WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

Sherry Thomas, Regulatory Analyst
Office of the Assistant Secretary
Health Systems Quality Assurance
Washington State Department of Health
111 Israel Road SE
Tumwater, WA 98501
360.236.4612 (p)

30 August 2024

Dear Ms. Thomas:

I am writing on behalf of the **Washington Association of Naturopathic Physicians (WANP)**[1] to provide comment on the **draft Sunrise Review on Naturopathic Physician Scope of Practice**[2] published by the Washington State Department of Health on 1 August 2024. We disagree with the ultimate recommendation to the Legislature to not enact our proposal. The current draft recommendation contrasts two prior Sunrise Reviews on the same subject and seems to disregard extensive data demonstrating that naturopathic physicians practice safely, are carefully regulated, and have more education and training than several other types of practitioners in Washington with more advanced prescriptive authority. The rationale presented by the Department in this draft report appears to rely heavily on public comments submitted in opposition to this effort, and these oppositional comments seem to have been given more weight in this report than the data presented in our applicant report, testimony provided by subject matter experts, and hundreds of comments submitted in support. We respectfully request that the Department revisit our initial applicant report and expert testimony submitted previously as well as the extensive information we provide below and to reconsider its ultimate recommendation in the final Sunrise Review report.

Prior Sunrise Reviews

In February 1999, the Department published an Information Summary and Recommendations document as part of a *Naturopathic Scope Sunrise Review*.[3] Among other points studied at that time, the 1999 Sunrise Review considered the expansion of naturopathic physician prescriptive authority to include legend drugs and controlled substances in Schedules III-V; and the expansion of the definition of "minor office procedures" to include "limited surgical care and procedures". The Sunrise process in 1999 considered the same questions as the present Sunrise process. Namely, it involved analysis of the proposal to determine whether the criteria set forth in RCW 18.120[4] were met, with particular consideration of "harm/benefit to the public, assurance of professional ability, and cost-effectiveness."

In February 1999, the Department's findings included the following:

1) Naturopaths, as a group, have very few disciplinary actions that relate to quality of care. Training and state regulation of naturopaths have provided a reasonable level of public protection.

[1] https://www.wanp.org
[2] https://doh.wa.gov/sites/default/files/2024-07/NaturopathicPhysicianScopeofPractice-SunriseReview_0.pdf
[3] Naturopathic Scope Sunrise Review Final Report published February 1999 by the Washington State Department of Health, Health Systems Quality Assurance
[4] https://app.leg.wa.gov/rcw/default.aspx?cite=18.120

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

2) Naturopathic patients do sometimes need common medications currently outside the prescriptive authority of naturopaths. Both patients and naturopaths may have additional time and effort in order for the patient to receive appropriate medications, administered through the most appropriate route, when a naturopath is competent to prescribe them. Naturopathic patients demonstrated strong support for both expanding the medicines naturopaths can prescribe and the methods they can use to administer them.
3) No instances of public harm about naturopaths operating under their existing prescriptive authority have been reported.

Based on these findings, the Department recommended in 1999 that the legislature "**expand prescriptive authority to include those legend drugs and controlled substances in schedules III-V** of the uniform controlled substances act that are consistent with naturopathic medical practice and in accordance with rules adopted by the DOH secretary[5]." This recommendation was based on the Department's rationale that "the public benefits from allowing naturopaths to more effectively treat patients when they need medications not currently within the naturopath prescriptive authority." The Department highlighted the rule-making process as further "assuring the public of initial competency to prescribe."

In terms of the definition of "minor office procedures," the Department recommended the Legislature "revise the current definition of 'minor office procedures' to clarify that it includes 'minor surgical care and procedures' of 'superficial lacerations, lesions, and abrasions...'." The Department acknowledged at that time that "minor surgical care" provided a better definition more reflective of naturopathic training and practice.

The 1999 Sunrise Review ultimately resulted in the Washington State Legislature overwhelmingly passing the 2005 bill[6] that granted naturopathic physicians legal authority to prescribe all legend drugs plus codeine and testosterone products contained in Schedules III through V.

In December 2014, the Department published an Information Summary and Recommendations document as part of an updated *Naturopathic Scope of Practice Sunrise Review*.[7] Like the currently in-progress Review, the 2014 Sunrise Review considered the expansion of naturopathic physician prescriptive authority to include "controlled substances contained in Schedules II through V of the uniform controlled substances act, chapter 69.50 RCW, necessary in the practice of naturopathy." Despite the bill under review at that time also including updates to language under "minor office procedures", that aspect was not evaluated in the 2014 Sunrise Review report.

In December 2014, the Department's findings included the following:

- The HCA [Health Care Authority] recognizes the potential benefit of more convenient and comprehensive health care of clients whose primary care provider is a naturopath.
- Naturopaths currently have a narrower range of prescriptive authority than other designated primary care providers in Washington.

[5] Note that this recommendation pre-dates the Legislature's establishment of the Washington State Department of Health Board of Naturopathy in 2011.

[6] https://lawfilesext.leg.wa.gov/biennium/2005-06/Pdf/Bills/Session%20Laws/House/1546.SL.pdf?cite=2005%20c%20158%20§%202

[7] Naturopathic Scope of Practice Sunrise Review Final Report published December 2014 by the Washington State Department of Health, Health Systems Quality Assurance

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

- It is likely that patients with acute non-life or limb-threatening injuries will seek care in their places of practice, and there is a subset of the population for whom codeine is not effective and/or not tolerated.
- The HCA agrees with the applicant that expanded Medicaid coverage is expected to include an expanded demographic of patients with medical conditions requiring controlled substances in the naturopathic primary care setting.
- Deaths related to prescription opioids have occurred almost without exception in patients on chronic therapy. Short-term treatment of acute conditions with controlled substances is considered safer.
- Limited prescriptive authority may reduce the number of unnecessary emergency department visits.

Based on these findings, the Department recommended that the legislature **expand naturopathic physician "prescriptive authority to controlled substances in Schedule III-V, and hydrocodone products in Schedule II."** The Department pointed to the rule-making authority of the Washington State Board of Naturopathy, in consultation with the Pharmacy Quality Assurance Commission, to determine appropriate training and education and urged the requirement for the Board to adopt pain management rules and the requirement for naturopathic physicians with advanced prescriptive authority to register in the Prescription Monitoring Program (PMP).

As a result of the 2014 Sunrise Review process, several things happened. First, the following language was added to the bill under consideration:

> A naturopathic physician who prescribes controlled substances shall register with the department to access the prescription monitoring program established in chapter 70.225 RCW.
> By rule, the board [of naturopathy] shall establish education and training requirements related to prescribing legend drugs and controlled substances. A naturopathic physician may prescribe and administer [these] drugs … only if he or she satisfies the education and training requirements established by the board.[8]

Second, the continuing education requirements for naturopathic physicians expanded from 20 credits per year with no pharmacology requirements to 60 credits every 2 years including 15 hours of pharmacology. Third, the pharmacology programming at accredited naturopathic medical schools throughout the country was significantly expanded in both hours and scope, to include information on controlled substances prescribing and safety considerations.[9] These changes more than addressed the recommendations of the Department in the 2014 Sunrise Review in terms of meeting the Sunrise criteria in RCW 18.120.010, which relied heavily on authorizing the Board of Naturopathy to undergo rulemaking.

As highlighted in the applicant report submitted to the Department in August 2023[10], in the decade since that Sunrise Review was completed, the total number naturopathic physicians has increased by a third (over 400 new licensees), the number of naturopathic physicians participating in Washington's Medicaid/Apple Health program has grown substantially to 655[11] (over 40% of current licensees), and the record of safe practice and prescribing by naturopathic physicians has not faltered, despite drastic increases in patient panels, complexity of cases, and responsibilities demanded by the realities of insurance industry work and polypharmacy in primary care

[8] https://doh.wa.gov/sites/default/files/2023-10/SenateBill5411-NP.pdf
[9] See WANP's 2023 applicant report and written comments submitted by multiple accredited naturopathic medical schools.
[10] https://doh.wa.gov/sites/default/files/2023-10/NaturopathySunriseAppReport2023.pdf
[11] https://hca-tableau.watech.wa.gov/t/51/views/ProviderDashboard-EDW/ProviderDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y (accessed 18 August 2024)

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

practice. Meanwhile, the need for primary care practitioners continues to increase, and patient access to safe, qualified primary care has become a major focal point of the Washington State Department of Health, the Washington State Legislature, and almost anyone working in the fields of healthcare or healthcare policy. Just this week, the Department of Health released its 2025 Preliminary Legislative and Budget Proposals[12], which includes multiple budget requests related to "Health and Wellness" that are in absolute alignment with foundational naturopathic primary care and its emphasis on healthy living and prevention of illness. It also includes multiple budget requests aimed at expanding and strengthening the healthcare workforce. To quote the Department directly from that report: "Washington is facing a severe health care workforce shortage that creates barriers to residents receiving needed services."

It is confusing, then, that the draft Sunrise Review on *Naturopathic Physician Scope of Practice*[13] released earlier this month simply "recommends this proposal not be enacted because it does not meet the criteria in RCW 18.120.010." This outcome despite two prior Reviews on the same topic recommending expansion of naturopathic physician "prescriptive authority to include those legend drugs and controlled substances in schedules III-V of the uniform controlled substances act" (1999) and expansion of "prescriptive authority to controlled substances in Schedule III-V and hydrocodone products in Schedule II" (2014), the well-documented health care workforce shortage in our state, and this acknowledgement by the Department in the current draft: "Didactic training in naturopathic schools has evolved to include a strong foundation in basic sciences and pharmacology. In addition, the applicant has identified a need to expand ND's *[sic]* prescriptive authority to increase access to opioid use disorder (OUD) treatment, help patients taper off controlled substances, and treat acute or post-surgical pain."

Regulation and Safety of Naturopathic Physicians

The rationale for the ultimate draft recommendation appears to be grounded in the idea that naturopathic physicians – by simple virtue of being naturopathic physicians – are unable and unqualified to educate, train, or regulate themselves. That this draft report can be read as calling into question the authority and competence of the Washington State Board of Naturopathy – a Board that is staffed, supported, funded, and overseen by the Department of Health and the Attorney General's Office – is particularly concerning. The Board of Naturopathy was established in 2011 by an act of the Washington State Legislature[14]. This brought the regulation of naturopathic physicians into alignment with how allopathic physicians, chiropractors, dentists, nurses, optometrists, osteopathic physicians, pharmacists, physical therapists, podiatrists, psychologists, and veterinarians are regulated.[15] Each of these regulatory Boards is composed of governor-appointed healthcare practitioners within the respective profession and overseen by the Department of Health. By design and by law, members of other healthcare professions cannot serve on a regulatory board for a separate healthcare profession. It would be both inappropriate and unethical for a physical therapist to be involved in regulating the practice of an allopathic medical doctor. It would not make sense for a registered nurse to be involved in regulating the practice of a licensed chiropractor. A veterinarian should obviously not be involved in the regulation of a podiatrist. All of these regulatory authorities – to include the Board of Naturopathy – are required by law to comply with the Uniform Disciplinary Act (UDA) and all answer directly to the Department of

[12] Washington State Department of Health 2025 Preliminary Legislative and Budget Proposals, August 2024 (delivered via email 21 August 2024)
[13] https://doh.wa.gov/sites/default/files/2024-07/NaturopathicPhysicianScopeofPractice-SunriseReview_0.pdf
[14] https://lawfilesext.leg.wa.gov/biennium/2011-12/Pdf/Bills/Session%20Laws/House/1181.SL.pdf?q=20240821122653
[15] https://governor.wa.gov/boards-commissions/board-commission-profiles

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

Health (and therefore to the Secretary of Health) and receive legal support and guidance from the Attorney General's Office.

When it comes to the self-regulating boards and commissions in Washington, the Board of Naturopathy appears to be extremely diligent in regulating the naturopathic physician profession, choosing to investigate *more* of its licensees than any of the other self-regulating authorities for Washington-licensed primary care practitioners. According to the *2021-2023 Uniform Disciplinary Act (UDA) Report* published by the Department's Health Systems Quality Assurance group[16], the Board of Nursing investigated only 24% of the complaints it received against its ARNP licensees during that biennium; the Board of Osteopathy investigated 28% of the complaints it received against its DO licensees; the Washington Medical Commission investigated only 26% of the complaints it received against its MD licensees but, interestingly, investigated 35% of the complaints it received against its PA licensees; yet the Board of Naturopathy investigated 40% of the complaints it received against its ND licensees during the same biennium. The trend of the Board of Naturopathy investigating a notably higher percentage of complaints received than the Board of Nursing, the Board of Osteopathy, or the Washington Medical Commission persisted across the 3 prior biennia referenced in this report and provides real evidence that the Board of Naturopathy takes its job of regulating the naturopathic physician profession in the interest of public safety quite seriously.

In terms of the safety and competence of naturopathic physicians in Washington State, the Department maintains extensive records that demonstrate that naturopathic physicians practice in a way that protects the public – especially when compared to other types of primary care practitioners. The below table provides a comparison of complaints filed against ARNPs, DOs, MDs, NDs, and PAs between January 1, 2014, and July 31, 2024.[17] The table includes only those complaints which may have resulted in patient harm or injury, as classified by the Department. (It is important to note that these numbers do not reflect actual findings of wrong-doing or disciplinary action, which the biennial UDA report generally shows to be quite a bit fewer. It is also important to note that a single complaint may show up in multiple categories.) The numbers below are the total number of complaints per year per thousand licensees[18] and reflect the classification language used by the Department. The highest number of complaints per licensee per year in each category is underlined.

Potential patient harm complaints filed per year per 1,000 licensees, 1/1/2014-7/31/2024

	ARNPs	*DOs*	*MDs*	*NDs*	*PAs*
Mandatory Malpractice Reports	0.18	2.44	3.46	0.47	0.96
Patient Care Issues	4.83	14.67	27.33	6.41	18.59
Patient Neglect	0.34	1.10	8.23	0.41	4.08
Substandard/Inadequate Care	0.86	7.37	1.32	2.59	1.07
Total	**6.21**	**25.59**	**40.35**	**9.88**	**24.70**

According to the Department's own data, naturopathic physicians consistently receive among the lowest number of complaints per licensee in nearly every category.

[16] https://doh.wa.gov/sites/default/files/2024-03/631093-UDAReport2021-2023.pdf
[17] Data provided by Washington State Department of Health Public Records Department in August 2024
[18] Total complaints reported by Public Records Center were divided by total number of licensees identified in the 2021-2023 UDA Report and then divided by 10.5 years to provide an approximate complaint per licensee per year. This number was then multiplied by 1,000 to remove extensive decimal spaces and show complaints per 1,000 licensees per year.

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

The draft report cited data on "*UDA Cases Received and Closed* retrieved from the Department's Integrated Licensing and Regulatory System (ILRS)". The report indicated that, since 2005, there have been 26 disciplinary actions against licensed naturopathic physicians and an additional 11 cases where naturopathic physicians surrendered their DEA registrations due to investigations by the U.S. Drug Enforcement Administration. First of all, this is an exceptionally small number of cases spread over two decades and should stand alone as evidence of the safe and responsible practice of naturopathic physicians in Washington. Even so, we wanted to better understand this data set and received by email from the Health Services Quality Assurance group a list of "Disciplinary Cases Related to Controlled Substance Prescribing"[19] which contained basic information and names of individuals whom the Board of Naturopathy had disciplined. (The data is noted to have been "retrieved through a manual search of disciplinary actions that could be tied to controlled substance prescribing" and does not include "marijuana prescribing complaints or violations.")

On examination of the list provided by HSQA, several things became apparent. First, there appear to be only 22 unique disciplinary actions against naturopathic physicians for prescribing beyond scope since 2005 (not 26 as reported). Of those, 5 related to the same circumstance but are listed as 5 separate cases (because 5 individuals were involved). Second, the Department has issued exactly 1 disciplinary action against a naturopathic physician for prescribing beyond their legal scope of practice in the past 7 years. Third, a deeper dive into the specifics of the 22 cases referenced in the draft report reveals that there was *no harm to patients* in 20 of them. Of the 2 remaining, 1 resulted in easily manageable alprazolam withdrawal symptoms in 1 patient, and the other was egregious and the Board of Naturopathy revoked that individual's license. Fourth, nearly all of the controlled substances involved in these 22 cases were medications that are routinely managed in the primary care setting to treat conditions like anxiety, panic, and attention-deficit hyperactivity disorder (ADHD).

With all of this data clearly demonstrating that naturopathic physicians in Washington are practicing as safely as or, in many cases, more safely than other types of primary care practitioners, we expect the Department to reconsider its statement that "based on their limited training and education, NDs run a greater risk of making incorrect diagnoses, evaluations, or recommendations on treatment options, which could result in serious life or death impacts for patients." There is no citation provided to support this assertion and, in the absence of clear evidence demonstrating that NDs more frequently misdiagnose or mistreat patients or that NDs more frequently cause "serious life or death impacts for patients", this biased statement of opinion rather than fact must be removed.

Recommendation Rationale 1

The proposal does not demonstrate sufficient minimum education and training to safely prescribe Schedule II-V controlled substances. Though naturopathic programs include foundational didactic training in pharmacology, the clinical training occurs mainly in naturopathic clinics under supervision of naturopathic physicians. Naturopathic programs do not require clinical training in diverse health care settings or exposure to specific patient populations or conditions, such as pediatric patients, patients with specific behavioral health conditions, and/or patients on pain management medication.

[19] "Disciplinary Cases Related to Controlled Substances Prescribing" file provided by DOH HSQA via email 22 August 2024

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

It appears that the Department did not do an adequate job examining the minimum education and training required to safely prescribe Schedule II-V controlled substances. There is an Appendix D referenced as providing "an in-depth description of education and practice requirements by program", but that appendix is not included in this draft, thereby preventing review and correction, if necessary.

Under the "Program Comparisons – Didactic training", this draft report includes an opinion statement that "courses and treatment options in botanical medicine, exercise therapy, hydrotherapy, nature cure, acupuncture/traditional Chinese medicine, and homeopathy… leaves less time and focus on pharmacology-related training and sciences." This opinion is not supported by publicly available facts and expert testimony submitted during earlier comment periods on this proposal. The comparison seems to only consider the naturopathic medical program against an allopathic medical program. In terms of both credits and classroom hours, the naturopathic medical program is significantly longer than ARNP/DNP and PA programs, as we discussed in our original applicant report. A naturopathic medical program is long and intensive, as naturopathic medical students must achieve competency not only in basic sciences and conventional approaches to disease, *but also in* the safe administration of the naturopathic therapeutics that patients actively seek out. The apparent dismissal of time spent studying "botanical medicine" in the above statement is also unwarranted, considering that an estimated 80% of pharmaceuticals originate from plants[20]. The reality that naturopathic physicians spend so much time studying mechanisms of action and chemical composition of plants actually *enhances* their ability to understand and safely prescribe pharmaceuticals – including controlled substances; it does not diminish the ability to safely prescribe, as this report suggests. This area of study also ensures that naturopathic physicians – more than any other type of health care practitioner – can safely manage pharmaceutical medications alongside herbs and supplements that a significant percentage of patients take[21].

Under "Program Comparisons – Specific Pharmacology Training", the Department does not present consistent, accurate, and unbiased data. The Department does not identify how much pharmacology training (by credit number or classroom hours) is included in an allopathic medical program, but demonstrates a willingness to simply trust that the training is adequate. At the same time, the Department appears to disregard the expert testimony provided by Dr. Kristina Conner, Dean of the School of Naturopathic Medicine at Bastyr University, on the coverage of pharmacology in the very program she oversees. The table in this section reflects that Bastyr University provides a total of 5.5 credits in pharmacology – a number that is not even half of the pharmacology credits actually included in the naturopathic medical program at Bastyr University. The draft report even cites Dr. Conner as writing: "Bastyr's ND program allocates 12.65 of curricular credits, which is equivalent to 141.75 hours of classroom time, specifically for didactic training and medication management", but does not incorporate this information into its table or discussion on the subject. Below is what Dr. Conner actually wrote in the letter she submitted (italics are my own):

> "I am attaching an updated letter that outlines the *content related to pharmacology and patient management related to controlled substances*. In this updated letter, which is current for the 2023-24 academic year, 12.65 of total curricular credits (141.75 hours of classroom time) are dedicated to training in this subject area. Courses are comprehensive, covering all medication categories and body systems. *In addition to* these classroom hours, students provide medication management in a supervised setting

[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3619623/#:~:text=It%20is%20widely%20accepted%20that,a%20natural%20compound%20%5B18%5D.

[21] https://www.cdc.gov/nchs/data/nhsr/nhsr183.pdf

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

> throughout their 1204 hours of clinical training. In keeping with their role as future primary care providers, students also learn how to assess, manage, and refer substance use disorders."[22]

This reporting of coverage of pharmacology training across professions must rely on facts and needs to be corrected in the final Sunrise Review report. As we clearly demonstrated in our applicant report, naturopathic physicians have more pharmacology training as part of their foundational program of study than either ARNPs or PAs (and more than podiatrists, optometrists, and dentists – all of whom have more expansive prescriptive authority than naturopathic physicians at present).

Under "Program Comparisons – Clinical Training", the Department states that "ARNPs are required to be licensed as RNs before entering an advanced practice program, which means they train under the supervision of MDs and other practitioners." The Department appears to be implying, without providing any evidence to support the assertion, that being educated, trained, or supervised by an MD makes for better or safer clinical practice. Washington State authorizes naturopathic physicians, dentists, ARNPs, midwives, optometrists, podiatrists, and PAs to direct and supervise RNs[23], so the assumption that RNs "train under the supervision of MDs" is incorrect. Additionally, the requirement listed on the University of Washington School of Nursing Family Nurse Practitioner website[24] appears to be that an applicant is simply *licensed as* an RN – not that they have *practiced as* an RN. Requirements for initial licensure as an RN in Washington State are to have completed a commission-approved nursing education program.[25] Consequently, an RN and therefore an ARNP may not ever train or practice under a conventionally trained MD or DO at any point during their career.

Despite the Department's apparent criticism that "the clinical training [for naturopathic physicians] occurs mainly in naturopathic clinics under supervision of naturopathic physicians", this is normal standardized practice across all healthcare professions. A review of current clinical faculty at the UW School of Nursing[26] reveals that there are no MDs or DOs on faculty there, such that nurses are training other nurses. The current clinical faculty at the UW Medex PA program in Seattle[27] consists primarily of PAs, with only 2 faculty members who are MDs in Seattle. There are no MDs or DOs serving as clinical faculty in either the Spokane location[28] or the Tacoma location[29]. As expected, the UW School of Medicine's MD Program[30] features almost exclusively MDs in faculty leadership. It is noteworthy that the Department does not appear to question the fact that PAs are trained by PAs or that ARNPs are trained by ARNPs or that MDs are trained by MDs, but that there is significant question raised about NDs training NDs. This questioning reveals bias and misunderstanding that have no place in this Sunrise Review report.

The entire discussion in the draft report also completely ignores the fact that there are several other non-primary care practitioners who have advanced prescriptive authority in this state. Our applicant report included comparisons around education, training, and experience across those professions[31] and that information has

---

[22] https://doh.wa.gov/sites/default/files/2024-03/Sunrise-NP-ScopePracticeWrittenComments-Part1.pdf
[23] https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260
[24] https://nursing.uw.edu/programs/degree/dnp-fnp/
[25] https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-025&pdf=true
[26] https://nursing.uw.edu/staff/
[27] https://familymedicine.uw.edu/medex/about-medex-nw/faculty-staff/seattle/
[28] https://familymedicine.uw.edu/medex/about-medex-nw/faculty-staff/spokane/
[29] https://familymedicine.uw.edu/medex/about-medex-nw/faculty-staff/tacoma/
[30] https://www.uwmedicine.org/school-of-medicine/about
[31] WANP Applicant Report, August 2023, pages 9-10

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

seemingly been disregarded when trying to determine "sufficient minimum education and training to safely prescribe Schedule II-V controlled substances."

Recommendation Rationale 2

The other states that grant authority to prescribe controlled substances limit NDs to Schedules III-V or specific formularies and include safeguards such as collaboration or supervision by MDs, additional or continuing education, an additional pharmacology examination, and oversight by the state medical board.

It is inaccurate to suggest that it is most common in other advanced scope states for NDs to be supervised, managed, or regulated by MDs. The draft report states that "the Arizona Physicians Medical Board regulates NDs" – implying that regulatory oversight of Arizona-licensed naturopathic physicians is by conventionally-trained physicians. Per the State of Arizona[32], naturopathic physicians are regulated by the *Naturopathic* Physicians Medical Board – a governor-appointed Board composed of 4 licensed naturopathic physicians and 3 public members. Despite the inference in this report, naturopathic physicians in Arizona have very broad prescriptive authority over most controlled substances and legend drugs. Further, footnote 56 in the draft report highlights a "conflict" in Arizona state law where none exists. The footnote inaccurately states that A.R.S. 32-1501[33] defines "drug" as *not* including most legend drugs and *not* including controlled substances, but the opposite is true. Per this statute, which defines ND prescribing authority, Arizona-licensed NDs can prescribe *all* legend drugs and *all* controlled substances in Schedules III-V except for antipsychotics and cancer chemotherapeutics. They can also prescribe morphine in Schedule II as well as any other controlled substance that has been reclassified from Schedule III to Schedule II since January 1, 2014 (not 2024, as written in the footnote). The "conflict" highlighted in footnote 56 relates to A.R.S. 32-1581[34], which exclusively deals with *dispensing* medications in office. In Arizona, naturopathic physicians can certainly *prescribe* some opioids from Schedule II, but they cannot keep those medications in office to *dispense* directly to patients. Arizona law requires no collaboration or supervision of NDs by MDs. As correctly stated in this draft report, there is no additional education or examination required to prescribe for any naturopathic physician graduated from an accredited naturopathic medical program since January 1, 2005. The continuing education required for Arizona NDs was used as a model for the updated continuing education requirements for Washington NDs, which went into effect January 1, 2021.

In Oregon, naturopathic physicians are regulated by the Oregon Board of Naturopathic Medicine, which is also a governor-appointed Board composed of 5 licensed naturopathic physicians and 2 public members. There is also a Formulary Council[35] for the Oregon Board of Naturopathic Medicine, which consists of 2 naturopathic physicians, 2 pharmacists, 2 others with advanced degrees in pharmacology or pharmacognosy, and 1 allopathic physician. Oregon law requires no collaboration or supervision of NDs by MDs. There is no additional education required of naturopathic physicians to prescribe to their full and extensive formulary, but NDs in Oregon must pass the elective pharmacology examination administered by the North American Board of Naturopathic Examiners (NABNE) as part of the Naturopathic Physicians Licensing Examination (NPLEX) – something which will undoubtedly be considered by the Washington State Board of Naturopathy as part of a thorough rule-making

[32] https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01502.htm
[33] https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/32/01501.htm
[34] https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01581.htm
[35] https://www.oregon.gov/obnm/pages/formulary%20council.aspx

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

process. The continuing education required for Oregon NDs was used as a model for the updated continuing education requirements for Washington NDs.

Since submitting our applicant report last year, the State of Montana passed legislation expanding the scope of practice of naturopathic physicians there to mirror the prescriptive authority of NDs licensed in Oregon. In Montana, naturopathic physicians can now prescribe all legend drugs and controlled substances in Schedules II-V, with some exceptions[36]. Naturopathic physicians in Montana are regulated by the Montana Alternative Health Care Board, which is composed of naturopathic physicians, acupuncturists, midwives, an allopathic physician, and a public member – all appointed by the governor.[37] There is a formulary committee in place and that formulary committee has a licensed pharmacist on it. Montana law requires no collaboration or supervision of NDs by MDs. There is no additional education required of naturopathic physicians to prescribe to their full and extensive formulary, but NDs in Montana must now pass the elective pharmacology exam administered by NABNE. Continuing education requirements for Washington-licensed NDs are significantly more than those required for Montana-licensed NDs.

While naturopathic physicians in Vermont are regulated by an Advisory Committee that includes naturopathic physicians, conventionally trained physicians, pharmacists, and a public member,[38] there is nothing in Vermont's law that requires collaboration or oversight of NDs by MDs. As correctly explained in the draft report, the first 100 prescriptions written by a naturopathic physician in Vermont must be supervised *by another prescribing naturopathic physician* or by a licensed allopathic physician. The State of Vermont does require naturopathic physicians to pass an elective "naturopathic pharmacology exam" prior to prescribing, and that test is identified in this report as the "National Board of Medical Examiners (NBME) pharmacology examination or a substantially equivalent examination." In fact, the "substantially equivalent examination" of choice in Vermont is the same elective pharmacology exam administered by NABNE that is in use in Oregon and Montana. It is the test administered by NABNE – *not* the test administered by NBME – that is preferred by the Vermont Office of Professional Regulation to demonstrate competence in advanced prescribing for naturopathic physicians. The continuing education requirements for naturopathic physicians in Vermont are significantly less than what is required of naturopathic physicians in Washington.

This draft report is accurate that the State of California – where naturopathic doctors are regulated by a Board composed of 5 naturopathic doctors, 2 conventionally trained doctors, and 2 public members, as well as a Drug Formulary Advisory Committee composed of 1 naturopathic doctor, 1 pharmacist, and 1 conventionally trained doctor – requires that naturopathic doctors have a physician or surgeon in place to determine which medications and under which circumstances an ND can prescribe certain pharmaceuticals (including those in schedules III-V). However, once the agreement is in place, there is no direct physical supervision required of an MD over an ND. Additionally, there is no requirement for an MD to co- or counter-sign a prescription written by an ND. This detail is important when considering that there have been only 3 disciplinary actions against licensed NDs in California since 2004, and none have been related to prescribing issues.[39]

[36] https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/615c7c16-2d0c-49a7-ba32-100b2e719e3e
[37] https://boards.bsd.dli.mt.gov/alternative-health-care/board-information/board-members
[38] https://legislature.vermont.gov/statutes/fullchapter/26/081
[39] https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTxnpCiSkNy4Rd9s/edit?gid=0#gid=0

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

New Mexico is the only state with advanced prescriptive authority for naturopathic physicians wherein naturopathic physicians are regulated by a board that has no naturopathic physicians on it.[40] New Mexico requires a collaborative practice agreement between a naturopathic physician and a conventionally trained MD or DO, but this agreement does not involve direct supervision or oversight of an ND by an MD.[41] Per New Mexico administrative code: "This does not imply that supervision by a physician is required, rather that professional communication and collaboration is required between all healthcare providers for continuity of care in accordance with HIPAA regulations."

Notably, naturopathic physicians in Washington State have practiced safely and with complete autonomy with increasing responsibilities and scope of practice for well over half a century.

In direct contradiction to what the Department appears to be implying with this rationale, naturopathic physicians around the country practice with advanced prescribing authority and very little or no oversight by any conventionally-trained practitioners, yet the number of disciplinary actions against NDs is extremely low in every regulated jurisdiction[42]. There are many different ways to regulate naturopathic physician practice even with more advanced prescriptive authority, but it is clear that all regulated states with advanced prescriptive authority for naturopathic physicians do things slightly differently and there is no single approach across all other states. Once again, we expect all of these models to be fully evaluated during rule-making by our regulatory Board of Naturopathy.

Recommendation Rationale 3

The proposed definition of "minor office procedures" is vague and subject to a wide range of interpretations. The department cannot evaluate adequate training without knowing what specific procedures would be included in this definition.

Per Senate Bill 5411 as drafted, "'minor office procedures' means primary care services; procedures incident thereto of superficial lacerations, lesions, minor injuries, and the removal of foreign bodies located in superficial structures, not to include the eye; and the use of antiseptics and topical or local anesthetics in connection therewith. 'Minor office procedures' also includes injections and topical applications of substances consistent with the practice of naturopathic medicine and in accordance with rules established by the board."

As we discussed at length in our applicant report, naturopathic physicians in Washington State are licensed and practice as primary care physicians. Patients rely on their naturopathic physicians to provide the full scope of primary care. There are many minor procedures that are routinely done in the primary care setting, and there should be nothing in statute to preclude a naturopathic physician from seeking out the training necessary to perform any minor office procedure that would be routinely handled in a primary care setting by a primary care practitioner. Additionally, the confusing language currently under "minor office procedures" has caused some health plans operating in Washington to limit the primary care services they cover for patients who see a naturopathic physician as their primary care practitioner. This frequently leads to unexpected costs for the

[40] https://nmonesource.com/nmos/nmsa/en/item/4397/index.do#!fragment/zoupio-_Toc172540962/BQCwhgziBcwMYgK4DsDWszIQewE4BUBTADwBdoAvbRABwEtsBaAfX2zgEYB2AJgFYALAAYAnADYeASgA0ybKUIQAiokK4AntADkW6REJhcCFWs069BoyADKeUgCFNAJQCiAGRcA1AIIA5AMIu0qRgAEbQpOySkkA

[41] https://www.nmmb.state.nm.us/wp-content/uploads/2024/05/nmac-16.10.22-2021-08-24.pdf

[42] https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTxnpCiSkNy4Rd9s/edit?gid=0#gid=0

patient when claims for routine primary care services are denied by the insurer. Expanding the definition of "minor office procedures" to include "primary care services" would help clarify that any routine primary care services provided by a naturopathic physician should be covered by the insurance plan.

We recognize that much has been brought into this Sunrise Review about in clinic abortion and we have heard from those opposed to this effort the belief that naturopathic physicians should not be allowed to be trained on this relatively straightforward in-office procedure. It is irrefutable that the decision by the Supreme Court of the United States (SCOTUS) to rule in favor of *Dobbs* and overturn legal access to abortion across the country has highlighted the need for competent clinicians to provide the full scope of reproductive services to patients not only residing in Washington but also in neighboring states seeking Safe Haven here. Data published by the Society of Family Planning demonstrated an average monthly increase of 140 abortions in Washington State from July 2022 through December 2022, as compared to numbers from prior to the *Dobbs* decision.[43] Naturopathic physicians in Washington already have legal authority to prescribe both mifepristone and misoprostol (medications used in pharmacological abortions), but it is a grey area in statute as to whether they are able to pursue training to provide in-clinic abortion care. This is another reason we are requesting a language update in Senate Bill 5411 to define "minor office procedures" as "primary care services." The Washington State Department of Health currently lists medical doctors, osteopathic physicians, advanced registered nurse practitioners, physician assistants, and certified nurse midwives as practitioner types who are legally able to offer in-clinic abortions.[44] Naturopathic physicians are the only statute-recognized primary care provider type that is not explicitly allowed to perform in-clinic abortion in Washington State – despite the intentional inclusion of "other health care providers" in Engrossed House Bill 1851[45], passed during the 2022 Regular Legislative Session.

In clinic abortion provides a solid example of why more inclusive language in the "minor office procedures" section of our statute is important. According to the American College of Obstetricians and Gynecologists (ACOG)[46], "Studies indicate that medical education on abortion provision is not universally available…. Because participation often requires students to actively seek abortion experience, often at off-site facilities, students without a special interest in abortion may not have an opportunity to observe clinical abortion care." This is a procedure, like many minor office procedures, that is frequently taught in the clinical practice setting rather than included in the basic academic curriculum. ACOG identifies one of the legislative barriers to education and training in abortion care as "restrictions that limit abortion provision to physicians only or obstetrician–gynecologists only" and actively supports "expand[ing] the trained pool of non-obstetrician–gynecologist abortion providers, such as family physicians and advanced practice clinicians."

The Uniform Disciplinary Act, which naturopathic physicians are beholden to and disciplined under (when necessary), prohibits any healthcare practitioner from performing any procedure or providing any care that

---

[43] https://societyfp.org/wp-content/uploads/2023/03/WeCountReport_April2023Release.pdf
[44] https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health/abortion#:~:text=Abortion%20Providers%20in%20Washington%20State&text=Equinox%20Primary%20Care,Greater%20Washington%20and%20North%20Idaho
[45] https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1851.SL.pdf?q=20230828124709
[46] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education#:~:text=Medical%20Student%20Education&text=Approximately%2032%25%20of%20medical%20schools,clinical%20exposure%20to%20abortion%203.

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

they are not fully trained to competence to provide. Adding "primary care services" to this bill does not mean that naturopathic physicians will immediately begin performing procedures they have no training on, just like allopathic physicians and nurse practitioners do not immediately perform procedures in practice that they have not been fully trained on just because those procedures are legally in scope. What this language does clarify is that a naturopathic physician who is interested in learning a procedure that is routinely provided in a primary care setting can obtain the necessary training and perform that procedure once they have achieved competence to do so.

Recommendation Rationale 4

The Board of Naturopathy does not include providers with sufficient expertise to evaluate what additional education and training is needed to safely expand the ND scope of practice.

It appears that the Department has not properly assessed the expertise of the Washington State Board of Naturopathy or the Department-guided rule-making process. As discussed above, the makeup of the Board of Naturopathy was defined by the Washington State Legislature in 2011, based on the model of many other healthcare profession regulatory boards and commissions. Naturopathic physicians are certainly not the first healthcare professionals in Washington to explore and achieve scope expansion, and other regulatory boards composed of licensees without the more advanced scope have responsibly conducted rule-making to ensure safe implementation of a more advanced scope. At the present moment, the Washington State Board of Naturopathy has one appointee who was trained, licensed, completed a residency, and practiced in Arizona for several years prior to relocating to Washington. This doctor maintains an active license in Arizona and has practiced for years with the advanced scope of practice we are currently seeking. The Board also has one appointee who specializes in integrative oncology and works extensively in concert with conventionally trained healthcare professionals co-managing patients on a wide variety of some of the most dangerous pharmaceuticals currently in use. There are many naturopathic physicians licensed in Washington who are dual-licensed as ARNPs and many more who have been or are currently licensed in advanced practice states like Arizona and Oregon. If the argument is that Washington-licensed naturopathic physicians who currently lack advanced prescriptive authority "lack sufficient expertise", then certainly naturopathic physicians who have practiced or continue to practice in states with advanced prescriptive authority should be considered to have "sufficient expertise" on the matter of education and training for safe expansion of scope.

With so much oversight by the Department of Health and Attorney General's Office and with so much data demonstrating that the Board of Naturopathy is quite active and cautious in its regulation of the naturopathic physician profession, we urge the Department to reconsider its opinion that "The Board of Naturopathy does not include providers with sufficient expertise to evaluate what additional education and training is needed to safely expand the ND scope of practice." The bill under consideration appropriately defers to the Board of Naturopathy to establish rules related to a more advanced scope of practice. By definition, the rule-making process is an open, public, and collaborative process. Prior iterations of this bill included that rule-making would be done "in consultation with the pharmacy quality assurance commission" and the WANP has no concerns about adding this language back in. It was removed because it is assumed that perspectives from the Pharmacy Quality Assurance Commission would be sought out by the Board of Naturopathy as part of the rule-making process – as well as perspectives and guidance from the Washington Medical Commission, the Board of Nursing, the Board of Osteopathy, and other regulatory boards of professions that have more prescriptive authority than naturopathic physicians currently have. Additionally, the Board of Naturopathy is expected to examine any

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

additional training requirements or examinations that are in place in other states where naturopathic physicians already have the authority this bill proposes as part of its in-depth rule-making process. Again, this rule-making process is overseen and advised by both the Department of Health and the Attorney General's Office and prioritizes the safety of the public and the competence of the profession.

Recommendation Rationale 5

Providing primary care includes coordination of care and referrals when needed. Referrals for controlled substances are often necessary because of their significant risks to public health due to overdose, abuse, and misuse. This is especially true in long-term opioid therapy or behavioral health treatment, to ensure only the most qualified health care professionals are prescribing these substances.

With this statement, the Department seems to not acknowledge that naturopathic physicians in Washington are currently practicing as primary care physicians and contributing greatly to the health and well-being of hundreds of thousands of Washingtonians. When the Department's own data demonstrates that conventionally trained physicians receive far more complaints than nurse practitioners, physician assistants, or naturopathic physicians, it reasonably calls into question who, precisely, the Department identifies as "the most qualified health care professionals". The implication that naturopathic physicians, who have been practicing as primary care physicians in Washington for nearly 40 years, cannot and do not comprehend the importance of "coordination of care and referrals when needed" displays an inaccurate and misinformed view of what NDs do.

As the Department has affirmed in two prior Sunrise Review reports, safely prescribing pharmaceutical medications, including controlled substances, is a fundamental role and responsibility of the primary care practitioner. Naturopathic physicians in Washington have been safely prescribing all legend drugs and limited controlled substances for nearly 20 years, and they have been responsible for coordination of care and referrals when needed for far longer than that.

We once again point to the Uniform Disciplinary Act and the fact that naturopathic physicians must, by law, adhere to its terms. We have demonstrated with the Department's own data not only that naturopathic physicians already practice safely but also that the Washington State Board of Naturopathy takes its regulatory authority and commitment to the public's well-being incredibly seriously. This point as written comes across as very condescending to a group of doctors who have literally put their lives on the line to help the residents of Washington State, and we urge the Department to reevaluate.

Defining Primary Care

We were unaware that the Department wanted us to define "primary care" in our applicant report. The draft report references a statute we cited[47] that includes naturopathic physicians in the definition of "primary care providers". That same statute defines "primary care health home" as "coordinated health care provided by a licensed primary care provider coordinating all medical care services." Elsewhere, Washington State statute defines "primary care" as "routine health care services, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury."[48] These definitions are relatively aligned with the definitions put forward in the draft report, credited to the Office of

[47] https://app.leg.wa.gov/RCW/default.aspx?cite=74.09.010
[48] https://app.leg.wa.gov/RCW/default.aspx?cite=48.150.010

Financial Management and to the U.S. Department of Health and Human Services. We continue to stand by our applicant report in its statement that limitations on naturopathic physician scope of practice create challenges in providing care, burdens on the health care system, and duplication of services. While it is obviously true that "there are necessary statutory limitations in scopes of practice for different types of health care providers based on education and training," the case we put forward in our applicant report is that these statutory limitations tend to apply to those health care practitioners that do not provide primary care services. As we demonstrated previously, more and more statutes are being updated and re-written to include all types of primary care practitioners – but the existing limitations on naturopathic physician scope of practice cause NDs to be excluded, even when the intention is to expand access to these services. Whether or not the current statutory limitations on ND scope of practice are appropriate is the very thing we are seeking to clarify with our proposal and this review, and we urge the Department to consider the impacts of the current limitations on patients in Washington – as well as the overburdened health care system as a whole – rather than simply echoing a basic public comment made in opposition to this proposal.

Public Comments

By our count, there were over 450 patients of naturopathic physicians who submitted comments in support of this proposal. This is significantly more than the "over 300" reported by the Department in this draft. We are troubled that the voices truly representing the needs of the public – the safety of whom this review is focused on – seemed to be largely ignored in this report, with their collective voices summarized into one short paragraph. In contrast, the voice of one organization with a well-documented and public goal to oppose scope expansion efforts by other health care professions[49] is given pages of documentation and presented as though a single lengthy letter came to the Department as separate and individual points.

To be clear: while nearly 70% of the comments submitted in support of this proposal came from *patients*, **nearly 90% of the comments submitted in opposition came from allopathic physicians**. The Department makes no comment on this, nor on the fact that **over 60% of the comments submitted in opposition to this proposal were form letters drafted and mass distributed by professional associations**. The Department explicitly advised us as the applicant *not* to create and send out form letters to our supporters, stating that they would simply tally form letter comments and identify them as such. We followed this advice and never drafted a form letter, instead urging interested parties to write from their own experience. The more than 660 comments submitted in support are almost entirely unique and individual comments written by people who felt strongly enough about this issue to take the time to get involved. In stark contrast, more than 270 letters submitted in opposition simply involved someone copying and pasting an email. This difference should matter to the Department, and these facts should be reported with transparency, as has been the case in prior Sunrise Reviews. [In the December 2021 Sunrise Review on Optometry Scope of Practice[50], the Department provided a breakdown of which types of providers submitted comments in opposition and support. In the December 2020 Sunrise Review on Psychology Scope of Practice – Prescriptive Authority[51], the Department highlighted the fact that 68% of the comments submitted in opposition were from members of the Washington State Medical Association (WSMA) expressing agreement with the Association's position.]

[49] 2023 Legislative Report, Washington State Medical Association, https://wmc.wa.gov/sites/default/files/WMC%2010.20.23%20Bus%20Mtg%20%26%20Rules%20Hearing%20Pkt%202nd%20Rv_0.pdf; https://wsma.org/wsma/advocacy/legislative_regulatory/issue-briefs/scope-of-practice-efforts.aspx

[50] https://doh.wa.gov/sites/default/files/2022-04/OptometrySunrise2022.pdf

[51] https://doh.wa.gov/sites/default/files/legacy/Documents/2000/631086-PsychPrescripAuthSunrise.pdf

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

We request that the Department clearly spell out these statistics in the final Sunrise Review report to increase transparency about who has been involved and how.

Sunrise Criteria

We disagree with the Department's conclusion that we have not met the Sunrise Criteria. The Department seems to rely on bias and misinformation rather than on the facts that demonstrate an exceptional level of safety in naturopathic medical practice. The facts also demonstrate that foundational training for naturopathic physicians is more extensive than for several other practitioners who are already safely working with full or more advanced prescriptive authority than NDs currently have. For an established profession like naturopathic physicians, the primary question under consideration in this review is whether the public will be protected from harm. In this case, the Department appears to have largely disregarded the voices of the public and ignored its own data to erroneously conclude that the public would be endangered by expanding naturopathic physician scope of practice. We urge reconsideration and correction.

Process

We have serious concerns about the Department's decision to employ a survey[52] to collect responses from the public about this draft document. Per communication from Health Services Quality Assurance: "This is the first time we are using a survey." We certainly recognize that there has been an unprecedented response to this particular Sunrise Review, but limiting respondents to six confusing survey questions has the effect of silencing real constructive feedback about this draft report. Additionally, our understanding is that public feedback on the applicant report was the focus of the earlier phases of public comment, while this period should be focused on providing feedback on the draft report. The survey questions focus almost exclusively on whether or not the applicant report was sufficient and does not address whether the Department did its job in considering all information provided and producing a fact-based, fair, and balanced report.

The fact that the survey responses are completely anonymous and that respondents can submit as many responses as they want provides no safeguards to ensure that respondents to this survey are qualified to respond or have any relevant experience or expertise. There is no way for the Department to determine whether they are receiving unique responses or repeated responses from the same individual or individuals who are biased either for or against this proposal. There has also been no communication from the Department about how these survey results will be utilized. When written comment is submitted in an open-ended format, the Department has to read and evaluate the full content and think critically about the relevance and applicability to help make a determination. In the case of this survey, we wonder what will move the Department to adjust its current recommendations and what will inform its decision on what aspects of the draft should be edited and how. Rather than solicitation of feedback that could be useful to the Department in determining whether and what modifications should be in place, the reliance on this particular survey has the effect of limiting constructive criticism of this draft report.

Conclusion

[52] https://wadoh.my.site.com/HELMSSurveys/s/surveyvista?recordId=a8jcs00000000EX&logicalId=f6fb61bd-23db-7a38-2ca4-2a8942eb335f

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

We wholeheartedly disagree with the Department's recommendation that this proposal not be enacted based on the assertion that it does not meet the criteria in RCW 18.120.010[53] and strongly urge the Department to revisit the evidence and revise its position.

In health,

Angela Ross, ND
Executive Director

[53] https://app.leg.wa.gov/rcw/default.aspx?cite=18.120.010