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30 August 2024

Dear Ms. Thomas:

I am writing on behalf of the **Washington Association of Naturopathic Physicians (WANP)**<sup>1</sup> to provide comment on the **draft Sunrise Review on Naturopathic Physician Scope of Practice**<sup>2</sup> 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*.<sup>3</sup> 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<sup>4</sup> 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.

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<sup>1</sup> <https://www.wanp.org>

<sup>2</sup> [https://doh.wa.gov/sites/default/files/2024-07/NaturopathicPhysicianScopeofPractice-SunriseReview\\_0.pdf](https://doh.wa.gov/sites/default/files/2024-07/NaturopathicPhysicianScopeofPractice-SunriseReview_0.pdf)

<sup>3</sup> Naturopathic Scope Sunrise Review Final Report published February 1999 by the Washington State Department of Health, Health Systems Quality Assurance

<sup>4</sup> <https://app.leg.wa.gov/rcw/default.aspx?cite=18.120>

- 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<sup>5</sup>.” 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<sup>6</sup> 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*.<sup>7</sup> 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.

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<sup>5</sup> Note that this recommendation pre-dates the Legislature’s establishment of the Washington State Department of Health Board of Naturopathy in 2011.

<sup>6</sup> <https://lawfilesexternal.wa.gov/biennium/2005-06/Pdf/Bills/Session%20Laws/House/1546.SL.pdf?cite=2005%20c%20158%20s%202>

<sup>7</sup> Naturopathic Scope of Practice Sunrise Review Final Report published December 2014 by the Washington State Department of Health, Health Systems Quality Assurance

- 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.<sup>8</sup>

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.<sup>9</sup> 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<sup>10</sup>, 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<sup>11</sup> (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

<sup>8</sup> <https://doh.wa.gov/sites/default/files/2023-10/SenateBill5411-NP.pdf>

<sup>9</sup> See [WANP's 2023 applicant report](#) and written comments submitted by multiple accredited naturopathic medical schools.

<sup>10</sup> <https://doh.wa.gov/sites/default/files/2023-10/NaturopathySunriseAppReport2023.pdf>

<sup>11</sup> <https://hca-tableau.watech.wa.gov/t/51/views/ProviderDashboard-EDW/ProviderDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y> (accessed 18 August 2024)

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<sup>12</sup>, 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*<sup>13</sup> 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<sup>14</sup>. 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.<sup>15</sup> 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

<sup>12</sup> Washington State Department of Health 2025 Preliminary Legislative and Budget Proposals, August 2024 (delivered via email 21 August 2024)

<sup>13</sup> [https://doh.wa.gov/sites/default/files/2024-07/NaturopathicPhysicianScopeofPractice-SunriseReview\\_0.pdf](https://doh.wa.gov/sites/default/files/2024-07/NaturopathicPhysicianScopeofPractice-SunriseReview_0.pdf)

<sup>14</sup> <https://lawfilesexternal.wa.gov/biennium/2011-12/Pdf/Bills/Session%20Laws/House/1181.SL.pdf?q=20240821122653>

<sup>15</sup> <https://governor.wa.gov/boards-commissions/board-commission-profiles>



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<sup>16</sup>, 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.<sup>17</sup> 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<sup>18</sup> 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***

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

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

<sup>16</sup> <https://doh.wa.gov/sites/default/files/2024-03/631093-UDAREport2021-2023.pdf>

<sup>17</sup> Data provided by Washington State Department of Health Public Records Department in August 2024

<sup>18</sup> 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.



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”<sup>19</sup> 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.*

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<sup>19</sup> “Disciplinary Cases Related to Controlled Substances Prescribing” file provided by DOH HSQA via email 22 August 2024

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<sup>20</sup>. 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<sup>21</sup>.

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

<sup>20</sup>

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

<sup>21</sup> <https://www.cdc.gov/nchs/data/nhsr/nhsr183.pdf>



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.”<sup>22</sup>

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<sup>23</sup>, 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<sup>24</sup> 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.<sup>25</sup> Consequently, an RN and therefore an ANP 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<sup>26</sup> 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<sup>27</sup> 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<sup>28</sup> or the Tacoma location<sup>29</sup>. As expected, the UW School of Medicine’s MD Program<sup>30</sup> 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<sup>31</sup> and that information has

<sup>22</sup> <https://doh.wa.gov/sites/default/files/2024-03/Sunrise-NP-ScopePracticeWrittenComments-Part1.pdf>

<sup>23</sup> <https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260>

<sup>24</sup> <https://nursing.uw.edu/programs/degree/dnp-fnp/>

<sup>25</sup> <https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-025&pdf=true>

<sup>26</sup> <https://nursing.uw.edu/staff/>

<sup>27</sup> <https://familymedicine.uw.edu/medex/about-medex-nw/faculty-staff/seattle/>

<sup>28</sup> <https://familymedicine.uw.edu/medex/about-medex-nw/faculty-staff/spokane/>

<sup>29</sup> <https://familymedicine.uw.edu/medex/about-medex-nw/faculty-staff/tacoma/>

<sup>30</sup> <https://www.uwmedicine.org/school-of-medicine/about>

<sup>31</sup> WANP Applicant Report, August 2023, pages 9-10



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<sup>32</sup>, 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<sup>33</sup> 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<sup>34</sup>, 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<sup>35</sup> 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

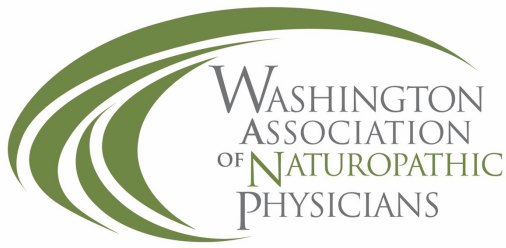
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<sup>32</sup> <https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01502.htm>

<sup>33</sup> <https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/32/01501.htm>

<sup>34</sup> <https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01581.htm>

<sup>35</sup> <https://www.oregon.gov/obnm/pages/formulary%20council.aspx>



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<sup>36</sup>. 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.<sup>37</sup> 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,<sup>38</sup> 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.<sup>39</sup>

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<sup>36</sup> <https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/615c7c16-2d0c-49a7-ba32-100b2e719e3e>

<sup>37</sup> <https://boards.bsd.dli.mt.gov/alternative-health-care/board-information/board-members>

<sup>38</sup> <https://legislature.vermont.gov/statutes/fullchapter/26/081>

<sup>39</sup> <https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTxnpCiSkNy4Rd9s/edit?gid=0#gid=0>



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.<sup>40</sup> 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.<sup>41</sup> 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<sup>42</sup>. 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

<sup>40</sup> <https://nmonesource.com/nmos/nmsa/en/item/4397/index.do#!fragment/zoupio-Toc172540962/BQCwhgziBcwMYgk4DsDWszlQewE4BUBTADwBdoAvbRABwEtsBaAfx2zgEYB2AJgFYALAAYAnADYeASgA0ybKUIQAIokK4ntADkW6REJhcCFWs069BoyADKeUgCFNAJQCiAGRcA1AIIA5AMlu0qRgAEbQpOySkkA>

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

<sup>42</sup> <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.<sup>43</sup> 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.<sup>44</sup> 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<sup>45</sup>, 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)<sup>46</sup>, “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**

<sup>43</sup> [https://societyfp.org/wp-content/uploads/2023/03/WeCountReport\\_April2023Release.pdf](https://societyfp.org/wp-content/uploads/2023/03/WeCountReport_April2023Release.pdf)

<sup>44</sup> <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>

<sup>45</sup> <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1851.SL.pdf?q=20230828124709>

<sup>46</sup> <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.>



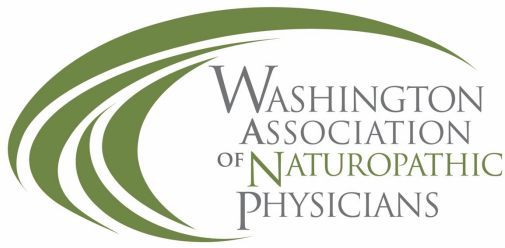
**they are not fully trained to competence to provide.** Adding “primary care services” to this bill does not mean that naturopathic physicians will immediately begin performing procedures they have no training on, just like allopathic physicians and nurse practitioners do not immediately perform procedures 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



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<sup>47</sup> 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."<sup>48</sup> These definitions are relatively aligned with the definitions put forward in the draft report, credited to the Office of

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<sup>47</sup> <https://app.leg.wa.gov/RCW/default.aspx?cite=74.09.010>

<sup>48</sup> <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<sup>49</sup> 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<sup>50</sup>, 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<sup>51</sup>, 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.]

<sup>49</sup> 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%20nd%20Rv\\_0.pdf](https://wmc.wa.gov/sites/default/files/WMC%2010.20.23%20Bus%20Mtg%20%26%20Rules%20Hearing%20Pkt%20nd%20Rv_0.pdf);

[https://wsma.org/wsma/advocacy/legislative\\_regulatory/issue-briefs/scope-of-practice-efforts.aspx](https://wsma.org/wsma/advocacy/legislative_regulatory/issue-briefs/scope-of-practice-efforts.aspx)

<sup>50</sup> <https://doh.wa.gov/sites/default/files/2022-04/OptomterySunrise2022.pdf>

<sup>51</sup> <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/631086-PsychPrescripAuthSunrise.pdf>



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<sup>52</sup> 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.

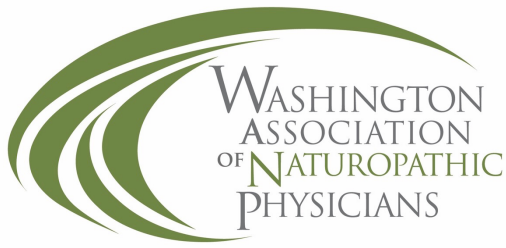
The fact that the survey responses are completely anonymous and that respondents can submit as many responses as they want provides no safeguards to ensure that respondents to this survey are qualified to respond or have any relevant experience or expertise. There is no way for the Department to determine 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**

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





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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<sup>53</sup> and strongly urge the Department to revisit the evidence and revise its position.

In health,

Angela Ross, ND  
Executive Director

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<sup>53</sup> <https://app.leg.wa.gov/rcw/default.aspx?cite=18.120.010>

August 29, 2024

Washington State  
Department of Health  
Email: [Sunrise@doh.wa.gov](mailto:Sunrise@doh.wa.gov)

Re: Sunrise Review – Report of Naturopathic Physicians Scope of Practice

To whom it may concern.

The following is in response to the draft Sunrise Review report on Naturopathic Physician Scope of Practice prepared and published by the Washington State Department of Health, Health Systems Quality Assurance, found [here](#). This information pertains to the section on California Board of Naturopathic Medicine [page 18].

The California Board of Naturopathic Medicine (board) regulates NDs, who are authorized to prescribe all legend drugs and Schedule III-V controlled substances, with limitations as follows:

NDs can independently prescribe and administer the following without any oversight:

- Epinephrine to treat anaphylaxis.
- All natural and synthetic hormones, *regardless of the schedule*. This includes any and all peptides.
- Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents.<sup>[1]</sup>

For any other prescriptions, the ND must function under a standardized procedure or protocol developed and approved by both a supervising physician and surgeon and the ND, which includes a list of drugs the ND can prescribe, per the agreement between them. These written protocols are not intended to be a physical oversight of an ND by a physician and surgeon. The

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<sup>1</sup> CA Bus and Prof Codes §3640.7  
[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=3640.7](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=3640.7)

ND bears all responsibility for the prescribing, which is done under the ND's license, not the physician and surgeon. [2]

NDs must include the following in their licensure application: (1) whether they intend to furnish or order controlled substances, and (2) provide written evidence by the means of their college transcripts, to the licensing authority that they have completed at least forty-eight hours of instruction in pharmacology that included the pharmacokinetic and pharmacodynamic principles and properties of the drugs they are furnishing or ordering.[3] As of 2015, all CNME accredited schools meet California's minimum pharmacology credits required for California NDs to furnish and prescribe drugs, within their current curriculums.

NDs in California can also provide birthing services in the way of Naturopathic Childbirth Attendance. [4] NDs who are certified as a Naturopathic Childbirth Attendance doctors, may administer, order, or perform any of the following, independently without physician and surgeon oversight:

- Postpartum antihemorrhagic drugs.
- Prophylactic ophthalmic antibiotics.
- Vitamin K.
- RhoGAM.
- Local anesthetic medications.
- Intravenous fluids limited to lactated ringers, 5 percent dextrose with lactated ringers, and heparin and 0.9 percent sodium chloride for use in intravenous locks.
- Epinephrine for use in maternal anaphylaxis pending emergency transport.
- Measles, mumps, and rubella (MMR) vaccine to nonimmune, nonpregnant women.
- HBIG and GBV for neonates born to hepatitis B mothers, per current Centers for Disease Control guidelines.
- Antibiotics for intrapartum prophylaxis of Group B Betahemolytic Streptococcus (GBBS), per current Centers For Disease Control guidelines.
- Equipment incidental to the practice of naturopathic childbirth, specifically, dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, amnihooks, airway suction devices, neonatal and adult resuscitation equipment, glucometer, and centrifuge.

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<sup>2</sup> CA Business and Professions Code §3640.5

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=3640.5](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=3640.5).

<sup>3</sup> CA Code Regs §4212

[https://govt.westlaw.com/calregs/Document/I1D13A9534C8211EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I1D13A9534C8211EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

<sup>4</sup> CA Bus and Prof Article 5

[https://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=8.2.&article=5](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=8.2.&article=5)

- Equipment incidental to maternal care, specifically, compression stockings, maternity belts, breast pumps, diaphragms, and cervical caps.

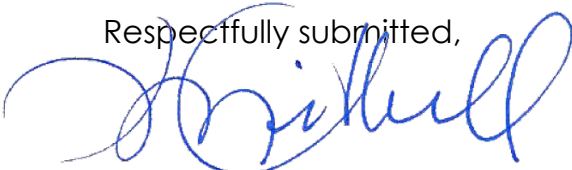
NDs are specifically prohibited from performing *aspirative/aspiration* abortions or surgical procedures.<sup>[5]</sup> However, NDs may provide services of *medication-*abortions using the two drugs, Mifepristone and misoprostol, and can also insert hormone pellets using other means of closure than sutures.

The board requires satisfactory completion of 60 hours of approved continuing education biennially, including at least 20 hours in pharmacotherapeutics.<sup>[6]</sup>

The department states that they reached out to the board to obtain information on disciplinary actions but were unable to obtain this information. Unfortunately, we have no record of WA DOH reaching out. However, since the board's creation in 2004-05, there have been only three (3) actions taken against ND licensees for patient harm and/or unprofessional conduct. Other than these three (3) actions, the board's enforcement actions have mainly been against unlicensed activity by lay naturopaths.

If you have any questions or concerns about the information provided in this correspondence, please feel free to reach out to me via email at [Rebecca.Mitchell@dca.ca.gov](mailto:Rebecca.Mitchell@dca.ca.gov) or by phone at (916) 928-5862.

Respectfully submitted,



Rebecca Mitchell  
Executive Officer  
California Board of Naturopathic Medicine

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<sup>5</sup> CA Bus and Prof Code §3642

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=3642](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=3642)

<sup>6</sup> CA Bus and Prof Code §3635

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=3635](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=3635)



Dear Sunrise Review Committee and Ms. Sherry Thomas,

We appreciate the opportunity to offer feedback and value the careful and data-driven process the Washington State Department of Health (DOH) employed in reaching these outcomes and recommendations. The Washington Medical Commission (WMC) has refrained from commenting to allow the professions to present their case. Now the DOH has released its draft recommendations, we would like to comment further.

Overall, we agree with the conclusion reached by DOH, based off the facts presented by both the applicant and reported by various other associations and parties. We agree that naturopathic licensees lack the required education and training to fulfill the requirements for a broader scope of practice, especially the prescription of highly regulated substances. Further, the Board of Naturopathy (Board) does not possess the requisite skill within its membership to regulate such expanded scope in an effective way that protects patients.

Neither the applicant nor the Board presented evidence to address the gap in knowledge and efficacy, which is essential in the protection of patients in this state. The WMC has extensive experience, both historically and recently, dealing with the impacts of opioid prescribing, substance-abuse disorder, and multiple comorbidities associated with treating chronic pain patients. The substance, depth, and history of this work are significant and cannot be achieved through the naturopathic profession's simple, minimal, and voluntary educational requirements.

For this reason, we disagree with the characterization of the education of naturopaths as "a strong foundation" in pharmacology. Without multi-modal education with trainees and trainers from other professions, naturopathy training cannot be considered an equivalent to other professions with prescriptive authority.

The applicant report indicates they wish to increase scope to retain complex patients with minimal amounts of training, which creates substantial risk for Washington patients. Whereas most medical professionals maintain a referral network that prioritizes patient safety and allows practitioners to coordinate care. There are numerous valid reasons allopathic physicians refer pain patients to highly trained pain specialists. This request highlights another clear danger for expanding scope into a highly complex treatment sector.

Additionally, a recurring theme of concern in the regulation of naturopathy are the continuous informal scope expansion efforts. The legislature has consistently asserted on a near-annual basis, both through law and the sunrise review process, that scope expansion is to be done at the direction of the legislature. The WMC adheres to this principle closely to maintain the integrity of the regulatory system, as well as to respect the authority of the legislative branch.

Since the applicant included office-based procedures in their scope expansion request, we implore the DOH to *be explicit in clarifying that scope expansion may only occur through enacted legislation*. The Board has a recent history of considering scope expansion questions on items like surgical interventions, such as vasectomies and surgical abortions, which naturopaths have no training to perform, be credentialed for, or outcome data related to success and patient safety.

While the WMC does not categorically oppose scope expansion, we will always oppose scope expansion that is not done with patient safety as the highest priority, created through statute, the sunrise review process, or legislatively directed rulemaking.

Thank you for the thoughtful and data-driven approach the DOH took to reach these outcomes and recommendations. The WMC values the process and appreciates the chance to provide feedback.

Sincerely,

A handwritten signature in black ink that reads "Micah T. Matthews". The signature is written in a cursive, slightly slanted style.

Micah T. Matthews, MPA  
Deputy Executive Director  
Washington Medical Commission

Transformative Healthcare  
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8/28/28

Dear Washington State Department of Health,

I am writing this letter in regard to the proposal to increase scope of practice for naturopathic doctors in Washington (RCW 18.120.010). I am requesting that this proposal be approved. I am a naturopathic doctor that has been practicing since 2015. My practice emphasis is to provide gender affirming care to gender diverse patients. I have had additional training from the World Professional Association for Transgender Health (WPATH). I am requesting for this expansion of scope because gender diverse people have difficulty accessing care from competent and affirming providers. Research studies have shown that a large percentage of gender diverse people avoid medical care because of previous negative experiences with medical providers. Some patients have even been refused care from medical practitioners. With this increase in scope of practice I would not have to refer out for prescribing certain controlled medications that are very helpful for my patient population. Many gender diverse people have experienced sexual and medical trauma and they often avoid screening exams like mammograms and PAPs. With increased scope I could provide a one-time benzodiazepine script which could help them get these necessary screening exams. Furthermore, gender diverse people are often diagnosed with ADHD or AuDHD. If our scope is expanded naturopaths could provide bridge scripts for these patients when they have gaps in psychiatric management. I have found that patients have a very difficult time when they are not able to access these medications. I do agree that with some aspects to our increased scope we will have to seek out further continuing education. If our scope is increased, I plan on seeking out this training from reputable outlets. In summary, this increased scope of practice would provide improved quality care for gender diverse patients who statistically avoid medical care and have a history of medical trauma. Thank you for considering our request.

Sincerely,

A handwritten signature in black ink that reads 'Jill Corey'.

Jill Corey ND  
(they/them)  
NPI: 1760835896

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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

August 30, 2024

Re: Response to Recent Draft Sunrise Report on Naturopathic Medicine

Dear Washington State Department of Health,

On behalf of the [Association of Accredited Naturopathic Medical Colleges](#) (AANMC), the membership organization for accredited naturopathic medical programs in the United States and Canada, I am writing in response to the recent August 1, 2024 draft sunrise report regarding naturopathic physicians in Washington State. While we respect the review process, the AANMC Board of Directors has significant concerns about several critical aspects of the draft report and requests its immediate correction.

1. **Misstatement of Facts:** The Draft Sunrise Report contains clear misstatements regarding education and training of naturopathic physicians, including who teaches and supervises students in clinical training. AANMC provided an earlier letter to the Washington State Department of Health, sharing that naturopathic faculty possess varied backgrounds with terminal degrees in medicine, pharmacy, osteopathy, nursing, naturopathic medicine and public health. Accredited naturopathic medical programs are regionally and programmatically accredited and must uphold academic rigor expected of any graduate or doctoral-level program. This inaccurate representation undermines the credibility of the entire draft document and does a disservice to the highly trained professionals in our field.

2. **Bias:** We are deeply concerned that the Draft Sunrise Report relies on biased testimony and data that lacks factual evidence for alleged safety concerns. Data is incompletely represented and does not accurately depict the relative safety of naturopathic doctors to others in practice. Additionally, testimony appears to mirror intent and language of a well-documented American Medical Association "[Stop Scope Creep](#)" political agenda aimed at decreasing scope across multiple professions, rather than addressing the specific circumstances facing Washington State. Further, the "Stop Scope Creep" campaign aims to restrict trade in a similar fashion to a prior settlement in [Wilk vs. the AMA](#). In addition, claims that naturopathic doctors (NDs) are inadequate instructors for clinical training runs counter to the standard



practice for clinical training being conducted by members of the profession, and is frankly insulting to our faculty.

3. Patient Access: The approach taken in this draft report is antithetical to addressing public health intent to improve patient access to primary care in Washington. Restricting the scope of practice for qualified naturopathic physicians will only exacerbate provider shortages, and limit access to primary care for Washington citizens, especially across the segment of the population who prefers to utilize naturopathic physicians as their primary care provider.

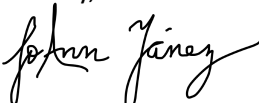
4. Unequal Application of Standards: There appears to be an unequal application of educational standards across professions in this draft report as it relates to undergraduate medical education, continuing education and specific coursework. There are numerous instances where data is referenced using unequal metrics, unequal terminology and inclusion of irrelevant information. We request clarification regarding why naturopathic medical education is being held to a different standard than other healthcare professions. The state has already affirmed ND primary care status for over a decade, this is simply an update to ensure appropriate implementation of legislative intent.

5. Misrepresentation of Safety Data: Safety data cited for Naturopathic Regulatory Board actions is presented in a manner that does not accurately reflect the risk profile for naturopathic doctors and their patients in Washington State nor address comparable data to other providers. Of primary interest are the number of actual adverse actions and Board discipline, not solely investigated reports. The percentage of investigated reports in comparison to other boards as well as the percentage of reports that are found to be baseless would be valuable and salient additions. Sharing raw numbers without context or per capita analysis does not provide an accurate depiction of patient safety or board action and is not consistent with our understanding of the process for other sunrise reviews. Further, prior sunrise reviews mention agencies that provide testimony, and we do not see evidence of similar treatment.

Given these significant issues, we respectfully request immediate correction of this draft report to align with the rigor and treatment of other professions in Washington State. AANMC is eager to engage in a fact-based, unbiased dialogue about the role of naturopathic physicians in addressing Washington's healthcare needs.

We look forward to your prompt response and action on this matter.

Sincerely,



JoAnn Yanez, ND, MPH, CAE

Executive Director

Association of Accredited Naturopathic Medical Colleges

cc. Dr. Rahim Karim, B.Sc., DC, MBA, CHE, ICD.D

President - AANMC Board of Directors

August 30, 2024

Sherry Thomas  
Health Systems Quality Assurance  
Department of Health  
RE: Preliminary report on naturopath scope of practice sunrise review

Nariman Heshmati, MD, MBA, FACOG  
President

John Bramhall, MD, PhD  
President-Elect

Katina Rue, DO, FAAFP, FACOFP  
Past President

Bridget Bush, MD, FASA  
Vice President

Matt Hollon, MD, MPH, MACP  
Secretary-Treasurer

Jennifer Hanscom  
Chief Executive Officer

Dear Ms. Thomas,

On behalf of the Washington State Medical Association (WSMA), Washington Osteopathic Medical Association (WOMA) and the undersigned physician specialty partners, thank you for the opportunity to share our support for the findings detailed in the Department of Health's (Department) preliminary report on the naturopath scope of practice sunrise review. **The preliminary report protects patient safety and quality of care in our state and we encourage the Department to finalize these findings in its report to the legislature.**

Specifically, the physician community supports the Department's decision that the proposal under review does not meet the criteria outlined in RCW 18.120.010 for the following reasons outlined in the executive summary:

- *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.*
- *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.*
- *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.*
- *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.*

We understand and appreciate that this proposal has produced a significant amount of engagement from a diverse group of stakeholders. We are grateful to Department Health Systems Quality Assurance (HSQA) staff for the time and effort that has gone into

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producing thoughtful and measured preliminary recommendations for the legislature. **We applaud the Department for protecting patient health and safety in our state and are proud to offer our support for formalizing the findings in the preliminary report.**

Should you have any questions, please contact [WSMA Associate Policy Director Billie Dickinson](#).

Sincerely,

Washington State Medical Association (WSMA)

Washington Osteopathic Medical Association (WOMA)

Washington Academy of Family Physicians (WAFP)

Washington Chapter of the American Academy of Pediatricians (WC-AAP)

Washington Chapter of the American College of Emergency Physicians (WA-ACEP)

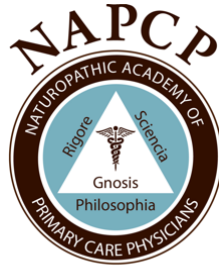
Washington State Psychiatric Association (WSPA)

Washington State Medical Oncology Society (WSMOS)

Washington State Radiology Society (WSRS)

Washington Academy of Eye Physicians and Surgeons (WAEPS)

Washington State Dermatology Association (WSDA)



To: Washington State Department of Health  
RE: Scope expansion for Naturopathic Physicians

Dear Washington State Department of Health,

We, the Board of Directors of The Naturopathic Academy of Primary Care Physicians (NAPCP), are a national organization dedicated to fostering a community of evidence-informed Naturopathic Primary Care Physicians and are committed to ensuring the highest standards of care and collaboration within integrative practices. Our membership and board of directors work in integrative practices, federally qualified health centers, and group practices.

On behalf of the Board of Directors of The Naturopathic Academy of Primary Care Physicians (NAPCP), we are writing to provide a formal response to the preliminary opinion issued by the Washington State Department of Health concerning the proposed scope expansion for naturopathic physicians. As a national organization dedicated to the advancement of evidence-informed naturopathic primary care, we appreciate the opportunity to address the concerns raised and offer our perspective.

Firstly, one of the concerns raised was the lack of definition of “primary care services” in the scope expansion proposal from the Washington Association of Naturopathic Physicians (WANP). We have defined what we believe represents [naturopathic primary care in our white paper](#).

Secondly, a concern was raised about the ability of the Board of Naturopathy, WANP and Naturopathic community at large to be able to effectively oversee the changes of an enhanced scope. The NAPCP’s membership and board are composed of individuals with dual degrees with full prescriptive authority in Washington and multiple members who have full prescriptive authority with ND degrees in the states in which they practice. We also have members and directors that work alongside other provider types (MD, DO, NP, PA, etc).

Since the organization's inception decades ago, NAPCP has been providing continuing education that includes guidance and education on the controlled substances proposed in the scope expansion. Attached you will find curriculum from previous yearly practicums to demonstrate this point. We believe that providing high quality primary care means that patients will have equal access to medications that other primary care provider types can provide. This includes the ability to prescribe and manage the controlled substances listed in the proposed scope expansion. We support the notion that enhancing access to medications, including controlled substances, is essential for delivering comprehensive primary care. We also advocate for additional educational requirements for naturopathic doctors, similar to the recent DEA training adjustments following the removal of the DATA-waiver.

Third, a frequent critique of our profession is the lack of congruency in regards to immunization. We have a [white paper endorsing the CDC childrens and adult vaccination schedule](#). The board of directors also released a statement in support of Washington state's vaccine mandate in 2021. We believe strongly that immunizations are evidence informed medicine and a critical aspect of primary care.

Lastly, we thank you for your time and attention, we appreciate your thoughtful consideration to the proposed scope expansion for Naturopathic Physicians. We remain dedicated to collaborating with the Department of Health to ensure the integration of naturopathic physicians into the healthcare system continues to be both effective and aligned with public health objectives.

Sincerely,

The Board of Directors of the NAPCP



August 30, 2024

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

Dear Ms. Thomas,

On behalf of the American Association of Naturopathic Physicians (AANP), the national association representing over 8,000 licensed Naturopathic Doctors (NDs) in the US, of which over 1,600 reside and practice in Washington State, we write to convey our significant concerns about the deeply flawed methodology and biased recommendations presented in the draft Sunrise Review Naturopathic Physician Scope of Practice Draft Report published August 1, 2024 by the Washington State Department of Health, herein referred to as “the Department” and “the Draft Report.” After reading the Washington Association of Naturopathic Physicians (WANP) applicant proposal, the 1,100 comments submitted publicly, and the Department's Draft Report, it is difficult, if not impossible, to ascertain how the Department’s conclusions are supported by the facts presented.

The AANP strongly requests the Department immediately correct the Draft Report to remedy the inaccurate and misleading statements to reflect an accurate assessment, comparison and representation of Naturopathic Physicians, and their education, training, and practice as primary care providers in Washington. The Draft Report in many instances parrots the talking points of the American Medical Association and its well-publicized “[Stop Scope Creep](#)” trade infringement campaign intended to block the development of most other healthcare professions, despite this country’s dire shortage of healthcare workers, dwindling patient access to providers, and increasing rates of MDs leaving primary care. By doing so, the Department has called into question its neutrality as a state government agency, and with that, its credibility in serving to protect and improve public health.

Following are a few of the most egregious methodological issues with the Draft Report that the Department needs to address promptly:

- 1. Comparison of disciplinary actions for prescribing by NDs in other states is selective, incomplete and biased.**

The Draft Report’s portrayal of disciplinary actions against NDs is grossly misleading. The Draft Report completely fails to provide comparable disciplinary actions among MDs, ARNPs,

and PAs, thereby failing to provide appropriate context, and creating an impression that NDs are uniquely prone to prescribing issues. This is a significant omission that skews the conclusions and raises significant concerns about potential bias by the Draft Report's authors:

- The Department obtained disciplinary actions from Oregon for NDs specific to prescribing, but presented the data as a cumulative number over 7 years, with no comparative data on disciplinary actions for MDs, DOs, ARNPs, or PAs in a similar timeframe or as a percentage of licensees. This grossly misrepresents the data. When calculated as a percentage of disciplinary actions per year, the data shows a paltry average of 3 disciplinary actions per year against NDs, or .27% of total licensees annually. And again, with no comparative data for other professions.
- Comparative disciplinary actions from Oregon for all complaints (not just prescribing) from 2013-2018<sup>1</sup> - which was submitted via public comment - was categorically ignored, despite showing fewer disciplinary actions against NDs than both MDs and DOs as a percentage of licensees.
- The Draft Report further skews data by citing that there were 26 disciplinary actions against NDs in Washington since 2005 for “controlled substance violations outside the ND scope.” First, 26 disciplinary actions over 20 years is, again, demonstrable evidence that the overwhelming number of NDs practice safely and responsibly. But more importantly, the vast majority of these cases had nothing to do with adverse patient events or harm. While prescribing outside of one's scope of practice can rightfully lead to disciplinary action, the Draft Report incorrectly infers that these cases indicate unsafe or dangerous prescribing - which the data simply does not corroborate..

## 2. Grossly Erroneous Understanding of “Physician Supervision”

The Department attempts to interpret prescribing language for NDs in multiple states as requiring supervision by Medical Doctors in order to prescribe, with the inference that only supervision by an MD equates to safe prescribing. The Draft Report obscures, or simply fails to include key facts.

- New Mexico's collaboration language is presented to imply that it is some kind of supervision. The Draft Report completely omits an entire section of rule describing “collaboration” which states:  
16.10.22.11 B. “[Collaboration] 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.”<sup>2</sup>
- Vermont also has a provision that “the first 100 prescriptions written by an ND must be reviewed by an independent supervising physician or a naturopath...” again inferring MD supervision equates to safety. However the vast majority, if not all, of

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<sup>1</sup> Compiled by the Virginia Association of Naturopathic Physicians: [Oregon Comparative Number of Active Physician Licenses and Disciplinary Actions](#).

<sup>2</sup> N.M. Code R. § [16.10.22.11.B](#), accessed August 29, 2024.

Vermont licensees in practice are now fulfilling this provision by working with another naturopathic doctor in a mentorship capacity.

- Oregon, Montana, and Arizona all have either independent naturopathic or multi-disciplinary non-MD regulatory boards, and no supervisory requirement whatsoever.
- The fact that naturopathic doctors in some states are regulated under the conventional medical board also does not equate to “supervision” by medical doctors. Naturopathic doctors in these states all practice independently, and disciplinary actions are as low as those for naturopathic doctors in states with independent naturopathic medicine regulatory boards.

### **3. Misleading, Incomplete and Untruthful Presentation of ND Curriculum and Training**

The Department underrepresents the comprehensive training NDs receive in pharmacology and clinical sciences, which - like other healthcare professions - weaves pharmacology throughout coursework covering all medication categories and body systems *and additionally* includes more curriculum specific to pharmacology, despite having been given this detailed information by Bastyr University. As in other areas of the Draft Report, the Department also fails to provide comparative data on the pharmaceutical curriculum of conventional medical schools, simply taking on faith that pharmacology is sufficiently “integrated into interdisciplinary blocks covering all body systems.”

The logic presented in the Draft Report is also deeply flawed and presumptive. The Department attempts multiple times to argue that because naturopathic medical schools offer courses in other therapeutics, that this “leaves less time and focus on pharmacology-related training.” This is akin to arguing that because conventional medical schools include extensive training in surgery, hospital rotations, and specialties like radiology or anesthesiology, that they therefore must have “less time and focus on pharmacology.”

This reasoning fails to recognize that each medical curriculum is tailored to the specific roles and responsibilities of the profession it prepares students for. Just as conventional medical students receive comprehensive pharmacology training despite also studying surgery and other hospital-based practices, naturopathic medical students receive extensive training in pharmacology alongside their focus on botanical medicine, nutrition, and other holistic therapies. In fact, Naturopathic Doctors are more highly trained to recognize drug-drug, drug-herb, and drug-nutrient interactions than any other healthcare provider. The inclusion of additional subjects relevant to their scope of practice does not diminish the depth or quality of pharmacology education in either type of medical training.

### **4. Unequal or Irrelevant Application of Standards**

The rationale presented in the Draft Report, suggesting that NDs are insufficiently trained to prescribe Schedule II-V controlled substances because their clinical training occurs primarily in naturopathic clinics and not in hospitals, ambulatory, surgery centers, etc, is also fundamentally flawed. This argument fails to consider the actual scope and practice



environments of NDs. Most NDs do not practice in hospitals, emergency medicine, or surgical settings, so it would be both impractical and irrelevant to require clinical training in these areas for NDs.

To assert that the ability to safely prescribe medications hinges on training in hospital-based or emergency settings ignores the reality that the vast majority of primary care providers—including many MDs, ARNPs, and PAs—also do not work in these environments.

The skills necessary for safe prescribing are developed through targeted education in pharmacology and hands-on clinical experience in settings relevant to the provider's scope of practice. For NDs, this includes extensive training in outpatient and naturopathic clinics where they are directly responsible for patient care, including the use of pharmaceuticals. The absence of hospital-based training does not equate to a lack of competency in prescribing; rather, it reflects the distinct nature of the healthcare environments in which NDs practice. To suggest otherwise not only misrepresents the training of NDs but also disregards the successful prescribing practices of countless primary care providers who operate exclusively outside of hospital settings.

Additionally, the presentation of continuing education standards across all professions and between states is wildly inconsistent in the Draft Report, sometimes comparing multi-year time frames, and multiple different categories. If it is averaged out annually, pharmacy CE requirements for NDs in Washington are not widely dissimilar from other professions.

## **5. Disregard for Supportive Public Comments and Evidence**

The Draft Report discounts the more than 600 comments submitted in support of expanding ND prescriptive authority, including those that provided evidence of the need from patients, adequacy of ND training, and the safety of ND prescribing in states with similar scope. Instead, it gives undue weight to a smaller number of opposing comments, primarily from MD groups aligned with the AMA's political campaign to suppress non-MD healthcare professions.

This selective consideration of public input undermines the democratic process, the safety record, and the legitimate concerns and needs of patients who would benefit from ND services that reflect the full breadth of training of NDs as primary care providers.

Moreover, the Draft Report ignores support from the Washington State Board of Nursing, which stated they believe the proposal meets the sunrise criteria and may increase overall access to primary care. This omission is particularly glaring given that organization's expertise in patient care, educational standards, and its recognition of the need for broader prescriptive authority among qualified healthcare professionals...and the fact that the nursing profession is also in the crosshairs of the AMA's campaign to block access to all other healthcare professions.

## **6. Biased Representation of Testimony**

The Draft Report heavily relies on significantly fewer opposition comments from MDs and MD groups, which are influenced by the American Medical Association (AMA). As already mentioned, the AMA has a well-documented agenda to oppose any scope expansion by

non-MD healthcare professionals across the United States. Shockingly, some of the concerns and conclusions included in the Draft Report seem to be copied word for word from the single opposition letter submitted by the Washington State Medical Association, without transparently attributing the comment to that association.

By prioritizing campaign arguments of trade association groups over real-life concerns of patients supporting the proposal and providers wanting to better serve their patients, the Draft Report aligns with a broader strategy of one profession fighting an unnecessary turf war to limit the autonomy of other healthcare providers, rather than focusing on the specific needs of Washington State's healthcare system and patient population.

One additional example of bias is that the Department chose to include in the Draft Report a public comment asserting that "A 2018 study evaluating opiate prescribing patterns in Oregon found a greater percentage of high-risk opiate prescribing patterns by naturopaths." However, it failed to include public comments made by myself on April 24, 2024 which specifically cited that this study in *Pain* magazine came to erroneous conclusions, and *Pain* printed a [letter of correction](#) showing that patients under ND care in Oregon who had adverse events related to opioid prescribing were seeing an average of 6 other medical providers, and the majority of inappropriate and high-risk prescribing that led to the adverse events was done by an MD or DO, and NOT by an ND.<sup>3</sup> It is grossly irresponsible of the Department to perpetuate this false narrative.

## 7. Complete Omission of Guardrails and Continuing Education Required by Proposal

The Department asserts that the threshold of public safety in the First Criterion is not met, having ignored or mis-represented data provided as outlined above. But importantly, the Department also completely omitted two important public safety protections:

- SB 5411 stipulates that the Board [of Naturopathy] shall establish education and training requirements related to prescribing legend drugs and controlled substances.
- In order to prescribe controlled substances, prescribers must be registered with the Drug Enforcement Administration (DEA), and as a condition of receiving or renewing their (DEA) registration to prescribe controlled substances, must complete one-time, eight hours of addiction education and training, just as all other MDs, DOs, and other prescribers.

The errors, misrepresentations, biases, and gaps in information in this Draft Report must be corrected, and presented with comparative data on disciplinary actions against all other health professions. We look forward to the opportunity to work collaboratively with the Department to better serve the citizens of WA State in offering constructive recommendations to the Legislature.

Cordially,



Laura Farr  
Executive Director

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<sup>3</sup> Bradley R, Walter B. Opioid Prescribing Patterns by Naturopathic Physicians in Oregon. *Pain Med.* 2019 Feb 1;20(2):414-415. doi: 10.1093/pm/pny235. PMID: 30476214; PMCID: PMC6374131.

August 30, 2024

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

Dear Ms. Thomas,

After reviewing the draft Report to the Legislature regarding the Sunrise Review for Naturopathic Physician Scope of Practice, I submit these corrections and clarifications on behalf of the Doctor of Naturopathic Medicine program at Bastyr University.

On page 10-11, prerequisite courses are mentioned in the description above the requirements for entering training programs table, but not included in the table itself. This implies that an undergraduate degree is the only entrance requirement into a naturopathic medical program, which is incorrect. Successful completion of the prerequisite courses is an essential part of entrance requirements. *As the prerequisite courses are common to all programs discussed in the report, it should be highlighted along with any differences in entry requirements.*

On pages 11-12, Didactic Training is summarized. Below the Didactic Training table, it is stated that the inclusion of naturopathic modalities "leaves less time and focus on pharmacology-related training and sciences." This statement should be examined by analyzing total curriculum credits, which are not provided in the department's report, but are included in WANP's applicant report. These additional figures are critical to understanding the curriculums as a whole. Bastyr's Doctor of Naturopathic Medicine program is 300 credits total, breaking down into 53.5 credits of clinical training, 71 credits of naturopathic modalities and clinical theory, 8 elective credits, and 167.5 credits in biomedical, diagnostic, and clinical sciences. While it is correct that the ND curriculum contains topics that are not a part of MD, DNP-FNP, or PA curriculums, which total 288, 93, and 162 credits respectively and contain exclusively content in biomedical, diagnostic, and clinical sciences, the total number of credits in biomedical, diagnostic, and clinical sciences within the ND curriculum is in line with conventional medical programs, in fact exceeding the number of hours for both the UW PA and NP programs detailed in the report. *The logical conclusion is that compared to conventional medical professionals, naturopathic physicians are trained in*

*naturopathic modalities **in addition to** biomedical sciences, body systems/interactions, and pharmacology, not instead of.*

In the revised document that I submitted 11/20/23 regarding pharmacology training within the ND curriculum at Bastyr, I mentioned additional credits beyond the 5.5 credits of Pharmacology courses mentioned in the Report. This includes an additional 3.15 credits of pharmacology within integrated management courses—like the “interdisciplinary blocks covering all body systems” for the UW Medical School. I also mentioned that 2 required courses in the curriculum—Psychopathology and Naturopathic Approaches to Addictions, for an additional 4 credits—provide training regarding assessment and management of mental health and substance use disorders. This coursework is described in the Didactic Training table, but not quantified in the Specific pharmacology training table. *These 7.15 credits should be added to the chart to provide an accurate representation and comparison of the curriculums.*

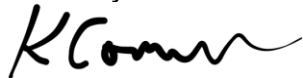
There seems to be an assumption that since naturopathic medical education is independently regulated and accredited, it is inferior. ND programs include faculty with terminal degrees including PhD, MD, DO, and PharmD, who are subject-matter experts in subjects such as biomedical sciences, pharmacology, and medical specialties. Bastyr uses a competency-based process to evaluate students during their clinical education. To progress in their training, students must demonstrate competency in examination and procedural skills, as well as advanced patient management in conditions such as cardiovascular disease and mental illness. Clinical training includes care of patients from all age groups. A review of patients seen at Bastyr Center for Natural Health (primary training site for ND students) from May 2023- May 2024 shows 5% under the age of 19, 11% ages 19-29, 50% ages 29 to 59, and 34% age 59 and older. In addition, students may train at external clinic sites [Community Care Sites BCNH | Bastyr \(bastyrclinics.org\)](https://www.bastyrclinics.org) that include community care clinics which serve diverse, complex, and often underserved, populations such as homeless women or Latino families, or clinics with a special population focus such as pediatric or geriatric patients.

On pages 13-14, Clinical Training is summarized, and it is noted that training does not occur under allopathic or osteopathic physicians; however, that training is primarily overseen by members of one’s own profession is not unique among health

professions. The supposition that Naturopathic Physicians have “limited training and education” on page 35 and are at “a greater risk of incorrect diagnoses, evaluations, or treatment options”, appears to stem from the assumption of inferior education, which does not appear to be anchored in information from the applicant report or this report.

Our understanding is that providing an accurate representation of naturopathic medical education is of utmost importance to the Department of Health and critical to a fair, unbiased Sunrise Review process. As the sole naturopathic medical degree-granting institution in Washington State, Bastyr University has submitted detailed information through previous communications and in this letter to assist in this process. We expect a final Report to the Legislature to incorporate the input we provided.

Sincerely,



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

CC: Devin Byrd, PhD, CEO and President, Bastyr University



August 30, 2024

Dear State of Washington Department of Health and Sunrise Review Committee:

We are writing to comment on the recent draft Sunrise Review of the Naturopathic Physician Scope of Practice and, specifically, to urge a reconsideration of the recommendations.

Naturopathic physicians in Oregon have been prescribing schedule II-IV controlled substances since 2010, maintaining high clinical standards and an excellent patient safety record. Our NDs use the same resources as other provider types for safe and responsible prescribing, including the Prescription Drug Monitoring Database (PDMP) and CDC Clinical Practice Guideline for Prescribing Opioids. We have extensive pharmacy continuing education requirements, including hours designated specifically to pain management, and our licensing board is responsive and proactive in its regulation.

Most importantly, Oregonians have benefited from our full pharmaceutical formulary. With our prescribing rights, Oregon naturopathic doctors have been able to completely step into a primary care role and increase patient access to vital healthcare services. In a time of enduring healthcare provider shortages, it's a great loss to enact limitations on available provider types, which disallow them to practice to the full extent of their training.

Naturopathic physicians in Washington have a similar opportunity to prescribe scheduled substances based on nationally standardized, evidence-based guidelines. The Washington Board of Naturopathy likewise has clear guidance on how to properly regulate the prescribing habits of its licensees. There are blueprints of success to aid Washington in this process, not only in Oregon but also in other states like Arizona.

For all intents and purposes, this "scope expansion" request is an attempt to modernize the law in a state with an outdated view of the scope of naturopathic medicine. Remediating this discrepancy would allow naturopathic physicians to serve their patients and the state in which they reside in a manner commensurate with their level of education and training and under effective regulatory oversight.

Considering the positive impact that the Washington Association of Naturopathic Physicians' (WANP) proposal would have on the citizens of Washington, we respectfully request that the Washington Department of Health reconsider its recommendation to oppose this proposal.

Thank you for your consideration,  
Oregon Association of Naturopathic Physicians



August 30, 2024

**Leena Pandya, ND**  
**President, California Naturopathic Doctors Association**  
president@calnd.org

**Washington State Department of Health**  
**Sunrise Review Committee**  
sunrise@doh.wa.gov

**Subject:** Commentary on Sunrise Review Draft Report on Naturopathic Physician Scope of Practice—Section on California Naturopathic Prescriptive Authority

To Whom It May Concern,

The Naturopathic Practice Act passed in California in 2003, established naturopathic doctors as licensed primary care providers. While this Act created a broad scope of practice, several limitations still prevent naturopathic doctors from fully performing the duties they are trained to carry out as part of primary care practice.

One specific limitation involves the requirement for MD supervision when prescribing most medications. This restriction hinders patient access to timely and appropriate primary care, adding unnecessary costs and risks, especially in acute situations like asthma or high blood pressure. Naturopathic doctors are extensively trained during their four-year, postgraduate accredited medical education to prescribe medications. However, the current law presents barriers for patients who seek primary care from naturopathic doctors.

California's naturopathic licensing body passed its first sunset review with excellent standing, and there have been no reported malpractice cases. The language in the original Naturopathic Practice Act clearly intended for MD supervision of prescriptions to be short-lived and replaced by a more comprehensive independent formulary. Recommendations supporting this transition were published by the naturopathic state licensing body in 2007, with further endorsements published by a board sub-committee in 2015. The reasoning behind these recommendations is as follows:

- **Patient Referrals:** Currently, patients must be referred to other providers for medications like antibiotics, despite their ND being fully trained to prescribe these. This process increases costs and delays patient care.
- **Patient Safety:** Delays in care can result in harm, particularly in acute conditions where timely treatment is critical (e.g., strep throat, asthma).
- **Training:** NDs receive extensive training, far exceeding that of nurse practitioners or physician assistants. We are independent healthcare providers, not mid-level practitioners.

Naturopathic doctors in California can prescribe all drugs except for certain controlled substances like morphine, but they must have a supervision agreement with an MD or DO to do so. This requirement does not necessitate the MD/DO to be physically present or even to countersign prescriptions. The MD/DO just needs to agree to be available for consultation if required. This restriction was initially implemented at the time of licensure, with the expectation that it would be removed soon after, provided NDs demonstrated safe prescribing practices, which they have consistently done over the past 20 years.

Lastly, it is burdensome for an MD to assume the extra responsibilities and malpractice risks associated with supervision, which is why only a small fraction of the 1,000 practicing NDs in California have established such relationships. Just some of the negative consequences of this requirement include:

- **Access to Care:** Patients experiencing an acute health crisis requiring prescription medication must leave the ND's office to seek care elsewhere, delaying treatment and increasing healthcare costs.
- **Healthcare Resources:** The supervision requirement results in dual utilization of healthcare resources, additional patient expenses, and delays in accessing care, which can negatively impact patient outcomes.
- **Patient Barriers:** These limitations restrict NDs' ability to provide comprehensive care, leading to more referrals and increasing the financial burden on patients.

Thus, for the sake of consumer access and safety, it is imperative that NDs are granted full independent prescriptive authority.

Warm regards,



**Leena Pandya, ND**

President, California Naturopathic Doctors Association (CNDA)  
Research Fellow, University of California San Francisco (UCSF)  
president@calnd.org





# Oregon

Tina Kotek, Governor

Board of Naturopathic Medicine  
800 NE Oregon, Suite 407  
Portland, OR 97232-2187  
Phone: 971-673-0193  
Fax: 971-673-0226  
[www.oregon.gov/OBNM](http://www.oregon.gov/OBNM)

August 31, 2024

TO: Washington State Department of Health, Health Systems Quality Assurance:  
[sunrise@doh.wa.gov](mailto:sunrise@doh.wa.gov)

RE: Sunrise Review Report of the Naturopathic Physician Scope of Practice – Oregon Board of Naturopathic Medicine

The following is in response to the information regarding the **Oregon Board of Naturopathic Medicine** as reported in the Sunrise Review report of the Naturopathic Physician Scope of Practice, by the Washington State Department of Health, Health Systems Quality Assurance found [here](#).

The mission of the Oregon Board of Naturopathic Medicine (Board) is to regulate, through the Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR), the practices of naturopathic medicine to ensure protection of the public. The Board promotes excellence in the practice of naturopathic medicine by assuring quality education, regulating naturopathic practices, and fostering ongoing public outreach. In this manner, the Board cultivates public trust and safety by ensuring the State of Oregon is served by naturopathic professionals providing the highest standards of care.

To obtain a license to practice naturopathic medicine in Oregon, applicants must (in most relevant part) submit official NLPEX transcripts showing passage: Part I Biomedical Science; Part II Core Clinical Science, Part II Clinical Elective Minor Surgery and Part II Clinical Elective Pharmacology. Licensees are required to obtain 32 hours of continuing education annually for licensure renewal, including one hour in pain management and ten hours of pharmacology.

The over 1200 licensed naturopathic physicians in the State of Oregon have one of the most expansive scopes of practice in the country and offer patients many options to address healthcare needs. Oregon naturopathic physicians are defined as primary care physicians by statute, and engage in the prevention, diagnosis, management, and treatment of both acute and chronic health conditions. Naturopathic physicians may perform minor surgery, practice natural childbirth, and administer injection therapies. Naturopathic physicians are licensed to diagnose and treat disease, can perform or order diagnostic exams and tests.

Oregon licensees may prescribe medication from one of the most comprehensive formularies in the nation. Licensees may prescribe all pharmaceuticals needed in a primary care practice as well as the natural therapeutics. Naturopathic physicians are the only licensed health care providers in Oregon with advanced training in drug-drug, drug-herb, and drug-nutrient interactions and/or complications.

Per OAR 850-060-0215, Licensees may register with the United States Department of Justice for the issuance of a Drug Enforcement Administration (DEA) Number. Licensees with DEA registration have authority to prescribe from Schedules II, IIN, III, IIIN, IV and V.

Oregon Revised Statute 685.145 established a Council on Naturopathic Physicians Formulary (Council), which is composed of seven members. The Board appoints two licensed ND, one currently serving on the Board, and two members who hold an advanced degree in either pharmacology or pharmacognosy. One licensed medical doctor and two licensed pharmacists are appointed to the Council by their respective Boards. The purpose of the Council is to revise, maintain, and update the prescribing formulary compendium.

Through ORS 685.010(2); and OAR 850-060-0220: Authority to Prescribe, Dispense, Administer, and Order, naturopathic physicians shall be allowed to prescribe, dispense, administer, and order the following:

- (1) All substances recommended by the Formulary Council and approved by the Board,
  - (a) All biological substances including extracts and/or their products and residues,
  - (b) All topical preparations,
- (2) All vitamins, minerals, trace minerals, enzymes, and food,
- (3) All mechanical devices, except those that require major surgical intervention,
- (4) All homeopathic preparations,
- (5) All laboratory and diagnostic procedures,
- (6) Antibiotics to partner(s) of patients diagnosed with a sexually transmitted disease without a patient visit by the partner of the patient for Expedited Partner Therapy (EPT) per OAR 855-041-8000 to 855-041-8005 of the Department of Human Services.

Licensees may prescribe over 1700 drugs and all drug classifications listed in the American Hospital Formulary Service Pharmacologic-Therapeutic Classification, unless excluded by Oregon Administrative Rule.

OAR 850-060-0223 Formulary Compendium Exclusions (in relevant part):

- (2) ... the following substances may not be prescribed by licensees of this Board.
  - (a) General anesthetics
  - (b) Injectable Ketamine for the purpose of general anesthesia
  - (c) Mifepristone and Misoprostol as an abortifacient
  - (d) Barbiturates; with the exception of the following:
    - (A) Phenobarbital
    - (B) Butalbital
    - (C) Primidone
  - (e) Systemic oncology agents with the exception of the following antineoplastic agents, in oral and topical form only.
    - (A) 5FU
    - (B) Anastrozole
    - (C) Letrozole
    - (D) Mechlorethamine
    - (E) Megestrol
    - (F) Mercaptopurine
    - (G) Methotrexate
    - (H) Tamoxifen
    - (I) Tretinoin

Of note, in 2018 the Council and Board expanded the formulary to include Phenobarbital, Butalbital, Primidone; and as of January 1, 2023, licensees may prescribe and administer injectable and intravenous ketamine with additional training and education ([850-060-0210](#) Education and Reporting Requirements for Ketamine Therapy). In 2022, the Board established training and education required for IV / Injection therapy for certain injectates currently on the formulary. ([850-060-0212](#) Education and Reporting Requirements for Injection and IV Therapy).

The Washington State Department of Health, Health Systems Quality Assurance report noted “There have been 23 disciplinary actions that appear to be related to prescribing since 2017.” Since 2017, the Board disciplined nineteen (19) licensees for conduct related to prescribing, including but not limited to, negligent prescribing, prescribing off the formulary, or not adequately following State opioid prescribing guidelines. Although any violation of rule or law creates a risk of patient harm, it is broad and inaccurate to generally describe the licensees conduct leading to discipline as “result[ing] in patient harm.”

Important note, ten of the nineteen (19) licensees were disciplined for prescribing practices that occurred from 2012-2018. This coincides with the third wave of the opioid crisis when opioids flooded the US market, and over prescribing and negligent prescribing of opioids was seen across all medical professions. Further from 2017-2020, the Oregon Health Authority, published [Oregon Acute Opioid Prescribing Guidelines](#), [Oregon Opioid Tapering Guidelines](#), [Oregon Chronic Opioid Guidelines](#). Since 2019, coinciding with the implementation of these guidelines and associated resources, licensee discipline has been primarily for conduct that is “prescribing adjacent” mostly ethical violations for failing to follow the afore linked prescribing guidelines, i.e., negligent charting, failing to check Prescription Drug Monitoring Program, boundary setting, and not entering pain contracts.

The Board of Naturopathic Medicine, Oregon Association of Naturopathic Physicians, and the National University of Natural Medicine, have worked collaboratively and made a concerted effort to educate medical students and the licensee community on these guidelines and resources, including posting them on the Board website. The Board and the State of Oregon require education and training for licensees specifically related to pain management and pharmacology – including opioid prescribing. The collective efforts have resulted in a more educated student body and aware licensee community who are now prepared to engage in safe prescribing practices, leading to significant drop in negligent prescribing cases since 2012.

Please do not hesitate to reach out to me directly with questions or requests for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'MB Baptista', with a stylized flourish at the end.

Mary-Beth Baptista, JD  
Executive Director



August 30, 2024

Umair A. Shah, MD, MPH, Secretary of Health  
Washington State Department of Health  
P.O. Box 47890  
Olympia, Washington 98504-7890

Re: Sunrise Review Naturopathic Physician Scope of Practice Draft Report to the State Legislature

Dear Dr. Shah,

I am writing on behalf of the Council on Naturopathic Medical Education (CNME) to address what the Council considers to be erroneous conclusions contained in the draft report titled “Sunrise Review Naturopathic Physician Scope of Practice Report to the State Legislature.”

First, a word about the Council: Similar to the LCME—the accrediting agency for MD programs—the CNME is a U.S. Department of Education-recognized accrediting agency for doctoral programs in naturopathic medicine (ND programs). Graduation from a CNME-accredited ND program qualifies an individual to become a licensed naturopathic physician in U.S. jurisdictions and Canadian provinces where naturopathic medicine is regulated. CNME’s accreditation standards and process promotes high-quality naturopathic medical education and training with the goal of ensuring safe and effective practice, and licensed naturopathic physicians enjoy a demonstrably excellent safety record in all the jurisdictions where they practice. For more information regarding CNME’s educational standards, please review the *CNME Handbook of Accreditation for Naturopathic Medicine Programs*, downloadable from the CNMEM website: [www.cnme.org](http://www.cnme.org).

In response to the Sunrise Review, please note the following:

- Naturopathic physicians are trained to engage in naturopathic primary care, which the field describes as a holistic, community-based, first contact with the medical system for undifferentiated patients. Many individuals and families use NDs as their primary care providers because they value the integrative approach to healthcare that they provide and are aware that NDs are trained in how to refer patients out for medical issues that are beyond their competence to treat.
- In accordance with CNME’s educational standards, naturopathic physicians are trained in pharmacology. The relevant section of the standards reads:

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

- a. Biomedical sciences, including anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program*

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION



P.O. Box 178, Great Barrington, MA 01230 | 413.528.8877 | 413.528.8880 FAX

*b. Environmental and public health, including epidemiology, immunology and infectious diseases*

*c. **Pharmacology and pharmacognosy***


*d. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses*

*e. Therapeutic subject matter/courses, including as required subject areas: botanical medicine, **emergency and pharmaceutical drugs**, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and traditional Chinese/Asian medicine theory, homeopathy, medical procedures/emergencies, and minor surgery.*

In those states where NDs have an expanded scope that includes Schedules II-V of the Uniform Controlled Substance Act, NDs have demonstrated that they are capable of safe and effective primary care-level practice that serves the needs of their patients.

Given the rigorous accreditation standards established and enforced by the CNME and the decades-long positive track record of licensed NDs in practice, we are confident that naturopathic physicians trained at CNME-accredited programs are competent to safely and effectively engage in a full primary care scope of practice, including advanced prescriptive authority, as requested by the Washington Association of Naturopathic Physicians.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Seitz", with a stylized flourish at the end.

Daniel Seitz, JD, EdD  
Executive Director



## Comments on Draft Sunrise Review for Naturopathic Doctors in Washington State

Federation of  
Naturopathic Medicine  
Regulatory Authorities

August 30, 2024

Dear Ms. Thomas,

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) supports modernized regulation of naturopathic medicine in Washington. Reasonable regulation is integral to the safe practice of naturopathic medicine and protection of the public.

The FNMRA's mission is to protect the public by connecting regulatory authorities and promoting standards of excellence in the regulation of naturopathic medicine. The Federation supports new and existing regulatory organizations in fulfilling their statutory obligations to regulate the profession in the interest of public protection.

The FNMRA appreciates this opportunity to correct the errors in the Draft Sunrise Review – Naturopathic Physician Scope of Practice written by the Washington Department of Health, and to demonstrate with data the safety of naturopathic physicians (NDs and NMDs) when the scope of practice includes broad prescribing rights.

### **Corrections to the “Other States” Section of the Draft Sunrise Review**

- **Arizona**

In the state of Arizona, naturopathic physicians are regulated by the Naturopathic Physicians Medical Board composed of 4 licensed naturopathic physicians and 3 public members, all of whom are appointed by the governor. None of the board members are MDs or DOs.<sup>1</sup> Naturopathic physicians have broad prescriptive authority over legend drugs as well as most controlled substances.<sup>2</sup>

The FNMRA, which collects disciplinary actions data for licensed states, has categorized the number of final actions taken in all jurisdictions (see Addendum B). In Arizona, from 2010 to 2021, there were an average of only 1.6 disciplinary actions per year taken against licensees for prescribing violations. During each of these 11 years, there were approximately 1,400 licensees. See table on page 5.

The Draft Sunrise Review incorrectly states in footnote 56 that there is a conflict in Arizona state law regarding prescribing authority for NDs. The apparent conflict arises from an incorrect reading of A.R.S. §

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<sup>1</sup> <https://nd.az.gov/about>

<sup>2</sup> A.R.S. § 32-1501

<https://www.azleg.gov/ars/32/01501.htm>

32-1581. This Arizona rule, A.R.S. § 32-1581, describes what can be dispensed in office by an ND; it does not define/restrict what NDs can prescribe. Please see A.R.S. § 32-1581 (H), which states:

H. For the purposes of this section:

1. "Device" means an appliance, apparatus or instrument that is administered or dispensed to a patient by a doctor of naturopathic medicine.
2. "Dispense" means the delivery by a doctor of naturopathic medicine of a natural substance, drug or device to a patient and only for a condition being diagnosed or treated by that doctor, except for free samples packaged for individual use by licensed manufacturers or repackagers, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the natural substance, drug or device **for delivery to the treating doctor's own patient.** (FNMRA emphasis)<sup>3</sup>

The Draft Sunrise Review correctly states:

According to the applicant report, prescriptive authority includes Schedule III-V plus morphine in Schedule II, which aligns with A.R.S. § 32-1501(15) (definitions).

- **California**

The California Board of Naturopathic Medicine (board) regulates NDs, who are authorized to prescribe all legend drugs and Schedule III-V controlled substances, with limitations as follows:

NDs can independently prescribe and administer the following without any oversight:

Epinephrine to treat anaphylaxis.

All natural and synthetic hormones, *regardless of the schedule*. This includes any and all peptides.

Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents.<sup>4</sup>

For any other prescriptions, the ND must function under a standardized procedure or protocol developed and approved by both a supervising physician and surgeon and the ND, which includes a list of drugs the ND can prescribe, per the agreement between them. These written protocols are not intended to be a physical oversight of an ND by a physician and surgeon. The ND bears all responsibility for the prescribing, which is done under the ND's license, not the physician and surgeon.<sup>5</sup>

NDs must include the following in their licensure application: (1) whether they intend to furnish or order controlled substances, and (2) provide written evidence by the means of their college transcripts, to the licensing authority that they have completed at least forty-eight hours of instruction in pharmacology that included the pharmacokinetic and pharmacodynamic principles and properties of the drugs they are furnishing or ordering.<sup>6</sup> As of 2015, all CNME accredited schools meet California's minimum pharmacology credits required for California NDs to furnish and prescribe drugs, within their current curriculums.

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<sup>3</sup> <https://www.azleg.gov/ars/32/01581.htm>

<sup>4</sup> CA Bus and Prof Codes §3640.7

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=3640.7](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=3640.7)

<sup>5</sup> CA Business and Professions Code §3640.5

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=3640.5](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=3640.5).

<sup>6</sup> CA Code Regs §4212

[https://govt.westlaw.com/calregs/Document/I1D13A9534C8211EC89E5000D3A7C4BC3?viewType=FullText&originContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I1D13A9534C8211EC89E5000D3A7C4BC3?viewType=FullText&originContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))



The FNMRA reports zero disciplinary actions taken in California for prescribing reasons from 2010 to 2021. See table on page 5.

- **New Mexico**

Regulation of NDs in New Mexico is different from other states with broad prescribing authority. New Mexico is the only state whose board members do not include any naturopathic physicians.<sup>7</sup> New Mexico's rules require a collaborative practice agreement between a naturopathic physician and an MD or DO, but without direct supervision.

New Mexico Statute § 61-12G-6 and New Mexico Administrative Code (NMAC) 16.10.22.11 both are clear that the collaborative practice agreement is not to imply direct supervision.

NMAC 16.10.22.11(B) states:

This does not imply that supervision by a physician is required, rather that professional communication and collaboration is required between all healthcare providers for continuity of care in accordance with HIPAA regulations.<sup>8</sup>

The FNMRA, which collects disciplinary actions data for licensed states, can definitively affirm that there have been no final disciplinary actions taken against NDs for prescribing problems or errors in New Mexico since licensure began. A search of all ND licensees in New Mexico confirms this.<sup>9</sup> See table on page 5.

- **Vermont**

Although the Draft Sunrise Review correctly quotes the Code of Vermont, it leaves out pertinent information. Specifically, that the NBME subject matter examination or a substantially equivalent examination approved by the Director after consultation with the Commissioner of Health can be taken to apply for the special license endorsement for prescription medication. To quote the CVR Section 04 030 380 - ADMINISTRATIVE RULES FOR NATUROPATHIC PHYSICIANS completely:

Section 3.5 Special License Endorsement for Prescription Medications

(a) The naturopathic pharmacology examination, defined at 26 V.S.A. § 4121(13), the passage of which is required for the special prescriptive license endorsement pursuant to 26 V.S.A. § 4125(d), shall be the National Board of Medical Examiners ("NBME") subject matter examination in pharmacology, or the examination(s) given in the Medical Pharmacology course taught within the Department of Pharmacology through Continuing Medical Education at the University of Vermont's College of Medicine, **or a substantially equivalent examination approved by the Director after consultation with the Commissioner of Health.** In order to obtain the special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines, an otherwise qualified naturopathic physician will be required to pass the NBME pharmacology examination, or the Medical Pharmacology course examination(s) at the University of Vermont, **or a substantially equivalent examination approved by the Director, after consultation with the Commissioner of Health.** Approval for a substantially equivalent examination may be obtained by applying to the Office at anytime [*sic*] but no later than 90 days before the alternate course begins. (emphasis FNMRA)<sup>10</sup>

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<sup>7</sup> <https://www.nmmb.state.nm.us/the-board/>

<sup>8</sup> <https://www.nmmb.state.nm.us/wp-content/uploads/2024/05/nmac-16.10.22-2021-08-24.pdf>

<sup>9</sup> <https://nmrldlpi.my.site.com/nmmb/s/searchlicense>

<sup>10</sup> [https://sos.vermont.gov/media/hrmngtty/nat\\_rules.pdf](https://sos.vermont.gov/media/hrmngtty/nat_rules.pdf)

Since 2017, the Vermont Office of Professional Regulation (OPR) has used the NPLEX Part II – Elective Pharmacology Examination as the pharmacology examination of choice to demonstrate safety for obtaining the Special License Endorsement for Prescription Medications.

The Draft Sunrise Review correctly states that the Vermont OPR could not identify any disciplinary actions specifically related to ND’s prescriptive authority. See table on page 5.

### **Proposed Regulatory Mechanism to Support Independent Prescribing Rights for NDs in Washington State**

- **Naturopathic Physicians Licensing Examination (NPLEX) Part II - Elective Pharmacology Examination can be adopted to establish prescribing competency**

The Naturopathic Physicians Licensing Examination (NPLEX) Part II - Elective Pharmacology Examination could be adopted to establish prescribing competency.<sup>11</sup> The Board of Naturopathy will certainly consider adding the Elective Pharmacology Examination as a requirement for advanced prescribing as part of its in-depth Department-guided rule-making process.

The NPLEX Elective Pharmacology Examination is composed of 75 stand-alone items. This exam has been adopted by several jurisdictions, specifically Vermont, Idaho, Montana, Oregon, and New Mexico to establish prescribing competency – sometimes requiring it for licensure and sometimes using it to demonstrate competency for optional prescribing rights. Allowing qualified NDs to practice as trained with independent and broad prescribing rights enhances public safety and increases access to basic medical care for Washingtonians.

### **Licensed NDs Are Safe Primary Care Providers**

The Draft Sunrise Review seemed to overlook data that demonstrates the safety of naturopathic physicians when given broad prescribing rights. The FNMRA gathers disciplinary actions data from licensed states and regulated Canadian provinces.

- **Licensed NDs have fewer disciplinary actions than MDs/DOs**

NDs have been practicing as primary care providers safely for decades. This can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs (see addendum A).

- **Minimal disciplinary actions occur even when NDs have broad prescribing rights**

An important aspect of primary care is the ability to prescribe drugs at the time of care so that the patient does not need to delay treatment by being forced to seek care with another provider. Primary care providers need broad prescribing authority in order to provide effective treatment, improve access to care, and ensure patient safety.

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<sup>11</sup> <https://www.nabne.org/exam-overview/>

The FNMRA describes “broad prescribing rights” as the ability to prescribe all major categories of prescription medications required for primary care. NDs are educated and trained to safely prescribe for primary care purposes.

NDs have proven themselves to be safe prescribers. Currently, 11 out of 26 licensed states allow NDs broad prescriptive authority. Disciplinary action was only taken against NDs in three of the regulated jurisdictions and, the vast majority of those actions involved opioid management, a challenging area for all primary care providers.

The percentage of prescribing disciplinary actions taken against NDs is very low, only about 0.01% of the licensees in the states with broad prescribing rights, which is significantly lower than the percentage of disciplinary actions taken against MDs and DOs.

### Disciplinary Actions Related to Naturopathic Doctor Prescribing from 2010 to 2021

Disciplinary Actions Related to Naturopathic Doctor Prescribing from 2010 to 2021*				
Jurisdictions with Broad Prescribing Rights				
Jurisdiction	Average Disciplinary Actions Per Year	Disciplinary Actions	Estimated Number of Licensees	Number of Years since 2010 with Broad Prescribing Rights
Arizona	1.6	18	1450	11
California	0.0	0	900	11
Hawaii	0.0	0	150	11
Idaho	0.0	0	30	1.5
Montana	0.0	0	105	11
New Hampshire	0.0	0	60	11
New Mexico	0.0	0	15	2.5
Oregon	1.1	12	1200	11
Utah	0.0	0	60	11
Vermont	0.0	0	350	11
Washington	2.9	32	1400	11
<b>TOTAL</b>		<b>62</b>	<b>5720</b>	
The percentage of disciplinary actions taken for prescribing is 0.01% of the estimated number of licensees.				
* Or since year of licensure if established after 2010.				
Broad prescribing rights means access to all major categories of prescription drugs required for primary care.				

All categories of disciplinary actions and counts can be seen in Addendum B.

In Washington state, the average per year number of disciplinary actions is 2.9; however, actual harm to patients occurred in only 2 of the cases, in 11 years. These disciplinary actions were taken by the Board of Naturopathy against licensed NDs mostly for prescribing outside of the scope.

### **In Conclusion**

The Draft Sunrise Review – Naturopathic Physician Scope of Practice written by the Washington Department of Health has some factual errors and has overlooked some data demonstrating safety by currently practicing naturopathic physicians who have broad prescribing rights.

The proposed ND scope of practice in Washington will allow naturopathic doctors to practice as trained and ensure prescribing safety. Furthermore, the current naturopathic medicine regulatory structure in Washington will allow enforcement of the state’s rules by monitoring licensee activity and implementing disciplinary actions.

As an employee of the Department of Health, we know you are a champion of public safety. Your support of modernizing naturopathic medical regulation will effectively increase the number of safe primary care prescribers by improving access and efficient delivery of healthcare.

We thank you for the opportunity to share our comments and hope this information, and any future dialogue between the Federation of Naturopathic Medicine Regulatory Authorities and the Washington State Department of Health will lead to the refinement of regulations that promote the safe practice of naturopathic medicine.

If you have any questions, please call me at 503-244-7189 or email me at [ShannonBraden@fnmra.org](mailto:ShannonBraden@fnmra.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Braden ND', with a horizontal line extending to the right.

Shannon Braden, ND  
Administrator In-Charge, FNMRA

Addendum A

**Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019**

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

**REFERENCES:** <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>  
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>  
<https://www.oregon.gov/obnm/Pages/Discipline.aspx>  
 ND #s provided by email - OR ND Board  
[https://store.aamc.org/downloadable/download/sample/sample\\_id/305/](https://store.aamc.org/downloadable/download/sample/sample_id/305/)  
<https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf>

**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 estimated licensees)**

**Physician Acts Related to the Administration of Naturopathic Medical Practice**

State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards
Alaska						
Arizona	1		1			3
California						
Colorado	1					
Connecticut						
Dist. of Columbia						
Hawaii			1			
Idaho						
Kansas						
Maine						
Maryland	2					
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota						
Oregon		4				3
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	1	3			1
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>7</b>

**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 estimated licensees)**

**Physician Acts Related to the Administration of Naturopathic Medical Practice**

State	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet CE requirements
Alaska					
Arizona			1	1	5
California					
Colorado					
Connecticut					
Dist. of Columbia					
Hawaii					
Idaho					
Kansas					1
Maine					
Maryland					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon	1			1	
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	4		3	1	
<b>TOTAL</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>6</b>

**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 estimated licensees)  
Physician Acts that Directly Harm Patients Physically or Emotionally**

State	PHYSICIAN ACTS THAT (DIRECTLY) HARM PATIENTS PHYSICALLY OR EMOTIONALLY								
	Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)
Alaska									
Arizona	8	2			20	14	1	1	10
California	1								
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maryland									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon	2		1	2	16	2	2	6	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont									
Virgin Islands									
Washington	10			1	33	10*	4	2	2
TOTAL	23	3	1	3	69	16	7	9	14

\*as of 2012 Cannabis is legal for recreational use in the State of WA



**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 estimated licensees)  
Physician Acts that Potentially (Indirectly) Harm Patients**

State	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
Alaska				1
Arizona		2		2
California				
Colorado				1
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>10</b>

**From:** [Shannon Hirst](#)  
**To:** [DOH HSQA Sunrise](#)  
**Subject:** Additional documents for draft recommendations SB 5411  
**Date:** Friday, August 9, 2024 2:20:40 PM  
**Attachments:** [Survey from BON Special Meeting June 23 2023.pdf](#)

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External Email

Greetings,

I am including additional documents for the committees consideration.

1. I am including the Board of Naturopathy licensee survey that was done in the spring of 2023. I requested this information via a public records request. The respondent pool is larger than the informal survey I conducted earlier which is outlined in the paper we published on that information (that paper was submitted in the last call for public Sunrise comments). The BON survey had to be sent out twice and I am unclear on the reasons for that. You can see that a larger number completed the first one, and then an email came out saying they were discarding that survey and people would have to fill out an updated one. The second response rate is lower but the responses appear consistent with the first round. Board members' reactions to the data may be part of the meeting records on that day, but I do not have that transcript. I was present, however, and found some of their reactions concerning.

2. Student Defense has published FOIA data on Borrower Defense claims made with the Department of Education. They requested data for Borrower Defense claims around the time of the post class deadline for Sweet vs Cardona. That data can be found here: <https://www.defendstudents.org/foia/borrower-defense>. The final FOIA period ending Dec 2022, has all pending claims up to Dec 31, 2022. Institutional level data (rounded to the nearest 10) lists pending Borrower Defense claims for NUHS, Sonoran, NUNM, and Bastyr as 10, 40, 30, and 60 respectively. This data is now over a year and a half old. I have submitted updated FOIAs for the current number of claims, but the Dept of Ed reports there is at least a 180d delay on FOIA fulfillment at this time. There may be decisions on some of these claims as outlined in Sweet, but will have to wait until the FOIA is fulfilled to know any outcomes.

Thank you for the opportunity to participate in this process.

Sincerely,

Shannon Hirst

# Board of Naturopathy Subcommittee Continuing Education Survey Revisions

**219**  
Responses

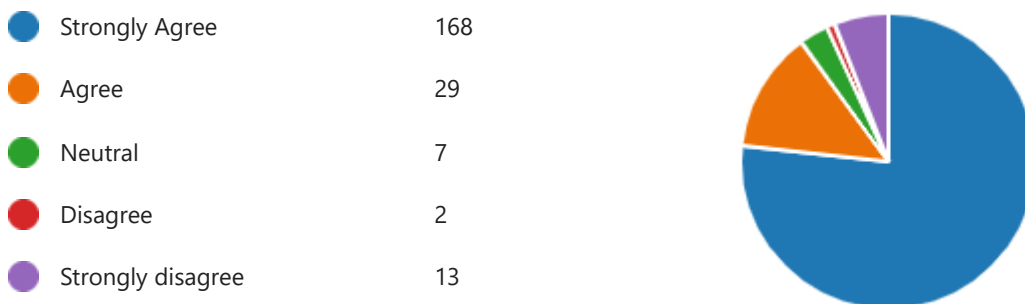
**32:06**  
Average time to complete

**Closed**  
Status

1. Do you currently hold an active Naturopathic Physician License in Washington State?



2. The goal of continuing education is to support professional competency and protect public health. The rules currently require 20 hours from this group of organizations: WANP, AANP, and NANCEAC. Do you support expanding this list to include the Accreditation Council for Continuing Medical Education (ACCME) and its recognized accreditors, the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Pharmacy Education (ACPE)?



3. Do you have comments you would like to share in response to question #2?

134  
Responses

Latest Responses

*"There needs to be some ND specific CEU credit requirements f...*

4. Do you have any concerns regarding the current rule requiring credits to come from naturopathic organizations?

● Yes	158
● Neutral	32
● No	29



5. If you answered "yes" to question #4, what are your concerns?

162  
Responses

Latest Responses

*"Access, Time, Cost, Competency, Variety. I have been seeing pa...*

6. Has the requirement for 20 hours of CE to come from naturopathic organizations created any barriers or burdens to your practice?

● Yes	157
● No	62



7. If you answered yes to question #6, what was the burden? Please select all that apply.

● Financial	133
● Time	123
● Other	75



8. Do you have any comments you would like to share in response to question #6 that were not addressed by this survey?

85  
Responses

Latest Responses

9. Where do you practice?

● Urban	122
● Suburban	92
● Rural	40



10. Type of practice?

● Solo	95
● Group of NDs	82
● Mixed group and other provider...	51
● Other	12



11. Do you consider your practice to be;

● Primary Care	123
● Specialty Care	78
● Mixed with specialty/specialties	57
● Other	14



12. If your practice is mixed with specialty/specialties or other, please list below.

100  
Responses

Latest Responses

13. Do you take private insurance?

● Yes	141
● No	74



14. Do you take Medicaid?

● Yes	71
● No	143



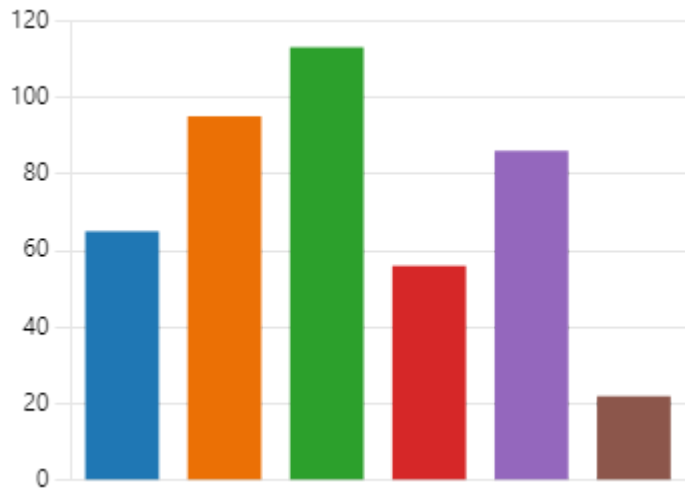
15. What are your typical sources of continuing education?

190  
Responses

Latest Responses  
*"Everything. The source isn't as important as the topic. "*  
*"All of them"*

16. How do you typically hear about changes to the rules for the profession? Please select all that apply.

- GovDelivery 65
- Social Media 95
- Colleagues/friends 113
- DOH Board website 56
- Professional Organizations 86
- Other 22



## Continuing Education Survey V2

Do you currently hold an active Naturopathic Physician License in Washington State?	The goal of continuing education is to support professional competency and protect public health. The rules currently require 20 hours from this group of organizations: WANP, AANP, and NANCEAC. ...	Do you have comments you would like to share in response to question #2?
Yes	Strongly Agree	Could other naturopathic organizations also be included such as the OBNM.
Yes	Strongly Agree	I believe there are positive perspectives and information from all doctoral professionals. The role of the Board is to protect and serve the public (not the profession). How does restricting CME to certain ND professions support that role? Of course it does. However, does increasing the acceptable CME further support the Board's role? Here my answer is yes.
Yes	Strongly Agree	We need non "naturopathic" options as PCPs in WA state and should not be limited to current organizations.
Yes	Strongly Agree	Also, CE to enhance prescriptive authority via pharm ce
Yes	Strongly Agree	I believe that only allowing CEs from WANP/AANP for this 20 hours is a conflict of interest. It also dramatically reduces the scope of influence in our profession which I believe would be detrimental.
Yes	Strongly Agree	I am open to expanding this to broader types of continuing education (i.e. for MDs, NDs, nurses, PAs, herbalists) with no specification that any of the hours must be "naturopathic."
Yes	Strongly Agree	Having options to obtain the most up to date information in a cost effective manor is paramount for professional competency and protect public. Expanding the list to include ACCME and its recognized accreditors is a great idea.
Yes	Strongly Agree	While our naturopathic organizations can provide a unique naturopathic perspective to our CE, NDs are too diverse of a group to have all of their specializations and practice focuses cover by such small organizations.
Yes	Strongly Agree	I think it should be expanded even further. There is much valuable information available through many other sources -- such as the AMA for example. I think some CME should come from naturopathic sources but it really should be about medical education -- not just naturopathic.
Yes	Strongly Agree	I would add all accredited Naturopathic Colleges.
Yes	Strongly Agree	Sometimes the ND organizations do not have CEs important to my practice so more options is better.
Yes	Strongly Agree	Please include all forms of healthcare's CE.
Yes	Strongly Agree	Limiting access to quality CME is detrimental to the naturopathic profession!!
Yes	Strongly Agree	It's self serving and unfair to require us to pay for credits from this organizations since they also require membership otherwise the cost can be prohibitive
Yes	Strongly Agree	This should be the least we expand the recognized CE groups. Any group that AMA or other equivalently licensed primary care group recognizes in Washington state should be automatically approved. Having primary care as part of our scope of practice should make this a legally defensible decision. It would also increase CE topics, expand flexibility in when CEs can be done and reduce cost to our members.
Yes	Strongly Agree	I'm curious to why we're considering an expansion to include ANCC and not AMA or APA considering our level of education is above what the ANCC has to offer.



Yes	Strongly Agree	As Naturopathic Doctors are recognized as primary care providers in WA state, we should be treated as such. We should be able to further our education by taking qualified CEU courses from accredited programs like ACCME, etc. I also is so confusing why the DOH is making these requirements so hard for us and also that we were selectively not included in the Governor's covid proclamation or the DOH is interpreting it as we were not included to make the CEU requirement more confusing.
Yes	Strongly Agree	There are no standards. In fact the school has stated ACCME should be used as standards n the absence of doing due diligence and making their own. To separate it out of all credits seems shady as hell. Especially since the orgs above Ruth's don't review or don't expressly state ACCME standards and therefore they can ultimately put out whatever TF they want, including hit garbage. That won't help me in court or in being a better healthcare partner in the system.
Yes	Strongly Agree	Allow us the ability to pick CME that most benefits our clients safety and health from physician level CME would be incredibly beneficial as many of us are PCP's.
Yes	Strongly Agree	The primary job of the DOH is to protect the safety of the public, not to police what type of CEs we take. It is vital to my job to be able to take primary care CEs which are amply available through the three organizations that are listed in question 2. To be able to practice at the same community standards as other PCPs I *need* to be able to take all of these courses and I don't have the time or the money to be taking a bunch of courses just because AANP or WANP approved them.
Yes	Strongly Agree	If the goal of CEUs is to support professional competency and protecting public health then it is more important that ND's are able to use their CEUs to develops skills and further education in the areas that they practice. In particular, for NDs who practice primary care, it is critical to keep up to date on emerging evidence for managing disease like diabetes, heart disease and for properly screening for cancer and other preventative health issues. By requiring 20 CEUs to come from these organization the Board may be requiring NDs to use their time and money for CEUs on courses are irrelevant to their area of practice. Many of the CEU topics that are offered by the WANP and AANP are very specialized topics or they are reviewing information already learned. Herbal Medicine and Diet and Nutrient research does not move at a pace to require so many CEUs. Additionally, our education in pharmacy and emergency management was quite lacking at Bastyr. To properly care for primary care patients, ND's really need to be expanding their knowledge in these areas. Allowing courses from ACCME, ANCC and ACPE will do that.
Yes	Strongly Agree	The rule should also expand CAT 1 to all AMA approved CME due to most N.D.'s practicing as primary care and/or practicing with a specialty which requires advanced knowledge in a specific area of medicine.
Yes	Strongly Agree	The current list of organizations in Category 1 does not support professional competency or public health for most physicians. For NDs who practice true primary care medicine, it is important that we get CME from a broad range of evidence based and peer reviewed organizations and WANP and AANP have fairly low standards for presenters. There also tends to be an emphasis on measures that do not support public health (for example the use of homeopathy instead of vaccinations) and are dangerous to the public. Many NDs who have been successful in community health organizations, the VA and in successful public health roles have done so by getting our education outside of naturopathic organizations.

Yes	Strongly Agree	Yes. As a very experienced ND who works in primary care I have had little luck gaining quality CE from the currently listed CAT One groups that is actually useful for me. I find it a conflict of interest that expensive often useless labs (DUTCH testing for example) sponsors these CE and then teaches poorly researched content which the providers then use and give money directly back to these companies. This can be said for same for many supplement companies. Finally, I find issue with the very small amount of individuals who run expensive subscription groups and then dominate CE also with poor research. I will use Paul Anderson as an example. Additionally, the fact that he had a board review (sanction?) for prescribing I believe benzos/maybe pain meds yet continues to dominate CAT One CE is very problematic, unethical and disturbing to me. Also, that he actively encourages anti researched treatments, ivermectin comes to mind, without anyone challenging him is an issue. Also, I have huge problems with the way Chad Aschtgen runs the BON meetings. He's dismissive and does not listen to the concerns of many- or really anyone. When the CE issues were brought up last year as confusing he said "It's not confusing, you are ALL just confused" which is extremely rude.
Yes	Strongly Agree	Yes, it is important to be able to access the most recent updates in primary care we cannot simply be limited to those who focus on naturopathic medicine because that limits our ability to be primary care providers.
Yes	Strongly Agree	Need more flexibility in acquiring CE hours
Yes	Strongly Agree	We need more high quality, low cost, primary care options for CE
Yes	Strongly Agree	Expand our breath of exposure to other data and other aligned professions is a good thing
Yes	Strongly Agree	Bastyr swore up and down we are primary care providers. Our scope is for that. Then we need to have continuing education that reflects that.
Yes	Strongly Agree	As a primary care physician in WA state limiting my continuing Education to only a few ND organizations is unacceptable. We need to seek a rounded education to provide the best up to date care for our patients
Yes	Strongly Agree	This is in line with CE requirements in other states, such as California, where I also hold a license, and also in line with other professions that include primary care.
Yes	Strongly Agree	We definitely need a wider variety of CE, not just naturopathic CE. We are licensed as primary care physicians, we should be able to use CE for physicians.
Yes	Strongly Agree	-added for scope and particular practice type -aacme due to a lot of primary care, most up to date information and pharm with acpe -infectious disease, peds, geriatrics are easier to find here -the above is easier to obtain and usually more affordable -I am licensed in multiple state and am a ND midwife more options help to prevent having even more of a burden in obtaining cat 1 from little choice, expensive and difficult to fit in schedule. -taking the other courses helps me be up to date with language, rules i.e. changes in reproductive health treatments, and ability to communicate more professionally with conventional western providers.
Yes	Strongly Agree	Expand the list!
Yes	Strongly Agree	Conflict of financial interest to require ND credits from ND orgs
Yes	Strongly Agree	I get my CME from credible medical organizations
Yes	Strongly Agree	I think it is important to have choice and a wide variety of decisions. Many people cannot afford the price of the category 1 options. And the quality of the material to sell itself, and it shouldn't be forced. I will continue to attend AANP but don't like the feeling of being forced into it.

Yes	Strongly Agree	It's quite ridiculous that it's so limited to what credits we can get and what category and it's far from clearly defined.
Yes	Strongly Agree	Naturopathy is such a broad field. We all tweak our practices to the patient populations we serve. I don't need to be micromanaged. I take much more than 60 hours per 2 years. I would like to invest my money where it is most practical and applicable to what I actually do.
Yes	Strongly Agree	I think that it is important to allow a broader variation of options. These organizations offer important continuing education topics for practice of naturopathic medicine.
Yes	Strongly Agree	The more expansive you can make the options for CE the better. These CE changes have been enormously frustrating and hard for someone with a disability, like me.
Yes	Strongly Agree	It would be helpful to have these high quality sources of CME added to our options so that we can stay up to date on primary care related topics. Historically the WANP, AANP, and NANCEAC have catered more towards specialty care. This makes it difficult for those of us in primary care, working with insurance to stay up to date without having to do 2x as much CME to make up for what isn't covered in the "naturopathic" specific options.
Yes	Strongly Agree	Strongly is an understatement. We need more options and flexibility with CEUs. It is already daunting and expensive
Yes	Strongly Agree	Requiring CE to be completed through paid organizations, paid CE, and paid conferences puts a huge financial burden on an already struggling profession. I would rather put my money to CE that are going to benefit my practice than ones that I "have" to take.
Yes	Strongly Agree	We need the freedom to spend our CE dollars in the area of interest and specialty we are developing.
Yes	Strongly Agree	Increased access to more diverse topics available to choose from
Yes	Strongly Agree	The Current CE requirements are too narrow. They should be more inclusive of other CE opportunities. It is a major financial burden with the current requirements as it does not leave much opportunity for economical options. It makes this profession more difficult to continue and it is already a challenging profession. The CE requirements seem like they were made for certain agencies to make more money off of already struggling profession.
Yes	Strongly Agree	Really not understanding why you are making this so difficult. And you release a survey then scrap it and do one that is also identical? What do you think this is doing to you're already compromised credibility?
Yes	Strongly Agree	As PCP, WANP, AANP CEs are not enough to provide the best primary care services, and limiting to just these organizations is expensive and not ethical practice.
Yes	Strongly Agree	The broader our education and knowledge base, the better we can care for our patients. NDs have very varied practices and specialties- done of which are best supported by other educational groups
Yes	Strongly Agree	Stop the monopoly
Yes	Strongly Agree	Hearing different viewpoints makes us stronger, not weaker
Yes	Strongly Agree	We should be able to choose topics we want to learn about and not rely on just the WANP for CE requirements.
Yes	Strongly Agree	Yes, many MD organizations have quality CME's & they should count for ND continuing Ed.
Yes	Strongly Agree	It's too restrictive currently. We need more options for ceu's

No	Strongly Agree	Yes, I have let my license lapse as of April 19th, 2023 in protest of the Category 1 rule only allowing AANP, WANP and NANCEAC CE. As WANP is a subsidiary of AANP you may as well just list AANP. There are NO published standards that are comparable to the ACCME standards for naturopathic education. I have written numerous letters regarding these issues.
Yes	Strongly Agree	Many of the CME conferences by above groups are not very applicable to my practice. Expanding this allows me to focus CME on what is most valuable for my practice.
Yes	Strongly Agree	Limited the credit received for quality CME will only hurt our profession and make us less competent.
Yes	Strongly Agree	As we are integrative physicians, using old time and evidence-based naturopathic medicine, AND pharmaceuticals and other conventional medicines. For the safety of our patients, and to encourage a broad spectrum of solid and valuable educational opportunities.
Yes	Strongly Agree	Yes, if we want to be accepted for equal reimbursement by insurance in comparison with MDs, DOs, and NPs, then we need to open up CEU requirements to include CEUs from these organizations. I think it is completely ridiculous to limit CEUs to WANP, AANP, etc.
Yes	Strongly Agree	More avenues to obtaining CE is a good thing.
Yes	Strongly Agree	Practitioners need freedom to code Ce that best suits there needs.
Yes	Strongly Agree	I want to utilize CE options from naturopathic organizations but there is also great CE offered by the additional organizations that is relevant to my practice.
Yes	Strongly Agree	i don't need to hear other ND'S expound at length about their functional labs and massive list of supplements with anecdotal stories, I need to be competent with standard of care as a primary care doctor which is supposed to be what we are getting cme for not for spa medicine.
No	Strongly Agree	Breadth of knowledge is important
Yes	Strongly Agree	I am well trained in the principles of naturopathic medicine. My gaps are in the extensive knowledge that is required to perform according to the scope of practice as a primary care provider in Washington state. I think our needs differ from provider to provider. While some of us might require a vaccination training, others might require diabetes management training, or substance use training. With this high variety of needs that are dictated by our patient population, we need to be able to choose what training best suits the population we serve. Given that there is also significant health equity issues throughout healthcare, these are areas where we need experts in the field to increase our awareness. This is not necessarily come from the WANP or AANP training.
Yes	Strongly Agree	If you don't add options, then I think the number of hours from this category should be lowered to 10 hours.
Yes	Strongly Agree	Any major medical accrediting board CE should be applicable like AOA and AMA.
Yes	Strongly Agree	I disagree with even having different categories. It makes it confusing, and difficult to obtain all the CEU each individual may find is best for their situation to make them the best healthcare provider they could be. We should have more options including those of nursing and conventional across the board of all of our CEU
Yes	Strongly Agree	WANP, AANP, and NANCEAC often have CEUs I find a total waste of time and irrelevant to the way I wish to practice medicine that supports my competency. I do not wish to waste my time and money on these CEUs.
Yes	Strongly Agree	It is important to have more options for continuing education that is pertinent to my area of practice.

Yes	Strongly Agree	Bastyr trained me to be a PCP. The CEs typically offered through the current orgs do not support PCP care. I need to learn about new pharmaceutical developments for things like hypertension and diabetes and about updates in screening guidelines for things like colon and cervical cancer, for example. These things aren't frequently offered in the ND orgs CE lists. Ultimately, the lack of diversity puts public safety, i.e. my patients, at risk.
Yes	Strongly Agree	I would like more flexibility to access CME that is most applicable to my practice. Additionally there is significantly more free or low-cost CME from the other organizations, which is important to me as a solo practitioner with a tight budget.
Yes	Strongly Agree	Yes - I don't feel like the WANP, AANP, and NANCEAC are as sufficient in the public health realm.
Yes	Strongly Agree	In order to be stronger and more knowledgeable as physicians we require access to the largest and broadest selection of available continuing medical education. Our list not only should, but must, be expanded to include, among others, ACCME, ANCC, and ACPE, as well as other states and Canada's professional ND organizations.
Yes	Strongly Agree	Yes, I strongly believe that having MORE options for CE would be better, and including this list of options is a good step in the right direction.
Yes	Strongly Agree	My practice focuses heavily on elder care and I need more fundamental CE that is appropriate for all providers, not just NDs.
Yes	Strongly Agree	Frankly, the CE's offered by these additional agencies are better vetted and offer more pertinent CE to those that are practicing as primary care providers, thus likely increasing patient safety.
Yes	Strongly Agree	This change would help provide a much more access to high quality CME from Medically sound organizations.
Yes	Strongly Agree	If the goal is to protect public health and support professional competency, and if we are to serve as primary care providers, then all accredited organizations that provide high quality CE for such providers should be accessible to us. While I'm grateful for the content provided by our state and national organizations, it simply does not cover the breadth of what I need to learn for my patient population, and it concerns me that there are attempts to limit access to high quality practice changing CE offered by other established and accredited organizations.
Yes	Strongly Agree	It is essential to the health of my patients that I have access to CE applicable to my care of them, primary care with specialty in hormones, thyroid, HRT etc. With the VERY limited current accepted CE, it is financially damaging to fulfill the requirements with less essential or non essential courses and THEN ALSO pay for ESSENTIAL updates in HRT research etc so my patients are safe in their hormone care!!
Yes	Strongly Agree	Please expand. I only see pediatric patients and the current organizations do not offer enough relevant CE. I shouldn't have to waste my time and money on CE that doesn't apply to me.
Yes	Strongly Agree	Sometimes these types of CEs are more applicable to primary care practice
Yes	Strongly Agree	Getting my education from a naturopathic group does not help me safely prescribe IVIg. It also doesn't help dx and Tx CSF leaks. I was collaborating with a doc from Stanford who recommended a Duke headache conference. This is what helps me practice safely. And sometimes I choose natural medicine CE because it's interesting. We are adults and can decide what we need.
Yes	Strongly Agree	Expanded content options, flexibility, freedom of individual choice is a GOOD thing. Variety is the spice of life- promotes growth and nourishes success.

Yes	Strongly Agree	I think it should also include AMA credits as that is the standard of care across many health care professions
Yes	Strongly Agree	We need more CE options for our diverse practices. Some act as primary while others have specialties and these few orgs do not offer enough options.
Yes	Strongly Agree	Yes, I support expanding the list. Increasing the reputable organizations to be able to get CE from allows for NDs to choose the CE that best supports their own professional competency based on their area of practice. NDs can be professionally competent without taking ND specific CE. Pediatrics in particular is one area where there truly isn't enough naturopathic CE and it's important to be able to utilize other organizations' offerings.
Yes	Strongly Agree	More options for high quality CE appropriate for our unique practices = yes, please
Yes	Strongly Agree	The ND license is to practice primary care in the state of WA. Restricting CME to excluded certain sources then restricts the scope of NDs licenses. Safe medical practices should be supported by the inclusion of all the above sources of CME.
Yes	Strongly Agree	Since the rules require a certain number of specific-type hours, it is always preferred to have a larger list of CE providers. Not all courses are available at all times, many courses offered may not be relevant to one's own practice, and physicians deserve a right to choose courses that make sense both in subject matter and cost comparisons. It is about freedom of choice. It would be even better if the existing providers provided a wider variety (and at different costs) of courses (and more frequently released new courses) on demand or at least many more times of year.
Yes	Strongly Agree	Even though I was trained to be a primary care physician, I do not feel competent in this role and probably won't at this point. Over the years, I have also become less clear about the role of naturopathic physicians and whether there is a unifying approach of what it means to practice as a naturopathic physician. Most NDs I know cannot compete financially in this day and age, so need to turn to different health organizations and certifications that have a more organized and sustainable approach to practice, and yet, have similar values as naturopathic medicine. Allowing credits from these organizations will allow NDs to have more job opportunities.
Yes	Strongly Agree	Continuing to limit category 1 to the 3 organizations currently accepted is a needless burden that limits rather than enhances public safety by requiring licensees to obtain credits from a narrow list of sources. For many, this means registering for, paying for, and attending one of these approved conferences is needless and done solely to fulfill a requirement that our board feels somehow ensures philosophical preservation. This is ridiculous. Broadening the accepted organizations whose offerings count for category one is completely in line with supporting competency and safety.
Yes	Strongly Agree	I am a naturopathic pediatrician practicing in a community health center. The WANP, AANP, and NANCEAC rarely have *any* CE that is relevant to my practice.
Yes	Strongly Agree	The current options are limited in their offerings and materials to stay competitive in the industry.
Yes	Strongly Agree	Many naturopaths specialize in issues for which the WANP, AANP, and NANCEAC do not offer CE, or if they do, it is very limited.
Yes	Strongly Agree	I do primary care pediatrics and do not find that the WANP, AANP, NANCEAC provide enough pediatric focused CE that benefits my practice and patients.
Yes	Strongly Agree	As purveyors of public health education and primary care physicians in the state of WA I believe adding these CE providers is vital to our education and our ability to educate our patients

Yes	Strongly Agree	This isn't clear, but I think it's asking if there should be an expansion on available sources for CE? For that I'd agree, but if it's saying that there should be an additional requirement from these other organizations, then that's hard to know how to respond to.
Yes	Strongly Agree	<p>I practice evidence-based medicine following national gold standards in the area of women's health and gynecology. I hold licenses in Oregon and Washington and have frequently considered giving up my Washington license due to the undue burden that these restrictive CME rules cause. In Oregon, I have never completed ND-specific CME. It is not required and not relevant to my practice. Prior to holding a WA license I completed only ACCME approved CME that was relevant to my practice. Now, I have to additionally complete time consuming and expensive CME provided by specific proprietary ND organizations on topics that I will never use in practice. It's a waste of time and money and it is likely that I will leave practicing in WA as a result if this does not change.</p> <p>In addition, it feels like a conflict of interest to have WANP, AANP, and NANCEAC, named exclusively as the only CME-providing institutions that are acceptable for meeting WA CME requirements. A medical licensing board should not be supporting specific professional organizations in this way.</p> <p>In order to support professional competency and protect public health, all NDs should be completing the CME that keeps us up to date in our field. Given the wide variety of areas of ND practice, this is not going to be the same for every ND. We need the flexibility to chose accredited CME from the wide range of CME that is available to all physicians nationally.</p>
Yes	Agree	I believe many people are opposed to this because they think they can only receive CEUs from the organizations (e.g., AANP and NANCEAC) themselves rather than the program, course, etc. they reviewed for accreditation.
Yes	Agree	Limit the amount to 5 - 10 hours out of 30 per year And I thought the requirement is 30 hrs per year
Yes	Agree	Why aren't other state associations being considered? What about including other naturopathic associations that offer board certification as well?
Yes	Agree	The required continuing education is NOT 20 hours but 30 hours per year or 60 hours per 2 year period.
Yes	Agree	I feel strongly that naturopathic physicians should have continuing education that is specific to the field of naturopathic medicine. I'd be hesitant to allow ALL CE to be from these additional organizations but they are excellent resources for learning and I do think they should be included.
Yes	Agree	<p>Continuing education should be accepted from any appropriate level of an accredited source. The goal is to continue learning and updating knowledge and improving safety of practice.</p> <p>Further, expanding to other ND organizations from other states would also help support ongoing naturopathic education while not limiting sources of CE's.</p>
Yes	Agree	Why just these three? Nurses credentialing is different than doctors. There are other good options for physicians who focus on natural and intergrative medicine.

Yes	Agree	We are required to get pharmacy credits and at times it is difficult to get all from AANP conference and having to go to 2 conferences is really expensive. Would like all credits required to be available from AANP, WANP or other Naturopathic organizations but that hasn't always been the case so we need to be able to get the credits where we can get them.
Yes	Agree	Would appreciate more flexibility in Category 1.
Yes	Neutral	That is a vague and poorly written question, misleading and biased. I think it is important to our profession to be required to do SOME ND focused CEs. We have a different scope of practice than RNs or MD/DOs and there should be a distinction in CEs as well.
Yes	Neutral	What am I missing? Why is the expansion a question in the first place?
Yes	Disagree	For those who hold a Naturopathic License should be required to complete a specific number of hours in CE focused on maintaining their license and call yourself an ND. If you don't want to be an ND, switch professions, I highly suggest becoming a PA or ANP and drop the ND
Yes	Disagree	There needs to be some ND specific CEU credit requirements for NDs. If practitioners don't like that requirement, they should not have become an ND and should go back to school to become a NP, PA, MD, etc. This requirement ensures that we are preserving our type of medicine and how to practice it.
Yes	Strongly disagree	We are naturopathic physicians and our continuing education should come from Naturopathic organizations that gear continuing education for our scope of practice and modalities that we use.
Yes	Strongly disagree	I only support CME that is accredited by naturopathic organizations and institutions
Yes	Strongly disagree	I think we need to expand the list to include AANP's constituent organizations and any naturopathic licensing organization in the US and Canada. It doesn't make sense to add ACCME, ANCC and ACPE to this category as they are already included in the gen med category.
Yes	Strongly disagree	No other profession leverages a public board to support the well being of a private professional organization. It is indefensible. Additionally forcing people who hold licenses in a state to take continuing education that does not support their mode of practice or full scope of practice is equally indefensible.
Yes	Strongly disagree	This question is phrased in such a way that it doesn't explain the fact that those 20 hours are set aside to continue specifically in Naturopathic medicine since we practice naturopathic medicine.
Yes	Strongly disagree	Those belong in a second category as already exists.



Yes	Strongly disagree	<p>The WANP is a NON-PROFIT association that serves ND's in WA State. Their mission is to support ND's through increasing public awareness of the profession, support access to care, and help maintain quality of care through CE programs. They carry out this mission by: legislative representation, CE programs, developing member benefits that emphasize cost savings, clinical tools and business and financial resources. They also provide referrals to members, provide public outreach to educate the public, assure access to ND care, and collaborate with businesses, healthcare and educational institutions to further the health and well being of WA residents. The AANP has a similar mission. I am happy to support this mission with my membership and CE fees. I am a member of these organizations but do not serve in any leadership role.</p> <p>I am in favor of the requirement to maintain some naturopathic content in our CE consistent with that of other medical specialities. My patients seek me out as a licensed ND because they wish to receive treatment from a practitioner who subscribes to the therapeutic order that is our signature principle of practice. Removing this requirement will make it impossible to distinguish us from other practitioners who lay claim to "holism" but do not follow our therapeutic order. One example would be many "functional medicine" practitioners who are capitalizing on the popularity of "natural remedies" but who are not properly trained to fully utilize the repertoire that a school of naturopathy has instilled in licensed ND's. Losing this definition will also make it much harder to work with legislators for any kind of scope expansion. Our therapeutic order allows us to argue for our superiority over other licensed entities in many scope issues (formulary expansion, non-surgical cosmetic procedures and many others). The future of naturopathy lies in our ability to expand our scope appropriately. Losing our definition will make this impossible.</p>
Yes	Strongly disagree	<p>I think we should increase the naturopathic sources of CME such as CME approved by other state naturopathic associations (ie OANP) and CME provided by naturopathic schools (ie Bastyr). Also, clearly naturopathic advocacy groups or quality botanical organizations such as naturopathicCE.org, the American Botanical Council, or companies such as Gaia herbs that offer CE presented by licensed naturopathic doctors. I have no affiliation with any of these organizations or the school listed. ACCME, ANCC, and ACPE credits should remain as category 2 medical education, not naturopathic.</p>
Yes	Strongly disagree	<p>Expanding the Naturopathic category into ACCME eliminates a naturopathic category and our medicine will erode over time as we continue to increase our scope. We should not be accepting any credits from nursing or that are not doctorate level. The osteopathic physicians lost their autonomy and are now governed by the AMA. That would be a tragic thing to happen to Naturopathic medicine because we did not preserve our medicine. Allowing ACCME in the Naturopathic category is diluting our medicine. The Board of Naturopathy has worked very hard to develop the rules as they currently stand. They did this work with the intention of benefiting all and sustaining our profession for the future. I do not support adding ACCME or Nursing or Pharmacy credits to Category 1. I do, however, support expanding Category 1 to include more naturopathic organizations such as EndoANP, GastroANP, PedANP, NAPCP and such, however, I strongly feel category 1 should stay only Naturopathic. It is only 20 of the 60 credits, this should not be a hardship for anyone.</p>

Yes	Strongly disagree	<p>First, the "group of organizations" currently included in the statute also includes "Naturopathic medicine academic institutions and scholarly organizations approved by the board according to WAC 246-836-150" - despite the recent efforts by this subcommittee to remove the accredited naturopathic academic institutions. Second, the revised CE rule that went into effect on 1/1/2021 already allows for credits to come from ACCME, ANCC, ACPE, and many other organizations. The inclusion of these in a separate category (from which licensees can get the majority of their CE credits each reporting period) protects provider choice while also ensuring that licensed naturopathic physicians receive on-going training in the most up-to-date and current information specific to the field in which they are licensed: naturopathic medicine.</p>
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## Continuing Education Survey V2

Do you currently hold an active Naturopathic Physician License in Washington State?	Do you have any concerns regarding the current rule requiring credits to come from naturopathic organizations?	If you answered "yes" to question #4, what are your concerns?
Yes	Yes	It would be nice to get credit for AMA PRA Category 1 CE as well since that's for licensed physicians.
Yes	Yes	possible conflict of interest financially?
Yes	Yes	It sets up a monopoly situation -- I'm at the mercy of the ND organizations and have to pay what they demand. If you open this up, I have way more low-to-no-cost CEU options available to me.
Yes	Yes	Quality CE is available through the organization's you list above and should be included.
Yes	Yes	It leads to the perception of a conflict of interest and for a licensing Board it's simply not a good look.
Yes	Yes	Costs, travel, time, limitations on topics of interest.
Yes	Yes	Many are lower quality, and as a PCP I am not interested in all naturopathic modalities such as homeopathy which I consider a huge waste of money. I can invest my time and energy into organizations that I feel are valuable to my work as a PCP.
Yes	Yes	Low value training presented by some new inexperienced and new grad NDs
Yes	Yes	We need to be able to learn from different sources and apply it, as needed, to our practices if we see fit. Naturopathic medicine has changed a lot since I started in the Naturopathic program 33 years ago. I hope it will continue to evolve and grow.
Yes	Yes	I like having naturopathic approaches represented and it honors our profession. But by itself it is somewhat limited and does not help us to keep pace with general or mainstream medicine approaches.
Yes	Yes	I believe that this is a conflict of interest. I don't believe that they provide adequate curricula for robust growth of practice expertise. I do not believe that they offer adequate breadth of curricula to nourish the various subspecialties within the profession. I do not believe that they offer curricula that provide for core knowledge growth/maintenance of Naturopathic Physicians. I am concerned that some of the presenters featured in recent conferences are not experts in the topics which they are presenting. I believe that the quality of my continuing education is worse because of this rule.
Yes	Yes	We should be seen as standard health-care providers and I see no reason why ACCME credits should not count towards our CME requirements.
Yes	Yes	It seems like a monopoly and a minor conflict of interest.
Yes	Yes	I support naturopathic organizations if their offerings align with my educational needs but if they don't having another organization that does is always better than limiting approved CE's.
Yes	Yes	It limits exposure to other ideas and organizations. Also means that Nds are far less likely to go to conferences with other professionals for networking
Yes	Yes	Requiring courses from the above organizations

Yes	Yes	We need to choose what education serves our professional development best, and if that is from the AANP or WANP then so be it, but if not, we need to have that choice.
Yes	Yes	There appears to be a conflict of interest between BON and WANP in regards to their "overlap".
Yes	Yes	I would like to include CE approved by other state naturopathic associations to avoid creating a situation where doctors have limited choice in their educational options. I do think it's important that the CE events be vetted and high quality.
Yes	Yes	Too limited.
Yes	Yes	I am opposed to the 20 hour requirement that these hours must be "naturopathic." I would rather that the hours are open to any medical conference (naturopathic or allopathic). I am in general often very disappointed in the quality/quantity of ND continuing education offered. Although this is improving, it is still limited. In addition, I feel strongly that everyone should be aware of standards of care which often means attending conferences at places like UW. I find that many naturopathic conferences are based on one person's opinion (ex: one ND's approach to managing HRT) as opposed to being anchored in evidence-based medicine. Lastly, thanks for asking!
Yes	Yes	There aren't enough naturopathic organizations with enough varied topics to encompass all that NDs are interested in. If we want a seat at the "big table" with MDs/DOs, let us complete CEUs within their organizations.
Yes	Yes	By only limiting us to get these CEUs from a few select organizations makes it so they have monopoly on the content and the cost. The cost for many of the naturopathic CEUs is very high compared to even other CEUs that MDs have to take. There are so many free or low cost CEUs that MDs, nurses, ARNPs are allowed to take yet NDs only have a select options that are expensive.
Yes	Yes	There are no consensus standards. Without any, the categories separating different forms of ND content are baseless and simply reinforce the idea this is a pyramid scheme now involving our CE. To restrict us from content that has the only standards in our scope is really suspicious
Yes	Yes	not enough primary care focus
Yes	Yes	Most of the concern comes from conflict of interest and the limited trainings that have been available.
Yes	Yes	Less affordable and courses are sometimes irrelevant to current practice
Yes	Yes	Need more flexibility in acquiring CE hours
Yes	Yes	We shod have more options. Period. Otherwise it's spending money just for the 'right' CEs versus what would be beneficial to my practice.
Yes	Yes	Often these conferences do not supply me with the quality of education I need for maintaining a primary care practice
Yes	Yes	<ol style="list-style-type: none"> <li>1. Its the same recycled material that is done over and over. Or its someone took an accme course and trimmed it and is teaching it as a naturopathic cme but then the material isn't as good and they have limited knowledge</li> <li>2. Conflicts of interest, many of the CME instructors are in it for their benefit and affiliated with the supplement companies</li> <li>3. Many CME are now being taught by supplement and vendors</li> <li>4. It's not beneficial for the safety and needs of my clients</li> </ol>

Yes	Yes	The people who have been pushing these requirements stand to gain financially. That is ethically inappropriate. If naturopathic organizations are capable of making compelling CE courses then I will take them. I do not want to fund these organizations just because the DOH is requiring me to. The current situation is a conflict of interest and would never be allowed in the conventional medical system. There is no vetting process that ensures the information provided is evidence based and I have seen multiple times that CE topics are sponsored by testing and/or supplement companies. This is unacceptable.
Yes	Yes	As stated above, the topics usually covered by courses approved by Naturopathic organizations are often very specialized (and therefore not relevant) or they are mostly review of material that we have already learned. Additionally, while it is stated that the reason is to ensure professional competency and to protect public health, it seems more like a way to ensure that the Naturopathic organizations receive the money spent on 1/3 of the required CEUs per cycle. Also, the CEUs approved by these organization are often much more expensive than other CEUs available; given that many NDs struggle to be able to afford the cost of living in Washintong, requiring them to take the more expensive courses can be a hardship.
Yes	Yes	The stated goal of the BON is to ensure public safety, limiting CME to Naturopathic scope does not ensure public safety. In fact, when the board provides Cat1 accreditation for ANTI-Vacc CME and Cat 3 accreditation for UofW Infectious disease updates on Covid, than in fact the board is causing potential risk to the public. (This is only one example)
Yes	Yes	see answer above. These organizations are limiting, have conflicting interests and a history of not supporting public health and safety (for example supporting the use of homeopathics instead of routine vaccinations or supporting the use of alternative treatments for STI that are not evidence based and increase risk to the public).
Yes	Yes	I believe I answered this already so will share it here again: Yes. As a very experienced ND who works in primary care I have had little luck gaining quality CE from the currently listed CAT One groups that is actually useful for me. I find it a conflict of interest that expensive often useless labs (DUTCH testing for example) sponsors these CE and then teaches poorly researched content which the providers then use and give money directly back to these companies. This can be said for same for many supplement companies. Finally, I find issue with the very small amount of individuals who run expensive subscription groups and then dominate CE also with poor research. I will use Paul Anderson as an example. Additionally, the fact that he had a board review (sanction?) for prescribing I believe benzos/maybe pain meds yet continues to dominate CAT One CE is very problematic, unethical and disturbing to me.
Yes	Yes	We need to receive CE from outside NDs training so we can understand what is occurring outside our field, to stay up to date with conventional medicine. Ex: physical medicine CE for me comes from outside of these organizations.
Yes	Yes	Yes, there is an extreme conflict of interest and having the people who make the rules and regulations also be in charge of continuing education in monopoly like this is not ethical.
Yes	Yes	Lack of evidence-based primary care CE. While some of the CE offered is great, much of it is very specialized and not evidence-based.
Yes	Yes	Expanded exposure to data from other aligned professions in the healthcare arena is a good thing...

Yes	Yes	Has every individual that gets financial benefit from this rule divested their financial benefit? Same instructors most of the time and frequently the same material in those organizations.
Yes	Yes	It's a financial conflict of interest benefiting those organizations. We should not be forced to purchase CE from the state or National naturopathic organizations.
Yes	Yes	Requiring ND-body only education does not meet the goal of protecting public health, as we are required to stay current with emerging research and standards of care in order to do so. ND-only resources are not sufficient in order to practice evidence-based naturopathic medicine. In addition, I hold board certification from the American College of Lifestyle Medicine, whose material is ostensibly naturopathic (as is all lifestyle medicine) but under current rules I couldn't count that rigorous, high quality information.
Yes	Yes	It will be difficult to find enough credit hours from Naturopathic continuing Ed alone it would be great to have more options.
Yes	Yes	We definitely need a wider variety of CE, not just naturopathic CE. We are licensed as primary care physicians, we should be able to use CE for physicians.
Yes	Yes	We need more options for quality CE.
Yes	Yes	We need a choice. We learned tons of info in ND medical school I do not mind repeating it, reviewing, or learning up to date info; but with a choice. In different jurisdictions based on scope or ND practice type we may lean to ND only modalities to few modalities which shifts over time.
Yes	Yes	Yes, relevance to my practice, availability, COST, educational material, OPTIONS
Yes	Yes	It really limits our ability to get relevant CE
Yes	Yes	I should not be forced to pay money to these orgs just to check a box. I have a limited amount of time and money and need to support my practice with ACCME credits
Yes	Yes	Yes, it is limiting. Again, we should have some more choice available to us.
Yes	Yes	Limiting where education is attained will reduce my skill acquisition and growth as a provider
Yes	Yes	It's financially beneficial for just those organizations and limits our ability to get credits that are important for our individual practices
Yes	Yes	The rules should not limit options to specific organizations that may not provide relevant CE to practitioners in their particular practice.
Yes	Yes	I'm concerned about the fighting and antagonism going on. I'm concerned that I was unable to edit my first questionnaire & that there are those who didn't realize they had to fill out a 2nd survey. Very fishy practices.
Yes	Yes	Needs to be expanded to other medical
Yes	Yes	Not always easy to acquire them and the are limited subjects of interest and expensive
Yes	Yes	I get lots of continuing education from ND organizations that are not included if I understand correctly.
Yes	Yes	Yes. Requiring a majority of credits from naturopathic organizations actually is a detriment to our profession. Since it is a small profession naturopathic organizations cannot offer the full scope of what's needed to be up to date with standards of care and primary care continuing education.
Yes	Yes	Because we are a profession incorporating all types of areas of knowledge! The problem with conventional medicine is that it is narrow minded and it disregards anything but what it believes is true, to the detriment of all patients. We cannot do the same.

Yes	Yes	I think it really limits our options for quality CME. It also makes it so that these organizations have to try and cover everything from primary care to specialty care. This reduces the overall quality because it results in them being spread too thin. The quality is also generally lower because there is no incentive to provide higher quality when there is no competition. It also means we aren't being exposed to other professionals in the healthcare field which further isolates our profession and puts us at a disadvantage for being seen as equals in healthcare. Ideally by expanding our options the quality of CME would increase and people from our profession and those curious about what offer may start to attend our conferences as well. Especially if they can meet the standards for other organization's accreditation.
Yes	Yes	I only practice primary care and the continuing education through naturopathic organizations do not relate to how I am practicing and are not quality conferences.
Yes	Yes	The groups that make the rules are the ones that benefit financially from the rules and it also limits the diversity of CE
Yes	Yes	This is a rule that limits our knowledge expansion and is a disservice to the public.
Yes	Yes	Doesn't feel ethical. Not even MDs are limited to only 3 organizations with a high associated cost for CE. Don't micromanage, it's a form of bullying. We're all adults, physicians and capable of knowing what CEs would apply to our practice best.
Yes	Yes	From a numbers perspective there are so many more options. I. The allied healthcare provider CE market.
Yes	Yes	My concerns are stated above in #3
Yes	Yes	CE should come from all major medical avenues to best support patient care and physician learning opportunities for our field.
Yes	Yes	As a primary care naturopath with an exclusively pediatric population, I need to be able to focus on CMEs relevant to my patient population. The amount and quality of pediatric CMEs offered by the naturopathic bodies is not adequate for my practice.
Yes	Yes	I'm supposed to fit them all in this tiny space?
Yes	Yes	It's a conflict of interest for WANP to set the CE guidelines and then require CEs be taken from their accreditation
Yes	Yes	It does not include accredited conventional medical CME which is important as a primary care physician.
Yes	Yes	see answer 3. It is expensive, time-consuming, and not ethical to require to just take CE from a certain organization. I see underserved communities and Medicaid who have not been to doctors for a long time and see more advanced pathologies and WANP CE doesn't help me in these situations. I have to take additional education on top of "required CE".
Yes	Yes	Requiring us to take CE from advocacy organizations creates a financial conflict of interest.
Yes	Yes	Think it limits our scope of knowledge
Yes	Yes	Price, monopoly
Yes	Yes	My preference is to go to ND conferences, but I don't think my education should be limited to only them
Yes	Yes	Not a vast amount of topics to choose from.

Yes	Yes	As a primary care provider I should have the authority to chose the areas in which I need further education If we are full scope primary care providers then we need to be able to take primary care courses Also there are plenty of naturopathic cme options that will help retain my herbal knowledge that is not in your specific list of requirements I also get a lot of knowledge regarding herbs etc from reps Just because I am taking all my cme through UW does not make me less of an ND
Yes	Yes	See above. Perhaps allow 50% from others & 50% or more from ND organizations
Yes	Yes	It's virtually impossible to understand the new rules around continuing education. It should not be this difficult and restrictive and cost prohibitive. Most of us are having a hard enough time remaining in this profession
No	Yes	Well for example the AANP and their approval of Paul Anderson's CE and his business that provides CE. Paul Anderson has been allowed by the AANP to propagate treatments that have little to no safety or efficacy data behind them. He has also been allowed to teach CE on topics that he had enforcement actions on his ND license for. As an example, Paul Anderson's teachings (that were not properly vetted) have made our profession lose credibility and ND's that took CE from Paul Anderson believed they were being taught " real medical treatments" that were properly reviewed. The AANP, WANP have major conflicts of interest that are easily identified by looking at industry that supports CE talks on their website. This is NOT allowed by ACCME standards.
Yes	Yes	It deceases the amount of CME that actually applies to my practice. I don't have the time or money to sink into more CME either. It keeps docs limited in their advancement professionally.
Yes	Yes	We are primary care providers in this state. In the event of any negative outcome we will be held to the standard of primary care colleagues. Especially when evidence based primary care education exists so readily and locally. We are required and expected to collaborate with our conventional colleagues. It is critical that we sit at the same tables as them and those relationships are often cultivated when we have a shared language.
Yes	Yes	I have been attending the naturopathic CMEs and they are less informative and scientifically based that others i attend.
Yes	Yes	We need an expansion of ceu courses
Yes	Yes	The ND CMEs have a poor selection of topics and the quality is not great.
Yes	Yes	It is a small group of people and organizations. It is very limiting for education and is expensive. Those of us who have been in practice for over 20 years, there has been limited classes that will provide us valuable new information. And we need to have a professional standard that has conventional medicine and 'alternative' medicine and naturopathic medicine and be sharp and on top of things from all of those. The requirements as they stand now is not reflective of what we need to practice safely and fully within our scope.
Yes	Yes	Waste of time and money being forced to get credits from courses and seminars that may not apply to my practice
Yes	Yes	20 hours of CE from those specific organizations places a burden on busy physicians.
Yes	Yes	Yes, as said above it makes no sense. I want to be able to get CEUs from functional medication organizations that share my expertise, which include CEOs for MDs, DOs, and NDs.
Yes	Yes	This requirement is inherently biased, costly, and ultimately forces license holders to suffer through lesser quality courses of narrow scope.
Yes	Yes	The CE offered by these groups is not always relevant for primary care doctors.



Yes	Yes	It limits the options for CE, especially with the live options being offered at limited times throughout the year. If I can't make an event, it feels impossible to get enough CE. Cost is also a concern.
Yes	Yes	My 10+ experience of CE's from these organizations is there is mostly ND content that is not part of my primary care practice. Usually only about 1/4 of a conference will be information to help me on top of my primary care game. The rest is very niche-y.
Yes	Yes	Quality. Cost. Organizations influence over the profession.
Yes	Yes	that i will have to pay premium prices for sub par cme while not being able to better my practices thru very high quality inexpensive or free cme.
No	Yes	Excessive and selective as to approved options
Yes	Yes	I wholeheartedly disagree with requiring them from ND source. Change it to Category 1 for quality and let providers get the CME for what suits their own practice.
Yes	Yes	My compensation rate for my work is not on parody with other primary care providers in Washington state. I have to be highly selective about where I obtain my training. And aspect of this relates to the cost of the training as well as the cost of traveling for the training. Given these limitations, I am the one best suited to decide what training I need and with whom I obtain it.
Yes	Yes	The current rules requiring 20 CE's from naturopathic organizations only is too restrictive for me to find the best CE's that can make me be a better naturopathic physician because the CE's offered by naturopathic organizations are very narrow and they cannot cover all my needs as a primary care provider. I am also unsure about the quality of the CE's from naturopathic organizations. I saw the lineup of talks in 2023 for WANP and they do seem better than years past. But when this new rule was implemented in 2020, and you look at what WANP offered in 2017-2019, they really needed to improve their CE offerings a lot and it seems like WANP is trying to improve on their CE offerings but I don't think they should be given special protection for CE's by the Board of Naturopathy by forcing ND's to take their courses by making the 20 CE requirement. I think WANP/AANP/NANCEAC courses should compete in the open market of physician-level CE's as long as they are relevant to naturopathic practice.
Yes	Yes	I think the list of options is too small for ND Ed. And it's a conflict of interested to limit to these few organizations. I do a lot if CE in Naturopatuic medicine, but they don't necessarily fulfill this requirement here in WA due to not coming from these organizations directly, so I am scrambling to get the extra hours. It's not easy to get these credits online if you come up short near the time of renewal. Also, I am dual licensed in OR, and would like OANP credits to count.
Yes	Yes	Not enough content for my educational needs.
Yes	Yes	Then CE is biased just towards ND associations and limits the CE we can learn.
Yes	Yes	CEU directed to what each individual provider needs for themselves as an individual is what will make us the best practitioners.
Yes	Yes	We are licensed at primary care physicians and I want to also receive credit tailored for MDs and NPs and PAs in the community.
Yes	Yes	These organizations could offer free or low cost CE options to make it more affordable to all.
Yes	Yes	Yes, other than providing subpar education material, this is a conflict of interest
Yes	Yes	limits the access to other quality medical CME's

Yes	Yes	We do not have enough current options to fulfill our category 1 required credits. As a primary care provider who accepts medicaid state insurance, I find it essential to have options for more primary care focused continuing education that is pertinent to my practice.
Yes	Yes	What the Board is doing is forcing WA NDs to support political orgs. This is NOT the Board's job! The Board's two jobs are first to protect the public's health and safety, and second to regulate the competency/quality of NDs. Creating Cat 1 CEs doesn't guarantee either of those things, and in my case does the exact opposite. If members of the Board are concerned about NDs becoming too conventional, then they need to leave their position(s) and volunteer their time working with the various ND schools. That is where our field is being educated. Creating Cat 1 CE requirements is NOT how you move the field back to the foundations of naturopathic medicine (and Dr. Bastyr would argue that allopathic medicine IS naturopathic medicine!).
Yes	Yes	I find the course offerings are quite limited and expensive. I worry about conflict of interest as well.
Yes	Yes	The quality of the content of the CE should determine which is chosen - not a mandate to pay back into the mother-ship.
Yes	Yes	There is at the very least, an appearance of conflict of interest caused by the current restriction of access that specifically requires credits to come from organizations who are profiting from those restrictions, which result in our being funnelled to them among a very narrow and limiting list of sources of continuing education! This is completely unnecessary and easily remedied by broadening the list to include other professional medical sources for allowable continuing education.
Yes	Yes	I prefer to keep up with standards of care through CEs and explore naturopathic modalities on my own. Also, naturopathic CEs are significantly more expensive.
Yes	Yes	Individual physicians should be able to select the CE that best serves their patients safely and effectively. In my experience the CE offered by these organizations have not applied to my specific practice needs. It is also concerning for diversity, inclusivity and raises financial concerns to require CE from naturopathic organizations.
Yes	Yes	It is too limited when there are an array of options accepted by other state naturopathic boards. There seems to be an underlying conflict of interest with such strict limitations to meet category 1 requirements.
Yes	Yes	I think a small percentage is appropriate (20%) because our medicine is different, but not the majority.
Yes	Yes	After going to the AANP conference for the first time last summer, I was concerned that most presentations were sponsored by supplement companies or labs. I'm concerned this may exert bias into the presentations.
Yes	Yes	I practice primary care and much of my practice is pediatric. I currently do not have access to high quality CME that are category 1 and this expansion would be helpful.
Yes	Yes	Because we can learn from many places information that is valid and informative and also complies with the goal set for why we have CE in the first place.
No	Yes	Options are far too limited and this should not be forced
Yes	Yes	My main concerns are as stated above. If the goal is to protect public health and assure professional competency, why are we limiting access to high quality, nationally accredited CE geared towards public health and primary care professionals? In addition, for my practice, the naturopathic organization content does not cover the breadth of what I see in practice. The implication of CE being category 1 implies a certain prioritization, and as such, category 1 should include the most pertinent CE that effects/teaches the widest range of naturopathic physicians.
Yes	Yes	It is not safe for us hormone specialists to not have access to or get credit for essential updates in HRT treatments.
Yes	Yes	None of these organizations offer relevant quality CE. I get most of my CE from Seattle Childrens and AAP.
Yes	Yes	It's a conflict of interest and does not show the versatility of our medicine

Yes	Yes	I feel any medical CEs should be usable
Yes	Yes	I don't always have time or money for 20 extra credits if I am choosing to educate myself in a way that doesn't include more natural CE
No	Yes	There is not as many options available if limited to "naturopathic" sources of CE.
Yes	Yes	Potential to restrict offerings to limited/biased topics of interest.
Yes	Yes	I think it is unethical to require only ND credits and it eliminates the credits that are standard of care across most health care professions. I also think that if we don't allow ANCC, Ama, & ACPE as part of the 20 then we are greatly minimizing the ability of MDs & ARNPs to respect our profession. Lastly, ND only credits greatly reduce our access to high level researched-based credits which is a huge disservice to our profession
Yes	Yes	There are limited CE options (see above)
Yes	Yes	The naturopathic field is small. There simply aren't enough CE options for people who have specific areas of focus for their practice. I'd imagine people in practice for a long time would also want to be able to focus their resources into CE where they have the most knowledge gaps, and that may not be through naturopathic CE.
Yes	Yes	COI but ultimately, I also want to support our ND orgs
Yes	Yes	1) restriction to a narrow scope of only naturopathic organizations as providers creates a legislated monopoly in which the above groups benefit monetarily. 2) restriction to a narrow scope of only naturopathic organizations as providers creates a reduction in the safety of practicing with an ND license - the loss of CME that supports standards of care in primary care medicine. 3) the naturopathic organizations have not been able to provide adequate CME to cover the entirety of the scope of NDs licensing. Rely on only those organizations limits the effectiveness of NDs licenses.
Yes	Yes	Given, among my other answers on this form as reasons, that there is not a set curriculum of things those organizations wish for the whole profession to know and maintain current knowledge on, there shouldn't be a reason to require credits to come from a specific accredited source if the credits being provided by those sources are limited in nature, costly, and may not be relevant to a physician's practice. We cannot spend money on irrelevant CE just because it is required or is the only thing (or short list of things) offered from that organization that year.
Yes	Yes	The current offerings do not meet my own practice needs and the needs for me to maintain my own practice safety while also staying current.
Yes	Yes	The limited CE that 'counts' toward the requirements. And the conflict of interest of so severely limiting the CE to a few chosen institutions, thus funneling all business to them. Would rather they be incentivized to offer high quality, relevant CE in a competitive market than have thousands of NDs required to slog through whatever they decide to offer then year independent of quality / relevance to their practice. Not to mention the complexity of the different categories seems unnecessary.
Yes	Yes	These current options are limited in their offerings and scope to stay competitive in the healthcare industry.
Yes	Yes	As above, if an ND specializes in chronic pain for example, they may find limited training among the ND orgs. To require them to take a majority of their CEUs on subjects that they do not practice places an extra financial burden on them.
Yes	Yes	I don't JUST practice naturopathic medicine - I practice primary care medicine, so I find that CE that comes from other agencies is useful, like Seattle Children's, UW, etc...

Yes	Yes	Is there an outside organization vetting information provided and ethical guidelines for monetary gains in CEs. This is a large portion of credits required and it feels like it could create a kickback and friends getting paid to provide CE to the profession.
Yes	Yes	That limits the other areas of medicine that are considered standard of care. I feel it's important to understand allopathic standard of care for pt counseling and informed decision making.
Yes	Yes	This is absolutely asinine and counter to the progress of the ND profession. I was taught in school that we are trained in the conventional standards of care for workup and diagnosis; while we have a different formulary for treatments, it is consistently the attitude of conventional providers that I have interacted with that we should not be siloed in order to be taken more seriously. Nor do I want to solely invest in credits from ND organizations alone, as this does not in my experience or mind keep me as in-the-know about what the current standards are. This is also a conflict of interest, keeping NDs beholden to naturopathic organizations, limiting what we can access in CE - both in terms of the cost, the expansiveness of information, and the intersection between our profession and the rest of the medical system. Naturopathic organizations are also, unfortunately, not all acting in the best interest of all of our goals or styles of practice. I additionally practice as a trans-/gender-affirming care provider; there is already a limited amount of credits that focus in this area, and limiting to naturopathic organizations restricts access further.

No	Yes	<p>1. Presenters at naturopathic organizations CE that I attended rarely shared actionable protocols with doses, steps, or even how to determine *how* to apply the knowledge to a particular case. It was not unusual for attendees to be told to read the literature for themselves to work up their own protocol. Or told about a paid series of classes the speaker was offering. 2. Therapies, diagnoses and etc. in naturopathic CE too often do not have substantial scientific support, or cite research that does not support the conclusion drawn. Too many case studies, and too many therapies based on one individual's speculations. Naturopathic research is barely existent. 3. Two of the naturopathic orgs listed are state and national political advocacy bodies. As such there is an organizational conflict of interest in a rule listing them as the main sources of CE for NDs. The state org publicly noted that it needs the CE revenue to allow it to advocate for the profession. This is a conflict of interest. 4. None of the organizations listed require scientific plausibility or solid scientific evidence for the therapies provided. Two of them have presented CE that contradicted state public health policies. 5. Only one org listed has a strong COI policy; the state and national ND organizations freely present CE that is sponsored by vendors/industry. This again is COI. 6. The state ND org does not list its criteria for evaluating CE, nor do the schools (which present very little CE; typically they host events accredited by other orgs). 6. The statements by the board that NDs must take naturopathic CE to keep the profession distinct, or because they are supposed to learn naturopathic philosophy because they are NDs, completely sidesteps the question of patient safety and competence. The rules are not there to benefit the profession. The rules are there to benefit the public. 7. NDs have widely varied practices. Whether an ND practices homeopathy or leans to conventional medicine, they want to get their CE from groups and organizations that focus on the therapies an ND uses in their practice. The orgs named are typically generalist groups and do not have the capacity to offer in-depth CE in any one area. I hear colleagues routinely noting that they are forced to take CE that has no relevance to their practice just to get in their 10 hours a year of naturopathic CE. 8. As noted, most naturopathic organizations charge more for CE than do comparable conventional organizations. Many NDs note they struggle to afford the CE from naturopathic orgs. I never attended the AANP convention because I could not afford it. 9. The Washington naturopathic CE rules are an outlier for states that license NDs. Other states that license naturopathic doctors, if they include the AANP or their state ND org for CE, include it among a good dozen or more CE sources - including conventional ones. Licensees are free to choose where to take their CE from that list. Other states do not force their licensees to take a portion of CE from just the AANP, state ND org, and NANCEAC (the schools are not a player in this area). 10. The WA CE rules for NDs are an outlier for WA health professions, including other alternative healthcare professions. None mandate taking CE that supports their professional philosophy. State and national professional organizations are not listed, with one exception, and in that case the state org is</p>
Yes	Yes	<p>A lot of good information comes from other sources: professional journals (outside of naturopathic organizations), webinars put on by other credible professionals, as well as seminars not put on by naturopathic organizations. Being able to access and get credit for a wide variety of educational opportunities seems to me to make us all better practitioners.</p>

Yes	Yes	<p>I practice evidence-based medicine following national gold standards in the area of women's health and gynecology. I hold licenses in Oregon and Washington and have frequently considered giving up my Washington license due to the undue burden that these restrictive CME rules cause. In Oregon, I have never completed ND-specific CME. It is not required and not relevant to my practice. Prior to holding a WA license I completed only ACCME approved CME that was relevant to my practice. Now, I have to additionally complete time consuming and expensive CME provided by specific proprietary ND organizations on topics that I will never use in practice. It's a waste of time and money and it is likely that I will leave practicing in WA as a result if this does not change.</p> <p>In addition, it feels like a conflict of interest to have WANP, AANP, and NANCEAC, named exclusively as the only CME-providing institutions that are acceptable for meeting WA CME requirements. A medical licensing board should not be supporting specific professional organizations in this way.</p> <p>In order to support professional competency and protect public health, all NDs should be completing the CME that keeps us up to date in our field. Given the wide variety of areas of ND practice, this is not going to be the same for every ND. We need the flexibility to chose accredited CME from the wide range of CME that is available to all physicians nationally.</p>
Yes	Yes	Access, Time, Cost, Competency, Variety. I have been seeing patients for 25 years. I could teach what I do and do not know of anyone that could teach me in my area's of expertise. I stay in my lane and refer often. There is far more information for me outside of the WANP/AANP.
Yes	No	See answer 3. The ND degree is integrative. Ok to have some - not all, not majority - credits from other professions. The ND organizations also use speakers from other professions so there is ample opportunity
Yes	No	Your a Naturopathic physician and should be required to take Naturopathic CE's to maintain your licence.
Yes	No	I am concerned that this questionnaire is biased and completely leading people's responses.
Yes	No	I'm concerned that some on the board seem to have a personal agenda to publicly discredit those naturopathic organizations that work tirelessly to represent every practicing naturopathic physician.
Yes	No	The CE from naturopathic orgs are usually really good, but occasionally too light in evidenced based knowledge and PHARM - a requirement!
Yes	No	I am genuinely curious why such a biased question is allowed to be included in this survey. This question could have been framed as: "Do you believe licensed naturopathic physicians should be required to pursue on-going training in the field of naturopathic medicine in which they are licensed?" Or perhaps the question should have been: "Do you have any concerns about the expansion of naturopathic CE to include conventional sources of information (despite that the conventional practice of medicine is a leading cause of death in this country)?" Or perhaps both questions should have been asked to reduce the obvious bias present here.
Yes	Neutral	I think it's ok to include credits from naturopathic organizations, but conflicts of interest and funding need to be transparent.

**Continuing Education Survey V2**

Do you currently hold an active Naturopathic Physician License in Washington State?	Has the requirement for 20 hours of CE to come from naturopathic organizations created any barriers or burdens to your practice?	If you answered yes to question #6, what was the burden? Please select all that apply.	Do you have any comments you would like to share in response to question #6 that were not addressed by the survey?
Yes	Yes	Financial;Time ;	Because my interest is in mental health care and psychopharmacology, I've had to take a significant increase in training hours than otherwise. As an example, I subscribe to UpToDate in order to have optimal drug drug interactions and other information at my fingertips. They monitor and track my movements and meet AMA Category 1 CME over the course of a year. Now my Board states that's not acceptable training hours?
Yes	Yes	Financial;Time ;I was not able to find something directly related to my specialty ;	
Yes	Yes	Financial;Time ;Not many ceus are offered in this way making it hard to obtain.;	
Yes	Yes	Time ;Travel. I have a hard time learning everything online so I need to go to conferences.;	No
Yes	Yes		My field is trauma healing and educating about healing potential of psychedelic medicines. Naturopathic CE in these fields is extremely limited .

Yes	Yes	Financial;Time ;it reduces my opportunity to access continuing education that is of higher quality and better suited to my patient demographics.;	I think that it would be cost prohibitive for these organizations to provide adequate continuing education that accomplishes what the relevant doctors need for this function. In my opinion, this rule was a substantial overstep and appeared as a mechanism to concentrate power. This concentration of power included both financial interest as well as the interest of influence. Both of which are detrimental to the health and growth and maintenance of the profession.
Yes	Yes	Financial;Time ;	
Yes	Yes	It's harder to find good ND CE so I am often traveling to attend conferences that seem worth time which adds up to additional expenses. ;Financial;Time ;	No
Yes	Yes	CE for specialized needs. I.e Physical Medicine, regenerative medicine, biofeedback. ;	
Yes	Yes	Financial;Time ;Credit for CME on topics that help my career ;	



No	Yes	I left practice before the rule went into effect, but it was a factor in my deciding to not keep my license active. I could have dealt with 60 hours CE in two years if I could have gotten it from conventional sources, because they were often free. With no income from practice I could not justify the license cost.;	The requirement to take 10 hours of CE from naturopathic orgs, at the time it was put into place and as originally written, privileged CE recorded at live-attended events (e.g. conventions). This has been obviously changed by the pandemic, but no other profession has that requirement. This was a problem not only because of the money involved, but also because many NDs can not get away for the conventions. In my case I had had to close my practice and did not have the income to support taking the CE. I chose to drop my license. There was also the burden of being forced to choose from a narrow variety of CE, many focused on frankly non-scientific therapies. Respectfully, I believe that the vision of naturopathy that the national and state organizations have is much narrower and more constrained than naturopathic medicine as it is actually practiced by NDs in Washington state and their CE does not support primary care practice overall. I understand they are working on improving the material, but Washington should give NDs a much larger choice of where to get their CE, including naturopathic CE.
Yes	Yes	Financial;Options available for credits;	
Yes	Yes	Financial;Time ;	I live outside of WA state and the CE requirements of WA state are encouraging me to drop my WA license. 30 per year?! So ridiculous! Do MDs have the same requirement despite having a formulary that is many-fold larger than that of an ND! Why is WA state having the highest CE requirement for any naturopathic license?
Yes	Yes	Financial;Time ;Does not allow for my specialization;	
Yes	Yes	Financial;Time ;On topics that may not be relevant to my practice or speciality;	
Yes	Yes	Financial;Time ;Complete irritation;	
Yes	Yes	Financial;Time ;Burnout ;	When being forced to be limited in where and how I get CME it has increased my burnout of being in the field

Yes	Yes	Financial;Time ;	I don't have time to take all the classes I need to stay abreast of my subjects AND take a bunch of light therapy a homeopathy classes just because they qualify for my license. And requiring us to pay for conferences that require travel and lodging (or at least time away from the practice) does not work for every practitioner. I can take some CE classes on weekends or evenings, or previously recorded CEs that I can fit into my schedule. There are not enough of these available that fit the requirements currently.
Yes	Yes	Financial;Time ;wasting time on CEUs that have nothing to do with my practice;	

Yes	Yes	<p>Financial;Time ;In the past, I really looked forward to the courses that I took for my CEUs. Since the change in the rules I have found myself wasting the time and money I have available for CEUs to take courses that are not relevant to me just because I need to meet the requirements. Additionally, the specific language about the requirements in confusing and has led to a lot of stress and frustration (not to mention the bait and switch guidance from the DOH/BON) figuring out what meets which criteria. ;</p>
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Yes	Yes	Financial;Time ;stress;	<p>If you take CME that you need to maintain your practice, because you specialize and want to keep the public safe and provide expert opinions, than this CME may only be listed as Cat3, on the other hand, CME that you are not interested in or do not need updates in, may be Cat 1, thus you have to spend additional \$\$ for CME and take additional time off of work.</p> <p>Given that the board is charged with keeping the public safe, they need to answer "How would expanding the list of Cat1 to include all AMA covered CME cause a danger to the public?"</p> <p>Having to attend BON meetings and continue to fight for what is safe for the public has been a time burden that no one needed.</p> <p>Naturopathic medicine has always had providers who approached care differently, but no one bothered each other. Now, with the board trying to mandate that we practice in a way that they see natural medicine, this has created anger/frustration and division in the naturopathic community.</p>
Yes	Yes	both. and sometimes just available options;	no
Yes	Yes	Financial;	Most naturopathic CE training I have found it to be quite expensive and often not relevant to my practice.
Yes	Yes	finding a variety of courses;	no
Yes	Yes	Financial;Time ;ND in primary care are exhausted, overworked and stretched thin. Asking us to find time to do CME that is irrelevant to us is unacceptable and is causing NDs to leave the profession.	Multiple NDs have left the profession because of problems related to CME regulations. It sets a poor example as a poor standard for the profession. I believe that Naturopathic CME should be available but requiring creates significant problems in the education of our physicians and does not promote public safety or professional competency.
Yes	Yes	Financial;	The CAT One credits we are allowed to buy are some of the most expensive credits I have ever seen. Additionally the usefulness for an experienced ND who really does not need to hear more about methylation or who does not do esoteric chronic disease or out of the box testings such as OAT testing makes these expensive CE basically useless so they I still have to pay out of pocket for quality CE such as offered by the UW Medical Center so it costs me double to be able to practice excellent primary care medicine.

Yes	Yes	I still need to give training to organizations outside of ND organizations and this takes away from patient care. ;	
Yes	Yes	Financial;Time ;Limited my access to the full scope of resources that best fit a primary care practice;	Why was the first survey invalidated? It seems like you were going to miss a lot of input from previous people w filled out that one and did not get notice to fill this out again.
Yes	Yes	Financial;Time ;	I am considering not renewing my WA license due to the requirement.
Yes	Yes	Financial;Time ;Health issues, family needs and emergencies...;	It is costly and often often boringly redundant, for a practitioner who has practiced as long as I have (over 40 years)
Yes	Yes	Financial;Time ;Availabili ty of relevant topics ;	
Yes	Yes	Financial;	
Yes	Yes	Financial;Time ;Mental strain due to uncertainty;	In the past, I was able to meet requirements for CE in both my licensed states of CA and WA using the same sources, but now my education in one state (offering the same services) is not accepted in the other, and I'm asked to replace high quality information with education not relevant to my practice. This comes at added expense and more time away from my family to complete unnecessary credits.
Yes	Yes	Financial;Time ;	Can you get my comment from survey #1? I put a lot of thought into it and know that I am forgetting something
Yes	Yes	Financial;Time ;Knowled ge breadth and options limited ;	
Yes	Yes	Financial;Time ;Naturop athic CEs do not pertain to the way I practice do it's a waste of time and money;	

Yes	Yes	Financial;Time ;Emotional, logistics;	
Yes	Yes	Financial;	If we keep it mandatory, there should be some sliding scale options for people that hold marginalized identities and don't have the financial resources to pay 1,000 dollars for a weekend course.
Yes	Yes	Financial;Time ;Interest in topics and flexibility with options;	
Yes	Yes	Financial;Time ;	From what I can glean, there are people involved with putting out this survey that have their own special interests and motivations. I'm not into it.
Yes	Yes	Time ;I already take a lot of continuing ED with other ND groups. It is challenging for me to then fit in an additional 20 credits ;	I think this is fine to require I just think it should be broader
Yes	Yes	Financial;Time ;	As a primary care physician with a majority of pediatric patients, it's not possible to obtain enough pediatric focused CE through naturopathic organizations. So I'm left to spend time and money on CEs that are not applicable to my practice.  Additionally across the board naturopathic CE are significantly more expensive than most other CEs. Also as a mother to young children I'm limited in my ability to attend in person CEs and therefore i struggle to easily accomplish the ND only requirements.
Yes	Yes	Financial;Time ;I am disabled and have had to reduce my hours - your CE requirements are extremely challenging and in fact discriminatory to folks like me!;	I have so much to share that I cannot do it here. Whoever thought up these requirements was not really thinking about naturopaths and what we do and how we do it. It is founded in a belief about NDs that is not true.....prohibitively expensive, narrow minded and discriminatory. You are pushing good people out of the profession.

Yes	Yes	Time ;Financial;Value of time spent;	When I'm forced to get those 20 credits from only 3 sources it means I also have to get a lot of additional CME to cover my bases for staying up to date on standards of care, updates in pharmaceutical care (which is not something our profession does well), and often more specific specialty care as well for things that aren't homeopathy or herbs I usually need to go elsewhere.
Yes	Yes	Time ;Not relevant to how I practice ;	
Yes	Yes	Doing less CE I'm interested in and new and doing a lot of CE about things I already know about	
Yes	Yes	Financial;Time ;Stress ;	Our profession needs support and needs our supporters to help make our lives sustainable.
Yes	Yes	Financial;Time ;	Again those organizations do not provide CE that area applicable to my practice side for 1-2hrs. It's a waste of m time and money when I still have to go w elsewhere to seek applicable CE.
Yes	Yes	Financial;Time ;Lack of my interests represented. Quality of presenters.;	
Yes	Yes	I do other CE anyway (extra time req'd) ;	The lack of regular medical education shuts us out of the general medical field. Making us even more of a target of judgement

Yes	Yes	Financial;Time ;it is 60 hours of CE every 2 years but it was highly confusing the way it was stated and put into place during Covid and confusing to figure out when your CE is due. The naturopathic CE are all \$450 for 10-13 credits even if it is an entire weekend. It is unreasonable. ;	This profession has been a burden. The high cost of the education without any jobs at the end of it and how challenging it is to run a small business makes this a profession where most people who are practicing ND's give more than they really receive. Then adding in more challenges with CE's and cost makes it worse than it already is.
Yes	Yes	Relevant content ;	
Yes	Yes	Financial;Time ;I like to pursue ACCME CE. ;	
Yes	Yes	Time ;	CE credits that come from ND organizations are notoriously uneven and narrow. It doesn't ensure quality education - it simply reinforces tribalism and dogma.
Yes	Yes	I am a primary care physician and these organizations do not cover the majority of my CME needs;	
Yes	Yes	Financial;Time ;stressful;	I would love to see this change asap
Yes	Yes	Financial;Time ;	
Yes	Yes	Sometimes it just doesn't fit on that years schedule. ;	My concern has nothing to do with where I get CE from - it's the timing. Just make it simple and say 20/year like used to be — I have enough to do without having to track every other year, different categories, etc
Yes	Yes	Financial;Time ;	The conferences are way too expensive.



Yes	Yes	Financial;Time ;I find ND specific courses not nearly as good Not backed by current research	In one breath we are being asked to be primary care providers but in the same breath being told to take cme that is not full scope
Yes	Yes	Knowledge!;	
Yes	Yes	Time ;Injection therapies ;	
No	Yes	Financial;Time ;	I cannot believe that I have to take this survey again. This is highly unusual and you will most likely get decreased responses by having a second survey.
Yes	Yes	Financial;Time ;	I'd like to add that having us spend time and money on CME that doesn't help us stay current in practice allows more possible Miley of harm.  Ask yourselves - what's the harm of including the other organizations?
Yes	Yes	Financial;Time ;	It is inequitable to force providers in a profession to spend money on education that does not support their practice and would not be defensible in the event of a negative outcome
Yes	Yes	Financial;Time ;Less opportunity to learn what western doctors are learning. Hard to find courses that are approved and with my interest. ;	
Yes	Yes	Time ;Financial;	I have to waste money/ time on CMEs that I will never use in practice.
Yes	Yes	Financial;Time ;Wasting time and money on things that I get no new information from. ;	No
Yes	Yes	Time ;Stress;	

Yes	Yes	Financial;Time ;I honestly don't think the ND conferences are as educationally valuable, in my experience. I enjoy getting CEUs that are more inclusive to all Providers. ;	If we truly want our profession to continue to grow and move forward, the only way that happens is to open up the opportunity to learn from other organizations, and allow these to be considered acceptable for CEUs.
Yes	Yes	Financial;Time ;	Conflict of interest for aanp,wanp to be required when they will profit from this requirement
Yes	Yes	Time ;Financial;	The time and money spent because it has to be by these organizations and as stated previously only 1/4 of it relevant to me is absurd. I'm already not making anything near what I was promised by Bastyr but this is just ins to injury. And, to be a well rounded practitioner we need to have access to all CE for primary care providers. I dc not practice solely using my ND brain. It doesn't work for every patient.
Yes	Yes	Financial;	Limitation of CE approved content that does not reflect my practice specialties and focus.
Yes	Yes	Financial;Time ;it compromises the ability to actually stay up to date with best practices by burning up finite financial and time resources. ;	ND CME should be more regulated, it's an anything goes program.
No	Yes	Financial;Time ;Knowled ge vacuum;	
Yes	Yes	Time ;Distrust of the board and will drop my license this year;	
Yes	Yes	Time ;Financial;Often lack of relevance to my specific training needs.;	Every credit hour I take is expensive both for my time and for my budget. It is important that I have full control over these choices.

Yes	Yes	Financial;Time ;it's not exactly a burden, but I felt sad whenever I would hear representatives from WANP in the board meetings make comments that i think are inaccurate, exaggerated or act like "victims." i kinda lost respect for that organization;	I hope the board can finally make a decision on these rules. it's been almost 3 years since this whole process started. thanks.
Yes	Yes	Limits CE available that applies to my practice;	
Yes	Yes	Financial;Time ;	<p>The WANP conference this year was \$800 for non-members. It was \$650 for members, but membership is \$432. Despite this cost, I had to attend to ensure I'd meet the 20 Cat 1 CE category. The total CE amount was ~30 and only about 40% of presentations pertained to my practice (I counted).</p> <p>The National Conference for Nurse Practitioners' annual conference this year offered 55 CEs for only \$399. Looking at the schedule, about 80% of the presentations pertain to my practice. I would have much rather attended this than spend a long weekend attending presentations for the sole purpose of gaining Cat 1 CEs.</p>
Yes	Yes	Financial;Time ;It required me to run around and get additional credits that I wouldn't have chosen if it were not mandated.;	Super frustrated by all this silliness on top of the WANP and DOH ND board not even realizing we weren't on the Emergency Order last fall. You guys need to be more on top of your game.

Yes	Yes	Financial;Unable to use credits earned from other sources who offer continuing education that is valuable to me as an ND.;	ACCME, ANCC,
Yes	Yes	Financial;Time ;	The ND required CME is very expensive and so are the memberships. The topics hardly cover any aspects of primary care.
No	Yes	Financial;Time ;It limited my ability to pay to learn other things that would have helped me more in practice;	
Yes	Yes	Financial;Time ;Naturopathic CE tends to be more expensive, searching for CE that is most relevant to my practice takes time, and generally the scope of my practice is not encompassed by naturopathic CE offerings;	See above
Yes	Yes	Financial;Time ;	It is unethical to limit our learning as physicians. We do primary care, we have many diagnoses, testing and treatments that are essential to stay updated in all primary care learning!
Yes	Yes	Financial;Time ;	If I am not interested in the CE then I don't pay attention.Basically you are forcing a donation. I did do the WAN this year and it was actually decent. People will choose it if they continue making an effort
Yes	Yes	Time ;Financial;	I have had to spend more time and money on courses that meet requirements instead if those relevant to my practice.

Yes	Yes	Financial;Time ;	When most CE was online for the Pandemic it was great, as we flex back to in-person the time and cost to attend conferences is high. And why wasn't ND included in the healthcare providers for the Covid Emergency Proclamation!!! this was incredibly confusing and made CE that much worse. I feel like the BON can't get it together and give clear info to the licensees. Making the CE categories and tracking really concerning for me.
Yes	Yes	Financial;Time ;Not relevant to my daily primary care / urgent care practice.;	ND organizations get to define an 'ND' without representation from the public including NDs with licenses. The definition is already a WAC and changes to this have a system in place for the public to weigh in on.
Yes	Yes	I'm interested in additional tools and modalities.;	
Yes	Yes	Financial;Time ;Lack of choice to apply both finances and time to something that will further my practice.;	<p>I will reiterate that if the board wants to push a certain kind of education for the whole WA profession to stay up to date on (like how we renew CPR certifications), they need to say so and provide high quality courses at a reasonable cost available at any or multiple times, but STILL that skill set being pushed needs to be relevant universally for every kind of ND clinical practice. There are plenty of things I would like refreshers on the further you get from school that maybe you don't use in practice all the time or ever, so it gets rusty but you want to stay competent. Courses that holistically review a subject of material, from basics through clinical application, meant as a second look or a chance to learn the material again in a new way, would be welcome from those institutions. If nothing like that can be universally accepted, the board needs to just allow physicians to pursue the right kind of credits for their practice.</p> <p>I want to add, in that vein, that the pharmacology requirement, though necessary in my opinion, is particularly burdensome in trying to obtain relevant and cost-effective CE.</p>
Yes	Yes	Financial;Time ;	

Yes	Yes	Financial;Time ;	The burden of these 20 hours needing to come from these select organizations is significant. During these times when making a living takes much hoop jumping, the Board and the DOH have made it incredibly cumbersome to try to make sense of these new rules. Additionally, to be neglected to be included in the emergency proclamatic when marriage and family therapists were is a gross oversight of the BON, the WANP and the DOH. To then be asked to pay money for additional CE hours to come from one of these 3 organizations is insulting. If members c the BON are really concerned about philosophical preservation I would suggest they get themselves more involv in the local naturopathic university where the philosophy of this medicine has been completely dismantled in favor of a completely misguided and poorly served green allopathy hybrid that is week on most accounts. Forcin philosophy on your colleagues in practice is petty and unnecessary. If the organizations put on quality CE, it will attended. It is not the BON's job to preserve the WANP or even Bastyr.
Yes	Yes	Financial;Time ;Lack of relevancy to my practice.;	I was forced to spend my time and money attending CE that had zero relevancy to my practice.
Yes	Yes	Limited offerings to stay competitive in a growing healthcare industry.;	Limited offerings to stay competitive in this growing healthcare industry.
Yes	Yes	Financial;Lack of depth in my area of expertise ;	
Yes	Yes	Financial;Time ;availabili ty ;	
Yes	Yes	Time ;Time commitment for in-person vs virtual CE.;	
Yes	Yes	Financial;Time ;takes away from the actual education I need for my practice by requiring me to review material irrelevant to my work;	I would urge you to include ALL of the responses from the first version of this survey as well. Many people took the time to complete the first one and may not have time to fill this out a second time. Requiring us to do this twice is another example of an unnecessary burden and feels like an effort to sabotage the survey results.

Yes	Yes	Financial;Time ;Access, Competency, Variety.;	
Yes	No		Yes, I think this additional survey and the ongoing discussion around changing continuing education requirements that have already been put into place is a huge waste of time and resources that the board could be putting toward other more productive matters. This conversation needs to end.
Yes	No		Teaching should still be part of CE. Requires tons of prep and updating to be a faculty member pr speaker
Yes	No		This requirement is very in line with what Arizona requires. The public seeks out Naturopathic Doctors and when they do, they expect that there is something that qualifies our profession. It is important that we preserve this through CE.
Yes	No		Less value associated with restrictive CE options.
Yes	No		I went to school to become a naturopathic doctor, not an MD, DO, PA or ANP. I feel that those who oppose ND are unhappy with their choice of profession. I happily support AANP, WANP and the accredited schools who provide excellent CE
Yes	No	I appreciate the recent decision made by Naturopathic physicians to separate 20 hours to CEU from Naturopathic specific CEU offering organizations. ;	I appreciate the recent decision made by Naturopathic physicians to separate 20 hours to CEU from Naturopathic specific CEU offering organizations. This questionnaire is misleading.
Yes	No		This survey is clearly meant to bias the respondent toward changing the CE requirements and diminishing the standing and benefit of continuing education provided by WANP, AANP and NANCEAC.
Yes	No		Frankly, I am grateful to the WANP and AANP for providing accredited programs that are easily accessible and cost effective. The alternative is searching for programs elsewhere and then going through an approval process. As stated above, I am strongly in favor of maintaining some ND required CE. These NON-PROFIT organizations make it easy. I am grateful to them.
Yes	No	None;	No

Yes	No	Financial;Time ;	As most of the CE that best serves my practice does NOT qualify, I end up seeking out other credits to get what I need for licensure, which means I pay DOUBLE what other people do. It is a financial and time challenge. I also worry about new grads and underemployed ND's as this is a financial barrier for them.
Yes	No	Financial;	The limited options have a higher price tag than some of the options I listed above.
Yes	No		I will always want to attend ND conferences and get at least half of my CE from ND groups, but it's ridiculous that I cannot use other accredited organizations for simple CE as well that can give me a much broader perspective on topics I need.
Yes	No	Only pharmacy requirements;	
Yes	No		Credits from the organizations for category 1 are expensive
Yes	No		At this point in my career and with my current practice it has made sense to get some CE from naturopathic organizations, but if I was seeing all pediatrics, or for colleagues who have other specific focus areas, requiring naturopathic CE could take away limited time and financial resources from CE that would better support the main area of practice.
Yes	No		All physicians are required to do CME. This is not new. Most professions are required to have some category within their profession and within their scope. This should not be a burden or time or finances, it is not a new requirement. We want to be called doctors and we want to be paid the same as MD's yet, we do not have nearly the same amount of education. The rules need to be updated. We weren't even required to do as much CE as massage therapists before this change. I believe the board should have increased the hours from 20 per year to 50 per year to be on par with the MD requirement. Either way, I cannot believe we are having this in-fighting within our profession that makes us look ridiculous to other professions. Our regulatory board set a rule, we have to follow it. We should not be whining about having to do Naturopathic CE as Naturopathic doctors. We are naturopathic doctors, we should want to preserve our profession, otherwise, we will just become MD's without the pay and will lose everything that makes us special over time.



Yes

No

Once again, the clear bias of this subcommittee is showing. If the actual interest is in the burden of the new rule the question should really be "Has the increase from 20 credits per year to 60 credits every 2 years created any barriers or burdens to your practice?" But this is obviously not the information the subcommittee is seeking. This subcommittee has a clear agenda; despite their claims of higher-than-average cost for naturopathic CE, lack of variety in offerings in naturopathic CE, or whatever else being repeatedly countered with actual facts, this very small group of people continue to repeat the same inaccurate talking points. The American Association of Naturopathic Physicians offers over 400 credits PER YEAR of new and novel information relevant to the practice of naturopathic medicine taught from the point of view of practicing naturopathic physicians, and they charge less than just about any of the frequently named conventional sources of CE. The inclusion of the above questions demonstrates a lack of true understanding of the options that are out there for naturopathic CE - not because the information isn't readily available to anyone who is curious, but because of what appears from the outside to be an intentional refusal to learn anything that counters a personal belief and viewpoint. This lack of curious mind and openness to learn new information that makes one rethink their perspective is incredibly concerning as a member's presence on this regulatory board.

# Board of Naturopathy Continuing Education Survey

309

Responses

20:19

Average time to complete

Closed

Status

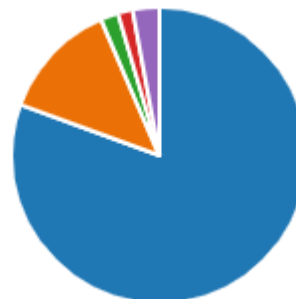
1. Do you currently hold an active Naturopathic Physician License in Washington State?

● Yes	300
● No	9



2. The goal of continuing education is to support professional competency and protect public health. The rules currently require 20 hours from this group of organizations: WANP, AANP, and NANCEAC. Do you support expanding this list to include the Accreditation Council for Continuing Medical Education (ACCME) and its recognized accreditors, the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Pharmacy Education (ACPE)?

● Strongly Agree	249
● Agree	40
● Neither	6
● Disagree	5
● Strongly Disagree	9



3. Do you have comments you would like to share in response to question #2?

187  
Responses

Latest Responses

*"For those of us who do primary care (many dont) we have to st...*  
*"While I strongly disagree with the new delineation of hours int...*

4. Do you have any concerns regarding the current rule requiring credits to come from naturopathic organizations?

<span style="color: blue;">●</span> Share concerns	223
<span style="color: orange;">●</span> Neutral	53
<span style="color: green;">●</span> Do not share concerns	33



5. If you answered "share concerns" to question #4, what are your concerns?

309  
Responses

Latest Responses

*"None"*

*"There are many high quality legitimate sources for continuing ..."*  
*"Like most of my colleagues, I am concerned about conflict of in..."*

6. Has the requirement for 20 hours to come from the WANP, AANP or NANCEAC caused you significant burden in terms of:

<span style="color: blue;">●</span> Time	199
<span style="color: orange;">●</span> Money	227
<span style="color: green;">●</span> Other	132



7. Do you have comments you would like to share regarding question #6

148  
Responses

Latest Responses

*"No , it has not been a burden. I have been in practice 40 years ...*  
*"As a neurodivergent practitioner, the new requirements have b...*

8. Where do you practice?

Urban	174
Suburban	117
Rural	59



9. Type of practice?

Solo	157
Group of NDs	92
Mixed group and other provider...	72
Other	19



10. Do you consider your practice to be

Primary Care	154
Specialty Care	5
Mixed with specialty/specialties	84
Other	135



11. If your practice is mixed with specialty/specialties or other, please list below.

143  
Responses

Latest Responses

"General Naturopathic, Some Endocrine: Hormones, Thyroid es...  
"Perinatal psych, lactation and tongue tie, craniosacral therapy ...

12. Do you take private insurance?

● Yes	185
● No	121



13. Do you take Medicaid?

● Yes	76
● No	229



14. What are your typical sources of continuing education?

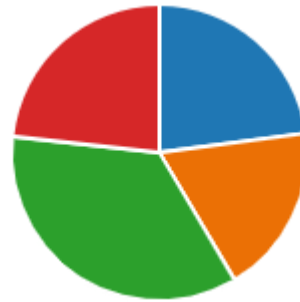
272  
Responses

Latest Responses

"Online CE courses. Will return to in person conferences this ye...  
"AANP, OANP, Gaia, Institute for Women's Health (Tori Hudson)...  
"Speciality conferences and courses, UW conferences and cours...

### 15. How do you typically hear about changes to the rules for the profession?

● GovDelivery	69
● Social Media	56
● Colleagues/friends	106
● DOH Board website	70



## Continuing Education Survey V1

Do you currently hold an active Naturopathic Physician License in Washington State?	The goal of continuing education is to support professional competency and protect public health. The rules currently require 20 hours from this group of organizations: WANP, AANP, and NANCEAC. ...	Do you have comments you would like to share in response to question #2?
Yes	Strongly Agree	Any CE/CME level should be considered eligible for ND's
Yes	Strongly Agree	In order for us as NDs in Washington state that are considered primary care providers. For us to have access to more relevant CE is essential. This would enable us to fine tune our skills and knowledge alongside other health professionals. I am not sure why the Department of Health is making it so difficult for NDs to get access to relevant CEUs when we are "supposedly" seen as equal in Washington state.
Yes	Strongly Agree	I honestly dont understand which credits are approved and which aren't. It should be so much work to have to research this information. We need to be able to expand our knowledge based on our patient population, and where gaps in our knowledge might lie. I'd like to see a significant expansion of approved credits, and an easier tool to understand what is approved.
Yes	Strongly Agree	No association our group should receive this type of endorsement and requirement from a government entity. Essentially the board is requiring licensees to subsidize and support private non-governmental associations.
Yes	Strongly Agree	I think it should not be limited to certain groups as long as sufficient CE is achieved
Yes	Strongly Agree	If this is indeed anonymous and even if it isn't, I consider the current CE requirements to be detrimental to being in practice. It is so overly burdensome, so extremely limited in availability, so expensive, that to be in a part-time practice is now too expensive. I am currently in semi-retirement trying to think of what the next step is and being disabled at the same time, you have made getting CE hours very very very hard. It is driving people, good people, out of the profession! Whoever thought this plan up had NO idea how it really is in practice nor how expensive and burdensome these requirements would be. I truly mean this when I say those who promulgated these rules were very ignorant of so much about naturopathic practice and what we earn and where we have historically gotten CE. We are NOT MDs and should not be treated as if we are - we are so much more and much much more broad minded and skilled than they are.
Yes	Strongly Agree	While continuing education in specific naturopathic modalities is important to our profession, there are a great many continuing education classes offered by ACCME, ANCC and ACPE that help naturopaths be competent physicians with a breadth of clinical knowledge.
Yes	Strongly Agree	Context based study through websites like UPTODATE helps us keep up with current science on diagnosis and standard of care for many complex disease that we see in our practice. Expanding the sources that allow CE credits will greatly help expand ways Naturopaths use their time to learn.

Yes	Strongly Agree	I am a primary care provider as well as a naturopathic physician. I try to balance CE between ND events and conventional medical events. Sometimes though, my money (which is not abundant) is best spent on a large conventional med conference so I can be up to date for my patients. When this is not fully counted towards my CE I lose money and legitimacy.
Yes	Strongly Agree	Should be expanded to include other organizations that cover specialties, e.g. Physical medicine (chiropractic), Exercise (American College of Sports Medicine)
Yes	Strongly Agree	Yes, many. While I appreciate the value in ND focused CE I have many issues with whom are picked to teach these courses. Paul Anderson's group for one thing that is really only run by him should not dominate as much as he is allowed, especially after I learned about his license issues when he was prescribing medications out of scope (I believe benzos). If we are going to let one major ND dominate then we are not able to expand our knowledge outside of his basic opinions and there are no checks and balances to the information he is spreading. The other is the issues with general lack of primary care basics if that is one practices. I need constant updates on current medications and screenings that at least both the WANP and AANP have yet to provide us with in a regular, affordable basis. And lastly, affordability. The groups that are currently allowed to provide us with CAT One are historically extremely expensive compared to the non ND groups.
No	Strongly Agree	The Naturopathic Profession and the Naturopathic Orgs (WANP, AANP) do not have any standards that are equivalent to the ACCME- even Bastyr Universities 2014 COI Policy has in its guidelines that any CME presented at Bastyr University needs to be compliant with ACCME Standards. By only allowing NANCEAC and AANP and its subsidiary the WANP to be recognized accreditors for Category 1 when AANP does not have ACCME standards and NANCEAC does not review content we are in a worse position than we were previously as the BON is then saying standards do not matter for naturopathic CME.
Yes	Strongly Agree	Expanding the list allows significantly better selection of courses applicable to my areas of special interest.
Yes	Strongly Agree	Naturopathy has not set its own standards. We have a scope of practice that legally binds us to practicing with standards set by ACCME. Educational needs in any given cycle are unpredictable. Updates to standards of care in any given cycle are unpredictable. We need freedom of access to adequate standard of care material to meet our duty to the public given our scope in any given cycle. Likely the types of material will vary cycle to cycle. With naturopathic material available to take and no limit on how much can be taken, there is no reason to mandate it. Allow providers to fill their gaps in knowledge with the highest quality materials they can. The public will be safer.
Yes	Strongly Agree	Generally speaking for my practice, the CE offerings provided by the WANP, AANP, and NANCEAC do not adequately cover the breadth of primary care practice I see, and are less cost effective than CE provided by other organizations such as the ACCME. If professional competency and protecting public health are the goal, then surely it makes sense to expand category 1 to well-established, accredited organizations who provide updated, SOC driven primary care continuing education that bears the highest ethical and professional standard. We should also be able to choose accredited CE that reflect the breadth of patient practice and concern which we encounter and thus prioritize it.



Yes	Strongly Agree	Can we use only AMA PRA Category 1 Credits? I tend to do conferences through the North American Menopause society and UW medicine (seattle) - It doesn't make sense to me why these would not stand alone for credit... I think there is a lot of confusion about what counts.
Yes	Strongly Agree	The CE offerings from the current 3 organizations are expensive and limited. I would like to make my own choices about the types of CE I need in any given year based on my actual practice.
Yes	Strongly Agree	N.D.'s Should take responsibility to choose presentations that relate to their specific practice, regardless of who offers them.
Yes	Strongly Agree	There are time periods where CE in certain areas needs to be prioritized and the organizations don't provide robust content in certain topics such as pediatrics, oncology, and others. For example I have increased the number of pediatric patients I see, and would like to be trusted to determine if the CE I need to pay for this cycle isn't in the above options. It's not that I don't want to pay for extra CE, it's just that with finances and family obligations, sometimes my ongoing learning is through accessing free non-CE resources. Requiring CE should be to maintain safe, up to date, patient care. As licensed professionals, we should be able to make the decision about what best provides that for our practice.
Yes	Strongly Agree	I would also appreciate being able to get quality continuing education from University of Washington, and the Infusion Nurses Society
Yes	Strongly Agree	We should include all legitimate medical accreditors
Yes	Strongly Agree	The decision to limit Category one to WANP, AANP and NANCEAC was a special interest from a small number of NDs who are largely do not practice primary care medicine and does not support the goal of providing CME to support providers in safety and efficacy in medicine for the public. The current providers in Category 1 are very limited and in large part do not provide CME that is relevant to primary care physicians. It is largely focused on fringe medicine that is not evidence based and is not safe or applicable to the general public, medicaid etc. Forcing all licensed NDs in the state of washington to participate in the current category 1 recommendations is a political stunt that takes time, money and energy from hard working physicians who can focus their energy on more applicable CME. I do know that some NDs are considering not renewing their licenses if the Category 1 rule is not changed promptly.
Yes	Strongly Agree	I think any accredited CE should be accepted.
Yes	Strongly Agree	This should also include courses offered by other state ND orgs such as Oregon and Arizona as examples. The Oregon state assoc puts out an incredible amount of good material.
Yes	Strongly Agree	I would like to see our CME opportunities expanded to include more diverse options, especially in the Primary Care setting. This expansion could certainly include additional organizations that are observed by other US state naturopathic organizations.
Yes	Strongly Agree	I think that Category 1 should be expanded to include ALL category 2 listings. If the goal of the board is to support professional competency and protect public health, limiting CME that come from AMA approved resources does not make any sense.
Yes	Strongly Agree	People have different practice models and need access to as diverse of CE options as possible. Especially because we have so many required hours related to pharmacy, we really need these other sources to obtain coverage of CE in this area. Maybe reduce the ND-specific CE hours to 10 category 1? Also please allow CEs delivered by other state naturopathic associations (CNDA, OANP, etc.) to cover these requirements.

Yes	Strongly Agree	I don't understand how only the CMEs from the currently chosen organizations will promote competency. There doesn't seem to be standardization of the talks given. There doesn't seem to be coverage of a particular curriculum. There is no polling of the profession to assess the aspects of practice in which additional training is needed. This requirement seems self-serving and also the curricula of these conferences tend to omit aspects of practice that are integral to many in our profession.
Yes	Strongly Agree	Allowing for more choices for CME will allow practitioners to choose content that best matches their practices. CE from ACCME, ANCC, and ACPE are quality CEs as well as not inferior, so we should actively seek to expand Category 1 to come from these organizations.
Yes	Strongly Agree	I believe increasing flexibility for CE hours allows physicians to best choose from all the options that helps us to safely provide care to our specific patient base. I would support expanding even further than this list but it is a good starting point!
Yes	Strongly Agree	I think its very important to include the Accreditation Council for Continuing Medical Education (ACCME) as it is generally recognized by other boards and is recognized as a standard throughout the medical community.
Yes	Strongly Agree	I hold licenses in Oregon and Washington and have been very surprised at how unclear and complicated navigating CE for Washington has been.
Yes	Strongly Agree	It should be expanded to include the above. For at least half if not all CE required.
Yes	Strongly Agree	Many of us have focuses outside of primary care and natural medicine. Many CE credits on integrative medicine, oncology, and functional medicine should be included. The more variety of CEs included will only strengthen our profession as a whole.
Yes	Strongly Agree	yes!! strongly support having MD continuing ED courses count.
Yes	Strongly Agree	Both our ability to prescribe certain medications, and our duty to monitor and control a patients prescriptions, makes ACPE CE valid for us.
Yes	Strongly Agree	We received a full ND education. The other organizations allow us to expand our medical knowledge base and are very important.
Yes	Strongly Agree	Expanding access will allow me to choose continuing education that best serves my patients and community. I don't find the conferences offered by WANP, AANP, or NANCEAC to be very applicable to my practice. I am spending money on CEUs that I don't really have use for and in turn unable to take CEUs that would actually benefit my practice due to limited time and money. This also creates more room for harm as it becomes more difficult to stay current for those in niche practices due to CEU constraints. Let me ask this - what is the harm in expanding this list?
Yes	Strongly Agree	More options are better!
Yes	Strongly Agree	I feel it is important to expand accreditation with regards to where individuals receive their additional post graduate training. For example, if a provider specializes in physical medicine, they should be able to work with the DO and DC continuing education parts in order to be well verse in their practice.
Yes	Strongly Agree	I only see pediatric patients and the current organizations don't offer pediatric CE. I obtain most of my CE from AACME.
Yes	Strongly Agree	We are licensed primary care providers in WA state and should not be limited to naturopathic-centric CEs

Yes	Strongly Agree	As physicians we need access to both conventional standard and naturopathic standards so having access to both CEs would help.
Yes	Strongly Agree	Opening up the requirements to include the additional sources of CME as above allows NDs to utilize CME in pursuit of practicing to the furthest extent of their license. The public interest and safety is better served with in the inclusion of above sources of CME.
Yes	Strongly Agree	Otherwise this is difficult to sustain
Yes	Strongly Agree	Expanding would allow Continuing education to be more affordable and more available, and I think ND specific should always be an option
Yes	Strongly Agree	I have never heard of requiring CE to be from a specific organization before and would like to see limits on this lifted! NO other licensing state requires CE from their equivalent of "WANP, AANP, and NANCEAC" and this is absolutely ridiculous!
Yes	Strongly Agree	I attended the AANP for the first time last year and was frankly disappointed in the rigor of the content. We need researchers presenting vetted data, not case studies or talks funded by supplement companies. When I started ND school in 2000, we all thought we were better than the MDs because we weren't getting wined and dined by the pharmaceutical companies. I left the conference feeling a bit like a hypocrite. We really need resources for high quality research at our universities to stay in the game.
Yes	Strongly Agree	Most CE comes from ACCME. It's affordable and high quality and there is content available in my specialty. I also appreciate being able to get continuing ed from the pharmacists or nurse practitioners.
Yes	Strongly Agree	This would be in line with the CE requirements put forth in other states, including California. I hold dual licensure in CA and WA.
Yes	Strongly Agree	I need more continuing education in mainstream primary care. I feel more confident in naturopathic care modalities so I seek CE in areas that my practice needs me to deepen and expand my skill set. That tends to be mainstream standards of care. I'm already leaning towards discontinuing my naturopathic license. If the rules are not changed it would encourage me in that direction
Yes	Strongly Agree	I am also taking a lot of courses on psychedelic use for future and wish they qualified for CE and pharmacy CE.
Yes	Strongly Agree	Provides access to other types of education which is valuable in primary care or specialty ND care
Yes	Strongly Agree	The current list of organizations is extremely limiting. The CEUs offered by these few organizations are not always relevant to all ND's practice focus. It also eliminates the ability to use those CEUs for very relevant and up-to-date education and training, particularly for primary care providers. If the real reason for this requirement is to support professional competency and public health, then these CEUs absolutely should include the option of courses from the ACCME, ANCE and ACPE. ND's get plenty of training in Naturopathic foundations (herbal medicine, diet and nutrients, mind/body medicine), what we need to remain competent and safe is additional and ongoing training on cutting edge info about primary care topics (heart disease, diabetes) and pharmacy, plus the ability to expand skills beyond naturopathic basics. Herbal medicine and diet and nutrients research does not move at a pace that requires 20 CEUs to remain relevant and safe.
Yes	Strongly Agree	As a practicing ND, the current requirement of 20 hours from the current group of organizations is extremely limiting my choices of CE I would be interested in from a primary care perspective.

Yes	Strongly Agree	As physicians, we need access to and credit for a more comprehensive and expansive physician continuing education.
Yes	Strongly Agree	ND's in WA are licensed as primary care providers and expanding providers to include ACCME, ANCC, ACPE will help me better at serving my patients because the medical concerns of my patients are very broad and cannot be covered by WANP/NANCEAC/AANP. I also have a lot of misgivings about the quality of some of the CME provided by WANP so I think allowing me to get CME from a wider range of physician level sources will be very helpful.
Yes	Strongly Agree	As a PCP I need to have CE units that help me be a better PCP. Often the ND conferences do not focus on keeping us up to date on primary care.
Yes	Strongly Agree	CME from medical schools should included
Yes	Strongly Agree	It would be helpful to extend the list even further. Not sure I understand why we have to have a certain number of credits from specific organizations, which seems very limited.
Yes	Strongly Agree	I think the list should be expanded even further (but this is a nice start)!
Yes	Strongly Agree	It would be good to broaden acceptable CE sources.
Yes	Strongly Agree	I believe as a medical professional we should be able to attain CEU through which ever organization that is recognized by the medical community.
Yes	Strongly Agree	As a primary care physician I need to learn much beyond what is taught by NDs
Yes	Strongly Agree	I strongly believe in and support naturopathic medicine. That being said, at times, I focus my education outside of the naturopathic realm to deepen my medical understanding. I get CEUs in that which makes me a better doctor, what helps me practice safely and what allows me to be of better service to my patients.
Yes	Strongly Agree	Per our licensure and scope of practice, we have the ability to act and practice as primary care physicians. Therefore it is our duty and legal responsibility to be safe and efficacious practitioners to utilize any and all continuing education that supports NDs in practicing to the full extent of their scope and the standards of practice for primary care providers. Other PCP colleagues such as MDs, ARNPs, and PAs are not required to limit their education to 1 or 2 organizations, neither should we. If there were an event and legal proceeding, and an ND provider acting as a PCP had taken 20 of their last CE credits in topics that were not at all related to the practice of primary care, that is not even remotely defensible. It is not the community standard by which that person will be held if they are a PCP and have taken 20 CEs in IV therapy, naltrexone, and designer hormone testing. This very often what AANP and WANP offer; AANP caters to NDs on a national scale who are not PCPs. While the education that these orgs offer is important to capture what NDs who choose *not* to be PCPs can do, that can't be found in programming offered by conventional orgs, it is not at all supportive of what a PCP does in this state. As a licensed ND for 15 years, practicing primarily as a PCP and pediatrician, I have rarely found the programming of the WANP and AANP to be clinically relevant. And I am a member of both organizations, as well as a speaker for both on numerous occasions.
Yes	Strongly Agree	It is hard to get ND credits that are not costing an arm and leg
Yes	Strongly Agree	There are other organizations with educational offerings of use in our practice. Therefore credit is deserved for pursuing education in the broader stream of medicine.

Yes	Strongly Agree	It is vitally important to the public's *safety* that we are allowed to take the classes that correlate to the patients we are seeing. NDs are supposed to be primary care doctors and I should be able to take CEs that satisfy by patients needs AND my licensure requirements.
Yes	Strongly Agree	Limiting the ability to use nationally accredited continuing education credits that are inexpensive and flexible in access times places an undue burden on busy and struggling providers. The CME options available through ACCME are better vetted and more relevant to my practice than the more limited options available through the 3 options above. The board is tasked with ensuring provider competence, not with establishing a uniform philosophy throughout its membership.
Yes	Strongly Agree	I feel this category is too narrow.
Yes	Strongly Agree	My practice is largely geriatrics focused so being able to have a broader range of CE options that count as Cat 1 would be very helpful.
Yes	Strongly Agree	CE rules are confusing
Yes	Strongly Agree	We need more options that include evidence-based primary care continuing education for category 1. Please!
Yes	Strongly Agree	Yes- its absurd we can't use general medical continuing education and can only use naturopathic organizations
Yes	Strongly Agree	It is a challenge to obtain 15 pharmacy credits every 2 years. Expanding the list of approved organizations will help.
Yes	Strongly Agree	Current options are limited. The additional organizations are respected and their trainings should be considered valid.
Yes	Strongly Agree	I think it is critical that primary care providers have the opportunity to select continuing education from a broad range of accrediting agencies to best serve their patient population. I believe the foundational education achieved by a naturopathic education forms the strong base for naturopathic philosophy and practice, and does not need to be repeated as CME events. What is lacking in our base degree are expertise in primary care management critical to our specific populations: gender-affirming care, vaccinations, fertility/infertility, diabetes medication, HPV management, etc., which may be best provided by these other accrediting agencies. Professional competency should be measured by the quality of programs, rather than the philosophy of the accrediting agency. Thank you.
Yes	Strongly Agree	I practice strictly naturopathic oncology. I attend the OncANP conference every year, which usually grants 16 or so credits. Coursework from AANP and WANP has been historically irrelevant to my practice, and in many cases (AANP) laughable. I attend many, many programs through conventional institutions so that I can practice naturopathic oncology SAFELY and ACCURATELY to protect patient health. My time is valuable, so I want Category 1 credit for all of the AMA-sanctioned programs I go to.
Yes	Strongly Agree	I'd also like to be able to do all CE online if possible. No problem with being tested on the material covered. It becomes very expensive having to attend in person.
Yes	Strongly Agree	I would like more options of where to receive my continuing education credits.
Yes	Strongly Agree	The more professional sources we can attain cost-effective CEUs the BETTER!
Yes	Strongly Agree	Quality CE is the goal, not revenue enhancement for the associations. If the associations produce high quality CE the associations will attract members to their events.

Yes	Strongly Agree	YES, please expand the number of organizations from which we can meet that requirement. I also strongly urge you to include CE accredited by any state board/professional organization of an ND licensed state. Anything accredited by OANP should count toward this requirement. Same with the AZ Naturopathic Medical Assoc.
Yes	Strongly Agree	This category is MUCH too narrow for 20 hours every two years. I have no problem with 60 hours every two years, i complete over 100 hours of CE specific to my practice every two years, but it is frustrating to waste money and time taking seminars from organizations that don't offer what I want to learn in order to be a better naturopath. And especially trying to find 15 hours of pharmacy from a naturopathic organization is impossible. i dont prescribe pharmaceuticals, my patients dont need them once they learn to eat well, exercise and do go old nature cure. However, learning about the medication my patients are on when they first come into my office is imperative. I have already taken the 20 hours of relevant pharmacy for NDs that i can find that teach me that. I dont want to pay for or waste my time on a two day AANP seminar that teaches me the new fad flashy terms and supplements and treatments that will be out of style in 5 years, just to get a few pharmacy hours. WANP and AANP are not offering what is useful to me. Nor do i see them offering 15 hours of stand alone pharmacy every two years.
Yes	Strongly Agree	We need more options both in person & online.
Yes	Strongly Agree	My practice is 95% working with trans populations. There are just not enough trans-centered CE credits offered from naturopathic organizations for me to realistically take 20 credits of ND-only coursework every two years. It is not helpful for my patients and it is not helpful for my practice. It is NOT the boards job to ensure the spirit of naturopathy continues. It is the job to ensure public safety. Period. I realize the board may have personal agendas and feel a sense of allegiance with the heart of naturopathic medicine. But you are not my patients. You are not who I am trying to serve. My relationship to the spirit of naturopathic medicine is my own. I have both deep gratitude and deep resentment at our medicine. That has nothing to do with the public. The role of CE is to stay abreast of new advancements in medicine, to be a life-long learner. Let me choose where and how I spend my CE dollars, so long as the organizations are legitimate, high quality medical information.
Yes	Strongly Agree	As a primary care provider focused on the pediatric population, there are still not many pediatric CE options for me provided by the WANP, AANP and NANCEAC. While the offerings from these groups may include pediatric information, they do not do so exclusively, and they are expensive enough to prevent me from registering for a whole CE program when less than half the content is relative to my practice. On the contrary, the ACCME offers multiple accredited, pediatric-focused conferences annually, the majority of which includes content that is directly relevant to my practice. Much of that content is also aligned with naturopathic principles - take, for example, Swedish's adolescent gender-focused conference, which has a heavy focus on whole-human centered affirming care. In fact, I have attended ACCME conferences that have also included ND colleagues as speakers.
Yes	Strongly Agree	My practice is primarily mental health counseling and so my naturopathic license is useful for medication prescribing specific to mental health - the added groups would provide a wider breadth of general medication management competency and allow me to expand my knowledge base.
Yes	Strongly Agree	As a PCP it's important to to attend non-ND conferences
Yes	Strongly Agree	This should not be limited due to cost and lack of options.

Yes	Strongly Agree	I think a broad range of possible qualifying CEU resources is good to consider. Some of us have specialties in GI, mental health, rheumatology, etc... and having access to getting CEUs from conventional and holistic organizations will keep our knowledge competitive and continue to position our profession as experts in integrative medicine.
Yes	Strongly Agree	I get alot of useful information from those other organizations.
Yes	Strongly Agree	If it is accredited medical and pharmacological information that is being provided by the organization then we should be allowed to attend and get credit for the CME obtained from organizations like ACCME. Attending conferences with the other medical professions also helps to build bridges between our communities.
Yes	Strongly Agree	This new rule is absolutely rediculous. I am an ND, ARNP. I do my CME through UW and this new rule feels very much fraught with biasis and just a way to make money.
Yes	Strongly Agree	As a primary care physician, accepting insurance it is important to stay current, not only with naturopathic protocols, but also a standard of care preventative medicine offered by main stream organizations to fill in the gaps for naturopathic continuing education does not.
Yes	Strongly Agree	As a primary care physician, accepting insurance it is important to stay current, not only with naturopathic protocols, but also a standard of care preventative medicine offered by main stream organizations to fill in the gaps for naturopathic continuing education does not.
Yes	Strongly Agree	As a primary care physician, accepting insurance it is important to stay current, not only with naturopathic protocols, but also a standard of care preventative medicine offered by main stream organizations to fill in the gaps for naturopathic continuing education does not.
Yes	Strongly Agree	When I am choosing continuing education I specifically select conferences or topics that are relevant to my practice in that moment for patients I am working with. Expanding the list of accreditors expands the options I have in a year to enhance my knowledge fully within the full scope of my naturopathic license. For example I get offered CE through University of Washington and these classes provide valuable information regarding updates in primary care and updates in standard of care these are often accredited by ACCME. They are not "naturopathic" per say but they are providing information that is extremely relevant to my scope of practice.
Yes	Strongly Agree	Plus other in addition to that please! There are so many amazing teachers and resources out there, we should get to choose what resonates with us and fits with our life and practice.
No	Strongly Agree	If the additional organizations are included it would make getting the required hours of CE much easier! I will be renewing my WA license this year if that matters in terms of my response being counted.
Yes	Strongly Agree	There are more class options available, often at lower cost.
Yes	Strongly Agree	If we want to do primary care, we need a broader range of CE options

Yes	Strongly Agree	<p>I think it is important for public health to have a better balance. Conventional medicine is an integral part of what we do and is critical to stay up to date. As well, it is important for our profession that we have more professional standards for CE for integrative and Naturopathic Medicine as we are experts in that and experts in integrating conventional medicine and Naturopathic medicine. We need to be proficient in both. I would be good with having required number of hours in Integrative and Naturopathic Medicine like in Pharmacy. So, a compromise could be 10 credits. I also think the Integrative Medicine hours should be expanded to include things like Functional Medicine, Restorative Medicine, Longevity Medicine, Lifestyle medicine, etc and other integrative medicine accrediting. That takes care of the concern that it is conflict of interest for providing from WANP, AANP and NANCEAC.</p> <p>Conventional med conferences often also have conflicts of interest in pharmaceutical companies underwriting....so no matter where you turn, there will be COI. The important thing is to allow broad GOOD, HIGH LEVEL CE of both naturopathic/integrative Medicine, Conventional Medicine and Pharmacy. In fact, CE for Pharmacy should be able to include ACPE, for obvious reasons.</p>
Yes	Strongly Agree	I would add OANP CE, and a dual licensed practitioner.
Yes	Strongly Agree	Expanding access to include more course offerings will allow for more flexibility among different ways of practicing naturopathic medicine.
Yes	Strongly Agree	I believe OANP needs to be included as well as any other state naturopathic association. Otherwise, it's a little too close to a conflict of interest. Meaning the role of the state is to protect the public (regardless of the health profession) and I believe it's more telling you mandate such a high number of hours from only several groups. Second, and perhaps more importantly, the acceptance of sister professions training that is doctoral level (so nursing is somewhat curious as an addition) adds to the understanding and knowledge of our profession. I think there are often common areas within various professions that training can and does benefit. Consider pharmacology as an example. How much more expense does a Washington provider have to incur if their comfort level of proficiency is greater rather than lesser?
Yes	Strongly Agree	As a primary care provider, I need continuing education for a wide variety of conditions/procedures that are not generally covered, at least historically, by purely Naturopathic associations.
Yes	Strongly Agree	CE opportunities through Naturopathic conferences often miss the most important updates in primary care. Opening more qualifying CE credits would expand enrichment opportunities.
Yes	Strongly Agree	There are CE courses through Natural Medicines Database TRC (with heal-wa.org), where we can get free CE credits. This database has a board of pharmacists and medical doctors. These courses should be allowed to be valid to apply as part of our continuing education. Honestly, pharmacy CE credits, by pharmacists, should be allowed to be part of our CE required credits. And when did the credits were reduced from 60 to 20 credits?
Yes	Strongly Agree	anything that makes it easier as well as expanding knowledge base of NDs can only be good
Yes	Strongly Agree	Limiting CE hours only to WANP, AANP and NANCEAC greatly limits naturopathic physicians in the State of Washington to utilizing continuing education opportunities that is open to MD and DO peers. I am not sure which board members proposed this limitation in CE opportunities but would be happy if this was rescinded.
Yes	Strongly Agree	This expansion would give us many more choices in continuing to expand our knowledge and practices.



Yes	Strongly Agree	I strongly support expanding the list for CE credits. As this point in my career, 18 years in, the greatest CE opportunities are from primarily pediatrics and advanced primary care offerings. I am so very disappointed to be forced to take only naturopathic CE hours with many of the practitioners offerings not expanding on my experienced practice. I am so strongly against this recent change to CE requirements.
Yes	Strongly Agree	Access to continuing education offered by these recognized accreditors should not only be an option, it is essential!!!! NDs are capable of making decisions regarding which courses/classes best enhance our skills that we use in our practices. Access to a more sources of education is very beneficial as well as a necessity.
Yes	Strongly Agree	Expanding the options for Category 1 is the ONLY way for the mission of safety to be accomplished. At this time, the WANP, AANP, and NANCEAC combined do not meet the vast needs of our profession. For those BoN members that are concerned about philosophical protections, I would suggest you get yourselves into the institutions. The one local to WA state has dismantled the philosophical teachings and practicing in favor of blatant conservative barely green allopathy and poorly applied conventional standard of care. This is where the preservation of philosophy belongs and as a long standing faculty I can attest that it is absolutely not present in any easy to find of experience sort of way.
Yes	Strongly Agree	Expanding the recognized accreditors would expand CE options for licensed NDs including trainings offered by other professional organizations that are relevant to our particular practices and specialties.
Yes	Strongly Agree	I heartily recommend increasing the list of approve CME. There are a variety of types of NDs and to pigeon hole us into these CMEs made me so angry and wish I had not gotten an ND at all, but an MD or ARNP license.
Yes	Strongly Agree	We need options for quality CME
Yes	Strongly Agree	As primary care providers I think it is important to be up to date on standards of care and new education that the other organizations provide. Because NDs are a small profession it does not make sense to limit where this part of our continuing education comes from.
Yes	Strongly Agree	No, just expand.
Yes	Strongly Agree	Expanding the list should also include the AMA considering the abundance of topics and opportunities to expand our knowledge.
Yes	Strongly Agree	the amount of hours required, 20, is incorrect, isn't it?
Yes	Strongly Agree	I also have a Pharmacist license. I found the ACPE classes to be consistently useful.
Yes	Strongly Agree	I would like to expand our category one to approve all ND sponsored CME- it expands our options, and relevancy for those of us in primary care. I have not found AANP to be applicable or affordable in the past. WANP did a great job this Spring, but it is not always the case. We need more options that serve us as primary care doctors in this state. Most of what i need comes from updates in the medical community- so yes, approving things from CME , nurses and pharmacy is extremely important.
Yes	Strongly Agree	We should be allowed to do education that is most suitable for our practice specialty! This list is incredibly limiting and forces us to do CEs that do not always help us further our education for patients.

Yes	Strongly Agree	The scope of our practice is broad and restricting a large number of hours to content that may not actually apply or be practice changing is inconvenient. Providers should be free to choose the content that matches their practice and their own growth areas. It is also reductive to assume what we need further education in is the "natural medicine" elements of practice given that the majority of change happens in the conventional medical side - new medications, new treatment guidelines, new interventions are constantly emerging and being on top of these is essential for primary care, integrative care, and community healthcare NDs.
Yes	Strongly Agree	I support expanding the options including ACCME, ANCC, & ACPE. NDs have such a large scope including as PCPs and/or specialists and there are so many individual clinic patient and condition type that we need to be able to fill the requirements by choosing what works for our practice. A lot of education and review we do not get credit for already so much of the CME/CE time and money is spent in addition to specifics for our patient population i.e. reading an updated prescription medicine guide or up to date peer reviewed studies on a certain modality whether conventional, integrative or naturopathic in nature, and is often not counted in our total hours. Pharm and other conventional courses are important even when providing natural medications only as many patients are already on prescription medications and we need to know risks, drug-drug interactions, how to look at changes in blood chemistry and other side effects due to these drugs. ND only courses typically do not go into this debt, For new providers and providers that receive lower income the costs of the WANP and AANP are cost prohibitive especially when needing to pay for the 20 credits as licensing fees, office space, malpractice and liability insurance are quite high for those of us that do not make much and/or if we have extra costs for things like child care or disability related healthcare not covered by insurance. Much of the ND related topic info, I have still memorized from school and have the notes or books to refer to specifics if applicable. I enjoy the ND CME yes, but would like to be able to learn and review health in other ways i.e. Project Echo's reproductive health, Climate Health, infectious disease or addictions/alcoholism which are all ACCME. These courses support my practice style.
Yes	Strongly Agree	We should be able to get the majority of CE from all of the above groups. If you want to make a 2-4 credit requirement in "naturopathic fundamentals required every two years, that may settle better. But forcing us to get 20 hours from ND orgs only isn't reasonable to the reality of modern practices.
No	Strongly Agree	I'm in an unlicensed state. I let my WA license go because the CE requirements are excessive and expensive. After awhile in practice you find your groove. In WA 80% of my practice was Advanced Biostructural correction. I spent time and money getting good at that but it didn't count toward the CE because it was too hard/expensive for organization to get the approval. So you end up doing CE for something you're not going to use or perhaps aren't interested in just to tick the CE box. Do you have verification that these required CE's make the profession better and safer? I can see making requirements as the scope expands for the expanded whatever. It seems just another way you want to mimic mainstream medicine-but guess what-they are mimicking us!
Yes	Strongly Agree	We should be able to get CE from any credible source as all other qualified healthcare providers do. Forcing it to be from AANP or WANP is limiting

Yes	Strongly Agree	As an ND dual licensed in OR and WA, I am seriously considering giving up my WA license due to the burden of WA requiring CME from specific naturopathic institutions. Prior to having a WA license all of my CME came from ACCME approved organizations relevant to my practice focus (gynecology). Oregon does not require any ND-specific CME and I have not found any of the CME offered by the WA required institutions to be relevant to my work. I practice evidence-based gynecology and women's health using standardized guidelines from nationally recognized institutions such as CDC, ACOG, NAMS, etc. Required CME from WANP, AANP, NANCEAC has not actually been useful to my work and causes a significant burden both in time and money that could be spent in relevant ACCME approved CME from nationally recognized institutions.
Yes	Strongly Agree	Bear in mind that professional development is not only about education received from such certified agencies. Experiential development from less formal authorities need acknowledgment.
Yes	Strongly Agree	The current CE offerings fall deficient.
Yes	Strongly Agree	Access to additional sources of CE is helpful, not only in finding CE of interest and in price.
Yes	Strongly Agree	I prefer the content and quality of some of the ACCME courses I have been to in the past several years, so including this makes sense to me! My specialty is family practice with a focus on pediatrics and so much of the "Naturopathic" content is not directly applicable to my patient population.
Yes	Strongly Agree	I often use these sources already to get uptodate information on standards of care, preventative/screening care guidelines, and specific topics related to my clinical practice and interests. I have found these sources to be consistently of good quality, they also promote a healthy exchange of information between our profession and other professionals in the healthcare field which has lead to more comprehensive and cohesive care for my patients.
Yes	Strongly Agree	I think there are other groups that we should be able to get our 20 credits from as well such as Naturopathic Medicine Institute or any of the other ___ANP like gastroANP or OncANP or the MANP and honestly, I don't really agree with the Category requirements. I think 60 credits is hard enough and we shouldn't have to figure out which will meet the 20 and which will meet the 40.
Yes	Strongly Agree	As much as I want to support ND organizations I find the most recent CE guidelines to be too narrow. I would like other CE options.
Yes	Strongly Agree	Expanding this offering allows us to stay in line with current professional standards for PCPs. Failure to keep up to the standards may lead to loss of licensure as PCPs in our state as well as others.
Yes	Strongly Agree	A physician deserves to choose who they want to learn from.
Yes	Strongly Agree	With the higher requirement of 60 hours over 2 years, getting education from anywhere one can is greatly appreciated!!
Yes	Strongly Agree	I do NOT appreciate being policed into taking certain CME (see below) however, if you're going to do it, at least widen the scope so that there is enough material that we can all find options that are relevant to our unique practices, deliver quality information, and might have competitive pricing.

Yes	Strongly Agree	It used to be that we had less strict requirements and could learn anything that helps us in our role as doctors. I support less strict requirements because every naturopath has certain specialties they focus on that may not be even taught by these organizations. MDs are now studying "functional medicine". Functional medicine is at the heart of naturopathic medicine. We should be able to go to a functional medicine course and get credits. Same for herbalism, homeopathy, or anything that naturopaths believe in. To me, many of the naturopathic conventions are designed to temper our naturopathic beliefs and instead of teaching naturopathic therapeutics, they are heavy in pharmaceutical and left wing ethical concerns.
Yes	Strongly Agree	While I strongly disagree with the new delineation of hours into categories, this expansion will at least make this requirement more logical, fair, and attainable. It will actually ensure safety and elevation of our profession as PCPs, which is appropriate for our (current) scope in Washington.
Yes	Strongly Agree	For those of us who do primary care (many dont) we have to stay up on both allopathic and naturopathic medicine to their fullest extent. It is dangerous to not know mainstream medical options in this day and age of primary care.
Yes	Agree	I would support this including other ND state or province organizations if not included in the above agencies.
Yes	Agree	Reciprocity from other states and territories would be greatly appreciated--i.e. Oregon, Arizona, Ontario
Yes	Agree	If it is not expanded to include ACCME, ANCC, or ACPE type organizations then I think more options for ND organizations needs to be considered or clarified. I also think it would be best to have more free or low cost options through the currently included organizations
Yes	Agree	I even more strongly feel that courses approved by OBNM (Oregon's board) should be accepted, as those classes pertain to us more specifically as NDs.
Yes	Agree	I honestly don't care very much either way. I really like ND CEs:) I don't practice primary care however
Yes	Agree	You should expand to include NaturopathicCE and other platforms and groups as well
Yes	Agree	I feel most of the MD CME courses locally and nationally are often more relevant to patient care and updated information regarding disease, conditions and their management but the WANP has now all but eliminated approval for CME offered by Yale, Harvard, Swedish, University of Wa and other medical schools and trainings for inclusion of annual CME requirement fulfillment. These other other CME's are often more professional, more concentrated and more valuable for clinical care, with the obvious exception that ND approach and knowledge must be superimposed for optimal application to practice
Yes	Agree	Being permitted to obtain CME from a broader base would help NDs stay up to date with current medical standards of care in addition to naturopathic strategies for treatment.
Yes	Agree	Most medical organizations accept credit from a wide variety of education providers and the naturopathic profession should do the same as long as the education is science based, medicine oriented, and not biased or focused on selling something.
No	Agree	Health crosses many areas of expertise, all build on each other. Breathe of knowlege, not just depth in a narrow focus benefits both provider and patient - IMHO.
Yes	Agree	I think for those wanting to accept insurance and practicing primary care it only makes sense to expand accredited CME.

Yes	Agree	The more options the better!
Yes	Agree	It would also be beneficial to have AMA courses approved, as there are times when as a pcp they are the best source of education
Yes	Agree	Availability is sometimes an issue, in obtaining enough credits.
Yes	Agree	I think that supporting our naturopathic associations should be primary and then we can resort to the primary care based associations, and if there is inclusion, then I would also like to have required CEs so that NDs can maintain their naturopathic credential as well in order to continue to uphold our philosophy.
Yes	Agree	I am all for choice but I do not support members of the boards trying to remove or denigrate our national and state organizations based solely on personal grudges or perceived "safety issues" (I can quote stats on iatrogenic injuries and deaths). I am a live and let live individual and feel deeply offended by remarks from 2 members of the board
Yes	Agree	Naturopaths have a wide scope of practice. I take continuing ed from University of Washington (this year will be tropical/travel medicine), Swedish Hospital (peds conference), OANP, AARM, Bastyr (CST), etc. I support my ND organizations but I also have a strong focus in environmental medicine and every other year attend the EHS-environmental health symposium (which is mostly ND's). If MD's and nurses get credit for a conference ND's also should be able to get credit also.
Yes	Agree	We need more access to CE!
Yes	Agree	Having more options to get our hours helps with expanding what we know and makes it easier to get our CE.
Yes	Agree	I'd like the WA BON to review all submissions, in an electronic format, to be able to see what we are taking, and perhaps with a brief description of why, as many CE to apply to naturopathic practice, especially the realm of diagnosis. I would also like to see local states band together and provide regional CE, like WA, OR, and CA get reciprocal approval. Creating categories actually negates that IMO.
Yes	Neither	Although great sources for continuing ed, I strongly feel that 20 credits from an ND source is not an undue burden.
Yes	Neither	Not sure I understand the value of including other accrediting bodies beyond WANP, AANP, and NANCEAC
Yes	Neither	I started researching the ACCME, ANCC and ACPE. After reviewing their websites, goals and financial position, I'm not convinced they should be recognized as continuing education resources? For example, the ACPE is a spiritual care program offered in-person, and online. Their tagline is "ACPE: The Standard for Spiritual Care & Education", including pastoral faith groups. Naturopathic medicine does not promote any particular theological/spiritual study. I am leaning towards "no", but I need to research all accreditors further.
Yes	Disagree	As Naturopathic physicians we should be getting continuing education from our own organizations and supporting our peers and colleagues who volunteer their time in those roles. We are not nurses or pharmacists, we should be getting CE that encompasses our scope of practice as naturopathic physicians.

Yes	Disagree	Primary CME should be from educational offerings by naturopathic organizations. CME from conventional medicine makes no sense. They do not practice like we do. I am okay with pharmacy CME since we do use some drugs.
Yes	Disagree	The ACCME, ANCC, and ACPE likely also have a similar goal to support professional competency and protect public health which is why I would support expanding the list. My hesitation (and why I chose 'disagree') in expanding the list is that I fear ND colleagues will be able to rely solely on UptoDate (which may be accredited by the ACCME), and not continue to attend Naturopathic focused continuing education which I believe to be superior.
Yes	Strongly Disagree	I would expand it to add CE put out by the naturopathic schools, as well. We should have a portion of CE that remains naturopathically focused.
Yes	Strongly Disagree	We need naturopathic boards to approve CE which is appropriate for our state per what we can legally perform safely to our patients.
Yes	Strongly Disagree	Its fine for those credits to be accepted within the total number of required credits, but as this is for an ND license I believe that a core set of these requirements should be ND specific
Yes	Strongly Disagree	Education from naturopathic organizations is very important and should not be diluted by adding these additional accrediting organizations.
Yes	Strongly Disagree	We have 60 hours of CE required every 2 years. Only 1/3 of those are required to come from ND sources. If we erase that requirement we are not necessarily promoting competence as NDs, but allowing all CE to come from conventional sources therefore further diluting our profession. 2/3 of hours can already come from allopathic sources and changing the rule as stated in #2 would mean that all CE could be from an allopathic perspective. This seems out of alignment with the fact that we are a distinct profession.
Yes	Strongly Disagree	It is Important to maintain naturopathic education as a component of CE.
Yes	Strongly Disagree	Naturopathic CE specific credits are vital to the continuity of our profession and for the funding of our state and national organizations.
Yes	Strongly Disagree	Naturopathic physicians are a distinct profession, no matter whether we practice as primary or specialty care providers. We need some required hours in naturopathic medical continuing education to ensure we practice safely within standards for naturopathic physicians. It is inappropriate to rely solely on continuing education for conventional providers to meet the specific needs of our profession.

**Continuing Education Survey V1**

Do you currently hold an active Naturopathic Physician License in Washington State?	Do you have any concerns regarding the current rule requiring credits to come from naturopathic organizations?	If you answered "share concerns" to question #4, what are your concerns?
Yes	Share concerns	Same as above. The CEUs that are just from naturopathic organizations in some cases are very specific and only on certain topics. Having access to a wide range of courses is essential for us to have more options in regard to CEUs.
Yes	Share concerns	Our scope is so broad and should include botanical organizations, for example.
Yes	Share concerns	Naturopaths should not be limited to CE from naturopathic sources- many other CE sources are extremely valuable, especially for those that do primary care
Yes	Share concerns	Need more flexibility for acquiring these credits.
Yes	Share concerns	I am dual licensed in Oregon and Washington. Additionally I carry two licenses (ND, LAc) Getting CEU for all these licenses is getting to the point of prohibitive because I cannot afford neither the time nor money to get CEUs for all of them. Meaning, each one requires about the same number of hours but they all have to be accredited by different bodies. It's simply not workable. I spend an inordinate amount of time just looking for sources, not to mention the finances to purchase them.
Yes	Share concerns	limits availability of options
Yes	Share concerns	can be expensive and sometimes not what i need at moment
Yes	Share concerns	This is biased and a conflict of interest. It should be up to the practitioner to decide what kind of CE they want to do not limited by which groups you have to pay. They also have very limited offerings with not the best quality.
Yes	Share concerns	We need to learn from ALL professions, not just naturopathic. When you make rules and requirements so narrow, you box the profession into a corner, an egotistical, narrow, restrictive corner. I have come to see that naturopaths are equally as rigid as conventional doctors.
Yes	Share concerns	Conflicts of interest for these groups. Naturopathic Medicine is very diverse and the approved groups do not necessarily cover scope of Naturopathic Medicine and the need for safe continuing education for these vital parts of Naturopathic medical practices. I agree with most of the concerns and comments raised during multiple NOB meetings and several of the letters submitted to the board regarding the CME issues and do not feel that they have been addressed with respect to these concerns.
Yes	Share concerns	expensive
Yes	Share concerns	Too limiting. Does not take into consideration that many NDs are specialists.
Yes	Share concerns	The affordability of the Naturopathic Credits is a challenge when ND's reimbursement for services and the amount of time we spend with patients means our income is so much lower than our MD colleagues. I seek out rigorous but less expensive credits. If ND credits were more affordable and more available, I would support 20 hours from ND sources.
Yes	Share concerns	For many who carry a license in WA but practice in pre-licensed states this requirement exponentially increases the amount of money and travel needed to meet CE requirements.

Yes	Share concerns	The current rule creates a oligopoly for organizations providing the Category 1 credits. Expanding eligibility to more accrediting bodies increases access and legitimacy.
No	Share concerns	Although not in practice anymore, I have renewed my license every year for the last 19 until this past one, with the new requirement limiting the types of CME available. I think this is an extremely unfortunate decision, as it greatly restricts the ability of each ND to choose the type of continuing education most relevant to them. I have primarily received AMA PRA Category 1 CME in the past - why would this not be acceptable for a profession engaged in primary practice?
Yes	Share concerns	Yes, This can be limiting to degree. As naturopaths we have the ability to assimilate a variety of care options that may not be well known or included in 3 relatively smaller organizations.
Yes	Share concerns	conflict of interest seems to be at play here if we are required to use these very small organizations CE opportunities
Yes	Share concerns	I find it a conflict of interest to have our CEs dominated only by ND groups/institutions. The Anderson example I cited above is one reason why. He is still telling people to use ivermectin for COVID for example even though international research has demonstrated it's useless at best and harmful at worst. Also I strongly disagree with labs such as the ones who produce DUTCH testing (also poorly researched) and supplement companies sponsoring the groups that then put on the CEs and in turn promoting their own labs and supplements. This creates a cycle of COI that has many unethical layers.
Yes	Share concerns	Just that it is such a small and limited amount of naturopathic organizations; it would be very helpful to expand to courses accredited by Oregon, Arizona, Ontario...but I still prefer them to be naturopathic
Yes	Share concerns	Many courses do not address or reflect my areas of special interest.
Yes	Share concerns	Limiting CE to naturopathic organizations increases costs and is inconvenient when only possible to do in person with travel.
Yes	Share concerns	We are not allowed to count other accredited organizations to count towards our CE
Yes	Share concerns	I honestly get more value out of those not coming from the Naturopathic organizations based on what I do and 22 years in practice.
Yes	Share concerns	It's too many, and too few organizations authorized. It impedes the ability to keep up on standard of care by just CE. There is a bias by too few organizations authorized.
Yes	Share concerns	Cost is major factor. ND approved for ND credits often do not relate to my specific practice.
No	Share concerns	The CME that the AANP and its subsidiaries approve and give is riddled with COI. It is industry supported or supported by "educational companies" ie Paul Anderson's company. Paul Anderson has pretty much made our profession a complete laughing stock as the treatments that he recommends have no safety or efficacy data to support their use. If the BON actually reviewed his educational materials and had an independent qualified reviewer (evaluated based on evidence) you would find that it is unsafe and actually NOT LEGAL to perform these treatments. Also, Paul Anderson has been allowed to speak at CME events on pharmaceuticals and our prescriptive rights with a license that has had action against it for prescribing pharmaceuticals that are not within our purview in WA State. Also the AANP has allowed him to speak and given CME about his "research" he does not have research and the research that he previously presented was not his and he had no IRB approval to do what he was doing. He also has been investigated by the FDA for his use of Cesium chloride. The compounding pharmacies have been allowed to present garbage for CME by the AANP.



Yes	Share concerns	That there are no standards and we are legally held to standards set elsewhere. In the absence of naturopathy setting standards, Bastyr actually says that ACCME standards in CE should be used. Barring us from access to ACCME material then looks REALLY shady. Clearly the profession uses ACCME to stand in for standards we are unwilling to set. So when they get barred from a category, it looks like a pyramid scheme that these few orgs have been set aside specifically to be funded, not because what they produce is of high quality or will meet people's needs.
Yes	Share concerns	To paraphrase the above, if the goal is to provide education that supports public health and professional competency, then we should include CE from accredited non-naturopathic organizations for the aforementioned reasons. My main concerns arise from a lack of breadth of CE offerings from naturopathic organizations, and the notion that I must be compelled to receive my CE from naturopathic organizations. Dr. Bastyr himself said we should use what works. Fundamentally we are no less naturopathic physicians for the use of education from our western colleagues. In my opinion it only stands to enhance us by helping inform the naturopathic physicians that we are.
Yes	Share concerns	I feel that the current rule means that you have to attend either the AANP or the WANP every other year. This is not possible for me. I have other interests that I want to explore and believe they should be counted towards CE credits.
Yes	Share concerns	It's difficult for me to find enough CE that I want to do through those organizations. In my practice I focus on women's health, particularly menopause. I end up taking CE that is not applicable to my practice, or simply not interesting to me, because of this requirement.
Yes	Share concerns	Restricts our choices. If someone specializes in a certain field, they may wish to spend all their Continuing Education hours at conferences, say, on Functional Medicine or Homeopathy rather than attending specific naturopathic-approved conferences.
Yes	Share concerns	Conflict of interests, limits options and restricts CME based on provider specialty/interests
Yes	Share concerns	Many NDs practice primary care using standard of care medical practices. It is important to have more options. These credits are very expensive as well. They also include modalities that while traditional for naturopathy, such as homeopathy, are not evidence based. Given that we are trying to expand the scope of practice in regard to prescription rights it makes sense to be more open to doctors receiving as much CMEs as they like from more mainstream medical organizations.

Yes	Share concerns	I am happy to see that you are sending out this survey as I have been concerned by how seemingly resistant the board has been to hear feedback about this limitation. I find it to be an unnecessary separation/requirement which requires more paperwork or tracking. I will continue to take continue education through ND organizations with or without the requirement for a minimum number of hours in that category, but I do think that as long as a minimum number of hours within our scope of practice are being met by any approved medical CME organization, it should largely be up to each provider to decide which CMEs are most relevant for our practices. For example, I have a focus in pediatrics and mental health, which is not always reflected in the ND groups listed as part of the rules. I do also have concerns that since the WANP knows NDs in WA need these credits, they can continue to raise rates for CMEs (and/or membership) and have a bit of "trapped market" of providers who need to take their classes no matter the cost. Again, I will continue to be a member of WANP and continue to take CMEs from ND organizations either way, but I would prefer the rule to be changed to allow more flexibility by individual providers, allow for more cost effective CMEs, and reduce the administrative burden/tracking that currently has to happen.
Yes	Share concerns	I'll repeat some of what I said above. While options in this category have increased, the smaller number of categories is limiting for certain ND specialties. There are also time periods where CE in certain areas needs to be prioritized. Certainly extra CE could be taken, but when finances are tight, education can still be obtained without paying for CE (reading guidelines, research, Dynamed, etc). For example I have increased the number of pediatric patients I see. I still find NAPCP and WANP conferences useful but I want to be trusted to determine if primarily pediatric CE is what I needed and I'd come back to more ND focused CE in a different cycle. Requiring CE should be to maintain safe, up to date, patient care. As licensed professionals, we should be able to make the decision about what best provides that for our practice.
Yes	Share concerns	I think it is a serious conflict of interest to require that any number credits come only from naturopathic organizations. And, most other medical professions allow ANCC and AMA and ACPE credits so it is in alignment with health care professional standards that NDs would too.
Yes	Share concerns	Conflict of interest; limited CE credit for specific areas of expertise affecting our individual practice.
No	Share concerns	What about the Chinese herbologists? You don't have active accreditation services for them in RCW.
Yes	Share concerns	Expensive. Sometimes topics I want are not offered that year.
Yes	Share concerns	These very limited organizations tend to provide CME that is not evidence based, not peer reviewed and not in the interest of public health. NDs in Washington need to be able to access CME that is relevant to our practice (read: evidence based and peer reviewed) and provided by people who are truly experts in the medicine. While some NDs are experts at some things, the CME currently in category 1 tends to be a platform for people to push personal agendas and personal brands rather than discuss evidence and best practices. The quality is not sufficient to require all NDs in Washington to participate.
Yes	Share concerns	I appreciate that this rule wants to encourage naturopaths to focus on re-affirming naturopathic learning and care- but (1) there are less Naturopathic organizations to seek CMEs from and (2) they are sometimes more expensive than other options
Yes	Share concerns	It's expensive, not inclusive of what would support my practice. It doesn't allow much time or money to support smaller organizations that put out more applicable CE

Yes	Share concerns	<p>The goal of the board is to protect public health. The goal is NOT to preserve natural medicine under the definition of the current board. N.D.'s are considered primary care in WA state thus protecting public health means ensuring N.D.'s are up to date in a broad range of topics including current medications, vaccinations, and primary care guidelines. A licensed provider should be able to decide which CME topics are the most important to maintaining their license within their own practice, which may be a specialty. If a CME course is AMA approved, than it should also be approved by the board.</p> <p>Most recently, the board approved CME-Cat1 which were anti-vacc in nature, but CME through UofW regarding covid and vaccination were NOT approved for Cat1. This absolutely contradicts the boards stated goal of protecting public health.</p>
Yes	Share concerns	<p>I am concerned that some of the talks approved by these organizations have grave conflict-of-interest problems from the presenters that are either not disclosed or make them of dubious quality, and that some talks present highly controversial and I think problematic ideas (like anti-vaccination sentiments and extremely dubious ideas from the Naturopathic Medicine Institute such as homeopathic drainage and isopathy, which is NANCEAC accredited) that are ok as category 1 credits could really hurt our profession.</p>
Yes	Share concerns	<p>This gives the organizations inappropriate power to shape the profession. At times this can be contrary to the natural evolution of the profession.</p>
Yes	Share concerns	<p>Yes, it's a huge conflict of interest and benefits only those organizations rather than the individual providers who are out here doing the work.</p>
Yes	Share concerns	<p>NDs in WA are PCPS, as such CE should be able to come from other organizations geared towards providing CE for PCPs, such as those accredited by the Accreditation Council for Continuing Medical Education.</p>
Yes	Share concerns	<p>These organizations don't offer what I'm looking for: oncology, functional medicine, integrative medicine. Therefore they are not useful in my practice.</p>
Yes	Share concerns	<p>yes, the amount of quality continuing education thats strictly from naturopathic organizations in limited and some of it is poor quality / no evidence based. I think the more MD continuing ED we do the better. We need to be better versed in the family medicine / primary care doctor standard of care.</p>
Yes	Share concerns	<p>I believe it is inappropriate to require hours from specific organizations. It raises concerns about nepotism. These credits are often more expensive. These credits often do not address specific needs from my patient population. We need to be more inclusive of many types of practice and allow doctors to decide what is needed for their individual practices. For me personally most of what I do to learn more for my patient base isn't covered by these organizations so it is essentially busy work- learning things that won't directly help my patients. A waste of time and money as far as CE goes. It's frustrating.</p>
Yes	Share concerns	<p>Yes, I think it limits well recognized and accepted continuing education requirements and puts them in the hands of a limited set of organizations which forces naturopathic physicians to be educated in what can often be considered a less evidence based and universally accepted approach. We shouldn't take away a universally accepted option.</p>
Yes	Share concerns	<p>I think it limits our education and feels like a money making scheme from these organizations to limit where we get to choose our education.</p>

Yes	Share concerns	medicine is a MUCH broader knowledge base than just our camp. I use information from many different sources in my empirical based practice. I know I'm far from alone, thus my concern that we NOT limited ourselves to CE's that are exclusively Naturopathic.
Yes	Share concerns	I think there's a conflict of interest. We should be able to choose our source of education as opposed to one that's being forced upon us.
Yes	Share concerns	More than ND orgs have great CE opportunities that are relevant
Yes	Share concerns	It feels like gatekeeping
Yes	Share concerns	I share this concern because I feel in order to be a well rounded ND, you need to see other professions in regards to how they will approach a particular pathology thus understand the educational piece behind it. It is not ONLY Naturopathy that can impact bringing the patient back to balance. For example, balance may include adding physical therapy, adding in occupational therapy. You don't know to refer if you don't understand other options due to lack of education. It is not only the study of naturopathy that part takes on the caring of the individual but that patient focus care works in conjunction w/other paradigms.
Yes	Share concerns	As a pediatric primary care provider these ND organizations do not provide relevant CE.
Yes	Share concerns	It is unethical to limit us to such a narrow set of organizations in our pursuit of high quality continuing education if we are expected to provide high quality primary care.
Yes	Share concerns	Conflicts of interest; lack of broader scope of CE offerings.
Yes	Share concerns	I support a requirement that 1/3 of CE comes from ND organizations OR from other sources directly related to ND modalities. I am frustrated by the limit on WHICH ND organizations are acceptable for those credits, because it significantly limits CE and sets up a weird distinction between NDs in different states.
Yes	Share concerns	It feels like another impossible hoop to jump thru, expensive, redundant, time consuming.
Yes	Share concerns	We should be able to choose as we see fit! Additionally I do not support the current requirement of 60 ce's in 2 yrs: I have MD friends who don't have such high requirements. What is the board's end game here? It is like these rules are being made up by those who organize WANP and AANP conferences in order to push practitioners to their conferences. Just wrecks of foul play.
Yes	Share concerns	See my response to question #3. Also, all content should be vetted for scientific rigor for the safety of the public.
Yes	Share concerns	Given that our scope of practice crosses over to a lot of other professional disciplines, it does feel limiting to have so many hours be required to come from just a few crediting bodies.
No	Share concerns	It is hard to find enough credits that aren't too expensive
Yes	Share concerns	I don't see why I should have to pay money to one of those organizations just to check a box. The content from the naturopathic organizations is not new and does not support my clinical practice. It doesn't help me practice more safely.
Yes	Share concerns	The naturopathic organizations are often more expensive and aren't always offering courses relevant to my practice.
Yes	Share concerns	It limits our choices in quality continuing ed that suits our interests.
Yes	Share concerns	My specialty is Lifestyle Medicine (Dipl ACLM) and as such I seek out accredited resources for Lifestyle Medicine specifically, because I require those credits to maintain ACLM board certification. Those credits are ACCME/AMA accredited but not accepted for my Washington ND license, even though the subject matter is 100% naturopathic - it is lifestyle medicine.

Yes	Share concerns	I hope the wanp and aanp continue to offer classes and CE. I hope they are responsive to the areas of interest expressed by NDs and I hope they adhere to naturopathic principals. However, I believe it is a conflict of interest to require that I take classes produced by these organizations.
Yes	Share concerns	There are limited opportunities for CMEs from naturopathic organizations.
Yes	Share concerns	The material on other platforms that are more MD/DO focused and functional medicine focused as well as platforms that are naturopathic focused (NaturopathicCE) should be included as well
Yes	Share concerns	The current situation does not allow me to focus my attention on my primary care practice and requires to take more specific topic oriented classes, which although interesting in content are not directly applicable to my practice. I want more freedom to chose where I would obtain my CE classes.
Yes	Share concerns	there are many ways and places to learn. See comment above.
Yes	Share concerns	Frankly, it seems to be a total conflict of interest. Despite the claim that the requirement is to "support professional competency and protect public health" it seems much more like an insider agreement to force NDs to pay for expensive and not necessarily relevant courses from professional organizations and schools. Otherwise, courses approved by other state boards would have been included.
Yes	Share concerns	As a naturopath also licensed in OR I would like the list to also include the OBNM.
Yes	Share concerns	I think having options from naturopathic organizations is great - but - ONLY from naturopathic organizations is limiting both in choice and perspective. There are fabulous primary care CE that are are offered through conventional medicine schools and organizations that allow for standard of care or specific topics in medicine that are not offered though our naturopathic organizations.
Yes	Share concerns	It limits education. There are many medical conferences I would rather attend than solely naturopathic medical conferences; which often seem repetitive in the curriculum and in my experience unorganized.
Yes	Share concerns	It is VERY limiting, inhibiting of physician education and unethical and cost prohibitive to only accept WANP AANP and NANCEAC.
Yes	Share concerns	I can not always find CME that furthers my knowledge and caters to my interests. If CME is to protect the public, I should take courses that are relevant to (and expand my knowledge) of the tools I use in my practice.
Yes	Share concerns	My concerns are: (a) WANP/NANCEAC/AANP cannot possibly provide the CE's available for all the concerns that my patients come to me for; I think I need a broader source; (b) I have concerns about the topics of the CME's provided by WANP, they do not really reflect my educational needs and I'm not sure what quality assurance procedures they have in place to delivery good quality CME that I can trust.
Yes	Share concerns	As a PCP I need to have CE units that help me be a better PCP. Often the ND conferences do not focus on keeping us up to date on primary care.
Yes	Share concerns	I believe we should be taking courses that apply to how we practice and are within our scope of practice. Forcing us to take courses from these organizations if what they are offering does not interest us makes no sense.
Yes	Share concerns	It is a conflict of interest for WANP and the board to require CEs be taken by it's own organization with it being responsible for accrediting CE's. I realize the other organizations are an option however the conflict of interest with WANP is so blatant it brings up ethical concerns of decision making. The response from WANP board members has been unethical and lacks leadership which furthers the concern.

Yes	Share concerns	As a primary care provider, I find great value in such CE opportunities as the University of Washington or Swedish Medical Center conferences. This is how I stay up to date on best primary care practices. I feel that I best know my practice and the topics on which I seek additional education. It feels unnecessary to put such strict rules in place as to how many credits we need to obtain from naturopathic organizations, given we as a community practice so differently (primary care vs specialty, etc.). It's also generally quite costly -- CEs from naturopathic organizations.
Yes	Share concerns	The Naturopathic orgs are not offering CEs in some of the areas I most need in my practice and have to take elsewhere.
Yes	Share concerns	Requiring CE's to come from the above naturopathic organizations limits our options to choose which CE's are most relevant to our practice. In addition, many of these CE's tend to be more expensive than other non-naturopathic options.
Yes	Share concerns	We need more rigorous courses
No	Share concerns	Health crosses many areas of expertise, all build on each other. Breathe of knowlege, not just depth in a narrow focus benefits both provider and patient - IMHO.
Yes	Share concerns	It would be good to ensure that other credits are permitted. It would be good to accept programs offered by approved sponsors of CE by the American Psychological Association.
Yes	Share concerns	It seems very limiting for providers who practice very specific medicine to be forced to take course through organizations that may not provide the education that I am seeking. Or is possibly repetitive.
Yes	Share concerns	I understand having a certain amount of required credits to come from those mentioned organizations is important as they are relevant to ND's training but having the entire amount only from them makes it limiting for practitioners who are already doing a large number of CEU's in their respective interests. For example, Healthy Seminars are often taught by MD's, PhD's, ND's, LAc's, cover large pathophysiology, dietary support, functional method approaches and lifestyle interventions that are successfully helping patients and are approved by many other healthcare fields. I was amazed at the detail of information by Dr. Paul Magarelli, MD, on insulin resistance, inflammation, dietary and lifestyle suggestions supported by years of clinical results, as I was not taught this in school, nor in any other seminars that I have taken. If the level of rigor or intensity is at an acceptable standard, I don't see why they would not count toward CE's.
Yes	Share concerns	Same as above
Yes	Share concerns	I have a specialty practice and am in need of content related to that specialty and not CE from WANP, AANP. I am also concerned about the significant conflict of interest these organizations have as they see this as a way to fund their organizations. Naturopathic medical content is not evolving apace and spending those dollars on WANP/AANP CE is not going to allow me to maintain current best practices in my area. I also resent that the current organizations have monopoly on offering CE content.
Yes	Share concerns	We are doctors. Getting qualified CEUs in medicine is all that is needed. At this point I am capable of determining which CEU is best for me.
Yes	Share concerns	I would like to choose when and how I support naturopathic organizations, not be forced. It also seems like it could easily become a racket because now they have a captive audience and can charge whatever they want.

Yes	Share concerns	As a pcp the naturopathic organization is not always the most useful or beneficial source of education. In many cases it's important to seek out what is needed for the population you are working with and to fill educational gaps for safety reasons. In addition many of the naturopathic conferences are either affiliated with a supplement company or have other conflicts that should be addressed. Also they tend to recycle their speakers so new material that is useful isn't as frequent.
Yes	Share concerns	conflict of interest
Yes	Share concerns	Sometimes difficult to find "naturopathic" CME related to my area(s) of interest.
Yes	Share concerns	I believe that we need more options.
Yes	Share concerns	All of the above from my prior answer. ND orgs do not support the practice of primary care, which we are legally trained to do and MUST maintain as part of our education. They offer *some* programming but not nearly enough. Additionally, we practice within a system created by and for MDs and other conventional providers. It is not enough to simply get ND training; we MUST be trained in the way that our conventional colleagues are and the way the system works in order to operate within and alongside.  Plus, I have ethical concerns when the Chair of the Board receives a Physician of the Year award from one of these naturopathic organizations, the president of which is his partner. While I understand that our community is relatively small and there is a lot of "overlap" in roles, it would be more appropriate for the Chair to recuse himself from a conversation and/or make a very public disclosure about potential conflicts of interest given that this is a public process.
Yes	Share concerns	There are too few options of high quality, affordable CE offered by these limited organizations. Many of the offerings are of little interest/use to me. While sympathetic to the realities of ours being a small profession, and CE offerings (often underwritten by commercial interests) being a money-maker for those organizations, I believe requiring NDs to pay for CE from their professional organizations is a conflict of interest. I also object to the Board de facto determining what is 'naturopathic' enough for practitioners.
Yes	Share concerns	There is a conflict of interest when there are so few places that CEs are allowed when I am perfectly capable of taking CEs from a wide variety of sources that serve my needs. We have various niches that we serve and WE are the best ones able to determine what our needs are. The DOH and the BON are responsible for promoting the safety practitioners, not to make sure that I've taken my quota of homeopathy for the year. The groups most to gain from this are the ones most promoting the need to keep Category I restricted to their own groups. This is a clear conflict of interest.
Yes	Share concerns	There are a lot of great CE resources that apply to medicine broadly as a whole. Most of our CE should be spent reading up on the latest advancements in medicine, to make sure we stay current as a profession. The medical half life of knowledge is just a few months. The need for continuing education on recent developments is critical. In comparison, most of our naturopathic focused medicine is timeless, so what we learned in school in regards to our modalities is still relevant, and the need for CE in these areas is less crucial.
Yes	Share concerns	Those organizations do not always have CME that interests me
Yes	Share concerns	The current rule could be expanded to include other naturopathic organizations, such as other state naturopathic associations offering naturopathic-focused CE.

Yes	Share concerns	<ul style="list-style-type: none"> <li>- CME offerings are not fully vetted for scientific integrity</li> <li>- CME offerings may have significant COI problems, especially by modern COI definitions that include professional identity along with financial considerations</li> <li>- Significant amounts of credits at AANP and WANP conferences are esoteric subjects or niche therapeutics, and thus not relevant to my practice</li> </ul>
Yes	Share concerns	<ol style="list-style-type: none"> <li>1. That the BoN is forcing WA NDs to support political organizations. This is not the job of the Board. Furthermore, it is the job of the ND schools to provide graduates with naturopathic education, not the job of the orgs or the Board).</li> <li>2. The role of the Board is to protect public health &amp; safety and to regulate ND competency. Is is NOT to make sure NDs are supporting the field politically.</li> <li>3. CEs are for "continuing education," i.e. updates in medical findings &amp; retrainings, not "naturopathic philosophy refreshers."</li> <li>3. Many of us are already struggling to make ends meet. Our field lacks parity. Comparatively, especially when considering the typical salary of NDs vs MDs, NPs, &amp; PAs, our org's CEs are outrageously expensive. Ex: WANP Conf this year was \$800 for non-member. \$650 for member, but membership is \$432. And the total CE amount was ~30 (they advertised 34 but that was actually false). In comparison, the National Nurse Practitioner Organization's annual conf is \$399 for 55 CEs. NPs make more than we do. I've had to opt OUT of "allopathic" CEs because I had to pay so much to attend the WANP conference. This puts my patients' safety at risk!</li> </ol>
Yes	Share concerns	We are primary care providers and should be allowed to access CE that is appropriate for all PCPs. I recommend reducing the required credits coming from naturopathic organizations to a smaller amount so we can stay true to our training and roots, but be able to tailor our CE more effectively to the practices we have (which are so variable!).
Yes	Share concerns	The category is too narrow. Homeopathy, botanical medicine, hydrotherapy, nutrition and naturopathic manipulation are part of the naturopathic medical education, however organizations who specialize in appropriate use of and prescribing of these modalities are not on the list. In addition, trying to find 15 hours of pharmacy education that is accredited by that very narrow list of organizations every two years is challenging. You require a tremendous number of CE hours over two years, finding 20 hours of interesting and quality education from those limited organizations is also extremely challenging. And PS you forgot the HANP on your list above.
Yes	Share concerns	My concern is that while some of the CE offered by these organizations is excellent, much of it is not based on any research or data.
Yes	Share concerns	These CE courses are expensive.
Yes	Share concerns	Expanding the approved list of organizations to allow non-naturopathic organizations will make obtaining the CE hours much easier, especially pharmacy credits.
Yes	Share concerns	The current rules around continuing education credits are overly prohibitive and virtually impossible to understand. There's no reason naturopaths should have to gather in multiple Facebook groups to try to figure out how to interpret the rules . It's gotten ridiculous. I'm at the point where I'm on the verge of letting my license lapse because I can't keep up with the requirements financially and logistically



Yes	Share concerns	Naturopathic medicine incorporates many different modalities and philosophies that are taught by many folks outside of naturopathic organizations. We should be able to educate ourselves from any credible source that supports way we practice in our various scopes of practice. Especially given my area of specialty, there are few ND organizations offering the information I need to stay completely up to date.
Yes	Share concerns	I do have multiple layers of concerns. First, there is not full disclosure of conflicts of interest between accrediting agencies and the CME conferences they offer (i.e., receiving profit from the credits they approve). Second, I have found the quality of education offered by the naturopathic organizations to often fall short of the level of training I need to provide excellent primary care. Third, I don't think the board needs to dictate what I need for my patients; rather, I am best positioned to determine the gaps in my training that affect my provision of care. Fourth, I feel it is immensely important to advance my awareness and practice of inclusive medicine that is aware of how to intervene in health inequities at a rigor I am not seeing from the WANP or AANP. Finally, I have a limited income from my practice, and it is not cost feasible for me to take on training I don't need, when that expense item needs to be directed toward the training I do require - again, I can decide this better than the WANP or AANP.
Yes	Share concerns	I treat highly complicated patients and need the freedom to choose continuing education that best serves my education to better help my patients.
Yes	Share concerns	Requiring ND's in WA to attain Category 1 credits from AANP, WANP, and similar organizations is a conflict of interest and does not reflect the way many of us practice in this state. We have a broad scope of practice that includes many, many aspects that we can only update through conventional programs. We are all over-worked and under-paid, and our time is valuable. We all have to target our CE hours on topics that we are actually using to stay up to date. For the last ten years or so, I've looked at the lineup for AANP and laughed out loud. Not only have the offerings been completely irrelevant to my practice, some content-for-credit is not grounded in science or in modern ways of practicing naturopathic medicine. WANP has done a better job, but still doesn't offer what I need for my practice. I have withheld my annual membership with both of these organizations in protest.
Yes	Share concerns	I think that there are many other options to receive CE credits that may apply if one has interests that aren't offered by naturopathic organizations.
Yes	Share concerns	Not all naturopathic organization CE is relevant to primary care. We need a mixture.
Yes	Share concerns	They are hard to obtain, hard to plan for attendance.. and EXPENSIVE.... This gets very costly when our practices are not robust. There needs to be more opportunities.
Yes	Share concerns	It is revenue enhancement without regard to accepting the onus of producing high quality, high value CE programs.
Yes	Share concerns	Yes, we are specialists in a number of very effective modalities, often professionals in those modalities are not naturopaths, however they are far more educated and practiced in that field.

Yes	Share concerns	I feel like specifying "20 hours" is micromanaging me. The ND profession is broad. I focus on prediabetes, homeopathic injections, and biofield testing. I get very little value from ND sources of info for these (I do get plenty of education from ND's who put on classes but they don't give CEU's because it's a huge amount of red tape for them). I get plenty of education (way more than 60 hours / 2 years) from alot of education including conferences like the Metabolic Health Symposium & the Standard Process events. The issue is not the amount of total hours, but the exact proportion that has to come from an ND accreditation. Again, I use lifestyle to heal & I can run circles (having a background in Exercise Science) around many ND's so I don't find the WANP education geared to the very specific 3 things that I do.
Yes	Share concerns	It is such an obvious conflict of interest that I am shocked we are still having this debate. The board is overstepping their role. Their job is to PROTECT PUBLIC SAFETY. That is it. That is the role of the board. I understand that many individuals may have ties and relationships with naturopathic medicine. I get that people on the board may be concerned that naturopathic medicine is being watered down, diluted with mainstream medicine, that our identity is disappearing. The DOH board is not the place to have this argument. The role of the board is to protect safety. Making me take ND specific coursework is not about safety. It is about preserving our identity. This is such an inappropriate channel to try and force this identity platform.
Yes	Share concerns	This narrows options too much and unnecessarily. I don't ever need all my CME to be outside of what is offered by naturopathic organizations but it is not uncommon for some of my CME over the years to be from mainstream medical sources that I really value as a doctor.
Yes	Share concerns	It's near impossible to get courses covered by CE.
Yes	Share concerns	Leads to Limiting beliefs
Yes	Share concerns	Limits my resources
Yes	Share concerns	The naturopathic organizations do not have clear conflict of interest outlines and I believe that to have an ethical and professionally recognized organization and licensure that needs to be addressed. I also believe that functioning as NDs do in Washington state we are at the forefront of public health and education and I should be able to select continuing education that allows me to feel competent and able to rightly educate my patient population.
Yes	Share concerns	The quality and breadth of topics of the presentations from the organizations in question must be improved.
Yes	Share concerns	i don't need help with naturopathic methods but competence covering the most risky scope of practice, prescription management and standard of care.
Yes	Share concerns	Requirements are politically motivated.
Yes	Share concerns	I am a primary care provider and seek education in areas that serve me most. Requiring naturopathic cme goes against the premise that we are primary care providers in WA state.
No	Share concerns	It is more expensive and harder to gain access to CE that I find relevant under the current rule.
Yes	Share concerns	I'm very concerned about the conflict of interest of the governing organization as one of the providers of continuing education.

Yes	Share concerns	<p>In addition, some of the content offered by the aforementioned naturopathic organizations has been questionable in the past. I have seen courses offered in aromatherapy, sound therapy, for example, which are not evidence-based therapies, and have little place in primary care medicine.</p> <p>I am also concerned about the potential for conflict of interest, as I have read transcripts of past BON meetings in which members of the organizations that currently have category one exclusivity have argued that they need the revenue from CE courses in order to exist. I would argue that it is not the responsibility of the BON to help secure revenues for these organizations. If they offer quality CE content, their courses will be well-attended. They do not need to be granted exclusivity - the BON does not work for them. I would happily attend a pediatric-focused conference put on by the WANP for example. The PedANP conference that was offered only once in the past was excellent - I'd love to see a similar conference with presentations from my colleagues in the future.</p>
Yes	Share concerns	As primary care physicians in WA, we are treating patients with so many different conditions where Naturopathic treatments aren't strong or always an option. It is good to get medical information and education from several different sources. I will always choose to learn Naturopathic education first, but it would be good to get information from other sources.
Yes	Share concerns	Yes, it is very limiting to our continued education as primary care physicians and specialists to only be allowed CME from naturopathic organizations. We have much to learn from outside of the naturopathic realm, especially if we want to be considered equal in the eyes of the state and National governing bodies.
Yes	Share concerns	I'm very concerned about the conflict of interest of the governing organization as one of the providers of continuing education.
Yes	Share concerns	I'm very concerned about the conflict of interest of the governing organization as one of the providers of continuing education.
Yes	Share concerns	If the CE satisfies the ND scope of licensure and it is offered by a reputable source it should be available to me to learn from. When credits only comes from naturopathic organizations the available scope and content tends to be more niche and limited in access. Also sometimes our professional ND experts aren't getting accredited by all the organizations. I choose CE based on what my practice needs NOT who certifies the credits.
Yes	Share concerns	After 20 years of practice, I want to take CEU's in areas that excite me and keep me current. Our scope of practice is broad and we should be trusted to find what we need to support our practices. Not to be limited or forced into a narrow box.
Yes	Share concerns	We are physicians first as a primary care provider before naturopath. We should be allowed to get further CEU on any organizations provide physicians level or primary care trainings.
Yes	Share concerns	Please see my answer above, which includes the answer to this.
Yes	Share concerns	I find that ND CME no to be as well done
Yes	Share concerns	There are limited courses available from these organizations and most are quite costly.
Yes	Share concerns	For me personally, having practiced for almost 20 years, I feel limited by having to take ND focused CE. Have been taking western med CE for several years now. I have taken some of the WANP or AANP courses multiple times at this point, with limited added value each time.
Yes	Share concerns	It's a significant number of hours, and it's a burden for those who practice as PCP and use more conventional standard of care. It is too restricted of a list.

Yes	Share concerns	It is limiting to the pursuit of well rounded knowledge and is an open door for criticism within a field that already receives a ton of criticism.
Yes	Share concerns	Cost and finances, as well as covering interests. Many reputable CMEs are available at no cost.
Yes	Share concerns	Please see my response in question #3. Generally I trust the state associations to understand their professional members. And yet there are many resources outside of state associations. I think the investment is one at least partially guided by financial motives on part of the state associations.
Yes	Share concerns	That I will need to pay for CE that doesn't actually support me in my primary care work so then I need to pay for more CE than I need to cover the education I need from more conventional sources.
Yes	Share concerns	Integrative care involves an understanding of what is new in all fields of healthcare, not just ND.
Yes	Share concerns	None of the required ND cat 1 organizations support CME for primary care pediatrics. Very little of them offer high quality CME for gynecology related conditions. Very little is related to the practice of primary care. Two of the current organizations offer CME for Homeopathy, which is not evidence based, and communicates to the larger medical community that NDs do not value actual sound medical information.
Yes	Share concerns	The materials/information presented only(mostly) NDs could narrow our learning and perspective as health care providers.
Yes	Share concerns	It seems self-promoting. Those on the board provide CE courses through CE entities, thus guaranteeing they will get paid for CE courses through limited outlets.
Yes	Share concerns	See #3. Requiring CE opportunities to only these three naturopathic organizations limits naturopathic physicians from utilizing avenues for education that are open to MD and DO peers.
Yes	Share concerns	Limits other credible science sources
Yes	Share concerns	i have multiple degrees, they should overlap in ability to count CEUs, my knowledge of acupuncture, for example, informs me just as much -- if not more! -- on the vis as ND CEU classes, which a lot of times, are just studies after studies of this and that, take this supplement or that supplement, and in the end, actually don't tell me diddlysquat about the vis!
Yes	Share concerns	I understand the desire to keep Naturopathic training central to the profession however I feel each of us should be able to choose to extend our training in a broad fashion which is what drew us to Naturopathic Medicine in the first place.
Yes	Share concerns	I appreciate requiring credits from ND organizations, unfortunately they are often very expensive. Other organizations can help fill in the gaps with diagnosis and other standard treatments, though I think some credits still need to be ND based to continue to learn about the alternative treatments and testing which is often why patients come to see an ND.
Yes	Share concerns	I have a particular specialty in Autism and need continuing education on this topic. I typically do not enjoy or get much benefit from the ND focused conferences and disagree with these being the only source of approved CE.
Yes	Share concerns	This requirement limits our ability to receive credits from other sources that offer high quality continuing education that is relevant to our practices. We are highly educated professionals who are quite capable of tailoring our education to meet the needs of our practices.

Yes	Share concerns	The current offerings are not adequate to meet the broad needs of our profession. The cost vs the quality of the trainings coming out of our naturopathic organizations make it cost prohibitive for so many already struggling providers who then find themselves still needing additional training to stay current and safe in the practices they currently operate. Category 1 (as used by our allopathic counterparts whom our educational institutes are trying to mimic) implies the highest degree of training complexity or practice safely addressed in the training; this is not what is seen by the sum total of the offerings in the 3 organizations currently listed.
Yes	Share concerns	Requiring credits to come from naturopathic organizations is extremely limiting as there are very few ND organizations that offer CEs and topics are limited to what these organizations offer, which may not be relevant to providers' practices, depending on our specialty. This excludes opportunities for continuing education and professional development from other professional organizations that may be more relevant to our practice and/or contain important topics that are not offered by ND organizations.
Yes	Share concerns	More options means more competition to create better CME
Yes	Share concerns	I think that some should come from naturopathic organizations but not all.
Yes	Share concerns	Limiting
Yes	Share concerns	Everyone's practices different – the CME needs to suit the practitioner.
Yes	Share concerns	Limits availability of CE as well as potential topics of interest for CE.
Yes	Share concerns	I disagree whole heartedly with this requirement for ND CME. I begs of conflict of interest or commercial bias. for those of us doing wholistic primary care a lot of the courses are irrelevant to our clinical practice. Choice in high quality CME is always preferable to pick ares of relevance and clinical weakness and desire to develop our clinical skills.this limitation is a red flag for our profession and state NDs. I disagree 100% and will be not renewing my license, which I planned to keep because of the last ND CME I was forced to take because of this new requirement.
Yes	Share concerns	See above. They do NOT meet my full needs as a primary care doctor in WA state.
Yes	Share concerns	Yes, while naturopathic organizations can bring a unique perspective to our practice, we are doctors with very diverse practice styles and specializations. Our professional organizations are too small to provide the breadth of continuing education we need. Plus I am concerned about conflicts of interest.
Yes	Share concerns	My main concerns is that the offerings are limited and significantly more costly than from many other organizations. Additionally I am challenged to find enough credits from naturopathic organizations that apply to my practice (primary care with an emphasis on pediatrics). Therefor I am often having to spend money on CEs that are less applicable in order to meet the required number. I would prefer to be able to do all the naturopathic credits that are applicable to me and be free to choose other types and accredited organizations to fill in. I am obviously committed to naturopathic practice, so I don't believe that removing the limit would cause me to abandon naturopathic focused CEs but it would vastly help with my clinical practice to be able to cast a broader net for continuing education.
Yes	Share concerns	There doesn't seem to be enough naturopathic organizations offering CEs to cover Cat1 and Cat2 or enough varied topics for us to continue a well-rounded training while in practice.
Yes	Share concerns	I do CEs via the ND organizations only when applicable to my practice. Otherwise it's a waste of time, money and education.
Yes	Share concerns	there are many venues that offer education that apply to our licensing that aren't naturopathic organizations.

Yes	Share concerns	It has been unclear to me if the botanical medicine conferences that I go to are covered and this is my preferred source of "naturopathic" education - and again, highly limiting to think that only naturopathic organizations could provide useful education for NDs when we share so much scope territory with others.
Yes	Share concerns	I am all for supporting our professional organizations, but I have felt the fix was in to drive business towards these organizations as a business move as opposed to an educational move. Many of the offerings are not useful to my practice and the attendance requirement restriction to these are counterproductive to actual CE education that would benefit me.
Yes	Share concerns	There has been confusion at what the requirements have been over the years including with the changes prior to the Covid-19 emergency and after.
Yes	Share concerns	There is plenty of crossover education in the broader medical field that naturopaths need to be aware of.
No	Share concerns	Follow the money. Why limit yourself to one point of view.
Yes	Share concerns	A lot of the people in charge of making rules are set up to financially benefit from the requirement of having to take CE from them
No	Share concerns	The amount of hours for a naturopathic physician could be increased to ensure up to date information. New information and treatments are coming out at rapid speeds. In my experience most practitioners get by with the minimum requirements. The most proficient naturopaths opt to take extensive training to maintain quality of their services.
Yes	Share concerns	The options are too limited
Yes	Share concerns	We should be allowed to choose where to get our credits as long as they fulfill the requirements to maintain licensure
Yes	Share concerns	How could it possibly serve professional competence to limit educational resources? This seems as reasonable as telling a high school grad that for the rest of their life they could only learn from the same teachers they had in High School. There are neurology seminars, pharmacy seminars, advanced training in laboratory screens, diabetes care, and a myriad of topics from experts in the field. Why would a professional licensing board attempt to limit the education of its licensees rather than promote excellence. It is unfathomable and downright detrimental to public health.
Yes	Share concerns	ND fundamentals do not change or update. They are what they are and we have all already paid a lot of money for them. It's ok to include them as an option in that 20 credit requirement. But to mandate 20 credits every 2 years coming from those orgs only is quite painful and cost prohibitive. Like I said - 2 credits per year or 4 in 2 years is more tolerable.
Yes	Share concerns	There are many non-ND organizations that have great seminars that other ND's are attending and bringing the information into ND seminars to share. Wouldn't it be great if we could get credit for first hand experiences of non-ND sponsored health care information as well as ND information.
Yes	Share concerns	NDs in WA serve as both PCPs and specialists and we should have the ability to obtain the same CME that is available for all physicians in WA state and to choose the CME most relevant to our practices. Often this is not the very limited CME offered by the approved organizations. ACCME has a much broader audience and therefore, more and often higher quality, better vetted offering, and more consistent with standard of care medical practices than what is offered by naturopathic institutions.
Yes	Share concerns	The concern would be tunnel vision in content and requirements. We need to secure training and education from a diverse collection of educators in all walks of life and cultures.

Yes	Share concerns	These naturopathic organizations fall deficient in their offerings to meet the yearly CE requirements wrt competent content.
Yes	Share concerns	Some of the best and most affordable continuing education I have done is through UW. I do not agree that we should have to have CE from naturopathic organizations.
No	Share concerns	Options are too limited and not related to enough of the training that can actual increase income opportunities
Yes	Share concerns	Historically, naturopathic organizations host CE events sponsored by evaluation and management vendors (lab and/or nutraceutical companies). To my knowledge, this doesn't happen at educational events held by the ACCME and other organizations mentioned in question #2. ND's should be given access to non-sponsored events for CE credit at their discretion.
Yes	Share concerns	It feels like a financial conflict for WANP and AANP.
Yes	Share concerns	Limits options for where we can get cost effective CE in topics particular to how we practice
Yes	Share concerns	The hours are expensive, and the quality isn't any better than from other sources.
Yes	Share concerns	I like taking CE that is naturopathy based as it is most relevant to the philosophy that I specifically study and utilize. However, most of the naturopathic organization based CE is very expensive for few credits. In our profession, many of us don't make much money, and the price of most of the CE requirements seems exorbitant. Plus, when we are held to standard of care, we need to be receiving CE that updates us on changes USPSTF and other evidence-based organizations. This is a difficult profession in which to work because there aren't many opportunities to have a residency or join practices, and it seems that many colleagues are creating CE as supplemental business opportunities. This is fine for those who find a space doing that, but to me it feels like information sharing is diminished and it has become a marketplace of directed sales. I find more help on Facebook groups. It is not that I don't want to pay people for their expertise, but there could be much more community building and moving us forward as a profession if we tried to share and lift each other.
Yes	Share concerns	I think making this a requirement is a bit silly in terms of the goal of CME, which is for us to keep our knowledge and skills up to date. We should pursue education in areas relevant to how we practice. Not every ND does complex disease management with IV care, not every ND does "Nature cure", we pick and choose tools appropriate to our practice and patient demographic and apply the tools we learn through the lens of Naturopathy. Forcing us to learn tools we may never use in practice my requiring credits from a very small subset of accredited CME that may not be geographically or financially accessible for all NDs defeats the purpose of CME. It will also encourage ND accrediting bodies to come up with more competitive CME offerings and eliminate a perceived conflict of interest between the WANP and WA Board of Naturopathy.
Yes	Share concerns	I'm of the position we go back to the original way we've done it for year's, It's too complicated and expensive to do it this new way and dramatically limits the different kind of courses we can take.
Yes	Share concerns	I don't think the WA naturopathic organizations provide the type of CE courses that interest me or are relevant to my practice.
Yes	Share concerns	It seems like a way for the organizations to make money. I am living in Montana and go back and forth between states. I should be able to get credits for MANP conferences AND I am bored of hearing the same stuff over and over again after 20 years and would like to learn NEW things in the allopathic primary care or specialty world.

Yes	Share concerns	Credits should be inline with current medical standards if we want to continue practicing as PCPs. The ND organizations could offer CE that recommends applying guidelines with the ND approach (much like conventional orgs like AAFP, AAP, ACOG, etc). Too many of currently offered ND CE are sponsored by profit-seeking organizations that require those products to apply learning and may not follow medical standards.
Yes	Share concerns	ND's spent over 150,000K to get a Naturopathic Education. Learning as a professional is enhanced by learning from people with different training, and from experts in our field. We need both options
Yes	Share concerns	I think credits should be allowed from MD's, Nurses, and pharmacologists (for the pharmacy credits) , and even others (PT/OT) to allow a larger pool of courses, otherwise it can be hard to find credits that pertain to each doctor's specialty / interests.
Yes	Share concerns	Like most of my colleagues, I am concerned about conflict of interest and financial gain by the naturopathic organizations and companies offering these CE; quality of the education of these CE; and relevancy of these CE and organizations to my personal private practice.
Yes	Share concerns	It used to be that we had less strict requirements and could learn anything that helps us in our role as doctors. I support less strict requirements because every naturopath has certain specialties they focus on that may not be even taught by these organizations. MDs are now studying "functional medicine". Functional medicine is at the heart of naturopathic medicine. We should be able to go to a functional medicine course and get credits. Same for herbalism, homeopathy, or anything that naturopaths believe in. To me, many of the naturopathic conventions are designed to temper our naturopathic beliefs and instead of teaching naturopathic therapeutics, they are heavy in pharmaceutical and left wing ethical concerns.
Yes	Share concerns	There are many high quality legitimate sources for continuing education. We started out as an organization and profession being interested in sharing our knowledge with and learning from other healthcare professions. To only recognize CEs from Naturopathic organizations is limiting our options when we are trying to run businesses and care for families. It is also reducing our access to a variety of excellent quality information, to an understanding of how our colleagues from other professions approach things. We do expect to share patients, refer to other HC professionals, and try to learn form and educate each other on our approaches in the care of our patients. We should open this up to our CE acquisition as well.
Yes	Neutral	I believe that sources for CE should not be limited
Yes	Neutral	I would like expansion of naturopathic organizations to be included in the rule
Yes	Neutral	I don't have any issues with the sources of CE - just confused about what is actually required when.
Yes	Neutral	It's not something I'm concerned about
Yes	Neutral	Limits CE
Yes	Neutral	limiting choices of education is some concern.
Yes	Neutral	Limits the amount of CE with limited time or larger financial burden for more significant ce
Yes	Neutral	Would be nice to be expanded
Yes	Neutral	I like the concept of keeping some of our credits ND focused but just need a wider variety. WANP and AANP tend to be very expensive and cost prohibitive for those practicing primary care on insurance reimbursement.
Yes	Neutral	I am not against having naturopathic CME as long as it is quality and some of the CME offered is clinically relevant to my practice.
Yes	Neutral	I would want ND conferences to continue to thrive/expand so that is potentially at risk if rule changes.



Yes	Neutral	I think that credits should be able to come from a variety of sources and not just naturopathic organizations.
Yes	Neutral	It's expensive and limiting - it should include CE put out by the naturopathic schools and ideally all of the licensed-state naturopathic organizations provided they meet a national basic standard. Having more options is better.
Yes	Neutral	It doesn't seem like they may be necessary if someone is obtaining 60 credits from other sources
Yes	Neutral	I like that our profession wants us to receive CME from the WANP, AANP, and NANCEAC. But I do understand everyone has a different practice style and some may want CME from other CME offering bodies.
Yes	Neutral	I have mostly attended WANP/AANP based conferences over the past 10 years exclusively, as well as programs via UW in my area of interest, and conferences put on by colleagues (for example Dr. Tori Hudson). I have kept to our associations conferences for convenience really but would like to have the option of using credits from other associations if the situation arises.
Yes	Neutral	I didn't check share concerns
Yes	Neutral	I would like to see a broader swath of offerings allowed in general, as our practices are widely different, requiring widely different educational needs. I am neutral on the credit tiers discussion.
Yes	Neutral	I'm neutral
Yes	Neutral	The rules are very confusing— because Botanical Medicine groups offer credits as well. Technically these are not from WANP or others.
Yes	Neutral	Cost and time and availability. Also feel at times it is NOT the best for CME
Yes	Neutral	It is important to be updated from other sources as well.
Yes	Neutral	I think I'm somewhat it creates a monopoly for places to get CEs and to get cat 1 certification is very difficult.
Yes	Neutral	It's ok if credits come from naturopathic organizations, it's less ok that a large proportion need to be pharmacy credits when many NDs do not use pharmaceuticals that heavily in their practice.
Yes	Neutral	no, not really. I can be limiting, but there are options out there.
Yes	Neutral	I think it's good to support ND associations / organizations but sometimes they're way more spendy than other CEs so it's nice to not be required to go through them.
Yes	Neutral	cost
Yes	Neutral	I think it's good to support ND associations and organizations though sometimes they're very overpriced so it's nice to not be required to go through them.
Yes	Do not share concerns	I don't have any concerns with the current rule, I think is fair and reasonable and was into place with good rationale.
Yes	Do not share concerns	I am not concerned about NDs getting CME from ND organizations.
Yes	Do not share concerns	I feel as a community with diverse specialties and philosophies, it is important to have a wide variety of CE available that qualifies for license renewal.
Yes	Do not share concerns	My only concern is that all communication from DOH is very confusing. In English written for a 10 year old, when do we need the credits that were supposed to be waived?
Yes	Do not share concerns	I don't have any concerns with current rules requiring credits to come from naturopathic organizations. I have attended WANP, AANP, and I really enjoy AAMP conferences which fulfill the criteria- all conferences are high quality and support professional competency.

Yes	Do not share concerns	selection, monopoly, quality
Yes	Do not share concerns	I didn't answer share concerns so I didn't initially answer this. I like being able to get CE from sources that provide a wide range of opinions and options based on my interests and clients needs.
Yes	Do not share concerns	I have no concerns.
Yes	Do not share concerns	Happy to broaden the scope of CEU offerings
Yes	Do not share concerns	I think it's great that there is encouragement to do CE that focuses specifically on naturopathic therapeutics and approaches. I just think it shouldn't be unfairly restrictive and expensive. There is no quality difference between ND continuing education approved by WANP vs that approved by OBNM. It makes it harder to find CE credits that are pertinent to a particular area of practice to have such restrictions on who can approve the CE.
Yes	Do not share concerns	I don't have any concerns.
Yes	Do not share concerns	I am proud of our national and state organizations that have put on stellar conventions that promote the continued growth of Naturopathic medicine. If I wanted to be a nurse practitioner, MD, DO or PA, I would have gone to school that those professions.
Yes	Do not share concerns	Do not have concerns as long as OncAnp is accredited by Aanp.
Yes	Do not share concerns	I think the current rule is appropriate.
Yes	Do not share concerns	My major concern reading this is that these questions seem biased and leading. Did an independent party write this survey or a board member with a specific agenda?
Yes	Do not share concerns	I do not have concerns with the current rule.
Yes	Do not share concerns	No concerns with CE from naturopathic orgs, ideally the process should be clear, transparent, and good enough to be followed by other orgs.

## Continuing Education Survey V1

Do you currently hold an active Naturopathic Physician License in Washington State?	Has the requirement for 20 hours to come from the WANP, AANP or NANCEAC caused you significant burden in terms of:	Do you have comments you would like to share regarding question #6
Yes	a little of both;	I was able to do the virtual WANP this year which was great. I want to do AANP but I absolutely hate doing conferences in July. The summers are super short as it is and the last thing I want to do is travel and sit in a freezing conference room all day.
Yes	Both;	These orgs don't have much relevance to my day to day practice, and I balk and spending over \$400 plus potential travel expenses to attend programs that are irrelevant. Don't waste my money or my time.
Yes	Both;	
Yes	Concern for focus of CE offered	
Yes	Concern over quality of CEU and limited education ;	
Yes	course choices;	It has restricted some of my choices for Continuing Education. Specifically, I'd very much like to see OBNM-approved courses (Oregon's ND board) included, as I've seen that certification on many of the courses I'm interested in. I have taken some of them, however, applying them to the hours beyond the 20 mentioned above.
Yes	Distaste for the decision and autonomy to chose CME appropriate for me, my practice and my patients.;	
Yes	I am newly licensed in WA so I cannot comment.;	I am newly licensed in WA so I cannot comment.
Yes	I am relatively newly licensed in WA and can't say. ;	I'm not even sure what NANCEAC stands for. However, my interest is in mental health and I devote many hours of CME in this area. I'm not yet on the WANP mailing list so I don't know but at least in Oregon there is an occasional conference on mental health but it's still sparse. Going to other organizations for CME has been incredibly helpful.
Yes	I think it is fair, but limits the scope of topics.;	
Yes	Is not a significant burden ;	N/A
Yes	it is limiting a full expansion of knowledge ;	
Yes	it's fine;	
No	I think it will definitely be more expensive though this year is when I will notice it the mist as I am currently doing my CE for this licensing period. ;	I also believe having access to different types of CE will be profoundly beneficial in keeping ND's knowledgeable in primary care.

Yes	It can be an inconvenience for some- but it has not been a burden to me;	I personally enjoy attending Naturopathic focused education events, but in the past I have attended one or two events that were from Medical Doctor focused organizations. I also use a lot of UPtoDate and have over 400 units there, part of me would love to have these units as "back up" but the other part of me knows that if these were to be counted average Naturopathic Doctors would likely (based on time and money) decrease attending Naturopathic focused CE.
Yes	It has not. I haven't been impacted by it at all. I don't mind it coming from these associations. ;	I think we should be in support of our naturopathic profession and at the least have minimum requirements for CEs for enhancing our understanding of the ND philosophy. Many of us really love naturopathic medicine and many of us don't want to practice primary care.
Yes	it might not be what i need to learn for my practice;	
Yes	it's not where it comes from it just takes time and money no matter where it comes from;	
Yes	Just limiting in experience;	
Yes	Lack of variety and options. ;	
Yes	Limitations on options;	
Yes	Limited topics around my area of practice ;	NDs have such varied practice types and specialties that finding a conference that matches my practice/interests can be difficult so I do other additional CMEs elsewhere. This is why a change to accept other types would be beneficial to me. But I don't see the 20 hours itself as a burden.
Yes	Limits the CE I want, because it has to be topic they have a class on ;	
Yes	Lower quality education ;	I am completing continuing education that is of lesser clinical value to my practice to meet this requirement, where I would rather study more complex topics. Many AANP and WANP conferences are focused on primary care not in depth specialty care.
Yes	Money;	yes, the ND CE are more expensive than the conventional offerings, but often do not provide the same benefit of most up to date management of primary care practice
Yes	Money;	These CE credits are typically very expensive. Often more than our annual license fees.
Yes	Money;	I can find high quality and more affordable and flexible CME in other places.
Yes	Money;	I don't think the cost of CE should be burdensome and it can be tough to pay for CE, especially as a solo provider.
Yes	Money;	WANP and AANP conferences are quite expensive. I find the 1-2 hr periodic WANP CME to be more accessible
Yes	Money;	I serve 35% Medicaid. I get \$94 for a well child visit and \$80 for a problem focused visit. Money is a huge issue.
Yes	Money;	In a state where we do not get paid as much as our MD counterparts, it is just adding extra financial burden to require we receive CEs that tend to be quite costly. If finances are tight, there are plenty of free CEs available, that I think we should be able to choose to access.

Yes	Money;	Many CE options exist for MD's that are significantly less expensive than the ones offered by the approved naturopathic organizations. Considering that ND's have so much lower incomes on average than MD's, this is ironic and unfair. Many, many of us struggle to pay our student loans while making a very modest living, so the price of CE's is a very real concern.
Yes	Money;	I am spending about \$700 a year more for CE than I did before the new rule went into effect.
Yes	Money;	I've only been practicing for 7 years but if it gets too constrictive, I'm about to peace out.
Yes	Money;	Quality of CE from purely WANP and ANNP is inconsistent, and also so often is better for newer docs and less for those of us who have been practicing for more than 20 years.
Yes	Money;	Many reputable MD CE are available at no cost
Yes	Money;	There is at least an appearance of a conflict of interest with this requirement when a mandated source of continuing education is being paid to provide those required hours!!!!
Yes	Money;	'free CE' opportunities from appropriately accredited bodies are no less valuable; it is costly to run a solo ND practice :-)
Yes	Money;	I don't think I'm an oddity - it's financially a nightmare to keep a private practice open, let alone receive a decent income. CE, in general, is a large chunk of money for many of us.
Yes	Money;	Same as number 5, regarding money. It is much easier to find reasonably priced credits with a larger pool of courses.
Yes	Money;	If you require us to purchase from very few organizations, they can charge any price they want.
Yes	Money;Disinterest in topics offered;	
Yes	Money;Options in learning;	
Yes	Money;Time;	The available CME options from these organizations are often not specifically within my frame of personal practice and would prefer the ability to choose CME offerings that would benefit my patient-base.
Yes	Money;Time;	Limited options. I am a specialized provider so most of the offerings approved by these providers simply have nothing to do with my practice. I am forced to study conditions and problems I never see clinically, which is a waste of time and money and doesn't improve my ability to help my patients. If I could expand who I get credits from it would help a lot to focus on the areas where I practice (which are not that common in naturopathic medicine).
Yes	Money;Time;	When we have to take 20 hrs to learn about modalities or medicine that are occasionally relevant to our unique practices, then it becomes a waste of time and money.
Yes	Money;Time;	Many courses do their CE approval through the Oregon board only because it is so much less expensive than going through the other organizations. The CA board is also a common approval organization. What this means in practice is that many of the CE classes I want to take and pay for and spend money on still don't count for a 1/3 of my hours even though they are approved by an ND source. This is very frustrating. I also find that there are limited offerings in modalities like counseling, physical medicine, and homeopathy that get ND approval even though these are core parts of our medicine.
Yes	Money;Time;	There are practitioners living out of state and cannot afford WANP... The AANP conferences never fit my schedule: usually in the middle of the summer so I have not made that conference in years.
No	Money;Time;	It is hard to find CE credits from this group.

Yes	Money;Time;	Money and time are limited in our profession to many. We don't make enough money for the cost of each CE - which runs at the low end of \$30/CE and upwards.
Yes	Money;Time;	I have not been able to enjoy the material as much as what I would like to be learning
Yes	Money;Time;	My area of focus in sports medicine. There are almost no conferences in the naturopathic realm that offer me any continued education in this field of study; they seem limited to certain fields. I have to pay and take continuing education on courses that don't offer me much value and then I not get credit for courses I do take that do offer value for myself and my patients.
Yes	Money;Time;	As a provider who specialize in Pedagricts and fertility, I've had to take course updating those fields as well as have to take courses just to get the 20 credits but was not helpful for my practice. Therefore it was lost money and time.
Yes	Money;Time;	I have had to purposely search for seminars in those organizations to fulfill the credit requirements and my interest requirements. I attend many seminars that offer CE's that were accepted and now are not accepted due to the WANP/AANP requirement.
Yes	Money;Time;	It's an undue burden on my colleagues who practice in a more conventional setting to have to spend so much time and money to meet this requirement.
Yes	Money;Time;	In general, many of us are operating on a very slim profit margin and \$2,000 for a conference is rarely something I can easily afford. Thankfully, I have been speaking at more conferences which is fun and helps me be able to better afford
Yes	Money;Time;	If naturopathic CE credits were more cost effective, I would do even more naturopathic credits. Additionally, I do not want to spend time or money on CEs that will not be useful to my practice but I am forced to do both with the
Yes	Money;Time;	I still attend all the other CE that I need for my education as a doctor *in addition* to the naturopathic CE i am required to complete
Yes	Money;Time;	Unable to pay large sums of money to go to elaborate conferences
Yes	Money;Time;	I had taken other courses that could work for both my ND and EAMP licenses in the past that no longer counted toward the ND portion. This was frustrating.
Yes	Money;Time;	Most CE cost \$ and we often have to talk time off work. Free AANP CEs are available and that's great, but busy NDs do not have the time.
Yes	Money;Time;boredom;	

Yes	Money;Time;Difficulty figuring out what counts.;	I have a ND license in multiple states including a natural childbirth license. There are so many requirements that I need and in 2 states there is a lot of overlap. The requirements for Washington state require me to participate in courses that do not overlap with the others, so my total CME/CE requirement goes up even higher. The different states have different scopes as well so I want to be able to be selective and keep a lot of the CE within my scope and individual practice type. Prior to covid-19 shutdowns many CME activities were in person. I travel to different coasts for work, am on call for births, and am currently in a rural area. In person choices like before are difficult also as I see many vulnerable patients and prefer not to go to large events in a small room with a lot of people.
Yes	Money;Time;limits content;	
Yes	Money;Time;Lower Quality CE ;	The WANP/ AANP and NANCEAC requirement leads to more burnout with being forced to complete niche ND required CE as well as the higher quality (MD/ DO/ NP geared) CE that I choose to pursue to stay actually up to date on medical topics and my ability to provide quality medical care. In general I have also seen a lot less evidence of conflict of interest in CE that complies with Accreditation Council for Continuing Medical Education as compared to AANP, WANP etc.
Yes	Money;Time;Not enough choice of high quality CME to support my practice ;	
Yes	Money;Time;Not learning the things that best suit my practice;	There is a need to recognize CE from other accredited sources. For example, I wanted to do a diploma in clinical hypnotherapy which would be very helpful for my chronically ill patients (pain management, emotional trauma) but was told that the credits from the accredited course would not be recognized as CE credits for my licensing. This is actually very relevant for my practice, but it was considered too much work for the council to review.
Yes	Money;Time;Persecution;	Lots of targeting, via profiling and hacking --- very dangerous & the ND profession needs to be mindful.
Yes	Money;Time;Relevance to my scope of practice as an urgent care and primary care physician.;	
Yes	Money;Time;Selection of topics ;	The selection is limited.
Yes	Money;Time;Still needing to spend other money/travel/time on more relevant CEs;	

Yes	Money;Time;Stress and frustration of figuring out what falls into which category. Wasting CEUs (and money and time) on irrelevant course work that is approved rather than taking courses that are interesting and relevant to my practice.	I used to look forward to finding CEU courses, learning something new and interesting. Now it is a dreaded slog to meet requirements. These changes have ruined the joy of learning. And I am not more competent or safer for it.
Yes	My interests are seldom met by WANP cme;	See above answers
Yes	Neither;	No, adequate amounts of credits are available free or at low cost and with a virtual option through these organizations
Yes	neither;	The only reason this is not a problem for me is because I tend to speak at naturopathic conferences so I often attend them for free and get the CE. If that was not the case I think it would be harder to do.
Yes	no burden;	I would appreciate if my colleagues could get quality CE in their area of interest that would qualify. If not, it would
Yes	No burden;	Absolutely no burden. I appreciate the WANP, AANP and NANCEAC
Yes	No it has not, these are the organizations I have always gotten my CE from. The requirement of 20 hours is also only a third of the total hours required. ;	Yes, I think the amount of time and energy that has been wasted bringing these questions back into circulation after significant work has been done to create the new guidelines is a fruitless effort when more of our resources could be going toward scope expansion or better pay parity. I'm disappointed that a survey like this has been created, it feels like a waste of time.
Yes	No, but I could see how it could for colleagues with certain types of practice ;	
Yes	No, it has not. I really enjoy supporting our naturopathic profession. ;	yes, I think there have been an emphasis on the impact and burden of money on the ND student but there are many of us who have successfully paid off our student loans. We don't practice in primary care or the insurance model at all except to provide super bills.
Yes	No. 20 hours very reasonable.;	Primary source of ND CME should be ND educators
Yes	No;	It seems like a biased question, looking for only a positive answer. No should be an option.
Yes	none ;	There is no more burden compared to conventional CE.
Yes	none;	I have been able to meet this requirement, but feel like all my colleagues should have equitable access to CE.
Yes	None;	No , it has not been a burden. I have been in practice 40 years and it continues to delight me when I do CE on a topic I am familiar with and continue to learn more. What is a major concern to me is that I get almost no credit for the endless hours of reading I do on my own. I really want those allowed hours (well documented) to count for a third of our 60 required hours.
Yes	Not a burden.;	No burden and frequently quite valuable, both in terms of content and connecting with colleagues and making new acquaintances.



Yes	Not in one year but I do like to sometime do regular medical CME to gain proficiency for primary care related topics. ;	
Yes	Often both time and money;	
Yes	Only a portion of the content is useful. ;	I have no objection to the cost or time requirement.
Yes	Paying for continuing Ed in topics that do not apply to my practice ;	See above
Yes	Specific times available ;	
Yes	This has not been an issue;	Again - super leading. This is not a neutral survey. The above question did not have an option indicating that these 20 hours had not caused a significant burden.
Yes	Time;	Please see letters that have been submitted to the BON regarding and above #5 answer.
Yes	Time;	limiting choices in getting education from multiple displanaries
Yes	Time;	60 hours every 2 years is a huge burden. Not only do I run 2 businesses, see patients all week long, and run a household with 3 children, but it is difficult to fit in all of these educational hours.
Yes	Time;	Only so much time and money for CE each year.
Yes	Time;	I am constantly taking coed's regarding my specialty of medicine. I usually don't count those and have to buy extra classes to meet the requirements.
Yes	Time;As NDs we are trained in Naturopathic medicine well, sure sharpening our knowledge is great, but the choices above limit our scope of knowledge.;	NDs and MDs could share the access to CME credits.
Yes	Time;Lack of interest ;	Na
Yes	Time;Money;	The naturopathic conferences are extremely expensive for little CEUs compare to other organizations.
Yes	Time;Money;	Repeating answer to #5 here.... I am dual licensed in Oregon and Washington. Additionally I carry two licenses (ND, LAc) Getting CEU for all these licenses is getting to the point of prohibitive because I cannot afford neither the time nor money to get CEUs for all of them. Meaning, each one requires about the same number of hours but they all have to be accredited by different bodies. It's simply not workable. I spend an inordinate amount of time just looking for sources, not to mention the finances to purchase them.
Yes	Time;Money;	no
No	Time;Money;	I no longer have my license because of this requirement

Yes	Time;Money;	I would like to be able to attain AMA CE courses as MDs do. I am tired of being separate and unequal. I am tired of this taking up so much time and money. I am personally passed off that MDs, DOs, nurses got a waiver for pandemic CE and we were told we did too, but then "oops! Sorry WA NDs weren't included in the waiver group!" Seriously?!?! The people who get paid the least didn't get a waiver? After we were told we had a waiver? How does stuff like this happen? Who's managing this? Why are NDs always treated like dirt?!
Yes	Time;Money;	These are very expensive credits and since I bill insurance as a mostly PCP practice they are a major source of cost for me.
Yes	Time;Money;	Can be hard to find the pharmacy courses that have this accreditation
Yes	Time;Money;	Let's make the process SIMPLER as opposed to more challenging please. Thus, it's be AWESOME if we returned back
Yes	Time;Money;	I have had to take courses that I am not as interested in and that aren't as relevant to my practice simply to satisfy
Yes	Time;Money;	I am comfortably able to meet the requirements for my California license in the areas of live conference attendance,
Yes	Time;Money;	If I am fulfilling medical CE that suit the needs of the practice why do I need to also get from the WANP?
Yes	Time;Money;	A stated above, I am paying for conferences that have very little clinical relevance to my practice. That wastes my time and money.
Yes	Time;Money;	The context of this question could be clarified by including all credits currently required, not just the 20 hours specified.
Yes	Time;Money;	I am accumulating dozens of hours in a training that provides CEs suitable for licensure boards that accept programs offered by approved sponsors of CE by the American Psychological Association. I would like to utilize them for my ND CE requirements.
Yes	Time;Money;	Some years all my CEUs were outside of a naturopathic institution and other years nearly all within. On years my CEUs were outside of a naturopathic institution the cost of my time (missing work, not being with my kids,etc) to fit in 20 additional credits was too much- and not beneficial because I wasn't invested.
Yes	Time;Money;	I speak for these orgs, I have been able to take some of my CEs for "free." Not including my labor, time to prepare for the presentation, and the presentation itself, and travel. The cost of the CE was included as my compensation. However, without that compensation, it is not even remotely cost effective when I can do a 4-day Primary Care conference through the University of Washington or Seattle Children's that completely supports my practice and expertise, for 1/3 the cost and time investment.
Yes	Time;Money;	I have had to specifically choose AANP or WANP conferences to be able to hit my requirement for CEs which has required travel and accommodations rather than choosing a wide variety of smaller CEs that are targeted more specifically to my demographic population. This has also required that I be out of town, affecting my ability to see patients during those weeks.
Yes	Time;Money;	I'm a single parent. I can't afford the cost of continuing Ed and I'm having a very challenging time getting the credits I need in while being able to earn a living and parent. Remaining in this profession is becoming impossible

Yes	Time;Money;	As noted, I have a limited budget in a small practice. I need that income to be directed at the most relevant skills, such management of diabetes medication, rather than other WANP/AANP offerings that don't affect core patient care.
Yes	Time;Money;	I am a practice owner and building owner as well as an ND. Taking time away from my clinic to attend conferences means I am not getting paid during my time away. The burden of covering overhead is significant and I feel stressed when I have to spend time away when I could easily spend the time on weekends to do CE's if we were allowed to complete them online at our leisure.
Yes	Time;Money;	It has not been good value for the money or the time. The social element of a regional meeting 30-40 years ago was a far trade off as it brought a cohesive group together, but now the meetings don't have a socially cohesive group or agenda, our diversity has become our völkerwanderung and to address the need for CE, limiting the provision of CE to these groups is no serving the public or the need for providers to keep current.
Yes	Time;Money;	I don't always find AANP or WANP CEUs relevant to my practice and prefer other courses. I resent having to take courses from these organizations. Feels political to me.
Yes	Time;Money;	Time: having to search for content within the limited accreditor list. Choosing content that fits the criteria and less on the needs of my practice. Money: I live on a border town and I am licensed in more than one state. I want to do CE that will satisfy the requirements of all states simultaneously. It can be costly when I have had enough CE completed but need to scramble to find the right accreditation for my board. Also the time to do that extra CE. And lastly the time to just juggle all my CE requirements is confusing and time consuming. Also CE rates through WANP and AANP are different if you are or are not a member. While I deeply appreciate the organizations the cost of my required CE should not be dependent on being a member to an external organization.
Yes	Time;Money;	I have added some CE hours that I wouldn't have done, but felt confused and unsure about fulfilling this requirement. I had enough hours, without these.
Yes	Time;Money;	i have multiple degrees, knowledge is knowledge, esp after school/graduation, we all grow according to our interests, shouldn't just be limited to NDs related things, but our individual passions outside of NDs can also inform our practice!
Yes	Time;Money;	There are zero "free" CE opportunities available to those who are not members of these organizations and attending paid conferences is only other avenue available to non-members.
Yes	Time;Money;	Lack of CE that applies to my specific practice.
Yes	Time;Money;	As an ND dual licensed in OR and WA, I am seriously considering giving up my WA license due to the burden of WA requiring CME from specific naturopathic institutions. Prior to having a WA license all of my CME came from ACCME approved organizations relevant to my practice focus (gynecology). Oregon does not require any ND-specific CME and I have not found any of the CME offered by the WA required institutions to be relevant to my work. I practice evidence-based gynecology and women's health using standardized guidelines from nationally recognized institutions such as CDC, ACOG, NAMS, etc. Required CME from WANP, AANP, NANCEAC has not actually been useful to my work and causes a significant burden both in time and money that could be spent in relevant ACCME approved CME from nationally recognized institutions.

Yes	Time;Money;	Question 6 does not highlight the amount of time it takes to integrate the learning into daily practice. The volume of data delivered may take months to even years to fluidly integrate into daily services.
Yes	Time;Money;	The current CE offerings are 1. not competitive with ACCME 2. over priced and inflexible.
Yes	Time;Money;	As mentioned above, CME provided by these orgs is significantly more expensive than that provided by allopathic orgs. Also, most of what qualifies is not relevant to my practice, so then I'm paying for CME that does not apply to my patients, and then having to take extra time to find CME that does apply, whether naturopathic or allopathic.
Yes	Time;Money;Acquiring Appropriate continuing educational content;	
Yes	Time;Money;Aggravation finding something that works in the timeframe allowed;	
Yes	Time;Money;Barely applicable to a 100% pediatric practice;	
Yes	Time;Money;Anxiety, frustration and stress;	I think you get my point. I really struggle to find hours that are interesting, relevant to my practice and that update me or teach me something new from that narrow list of organizations.
Yes	Time;Money;Confidence in the Board & respect of the WANP.;	Given Chad's attitude in the meetings over the past 2 years, it is clear he cares more about his ego than he does patient safety and doctor competency.
Yes	Time;Money;A failure to serve the needs of my patients and it has caused harm to my business growth as I am a very very small clinic and every dollar is needed. So, every dollar channeled into CE that is not actually immediately helpful for my practice harms my business. ;	This rule is harmful to my patients and it is harmful to my business.
Yes	Time;Money;a physical burden due to disability ;	It is hard to share about this without being extremely frustrated and angry, angry at those who came up with these rules and their stupidity, honestly. You have made this process very very difficult and I think also discriminatory toward people of other abilities or those whose goals are not to earn gigantic incomes. You cannot be someone who serves a broad and diverse community under these rules as you just cannot afford it.
Yes	Time;Money;caused so much stress and anxiety, and further more i want to take what ever naturopathic cme i want, not just this specific ones you want	
Yes	Time;Money;Choice ;	

Yes	Time;Money;confusion;	Why is Washington so restricted for CEs related to other states????
Yes	Time;Money;Convenience;	
Yes	Time;Money;Definitely with 60 CE credits, not really with 20 credits a year;	With 60 credits every two years is really time and money consuming. 20 credits a year is more reasonable.
Yes	Time;Money;Difficulty prioritizing CE;	
Yes	Time;Money;Discouragement;	
Yes	Time;Money;Educational Goals;	I benefit greatly from the teaches of allopathic or mixed professional groups such as AARM and the AMA. They offer stellar seminars and online educational options and it is unfathomable that such educational offerings would not benefit the professional growth of naturopathic physicians.
Yes	Time;Money;frustration ;	
No	Time;Money;getting 'useless' CE just to tick the box;	
Yes	Time;Money;Frustration;	Honestly, the whole category system is absurd and almost impossible to interpret. The separation of pharmacy credits is also nonsensical, especially when many presentations are condition-focused and include poly pharmacy as part of the overall content.
Yes	Time;Money;has reduced my desire to attend CE;	no
Yes	Time;Money;Having to attend irrelevant CE;	
Yes	Time;Money;I have been required to take CME that was not scientifically accurate, requiring me to spend extra time to unlearn the material I paid to listen to;	Poorly researched and / or inaccurate CME is worse than no CME at all. I do not trust the vetting process of any of the groups listed above.
Yes	Time;Money;I have not been able to afford the cme that would best benefit my clients due to being required to meet my these	
No	Time;Money;I refuse to take CME from WANP, AANP or NANCEAC - I will retire my license as I have not renewed this year. I refuse to be part of this profession if this is where it is headed. ;	I have had to expend so much time and energy writing letters (that the BON has decided don't matter because the BON does not know how to quantify- this is actually pretty simple and I am sure a basic google search would illuminate methods or even better one could contact UW ITHS and see if they would direct BON to a researcher or maybe a grad student that could help the BON with this task. I write letters to the NIH, ODS and never once have I heard a response such as the one that I heard.

Yes	Time;Money;Irrelevance to practice -- I do not practice primary care or general chronic disease management but have a specialty practice;	
Yes	Time;Money;It has limited my opportunity to get continuing education, where, applicable as a primary care physician.;	
Yes	Time;Money;I think creating this requirement made me distrust the WANP. When I've gone to the meetings, they always talk about how important it is to use CME to raise money for the profession. I understand their reasoning but I think it's self-serving to say that's one reason WANP should be allowed to be in a special category of CME. ;	The 20 hour requirements from WANP/AANP/NANCEAC has really divided the profession and caused is a very polarizing requirement. It weakens the profession in my opinion because this requirement narrows our options for professional development/further education because it limits the time/money I have to learn what I really need to learn to help my patients.
Yes	Time;Money;It has limited my opportunity to get continuing education, where, applicable as a primary care physician.;	
Yes	Time;Money;It has limited my opportunity to get continuing education, where, applicable as a primary care physician.;	
Yes	Time;Money;Lack of practitioner growth in my area of practice;	
Yes	Time;Money;Less time and money to spend on relevant CME topics;	I have chosen to forgo Pediatric focused CME when a conference would not fulfill remaining CME requirements I needed, even though the content would have been much more useful to me than the ND focused specialty content I chose instead. I did choose a conference that had some application, but only about 20% applicable bs 90% if I had the ability to choose what was most useful for my practice

Yes	Time;Money;LIMITED Choices/useful to my practice topics;	I am a primary care physician and hormone specialist. The current requirements limit my vital need for staying up to date on ever developing hormone training. I have to spend more money to meet requirements of CE that are not a priority to me or are frankly a waste of time, and then more money on vital education to keep my patients alive, well and healthy.
Yes	Time;Money;limiting, lack of trust that we can find what's right for our own practices.;	I don't practice as a PCP and don't prescribe at all. I want to take CEU's that are relevant to MY practice and be trusted to be able to seek those out. Having to take a huge number of pharm credits or the assumption that everyone is practicing as a PCP is limiting and frustrating.
Yes	Time;Money;logistics, worrying;	These are not credits I would otherwise have sought. Usually I get more than enough credits from the primary care and pediatrics conferences I usually go to. Knowing that I'd have to spend even more money and time to get these WANP etc credits has been very stressful.
Yes	Time;Money;mental energy;	
Yes	Time;Money;Narrow perspective on the subject matter;	Again, I feel that narrowing the my requirement to WANP, AANP or NANCEAC doesn't allow me to put my focus on what I practice that best.
Yes	Time;Money;not as many choices;	
Yes	Time;Money;Obtaining high quality evidence based CE;	
Yes	Time;Money;omission of other more helpful learning opportunities;	This requirement has forced me to skip conferences that I would have preferred to attend, which has reduced my ability to provide the care my patients require.
No	Time;Money;Patience;	
Yes	Time;Money;paying for education that does not apply to my practice;	
Yes	Time;Money;Required live attendance. ;	ALSO - the requirements of so many different moving parts to our 60 hours/2 years are the most confusing. So many hours of this, so many of that, I felt like I needed a Ph.D. to sort it all out. A real clown show. Keep in mind, hoop jumping is counterproductive. A Dr. will seek out valuable CE if given the opportunity. Trying to sort out what class has accreditation from what organization is also a full time job.
Yes	Time;Money;Selection, availability, quality, relevance	
Yes	Time;Money;Stress, confusion, burden. ;	As a neurodivergent practitioner, the new requirements have been incredibly difficult to understand and track. Especially with the added challenge of having to track credits every two years, it has been a challenge to understand what is needed. There's no way I would be able to understand without the help of my colleagues and clarification from the BON. The new rules should not be a barrier for different types of practitioners, and it seems no care or consideration was taken into account for this.
Yes	Time;Money;Stress, these orgs typically don't have interesting / relevant subject matter for me or my patient population.	

Yes	Time;Money;stress;	The boards stated goals are to protect public health. Dividing the CME into categories has been a global waste of time for no purpose. There have been thousands of lost hours attending meetings, writing letters, having disputes. Ultimately, this serves to divide the N.D. community not to unite it. Before the stated rule change, N.D.'s practiced in a wide variety of ways, but this did not divide us. I have strong opinions against certain types of medicine advised/administered by colleagues but never had a reason to stand up against their work or these CME until the board decided to dictate how I practice.
Yes	Time;Money;Stress;	
Yes	Time;Money;This has been incredibly stressful for NDs who disagree with this kind of disorderly conduct. We are all exhausted from the pandemic, student loans etc and adding this to everyones plate was truly irresponsible:	
Yes	Time;Money;Total irritation;	
Yes	Time;Money;travel;	
Yes	very limiting ;	The more quality continuing education we get as naturopathic physicians, stronger we are as a profession and the more we might be able to support scope expansion / insurance coverage. We simply do not have enough evidence based, high-quality continuing education put on strictly by naturopathic organizations.
Yes	value of time/money;	I find that the CME from WANP, AANP, and NANCEAC is often not as valuable as some of the other CME I have obtained. I feel like the presenters are often disorganized, the talks are often unnecessarily long for the content when compared to comparable talks from other CME sources. Some of this is unavoidable because of the topics covered and the presenters teaching them, however whoever determines the time versus credit ratio should probably attend some other CME to see how they compare because often our CME talks are 1 hour long whereas a similar talk with similar content from a place like Mayo Clinic would be 30minutes long. It seems like this is a discrepancy across the board and it ends up with speakers often padding their time with fluff or other things that are not applicable to the topic. I personally find that my time is better spent at other CME a lot of the time and I'm mining through the current category 1 CME for the few pearls that may be actually useful. I don't think the cost of the conferences is actually much more than most other CME sources - in fact I'd actually probably guess it's less expensive so I'm not really sure what other sources people compare ours to when they say it costs too much. Mainly I find that ours just isn't as practical to primary care and the quality tends to be less in general.



Yes	<p>Time;The main problem is all the different requirements from my different licenses (ND, LAC, Oregon and Washington, and NCCAOM). WA state is much more doctor-friendly comparatively. AANP provides great quality free online classes, which is helpful. But I do like to seek other sources for my education such as PharmacyTimesCE, Epocratesonline, JohnsHopkins, Stanford and various other places that are targeting MDs and DPharms but are very helpful for my learning and offer info I'm not getting from WANP and AANP.</p>
Yes	<p>It hasn't been fully active yet due to the debacle of the Emergency Order issues. What it did do was once that disaster rolled out, was to make me run around frantically looking for ND credits to complete. So ended up paying and spending whatever time necessary to meet that requirement. Has definitely poured more issues on my heap of 15 yo with broken leg, Brother in laws suicide, 13 yo old with social issues, running a practice, raising a family. It was definitely not a welcome requirement.</p>

Yes

It is actually 30 hours now per year, not 20 hours of CME. And yes, it has been quite the burden to find conference to attend that provide enough hours to meet the new CME requirements. I find it especially upsetting that this requirement was changed in the middle of a pandemic when the whole world was shut down. And again, it is extremely expensive to obtain the CME needed from only naturopathic sources as the conferences last all weekend, are typically over \$500, require travel expense and time loss from work and give 12 hours or so of CME at best.

I think I shared them above under Other.

As a patient who has been steered wrong by medical doctors, including three surgeries that created more issues, traditional medicine has failed me for over 40 years. In the most recent couple of years, I have been helped greatly by naturopaths, who treat me as a whole person. The things they recommend work. I absolutely believe naturopaths are more compassionate and more qualified than given credit for, and should be allowed to perform all duties of a primary care doctor and more.

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I'm a Naturopathic physician in Bellingham WA and also own Bellingham Naturopathic Clinic. I've completed a residency, and practiced both in MN and WA.

I've read the Sunrise Review and appreciate many of the recommendations, particularly those focused on increasing and/or requiring additional training to prescribe additional scheduled medication. I strongly support a required additional exam or CME to meet this prescribing requirement. I myself am a PCP and clearly understand safe stimulant and benzodiazepine use, but must admit that I'd require more brushing up before accessing other controlled substances. I have very high standards and would expect the whole Naturopathic community to meet this standard before having access to a broader scope. Fortunately, this is very doable and a simple action step that can be created and regulated as it should be.

That being said, There are a couple other items I'd like to point out, which in my opinion are less than accurate. The first is that an MD must "pass" the MCAT to get into Medical School, which is the only requirement aside from a Bachelor's degree. If the author(s) were unaware, the MCAT is not a pass or fail test. I'm not certain that taking an exam, which schools use in their criteria for interviews, necessarily holds weight regarding the qualifications of a medical provider.

Note that I took the MCAT and scored well. When choosing to apply to Naturopathic Medical School, I was told the MCAT wasn't required, because the application committee was not interested in the difference between a score of 27 or 30 on a standardized test.

In addition, I want to point out that the randomized chart reviews from integrative clinics points out that ND's are on par with MD's regarding diagnosis and treatment. Therefore, other MD's who point out a lack of training, etc, etc, are usually under-informed, like most I meet before we talk it through. If I were to recount the mistakes that MD's make, misses in diagnosis, treatment, etc for all the patients that walk through my door, it wouldn't sound perfect either. However, I refrain from commenting because that would be related to specific individuals, not the MD community as a whole.

Yes, there are ND's who may not be providing the best care. This is the same with MD's, ARNP's, etc. Thankfully the Washington State Board of Nursing can see past any personal grievances or opinions and supports the expansion of scope. They, if anyone, know what it's like to go through growing pains and be validated for their hard work day in and day out.

In the end, I'm grateful that the Naturopathic profession continues to raise its standards and seek the professional confirmation necessary to provide comprehensive care. Thank you for all the hard work and time that went into this comprehensive review. I'm excited to move forward, serving as a PCP in the progressive state of WA for many years to come.

Dr. Ed Szymczak

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I have been seeing a ND for over 30 years and I get better care than any MD. They get the same training and education that an MD gets but from a wellness perspective. They should be able to do all the things that MD's/primary care physicians do. With the shortage of Health care professionals, the more ways a person can get care is so important. Why ND's do not have all the ability to support patients and also be covered by insurance is just irresponsible. Please pass this Bill.

Regards,

Milo Minnis

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I'm writing on behalf of the Northwest Regional Primary Care Association (NWRPCA) with respect to the sunrise review of a proposed increase in the naturopathic physician's scope of practice. NWRPCA serves the community and migrant health centers (C/MHCs) in Region X, which includes Alaska, Idaho, Oregon, and Washington. Founded in 1983, NWRPCA offers a range of programs and services to support and strengthen C/MHCs in the Northwest, and works to ensure equal access, regardless of one's financial or insurance status, to primary and preventive health care for all residents in the region. A key focus for NWRPCA and our member C/MHCs is to develop a holistic model of health care delivery that supports providers and other C/MHC staff to more effectively address the underlying conditions or structural determinants of health that contribute to poor health outcomes, especially in marginalized and vulnerable communities.

Naturopathic physicians play a vital role in the development and delivery of this model, and their work as primary care practitioners within these integrated community settings has been invaluable. According to Jesus Hernandez, CEO of Family Health Centers in Okanagan, WA: "The integration of naturopathic medicine with conventional medicine has strengthened our capacity to provide whole-person care in a multidisciplinary team-based care environment. This includes care coordination and attention to addressing social determinants of health, especially for high-risk patients with chronic health conditions."

Given the well-documented shortage of primary health care practitioners in Washington State and the high-quality care naturopathic physicians provide in our affiliated clinics, NWRPCA urges the Washington State Department of Health to reconsider its recent draft recommendation to not expand and modernize the naturopathic physician scope of practice in Washington. Continuing to limit naturopathic physicians from practicing to the full extent of their training and education does nothing to ease the current barriers patients face in accessing care, particularly in the underserved communities on which we focus. This ultimately makes it more difficult for organizations like

NWRPCA to achieve our mission and goals. In addition, as DOH 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.

Community health centers deliver health care to more than 1.1 million Washingtonians each year at more than 350 sites. These community health center services are core to the health of our state and the nation. The cost of healthcare is a concern for all of us, and this draft recommendation by the Department moves us further from achieving our shared goals of increasing access, reducing costs, and preserving the health and vitality of all Washingtonians.

Thank you for your consideration of our request to amend the draft recommendation to better enable naturopathic physicians to serve their communities as the primary care providers they are trained to be.

Bruce Gray, CEO

Northwest Regional Primary Care Association

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From: **Gail Anthony** <[Gail.Anthony@nd.az.gov](mailto:Gail.Anthony@nd.az.gov)>

Date: Fri, Aug 23, 2024 at 9:29 AM

Dr. Ross,

You may pass the information on to the DOH.

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

Response - All disciplinary actions can be found on the Board's website <https://nd.az.gov>

Under the physician search tab.

Footnote 56: There is a potential conflict between two Arizona statutes on which types of drugs, including Schedule II drugs, may be dispensed by an ND. A.R.S. § 32-1501(15), and accompanying rules, define a drug under the naturopath chapter as not including most legend drugs and controlled substances, except for any drug that is reclassified from schedule III to II after January 1, 2024, and any homeopathic preparation that are also controlled substances.

Response - 32-1501(15) references the prescribing scope

However, A.R.S. § 32-1581(A), which is under the same chapter, allows NDs to dispense any drug except a schedule II controlled substance that is an opioid. The department reached out to the

Arizona licensing board in April to inquire about the apparent conflict in their regulations but never received a response.

Response- 32-1581 (A) references dispensing Opioids out of the office.

In addition, the rules have recently been updated relating to certificate to dispense requirements. Please reference the new rules.

## **ARTICLE 9. CERTIFICATE TO DISPENSE**

*New Article 9, consisting of Sections R4-18-901 through R4-18-904, made by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2).*

Section	
R4-18-901.	Definitions .....16
R4-18-902.	Qualifications for a Certificate to Dispense .....16
R4-18-903.	Application for a Certificate to Dispense; Renewal .....17
R4-18-904.	Dispensing; Intravenous Nutrients .....17

## **ARTICLE 10. DISPENSING OF A NATURAL SUBSTANCE, DRUG OR DEVICE**

*New Article 10, consisting of Sections R4-18-1001 through R4-18-1004, made by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).*

Section	
R4-18-1001.	Certificate to Dispense Required .....17
R4-18-1002.	Packaging and Inventory .....18
R4-18-1003.	Recordkeeping and Reporting Shortages .....18
R4-18-1004.	Inspections .....18

**Gail Anthony, Executive Director**  
**State of Arizona**  
**Naturopathic Physicians Medical Board**  
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