Thank you for the opportunity to provide information on Bastyr University's Doctor of Naturopathic Medicine Program. The following are the required courses in the curriculum relating to Controlled Substances.

1. BC 6112 Medical Pharmacology
 - a. Required Course, Spring Year 2
 - b. 3.0 credits, 33.0 hours
 - i. This module contains basic principles for the safe and effective use of pharmaceuticals, including mechanism of action and potential adverse effects.
2. BP 6200 Psychopathology
 - a. Required Course, Winter Year 2
 - b. 2.0 credits, 22.0 hours
 - i. This course trains students to assess and diagnose psychological conditions and refer or manage mental health conditions.
3. BP7300 Naturopathic Approaches to Addictions
 - a. Required Course, Fall Year 3
 - b. 2.0 credits, 22.0 hours
 - c. The focus of this course is the assessment, treatment and management of addictions from a naturopathic perspective.
4. NM 7326 and NM8310 Medical Procedures 1 and 2 Lecture/Lab
 - a. Required Courses, Years 3-4
 - b. 4.0 credits, 66.0 hours, 0.5 credits or 8.25 hours of which is pharmacology content
 - i. These courses include instruction on medications used in medical procedures
5. NM 7355-7364, NM 8300, NM 8316-8319 Clinical Therapeutics and Advanced Topics Courses
 - a. Required Courses, Years 3-4
 - b. 26.5 credits, 291.5 hours, 2.65 credits or 29 hours of which is pharmacology content
 - i. These courses include instruction on medications for each system/ specialty
6. NM7332-7335, NM8301 Clinical Pharmacology 1-5
 - a. Required Courses, Years 3-4
 - b. 2.5 credits total, 27.5 hours
 - c. This required course series instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. Each course focuses on a body system, as follows:
 - i. Clinical Pharmacology 1—pain and musculoskeletal system.
 1. Includes 2 hours on opioid medications
 - ii. Clinical Pharmacology 2-Nervous System, Mental Health conditions, and Endocrine system
 1. Includes 2 hours on stimulants and 2 hours on anti-anxiolytics which include some controlled substances

- iii. Clinical Pharmacology 3—Digestive, Cardiovascular, and Respiratory Systems
 - iv. Clinical Pharmacology 4—Eye, Ears, Nose Throat, Renal, and Reproductive Systems
 - v. Clinical Pharmacology 5—Integumentary System
7. Students may manage patients on controlled substances in their required rotations. During their clinical training, they must demonstrate competency in the following areas which may be relevant to controlled substance use and abuse:
- a. Professional Ethics
 - b. Counseling
 - c. Mental status examination
 - d. Diagnosis and management of Mental illness
 - e. Diagnosis and management of Nervous system disorders
 - f. Musculoskeletal exam
 - g. Diagnosis and management of Musculoskeletal conditions, acute
 - h. Diagnosis and management of Musculoskeletal conditions, chronic

In summary, graduates of Bastyr University's Doctor of Naturopathic Medicine program are trained in the prescription and management of controlled substances. Additionally, they are trained to assess substance use disorders and refer or manage those conditions, as appropriate. Courses span the 4- year curriculum and clinical training.

Please let me know if I can provide any further information.

Sincerely,



Kristina Conner, ND, MSOM
Dean, School of Naturopathic Medicine
kconner@bastyr.edu

From: Layman, Lauren <Lauren.Layman@vermont.gov>
Sent: Friday, March 29, 2024 7:53 AM
To: Richter, Marianne M (DOH) <Marianne.Richter@doh.wa.gov>
Cc: Thomas, Sherry (DOH) <Sherry.Thomas@DOH.WA.GOV>
Subject: RE: Contact form completion - Subject: Scope of Practice, Profession: Naturopathic Physicians

External Email

Hi, Marianne,

I very much appreciate and understand the need for a pause in research during the legislative session! We're in the thick of it over here as well.

You are correct that Title 26 of Vermont law authorizes naturopathic physicians to prescribe any drug subject to FDA regulation, including all controlled substances (called "regulated drugs" in Vermont), limited only by the naturopathic physician practicing within their scope of practice. You are also correct that Title 18 seems to contradict this authorization, since it doesn't include naturopaths as a profession that can "possess and control" regulated drugs.

OPR has concluded that, until and unless the statutes are clarified, naturopathic physicians are authorized to possess and control all regulated drugs to the extent doing so is within the naturopathic physician's education, training, and experience. (*See* 3 V.S.A. Sec. 129a(a)(7) – making it unprofessional conduct for a licensed professional to practice outside their experience and training regardless of what the license authorizes.) This conclusion is based on when the statutes were adopted: the Title 18 prohibition was adopted in 1968, way before the naturopathic physician authorization to prescribe was adopted in 2011. The more recent statute is indicative of current legislative intent, thereby giving greater weight to the authority for naturopaths to be able to prescribe all regulated drugs (within scope). Further, a dispute arose when our state legislature considered rules implementing the naturopath prescribing authority and the news articles detailing the dispute indicate that the legislature and the Commissioner of Health intended for naturopaths to be able to prescribe all regulated drugs (within scope). We've also spoken with our Department of Health about this interpretation and they have not formally disputed naturopathic physician's authority to prescribe all regulated drugs (within scope). The Legislature has not yet been inclined to provide any clarification, either.

I hope that's helpful. It's not the cleanest statutory and regulatory authority, but we do allow naturopaths to prescribe all regulated substances at this time, as long as doing so is within their training and education.

Please let me know if I can be of further assistance!

Best,
Lauren

Lauren K. Layman, General Counsel
Pronouns: she/her
Office of Professional Regulation
Vermont Secretary of State

89 Main Street, 3rd Floor
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From: [MEDICINE Naturopathic * OBNM](#)
To: [Richter, Marianne M \(DOH\)](#); [MEDICINE Naturopathic * OBNM](#)
Cc: [Thomas, Sherry \(DOH\)](#)
Subject: RE: Questions for WA State Sunrise Review Process
Date: Wednesday, April 17, 2024 1:48:04 PM
Attachments: [image002.png](#)
[image003.png](#)

External Email

Hi Marianne,
See answer below in red

Thank you,

Robin Crumpler
Administrative Specialist 2
Oregon Board of Naturopathic Medicine
800 NE Oregon Street, Suite 407
Portland, OR 97232
971/673-0193
Naturopathic.Medicine@obnm.oregon.gov

Please also take a moment to fill out the **OBNM customer satisfaction** [survey](#).

From: Richter, Marianne M (DOH) <Marianne.Richter@doh.wa.gov>
Sent: Wednesday, April 17, 2024 11:56 AM
To: MEDICINE Naturopathic * OBNM <Naturopathic.Medicine@obnm.oregon.gov>
Cc: Thomas, Sherry (DOH) <Sherry.Thomas@DOH.WA.GOV>
Subject: Questions for WA State Sunrise Review Process

You don't often get email from marianne.richter@doh.wa.gov. [Learn why this is important](#)

Hello,

I am doing research on behalf of Washington Department of Health as we complete a Sunrise Review to consider whether Naturopathic Doctors should have expanded scope of practice here in Washington. I am looking for the following information:

1. Is there a place where I can find the number of Naturopathic Doctor licensees in Oregon? **The only way to do that is to order a list or ask me at the present time we have 1213 active licensee**

2. Is it possible to find the number of Naturopathic Doctors who have prescriptive authority in Oregon? **All active licensee have prescriptive authority**
3. And is this where all the disciplinary cases can be found? Is there any information available on disciplinary cases specific to issues with prescribing?

<https://www.oregon.gov/obnm/Pages/Discipline.aspx>

We don't have a list of ND's that have been disciplined for prescribing. The link you are referring to is discipline after February 2017, which states that on the webpage. You can go to the license lookup/verification page but you will need an ND name to search

<https://obnm.us.thentiacloud.net/webs/obnm/register/#>

Any information is very helpful and incredibly appreciated! Let me know if there is any additional information you need from me.

Thank you,

Marianne Richter, MPH, MOT (written pronunciation) 

Pronouns: She/Hers

Policy Analyst

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Deaf or hard of hearing call 711



Detailed Information on Training of Professions with Full Prescriptive Authority

Allopathic and Osteopathic Physicians

Allopathic physicians (MD) and osteopathic physicians (DO) have the broadest scopes of practice of any health care provider. The practice of medicine includes the authority to diagnose, cure, advise, or prescribe for any human disease, ailment, injury by any means or instrumentality, administering or prescribing drugs or medicinal preparations, and severing or penetrating human tissues.¹ The practice of osteopathic medicine and surgery means the use of any and all methods in the treatment of disease, injuries, deformities, and all other physical and mental conditions in and of human beings, including the use of osteopathic manipulative therapy.²

MD and DO licensure require:

- Graduation from an accredited or approved medical school or accredited school of osteopathic medicine and surgery.^{3,4}
- Completion of a one-year residency for DOs or a two-year residency for MDs.^{5,6}
- Passage of all steps of the United States Medical License Examination (USMLE) or the Licentiate of the Medical Council of Canada (LMCC) for MDs, or passage of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) or Parts I, II, and III of the exam administered by the National Board of Osteopathic Medical Examiners (NBOME) for DOs.^{7,8,9,10,11}

The department is providing information from the University of Washington School of Medicine (UW) to illustrate specific requirements. Admission to medical school requires a two-step application process followed by an interview to review applicants for competitiveness.

Prerequisites for admissions include:

- An undergraduate degree;
- Coursework in social sciences/humanities, 1 year in biology, 2 years in chemistry/biochemistry, 1 year in physics; and

¹ [RCW 18.71.011.](#)

² [RCW 18.57.001\(4\).](#)

³ WAC 246-853-085.

⁴ WAC 246-919-320.

⁵ WAC 246-853-030.

⁶ WAC 246-919-330.

⁷ RCW 18.71.050(1)(d).

⁸ WAC 246-919-360.

⁹ WAC 246-919-330.

¹⁰ RCW 18.57.020.

¹¹ WAC 246-853-020.

- Passage of the Medical College Admission Test® (MCAT®) to assess their knowledge of natural and social sciences concepts, critical thinking, and scientific problem-solving skills required to begin the study of medicine.^{12,13}

The UW curriculum includes three phases: the first 18 months is the Foundations phase, the next 12 months are the Patient Care phase, and the next 15 months are the Explore and Focus phase (required advanced patient care, emergency medicine, neurology and elective clinical training).¹⁴ Pharmacology training is integrated throughout the first two years of foundational training, known as integrated scientific threads - pharmacology, pathology, anatomy, and embryology.¹⁵

Clerkships are required in phase 2 and include: family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, and surgery.¹⁶ Students participate in these clinical experiences across locations, including both urban and rural settings.¹⁷ Medical school approval requires programs to include clinical instruction in hospital wards and outpatient clinics.¹⁸ Phase 3 clinical clerkships are required to include advanced patient care, emergency medicine, and neurology/neurosurgery.¹⁹

Each rotation at the UW School of Medicine includes specific patient encounters and procedures. For example, some of the family medicine clerkship objectives include:²⁰

- Gaining insight into psychological, social, and cultural factors that affect health;
- Caring for all of a patient’s needs, including acute care, chronic illness care, and preventive care;
- Comprehensive care throughout the patient’s lifetime;
- Creation of evidence-based treatment plans in collaboration with patients and families; and
- Coordination and collaboration with specialists and other healthcare professionals.

¹² “Pre-Medical Course Requirements,” UW Medicine, accessed May 14, 2024,

<https://www.uwmedicine.org/school-of-medicine/md-program/admissions/course-requirements>.

¹³ “MCAT Requirement,” UW Medicine, accessed May 19, 2024, <https://www.uwmedicine.org/school-of-medicine/md-program/admissions/mcat#:~:text=Applicants%20must%20submit%20scores%20from%20the%202021%202022%2C,beyond%20we%20have%20returned%20to%20our%20original%20policy>.

¹⁴ “M.D. Program,” UW Medicine, accessed May 14, 2024, <https://www.uwmedicine.org/school-of-medicine/md-program>.

¹⁵ “Curriculum,” UW Medicine, accessed May 14, 2024, <https://www.uwmedicine.org/school-of-medicine/md-program/curriculum>.

¹⁶ “Curriculum,” UW Medicine, accessed May 19, 2024, <https://www.uwmedicine.org/school-of-medicine/md-program/curriculum>.

¹⁷ “Curriculum.”

¹⁸ “Curriculum.”

¹⁹ RCW 18.71.055(3).

²⁰ “Phase 3: Explore & Focus,” UW Medicine, accessed May 19, 2024,

<https://education.uwmedicine.org/curriculum/by-phase/clinical/explore-and-focus/>.

²¹ “Syllabus: University of Washington Family Medicine Clerkship (FMC),” Curriculum, UW Medicine Family Medicine, accessed May 19, 2024, <https://familymedicine.uw.edu/wp-content/uploads/2024/03/FMC-Syllabus-2024-2025.pdf>.

The psychiatry clerkship requires exposure to patients with psychotic disorders, mood disorders, anxiety disorders, suicidal ideations, and many other areas.²¹

After graduation, physicians must pass a standardized, three-part licensing exam (USMLE, COMLEX) to ensure the student is prepared for independent practice. They are then required to complete two years of postgraduate medical training in general medicine or surgery, or a specialty or subspecialty in the field of medicine or surgery as recognized by the American Board of Medical Specialties.²² For example, the UW School of Medicine internal medicine residency program states that residents rotate through several sites, including UW Medical Center, the Seattle VA hospital, Harborview Medical Center, clinics, other regional medical centers, etc., to experience highly varied patient populations, medical and social problems, and healthcare environments.²³

Physician Assistants

Physician assistants (PA) work under a practice agreement with a physician or group of physicians, one of whom must work in a supervisory capacity. PAs are authorized to prescribe, order, administer and dispense legend drugs and Schedule II-V controlled substances. If a supervising or alternate physician's prescribing privileges are restricted, the physician assistant will be deemed similarly restricted. The PA scope of practice is limited by education, training, experience, and supervising physician's area of medicine and surgery.²⁴

Licensure as a physician assistant (PA) requires graduation from an accredited commission-approved PA program and passage of the National Commission on Certification of Physician Assistants (NCCPA) examination.²⁵

The University of Washington MEDEX Northwest Physician Assistant Program requires two primary components of the curriculum: classroom (didactic) phase and the clinical phase. Each section spans approximately one year, including an additional quarter of material preparing them for advanced clinical and leadership roles, for a total of 27 months and 162 credits.²⁶

Applicants to the program must have a bachelor's degree from a regionally accredited college or university in the U.S. or an equivalent degree from an accredited foreign institution; coursework of 40 quarter credits of basic sciences and English;²⁷ and a minimum of 2,000 hours

²¹ "Medical School Education in Psychiatry," UW Medicine, Accessed May 13, 2024, <https://medstudent.psychiatry.uw.edu/clerkship/psychiatry-clerkship-requirements/>.

²² WAC 246-919-330(1).

²³ "Clinical Sites," Internal Medicine, UW Medicine, accessed May 13, 2024, <https://uwmedres.uw.edu/about/locations>.

²⁴ RCW 18.71A.120.

²⁵ WAC 246-918-080.

²⁶ "Curriculum," UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 14, 2024, <https://familymedicine.uw.edu/medex/pa-program/curriculum/>.

²⁷ "Academic Prerequisites," UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 14, 2024, <https://familymedicine.uw.edu/medex/applicants/academic-prerequisites/>.

of paid, direct, hands-on clinical patient care experience.²⁸ Basic science course prerequisites are: two courses in human anatomy and physiology, one course in general biology, one course in microbiology, one course in chemistry, and one course in statistics.²⁹

The didactic year begins with a basic science review, which integrates material across courses using an organ-system approach. For example, the respiratory physical exam and specific history-taking techniques are taught during the same week as the respiratory pathophysiology content. Later in the year, the content for the Adult Medicine, Patient Management (pharmacology) and Emergency Medicine coursework is similarly integrated.³⁰

All major body systems are taught once in anatomy and physiology and repeated in the basic clinical skills and pathophysiology courses.³¹ In winter and spring, body systems are studied in blocks across the courses so that the content of each course is reinforced in the other courses.³²

The second year of the program is clinical, made up of seven required rotations.³³ These six one-month exposures are known as clerkships.³⁴ The clerkships are further broken down into the required rotations: behavioral medicine, emergency medicine, surgery, inpatient, underserved populations, and one elective.³⁵ The core clinical placement, called the preceptorship, runs for four months usually in a family medicine environment.³⁶ According to the MEDEX Northwest Program Coordinator, clinical training equals approximately 1,600 hours.³⁷

Advanced Registered Nurse Practitioners

Advanced registered nurse practitioners (ARNP) have a broad scope of practice that includes prescriptive authority for Schedule II-V controlled substances when granted that authority by the Washington State Board of Nursing (WABON).³⁸

Licensure requirements include:³⁹

²⁸ “Applicants,” UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 13, 2024, <https://familymedicine.uw.edu/medex/applicants/>.

²⁹ “Academic Prerequisites.”

³⁰ “Curriculum,” UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 14, 2024, <https://familymedicine.uw.edu/medex/pa-program/curriculum/>.

³¹ “Didactic Year,” UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 14, <https://familymedicine.uw.edu/medex/pa-program/curriculum/didactic-year/>.

³² “Didactic Year.”

³³ “Clinical Year,” UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 19, 2024.

³⁴ “Clinical Year.”

³⁵ “Clinical Year.”

³⁶ “Curriculum,” UW Medicine MEDEX NORTHWEST Physician Assistant Program, accessed May 13, 2024, <https://familymedicine.uw.edu/medex/pa-program/curriculum/>.

³⁷ Kai Weng, email to Department of Health, May 10, 2024 (See Appendix C, A-38).

³⁸ WAC 246-840-300.

³⁹ WAC 246-840-340.

- Active licensure as a registered nurse (RN). RN licensure requires graduation from a commission-approved nursing education program and passage of the National Council Licensure Examination (NCLEX). RNs must execute medical regimens as prescribed by licensed physicians and surgeons and others within their scope of practice.⁴⁰
- Graduation from a formal graduate education program (through a master’s program or Doctor of Nursing program).
- Current national specialty certification which includes passage of an examination, through a commission-approved certifying body. The board recognizes the following national specialty designations: nurse practitioner (NP), certified nurse-midwife (CNM), certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS).⁴¹

Specialty certification includes eligibility requirements. For example, the American Academy of Nurse Practitioners Certification Board’s NP designation requires the applicant to have graduated from an accredited Family, Adult-Gerontology Primary Care Nurse, or Psychiatric Mental Health Practitioner education program that includes a minimum of 750 faculty-supervised clinical hours, and inclusion of advanced physical assessment, advanced pharmacology, and advanced pathophysiology.⁴²

The exam core content includes an overall expectation for ARNPs to apply knowledge of required graduate-level nurse practitioner educational curriculum in the areas of advanced pathophysiology, advanced pharmacology, and advanced health assessment. In addition, each specialty certification includes a population focus and core content in specific knowledge areas based on the type of certification. For example, the FNP population focus includes prenatal and pediatric populations and content in pain management, whereas the AGNP population focus does not include prenatal or pediatric, nor pain management. The PMHNP exam tests clinical knowledge of psychiatric mental health in individuals across the life span and includes psychopharmacology, medication monitoring, and complementary or alternative medicine.⁴³

Certification must be renewed every five years and requires a current RN license plus either: (1) 1,000 practice hours and 100 contact hours of advanced CE, including 25 credits of advanced practice pharmacology, (2) or retaking the national examination.⁴⁴

- Supervised advanced clinical practice hours, if not applying within one year of earning the advanced degree.

⁴⁰RCW 18.79.040.

⁴¹WAC 246-840-302(1) and (3).

⁴²American Academy of Nurse Practitioners, *Certification Handbook*, April 2024, <https://www.aanpcert.org/resource/documents/AGNP%20FNP%20Candidate%20Handbook.pdf>.

⁴³American Academy of Nurse Practitioners.

⁴⁴“Renewal Requirements,” American Academy of Nurse Practitioners, accessed May 13, 2024, <https://www.aanpcert.org/recert/ce>.

An ARNP license renewal requires completion of 30 continuing education hours relevant to the area of certification and scope of practice every two years.⁴⁵ Renewal of prescriptive authority requires 15 hours of continuing education in pharmacotherapeutics relevant to the area of certification and scope of practice, in addition to the 30 hours of continuing education required for licensure renewal.⁴⁶

RN education

Entering an advanced practice program requires either a bachelor's or master's degree in nursing. There are multiple pathways to a Bachelor of Science in Nursing (BSN) degree, but for illustrative purposes, the department is focusing on one example from the University of Washington.

The UW School of Nursing prepares its graduates to function as generalists in professional nursing practice and to collaborate with other healthcare providers. Applicants enter the BSN program as college-level juniors.⁴⁷ They must have already completed 90 quarter or 60 semester college-level credits or obtained a bachelor's degree in a non-nursing field with a foundation of science and humanities prerequisites.⁴⁸ Prerequisites are dependent on whether the applicant has already completed a bachelor's degree or is entering with the minimum 90 quarter or 60 semester credits.⁴⁹ Prerequisite subject areas include natural sciences, such as general chemistry, organic chemistry, microbiology, anatomy, physiology, or nutrition.⁵⁰

The BSN program includes five pharmacotherapeutics and pathophysiology credits.⁵¹ Other courses reference pharmacology or prescribing, or treatments and interventions that would include prescribing (for example, Psychosocial Nursing in Health and Illness).⁵²

Students build on their foundational skills with over 1,000 hours of hands-on patient experiences⁵³ under the guidance of licensed health care providers at community partnership sites, which include Seattle Children's Hospital and the UW Medical Center.⁵⁴ The BSN program

⁴⁵ WAC 246-840-360.

⁴⁶ WAC 246-840-450.

⁴⁷ "BSN—Bachelor of Science in Nursing," University of Washington School of Nursing, retrieved May 19, 2024, <https://nursing.uw.edu/programs/degree/bsn/>.

⁴⁸ "BSN—Bachelor of Science in Nursing."

⁴⁹ "BSN—Bachelor of Science in Nursing."

⁵⁰ "Bachelor of Science in Nursing (BSN) Prerequisite Courses," University of Washington School of Nursing, retrieved May 13, 2024, <https://nursing.uw.edu/wp-content/uploads/2022/10/BSN-Prerequisites.pdf>, <https://students.nursing.uw.edu/wp-content/uploads/2023/06/BSN-2023-Curriculum-Grid.pdf>.

⁵¹ "Bachelor of Science in Nursing Program 2-Year Curriculum," University of Washington School of Nursing, accessed May 19, 2024, <https://students.nursing.uw.edu/wp-content/uploads/2023/06/BSN-2023-Curriculum-Grid.pdf>.

⁵² "Bachelor of Science in Nursing Program 2-Year Curriculum."

⁵³ The minimum number of hours for Washington Board of Nursing (WABON) program approval is 600 hours.

⁵⁴ "BSN—Bachelor of Science in Nursing."

includes clinical experience with students caring for a wide range of patient groups.⁵⁵ Clinical training takes place in hospitals, inpatient and outpatient settings, mental health settings, public health agencies, community agencies, and public schools.⁵⁶

To renew their license, an RN is required to complete a minimum of 96 hours of active nursing practice within the prior 12-month period.

ARNP education

UW's Doctor of Nursing Practice (DNP) program's family practice track is a full-time, three-year program that includes five specific advanced pharmacology course credits.⁵⁷ Applicants must have an active, unrestricted RN license.⁵⁸ The first year focuses on topics like leadership, health equity, and policy.⁵⁹ In their second year, students establish the foundation of advanced practice education of the lifespan, including pathophysiology, advanced physical assessment, and pharmacology.⁶⁰ Students build upon this through track-specific advanced assessment, diagnosis/management, and pharmacology.⁶¹ Year three continues clinical training with rotations assigned based on factors like previous clinical experience and track-specific experiential requirements.⁶²

When ARNPs were first authorized full prescriptive authority for Schedule II-V controlled substances in 2000, they could only prescribe these substances through a collaborative request from one or more physicians, and the ARNP under joint practice arrangements.⁶³ In addition, ARNPs were limited in prescribing Schedule II-IV controlled substances to dispensing a maximum 72-hour supply. CRNAs were not subject to these limitations.⁶⁴

In 2005, the requirement for a joint practice arrangement was removed.⁶⁵ In 2008, the 72-hour supply limitation section was repealed.⁶⁶

Training of Naturopathic Physicians

Licensure as an ND in Washington requires graduation from a board-approved college of naturopathic medicine and successful passage of the Naturopathic Physicians Licensing

⁵⁵ “Undergraduate Rotations,” Current Students, University of Washington School of Nursing, accessed May 19, 2024, <https://students.nursing.uw.edu/clinical-skills/clinical-education/undergrad-rotations/>.

⁵⁶ “Undergraduate Rotations.”

⁵⁷ “Doctor of Nursing Practice family Nurse Practitioner Track 3-Year Program Curriculum,” University of Washington School of Nursing, accessed May 13, 2024, <https://students.nursing.uw.edu/wp-content/uploads/2022/06/DNP-FNP-2022-Curriculum-Grid.pdf>.

⁵⁸ “DNP-Family Nurse Practitioner.”

⁵⁹ “DNP-Family Nurse Practitioner.”

⁶⁰ “DNP-Family Nurse Practitioner.”

⁶¹ “Doctor of Nursing Practice Family Nurse Practitioner Track 3-Year Program Curriculum.”

⁶² “Graduate Rotations,” Current Students, University of Washington School of Nursing, accessed May 13, 2024, <https://students.nursing.uw.edu/clinical-skills/clinical-education/graduate-rotations/>.

⁶³ Laws of 2000, ch. 64.

⁶⁴ *Id.*

⁶⁵ Laws of 2005, ch. 28.

⁶⁶ Laws of 2008, ch. 154.

Examination (NPLEX).^{67,68,69} The NPLEX includes a biomedical science examination, a clinical science examination, and a clinical elective add-on minor surgery examination.⁷⁰

A Washington licensed ND who wishes to prescribe codeine and testosterone products (Schedule III-V controlled substances) must obtain an FDA registration and endorsement from the department. Endorsement requires at least four hours of instruction from an approved graduate level course and including:⁷¹

- Principles of medication selection;
- Patient selection and therapeutics education;
- Problem identification and assessment;
- Knowledge of interactions, if any;
- Evaluation of outcome;
- Recognition and management of complications and untoward reactions; and
- Education in pain management and drug seeking behaviors.

A Washington licensed ND who wishes to use intravenous therapy must submit an attestation of training of at least 16 hours of instruction that includes indications, contraindications, formularies, emergency protocols, osmolarity calculation, aseptic technique, and proper documentation.⁷² NDs who wish to prescribe and administer botulinum toxins for cosmetic purposes must be appropriately trained in aesthetic injectable techniques, including a combination of hands-on training and training in pharmacology that pertains to aesthetics.⁷³

The Council on Naturopathic Medical Education (CNME) accredits naturopathic programs. CNME is recognized by the U.S. Department of Education as an accrediting body.⁷⁴ The CNME requires programs to be a minimum of 4,100 clock hours over four years (including clinical training).⁷⁵

The academic component includes courses in:⁷⁶

- Biomedical sciences;
- Environmental and public health;
- Pharmacology and pharmacognosy;

⁶⁷ RCW 18.36A.090.

⁶⁸ WAC 246-836-020.

⁶⁹ WAC 246-836-130.

⁷⁰ “NPLEX Examination Overview,” North American board of Naturopathic Examiners (NABNE), accessed May 19, 2024, <https://nabne.org/exam-overview/>.

⁷¹ WAC 246-836-211.

⁷² WAC 246-836-220.

⁷³ WAC 246-836-212.

⁷⁴ “Overview of Accreditation,” Council on Naturopathic Medical Education (CNME), accessed May 14, 2024, <https://cnme.org/naturopathic-accreditation/#overview>.

⁷⁵ Council on Naturopathic Medical Education (CNME), *Handbook of Accreditation for Naturopathic Medicine Programs*, January 2024, [CNME-Handbook-of-Accreditation-January-2024-edition.pdf](https://cnme.org/handbook-of-accreditation-january-2024-edition.pdf).

⁷⁶ *Handbook of Accreditation for Naturopathic Medicine Programs*, 78-79.

- Diagnostic subject matters;
- Therapeutic subject matters, including botanical medicine, emergency and pharmaceutical drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and traditional Chinese/Asian medicine theory, homeopathy, medical procedures/emergencies, and minor surgery; and
- Clinical subject matters, including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology, and hematology.

The clinical education requirement for accreditation includes at least 1,200 clock hours involving patient contact, of which at least 900 clock hours must be supervised by licensed/registered NDs.⁷⁷

The clinical training must also provide opportunities for students to treat patients of all ages, treat a wide variety of conditions and diseases, develop case management skills, and complete the minimum number of patient encounters, which must be demonstrably sufficient to ensure student acquisition of required competencies such as:⁷⁹

- Botanical medicine,
- Counseling (e.g., lifestyle counseling, health psychology, mind-body medicine),
- Homeopathic medicine,
- Medical office therapeutic procedures (e.g. injections and infusions, minor surgery),
- Clinical Nutrition (e.g., dietary counseling and nutraceuticals),
- Pharmaceuticals, and
- Physical medicine (e.g., manipulation, electrotherapies, and hydrotherapy).

The CNME also approves one-to-two-year residencies for NDs.⁸⁰ Currently, the only state that requires a residency is Utah.⁸¹ However, we heard from several NDs who have voluntarily

⁷⁷ *Handbook of Accreditation for Naturopathic Medicine Programs*, 46-47.

⁷⁸ *Handbook of Accreditation for Naturopathic Medicine Programs*, 46.

⁷⁹ *Handbook of Accreditation for Naturopathic Medicine Programs*, 46, 127.

⁸⁰ “CNME Residencies,” Council of Naturopathic Medical Education (CNME), accessed May 13, 2024, <https://cnme.org/naturopathic-residencies/#about>.

⁸¹ “Post-Graduate Naturopathic Residences,” Association of Accredited Naturopathic Medical Colleges (AANMC), accessed May 19, 2024, <https://aanmc.org/naturopathic-residencies/>.

chosen to complete residencies. CNME approval for residencies requires several components, including:⁸²

- Be affiliated with a CME-recognized sponsor;
- Be full-time for a minimum of twelve months;
- Ensure all residents receive ongoing/periodic mentoring by an ND during their residency training, as well as periodic and a final evaluation by faculty;
- Ensure the sponsoring institution has the basic resources to provide for meaningful involvement and responsibility in the required clinical care, and to ensure that identified learning goals are achieved, including: sufficient physical, human, and financial resources and sufficient clinical opportunities that include adequacy of patient volume and availability/appropriateness of the case mix; and
- Maintain a naturopathic perspective.

In addition, there are voluntary board certifications to specialize in areas such as pediatrics, oncology, and endocrinology, which are granted by specialty boards to applicants who meet specific requirements. For example, the requirements to take the exam for the Fellow of the American Board of Naturopathic Pediatrics (FABNP) are:⁸³

- Either a two-year CNME-accredited residency focused on naturopathic pediatrics or being in practice for at least five years with 1,800 pediatric patient contacts,
- Submission of cases for review by designated examiners, and
- 50 hours of documented pediatrics CME in the past five years.

Board certification must be renewed every 10 years.⁸⁴

NDs are required to pass the NPLEX before licensure. The competencies tested on the NPLEX Part II – Core Clinical Sciences Examination are designed to test to the highest scope of practice available in any state, including medications used in primary care. The list of competencies tested can be found in the NPLEX Part II – Clinical Sciences Blueprint and Study Guide.⁸⁵

There is an elective pharmacology portion for states allowing prescriptive authority. This exam includes drugs that act on each body system, as well as those to treat pain management, drug

⁸² “Residency Handbook,” CNME, Accessed May 13, 2024, <https://cnme.org/wp-content/uploads/2020/12/CNME-Residency-Handbook-2024-edition-CURRENT.pdf>.

⁸³ “Board Certification, Pediatric Association of Naturopathic Physicians, accessed May 14, 2024, <https://pedanp.org/board-certification>.

⁸⁴ “Board Certification.” We were unable to locate what the renewal requirements include.

⁸⁵North American board of Naturopathic Examiners (NABNE), *Naturopathic Physicians Licensing Examinations (NPLEX) Part II – Clinical Science Examinations: Blueprint and Study Guide*, October 2023, <https://www.nabne.org/pdf/2024-02-NPLEX-Part-II-study-guide.pdf>.

addiction and overdose, antimicrobials and vaccines, and drugs used for chemotherapy and immunosuppression.⁸⁶ It tests a large list of drugs. This exam tests competencies such as:⁸⁷

- Pharmaceutical prescribing principles, including knowing: drug indications, mechanisms of action of drug classes and specific drugs, and the principles of pharmacodynamics and pharmacokinetics;
- Evaluating drug prescriptions for patient safety, including knowing: drug contraindications, adverse effects, factors that affect drug toxicity, potential drug-drug interactions, and to perform physical assessments or lab tests to monitor drug efficacy or toxicity; and
- Providing appropriate and effective patient care, including: diagnosing conditions and selecting prescriptions; appropriate drug use, administration, and dosing; multidrug protocols; identifying and managing polypharmacy issues and opportunities for deprescribing; recognizing drug-seeking behavior; knowledge of drug abuse potentials; and identifying conditions and treatments for appropriate specialist referral.

The applicant report provided information on three naturopathic schools: National University of Natural Medicine (NUNM) in Portland, Oregon; Bastyr University (campuses in Seattle and San Diego); and Sonoran University of Health Sciences in Tempe, Arizona. There is one additional naturopathic school in the United States, National University of Health Sciences (NUHS) in Chicago. The clinical portion of all three programs, Bastyr, NUNM, and Sonoran include 1,232 – 1,254 clinic hours and 500 supervised contacts.

National University of Natural Medicine (NUNM)

NUNM's College of Naturopathic Medicine prerequisites for a Doctor of Naturopathic Medicine (ND) degree are a bachelor's degree and the following courses: two courses each in general chemistry, organic chemistry, general biology, and social sciences/humanities; and one course each in general physics, mathematics, English composition, and psychology.⁸⁸

ND program core competencies include naturopathic therapeutic modalities such as botanical medicine, counseling, clinical nutrition, homeopathic medicine, hydrotherapy, minor office procedures, pharmaceutical agents, and physical medicine.⁸⁹

The first-year classroom focuses on the structure and function of the body and introductions to subjects such as naturopathic history, philosophy, therapeutic modalities, clinical anatomy, and

⁸⁶ *NPLEX Part II – Clinical Science Examinations: Blueprint and Study Guide.*

⁸⁷ *NPLEX Part II – Clinical Science Examinations: Blueprint and Study Guide.*

⁸⁸ "Admissions," National University of Natural Medicine (NUNM), accessed May 14, 2024, <https://catalog.nunm.edu/content.php?catoid=7&navoid=620>.

⁸⁹ "Doctor of Naturopathic Medicine," National University of Natural Medicine (NUNM), accessed May 14, 2024, https://catalog.nunm.edu/preview_program.php?catoid=7&poid=177.

medical systems.⁹⁰ Students enter the clinic in an observational capacity and begin preceptorships.⁹¹

The second and third years focus on organ system block courses that integrate pathophysiology, prevention, evaluation and diagnosis of disease.⁹² Therapeutic modalities are woven throughout all organ systems courses. Clinical experience continues with preceptorships and hydrotherapeutics.⁹³

Students are eligible to sit for the NPLEX Part 1 Biomedical Science exam after completion of coursework in the second year. The third year is focused on clinical training as a secondary intern in a variety of supervised settings, ranging from community-based clinics to the on-campus medical health center, followed by a clinical proficiency examination.⁹⁴ In their fourth year, students enter clinical training as a primary intern in the NUNM teaching clinics.⁹⁵ These clinics offer services to patients with mental health issues, experiencing homelessness or addiction, and other vulnerable populations throughout the Portland area.⁹⁶ The teaching clinics' electronic medical record system allows for collaboration with major hospitals in the Portland area.⁹⁷ Students must pass a final examination before graduation.⁹⁸ Graduates complete 1,254 clinic hours, which include more than 500 supervised patient contacts.⁹⁹

NUNM also has homeopathic and natural childbirth/midwifery certificates available.¹⁰⁰ There are also limited voluntary residency options certified through the CNME.¹⁰¹

The applicant report estimates 141.5 hours of pharmacology are included (out of 588 total hours) in the following courses that include lectures, tutorials, and labs. The NUNM website lists a total number of 1,070.5 credit hours for an ND degree but does not specify how many pharmacology hours are included in that total.¹⁰²

The following classes are included on NUNM's website, with additional information from the applicant report included below each class:

⁹⁰ "Doctor of Naturopathic Medicine, ND."

⁹¹ "Doctor of Naturopathic Medicine, ND."

⁹² "Doctor of Naturopathic Medicine, ND."

⁹³ "Doctor of Naturopathic Medicine, ND."

⁹⁴ "Doctor of Naturopathic Medicine, ND."

⁹⁵ "Doctor of Naturopathic Medicine, ND."

⁹⁶ "Your Clinical Training as a Naturopathic Medical Student," National University of Natural Medicine (NUNM), accessed May 14, 2024, <https://nunm.edu/clinical-training-doctor-of-naturopathic-medicine/>.

⁹⁷ "Doctor of Naturopathic Medicine, ND."

⁹⁸ "Doctor of Naturopathic Medicine, ND."

⁹⁹ "Doctor of Naturopathic Medicine, ND."

¹⁰⁰ "Doctor of Naturopathic Medicine, ND."

¹⁰¹ "Residency Programs, ND," National University of Natural Medicine (NUNM), accessed May 14, 2024, <https://nunm.edu/residency/>.

¹⁰² "Doctor of Naturopathic Medicine, ND."

- Therapeutic Modalities II Lecture (48 hours), Tutorial (16 hours), and Lab (72 hours)¹⁰³ – Through the lecture, students are trained to offer a broad scope of options from nature cure to pharmaceuticals. This area explores the history, philosophy, and foundational concepts of botanical medicine, homeopathy, and pharmacology, as a holistic approach to medicine. The pharmacology portion explores the principles of how medications physiologically interact with the body. Students will learn about major drug classes and start to build a knowledge of indications, and how drugs are prescribed. Through the tutorial, students integrate and expand on information from the lecture. In the lab, students will apply what they learned on botanical medicine.
 - The applicant report stated that the class discusses opioids and opioid use disorder.¹⁰⁴

- Musculoskeletal Lecture (108 hours), Tutorial (72 hours), Lab (72 hours)¹⁰⁵ – Through these classes, students will integrate information they learned the first year to assess musculoskeletal complaints in diverse populations, develop and justify differential and working diagnoses, build patient rapport, and develop and implement comprehensive management plans. Topics include: the musculoskeletal system, biomechanics, clinical anatomy, musculoskeletal physiology, orthopedics, exercise physiology, physical rehabilitation, pain education, neurophysiology, neurodynamics, and manual therapies.
 - The applicant report stated that the course includes pain education and opioids for pain management.¹⁰⁶

- Reproductive Systems (Andrology, Gynecology, and Natural Childbirth) Lecture (132 hours), Tutorial (36 hours), Lab (12 hours)¹⁰⁷ – The lecture provides a comprehensive study of the female and male reproductive system. It also includes exploring presenting symptoms and diagnostic conditions in addition to treatment and management with evidence-based, naturopathic modalities. The tutorial utilizes clinical cases and includes various activities including case-taking, case analysis, laboratory interpretation, botanical formulations, nature cure treatment plans, homeopathic case-taking, and discussion of IUD insertion, and endometrial biopsy techniques. The lab provides opportunities to learn and perform clinical breast/chest exams, pelvic exams, and male genital exams, and various specialized procedures.
 - The applicant report state that the course includes discussion of testosterone.¹⁰⁸

¹⁰³ “Doctor of Naturopathic Medicine, ND.”

¹⁰⁴ “Applicant Report.”

¹⁰⁵ “Doctor of Naturopathic Medicine, ND.”

¹⁰⁶ “Applicant Report.”

¹⁰⁷ “Doctor of Naturopathic Medicine, ND.”

¹⁰⁸ “Applicant Report.”

- Psychology & Mental Health Lecture (48 hours) and Tutorial (36 hours)¹⁰⁹ – This source explores research and provides clinical insight for common mental health conditions. Major topics include diagnosis, management and care coordination with a firm foundation in ethics and cultural humility. The tutorial has a strong emphasis on case-based learning and useful clinical skills in the context of condition management. Tutorial sessions provide students with opportunities to practice and refine case integration skills, physical examination and interpretation of other objective clinical data to develop short-, medium- and long-term management and treatment plans which includes understanding when to refer patients to an appropriate mental health specialist.
 - The applicant report states this course discusses stimulant medications, benzodiazepines, ketamine, and DEA/PMP monitoring.¹¹⁰

While not specified on NUNM’s website, the applicant report also states that each organ-based block instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions.¹¹¹ A scan of these blocks shows many include a focus on botanical formulations, application of nature cure modalities, homeopathic repertorization, and hydrotherapy in addition to pharmacology.¹¹²

The applicant report also states students may manage patients on controlled substances during their required clinical rotations or may have exposure to patients being managed on controlled substance during their required 216 preceptorship hours.¹¹³ It goes on to state that all students must demonstrate competency in pharmacological prescription and mental health/lifestyle counseling during their clinical rotations, which may be relevant to controlled substance use and abuse.¹¹⁴

Bastyr University

Bastyr University has campuses in Kenmore, Washington and San Diego, California. Bastyr’s Doctor of Naturopathic Medicine prerequisites are: (1) Two semesters or three quarters in general chemistry I and II and general biology I and II, and (2) one course each in organic chemistry I, organic chemistry II or biochemistry, physics, introduction to psychology or developmental/lifespan psychology, and college-level algebra.¹¹⁵

¹⁰⁹ “Doctor of Naturopathic Medicine, ND.”

¹¹⁰ “Applicant Report.”

¹¹¹ “Applicant Report.”

¹¹² “Doctor of Naturopathic Medicine, ND.”

¹¹³ “Applicant Report.”

¹¹⁴ “Applicant Report.”

¹¹⁵ “Naturopathic Medicine Program Admissions,” Bastyr University, accessed May 14, 2024, <https://bastyr.smartcatalogiq.com/2023-2024/academic-catalog/school-of-naturopathic-medicine/graduate-programs/naturopathic-medicine-program-admissions/>.

According to Bastyr’s website, the program “is taught in a systems-based approach designed to provide integration across scientific disciplines and between biomedical and clinical sciences. This approach fosters the development of critical clinical reasoning through an active learning environment.”¹¹⁶ Basic and biomedical sciences provide integration across science disciplines and with clinical coursework.¹¹⁷

First-year basic science modules provide a foundation of core principles in anatomy, histology, embryology, biochemistry, and physiology that are integrated in the context of body systems.¹¹⁸ The second year integrates the principles of pathology, immunology, and infectious diseases.¹¹⁹ Science concepts are applied to clinical situations through integrated case discussions throughout the curriculum.¹²⁰

Bastyr’s behavioral medicine classes provide training in the development of the patient-physician therapeutic alliance, understanding of the biological basis of lifestyle change and behavior, the psychosocial factors of chronic disease, the socio-cultural determinants of health, and psychophysiology and mind-body medicine, all within the context of a primary care naturopathic physician.¹²¹

Bastyr’s botanical medicine core curriculum covers fundamental plant identification and nomenclature, pharmacognosy, therapeutic actions, extraction principles, dosage considerations, contraindications, toxicology, herb-drug interaction, clinical applications, and treatment regimens.¹²² This includes the traditional “ologies” (pulmonology, gastroenterology, neurology, etc.), as well as diet and nutrition therapy, botanical medicine formulation, clinical pharmacology, diagnostic testing and imaging, and problem-focused physical exam skills.¹²³

Bastyr’s clinical sciences curriculum includes systems-based modules that use case-based teaching to help students use critical thinking to understand human disease, promote health, and prevent and treat illness.¹²⁴

Bastyr’s nutrition curriculum explores the relationship with food, dietary assessment, macro- and micronutrients, and diet and nutrient therapy for the common presenting concerns seen in naturopathic practice.¹²⁵

¹¹⁶ “Doctor of Naturopathic Medicine,” Bastyr University, accessed May 14, 2024, <https://bastyr.smartcatalogiq.com/en/2023-2024/academic-catalog/school-of-naturopathic-medicine/graduate-programs/doctor-of-naturopathic-medicine/>.

¹¹⁷ “Doctor of Naturopathic Medicine.”

¹¹⁸ “Doctor of Naturopathic Medicine.”

¹¹⁹ “Doctor of Naturopathic Medicine.”

¹²⁰ “Doctor of Naturopathic Medicine.”

¹²¹ “Doctor of Naturopathic Medicine.”

¹²² “Doctor of Naturopathic Medicine.”

¹²³ “Doctor of Naturopathic Medicine.”

¹²⁴ “Doctor of Naturopathic Medicine.”

¹²⁵ “Doctor of Naturopathic Medicine.”

Bastyr’s physical medicine curriculum includes various modalities, including hydrotherapy, osseous and soft-tissue manipulation, sports medicine, and therapeutic exercise.¹²⁶

While not specified on Bastyr’s website, the applicant report and follow-up information provided by the Dean of Bastyr’s ND program estimate approximately 12.65 credits (141.75 hours) of training include pharmacology.^{127,128} In addition, they state students provide medication management in a supervised setting throughout their 1,204 hours of clinical training.¹²⁹

The following pharmacology-related classes are included on Bastyr’s website, with additional information from the Dean of Bastyr’s ND program:

- Medical Pharmacology (3 credits)¹³⁰ – This course introduces students to basic principles that include the safe and effective use of pharmaceuticals. The primary therapeutic uses, mechanism of action, and the potential adverse effect of drugs commonly encountered in a naturopathic practice are discussed. The basics of selected drug-drug and drug-herb interactions are reviewed.
- Psychopathology (2 credits)¹³¹ – This course trains students to understand the biological and psychosocial origins and influences of psychological conditions and to make judgments regarding which patients are appropriate for the practice of naturopathic medicine primary care. Students learn to clinically assess and diagnose psychological conditions using the DSM criteria. Referral resources and procedures are discussed. Special emphasis is given to the recognition and impact of mental disorders in primary care.
 - Bastyr’s ND program Dean noted that this course also trains students to refer or manage mental health conditions.¹³²
- Naturopathic Approaches to addictions (2 credits)¹³³ – This course examines the nature and treatment of addictions from a naturopathic perspective, including neurological, biochemical, cognitive, emotional, and socio-political factors. Naturopathic scope of practice in the treatment and management of addictions is identified as well as community referral resources.

¹²⁶ “Doctor of Naturopathic Medicine.”

¹²⁷ “Applicant Report.”

¹²⁸ Kristina Conner, letter to the department, November 20, 2023. (See Appendix C, A-41).

¹²⁹ Kristina Conner, letter to the department, November 20, 2023. (See Appendix C, A-41). (These are slightly different numbers than ones reported in the applicant report.)

¹³⁰ “Doctor of Naturopathic Medicine.”

¹³¹ “Doctor of Naturopathic Medicine.”

¹³² Kristina Conner, letter to Angela Ross, revised November 20, 2023. (See Appendix C, A-42).

¹³³ “Doctor of Naturopathic Medicine.”

- Medical Procedures 1 Lecture/Lab (2 credits)¹³⁴ – This module trains students to be able to perform basic medical procedures in their clinical training, including clean technique, universal precautions, intradermal, subcutaneous and intramuscular injections, and procedures for office emergencies. Other topics include nebulizers and inhaled nutrients, and an introduction to venous access devices.
- Medical Procedures 2 Lecture/Lab (2 credits)¹³⁵ – Minor surgical procedures as defined by scope of practice for naturopathic physicians and licensing laws are taught. This lecture course covers common minor surgery office procedures. Topics include suturing techniques; wound, infection and burn management; local anesthetics; bandaging techniques, dermatologic biopsies and the recognition of conditions requiring medical referral for surgical intervention.

*Bastyr's ND program Dean noted that Medical Procedures courses include instruction on medications used in medical procedures.*¹³⁶

- Clinical Pharmacology 1 - 5 (2.5 credits)¹³⁷ – Students learn how to prescribe and manage pharmaceuticals for pain and the musculoskeletal systems; the nervous and endocrine systems and mental health; the digestive, cardiovascular and respiratory systems; and EENT and the renal, male and female reproductive systems. Herb/drug, supplement/drug and drug/drug interactions are also discussed.

Bastyr's ND program Dean also noted that the various courses on clinical therapeutics and advanced topics include instruction on medications for each system/specialty.¹³⁸ Bastyr's website lists the following courses on clinical therapeutics and advanced topics: Orthopedics and Musculoskeletal System, Endocrine System Therapeutics, Cardiovascular Therapeutics, Respiratory Therapeutics, Renal System Therapeutics, Urology and Male Reproductive, Urology and Male Reproductive, EENT Therapeutics, Integumentary System Therapeutics, Advanced Topics in Public Health, Advanced Topics in Geriatric Medicine, and Advanced Topics in Oncology.¹³⁹

The Dean also stated that students may manage patients on controlled substances in their required rotations. During their clinical training, students must demonstrate competency in the following areas which may be relevant to controlled substance use and abuse: professional ethics, counseling, mental status examination, diagnosis and management of mental illness, diagnosis and management of nervous system disorders, musculoskeletal exam, and diagnosis and management of acute and chronic musculoskeletal conditions.¹⁴⁰

¹³⁴ "Doctor of Naturopathic Medicine."

¹³⁵ "Doctor of Naturopathic Medicine."

¹³⁶ Kristina Conner, letter to Angela Ross, revised November 20, 2023. (See Appendix C, A-42).

¹³⁷ "Doctor of Naturopathic Medicine."

¹³⁸ Kristina Conner, letter to Angela Ross, revised November 20, 2023. (See Appendix C, A-42).

¹³⁹ "Doctor of Naturopathic Medicine."

¹⁴⁰ Kristina Conner, letter to Angela Ross, revised November 20, 2023. (See Appendix C, A-42).

Sonoran University of Health Sciences

Sonoran University's prerequisites are 12 semester credits in biology with labs (for science majors), three semester credits in general organic chemistry with lab (for science majors), three semester credits in psychology, and three semester credits in biochemistry for an additional three semester credits in organic chemistry (for science majors).¹⁴¹

Sonoran's ND program website states that students will receive 100 hours of classroom pharmacology education, which is reinforced during clinical training at the Sonoran Medical Center and community health sites.¹⁴²

The applicant report states students in the naturopathic medicine program are training as primary care providers with the large scope of practice in Arizona.¹⁴³ This includes prescription and management of controlled substances and the assessment of substance use disorders.¹⁴⁴

The following classes are included on Sonoran's website, with additional information from the applicant report included below each class:

- Pharmacology and Pharmacotherapeutics I-III (9 credits)¹⁴⁵ – These courses focus on the principles and mechanisms of drug action and the purpose of pharmaceutical interventions. Emphasis is placed on drugs that act on neurotransmitter systems, including autonomics, hypnotics, and medications used in the treatment of pain, seizure, depression, anxiety, bipolar, psychosis, Parkinson's, and dementia, as well as drugs of abuse. It includes overviews of the pharmaceutical environment, legal and statutory issues, and basic terminology. The classes also include side effects, toxicity, interaction, and contraindications.
- General Medical Practice: Endocrinology (2.5 credits)¹⁴⁶ – This course focuses on the complex interactions of the human hormonal system, including the causes and effects of hormonal imbalance and dysregulation. Principles and methods of naturopathic endocrinology are discussed, including functional assessments, prevention of disease, and restoration of endocrine function, as well as hormone replacement protocols. Class instruction will focus on basic patient management of the most common endocrine

¹⁴¹ "Prerequisites, Requirements & Application Process," Doctor of Naturopathic Medicine, Sonoran University of Health Sciences, accessed May 14, 2024, <https://www.sonoran.edu/programs/college-of-naturopathic-medicine/prerequisites-requirements-application-process/>.

¹⁴² "Program Overview," Doctor of Naturopathic Medicine, Sonoran University of Health Sciences, accessed May 20, 2024, <https://www.sonoran.edu/programs/college-of-naturopathic-medicine/doctor-of-naturopathic-medicine-degree/>.

¹⁴³ "Applicant Report."

¹⁴⁴ "Applicant Report."

¹⁴⁵ "ND Programs of Study," Course Catalog, Sonoran University of Health Sciences, accessed May 20, 2024, <https://catalog.sonoran.edu/catalog/doctor-naturopathic-medicine-program/programs-study/#fouryearplanofstudytex>.

¹⁴⁶ "ND Programs of Study."

disorders seen in a general medical practice, including the appropriate use of prescription hormones and complementary therapeutics.

- Emergency Medicine (3 credits)¹⁴⁷ – This course provides students with experiences to differentially diagnose signs, symptoms, and situations in acute medical care. Students learn to recognize emergency signs and situations involving various organ systems. Emphasis is on the integration of current allopathic drugs and procedures and the complementary practice of acute care by naturopathic physicians.
 - The applicant report noted students learn how to manage acute medical conditions including overdose utilizing Advanced Cardiac Life Support and medications.¹⁴⁸
- General Medical Practice: Geriatrics (2 credits)¹⁴⁹ – This course focuses on the physiology of aging as well as the assessment and treatment of common disorders in the elderly, including dementia, musculoskeletal disorders, nervous system disorders, circulatory disorders, and ocular disorders. Emphasis is placed on symptoms and concerns commonly associated with aging, including social and functional limitations, nutritional issues, elder abuse, and medication management.
- Mind-Body Medicine: Medical Management of Addiction (1.5 credits)¹⁵⁰ – This course provides a naturopathic model for the care and treatment of people suffering from addiction. Students will explore the health impacts of drug, food, and other addictions with a focus on interactive medical, psycho-social, spiritual, and biochemical/nutritional influences. This course will present a multi-modal approach to the practice of naturopathic addiction medicine, including patient motivation to change.

The applicant report also states that students can take ten additional science courses where pharmaceuticals are discussed, as well as an elective course on medical cannabis.¹⁵¹

Sonoran’s website indicates that, in the ND program, students complete a total of 1,232 contact hours (112 credits) in clinical training, with 500 patient contacts.¹⁵² According to the applicant report, Sonoran University has two community clinics offering six clerkship opportunities per week where substance abuse disorders are common among the participants.¹⁵³ The report also

¹⁴⁷ “ND Programs of Study.”

¹⁴⁸ “Applicant Report.”

¹⁴⁹ “ND Programs of Study.”

¹⁵⁰ “ND Programs of Study.”

¹⁵¹ “Applicant Report.”

¹⁵² “ND Program Policies – Clinical Education Experience,” Course Catalog, Sonoran University of Health Sciences, accessed May 20, 2024, <https://catalog.sonoran.edu/catalog/doctor-naturopathic-medicine-program/nd-program-policies/>.

¹⁵³ “Applicant Report.”

states that most student rotations are in family practice, meaning many of the patients seen are taking medications the supervising physician has prescribed.¹⁵⁴

Sonoran’s website also states students may participate in approved elective site locations staffed by physicians in private practice, hospitals, ambulatory care facilities, long-term acute care facilities, etc., at the college’s nine community clinics and more than 100 off-site clinics, including hospitals, medical centers, and medical mobile units.¹⁵⁵ Up to one-quarter of clinical training hours may be earned with other doctoral-level medical professionals, such as MDs, DOs, and OMDs.¹⁵⁶

The website also states students must pass several milestone exams to demonstrate their competence in clinical skills as they progress through clinical training. These skills include conducting a patient intake, taking vitals, charting, conducting physical exams, differential diagnoses, interpreting diagnostic results, and development of a diagnostic/treatment plan.¹⁵⁷

National University of Health Sciences (NUHS)

The only other United States naturopathic program is NUHS in Illinois. The department scanned the curriculum and found 7 credits of pharmacology/pharmacotherapeutics didactic training and no pharmacology focus in their clinical rotation descriptions.¹⁵⁸ Each ND student serves a full year clinical internship at National University’s on-campus integrative clinic.¹⁵⁹

¹⁵⁴ “Applicant Report.”

¹⁵⁵ “Clinical Training,” Sonoran University of Health Sciences, accessed May 14, 2024, <https://www.sonoran.edu/programs/college-of-naturopathic-medicine/clinical-training/>.

¹⁵⁶ “Clinical Training.”

¹⁵⁷ “Clinical Training.”

¹⁵⁸ “Trimester-by-Trimester Curriculum,” National university of Health Sciences, accessed May 20, 2024, <https://www.nuhs.edu/academics/naturopathic-medicine/trimester-by-trimester/>.

¹⁵⁹ “ND Clinical Opportunities,” National University of Health Sciences, accessed May 20, 2024, <https://www.nuhs.edu/academics/naturopathic-medicine/clinical-opportunities/>.