



# **Dora**

Department of Regulatory Agencies

**Office of Policy, Research and Regulatory Reform**

## **2008 Sunrise Review: Naturopathic Physicians**

**January 4, 2008**



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However, title protection schemes offer only minimal consumer protection and, given the breadth of Complementary Alternative Medicine (CAM) and naturopathic practice, the credentials and titles would, necessarily, be overly broad so as to be comprehensive.

### **Conclusion**

The traditional reasons given for the regulation of health care professions are to prevent non-diagnosis, misdiagnosis, non-treatment and mistreatment by unqualified medical providers. In general, the goals of a regulatory program are: 1) protect the public from the dangers of unskilled practitioners and unsound treatment or advice; and 2) protect the public from reliance on unskilled practitioners, as well as directing them to proper medical care.<sup>30</sup>

There are several reasons to consider regulation of naturopathic physicians: it is possible that the public is confused by the common use of the various forms of the term "naturopath;" it is possible that the practice of some naturopaths who refer to themselves as "doctors" are in violation of the CPA; and the use of naturopathic care and CAM continues to be utilized by Colorado consumers; and the examples of harm discussed in this report may have been caused by negligent or incompetent practice. The potential regulation of any health profession has numerous implications for consumers, providers, and society as a whole.

According to one study, most users of alternative therapies believe they have explored the full utility of conventional Western approaches:

Most have chronic illnesses (e.g., cancer, [Human Immunodeficiency Virus] infection, or [Acquired Immune Deficiency Syndrome], arthritis, chronic pain, sinusitis, migraines) for which Western medicine can usually offer only symptomatic relief or palliation, not definitive treatment. [CAM is] often used in combination with the appropriate conventional approaches, as a way of enhancing and complementing them. Sometimes [CAM is] used instead of conventional therapies when the latter have proved ineffective or have produced deleterious side effects.<sup>31</sup>

As noted earlier in this sunrise review, a potential for public harm exists in the unregulated practice of naturopathy. What is more, this potential harm arises in the realm of public health, which is arguably more important than other areas of potential harm, such as pecuniary damage.

<sup>30</sup> M.H. Cohen, "Holistic Health Care: Including Alternative and Complementary Medicine in Insurance and Regulatory Schemes." *Arizona Law Review*. 38, 1 (Spring 1996):83-164.

<sup>31</sup> J.S. Gordon, M.D. "Alternative Medicine and the Family Physician." *American Family Physician*. 54, 7 (1996):2205-2212.

Not everyone agrees that CAM represents an appropriate form of medical care. To some, many of the therapies considered to be CAM represent unscientific treatments that may at best be benign and at worst harmful. The argument made against CAM is that if these therapies were to be proven scientifically valid, they would be adopted by allopathic medicine, and would become mainstream. Although these opponents of CAM often admit that there are some CAM therapies that have been demonstrated to be effective, they maintain that supporting or validating all CAM allows unscrupulous practitioners to prey on unsuspecting patients who may be directed away from truly helpful medical treatments. Critics of CAM point to the relative lack of rigorous, controlled effectiveness studies, and call for caution in evaluating the usefulness of a therapy until more scientific evaluation can be conducted.

However, practices that were once considered alternative, such as massage therapy, acupuncture, chiropractic manipulation, and therapeutic application of nutrition, have become more accepted within mainstream medicine. Many acute care, long-term care, and ambulatory care clinics are beginning to offer CAM.

Importantly, the sunrise criteria do not require a finding that the occupation or profession for which regulation is sought prove that such practice is effective. Rather, the focus of the sunrise criteria is public harm. Without opining on whether CAM is effective, this review finds that absent regulation of at least some naturopathic practitioners, the public is at risk of harm. Therefore regulation is justified.

To be sure, there is considerable opposition to regulation, and this opposition comes from both the established medical community as well as the naturopathic community itself.

The naturopathic community encompasses a wide spectrum of practitioners, depending upon how one defines the practice. A broad definition could include a person stocking vitamins at a store, those purportedly represented by the Applicant, and everyone in between – from faith healers and herbalists, to nutritional consultants and those who sell supplements.

For the most part, the cases of harm reported in this sunrise report were perpetrated either by licensees in other states, or those engaging in similar scopes of practice. These are the practitioners most closely aligned, in terms of training and holding out to the public, as the Applicant.

As a result, it is reasonable to conclude that any legislation purporting to regulate naturopathic practitioners include a scope of practice that clearly delineates those practices that pose a risk to the public, thereby requiring regulation, and those that do not, thereby requiring no regulation.

Practices requiring regulation could include:

- Diagnosing and treating;
- Ordering and interpreting tests;
- Prescribing appropriate, natural remedies;
- Performing minor office procedures;
- Puncturing the skin; and
- Giving injections.

Additionally, since this review concludes that incompetent practice can harm the public, assurances of competency are appropriate. These encompass education and examinations.

Training and education are important issues in the naturopathic community. Not all safe, competent naturopathic practitioners have graduated from a school accredited by the Council on Naturopathic Medical Education, as is advocated by the Applicant. Regulation should be crafted to permit the regulatory authority the ability to determine which schools and programs are acceptable for practitioners in Colorado.

Which examination to use, too, could prove controversial. The Naturopathic Physicians Licensing Examinations are the most widely used examinations in the United States and Canada for this profession, yet they may not be the best suited for use in Colorado. Therefore, the regulatory authority should have the ability to select the competency examination to be used or, absent a commercially available examination, to create its own.

Finally, a Type 1 board should be created such that consumer protection is its primary mission. This could be accomplished by mandating that the board comprise licensed medical doctors, regulated naturopathic practitioners and public members. It may not be unreasonable for licensed medical doctors and the public members to comprise the majority of board members, to better ensure that the public interest remains paramount.

Alternatively, regulatory authority could be vested in the Colorado Board of Medical Examiners, under which an advisory committee could be created.

Finally, a title must be selected for the regulated practitioners of naturopathy. Many opposed to regulation also oppose the Applicant's use of the term "doctor of naturopathy" and its numerous derivatives, claiming that they, too, hold such degrees, yet do not engage in the same level of practice as do members of the Applicant, thereby possibly exempting them from any regulatory scheme.

While there may be some legitimacy to this line of reasoning, a more compelling argument lies in the idea of protecting a title that is also a degree. While this is done in some professions, it is generally inadvisable because in doing so, those who legitimately hold such degrees, yet are not authorized to practice, cannot, legally, claim to hold the degree.

Still other opponents of regulation oppose the use of the title "physician." These opponents assert that this term is protected for use by licensed medical doctors only and that it serves to provide the public some distinction between practitioners. This argument, too, is reasonable.

Therefore, selecting the proper title to protect for the regulated naturopathic community will be challenging, but must be done in order to protect the public from even greater confusion.

In the end, regulation of a health profession could, at least in theory, have a number of benefits. First, the regulation might improve the quality of care consumers receive, as unqualified or unethical providers are eliminated. Consumers could be protected from unknowingly seeking care from an untrained or unskilled provider. Second, consumers may have access to more information on what type of training should be expected of a provider of a certain type of care. Consumers might have better ability to seek out providers with appropriate training and skills. In addition, regulatory programs create databases, which facilitate the monitoring of practitioner geographic distribution and specialty, which can assist public health agencies in planning. Third, providers who are regulated would not be subject to legal action for practicing within the scope of their profession.

A report from the Pew Commission<sup>32</sup> articulates the following principles for a health care workforce regulatory system:

- Promoting effective health outcomes and protecting the public from harm;
- Holding regulatory bodies accountable to the public;
- Respecting consumers' rights to choose their health care providers from a range of safe options;
- Encouraging a flexible, rational and cost-effective health care system that allows effective working relationships among health care providers; and
- Facilitating professional and geographic mobility of competent providers.

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<sup>32</sup> Christine M. Gragnola and Elizabeth Stone, MD, *Considering the Future of Health Care Workforce Regulation*, Pew Health Professions Commission, Center for the Health Professions, University of California, San Francisco, 1997.

The foundation principle that applies to the creation of new occupational regulation in Colorado is whether there is evidence that Colorado citizens are being harmed absent regulation, and that the imposition of new regulation will alleviate that harm in the most cost-effective manner.

The Applicant has demonstrated that Colorado citizens have been harmed at the hands of multiple practitioners, and the Applicant has established that the potential for future harm, as found across the nation, exists in Colorado.

Since this review concludes that harm can be caused by naturopathic practitioners engaging in certain types of practice, a licensing scheme, by any label, should be implemented, since it would offer the public the greatest level of regulatory protection. Only those individuals who have fulfilled the requirements for licensure should be allowed to engage in the scope of practice for naturopathic physicians, thus ensuring a minimum level of competency for those tasks deemed most risky.

***Recommendation: Regulate those naturopathic practitioners whose practices/activities pose a risk of harming the public and require that competency be demonstrated to engage in regulated practice.***





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Colorado Department of Regulatory Agencies  
Office of Policy, Research and Regulatory Reform

# Naturopathic Physicians



October 14, 2005



- a school, institute, college, or university chartered outside the United States, the academic degree from which has been validated by an accrediting agency approved by the U.S. Department of Education; or
- a religious seminary, institute, college, or university, which prepares students for a religious vocation, career, occupation, profession, or lifework.

In addition, the CPA states that persons may not use "Dr.," "Ph.D.," "Ed.D.," "D.N.," or "Th.D" or any other title that signifies they have a doctorate degree, unless their degree falls under the auspices of the four previously mentioned criteria. None of the doctorate degrees from the correspondence and distance education programs (see Appendix C on page 55) satisfy these criteria. The education, training, and philosophy of these distance education programs are substantially different from that of the CNME graduates. There is potential for confusion for the Colorado resident trying to differentiate among the various persons calling themselves naturopaths, naturopathic physicians, doctor of naturopathy, N.D., Ph.D. in naturopathy, or naturopathic medical doctors.

The Colorado Office of the Attorney General has initiated consumer protection actions on behalf of the State of Colorado against individuals who have offered a product or service to treat or cure a disease. Those actions were brought under the Deceptive Trade Practices Act that can be found in section 6-1-105, C.R.S. While the CPA offers some protection to the public against the illegal use of degree titles, a formal regulatory program would offer greater protection and more consistent and thorough oversight.

### *Conclusion*

### **The Purpose and Implications of Regulation of Health Professions**

The traditional reasons given for the regulation of health care professions are to prevent non-diagnosis, misdiagnosis, non-treatment and mistreatment by unqualified medical providers. The aims of the regulatory mechanism are: 1) protecting the public from the dangers of unskilled practitioners and unsound treatment or advice; and 2) protecting the public from reliance on unskilled practitioners, as well as directing them to proper medical care.<sup>6</sup>

There are reasons to consider regulation of naturopathic physicians: it is possible that the public is confused by the common use of the various forms of the term "naturopath;" it is possible that the practice of some naturopaths who refer to themselves as "doctors" are in violation of the Colorado Consumer Protection Act; and the use of naturopathic and alternative medicine continues to be utilized by Colorado consumers, thus requiring some level of regulatory oversight. The potential regulation of any health profession has numerous implications for consumers, providers, and society as a whole. Sometimes in discussions of the implications of regulation, the interests of consumers and providers conflict, while at other times, they coincide.

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<sup>6</sup> M.H. Cohen, "Holistic Health Care: Including Alternative and Complementary Medicine in Insurance and Regulatory Schemes." *Arizona Law Review*. 38, 1 (Spring 1996):83-164.

## **Reasons for Utilizing Complementary Alternative Medicine (CAM)**

According to one study, most users of alternative therapies believe they have explored the full utility of conventional Western approaches. "Most have chronic illnesses (e.g. cancer, HIV infection, or AIDS, arthritis, chronic pain, sinusitis, migraines) for which Western medicine can usually offer only symptomatic relief or palliation, not definitive treatment. Alternative therapies are often used in combination with the appropriate conventional approaches, as a way of enhancing and complementing them. Sometimes alternative approaches are used instead of conventional therapies when the latter have proved ineffective or have produced deleterious side effects."<sup>7</sup>

As noted earlier in this sunrise review, a potential for public harm exists in the unregulated practice of naturopathy. What is more, this potential harm arises in the realm of public health, which is arguably more important than other areas of potential harm, such as pecuniary damage.

## **Opposition to Licensure**

Not everyone agrees that Complementary Alternative Medicine (CAM) represents an appropriate form of medical care. To some, many of the therapies considered to be CAM represent unscientific treatments that may at best be benign and at worst harmful (National Council Against Health Care Fraud, 1994). The argument made against CAM is that if these therapies were to be proven scientifically valid, they would be adopted by allopathic medicine, and would become mainstream. Although these opponents of CAM often admit that there are some CAM therapies that have been demonstrated to be effective, they maintain that supporting or validating all CAM allows unscrupulous practitioners to prey on unsuspecting patients who may be directed away from truly helpful medical treatments. Critics of CAM point to the relative lack of rigorous, controlled effectiveness studies, and call for caution in evaluating the usefulness of a therapy until more scientific evaluation can be conducted.

However, practices that were once considered alternative, such as massage therapy, acupuncture, chiropractic manipulation, and therapeutic application of nutrition, have become more accepted within mainstream medicine. Many acute care, long-term care, and ambulatory care clinics are beginning to offer CAM.

During the sunrise review process, DORA made every effort to elicit information and comments from all interested parties. Several opponents of licensure for naturopathic physicians responded to the sunrise application by submitting opposition papers and letters to DORA. The Coalition for Natural Health, the National Council Against Health Fraud, Colorado Family Physicians, Colorado Dental Association, Colorado Chiropractic Association, and the American Naturopathic Medical Association submitted documents.

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<sup>7</sup> J.S. Gordon, M.D. "Alternative Medicine and the Family Physician." *American Family Physician*. 54, 7 (1996):2205-2212.

### Coalition for Natural Health

There are a significant number of practitioners in Colorado who refer to themselves as "traditional naturopaths." In their report, Profile of a Profession: Naturopathic Practice<sup>8</sup> the Center for Health Professions at the University of California describes this group as:

*practitioners who adhere to the strictest definition of natural healing and do not incorporate surgical, non-natural pharmaceutical or obstetrical care into their practices. They may focus their work on one or more of the various modalities that comprise naturopathic healing. They have a much more varied set of pathways for entry into practice and training ranges from self instruction and apprenticeship to formal course of study.*

Practitioners of naturopathy are currently in debate about the definition of naturopathy and the training requirements for entry to the profession. This disagreement is articulated by two different associations: The American Association of Naturopathic Physicians (AANP), which represents providers of "naturopathic medicine" and the Coalition for Natural Health, which is a non-profit organization purportedly representing thousands of individuals nationwide to promote the holistic approach to health and to ensure that natural health alternatives remain widely accessible to the public. The mission of the CNH is to educate the public to the true meaning of traditional naturopathy, to educate legislators to the efficacy of natural health and traditional naturopathy, and to prevent legislation that would prohibit practitioners of natural health modalities including traditional naturopaths from practicing now and in the future.<sup>9</sup> The CNH submitted a 31-page document to DORA in opposition of licensure.

CNH states that "traditional naturopaths" do not use procedures that are common to medical care, such as prescribing drugs and pharmaceuticals, performing invasive surgical procedures, and delivering babies. Instead, they focus on health and education, teaching their clients how to create internal and external environments that are conducive to good health.

Furthermore, the CNH contends that naturopathic physicians seek protection from legal prosecution because they know that the scope of practice they seek constitutes the practice of medicine. On the other hand, traditional naturopaths can provide traditional naturopathic services to the public in Colorado – now, without licensure – because traditional naturopaths do not practice medicine.

The Applicant submitted a response to the CNH's oppositional document. In their document, the Applicant notes that the greatest risk for the residents of Colorado is that diploma mills, distance learning programs, and other unaccredited programs that issue Doctorate of Naturopathy degrees severely lack curriculum, provide no clinical training, and promote the practice of medicine among their graduates despite this lack of training. Also, the Applicant maintains that many of the schools of traditional naturopathy pose a risk to the public, as evidenced by the cases of harm documented in the application and this sunrise report.

<sup>8</sup> Holly J. Hough et al., *Profile of a Profession: Naturopathic Practice*. San Francisco: Center for the Health Professions, University of California, 2001.

<sup>9</sup> Coalition for Natural Health, *Response by the Coalition for Natural Health, Inc. to the 2004 Naturopathic Physicians Sunrise Application*, 2005.

### **National Council Against Health Fraud**

The National Council Against Health Fraud (NCAHF), comprised of health professionals, educators, researchers, attorneys, and consumers, is a non-profit voluntary health agency focusing on health misinformation, fraud, and quackery as public health problems.

The Colorado Area Coordinator of the NCAHF submitted several articles in addition to a 20-page commentary to DORA urging the denial of licensure for naturopathic physicians. Several key points that it made are listed below:

- Naturopathic education has only the appearance of that of a standard medical school. A foundation in basic sciences does not qualify anyone to practice medicine. Naturopathic education in diagnosis and treatment is not evidence-based and bears no resemblance to standard medical school education.
- Naturopaths are a public health risk, particularly to children. They advise the public against fluoridation, pasteurization, and immunization.
- A principal danger to the public of licensing naturopaths is the false sense of security that the public is given regarding the competence of a licensed naturopath to practice medicine as opposed to naturopathy.
- There are no standard naturopathic treatments for specific conditions in the sense that anything is ruled out. Naturopaths are taught to diagnose and treat patients with invalidated, irrational, and potentially dangerous methods. They use their patients as guinea pigs. All divert patients away from evidence-based care.

### **Colorado Family Physicians**

Colorado Family Physicians (CFP) represents the Colorado Association of Family Medicine Residences and the Colorado Association of Family Physicians. Its letter states:

*The Colorado Association of Naturopathic Physicians application for licensure may ultimately have merit, if it leads to ensuring patient safety by introducing into the naturopathic approach to health care procedures that are scientifically proven to be efficacious and not harmful to consumers of health care.*

The concerns of CFP regarding two issues in CANP's application is discussed in the summary below.

#### **1. The Consumer's Perception of the Health Care Provider**

The naturopathic physician's use of family medicine, primary care physicians, and family physicians is grossly misleading. Furthermore, the education and clinical experience of naturopathic physicians inadequately prepares them to recognize and treat early manifestations of serious illnesses that occur among ambulatory patients or acute and complex presentations.

## 2. Scope of Practice

A defined scope of practice is an essential element in protecting patients. Unscientific naturopathic beliefs pose irrational challenges to proven public health measures. Practices within the proposed scope of practice for naturopaths are already included in the legal scope of practice for family medicine. Licensing naturopathic physicians as independent primary care physicians will deteriorate standards of health care, expose the public to the inevitable risk of inferior medical service, and cause further confusion to the health consumer.

### Colorado Dental Association

In a letter presented to DORA, the Colorado Dental Association expressed its opposition to licensing naturopaths because,

*when a supposed 'profession' immerses itself in pseudoscience, uses quackery to further its income and puts the public at medical risk (intravenous hydrogen peroxide injections), that is not in the best interest of any community.*

Furthermore, the letter stated that naturopaths are against the use of water fluoridation and the use of amalgam restorations (silver-colored fillings).

The letter further expounds that fluoridation has been listed as one of the ten great public health achievements of the 20th century by the Centers for Disease Control and Prevention, and amalgam restorations have been proven to be a safe and effective restorative material for decayed teeth.

### Colorado Chiropractic Association

The Colorado Chiropractic Association (CCA) submitted a letter to the Colorado Board of Chiropractic Examiners that was forwarded to DORA. CCA expressed concern that the website of many naturopathic physicians that are linked to the Colorado Chapter of the Association of Naturopathic Physicians website, advertise that they perform manipulation. CCA believes that the use of this advertising misleads and endangers the public. They contend that naturopathic physicians should not be performing manipulation without a license from the Board of Chiropractic Examiners.

### American Naturopathic Medical Association

Founded in 1981, the American Naturopathic Medical Association's website describes the association as a nonprofit, scientific, educational organization dedicated to exploring new frontiers of mind, body, medicine and health. Membership is available to individuals with Doctor of Naturopathy (N.D.) or Doctor of Naturopathic Medicine (N.M.D.) degrees, as well as other health care fields. The members subscribe to the motto "Doctor do no harm." The President Emeritus submitted a letter to DORA strongly opposing the licensure of naturopathic physicians because they "lack the education to offer anything beyond natural non-invasive therapies." Furthermore, the letter states that naturopathic physicians from four-year resident schools are misleading the public into believing they are trained like medical doctors.

## **Benefits of Regulation**

Regulation of a health profession could, at least in theory, have a number of benefits. First, the regulation might improve the quality of care consumers receive, as unqualified or unethical providers are eliminated. Consumers could be protected from unknowingly seeking care from an untrained or unskilled provider. Second, consumers may have access to more information on what type of training should be expected of a provider of a certain type of care. Consumers might have better ability to seek out providers with appropriate training and skills. In addition, they create databases, which facilitate the monitoring of practitioner geographic distribution and specialty, which can assist public health agencies in planning. Third, providers who are regulated would not be subject to legal action for practicing within the scope of their profession.

The report from the Pew Commission<sup>10</sup> articulates the following principles for a health care workforce regulatory system:

- Promoting effective health outcomes and protecting the public from harm;
- Holding regulatory bodies accountable to the public;
- Respecting consumers' rights to choose their health care providers from a range of safe options;
- Encouraging a flexible, rational and cost-effective health care system that allows effective working relationships among health care providers; and
- Facilitating professional and geographic mobility of competent providers.

One problem identified in this report is the unsafe practice of unregulated naturopathic physicians or other "healers" referring to themselves as naturopaths, naturopathic medical doctors, and N.D.s.

The foundation principle that applies to the creation of new occupational regulation in Colorado is whether there is evidence that Colorado citizens are being harmed absent regulation, and that the imposition of new regulation will alleviate that harm in the most cost-effective manner.

The Applicant has demonstrated that Colorado citizens have been harmed, including death, at the hands of one practitioner, and the applicant has established that the potential for future harm, as found across the nation, exists in Colorado.

As discussed previously in this report, 15 states currently license naturopaths. For the most part, those 15 states regulate naturopathy consistent with the sunrise proposal of the Applicant. Further, the experience of these states shows that the regulatory scheme is successful.

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<sup>10</sup> Christine M. Gragnola and Elizabeth Stone, MD, *Considering the Future of Health Care Workforce Regulation*, Pew Health Professions Commission, San Francisco: Center for the Health Professions, University of California, 1995.



The negative impact on Colorado citizens as a result of Colorado's *status quo* is twofold. First, this state's citizens are denied access to a complimentary health care modality. That is so because most of the elements of a naturopathic scope of practice may violate any number of existing practice acts including medical practice and chiropractic. Therefore, the 70 or so practitioners who would qualify for licensure under the applicant's proposal could find themselves out of business at any point that a regulatory board might choose to exert its authority. In fact, during the course of this review, the professional association representing chiropractors filed a complaint with the Board of Chiropractic Examiners alleging that some naturopaths advertise to perform manipulation.

Second, Colorado consumers are presently at a disadvantage when choosing a naturopath. This situation is created because anyone can refer to himself or herself as a naturopath, doctor of naturopathy or any other title, regardless of training, or in the absence of any training at all. This, in fact, is one of the assertions made in the case concerning the death of a patient.

As this report has discussed, there is opposition to the creation of a regulatory program for naturopathic physicians as described in the sunrise application. The CNH has thoroughly laid out its opposition to the sunrise proposal. The Applicant's proposal would impact some people who advertise as naturopaths. However, this review finds that the concerns of those practitioners represented by the CNH do not outweigh the public policy concerns raised by the Applicant regarding naturopathic practice. The primary consideration leading to this finding is the extremely disparate training and education that allows entry as a practitioner. Without meaningful accreditation, one cannot reasonably assess the skill and knowledge of the practitioner (See discussion "Public Confusion" on page 28 of this report).

The Colorado membership of CNH is unknown. Without proper data regarding CNH membership, this review is unable to estimate the economic impact, if any, which would result from regulation of naturopaths. As examples, one cannot estimate the number of clients or patients that CNH members treat. There is no information available showing the variety of treatments employed nor the outcomes of treatments. Nor is it clear what titles these practitioners use to advertise. For these reasons, this review does not support CNH's position that Colorado should take no action because any action would be detrimental to its membership.

An argument raised in opposition to the Applicant's proposal is a broad assault upon the efficacy of naturopathic practice. This opposition makes little or no distinction between groups or philosophies lumping all naturopathy into the realm of quackery. Many of these arguments are not compelling, but the most sophisticated of them holds that naturopathic practices are not proven effective by medical standards for testing, and, consequently, naturopathic doctors or physicians are not medical doctors.

This review concurs with those premises but differs in the conclusion drawn from them. To dispense with the easiest case, naturopathic doctors are not medical doctors and the application for regulation does not assert that they are, or should be construed as such.

This review concurs with the opponent's position that naturopathic practice may not satisfy the requirement of allopathic medical research standards. This standard, however rigorous and time-tested, is not the standard for regulation of a profession. Colorado currently regulates acupuncture and chiropractic, modalities that may be or once were subject to the same criticisms. The regulatory test for government intervention in consumer choices, and barring clear evidence of fraud, or other compounding factors, is to determine the proper level of education, experience, examination, and subsequent scope of practice. This, coupled with disciplinary authority over practitioners who violate the state's standards constitutes the proper role of government. Ultimately, given a safe market place in which to choose, consumers will make the appropriate decisions more efficiently than will government.

This review therefore is not convinced by the arguments of opponents who believe that naturopathy should not be regulated because of the lack of efficacy of the practice itself.

### **Regulatory Models**

The following three regulatory models are organized in terms of degree of regulatory burden from least burdensome to most extensive.

#### **Title Protection**

A title protection program could be modeled after the title protection provisions (§ 6-1-707(1)(a)(III)(b), C.R.S.) for dieticians found in the Colorado Consumer Protection Act. Following this model, the terms "naturopath," "naturopathic physician," "naturopathic medical doctor," "ND," "doctor of naturopathy," "naturopathic practitioner," "and doctor of naturopathic medicine" would be reserved for those persons who have graduated from an approved naturopathic medical college accredited by the Council on Naturopathic Medical Education (CNME) and have successfully passed the Naturopathic Physicians Licensing Examination (NPLEX). CNME is recognized by the U.S. Department of Education as the national agency for accreditation of naturopathic medical curriculum. Such a regulatory scheme possesses the advantage of offering the public a certain degree of protection and is less restrictive than a licensing program. Under a title protection scheme, enforcement would be taken pursuant to the Colorado Consumer Protection Act (CPA) by the Colorado Office of the Attorney General.

However the CPA has rarely been used to enforce title protection despite the fact that several professions (including dieticians and occupational therapists) are referenced in the CPA. This type of regulation is of limited use as evidenced by the fact that it was not employed in the recent Colorado case involving a practitioner who may well have been in violation of the CPA.

## **Exemption from the Medical Practice Act**

Section 106 of Article 36 of Title 12 of the Colorado Revised Statutes [Medical Practice Act (MPA)] provides exemptions for licensing for specific activities. For example, the Board of Medical Examiners (Board) promulgates rules and regulations specifying the types of services that a qualified athletic trainer may render. Naturopaths could be exempted from the MPA and other health care acts to allow them to practice the full range of their profession (with certain restrictions, if necessary). Additionally, like athletic trainers there would be stated examination and education qualifications, in addition to a scope of practice.

The public may be adequately protected by requiring standardized qualifications for individuals holding themselves out to be "naturopathic physicians." The authority of the Board in section 12-36-106(2), C.R.S., allows the Board to investigate complaints.

## **Licensure Program**

A licensing scheme administered by the Director of DORA's Division of Registrations should include provisions addressing the following issues:

- Title Protection for licensed naturopathic physicians

Title protection will assist the public in identifying those individuals the state has determined to be qualified naturopathic physicians. Individuals who satisfy the educational requirements established by the state would be permitted to use the titles "Licensed Naturopathic Physician," "Naturopath" or any derivative thereof. The protected titles would be reserved for those persons with the following credentials:

- (1) Graduated from an approved naturopathic medical college accredited by, or with a curriculum equivalent to, the accreditation standards of the CNME, and
- (2) Passed a licensure examination that conforms to the standards approved by the Director of the Division of Registrations.

- A definition of the scope of practice for naturopathic physicians

By defining the practice of naturopathy, it will be clear which practitioners fall within the scope of the licensing program.

- Restricting the practice of licensed naturopathic physicians

The restrictions on the practice of "Licensed Naturopaths" could prohibit:

- Prescribing or giving a prescription drug or a controlled substance
- Engaging in minor surgery
- Practicing obstetrics

- The program would be cash-funded and located within the Office of the Director of the Division of Registrations.
- Licensed Naturopaths may be exempted from the Medical Practice Act and other health care acts to allow them to practice the full range of their profession (with the restrictions above).
- Full range of disciplinary actions against licensed naturopathic physicians, including civil penalties.
- The Director of the Division of Registrations could be granted the authority to convene a Naturopathic Advisory Committee.

A licensing scheme would offer the public the greatest level of regulatory protection. Only those individuals who have fulfilled the requirements for licensure would be allowed to engage in the scope of practice for naturopathic physicians, thus ensuring a minimum level of competency.

*Recommendation: This sunrise review concludes that the evidence supports regulation of naturopathic physicians in Colorado. The three options proposed include licensure, title protection, or exemption from the Medical Practice Act.*

If it is determined not to implement one of these three options, this will leave in effect, Colorado's *status quo* as discussed.

# 1998 SUNRISE REVIEW

## *Naturopathic Physicians*

Colorado Department of Regulatory Agencies



Office of Policy and Research



# SUNRISE REVIEW

**NATUROPATHIC PHYSICIANS**



**SUBMITTED BY  
THE COLORADO DEPARTMENT  
OF REGULATORY AGENCIES  
OFFICE OF POLICY AND RESEARCH  
JUNE 1993**







## THE LIGHT PROGRAM

### FREQUENTLY ASKED QUESTIONS

**What is it?** A program that gives access to health care by issuance of a voucher that will assist in the cost of an Office visit with participating Medical Providers.

**How much does it cost?** Depending on your income level, it will cost between \$20 and \$35. The sliding fee scale is based on what level of poverty a person or family is at based on the federal guidelines.

**Who can use the Light Program?** Any Gunnison resident who meets the federal guidelines for poverty at 100-185%.

**How do I use it?** Once you are approved and pay your fee to Public Health, you will be given a voucher and will be responsible for making an appointment with the participating provider who we designate. At your appointment you will give the voucher to the physician to sign and she/he will give it to billing and they will submit a form for payment to Public Health.

**Can I use the Voucher to see a specialist?** No. Lab, pharmacy, orthopedic and x-ray referrals as well as referrals to non-participating providers are not covered and are client responsibility for payment in full.

**Can I get more than one voucher?** At this time there are a limited number of vouchers designated per person.

**How is the program funded?** Public and private donations, grants, federal and state programs will help supplement the cost of the visit. The Colorado Trust Supporting Immigrant and Refugee Family Initiative (SIRFI) on Immigrant Integration pay the Coordinators time. Participating providers have agreed to accept monies that will just cover their costs. Government funds can and will only be used to supplement the sliding fee scale for those residents who qualify for the use of government funding.

**Why do we need this program?** The benefits to the community speak for themselves. People are provided access to curative and preventive healthcare that they otherwise would not receive because of an inability to pay for services and there is a more appropriate use of health care resources in our county. Illness, left untreated, threatens the entire community regardless of who has it or how they have it. It is estimated that 25% of residents in Gunnison County do not have insurance. Non-emergent care provided through emergency departments, walk-in clinics and other urgent care facilities is often less effective and more costly.

**Can I use this program if I am on other programs?** The Light Program does not attempt to duplicate services available elsewhere in the community and will screen and assist clients in enrolling in healthcare programs for which they may qualify.

For more information please contact Jill Stahlnecker, Coordinator at:

### **Gunnison County Health and Human Services**

225 North Pine St. Suite E  
Gunnison, Colorado 81230  
(970) 641-0209 Fax: (970)641-8346





## House Bill 09-1175

### Concerning Regulation of Naturopathic Doctors

Representative Kathleen Curry and Senator Suzanne Williams

#### THE ISSUE:

-Naturopathic Doctors are trained at four year, post-graduate Naturopathic Medical Schools that are accredited by the Council on Naturopathic Education, which is recognized by the United States Department of Education. They practice naturopathic medicine, which relies on the support and stimulation of patients' inherent self-healing processes and the use of natural remedies.

-During both the Owens and Ritter Administrations, the Department of Regulatory Agencies recommended regulation of naturopathic doctors after completing sunrise reviews. The most recent review can be found at:

<http://www.dora.state.co.us/opr/archive/2008NaturopathicPhysiciansSunrise.pdf>

-Naturopathic Doctors provide service to patients throughout Colorado. Without passage of HB 1175, there is no oversight of this care.

#### HB 09-1175:

-Requires Naturopathic Doctors to register with the Division of Registrations and be subject to oversight. The bill establishes parameters for the practice of naturopathic medicine in Colorado.

-Establishes a task force of medical doctors, naturopathic doctors, regulators and other interested parties to address issues concerning future regulation of naturopathic medicine and make recommendations to the General Assembly.

#### WHAT HB 09-1175 DOES NOT DO:

**-HB 1175 only applies to Naturopathic Doctors who are required to register pursuant to the bill. IT DOES NOT APPLY TO OTHER ALTERNATIVE CARE PROVIDERS WHO HAVE DIFFERENT TRAINING AND WHO ARE NOT ELIGIBLE TO REGISTER UNDER THE TERMS OF THIS BILL. NOTHING IN HB 1175 CHANGES THE LEGAL STATUS OF ANY OTHER ALTERNATIVE CARE PROVIDER.**

#### WHO SUPPORTS HB 09-1175?

The Colorado Medical Society, the Colorado Academy of Family Physicians and the Colorado Association of Naturopathic Physicians support HB 1175.

#### Contacts:

Greg Romberg 303 679-1763

Kristen Thomson 720 373-9259

# THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. From the first settlers to the present day, the nation has evolved through various stages of development. The early years were marked by exploration and the establishment of colonies. The American Revolution led to the birth of a new nation, and the subsequent years saw the expansion of territory and the growth of industry.

The American Civil War was a pivotal moment in the nation's history, leading to the abolition of slavery and the strengthening of the federal government. The Reconstruction era followed, a period of rebuilding and reform. The late 19th and early 20th centuries saw the rise of industrialization and the emergence of a new social order.

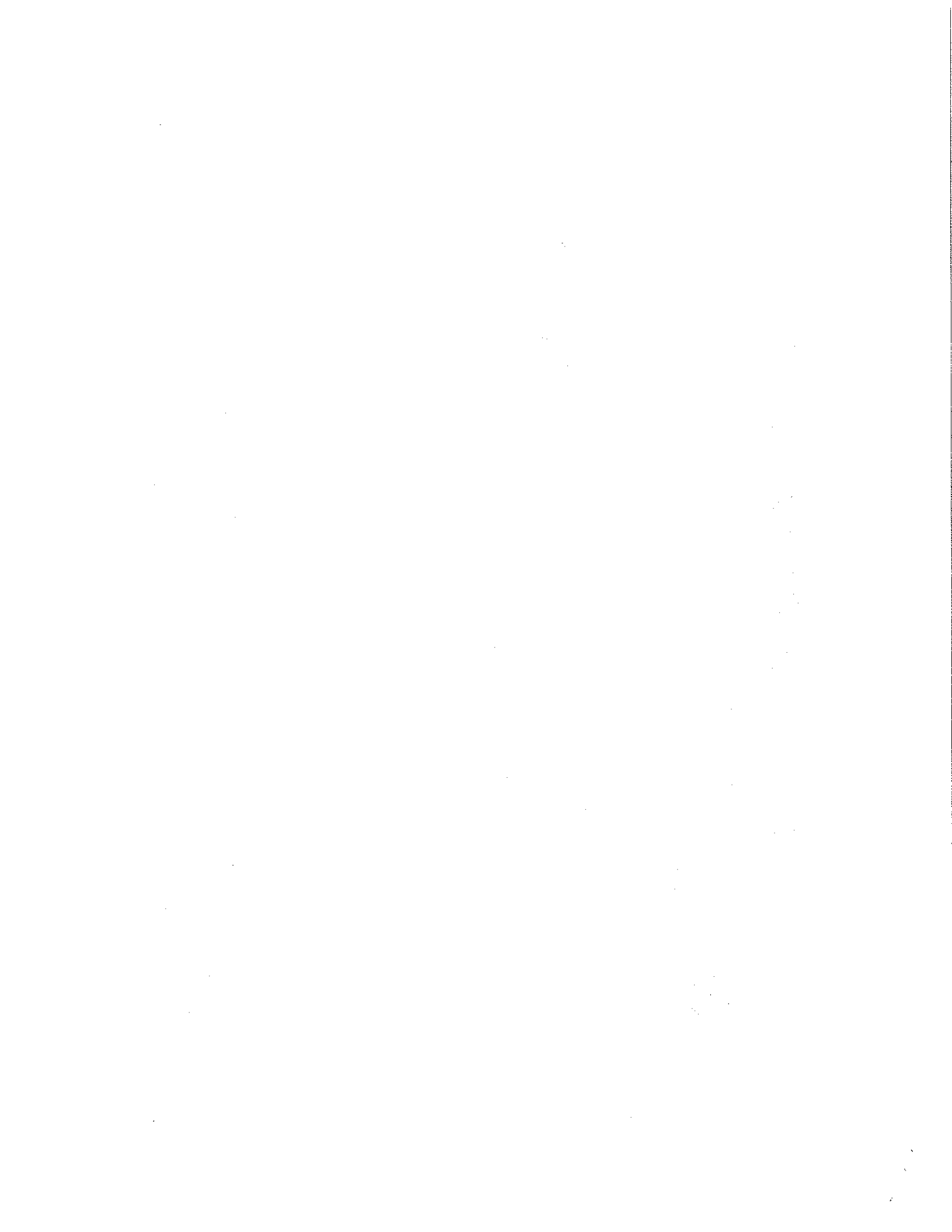
The 20th century was a time of great change and challenge. The United States emerged as a world superpower, leading the world in the development of nuclear energy and space exploration. The civil rights movement of the 1950s and 1960s brought about significant social and political reforms.

The end of the 20th century and the beginning of the 21st century have seen the United States continue to evolve and adapt to a rapidly changing world. The nation remains a leader in technology, science, and culture, and continues to play a significant role in global affairs.

**COMPARISON OF PRACTICE RIGHTS AND TRAINING OF LICENSED COLORADO  
HEALTHCARE PROFESSIONALS WITH NATUROPATHIC DOCTORS IN STATES THAT LICENSE**

Practitioner	Undergraduate Training Required	Graduate Years of Training Required	Internship/Residency Required	National Board Exam	Ability to Diagnose	Ability to Treat	Prescription Privileges	Hospital Privileges	Surgery	Lab Privileges
Medical Doctor	60 semester hours	4	1	USMLE	Yes	Yes	Yes	Yes	Yes	Yes
Osteopathic Doctor	60 semester hours	4	1	COMLEX	Yes	Yes	Yes	Yes	Yes	Yes
Naturopathic Doctor	120 semester hours, (Baccalaureate) *Except Bastyr University 90 semester hours	4	0* (one year required in S2790/A4966)	NPLEX	YES	YES	In most jurisdictions limited but YES	Limited	Limited to minor outpatient procedures	YES
Chiropractor	90 semester hours	4	0	NBCE	Yes	Yes	No	Yes	No	Yes
Physician Assistant	32 semester hours, 40 weeks clinical training	0	0	NCCPA	Yes	Yes	Yes	Yes	Yes	Yes
Nurse Practitioner	60 semester hours, RN degree	2	0	ANCC	Yes	Yes	Yes	Yes	Yes	Yes
Podiatrist	60 semester hours	4	1	NBPME	Yes	Yes	Yes	Yes	Yes	Yes
Dentist	60 semester hours	4	0	NBDE	Yes	Yes	Yes	Yes	Yes	Yes
Midwife	60 semester hours, RN degree	1	0	ACCNCE	Yes	Yes	Yes	Yes	Limited	Yes

Note: Most medical, naturopathic and osteopathic schools prefer completion of a baccalaureate degree; however a few exceptions for early entrance and fast track exist in all the disciplines.



Legal scopes of practice accompany licensing acts. Naturopathic physicians often must adhere to different sets of laws and regulations promulgated by the legislative and licensing bodies in the various jurisdictions that license them. The following tables provide regulatory information, legal scope of practice, and licensing requirements for naturopathic physicians in the United States.

**Table 1**  
**Regulatory Information for Other States**

State	Year Law Enacted	Type of Law	Title(s)	Regulatory Body	Number of Licensees	Complaint Activity
Alaska	1986	License	Naturopathic Doctor	Department of Community and Economic Development, Division of Occupational Licensing	36	Only 1 or 2 since 1986 with no discipline
Arizona	1935	License	Doctor of Naturopathic Medicine	Naturopathic Physicians Board of Medical Examiners	432	2002 - 36 2003 - 30 (5 unlicensed) 2004 - 26 (7 unlicensed)
California	2003	License	Naturopathic Doctor	Bureau of Naturopathic Medicine, Department of Consumer Affairs	129	N/A
Connecticut	1920	License	Naturopath	State Board of Naturopathic Examiners, Department of Public Health	196	2002 - 1 2003 - 1 2004 - 1
District of Columbia	2004	License	Naturopathic Physician	Department of Health Board of Naturopathy	N/A	N/A
Florida <sup>+</sup>	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii	1925	License	Naturopathic Physician	State Board of Examiners in Naturopathy	81	0 since 1998
Idaho*	2005	License	Naturopathic Physician	State Board of Naturopathic Medical Examiners	N/A	N/A
Kansas	2002	Registration	Naturopathic Doctor	State Board of Healing Arts	9	None
Maine	1995	License	Naturopathic Doctor	Board of Complimentary Health Care Providers	19	N/A
Montana	1991	License	Naturopathic Physician	Board of Alternative Health Care	66	2003 - 2 2004 - 3
New Hampshire	1994	License	Doctor of Naturopathic Medicine	Naturopathic Board of Examiners	36	2002 - 0 2003 - 0

N/A - Not Available

<sup>+</sup> Florida abolished new licensing of naturopaths in 1959, but the state continues to renew licenses and regulate those naturopaths who were licensed prior to July 1, 1959.

\* Idaho law effective 7/01/2005.

State	Year Law Enacted	Type of Law	Title(s)	Regulatory Body	Number of Licensees	Complaint Activity
Oregon	1927	License	Doctor of Naturopathy Naturopathic Physician	Board of Naturopathic Examiners	636	2001 - 30 2002 - 23 2003 - 15 2004 - 13
Utah	1996	License	Doctor of Naturopathic Medicine Naturopathic Physician	Naturopathic Physicians Licensing Board	8	1-2 since 2002
Vermont	1996	License	Naturopathic Physician	Office of the Secretary of State, Office of Professional Regulation	102	1 since 2003
Washington	1919	License	Doctor of Naturopathic Medicine	Department of Health	650	2003 - 15





## Education of Naturopathic Doctors

Licensed naturopathic doctors (N.D.) attend four-year graduate level naturopathic medical schools. They study the same basic sciences as medical doctors. They also study holistic and non-toxic therapies with emphasis on disease prevention, diet, exercise and nutrition. Naturopathic doctors complete four years of training in clinical nutrition, homeopathic medicine, botanical medicine, psychology, and counseling.

Training programs are accredited by the Council on Naturopathic Medical Education (CNME). The US Department of Education recognizes the CNME as the accrediting agency to oversee naturopathic training. Naturopathic doctors must pass board examinations administered by the North American Board of Naturopathic Medical Examiners prior to licensure in regulated jurisdictions.

**The following chart demonstrates comparative medical education curricula** – Naturopathic doctors have spent about the same number of hours in training as their counterparts in other schools of medicine.

	National College of Naturopathic Medicine	Baylor University (Naturopathic)	Southwest College of Naturopathic Medicine	Johns Hopkins	Yale	Stanford
<b>Basic and Clinical Sciences:</b> <i>Including</i> Anatomy, Cell biology, Physiology, Histology, Pathology, Biochemistry, Pharmacology, Lab diagnosis, Genetics, Neurosciences, Clinical Physical Diagnosis, Pharmacognosy, Biostatistics, Ethics, Epidemiology, Public Health, History and Philosophy, and other coursework.						
	1538 hours	1639 hours	1419 hours	1771 hours	1420 hours	1383 hours
<b>Clerkships and Allopathic Therapeutics:</b> <i>Including</i> lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery, Ophthalmology, and clinical electives.						
	2244	1926	1920	3391	2891*	3897
<b>Naturopathic Therapeutics:</b> <i>Including</i> Botanical medicine, Homeopathy, Oriental medicine, Hydrotherapy, Naturopathic manipulative therapy, Ayurvedic medicine, Naturopathic Case Analysis/Management, Naturopathic Philosophy, Advanced Naturopathic Therapeutics.						
	588	633	900	0	0	0
<b>Therapeutic Nutrition</b>	144	132	130	0	0	0
<b>Counseling</b>	144	143	100	included under psychiatry (see above)	included under psychiatry (see above)	included under psychiatry (see above)
<b>TOTALS</b>	<b>4668</b>	<b>4472</b>	<b>4469</b>	<b>5162</b>	<b>4311*</b>	<b>5280</b>

\* plus thesis

Source: Curriculum Directory of the Association of American Medical Colleges

