

**REPORT OF THE
JOINT COMMISSION ON HEALTH CARE**

Regulation of Naturopaths

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



REPORT DOCUMENT NO. 105

**COMMONWEALTH OF VIRGINIA
RICHMOND
2013**

Code of Virginia § 30-168.

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care.

For the purposes of this chapter, "health care" shall include behavioral health care.

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Preface

The practice of naturopathy is not a regulated health profession in Virginia. House Bill 2487, introduced by Delegate Terry G. Kilgore in 2011, would have amended *Code of Virginia* Title 54.1 to require the Board of Medicine to license and regulate naturopaths as independent practitioners. House Bill 2487 was left in the House Committee of Health, Welfare and Institutions and referred to the Joint Commission on Health Care for study.

Generally, there are two broad categories of naturopathic practice:

- Traditional naturopaths have varied educational backgrounds in naturopathy, from having no standard professional educational requirements to non-degree certificates, as well as doctoral programs. The role of the traditional naturopath is to educate and support the health of clients through non-invasive means. The number of traditional naturopaths practicing in Virginia is estimated to be in the hundreds and may exceed 1,000.
- Naturopathic physicians typically graduate from an accredited four-year, residential naturopathic medical school and subsequently pass a postdoctoral board examination, known as the Naturopathic Physicians Licensing Examinations or NPLEX. Currently, 24 individuals trained as naturopathic physicians are known to live in Virginia. Sixteen states license naturopathic practitioners.

Virginia previously licensed naturopaths; but in 1980, the Board of Medicine repealed licensure provisions while grandfathering in the four naturopaths who had maintained their licensure. The last license expired in 2002; thereby, ending Virginia's regulation of naturopathy. However, since 2005, five bills have been introduced to regulate naturopathic physicians in Virginia; none of the bills were reported out of the originating Committee. In 2005, the Board of Health Professions initiated an exhaustive review of the regulation of naturopaths and found that the "risk of harm" criterion for licensure was not met.

The two-year JCHC study examined and reported on the various arguments presented by interested parties on whether naturopathic physicians should be regulated. Based on the study findings and extensive public comment, Joint Commission members voted to take no action to regulate naturopathic physicians.

Joint Commission members and staff would like to thank the individuals who assisted in this study, including representatives from: Department of Health Professions, Medical Society of Virginia, Virginia Association of Naturopathic Physicians, and Virginians for Health Freedom.

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COMMISSION ON HEALTH CARE

HOUSE BILL 2487 (2011)

PRACTITIONER-ORGANIZATION PUBLIC COMMENTS

Regulation of Naturopaths

The practice of naturopathy is not a regulated health profession in Virginia. House Bill 2487, introduced by Delegate Terry G. Kilgore in 2011, would have amended *Code of Virginia* Title 54.1 to require the Board of Medicine to license and regulate naturopaths as independent practitioners. House Bill 2487 was left in the House Committee of Health, Welfare and Institutions and referred to the Joint Commission on Health Care for study.

Background

Generally, there are two broad categories of naturopathic practice as summarized in Figure 1.

FIGURE 1
TYPES OF NATUROPATHS PRACTICING IN VIRGINIA

Traditional Naturopaths (TNs)

- No standard professional educational requirements.
- Training programs vary from non-degree certificate program to doctoral programs.
- Role is to educate and support the health of clients through non-invasive means.
 - TNs do not diagnose, treat conditions, or perform surgery.
- Titles used: Naturopath, Classical Naturopath, Nature Care Practitioner
- Number practicing in Virginia: 100s perhaps >1000

Naturopathic Physicians (NaPs)

- Graduates of a four-year, graduate-level naturopathic medical school accredited by an organization recognized by the U.S. Department of Education.
 - 2 years of Graduate Level Didactic
 - 2 years Graduate Level Clinical
 - Average Clinical – 2,800 Hours
 - A residency is not required
- Statutes in other states define NaP role in various ways ranging from primary care to promoting wellness.
- Titles used: Naturopath, Medical Naturopath, Naturopathic Doctor, or Doctor of Naturopathy
- Estimated number in Virginia: 24

Source: JCHC staff interview and correspondence with John and Becky Hanks representing Virginians for Health Freedom, Leah Hollon representing the Virginia Association of Naturopathic Physicians, and staff of the Virginia Department of Health Professions, *Study into the Need to Regulate Naturopaths in Virginia*, September 8, 2005.

Regulation of Naturopaths

Sixteen states (Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, North Dakota, Oregon, Utah, Vermont, Washington), the District of Columbia, and the U.S. territories of Puerto Rico and the Virgin Islands licensed NaPs as of the study's completion. Typical licensure requirements include graduating from an accredited four-year, residential naturopathic medical school and passing a postdoctoral board examination (NPLEX). Defined scope of practice varies among the states that regulate NaPs (Figure 2).

Regulation of Naturopaths in Virginia. Virginia previously licensed naturopaths; but in 1980, the Board of Medicine repealed licensure provisions while grandfathering in the four naturopaths

FIGURE 2
SCOPE OF PRACTICE LAWS AMONG THE REGULATING STATES VARY

Most states allow NaPs to address:

Dietetics
Hydrotherapy
Physiotherapy
Electrotherapy

Some states also allow NaPs to address:

Obstetrics
X-ray
Minor surgery
Prescriptive authority

Source: State of Colorado, Department of Regulatory Agencies Office of Policy, Research and Regulatory Reform, 2008
Sunrise Review: Naturopathic Physicians.

who had maintained their licensure. The last license expired in 2002; thereby, ending Virginia’s regulation of naturopathy. HB 2487 was the sixth bill to be introduced since 2005 to regulate naturopathic physicians in Virginia. (None of the bills were reported out of the originating Committee.) The Board of Health Professions also initiated an exhaustive review in 2005 of the regulation of naturopaths. The review concluded that the “risk of harm” criterion for licensure was not met.

HB 2487 Provisions. The licensure requirements for naturopathic physicians included in HB 2487 included:

- Graduation from a naturopathic medical education program that offers graduate-level, full-time didactic and supervised clinical training.
- Successful completion of a competency-based national naturopathic medicine licensing examination administered by an agency recognized by the Board of Medicine.

HB 2487 also would have restricted the practice of naturopathy to licensed NaPs; non-licensed individuals would be prohibited from calling themselves a “naturopath” while their practice activities would be limited to “providing information” about vitamins and herbs.

Findings

JCHC staff met with a number of proponents and opponents of regulation. The principal arguments made by those stakeholders and in the Board of Health Professions’ 2005 study are summarized in Figure 3.

Potential risk for harm is one of the primary factors considered by the Board of Health Professions in determining whether regulation of a profession is needed. The Board’s 2005 study found that such evidence was insufficient with regard to naturopaths, noting that “no known injuries or complaints about care [or malpractice cases were] found in Virginia.” The Board of Health Professions ultimately concluded that the “risk of harm” criterion for licensure was not met, that instances of naturopaths harming individuals had involved “unscrupulous, incompetent practitioners” rather than the naturopaths who were seeking licensure. Furthermore, the study maintained that licensure would be no more effective in protecting individuals than “criminal prosecution for unlicensed practice of medicine, chiropractic, osteopathy...that invasive practices are already punishable as a felony...and the impracticality of creating a

FIGURE 3
ARGUMENTS RELATED TO REGULATING NATUROPATHIC PHYSICIANS

Proponent Arguments for Regulation

- NaPs can help remedy Virginia’s shortage of primary care physicians.
- NaPs complete a 4-year accredited medical school.
- NaPs emphasize prevention, which can be a cost-effective type of health care.
- Without regulation, NaPs are not allowed to practice up to their level of training.
- Naturopathy is unregulated in Virginia and any individual can present himself/herself as a “naturopath.”

Opponent Arguments Against Regulation

- NaPs do not have the requisite education and training to practice independently and to provide the same level and quality of care as a physician.
- NaPs are not required to participate in a supervised residency program, like MDs and DOs.
- NaPs are not sufficiently trained to prescribe medications.
- Medical efficacies of the treatment modalities by NaPs are unproven.
- The practice of traditional naturopathy could become illegal without a NaP license.
- The term “naturopath” could be reserved only for NaPs.
- If NaPs are regulated, it may negatively impact the market that traditional naturopaths serve.

regulatory scheme for approximately ten individuals lead to the conclusion” that regulation as a profession was not warranted.¹

Policy Options and Public Comment

A total of 409 written comments were received regarding this study.² Ninety-six percent (391 of 409) of the respondents appear to live in Virginia and 13 practitioner-organizations commented. Except for the Virginia Association of Naturopathic Physicians, all practitioner-organizations recommended taking no action. The public comments submitted by individuals varied in their support or opposition to licensure.

- Fifty-two percent of the comments (215 of 409) recommended NaP licensure through Option 2.
- Thirty-five percent (143 of 409) recommended taking no action (Option 1).

The following public comment summary highlights the number of public comments received for each option and any practitioner-organization that supported the option.

¹ Virginia Department of Health Professions, *Study into the Need to Regulate Naturopaths in Virginia* September 8, 2005, pp. iii-iv.

² In instances in which individuals or organizations provided multiple comments only the most recent comment was incorporated in the public comment counts presented. Some individuals commented in support of more than one option.

Option 1: Take no action.

***In Support:* 143 comments, including 12 practitioner-organizations:**

American Naturopathic Medical Association
Medical Society of Virginia
National Registry of Naturopathic Practitioners
Psychiatric Society of Virginia
Virginia Academy of Family Physicians
Virginia Academy of Physician Assistants
Virginia Chapter of American Academy of Pediatrics
Virginia College of Emergency Medicine
Virginia Orthopaedic Society
Virginia Society of Eye Physicians and Surgeons
Virginia Society of Otolaryngology
Virginians for Health Freedom

Option 2: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

- Includes the scope of practice and prescriptive authority as defined in HB 2487.
- Limits unlicensed individuals from:
 - Claiming to be a “naturopath,” and
 - Practicing naturopathy.

***In Support:* 215 comments, including:**

Virginia Association of Naturopathic Physicians (1st choice)

Option 3: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

1. Licensure:
 - a. Graduate from an accredited four-year residential naturopathic medical school
 - b. Pass postdoctoral board examination (NPLEX)
 - c. Meet continuing education requirements (30 hours annually)
2. Includes the scope of practice and prescriptive authority as defined in HB 2487.

***In Support:* 102 comments, including:**

Virginia Association of Naturopathic Physicians (2nd choice)

Option 4: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for licensure of the “medical naturopath.” The regulations would include requirements for:

1. Licensure:
 - Graduate from an accredited four-year residential naturopathic medical school
 - Pass postdoctoral board examination (NPLEX)
 - Meet continuing education requirements (30 hours annually)

2. Supervision

- Medical naturopaths (MNs) are required to practice under the direct supervision of a licensed Doctor of Medicine or Osteopathic Medicine.

3. Scope of Practice

Supervising physician works with the medical naturopath to establish the MN's scope of practice.

- Delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient, including recommending non-prescription drugs.
- Set forth in a written practice supervision agreement and may include health care services which are educational, diagnostic, therapeutic, preventive or involve treatment.

In Support: 48 comments

Note: HB 2487 addressed issues other than “naturopathic physician” licensure. Options 3 & 4 are limited to only NaP licensure and scope of practice. These options are not intended to address unlicensed NaPs or TNs.

Therefore, both options include specific allowances for the continuation of:

1. Unlicensed individuals claiming to be a “naturopath” and
2. Unlicensed NaPs or TNs continuing to legally practice as they have been.

Subsequent Action by the Joint Commission on Health Care. During the Joint Commission's 2012 Decision Matrix meeting, JCHC members voted to take no action on regulating naturopaths.

JCHC Staff for this Report

Stephen W. Bowman

Senior Staff Attorney/Methodologist

Attachments

Joint Commission on Health Care

Regulation of Naturopaths **House Bill 2487 (2011) – Delegate Terry G. Kilgore**

October 16, 2012

Stephen W. Bowman
Senior Staff Attorney/Methodologist

Agenda

- ❖ Background
- ❖ Naturopathic Physician Training
- ❖ Regulation in Other States
- ❖ Virginia Board of Health Professions
Naturopath Study (2005)
- ❖ Elements of HB 2487
- ❖ Policy Options

Background: HB 2487 Referred to JCHC by HWI

- ❖ HB 2487 introduced by Delegate Kilgore in 2011, would require the Board of Medicine to license and regulate naturopath. The bill amends Title 54.1, Chapter 29 of the *Code of Virginia*:
 - Defines a naturopath as “an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.”
 - Broadly defines scope of practice for naturopaths.
- ❖ HB 2487 was left in the House Committee on Health, Welfare and Institutions (HWI)
 - JCHC was requested to review the bill.

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Background: Five Previous Bills Introduced to License Naturopaths in Virginia

The bills would have allowed licensed naturopaths to practice as medical professionals with no supervision requirements.

Previous Naturopath Legislation

Session	Bill #	Patron	Outcome
2005	HB 2488	Del. Peterson	Tabled in H.W.I. and sent to the Board of Health Professions for study
2006	HB 1389	Del. Philips	Continued in H.W.I. & left in H.W.I. the next year
2006	SB 517	Sen. Puckett	Continued in Ed. and Health and left in Ed. and Health the next year
2008	HB 784	Del. Kilgore	Continued in H.W.I. & left in H.W.I. the next year
2009	HB 1820	Del. Kilgore	Left in H.W.I.

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Background: Naturopathy's Underlying Principles

1. **First do no harm.** Try to minimize harmful side effects and avoid suppression of symptoms.
2. **Physician as teacher.** Educate patients and encourage them to take responsibility for their own health.
3. **Treat the whole person.** Consider all factors (e.g., physical, mental, emotional, spiritual, genetic, environmental, social) when tailoring treatment to each patient.
4. **Prevention.** Assess risk factors and, in partnership with patients, make appropriate interventions to prevent illness.
5. **Healing power of nature.** Seek to identify and remove obstacles to the body's natural processes for maintaining and restoring health.
6. **Treat the cause.** Focus on the causes of a disease or condition, rather than its symptoms.

Source: National Center for Complementary and Alternative Medicine: Background: Naturopathy Introduction at <http://nccam.nih.gov/health/naturopathy/naturopathyintro.htm#underlying>.

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Background: Two Groups of Naturopaths

❖ Traditional Naturopaths (TNs)

- No standard professional educational requirements.
- Training programs vary from non-degree certificate program to doctoral programs.
- Role is to educate and support the health of clients through non-invasive means.
 - TNs do not diagnose, treat conditions, perform surgery
- Titles used: Naturopath, Classical Naturopath, Nature Care Practitioner
- Number Practicing in Virginia: Unknown

Examples of Individuals Who May Be Considered to Practice in Natural Health Areas

- | | |
|--|--|
| ▪ Herbalists | ▪ Homeopaths |
| ▪ Certified Natural Health Professionals | ▪ Health/Life Coaches |
| ▪ Dietitians (Certified, Registered) | ▪ Certain Health Food/Retail Store Employees |
| ▪ Nutritionists | ▪ Certain Native Americans |
| ▪ Aromatherapists | ▪ Massage Therapists |
| ▪ Iridologists | ▪ Bodywork Practitioners |
| ▪ Acupuncturists/Acupressurists | ▪ Reiki Practitioners |

Source: JCHC interview and email correspondence with John and Becky Hanks representing Virginians for Health Freedom.

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Background: Two Groups of Naturopaths

(continued)

❖ Naturopathic Physicians (NaPs)

- Graduates of a four-year, graduate-level naturopathic medical school accredited by an organization recognized by the U.S. Department of Education
- Statutes in other states define NaP role in various ways ranging from primary care to promoting wellness
- Titles used: Naturopath, Medical Naturopath, Naturopathic Doctor, or Doctor of Naturopathy
- Estimated number in Virginia: 10-12

Source: Virginia Department of Health Professions, Study into the Need to Regulate Naturopaths in Virginia, (2005).

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NaP Training: Medicine and Practice

- ❖ “Naturopathic physicians work with their patients to prevent and treat acute and chronic illness and disease, restore health and establish optimal fitness by supporting the person's inherent self-healing process, the vis medicatrix naturae. This is accomplished through:
 - **Prevention:** Prevention of disease is emphasized through public health measures and hygiene as well as the encouragement and guidance of persons to adopt lifestyles which are conducive to optimal health.
 - **Diagnosis:** Diagnosis and evaluation of the individual's state of health are accomplished by integrated modern and traditional, clinical and laboratory diagnostic methods.
 - **Treatment and Care:** Therapeutic methods and substances are used which work in harmony with the person's inherent self-help process, the vis medicatrix naturae, including: dietetics and nutritional substances, botanical medicine, psychotherapy, naturopathic physical medicine including: naturopathic manipulative therapy, minor surgery, prescription medications, naturopathic obstetrics (natural childbirth), homeopathy, and acupuncture.”

Source: American Association of Naturopathic Physicians website at <http://www.naturopathic.org/content.asp?pl=16&sl=59&contentid=59>

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NaP Training: Education

- ❖ 2 years of Graduate Level Didactic
- ❖ 2 years Graduate Level Clinical
 - Average Clinical – 2,800 Hours
- ❖ Graduate training includes:
 - Pharmacology – 100 hours
 - Nutrition – 130 hours
 - Botanical Medicine – 110 hours
 - Chinese Medicine – 160 hours
- ❖ Residency is not required.

See Appendix for additional information on graduate level training

Source: American Association of Naturopathic Physicians, *Naturopathic Medicine: A Comprehensive Review of the Naturopathic Profession*, February 2012.

NaP Training: Education Comparisons

Education and Training of Health Practitioners in Virginia

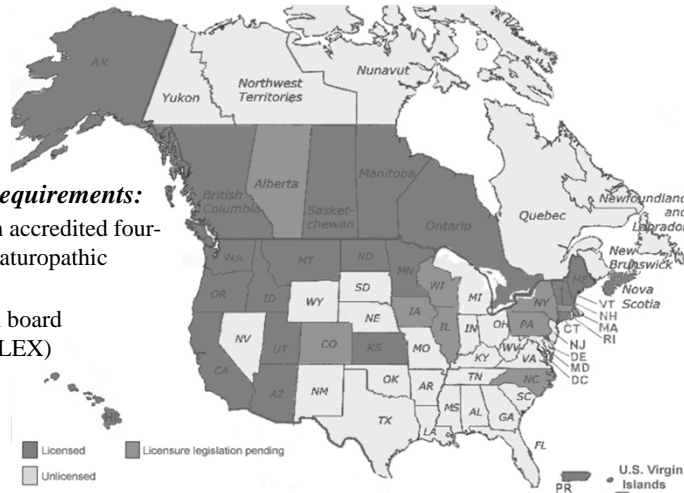
	M.D. & D.O.	Physician Assistant	Nurse Practitioner	Naturopathic Physician
Length of graduate level education	4 years (90 credit hours) + residency and fellowship	16 to 27 months (82 to 92 credit hours)	Family NP: 2 years (46-52 credit hours) NDP (post-MSN): extra 2 years for a total of 4 years	4 years
Post-graduate residency and fellowship	Range from 3 to 7 years (varies by specialty)	No uniform residency requirements	Virginia schools have no residency requirements	No uniform residency requirements
Total patient care hours required throughout training	12,000 to 16,000	4 semesters of clinical rotations	500 (MSN) or 1,000 (DNP)	850

Source: Medical Society of Virginia's Issue Backgrounder. Note source document notes NaP as Naturopathic "physician".

NaP Regulation: 16 States License NaPs

❖ **Typical licensure requirements:**

1. Graduate from an accredited four-year residential naturopathic medical school
2. Pass postdoctoral board examination (NPLEX)



Source Naturopathic Physicians, Association of Accredited Naturopathic Medical Colleges website <http://www.aanmc.org/> and Virginia Department of Health Professions, Study into the Need to Regulate Naturopaths in Virginia,(2005).

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NaP Regulation: Scope of Practice Laws in Other States

- ❖ Regulating states typically allow:
- Dietetics - the practical application of diet in relation to health and disease.
 - Hydrotherapy - the use of water (hot, cold, steam, or ice) to relieve discomfort and promote physical well-being.
 - Physiotherapy - the treatment of disease, bodily defects, or bodily weaknesses by physical remedies, such as massage, special exercises, etc., rather than by drugs.
 - Electrotherapy - medical therapy using electric currents
- ❖ Regulating states vary regarding:
- Obstetrics
 - X-ray
 - Minor surgery
 - Prescriptive authority

Source: State of Colorado, Department of Regulatory Agencies: 2008 Sunrise Review and definitions from thefreedictionary.com.

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2005 Board of Health Professions (BHP) Review: Naturopath History

- ❖ In the early 1900s, states commonly regulated the practice of naturopathy, but “significant growth of more scientific (‘allopathic’) medicine” and standardized curricula “contributed to the closing of many naturopathic schools and, by mid-20th century, to deregulation.”
 - Virginia stopped issuing new licenses in 1980.”
- ❖ “Various disciplines of alternative and complementary medicine are not firmly distinguished from one another.”
- ❖ Some naturopathic modalities have been scientifically studied and proven to be effective for pain relief and improving physical functioning (e.g. acupuncture, physiotherapy, chiropractic and exercise.)
 - Naturopathy as a system of medicine has not been reviewed.

Source: Board of Health Professions' *Study into the Need to Regulate Naturopaths in Virginia*, September 8, 2005.

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2005 BHP Review: Arguments for NaP Regulation

1. Allow public access to NaPs that can practice up to their level of training.
 - NaPs aim is to “support wellness and prevent disease and also address routine, minor illness or injury with naturopathic skill supplemented with allopathic methods.”
 - While NaPs can practice in Virginia to some degree of their training, they are not allowed to prescribe labs, perform minor surgery, obstetric care, or prescribe drugs.
2. Distinguish NaPs from TNs to the public.
 - Unlike NaPs, TNs have no standard education requirements

Source: Board of Health Professions' *Study into the Need to Regulate Naturopaths in Virginia*, September 8, 2005.

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2005 BHP Review: Arguments Against Regulation

1. Regulation will allow the NaPs a State-sanctioned market advantage over TNs
2. Depending on how a bill is drafted:
 - The practice of traditional naturopathy could become illegal without a NaP license.
 - The term “naturopath” could be reserved only for NaPs.
3. NaPs can currently work in Virginia and provide information on natural supplements, vitamins, diet, lifestyle, etc without a change in the law.
 - If NaPs pose no risk to public health, why regulate?
4. NaPs should not be allowed to be a “primary care physician diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery without the medical background that should include hospital internships, residencies, with traditional allopathic and osteopathic medical school training.”

Source: Board of Health Professions' *Study into the Need to Regulate Naturopaths in Virginia*, September 8, 2005.

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2005 BHP Review: Board Did Not Recommend Regulation

- ❖ The 2005 study by the Board of Health Professions found evidence of harm attributable to naturopaths was insufficient
 - “No known injuries or complaints about care found in Virginia.”
 - Disciplinary findings against naturopathic physicians rare in other states; no malpractice cases found.
 - *Conclusion:* Professional regulation of naturopaths unwarranted because the “risk of harm” criteria for licensure could not be met. Instances of individuals harmed by “naturopaths” in other states apparently involved “unscrupulous, incompetent practitioners” who were not naturopathic physicians. Furthermore, licensing naturopathic physicians would not provide additional protections not already covered under Virginia’s criminal statutes regarding “the unlicensed practice of any regulated health profession.”

See Appendix for BHP key questions regarding naturopath regulation

Source: Board of Health Professions' *Study into the Need to Regulate Naturopaths in Virginia*, September 8, 2005, p. iii.

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HB 2487: Highlights

- ❖ Requires the Board of Medicine to license and regulate NaPs as independent practitioners. A naturopathic physician may:
 1. Order and perform physical and laboratory examinations...
 2. Order diagnostic imaging studies...
 3. Dispense, administer, order, and prescribe certain substances
 4. Utilize oral, anal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular routes of administration...
 5. Perform those therapies as trained, educated, and approved by the Board.

- ❖ Advisory Board on Naturopathy is created to established to formulary for use by naturopathic physicians

See Appendix for additional scope of practice information

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HB 2487: Highlights (continued)

- ❖ Naturopathic Physician requirements for licensure:
 1. Graduation from (i) a naturopathic medical education program that offers graduate-level, full-time didactic and supervised clinical training
 2. Successful completion of a competency-based national naturopathic medicine licensing examination administered by an agency recognized by the Board.

- ❖ Restricts practice of naturopathy to only licensed NaPs
 - Exceptions: TN practice activities would be limited to “providing information” about vitamins and herbs.

- ❖ Restricts the ability for non-licensed individuals to use the term “naturopath”

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HB 2487: Proponent Arguments for Regulation

1. NaPs can help remedy Virginia's shortage of primary care physicians
2. NaPs complete a 4-year accredited medical school
3. NaPs emphasize prevention, which can be a cost-effective type of health care.
4. Without regulation, NaPs are not allowed to practice up to their level of training.
5. Naturopathy is unregulated in Virginia and any individual can present himself/herself as a "naturopath."

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HB 2487: Opponent Arguments Against Regulation

1. NaPs do not have the requisite education and training to provide the same level and quality of care as a physician to practice independently.
 - NaPs are not required to participate in a supervised residency program, like M.D.s and D.O.s
2. NaPs are not sufficiently trained to prescribe medications.
3. Medical efficacies of the treatment modalities by NaPs are unproven.

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HB 2487: Opponent Arguments Against Regulation (continued)

4. The practice of traditional naturopathy could become illegal without a NaP license.
5. The term “naturopath” could be reserved only for NaPs.
6. If NaPs are regulated it may negatively impact the market that traditional naturopaths serve. A government-bestowed license may:
 - Sway some individuals towards a NaP instead of a traditional naturopath.
 - Impact market dynamics if NaP services were to be reimbursed by insurance.

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Policy Options

Option 1: Take no action.

Option 2: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

- Includes the scope of practice and prescriptive authority as defined in HB 2487.
- Limits unlicensed individuals from:
 - Claiming to be a “naturopath,” and
 - Practicing naturopathy.

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Policy Options

Option 3: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

1. Licensure:
 - a. Graduate from an accredited four-year residential naturopathic medical school
 - b. Pass postdoctoral board examination (NPLEX)
 - c. Meet continuing education requirements (30 hours annually)
2. Includes the scope of practice and prescriptive authority as defined in HB 2487.

Note: HB 2487 addressed issues other than “naturopathic physician” licensure. Options 3 & 4 are limited to only NaP licensure and scope of practice. These options are not intended to address unlicensed NaPs or TNs. Therefore, both options include specific allowances for the continuation of:

1. Unlicensed individuals claiming to be a “naturopath” and
2. Unlicensed NaPs or TNs continuing to legally practice as they have been.

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Policy Options

Option 4: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for licensure of the “medical naturopath.” The regulations would include requirements for:

1. Licensure:
 - a. Graduate from an accredited four-year residential naturopathic medical school
 - b. Pass postdoctoral board examination (NPLEX)
 - c. Meet continuing education requirements (30 hours annually)
2. Supervision
 - Medical naturopaths (MNs) are required to practice under the direct supervision of licensed Doctor of Medicine or Osteopathic Medicine.
3. Scope of Practice
 - Supervising physician works with the medical naturopath to establish the MN’s scope of practice.
 - Delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient, including recommending non-prescription drugs.
 - Set forth in a written practice supervision agreement and may include health care services which are educational, diagnostic, therapeutic, preventive or involve treatment.

24

Public Comment

- ▶ Written public comments on the proposed options may be submitted to JCHC by close of business on October 26, 2012.
 - ▶ Comments may be submitted via:
 - E-mail: sreid@jchc.virginia.gov
 - Fax: 804-786-5538
 - Mail: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218
 - ▶ Comments will be summarized and included in the Decision Matrix which will be discussed during the November 7th meeting.
- ▶ Website – <http://jchc.virginia.gov>

25

Appendix

NaP Training: Education

- ❖ **Years 1 and 2:** Curriculum focuses on basic and clinical sciences and diagnostics, covering:
 - Anatomy, Biochemistry, Human physiology, Histology, Human pathology, Immunology, Macro- and microbiology, Neuroscience and Pharmacology
- ❖ **Years 3 and 4:** Internship in supervised clinical settings, learning various therapeutic modalities including:
 - Botanical medicine, Clinical nutrition, Counseling, Homeopathy, Laboratory & clinical diagnosis, Minor surgery, Naturopathic physical medicine, and Nutritional science

Source: Association of Accredited Naturopathic Medical Colleges
website at <http://www.aanmc.org/education/academic-curriculum.php>.

27

2005 BHP Review: Key Questions to Determine the Need to Regulate NaPs

1. What is the potential risk for harm to the consumer?
2. What specialized skills and training do naturopaths possess?
3. To what degree is independent judgment required in their practices?
4. Is their scope of practice distinguishable from other regulated occupations and professions?
5. What would the economic impact to the public if this group were regulated?
6. Are there alternatives other than state regulation of this occupation which would adequately protect the public?
7. Finally, if it is determined that this occupation requires state regulation, what is the least restrictive level this is consistent with the public's protection?

Source: Board of Health Professions' *Study into the Need to Regulate Naturopaths in Virginia*, September 8, 2005, p. 2.

28

HB 2487: NaP Scope of Practice -Allowed Activities*

A naturopathic physician “may:

1. Order and perform physical and laboratory examinations...
2. Order diagnostic imaging studies...
3. Dispense, administer, order, and prescribe or perform...[botanicals, dietary supplements, and nonprescription drugs, as well as prescription substances as determined by regulatory board], hot or cold hydrotherapy, naturopathic physical assessment and medicine, electromagnetic energy, and therapeutic exercise, devices, health education and health counseling, minor surgical procedures...and musculoskeletal physical assessment and treatment...
4. Utilize oral, anal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular routes of administration...
5. Perform those therapies as trained, educated, and approved by the Board.”

*Many of the allowed activities are qualified by the phrase “consistent with naturopathic education and training.” Furthermore, performing minor surgical procedures and utilizing various “routes of administration” require the NP to participate in ongoing training and/or continuing education.

29

HB 2487: NaP Scope of Practice – Prohibited Activities

A naturopathic physician “shall not:

1. Prescribe, dispense, or administer any controlled substance or device...unless otherwise authorized herein;”
2. Perform major surgical procedures...
3. “Practice or claim to practice as a medical doctor, osteopath...or any other health care professional...unless licensed by the Commonwealth as such;
4. Use general or spinal anesthetics;
5. Administer ionizing radioactive substances for therapeutic purposes;
6. Perform surgical procedures using a laser device;
7. Perform surgical procedures involving the eye, ear, tendons, nerves, veins, or arteries extending beyond superficial tissue;
8. Perform chiropractic adjustments or musculoskeletal manipulation;
9. Perform acupuncture...or
10. Perform midwifery or birthing services for obstetrical patients unless deemed a medical emergency.”

30

11104046D

HOUSE BILL NO. 2487

Offered January 21, 2011

A BILL to amend and reenact §§ 54.1-2900, 54.1-2901, 54.1-2914, and 54.1-3401 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 54.1-2956.12 through 54.1-2956.15, relating to licensure of naturopaths.

Patron—Kilgore

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2900, 54.1-2901, 54.1-2914, and 54.1-3401 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding sections numbered 54.1-2956.12 through 54.1-2956.15 as follows:

§ 54.1-2900. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means individuals approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Board" means the Board of Medicine.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Naturopath" means an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of a

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59 licensed physical therapist and the patient's physician or under the direction of any doctor of medicine,
60 osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise
61 or mechanical or other devices.

62 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,
63 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not
64 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,
65 medicines, serums or vaccines.

66 "Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of
67 human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

68 "*Practice of naturopathy or naturopathic medicine*" means a system of primary health care for the (i)
69 prevention, diagnosis, and treatment of human health conditions, injury, and disease; (ii) promotion or
70 restoration of health; and (iii) support and stimulation of a patient's inherent self-healing process
71 through patient education and the use of naturopathic therapies and therapeutic substances.

72 "Practice of occupational therapy" means the evaluation, analysis, assessment, and delivery of
73 education and training in activities of daily living (ADL); the design, fabrication, and application of
74 orthoses (splints); guidance in the selection and use of adaptive equipment; therapeutic activities to
75 enhance functional performance; prevocational evaluation and training; and consultation concerning the
76 adaptation of physical environments for individuals who have disabilities.

77 "Practice of podiatry" means the medical, mechanical and surgical treatment of the ailments of the
78 human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level
79 through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be
80 performed in a hospital or ambulatory surgery facility accredited by an organization listed in
81 § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and
82 ankle is within the scope of practice of podiatry.

83 "Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or
84 therapeutic purposes.

85 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and
86 therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease
87 prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or
88 osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a
89 practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii)
90 observation and monitoring of signs and symptoms, general behavior, general physical response to
91 respiratory care treatment and diagnostic testing, including determination of whether such signs,
92 symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv)
93 implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting,
94 referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a
95 licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures,
96 pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care
97 may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed
98 appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or
99 osteopathic medicine, and shall be performed under qualified medical direction.

100 "Qualified medical direction" means, in the context of the practice of respiratory care, having readily
101 accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine
102 who has specialty training or experience in the management of acute and chronic respiratory disorders
103 and who is responsible for the quality, safety, and appropriateness of the respiratory services provided
104 by the respiratory care practitioner.

105 "Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy,
106 podiatry, or chiropractic; or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.) of this title,
107 who (i) performs, may be called upon to perform, or who is licensed to perform a comprehensive scope
108 of diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is
109 delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of
110 patient and staff from unnecessary radiation, the appropriate exposure of radiographs or other procedures
111 which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is
112 exposed.

113 "Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist,
114 dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27
115 (§ 54.1-2700 et seq.) of this title and the regulations pursuant thereto, who performs diagnostic
116 radiographic procedures employing equipment which emits ionizing radiation which is limited to specific
117 areas of the human body.

118 "Respiratory care" means the practice of the allied health profession responsible for the direct and
119 indirect services, including inhalation therapy and respiratory therapy, in the treatment, management,
120 diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the

121 cardiopulmonary system under qualified medical direction.

122 § 54.1-2901. Exceptions and exemptions generally.

123 A. The provisions of this chapter shall not prevent or prohibit:

124 1. Any person entitled to practice his profession under any prior law on June 24, 1944, from
125 continuing such practice within the scope of the definition of his particular school of practice;

126 2. ~~Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice~~
127 ~~in accordance with regulations promulgated by the Board;~~

128 3. Any licensed nurse practitioner from rendering care under the supervision of a duly licensed
129 physician when such services are authorized by regulations promulgated jointly by the Board of
130 Medicine and the Board of Nursing;

131 43. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or
132 other technical personnel who have been properly trained from rendering care or services within the
133 scope of their usual professional activities which shall include the taking of blood, the giving of
134 intravenous infusions and intravenous injections, and the insertion of tubes when performed under the
135 orders of a person licensed to practice medicine;

136 54. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his
137 usual professional activities;

138 65. Any practitioner licensed or certified by the Board from delegating to personnel supervised by
139 him, such activities or functions as are nondiscretionary and do not require the exercise of professional
140 judgment for their performance and which are usually or customarily delegated to such persons by
141 practitioners of the healing arts, if such activities or functions are authorized by and performed for such
142 practitioners of the healing arts and responsibility for such activities or functions is assumed by such
143 practitioners of the healing arts;

144 76. The rendering of medical advice or information through telecommunications from a physician
145 licensed to practice medicine in Virginia or an adjoining state to emergency medical personnel acting in
146 an emergency situation;

147 ~~8. The domestic administration of family remedies~~7. *Any person from treating themselves and their*
148 *families based on religious or health beliefs;*

149 98. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in
150 public or private health clubs and spas;

151 109. The manufacture or sale of proprietary medicines in this Commonwealth by licensed
152 pharmacists or druggists;

153 ~~110.~~ The advertising or sale of commercial appliances or remedies;

154 ~~1211.~~ The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus
155 or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a
156 nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the
157 deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician
158 directing the fitting of such casts and such activities are conducted in conformity with the laws of
159 Virginia;

160 ~~1312.~~ Any person from the rendering of first aid or medical assistance in an emergency in the
161 absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

162 ~~1413.~~ The practice of the religious tenets of any church in the ministrations to the sick and suffering
163 by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
164 compensation;

165 ~~1514.~~ Any legally qualified out-of-state or foreign practitioner from meeting in consultation with
166 legally licensed practitioners in this Commonwealth;

167 ~~1615.~~ Any practitioner of the healing arts licensed or certified and in good standing with the
168 applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in
169 Virginia temporarily and such practitioner has been issued a temporary license or certification by the
170 Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in
171 a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while
172 participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any
173 site any health care services within the limits of his license, voluntarily and without compensation, to
174 any patient of any clinic which is organized in whole or in part for the delivery of health care services
175 without charge as provided in § 54.1-106;

176 ~~1716.~~ The performance of the duties of any commissioned or contract medical officer, or podiatrist in
177 active service in the army, navy, coast guard, marine corps, air force, or public health service of the
178 United States while such individual is so commissioned or serving;

179 ~~1817.~~ Any masseur, who publicly represents himself as such, from performing services within the
180 scope of his usual professional activities and in conformance with state law;

181 ~~1918.~~ Any person from performing services in the lawful conduct of his particular profession or

182 business under state law;

183 ~~2019.~~ Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

184 ~~2120.~~ Qualified emergency medical services personnel, when acting within the scope of their
185 certification, and licensed health care practitioners, when acting within their scope of practice, from
186 following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of
187 Health regulations, or licensed health care practitioners from following any other written order of a
188 physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

189 ~~2221.~~ Any commissioned or contract medical officer of the army, navy, coast guard or air force
190 rendering services voluntarily and without compensation while deemed to be licensed pursuant to
191 § 54.1-106;

192 ~~2322.~~ Any provider of a chemical dependency treatment program who is certified as an "acupuncture
193 detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent
194 certifying body, from administering auricular acupuncture treatment under the appropriate supervision of
195 a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

196 ~~2423.~~ Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation
197 (CPR) acting in compliance with the patient's individualized service plan and with the written order of
198 the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

199 ~~2524.~~ Any person working as a health assistant under the direction of a licensed medical or
200 osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local
201 correctional facilities;

202 ~~2625.~~ Any employee of a school board, authorized by a prescriber and trained in the administration
203 of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the
204 parents as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to
205 a student diagnosed as having diabetes and who requires insulin injections during the school day or for
206 whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

207 ~~2726.~~ Any practitioner of the healing arts or other profession regulated by the Board from rendering
208 free health care to an underserved population of Virginia who (i) does not regularly practice his
209 profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another
210 state, territory, district or possession of the United States, (iii) volunteers to provide free health care to
211 an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer,
212 nonprofit organization that sponsors the provision of health care to populations of underserved people,
213 (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v)
214 notifies the Board at least five business days prior to the voluntary provision of services of the dates and
215 location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be
216 valid, in compliance with the Board's regulations, during the limited period that such free health care is
217 made available through the volunteer, nonprofit organization on the dates and at the location filed with
218 the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts
219 whose license or certificate has been previously suspended or revoked, who has been convicted of a
220 felony or who is otherwise found to be in violation of applicable laws or regulations. However, the
221 Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer
222 services without prior notice for a period of up to three days, provided the nonprofit organization
223 verifies that the practitioner has a valid, unrestricted license in another state;

224 ~~2827.~~ Any registered nurse, acting as an agent of the Department of Health, from obtaining
225 specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis
226 disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to
227 the Division of Consolidated Laboratories or other public health laboratories, designated by the State
228 Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as
229 defined in § 32.1-49.1;

230 ~~2928.~~ Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered
231 nurse under his supervision the screening and testing of children for elevated blood-lead levels when
232 such testing is conducted (i) in accordance with a written protocol between the physician or nurse
233 practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations
234 promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be
235 conducted at the direction of a physician or nurse practitioner;

236 ~~3029.~~ Any practitioner of one of the professions regulated by the Board of Medicine who is in good
237 standing with the applicable regulatory agency in another state or Canada from engaging in the practice
238 of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or
239 athlete for the duration of the athletic tournament, game, or event in which the team or athlete is
240 competing; or

241 ~~3130.~~ Any licensed nurse practitioner in the category of certified nurse midwife from rendering care
242 in collaboration and consultation with a duly licensed physician when such services are authorized by
243 regulations promulgated jointly by the Board of Medicine and the Board of Nursing;

244 31. *The practice of naturopathic medicine by an individual employed by the United States*
 245 *government while the individual is engaged in performance of duties prescribed by the laws and*
 246 *regulations of the United States;*

247 32. *The practice of naturopathic medicine by students enrolled in an approved naturopathic medical*
 248 *college, provided services performed shall be pursuant to a course of instruction or assignments from,*
 249 *and under the supervision of, an instructor who shall be a licensed naturopathic physician or a duly*
 250 *licensed professional in the instructed field; or*

251 33. *Any person who sells vitamins and herbs from providing information about his products.*

252 B. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed
 253 by the Boards of Nursing and Medicine in the category of certified nurse midwife may practice without
 254 the requirement for physician supervision while participating in a pilot program approved by the Board
 255 of Health pursuant to § 32.1-11.5.

256 § 54.1-2914. Sale of controlled substances and medical devices or appliances; requirements for vision
 257 care services.

258 A. A practitioner of the healing arts shall not engage in selling controlled substances unless he is
 259 licensed to do so by the Board of Pharmacy. However, this prohibition shall not apply to a doctor of
 260 medicine, osteopathy or podiatry who administers controlled substances to his patients or provides
 261 controlled substances to his patient in a bona fide medical emergency or when pharmaceutical services
 262 are not available. Practitioners who sell or dispense controlled substances shall be subject to inspection
 263 by the Department of Health Professions to ensure compliance with Chapters 33 (§ 54.1-3300 et seq.)
 264 and 34 (§ 54.1-3400 et seq.) of this title and the Board of Pharmacy's regulations. This subsection shall
 265 not apply to physicians acting on behalf of the Virginia Department of Health or local health
 266 departments.

267 B. A practitioner of the healing arts who may lawfully sell medical appliances or devices shall not
 268 sell such appliances or devices to persons who are not his own patients and shall not sell such articles to
 269 his own patients either for his own convenience or for the purpose of supplementing his income. This
 270 subsection shall not apply to physicians acting on behalf of the Virginia Department of Health or local
 271 health departments.

272 C. A practitioner of the healing arts may, from within the practitioner's office, engage in selling or
 273 promoting the sale of eyeglasses and may dispense contact lenses. Only those practitioners of the
 274 healing arts who engage in the examination of eyes and prescribing of eyeglasses may engage in the
 275 sale or promotion of eyeglasses. Practitioners shall not employ any unlicensed person to fill prescriptions
 276 for eyeglasses within the practitioner's office except as provided in subdivision A 6 5 of § 54.1-2901. A
 277 practitioner may also own, in whole or in part, an optical dispensary located adjacent to or at a distance
 278 from his office.

279 D. Any practitioner of the healing arts engaging in the examination of eyes and prescribing of
 280 eyeglasses shall give the patient a copy of any prescription for eyeglasses and inform the patient of his
 281 right to have the prescription filled at the establishment of his choice. No practitioner who owns, in
 282 whole or in part, an establishment dispensing eyeglasses shall make any statement or take any action,
 283 directly or indirectly, that infringes on the patient's right to have a prescription filled at an establishment
 284 other than the one in which the practitioner has an ownership interest.

285 Disclosure of ownership interest by a practitioner as required by § 54.1-2964 or participation by the
 286 practitioner in contractual arrangements with third-party payors or purchasers of vision care services
 287 shall not constitute a violation of this subsection.

288 § 54.1-2956.12. *Unlawful to practice naturopathy or naturopathic medicine without a license;*
 289 *unlawful designation as naturopath; Board to regulate naturopaths.*

290 A. *It shall be unlawful for a person not holding a current and valid license from the Board to*
 291 *practice naturopathy or naturopathic medicine or to claim to be a naturopath, naturopathic doctor,*
 292 *naturopathic medical doctor, naturopathic physician, doctor of natural medicine, doctor of naturopathy,*
 293 *or doctor of naturopathic medicine or to assume the title naturopath, naturopathic doctor, naturopathic*
 294 *medical doctor, naturopathic physician, doctor of natural medicine, doctor of naturopathy, or doctor of*
 295 *naturopathic medicine or to use the designations "N.D.," "ND," "N.M.D.," "NMD," "D.N.M.," or "DNM"*
 296 *or any variation thereof.*

297 *In addition, it shall be unlawful for any person who is not licensed under this chapter, whose*
 298 *licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to*
 299 *use in conjunction with his name the words "naturopath," "naturopathic doctor," "naturopathic medical*
 300 *doctor," "naturopathic physician," "doctor of natural medicine," "doctor of naturopathy," or "doctor of*
 301 *naturopathic medicine" or to otherwise by letters, words, representations, or insignias assert or imply*
 302 *that he is licensed to practice naturopathic medicine.*

303 B. *The Board shall prescribe by regulation the qualifications governing the licensure of naturopaths.*
 304 *The regulations shall at a minimum require:*

305 1. Graduation from (i) a naturopathic medical education program in the United States providing the
306 degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine, which shall offer graduate-level,
307 full-time didactic and supervised clinical training and shall be accredited or have achieved candidacy
308 status for accreditation by the Council on Naturopathic Medical Education (CNME) or an equivalent
309 federally recognized accrediting body for naturopathic medical programs also recognized by the Board,
310 and which shall be an institution of higher education or part of an institution of higher education that is
311 either accredited or is a candidate for accreditation by a regional or national institutional accrediting
312 agency recognized by the U.S. Secretary of Education; (ii) a degree-granting college or university that,
313 prior to the existence of the CNME, offered a full-time, structured curriculum in basic sciences and
314 supervised patient care comprising a doctoral naturopathic medical education requiring not less than
315 132 weeks of coursework to be completed within a period of not less than 35 months, which was
316 reputable and in good standing in the judgment of the Board and which if still in existence has current
317 programmatic accreditation by the CNME or a federally recognized equivalent accrediting agency; (iii)
318 a diploma-granting, degree-equivalent college or university located in Canada that, prior to the
319 existence of the CNME, had provincial approval for participation in government-funded student aid
320 programs, offered a full-time, structured curriculum in basic sciences and supervised patient care
321 comprising a doctoral naturopathic medical education requiring not less than 132 weeks of coursework
322 to be completed within a period of not less than 35 30 months, was reputable and in good standing in
323 the judgment of the Board, and, if still in existence, has current programmatic accreditation by the
324 CNME or a federally recognized equivalent accrediting agency, and currently has provincial approval
325 for participation in government-funded student aid programs; or (iv) a diploma-granting,
326 degree-equivalent college or university located in Canada that has provincial approval for participation
327 in government-funded student aid programs, offers graduate-level, full-time didactic and supervised
328 clinical training, and is accredited or has achieved candidacy status for accreditation by the CNME or
329 an equivalent federally recognized accrediting body for naturopathic medical programs also recognized
330 by the Board; and

331 2. Successful completion of a competency-based national naturopathic medicine licensing examination
332 administered by the North American Board of Naturopathic Examiners, or an equivalent agency
333 recognized by the Board, or, for graduates of approved naturopathic medical programs in the United
334 States prior to the existence of the CNME, a competency-based state naturopathic medicine licensing
335 examination or equivalent Canadian provincial licensing examination for the practice of naturopathic
336 medicine approved by the Board.

337 § 54.1-2956.13. Scope of practice for naturopaths; limitations.

338 A. A naturopathic physician may:

339 1. Order and perform physical and laboratory examinations, consistent with naturopathic education
340 and training, for diagnostic purposes including, but not limited to, phlebotomy, clinical laboratory tests,
341 official examinations, and physiological function tests;

342 2. Order diagnostic imaging studies consistent with naturopathic medical education and training;
343 studies that are not so consistent must be referred to an appropriately licensed health care professional
344 for performance and interpretation;

345 3. Dispense, administer, order, and prescribe or perform (i) food and food extracts, nutraceuticals,
346 vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines,
347 homeopathic medicines and nosodes, all dietary supplements, and nonprescription drugs as defined by
348 the Federal Food, Drug, and Cosmetic Act, (ii) prescription substances as determined by the Advisory
349 Board of Naturopathy in conjunction with the Board, (iii) hot or cold hydrotherapy, naturopathic
350 physical assessment and medicine, electromagnetic energy, and therapeutic exercise, (iv) devices
351 including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment,
352 (v) health education and health counseling, (vi) minor surgical procedures, provided the naturopathic
353 physician participates annually in ongoing training and continuing education equivalent to that of other
354 general practitioners within the Commonwealth, and (vii) musculoskeletal physical assessment and
355 treatment consistent with naturopathic education and training;

356 4. Utilize oral, anal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous,
357 intravenous, and intramuscular routes of administration, consistent with the education and training of a
358 naturopathic physician, provided that the naturopathic physician must participate in continuing
359 education biannually to be eligible to utilize intravenous routes of administration; and

360 5. Perform those therapies as trained, educated, and approved by the Board.

361 B. A naturopathic physician shall not:

362 1. Prescribe, dispense, or administer any controlled substance or device identified in 21 U.S.C.
363 § 801-971 (1988), as amended, unless otherwise authorized herein;

364 2. Perform surgical procedures, unless such procedures are minor and the naturopathic physician
365 maintains continuing education requirements consistent in amount and type with those of other general
366 practitioners in the Commonwealth, as required by the Board;

367 3. Practice or claim to practice as a medical doctor, osteopath, dentist, podiatrist, optometrist,
 368 chiropractor, psychologist, advanced practical professional nurse, physician assistant, physical therapist,
 369 acupuncturist, or any other health care professional not authorized herein unless licensed by the
 370 Commonwealth as such;

371 4. Use general or spinal anesthetics;

372 5. Administer ionizing radioactive substances for therapeutic purposes;

373 6. Perform surgical procedures using a laser device;

374 7. Perform surgical procedures involving the eye, ear, tendons, nerves, veins, or arteries extending
 375 beyond superficial tissue;

376 8. Perform chiropractic adjustments or musculoskeletal manipulation;

377 9. Perform acupuncture, unless licensed as an acupuncturist as defined in the Code of Virginia or by
 378 standards set forth for substance abuse and addiction protocols of auricular acupuncture; or

379 10. Perform midwifery or birthing services for obstetric patients unless deemed a medical emergency.
 380 § 54.1-2956.14. Advisory Board on Naturopathy established; purpose.

381 The Advisory Board on Naturopathy, referred to hereinafter as "Advisory Board," shall assist the
 382 Board in the manner set forth in this chapter. The Advisory Board shall consist of five nonlegislative
 383 citizen members appointed by the Governor for four-year terms as follows: two members who shall be,
 384 at the time of appointment, licensed naturopathic physicians; two members who shall be pharmacists
 385 licensed in Virginia; and one member who shall be a physician licensed in Virginia. Appointments to fill
 386 vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be
 387 reappointed; however, no member shall serve more than two consecutive four-year terms. The remainder
 388 of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining
 389 the member's eligibility for reappointment.

390 § 54.1-2956.15. Advisory Board on Naturopathy; powers.

391 A. The Advisory Board shall, under the authority of the Board, establish a formulary for use by
 392 naturopathic physicians and, immediately upon adoption or revision of the formulary, transmit the
 393 approved formulary to the Board, which shall adopt the formulary by temporary rule, provided that (i)
 394 the council shall review the formulary annually, or at any time at the request of the Board, (ii) the
 395 formulary list shall not go beyond the scope of natural medicines or legend drugs and devices covered
 396 by approved naturopathic education and training or Board approved continuing education, (iii) the
 397 formulary shall not include medicines or devices that are inconsistent with the training provided by
 398 approved naturopathic medical programs, and (iv) the formulary specifically includes all legend drugs
 399 or devices naturopathic physicians are authorized to prescribe, dispense, or administer.

400 § 54.1-3401. Definitions.

401 As used in this chapter, unless the context requires a different meaning:

402 "Administer" means the direct application of a controlled substance, whether by injection, inhalation,
 403 ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or by his
 404 authorized agent and under his direction or (ii) the patient or research subject at the direction and in the
 405 presence of the practitioner.

406 "Advertisement" means all representations disseminated in any manner or by any means, other than
 407 by labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the
 408 purchase of drugs or devices.

409 "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer,
 410 distributor, or dispenser. It does not include a common or contract carrier, public warehouseman, or
 411 employee of the carrier or warehouseman.

412 "Anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related
 413 to testosterone, other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone.

414 "Animal" means any nonhuman animate being endowed with the power of voluntary action.

415 "Automated drug dispensing system" means a mechanical or electronic system that performs
 416 operations or activities, other than compounding or administration, relating to pharmacy services,
 417 including the storage, dispensing, or distribution of drugs and the collection, control, and maintenance of
 418 all transaction information, to provide security and accountability for such drugs.

419 "Board" means the Board of Pharmacy.

420 "Bulk drug substance" means any substance that is represented for use, and that, when used in the
 421 compounding, manufacturing, processing, or packaging of a drug, becomes an active ingredient or a
 422 finished dosage form of the drug; however, "bulk drug substance" shall not include intermediates that
 423 are used in the synthesis of such substances.

424 "Change of ownership" of an existing entity permitted, registered or licensed by the Board means (i)
 425 the sale or transfer of all or substantially all of the assets of the entity or of any corporation that owns
 426 or controls the entity; (ii) the creation of a partnership by a sole proprietor, the dissolution of a
 427 partnership, or change in partnership composition; (iii) the acquisition or disposal of 50 percent or more

428 of the outstanding shares of voting stock of a corporation owning the entity or of the parent corporation
429 of a wholly owned subsidiary owning the entity, except that this shall not apply to any corporation the
430 voting stock of which is actively traded on any securities exchange or in any over-the-counter market;
431 (iv) the merger of a corporation owning the entity or of the parent corporation of a wholly-owned
432 subsidiary owning the entity with another business or corporation; or (v) the expiration or forfeiture of a
433 corporation's charter.

434 "Compounding" means the combining of two or more ingredients to fabricate such ingredients into a
435 single preparation and includes the mixing, assembling, packaging, or labeling of a drug or device (i) by
436 a pharmacist, or within a permitted pharmacy, pursuant to a valid prescription issued for a medicinal or
437 therapeutic purpose in the context of a bona fide practitioner-patient-pharmacist relationship, or in
438 expectation of receiving a valid prescription based on observed prescribing patterns; (ii) by or for a
439 practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine as an incident to his
440 administering or dispensing, if authorized to dispense, a controlled substance in the course of his
441 professional practice; or (iii) for the purpose of, or as incident to, research, teaching, or chemical
442 analysis and not for sale or for dispensing. The mixing, diluting, or reconstituting of a manufacturer's
443 product drugs for the purpose of administration to a patient, when performed by a practitioner of
444 medicine or osteopathy licensed under Chapter 29 (§ 54.1-2900 et seq.) or a person supervised by such
445 practitioner pursuant to subdivisions 4 3, 6 5, or 19 18 of § 54.1-2901, shall not be considered
446 compounding.

447 "Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of
448 this chapter. The term shall not include distilled spirits, wine, malt beverages, or tobacco as those terms
449 are defined or used in Title 3.1 or Title 4.1.

450 "DEA" means the Drug Enforcement Administration, United States Department of Justice, or its
451 successor agency.

452 "Deliver" or "delivery" means the actual, constructive, or attempted transfer of any item regulated by
453 this chapter, whether or not there exists an agency relationship.

454 "Device" means instruments, apparatus, and contrivances, including their components, parts and
455 accessories, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in
456 man or animals or to affect the structure or any function of the body of man or animals.

457 "Dialysis care technician" or "dialysis patient care technician" means an individual who is certified
458 by an organization approved by the Board of Health Professions pursuant to Chapter 27.01
459 (§ 54.1-2729.1 et seq.) and who, under the supervision of a licensed physician, nurse practitioner,
460 physician assistant or a registered nurse, assists in the care of patients undergoing renal dialysis
461 treatments in a Medicare-certified renal dialysis facility.

462 "Dialysis solution" means either the commercially available, unopened, sterile solutions whose
463 purpose is to be instilled into the peritoneal cavity during the medical procedure known as peritoneal
464 dialysis, or commercially available solutions whose purpose is to be used in the performance of
465 hemodialysis not to include any solutions administered to the patient intravenously.

466 "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the
467 lawful order of a practitioner, including the prescribing and administering, packaging, labeling or
468 compounding necessary to prepare the substance for that delivery. However, dispensing shall not include
469 the transportation of drugs mixed, diluted, or reconstituted in accordance with this chapter to other sites
470 operated by such practitioner or that practitioner's medical practice for the purpose of administration of
471 such drugs to patients of the practitioner or that practitioner's medical practice at such other sites. For
472 practitioners of medicine or osteopathy, "dispense" shall only include the provision of drugs by a
473 practitioner to patients to take with them away from the practitioner's place of practice.

474 "Dispenser" means a practitioner who dispenses.

475 "Distribute" means to deliver other than by administering or dispensing a controlled substance.

476 "Distributor" means a person who distributes.

477 "Drug" means (i) articles or substances recognized in the official United States Pharmacopoeia
478 National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to
479 any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment or
480 prevention of disease in man or animals; (iii) articles or substances, other than food, intended to affect
481 the structure or any function of the body of man or animals; or (iv) articles or substances intended for
482 use as a component of any article specified in clause (i), (ii) or (iii). "Drug" does not include devices or
483 their components, parts or accessories.

484 "Drug product" means a specific drug in dosage form from a known source of manufacture, whether
485 by brand or therapeutically equivalent drug product name.

486 "Electronic transmission prescription" means any prescription, other than an oral or written
487 prescription or a prescription transmitted by facsimile machine, that is electronically transmitted directly
488 to a pharmacy without interception or intervention from a third party from a practitioner authorized to
489 prescribe or from one pharmacy to another pharmacy.

490 "Facsimile (FAX) prescription" means a written prescription or order, which is transmitted by an
 491 electronic device over telephone lines that sends the exact image to the receiving pharmacy in hard copy
 492 form.

493 "FDA" means the United States Food and Drug Administration.

494 "Hashish oil" means any oily extract containing one or more cannabinoids, but shall not include any
 495 such extract with a tetrahydrocannabinol content of less than 12 percent by weight.

496 "Immediate precursor" means a substance which the Board of Pharmacy has found to be and by
 497 regulation designates as being the principal compound commonly used or produced primarily for use,
 498 and which is an immediate chemical intermediary used or likely to be used in the manufacture of a
 499 controlled substance, the control of which is necessary to prevent, curtail, or limit manufacture.

500 "Label" means a display of written, printed or graphic matter upon the immediate container of any
 501 article. A requirement made by or under authority of this chapter that any word, statement or other
 502 information appear on the label shall not be considered to be complied with unless such word, statement
 503 or other information also appears on the outside container or wrapper, if any, of the retail package of
 504 such article, or is easily legible through the outside container or wrapper.

505 "Labeling" means all labels and other written, printed or graphic matter on an article or any of its
 506 containers or wrappers, or accompanying such article.

507 "Manufacture" means the production, preparation, propagation, conversion or processing of any item
 508 regulated by this chapter, either directly or indirectly by extraction from substances of natural origin, or
 509 independently by means of chemical synthesis, or by a combination of extraction and chemical
 510 synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its
 511 container. This term does not include compounding.

512 "Manufacturer" means every person who manufactures.

513 "Marijuana" means any part of a plant of the genus *Cannabis* whether growing or not, its seeds or
 514 resin; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds,
 515 or its resin. Marijuana shall not include any oily extract containing one or more cannabinoids unless
 516 such extract contains less than 12 percent of tetrahydrocannabinol by weight, nor shall marijuana include
 517 the mature stalks of such plant, fiber produced from such stalk, oil or cake made from the seeds of such
 518 plant, unless such stalks, fiber, oil or cake is combined with other parts of plants of the genus *Cannabis*.

519 "Medical equipment supplier" means any person, as defined in § 1-230, engaged in the delivery to
 520 the ultimate consumer, pursuant to the lawful order of a practitioner, of hypodermic syringes and
 521 needles, medicinal oxygen, Schedule VI controlled devices, those Schedule VI controlled substances with
 522 no medicinal properties which are used for the operation and cleaning of medical equipment and
 523 solutions for peritoneal dialysis.

524 "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction
 525 from substances of vegetable origin, or independently by means of chemical synthesis, or by a
 526 combination of extraction and chemical synthesis: (i) opium, opiates, and any salt, compound, derivative,
 527 or preparation of opium or opiates; (ii) any salt, compound, isomer, derivative, or preparation thereof
 528 which is chemically equivalent or identical with any of the substances referred to in clause (i), but not
 529 including the isoquinoline alkaloids of opium; (iii) opium poppy and poppy straw; (iv) coca leaves and
 530 any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, isomer,
 531 derivative, or preparation thereof which is chemically equivalent or identical with any of these
 532 substances, but not including decocainized coca leaves or extraction of coca leaves which do not contain
 533 cocaine or ecgonine.

534 "New drug" means: (i) any drug, except a new animal drug or an animal feed bearing or containing
 535 a new animal drug, the composition of which is such that such drug is not generally recognized, among
 536 experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs,
 537 as safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling,
 538 except that such a drug not so recognized shall not be deemed to be a "new drug" if at any time prior
 539 to the enactment of this chapter it was subject to the Food and Drugs Act of June 30, 1906, as
 540 amended, and if at such time its labeling contained the same representations concerning the conditions
 541 of its use; or (ii) any drug, except a new animal drug or an animal feed bearing or containing a new
 542 animal drug, the composition of which is such that such drug, as a result of investigations to determine
 543 its safety and effectiveness for use under such conditions, has become so recognized, but which has not,
 544 otherwise than in such investigations, been used to a material extent or for a material time under such
 545 conditions.

546 "Nuclear medicine technologist" means an individual who holds a current certification with the
 547 American Registry of Radiological Technologists or the Nuclear Medicine Technology Certification
 548 Board.

549 "Official compendium" means the official United States Pharmacopoeia National Formulary, official
 550 Homeopathic Pharmacopoeia of the United States, or any supplement to any of them.

551 "Official written order" means an order written on a form provided for that purpose by the United
552 States Drug Enforcement Administration, under any laws of the United States making provision therefor,
553 if such order forms are authorized and required by federal law, and if no such order form is provided
554 then on an official form provided for that purpose by the Board of Pharmacy.

555 "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to
556 morphine or being capable of conversion into a drug having such addiction-forming or
557 addiction-sustaining liability. It does not include, unless specifically designated as controlled under
558 Article 4 (§ 54.1-3437 et seq.) ~~of this chapter~~, the dextrorotatory isomer of
559 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and
560 levorotatory forms.

561 "Opium poppy" means the plant of the species *Papaver somniferum* L., except the seeds thereof.

562 "Original package" means the unbroken container or wrapping in which any drug or medicine is
563 enclosed together with label and labeling, put up by or for the manufacturer, wholesaler, or distributor
564 for use in the delivery or display of such article.

565 "Person" means both the plural and singular, as the case demands, and includes an individual,
566 partnership, corporation, association, governmental agency, trust, or other institution or entity.

567 "Pharmacist-in-charge" means the person who, being licensed as a pharmacist, signs the application
568 for a pharmacy permit and assumes full legal responsibility for the operation of the relevant pharmacy in
569 a manner complying with the laws and regulations for the practice of pharmacy and the sale and
570 dispensing of controlled substances; the "pharmacist-in-charge" shall personally supervise the pharmacy
571 and the pharmacy's personnel as required by § 54.1-3432.

572 "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

573 "Practitioner" means a physician, dentist, licensed nurse practitioner pursuant to § 54.1-2957.01,
574 licensed physician assistant pursuant to § 54.1-2952.1, pharmacist pursuant to § 54.1-3300, TPA-certified
575 optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32, veterinarian, scientific investigator,
576 or other person licensed, registered or otherwise permitted to distribute, dispense, prescribe and
577 administer, or conduct research with respect to, a controlled substance in the course of professional
578 practice or research in the Commonwealth.

579 "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue
580 a prescription.

581 "Prescription" means an order for drugs or medical supplies, written or signed or transmitted by word
582 of mouth, telephone, telegraph or other means of communication to a pharmacist by a duly licensed
583 physician, dentist, veterinarian or other practitioner, authorized by law to prescribe and administer such
584 drugs or medical supplies.

585 "Prescription drug" means any drug required by federal law or regulation to be dispensed only
586 pursuant to a prescription, including finished dosage forms and active ingredients subject to § 503 (b) of
587 the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 353 (b)).

588 "Production" or "produce" includes the manufacture, planting, cultivation, growing or harvesting of a
589 controlled substance or marijuana.

590 "Proprietary medicine" means a completely compounded nonprescription drug in its unbroken,
591 original package which does not contain any controlled substance or marijuana as defined in this chapter
592 and is not in itself poisonous, and which is sold, offered, promoted or advertised directly to the general
593 public by or under the authority of the manufacturer or primary distributor, under a trademark, trade
594 name or other trade symbol privately owned, and the labeling of which conforms to the requirements of
595 this chapter and applicable federal law. However, this definition shall not include a drug which is only
596 advertised or promoted professionally to licensed practitioners, a narcotic or drug containing a narcotic,
597 a drug which may be dispensed only upon prescription or the label of which bears substantially the
598 statement "Warning - may be habit-forming," or a drug intended for injection.

599 "Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei
600 with the emission of nuclear particles or photons and includes any non-radioactive reagent kit or
601 radionuclide generator that is intended to be used in the preparation of any such substance, but does not
602 include drugs such as carbon-containing compounds or potassium-containing salts that include trace
603 quantities of naturally occurring radionuclides. The term also includes any biological product that is
604 labeled with a radionuclide or intended solely to be labeled with a radionuclide.

605 "Sale" includes barter, exchange, or gift, or offer therefor, and each such transaction made by any
606 person, whether as an individual, proprietor, agent, servant or employee.

607 "Therapeutically equivalent drug products" means drug products that contain the same active
608 ingredients and are identical in strength or concentration, dosage form, and route of administration and
609 that are classified as being therapeutically equivalent by the United States Food and Drug Administration
610 pursuant to the definition of "therapeutically equivalent drug products" set forth in the most recent
611 edition of the Approved Drug Products with Therapeutic Equivalence Evaluations, otherwise known as
612 the "Orange Book."

613 "USP-NF" means the current edition of the United States Pharmacopeia-National Formulary.
614 "Warehouser" means any person, other than a wholesale distributor, engaged in the business of
615 selling or otherwise distributing prescription drugs or devices to any person who is not the ultimate user
616 or consumer. No person shall be subject to any state or local tax by reason of this definition.
617 "Wholesale distribution" means distribution of prescription drugs to persons other than consumers or
618 patients, subject to the exceptions set forth in § 54.1-3401.1.
619 "Wholesale distributor" means any person engaged in wholesale distribution of prescription drugs
620 including, but not limited to, manufacturers; repackers; own-label distributors; private-label distributors;
621 jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug
622 warehouses conducting wholesale distributions, and wholesale drug warehouses; independent wholesale
623 drug traders; and retail pharmacies conducting wholesale distributions. No person shall be subject to any
624 state or local tax as a wholesale merchant by reason of this definition.
625 The words "drugs" and "devices" as used in Chapter 33 (§ 54.1-3300 et seq.) and in this chapter
626 shall not include surgical or dental instruments, physical therapy equipment, X-ray apparatus or glasses
627 or lenses for the eyes.
628 The terms "pharmacist," "pharmacy" and "practice of pharmacy" as used in this chapter shall be
629 defined as provided in Chapter 33 unless the context requires a different meaning.

JCHC Study: Regulation of Naturopaths

Practitioner-Organization Comments:

In Support of Option 1:

American Naturopathic Medical Association
Medical Society of Virginia
National Registry of Naturopathic Practitioners
Psychiatric Society of Virginia (PSV)
Virginia Academy of Family Physicians
Virginia Academy of Physician Assistants
Virginia Chapter of American Academy of Pediatrics
Virginia College of Emergency Medicine
Virginia Orthopaedic Society (VOS)
Virginia Society of Eye Physicians and Surgeons (VSEPS)
Virginia Society of Otolaryngology (VSO)
Virginians for Health Freedom

In Support of Options 2 or 3:

Virginia Association of Naturopathic Physicians

(Comments are organized in the order as listed above)

American Naturopathic Medical Association

32 Years of Dedicated Service

October 26, 2012

Joint Commission on Health Care

RE: ANMA does not support the licensure of Naturopaths

Dear Representative,

You are being asked to consider licensing naturopathic physicians, a small splinter group of Naturopaths that want to include minor surgery and drugs in the practice of naturopathy. Don't be fooled by the efforts of this dangerous group wanting to "get their foot in the door" and eventually practice "allopathic medicine" at your expense. This deceptive group has been before Virginia's legislature every session since 2005 seeking the titles NMD and Naturopathic Physician with medical rights. This year they come with hidden features such as their definition of naturopathic medicine. It also has a pathway to a "Formulary Council". ANMA opposes this bill based on our belief that graduates from the four year schools are no better trained than graduates from distance learning schools. In reality their training is substandard.

A history of this group will show in the State of Washington, naturopaths, who were called "drugless practitioners" in 1987, have over the years, requested their legislature to allow them to use the term "physician". Also In the state of Washington through a "Formulary Council", buried within their legislation they now are allowed to prescribe Schedule III (heavy narcotics), and IV (codeine cough syrups) medications, and perform Chelation, IV drips, and minor surgery including "malignant tumors". Through a "Formulary Council" Oregon naturopathic doctors now prescribe Lunesta, Viagra, and Ambien. None of these medications have any place in a real naturopathic practice.

The cost to the citizens of Colorado for administration of such a board is **prohibitive**. In 2010 the Governor of CA recommended sunset for it's naturopathic board due to high cost and **low turnout of licensees**. In fact a representative from NY recently told this group to stop bringing legislation because it is a waste of their time and taxpayer dollars.

The state of Colorado in 2 previous sunrise reviews found naturopathy practiced as natural and non-invasive is not a threat to the public and not necessary to license and the majority of states agree.

I urge you to vote *against the licensure of naturopathy* and put an end to this madness.

Sincerely,

Donald Hayhurst, NMD, PhD

President

Vote Against Licensing Naturopathy

P.O. Box 96273 • Las Vegas, NV 89193 • Phone (702) 897 - 7053 Fax (702) 897 - 7140

www.anma.org



HB2487 Study-Licensure of Naturopaths

Ann Hughes <ahughes1605@prodigy.net>

Mon, Oct 22, 2012 at 10:07 AM

Reply-To: ahughes@msv.org

To: sbowman@jhc.virginia.gov

Cc: Mike Jurgensen <mjurgensen@msv.org>, Matt Mansell <mmansell@msv.org>

Stephen,

The Medical Society of Virginia would like to express our support of Option 1, "take no position", on your report to the members of the Joint Commission, October 16, 2012, regarding licensure of naturopaths in the Commonwealth/HB2487. This position, paired with Dr. Hugh Bryan's October 2, 2012 letter to Senator Puller, represent the position of the members of MSV.

Thank you for the opportunity to weigh in on this issue and for all your hard work that went into the comprehensive report to the Commission.

Let me know if you have any questions or if MSV can assist in any way..

Best regards,

Ann



2924 Emerywood Parkway
Suite 300
Richmond, VA 23294

TF 800 | 746-6768
FX 804 | 355-6189

www.msv.org

The Honorable Linda T. Puller
Chair
Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218

October | 2 | 2012

Dear Sen. Puller:

The Medical Society of Virginia (MSV) represents approximately 9,500 physicians across all specialties in Virginia. On behalf of our physician members, I am writing to express MSV's opposition to the licensure of naturopaths as physicians in the commonwealth. The Joint Commission on Health Care is reviewing this issue as a result of the referral of the 2011 bill HB 2487 to the commission.

While some proponents maintain that naturopathic "physicians" would be a viable source of primary care in medically underserved parts of Virginia, we do not believe this to be true. The education and training naturopaths undergo is in no way comparable to the education and training physicians attain during medical school and in their residency programs. A primary care physician completes 12,000 to 16,000 hours of supervised training during residency; naturopaths do not complete residency training. We would have serious reservations about the care provided to patients if naturopaths were authorized to provide primary care services in underserved or any other area in Virginia.

As part of the request for licensure, naturopaths would like to obtain prescriptive authority, treat pediatric and obstetrical patients, conduct minor surgery, and order and interpret diagnostic tests. Naturopaths' training does not adequately prepare them to do any of these things. In addition, the medical efficacies of the treatment modalities offered by naturopaths are unproven.

The idea of licensing naturopaths as "physicians" was last studied in Virginia in 2005. The Regulatory Research Committee found that no regulation of naturopaths was warranted. At that time, the Board of Health Professions unanimously approved the committee's report and upheld its findings. Since then there has been no material change in the education of naturopathic "physicians".

MSV has undertaken efforts to increase access to care in underserved localities in Virginia. During the 2012 General Assembly session, we worked with stakeholders and legislators to secure passage of HB 346 to promote the use of patient-centered care teams of physicians and nurse practitioners led by doctors of medicine or osteopathy. This legislation and other initiatives will expand the use of telehealth services to increase access to care by properly trained and licensed professionals in underserved areas. MSV is also engaging policymakers in discussions about ways to increase the number of residency slots for physicians in rural Virginia. We strongly believe these efforts will result in better quality health care for patients in Virginia than any effort to license naturopaths in the commonwealth.

We appreciate your consideration of the physician perspective on this issue. We would be pleased to answer any questions you may have or provide you with any additional information.

Sincerely,

A handwritten signature in black ink that reads "Hugh M. Bryan III".

Hugh M. Bryan III, M.D.
President

cc: Members of the Joint Commission on Health Care
Kim Snead, Executive Director, JCHC
Stephen W. Bowman, Senior Staff Attorney/Methodologist, JCHC

National Registry of Naturopathic Practitioners

Joint Committee on Health Care

Dear Representative,

RE: Against licensing Naturopathy

You are being asked to license naturopathy in Virginia. The cost to the citizens of VA for administration of such a board for the exclusive benefit of 10 or so people is restrictive. The state of CA was forced to place the naturopathic board under the osteopathic board because of the high administrative costs and low turnout of licensees. National Registry of Naturopathic Practitioners is a registration board for all naturopaths practicing natural, non-invasive therapies nationwide. The national board provides a service for the citizens of VA without so much as one cent out of pocket expense.

NRNP does not support a distinction between naturopathic doctor and naturopath. NRNP does not support any legislation that would discriminate against any naturopathic practitioners. NRNP welcomes graduates of all schools, and NRNP promotes naturopathy including only natural non-invasive therapies.

When you look at the definition of naturopathy, you realize that naturopathy only includes natural non-invasive therapies, and naturopathy and naturopathic medicine are one in the same. Recently the U.S. Department of Health and Human Services, National Institutes of Health published a booklet entitled "Expanding Horizons of Health Care - Strategic Plan 2005-2009" listing the definition of naturopathy on page 66. This government declaration only confirms what NRNP promotes.

The National Institute of Health defines naturopathy as follows:
"Naturopathy: A whole medical system that originated in Europe in the 19th century. Naturopathy proposes that a healing power in the body establishes, maintains, and restores health. Practitioners work with the patient with a goal of supporting this power, through treatments such as nutrition and lifestyle counseling, dietary supplements, exercise, and others. Also called naturopathic medicine."

You can order this document by calling toll-free [1-888-644-6226](tel:1-888-644-6226), fax [1-866-464-3616](tel:1-866-464-3616) or e-mail info@nccam.nih.gov

This bill discriminates against the majority of individuals practicing naturopathy in the state of Virginia and **NRNP does not support licensing Naturopathy**.

AGAINST LICENSING ND'S

Sincerely,

Tim Davenport

Timothy Davenport, Ph.D., R.N.D.
Executive Director

MEMORANDUM

TO: Joint Commission on Health Care

FROM: Psychiatric Society of Virginia

SUBJECT: Study on Licensure of Naturopaths

DATE: October 26, 2012

I write to you on behalf of the Psychiatric Society of Virginia (PSV) regarding the Joint Commission on Health Care (JCHC) study on licensure of naturopathic doctors (HB 2487 (2011)). I would first like to thank you and the JCHC for your efforts in fully vetting this proposal and allowing input from all stakeholders involved in providing health care to the citizens of the Commonwealth of Virginia.

As licensed physicians in the Commonwealth of Virginia, our number one priority when considering policy changes is patient protection. We believe that citizens of Virginia provide high quality care – supported by the high standards set forth in Virginia’s laws and regulations. The Psychiatric Society of Virginia does not believe that the licensure of naturopaths reflects this consistent high standard of care. Below are reasons why we oppose licensure of naturopaths...

- The medical efficacy of the treatment modalities offered by naturopaths has not been proven.
- The education and training a naturopath receives is not equivalent to the education and training physicians receive. Notably, naturopaths have no mandatory residency training requirements. By contrast, a primary care physician (allopathic or osteopathic) undergoes 12,000 to 16,000 hours of supervised training as part of a residency program

“Access” has continued to be the centerpiece in the health care debate. We acknowledge this issue for numerous regions and patient populations. Nevertheless, attempts to expand access to health care services should not establish lower standards and consider that adequate, or even fair, treatment of underserved patients. Below are steps that Virginia’s psychiatrists have supported to expand capacity for health professionals yet also keeping the high standard of care Virginian’s deserve.

- The Physician-nurse practitioner team care legislation to allow teams to serve more patients in broader geographic areas
- Expanded use of the skills of Physician Assistants (PAs)
- Various telehealth initiatives supported by MSV, in partnership with the VA Telehealth Network to use technology to bring expertise and specialty care to rural and other underserved areas
- Advocating an increase in the number of residency slots in rural Virginia which will lead to more physicians to train and remain in rural Virginia

PSV endorses **Option 1: Take no action for the licensure of naturopaths**. I would again like to thank you and the JCHC for acknowledging our input on this issue as well as other crucial matters that make up Virginia’s complex health care delivery system. Please let me know if I can be of assistance to you and the Joint Commission on Health Care.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Virginia Chapter

October 26, 2012

Members of the Joint Commission on Health Care
900 E. Main Street, 1st Floor West
Richmond, VA 23219

Dear Members of the Joint Commission on Health Care:

On behalf of the Virginia Chapter of the American Academy of Pediatrics, I am writing to express our concern with the current study on Licensure of Naturopaths, stemming from HB 2487 being referred to the Joint Commission after the 2012 legislative session. As physicians, we oppose the licensure of naturopathic practitioners and believe it places Virginia patients at risk, especially our youngest and most vulnerable patients-children. After the presentation on October 16th, we want to express our support for Option 1, "Take no Action."

There is a stark difference between the amount of education and training pediatricians receive as opposed to naturopathic practitioners. Pediatric primary care physicians have undergone between 12,000 and 16,000 hours of supervised training in their residency programs. Naturopathic practitioners do not participate in any supervised residency program and have no mandatory residency training requirements. Their treatment models are not evidence-based and there is no proven medical efficacy. Simply put, there is no evidence to show whether their treatments work or if they are even safe to be practiced on children.

If naturopathic practitioners become licensed, it sends a message to Virginians that the Commonwealth sanctions the naturopathic model of care as both safe and effective. We believe this could have detrimental effects for Virginia patients, especially children. Our youngest patients do not choose which type of care they receive and are dependent on their parents for health-care decisions. If naturopathic practitioners are licensed in Virginia, parents may view them as an equivalent alternative to medical physicians.

An additional concern is that many view naturopathic care as a solution to the lack of primary care access in underserved regions of Virginia. While we recognize there is a need for more access in these areas, we do not believe this is the proper solution. The physician community is currently undertaking many efforts to increase access to primary care. The VA AAP worked with the Medical Society of Virginia to pass legislation last year that gives nurse practitioners and physician assistants more responsibilities and allows them to further serve in areas not currently served by physicians. In addition, the Administration and different health systems have begun discussions to increase the number of residency slots in rural regions, which will ultimately result in more physicians in these areas.

As pediatricians and members of the medical community, we ask that you do not endorse the option of licensing naturopathic practitioners. We strongly believe this places our smallest Virginians at risk and is not an appropriate solution to increasing access to care.

Sincerely,

A handwritten signature in black ink that reads "William Rees, MD, ABA, FAAP".

William Rees, MD FAAP
President, Virginia Chapter, American Academy of Pediatrics



Licensure of Naturopaths

Hunter W. Jamerson <hunter@macbur.com>
To: "sbowman@jchc.virginia.gov" <sbowman@jchc.virginia.gov>

Fri, Oct 26, 2012 at 7:07 PM

Stephen,

On behalf of my client, the Virginia Academy of Family Physicians, please note our support for Policy Option One: Take no action, on the question of licensure for naturopaths.

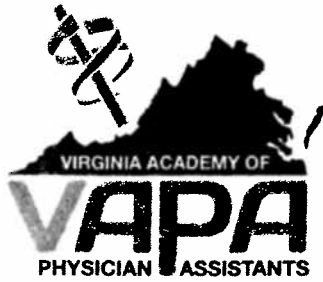
Please contact me if you wish to discuss further.

Thanks,

Hunter

Hunter W. Jamerson
MACAULAY & BURTCH, P.C
Hunter@macbur.com
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September 24, 2012

The Honorable Linda T. Puller
Chairman, Joint Commission on Health Care
900 E. Main Street, 1st Floor West
Richmond, VA 23219

The Honorable John M. O'Bannon, III M.D.
Vice-Chairman, Joint Commission on Health Care

Re: Joint Commission on Health Care Review of HB 2487 (2011) – Licensure & Regulation of Naturopaths

Dear Senator Puller and Delegate O'Bannon:

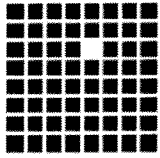
The Virginia Academy of Physician Assistants (VAPA) would like to thank the Joint Commission on Health Care for its ongoing efforts to improve health care for the citizens of the Commonwealth of Virginia. VAPA is a professional organization representing physician assistants (PAs) who live and work in the Commonwealth. We are committed to the continued improvement of access to health care by providing patient-centered quality care within an integrated, coordinated, physician led team.

VAPA appreciates the opportunity to offer comments, from the PA perspective, on the licensure and regulation of naturopaths. VAPA is cognizant of the current shortage of primary health care providers and the pending increase to that shortage with the passage and institution of the Affordable Health Care for America Act. It is our opinion, however, that the answer to improving access to health care is increased utilization of PAs, and not the licensure of naturopathic physicians, who provide very limited effect on access to care and whose medical efficacies of treatment modalities are unproven and not evidence based.

With the implementation of Chapter 81 of the 2012 Virginia Acts of Assembly, a licensed physician may now supervise up to six PAs simultaneously. This allows for an increase in the availability of PAs, and a further reach into practice areas that are not directly served by a physician. In addition, code changes in recent years have expanded the ability of PAs to provide care at locations separate from their supervising physician, thereby expanding their geographical availability and increasing access to health care. Furthermore, the four PA programs in the Commonwealth are experiencing increased enrollment, and have plans for expansion to support the growing need for providers.

Sincerely,

Kathleen A. Scarbalis, PA-C
President, Virginia Academy of Physician Assistants



VIRGINIA COLLEGE OF EMERGENCY PHYSICIANS

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October 26, 2012

Members of the Joint Commission on Health Care
900 E. Main Street, 1st Floor West
Richmond, VA 23219

Dear Members of the Joint Commission on Health Care:

On behalf of the Virginia College of Emergency Physicians, I am writing to express our opposition to the licensure of naturopathic practitioners and support of Option 1, "Take no Action," as presented to the committee on October 16th. As front line members of the physician community, we have serious concerns regarding this potential option. The study around this issue came as a result of HB 2487 during the 2012 legislative session, which we, along with the Medical Society of Virginia and other physicians strongly opposed.

Naturopathic practitioners do not complete anywhere near the amount of education and training that physicians receive. In addition, these practitioners undergo zero hours of residency training. They are not qualified to serve as a substitute model of health care for Virginians. Giving naturopathic practitioners licensure would grant them a level of credibility and public trust that is not warranted.

Some believe this is a potential solution to the lack of primary care access in underserved regions of Virginia. As emergency physicians, we are keenly aware of this problem and see many patients who have not received the primary care services they need. However, the physician community is diligently working on addressing this issue in a way that protects the health and welfare of these patients. The Medical Society of Virginia is working with the Virginia Telehealth Network to increase access to care and discussions have begun to increase the number of residency slots in the rural regions of Virginia, which will ultimately lead to more physicians there. These are viable solutions; licensing substandard and non-evidence based models of care are not.

As physicians, our first priority is to protect the safety and health of our patients. We believe the licensure of naturopathic practitioners would put this at risk. We simply urge you to not place naturopathic practitioners at the same level as medical physicians by granting them licensure.

Sincerely,

Jason Garrison, MD, FACEP
President

Virginia College of Emergency Physicians

Memorandum

TO: Joint Commission on Health Care

FROM: Virginia Orthopaedic Society

SUBJECT: Study on Licensure of Naturopaths

DATE: October 26, 2012

I write to you on behalf of the Virginia Orthopaedic Society (VOS) regarding the Joint Commission on Health Care (JCHC) study on licensure of naturopaths (HB 2487 (2011)). I would first like to thank you and the JCHC for your efforts in fully vetting this proposal and encouraging input from all stakeholder providers in the Commonwealth of Virginia.

As licensed physicians in the Commonwealth of Virginia, our number one priority when considering policy changes is to patient protection. We believe the citizens of Virginia are provided high quality care – supported by the high standards set forth in Virginia’s laws and regulations. The Virginia Orthopaedic Society does not believe that the licensure of naturopaths reflects this consistent high standard of care. Below are reasons why we oppose licensure of naturopaths...

- The medical efficacy of the treatment modalities offered by naturopaths has not been proven.
- The education and training a naturopath receives is not equivalent to the education and training physicians receive. Notably, naturopaths have no mandatory residency training requirements. By contrast, a primary care physician (allopathic or osteopathic) undergoes 12,000 to 16,000 hours of supervised training as part of a residency program

Over the years “access” has been at the forefront of health care discussions. We acknowledge that, for numerous regions and patient populations, access is a problem. Nevertheless, attempts to expand access to health care services should not establish lower standards. Below are steps that Virginia’s physicians have supported to expand capacity for health professionals yet also keeping the high standard of care Virginian’s deserve.

- The Physician-nurse practitioner team care legislation to allow teams to serve more patients in broader geographic areas
- Expanded use of the skills of Physician Assistants (PAs)
- Various telehealth initiatives supported by MSV, in partnership with the VA Telehealth Network to use technology to bring expertise and specialty care to rural and other underserved areas
- Advocating an increase in the number of residency slots in rural Virginia which will lead to more physicians to train and remain in rural Virginia

It is the Virginia Orthopaedic Society’s recommendation to support **Option 1: Take no action and do NOT license naturopathic doctors**. I would again like to thank you and the JCHC for allowing our input on this issue as well as other crucial matters that make up Virginia’s complex health care delivery system. Please let me know if I can be of assistance to you and the Joint Commission on Health Care.

MEMORANDUM

TO: Joint Commission on Health Care

FROM: Virginia Society of Eye Physicians and Surgeons

SUBJECT: Study on Licensure of Naturopaths

DATE: October 26, 2012

I write to you on behalf of the Virginia Society of Eye Physicians and Surgeons (VSEPS) regarding the Joint Commission on Health Care (JCHC) study on the proposed licensure of naturopathic doctors (HB 2487 (2011)). I would first like to thank you and the JCHC for your efforts in fully vetting this proposal and encouraging input from all health care providers in the Commonwealth of Virginia.

As licensed physicians in the Commonwealth of Virginia, our number one priority when considering policy changes is patient safety. We believe that Virginia's citizens are provided a high quality care – supported by the high standards set forth in Virginia's laws and regulations. The Virginia Society of Eye Physicians and Surgeon does not believe that the licensure of naturopathic doctors reflect this consistent high standard of care. Below are reasons why we oppose licensure of naturopaths...

- The medical efficacy of the treatment modalities offered by naturopaths has not been proven
- The education and training a naturopath receives is not equivalent to the education and training physicians receive. Notably, naturopaths have no mandatory residency training requirements. By contrast, a primary care physician (allopathic or osteopathic) undergoes 12,000 to 16,000 hours of supervised training as part of a residency program

Over the years the centerpiece to the health care debate in Virginia has focused on the word "access". We acknowledge that access for numerous regions and patient populations is a problem. Nevertheless, attempts to expand access to health care services should not establish lower standards and consider that adequate, or even fair, treatment of underserved patients. Below are steps that Virginia's physicians have supported to expand capacity for health professionals yet also keeping the high standard of care Virginian's deserve.

- The Physician-nurse practitioner team care legislation to allow teams to serve more patients in broader geographic areas
- Expanded use of the skills of Physician Assistants (PAs)
- Various telehealth initiatives supported by MSV, in partnership with the VA Telehealth Network to use technology to bring expertise and specialty care to rural and other underserved areas
- Advocating an increase in the number of residency slots in rural Virginia which will lead to more physicians to train and remain in rural Virginia

VSEPS would like to recommend support for **Option 1: Take no action in licensing naturopathic doctors**. I would again like to thank you and the JCHC for allowing our input on this issue as well as other crucial matters that make up Virginia's complex health care delivery system. Please let me know if I can be of assistance to you and the Joint Commission on Health Care.

MEMORANDUM

TO: Joint Commission on Health Care

FROM: Virginia Orthopaedic Society

SUBJECT: Study on Licensure of Naturopaths

DATE: October 26, 2012

I write to you on behalf of the Virginia Society of Otolaryngology (VSO) regarding to the Joint Commission on Health Care (JCHC) study on licensure of naturopaths (HB 2487 (2011)). I would first like to thank you and the JCHC for your efforts in fully vetting this proposal and allowing input from all stakeholders involved in providing health care to the Commonwealth of Virginia.

As licensed physicians in the Commonwealth of Virginia, our number one priority when considering policy changes is to protect the patient. We believe that citizens of Virginia are provided high quality care – supported by the high standards set forth in Virginia’s laws and regulations. The VSO does not believe that the licensure of naturopaths reflects this consistent high standard of care. Below are reasons why we oppose licensure of naturopaths...

- The medical efficacy of the treatment modalities offered by naturopaths has not been proven.
- The education and training a naturopath receives is not equivalent to the education and training physicians receive. Notably, naturopaths have no mandatory residency training requirements. By contrast, a primary care physician (allopathic or osteopathic) undergoes 12,000 to 16,000 hours of supervised training as part of a residency program

Over the years much discussion on health care in Virginia has been centered on the word “access”. We acknowledge that, for numerous regions and patient populations, access is a problem. Nevertheless, attempts to expand access to health care services should not establish lesser standards and consider that adequate, or even fair, treatment of underserved patients. Below are steps that Virginia’s physicians have supported to expand capacity for health professionals yet also keeping the high standard of care Virginian’s deserve.

- The Physician-nurse practitioner team care legislation to allow teams to serve more patients in broader geographic areas
- Expanded use of the skills of Physician Assistants (PAs)
- Various telehealth initiatives supported by MSV, in partnership with the VA Telehealth Network to use technology to bring expertise and specialty care to rural and other underserved areas
- Advocating an increase in the number of residency slots in rural Virginia which will lead to more physicians to train and remain in rural Virginia

VSO recommends and supports **Option 1: Do nothing and keep Virginia naturopathic doctors unlicensed**. I would again like to thank you and the JCHC for allowing our input on this issue as well as other crucial matters that make up Virginia’s complex health care delivery system. Please let me know if I can be of assistance to you and the Joint Commission on Health Care.

To: Joint Commission on Health Care

On the study to License Naturopathic Physicians in Virginia, please choose **Option 1, Take no action.** Here is why.

- Traditional Naturopathy has been used for centuries and is safe. It involves the use of food, diet and supplements which by law are inherently safe. The FDA requires all manufacturers to insure that their products are safe before they can be marketed. Licensure for Naturopaths is not warranted. It doesn't meet the requirements for licensure in order to 'protect the public'.
- This is a 'practice' bill that allows only licensed people to do anything within the 'scope of practice' in HB2487. Numbers *ii* and *iii*(underlined) are exactly what the Traditional Naturopaths, Herbalists, etc. attempt to do! These would become illegal if unlicensed!

68 "Practice of naturopathy or naturopathic medicine" means a system of primary health care for the (i) **69** prevention, diagnosis, and treatment of human health conditions, injury, and disease; (ii) promotion or **70** restoration of health; and (iii) support and stimulation of a patient's inherent self-healing process **71** through patient education and the use of naturopathic therapies and therapeutic substances.

- This next section makes 'practicing'(above) illegal. Also, even though Traditional Naturopaths have earned degrees from accredited schools in the United States, they would not be able to (practice) or even to use the titles or degrees they have already earned!

288 § 54.1-2956.12. Unlawful to practice naturopathy or naturopathic medicine without a license:

289 unlawful designation as naturopath: Board to regulate naturopaths.

290 A. It shall be unlawful for a person not holding a current and valid license from the Board to

291 practice naturopathy or naturopathic medicine or to claim to be a naturopath, naturopathic doctor,...
or to use the designations "N.D.," "ND," ...

296 or any variation thereof.

297 In addition, it shall be unlawful for any person who is not licensed under this chapter, whose

298 licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to

299 use in conjunction with his name the words "naturopath," "naturopathic doctor,"...

- There are a significant number of Virginians working in the traditional natural health field across the state today (the people I represent who oppose HB2487). Trinity College is an accredited school with 94 Virginians who have graduated from their Naturopathic Doctor (ND) program with an additional 242 Virginia residents currently in that program. Trinity also has 368 Virginia graduates in their Certified Natural Health Professional (CNHP) program with an additional 774 Virginia students in this program. The Institute for Integrative Nutrition (New York) has over 900 graduates working as Health Coaches in Virginia today. These are hundreds of Virginians trained and working in Virginia today who could be adversely affected (could lose their jobs and income), if this bill became law! These Virginia residents contribute to Virginia revenue and jobs TODAY and significantly outnumber the '10-12' people wanting licensure via HB2487.

- If licensed, Naturopathic Physicians would likely bill insurance companies for their services. With Traditional Naturopathy, there is no conflict or involvement with any insurance company, Medicare or Medicaid.
- The 10-12 Medical Naturopaths requesting licensure and the hundreds of people I represent can and do work in Virginia today, without this bill. Independently they can recommend natural herbs, supplements, vitamins, diet, etc. to clients as has been done for centuries. They will not lose their jobs if this bill dies in committee. **But they cannot practice medicine as a physician.**

- The Naturopaths requesting licensure have not attended medical school or completed the training, education or testing currently required to be a Physician. This is a clear path. There is no good argument to allow people not meeting these requirements for licensure as a physician to be licensed. Naturopaths may not know what they don't know about medicine. Drug interactions and contraindications can cause significant problems with patients. Licensing unqualified individuals to become physicians would be analogous to licensing a person who has not attended flight school to pilot a commercial airplane with passengers. They may actually be able to take off or land the plane but most people would certainly feel better if the pilot had completed all the required training, hours of flying, etc., especially if there is a mechanical issue or turbulence in the flight (Captain Chesley Sullenberger). If allowed to work independently as 'Naturopathic Physicians', they could be expected to experience 'turbulence or mechanical failure' in patients at some point. Where do they turn then?

- Consumers would lose a significant source of nutritional information currently available to them through the hundreds of unlicensed Naturopaths, Herbalists, Nutritionists, Native Americans, etc. across the state. Traditional naturopathy is pure commerce, not dependent on the government, insurance or other agency or group. People choose this path for their own perceived benefit, not because it is mandated or required. It is consumer driven.

- It is very possible that the next great advance in wellness or illness prevention may well come from the Natural Health community. New benefits from herbs and natural substances are being discovered every day. When no harm is being done, why would we want to do anything that could impair that possibility?

Option 2: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the "naturopathic physician" as an independent practitioner.

- Includes the scope of practice and prescriptive authority as defined in HB 2487.
- Limits unlicensed individuals from:
- Claiming to be a "naturopath," and
- Practicing naturopathy.

Reasons for objection to Option 2 include the discussion above and in addition:

- This option allows the naturopathic physician to work as an ‘independent practitioner’. The appearance of an independent physician (title, white coat, diagnose disease, prescriptions, surgeries, vaginal examinations, etc.) could give the impression to patients that these are in fact Medical Doctors.
- The use of the title Naturopathic in conjunction with Medical or Physician is confusing to the public. For centuries, natural health practitioners (Herbalists, Naturopaths) have kept their scope outside of the ‘Medical’ field with clear distinctions that they do not use drugs, surgery or perform any acts or procedures that cross the line between Naturopathy and Medical. This combination title is really an Oxymoron in that Traditional Naturopathy does not include Medical.
- The sheer number of unlicensed practitioners in Virginia (hundreds) that could be negatively impacted significantly outnumbers the 10-12 Medical Naturopaths wanting licensure.
- This establishes a barrier for entry by those currently in the Natural Health field.

Option 3: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for the licensure of the “naturopathic physician” as an independent practitioner.

1. Licensure:

- Graduate from an accredited four-year residential naturopathic medical school
 - Pass postdoctoral board examination (NPLEX)
 - Meet continuing education requirements (30 hours annually)
2. Includes the scope of practice and prescriptive authority as defined in HB 2487.

Note: HB 2487 addressed issues other than “naturopathic physician” licensure. Options 3 & 4 are limited to only NaP licensure and scope of practice. These options are not intended to address unlicensed NaPs or TNs. Therefore, both options include specific allowances for the continuation of:

- Unlicensed individuals claiming to be a “naturopath” and
- Unlicensed NaPs or TNs continuing to legally practice as they have been.

Reasons for objection to Option 3 include objections in Options 1 & 2 above.

- The intent of licensure is to create a whole new class of Primary Care Physicians. If enacted, licensed Naturopathic Physicians would likely seek an ever expanding scope of practice once they got their ‘foot in the door’. Approval of expanded scope would come from a board created by this very bill and made up of Naturopathic Physicians. They would in a sense oversee themselves! This would serve to put increasing pressure to force unlicensed practitioners out of business, many having worked in this field for generations.
- Competition could be severely impacted between Traditional Naturopaths and Naturopathic Physicians. Should Option 3 be chosen, the mere ability of one group to accept insurance plans and the other not could steer consumers to ‘Licensed” Naturopaths and create a competitive disadvantage for unlicensed practitioners. The overall costs for a visit to a ‘licensed Naturopathic Physician’ including co-pay, prescribed tests, prescription medications, insurance reimbursement, etc. would likely be significantly higher than the simple commerce between a client and an unlicensed Naturopath.

Option 4: Introduce legislation amending Title 54.1, Chapter 29 of the *Code of Virginia* to direct the Board of Medicine to promulgate regulations for licensure of the “medical naturopath.” The regulations would include requirements for:

1. Licensure:

- a. Graduate from an accredited four-year residential naturopathic medical school
- b. Pass postdoctoral board examination (NPLEX)
- c. Meet continuing education requirements (30 hours annually)

2. Supervision

- o Medical naturopaths (MNs) are required to practice under the direct supervision of licensed Doctor of Medicine or Osteopathic Medicine.

3. Scope of Practice

- o Supervising physician works with the medical naturopath to establish the MN’s scope of practice.

􀁸 Delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient, including recommending non-prescription drugs.

􀁸 Set forth in a written practice supervision agreement and may include health care services which are educational, diagnostic, therapeutic, preventive or involve treatment.

Reasons for objection to Option 4 include objections in Options 1-3 above. In addition:

- New regulation to accomplish this Option is not required! ‘Medical Naturopaths’ currently can and do work with but under Licensed Physicians and can ‘practice’ as the supervising Physician sees appropriate.
- All the above.

Additional arguments against licensure...

The current study pointed out the following from an earlier study on licensing Naturopaths...

The 2005 study by the Board of Health Professions (BHP) stated,

1. Regulation will allow the NaPs a State-sanctioned market advantage over TN’s
2. Depending on how a bill is drafted:
 - o The practice of traditional naturopathy could become illegal without a NaP license.
 - o The term “naturopath” could be reserved only for NaPs.
3. NaPs can currently work in Virginia and provide information on natural supplements, vitamins, diet, lifestyle, etc without a change in the law.
 - o If NaPs pose no risk to public health, why regulate?

4. NaPs should not be allowed to be a “primary care physician diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery without the medical background that should include hospital internships, residencies, with traditional allopathic and osteopathic medical school training.”

2005 BHP Review: Board Did Not Recommend Licensure

The 2005 study by the Board of Health Professions found evidence of harm attributable to naturopaths was insufficient

- o “No known injuries or complaints about care found in Virginia.”
- o *Conclusion:* Professional regulation of naturopaths unwarranted because the

“risk of harm” criteria for licensure could not be met. Instances of individuals harmed by “naturopaths” in other states apparently involved “unscrupulous, incompetent practitioners” who were not naturopathic physicians. Furthermore, licensing naturopathic physicians would not provide additional protections not already covered under Virginia’s criminal statutes regarding “the unlicensed practice of any regulated health profession.”

Any option other than Option 1 would allow Naturopathic Physicians to practice medicine without going to Medical school!

In summary, oppose Licensure of Naturopaths and support Option 1, Take no Action on HB2487.

Thank You,

John Hanks, Prince George, Virginia

Virginians for Health Freedom

John.hanks77@gmail.com

804-892-9886

Oct 26 (3 days ago)

to me

I hope you are well. Here is the official VAANP response to the JCHC ND study.
Thank you for your time and consideration. Have a great weekend.

Sincerely,

Virginia Association of Naturopathic Physicians (VAANP)
President, Leah Hollon, ND, MPH

The Virginia Association of Naturopathic Physicians (VAANP) would first like to take the opportunity to thank the Joint Commission on Health Care for their time in looking at the issues surrounding naturopathic licensure. We are aware of the diligence and expertise it took in putting the naturopathic report together and factoring in all stakeholders. Additionally, we would like to thank Delegate Kilgore for his compassion and fortitude to find solutions to the lack of healthcare providers in the Commonwealth of Virginia.

The VAANP supports option 2 as a first choice and option 3 as a second choice. Option #2 allows Naturopathic Doctors (NDs) to work to the full extent of their medical training while offering additional protection to consumers from those that may refer to themselves as a ND that attended a diploma mill or online certificate program. With option #2, those who have attended such a program would not be confused with those that have attended an accredited naturopathic medical program and completed basic board exams and clinical board exams. However, we recognize the value of option #3 where it provides a name distinction between traditional naturopaths (TNs) and naturopathic physicians (NDs). This could assist with the confusion that may exist. We strongly support the language in option #3 referring to 30 hours of required continuing education. Continuing education medical hours are vital to continually enhancing our skills as practitioners.

We have reached out to the other main stakeholders that would be impacted by this possible licensure. We want to work together to find the best solution for the Commonwealth, our fellow colleagues and Virginians. It is with collaboration and support of one another in managing patient care that everyone succeeds. As an example, collaborative and integrative care using naturopathic medicine has been found to be cost-effective and has improved patient outcomes within current existing medical models¹⁻⁴. Providing a similar option to fellow Virginians could be invaluable and save the Commonwealth financial resources. Thank you for your time and consideration.

Sincerely,

Virginia Association of Naturopathic Physicians Board

President, Leah K. Hollon, ND, MPH

Vice President, Christopher Johnson, ND

Secretary, Marie Rodriguez, ND

Treasurer, Mandy Corwin, ND

Members, Shelly Clevidence, ND, Michael Courtright, ND, Cassandra Mannhardt, ND

Joint Commission on Health Care
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