



Board of Naturopathy Regular Meeting
Proposed Agenda
May 17, 2024

Time: 8:30 a.m.

Location: Zoom webinar (see [last page](#) for access)
Department of Health, Town Center 2
111 Israel Road SE, Room 166
Tumwater, WA 98501

Board Members: Krystal Richardson, ND, Chair
Joanne Hillary, ND, Vice Chair
Brooke Fotheringham, Public Member
Elias Kass, ND
Amira Ahdut, ND, LAc
Chad Aschtgen, ND
Vacant, Public Member

Program Staff: Rachel Phipps, Program Manager
James Chaney, Executive Director
Luke Eaton, Assistant Attorney General
Jonathan Chamrad, Program Associate
Allyson Brazil, Administrative Support
Margaret Pagel, Supervising Staff Attorney
Marlon Basco, Policy Analyst

Contact: Rachel Phipps, Program Manager
564.233.1277
naturopathy@doh.wa.gov

In accordance with the Open Public Meetings Act, the agenda for this regular meeting was made available online at least 24 hours prior to the start time of the meeting pursuant to RCW 42.30.077.

For more information, please see [last page](#) of this agenda.

Please Note: Comments from the public in attendance may be solicited after each agenda item.

Open Session:

1. Call to Order/Introductions—DISCUSSION/ACTION—Krystal Richardson, ND, Chair

- 1.1. Introduction of board and supporting staff members
- 1.2. Approval of agenda
- 1.3. Approval of February 9, 2024, business meeting minutes

2. Public Comment— Krystal Richardson, ND, Chair

The board will hear comments from the public. The public may request items to be placed on a future meeting agenda.

3. Presentation

- 3.1. Payroll – Alyssa Brazil, Administrative Assistant, will present information on the payroll process for board members.

4. Old Business—DISCUSSION/ACTION— Krystal Richardson, ND, Chair

- 4.1. Substantial Equivalency /CR-101 Committee. *Committee members will present recommendations to the board.*
- 4.2. Business Plan Committee Update.
- 4.3. Newsletter Template
- 4.4. DOH email for board members
- 4.5. Provider Performed Microscopic Procedure (PPMP) Update

5. New Business—DISCUSSION/ACTION— Krystal Richardson, ND, Chair

- 5.1. Continuing Education – The board will discuss opening a CR-101 to make changes to WAC 246-836-080 Continuing competency program; including but not limited to adding JP exam as a CE requirement.
- 5.2. FMLA Forms – The board will discuss recent changes to the Washington Paid Family & Medical Leave website’s list of qualified healthcare providers.

6. Correspondence—DISCUSSION/ACTION— Krystal Richardson, ND, Chair

The board will review and discuss correspondence received since the last meeting.

- 6.1. Informational Email from Shannon Hirst
- 6.2. Idaho BON Email from Laura Farr
- 6.3. Intrauterine Insemination Clarification Email

7. Program Reports—DISCUSSION—James Chaney, Executive Director; Rachel Phipps, Program Manager

Department staff will give updates regarding matters specific to the naturopathy medical profession.



- 7.1. Budget report
- 7.2. Credentialing statistics report
- 7.3. Recruitment update
- 7.4. Legislative updates
- 7.5. Sunrise Review
- 7.6. FNMRA Board Membership

8. Future Business—DISCUSSION—Krystal Richardson, ND, Chair

The board will discuss agenda items identified or suggested for future meetings.

- 8.1. Robert’s Rules of Order – Luke Eaton, AAG
- 8.2. HELMS Lite Update
- 8.3. Telemedicine

9. Settlement Presentations—DISCUSSION/ACTION—Krystal Richardson, ND, Chair

Settlement and/or Agreed Order presentations are contingent upon agreements being reached between the parties prior to a board meeting. Discussions are held in closed session; however, decisions are made during open session.

10. Adjournment of public meeting—ACTION—Krystal Richardson, ND, Chair

11. Discipline & Licensing

The board will attend to licensing and disciplinary matters.

Meeting Access

<p>Virtual Attendance: This meeting is being held via Zoom webinar. Please mute your microphone/phone if you are not speaking.</p> <p>Join on your computer, mobile app or room device. Click here to register to attend the meeting. After registering, you will receive a confirmation email containing information about joining the webinar</p>	<p>Times and Order: Times are approximate. The meeting will continue until all agenda items are complete. This agenda schedule may change, and items may not be taken in order of the agenda.</p> <p>This meeting will be recorded for the purpose of drafting accurate minutes.</p>
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**Board of Naturopathy
Business Meeting Minutes**

February 9, 2024

8:30 a.m.

On February 9, 2024, the Board of Naturopathy held a hybrid business meeting at Department of Health, 111 Israel Road SE, Tumwater, WA 98501, Town Center 2, Room 166 with access via Zoom. In accordance with the Open Public Meetings Act, notices were published on the DOH website and through GovDelivery.

Board Members:

Krystal Richardson, ND, Chair
Joanne Hillary, ND, Vice Chair
Amira Ahdut, ND, LAC
Chad Aschtgen, ND
Brooke Fotheringham, Public Member
Elias Kass, ND
Vacant, Public Member

Staff:

Rachel Phipps, Program Manager
James Chaney, Executive Director
Alyssa Brazil, Administrative Assistant
Davis Hylkema, Program Support
Jonathan Chamrad, Program Support
Luke Eaton, Assistant Attorney General
Maragaret Pagel, Supervising Staff Attorney
Marlon Basco, Policy Analyst
Brandon Williams, Project Manager
Jessica Holloway, Program Manager

Public Attendees:

Angela Ross, ND
Billie Dickinson
Brad Livingstone
Cristina Persa
Justin Steurich

Kristina Conner
Letitia Dick-Kronenberg
Mary Clement
Michelle Brown-Echerd
Nina Walsh

Rebecca Wynsome
Sara Alvarado
Teresa Richter
Tessa Harvey

Open Session

1. **Call to Order/Introductions**

Dr. Krystal Richardson, Chair, called the meeting of the Washington State Board of Naturopathy to order at 8:37 a.m. on February 9, 2024.

1.1 Introductions

Dr. Krystal Richardson Chair, led roll call of board members, staff, and guests. She then offered an introductory statement explaining the procedure for remote attendance and instructions for public comments.

1.2 Approval of Agenda

MOTION: A motion was made to approve the February 9, 2024, business meeting agenda. The motion was seconded and passed.

1.3 Approval of November 17, 2023, regular meeting minutes

MOTION: A motion was made to approve the November 17, 2023, regular meeting minutes, with a spelling correction in section 9.2. The motion was seconded and passed.

2. **Public Comment— Krystal Richardson, ND, Chair**

The board will hear comments from the public. The public may request items to be placed on a future meeting agenda.

- **Public Comment**

Members of the public were invited to introduce themselves and share comments not related to an agenda item or to the rules hearing. No public comment was received.

3. **Presentation—Luke Eaton, AAG**

Luke Eaton, Assistant Attorney General, shared a presentation on board structure and procedures, which included laws and statutes that govern boards, as outlined in the Governor's Handbook (available at <https://governor.wa.gov/sites/default/files/2023-01/handbook.pdf>)

4. **Old Business**

4.1 Substantial Equivalency Committee and JP Exam – Brandon Williams, Project Manager provided an update on SSHB 1724, Section 8 and RCW 18.030.077, with specific information related to the JP Exam.

The board reviewed licensure equivalency from other states and discussed opening a CR101 related to the JP Exam.

MOTION: A motion was made to initiate a CR-101 to address WAC 236-836-020 and WAC 246-836-040. The motion was seconded and passed.

4.2 Provider Performed Microscopic PPMP Licensing Changes – Jessica Holloway, program manager, provided an update on licensing changes related to WAC 246-338-020. Ms.

Holloway informed the board that paperwork to initiate rulemaking will be filed and a comment period will be available, prior to the rules hearing.

5. New Business

5.1 Business plan – The board reviewed the most recent business plan, which was last updated in 2021, and discussed the need to create a new/updated business plan. There was general agreement that a committee was necessary with Dr. Hillary, Dr. Kass, and Dr. Richardson being interested and willing to participate.

MOTION: A motion was made to create a committee to update the business plan. The motion was seconded and passed.

5.2 Newsletter – The board discussed resuming publication of the newsletter. Program staff shared that the last Naturopathy newsletter was published in 2019 and asked if there was interest from the board in resuming publication. Program staff will coordinate the logistics with input from the board chair and vice-chair.

MOTION A motion was made to create a newsletter committee comprised of Dr. Hillary and Dr. Richardson. The motion was seconded and passed.

6. Correspondence

The board reviewed and discussed correspondence received since the last meeting.

6.1 NPLEX Approval Request- The board reviewed a request for an extension to take the NPLEX for licensure requirements.

MOTION: A motion was received to approve the extension request and submit a letter of approval. The motion was seconded and passed.

6.2 Petition of Rules Amendment

The board received a petition to amend rule WAC 246-836-080. The board discussed the petition and reviewed the options for responding to the petition. It was clarified that rulemaking related to continuing education was already identified as a future business item that the board is aware of and intending to address at the Board of Naturopathy business meeting on May 17, 2024.

MOTION: A motion was received to respond to the petition for rules amendment by alternate means. The motion was seconded and passed.

7. Program Reports- James Chaney, Executive Director: Rachel Phipps, Program Manager

7.1 Budget reports – Rachel Phipps, Program Manager, provided an overview of the current budget report. A question was raised about the fiscal impact of the rulemaking initiated in this meeting, which is unknown at this time.

7.2 Credentialing statistics report – Rachel Phipps, Program Manager, provided an overview of current credentialing statistics. Currently 1637 active naturopathic licenses and 16 pending naturopathic licenses.

7.3 Recruitment update- James Chaney, Executive Director, provided an update on board recruitment. Due to legislative session, board appointments are paused. Mr. Chaney has updated leadership with the board's concerns with filling open positions and will continue to monitor progress.

7.4 Legislative update – Dr. Hillary, vice-chair, provided an overview of the current legislative sessions.

8. Future Business

Future business items discussed includes:

8.1 HELMS update

8.2 Presentation on payroll- Alyssa Brazil

8.3 CR101 for Continuing Education

9. Settlement Presentations- Krystal Richardson, ND, Chair

There were no settlement presentations.

10. Adjournment of Public Meeting-

MOTION: A motion was made to adjourn the meeting. The motion was seconded and passed. Dr. Richardson, Chair, adjourned the meeting at 11:58A.M.

11. Discipline & Licensing-

The board attended to licensing and disciplinary matters in a closed session.

Next Scheduled Meeting:

Date: May 17, 2024

Time: 8:30 A.M

Location: Hybrid - Virtual Zoom Meeting
with a physical location at the Department of Health.

PAYROLL & TRAVEL

Alyssa Brazil – Administrative Assistant

Compensation

1. OHP compensates BCC members for a variety of duties performed. Boards and Committees are compensated differently than Commissions. Please see RCW 43.03 for applicable laws.
2. In accordance with statute, maximum compensation per day regardless of the length of time involved for that day, including travel time is:
 - Class 3 Boards and Committees is \$50
 - Class 5 Boards and Commissions is \$250

Timesheets

- Board, Commission and Committee (BCC) members are responsible to track their own time and submit completed time sheet at minimum after each board meeting.
- Public Service Act (chapter 42.52 RCW) applies to Board, Commission and Committee members when you are engaging in BCC business. It is important to accurately report your time and expenses.
- Activities that will be compensated include but not limited to:
 - Attendance at Board, Commission, or Committee business meetings
 - Preparing for BCC meetings to include reading packets
 - Telephone calls to and from staff & participation in conferences
 - New member orientation
 - Reviewing case files and preparing for presentations of case

Timesheets Continued...

- Payment goes out on the 10th and 25th of every month, depending on when you get the payment processed.
- Payroll has a cutoff of 4 days prior to payday.
- Payroll must be submitted the 10th of the following month after the board meeting occurs.

Hotel & Meals

- Hotel: For hotels, I will need the itemized receipt that is emailed to you upon checkout showing a zero-balance due. We will reimburse at the Per Diem Rate too
- Meals: You are allotted a per diem of \$18 for breakfast, \$20 for lunch, and \$36 for dinner. If a meal is being offered at the venue, you will not receive reimbursement, but there are exceptions for dietary needs or other reasons. No receipts are needed for your meals.

Flight & Rental Car

- **Travel/Mileage reimbursement:** For mileage, you can be reimbursed at the Per Diem Rate to and from the travel locations. That rate changed by county you are traveling.
- **Airfare:** For airfare, Once I provide authorization, I will reach out with the travel agent info to book your flight (the state will be billed directly). You can upgrade your seat if you wish, but you will need to pay the additional cost. We have a state contract with Alaska Air.
- **Receipts:** For transportation to and from each airport, you may take a shuttle, taxi, Uber or other transportation service. If it is over \$25, you will need to provide the receipt. For baggage fees, you will need a receipt no matter the amount.

Substantial Equivalency / JP CR-101 Committee Recommendations

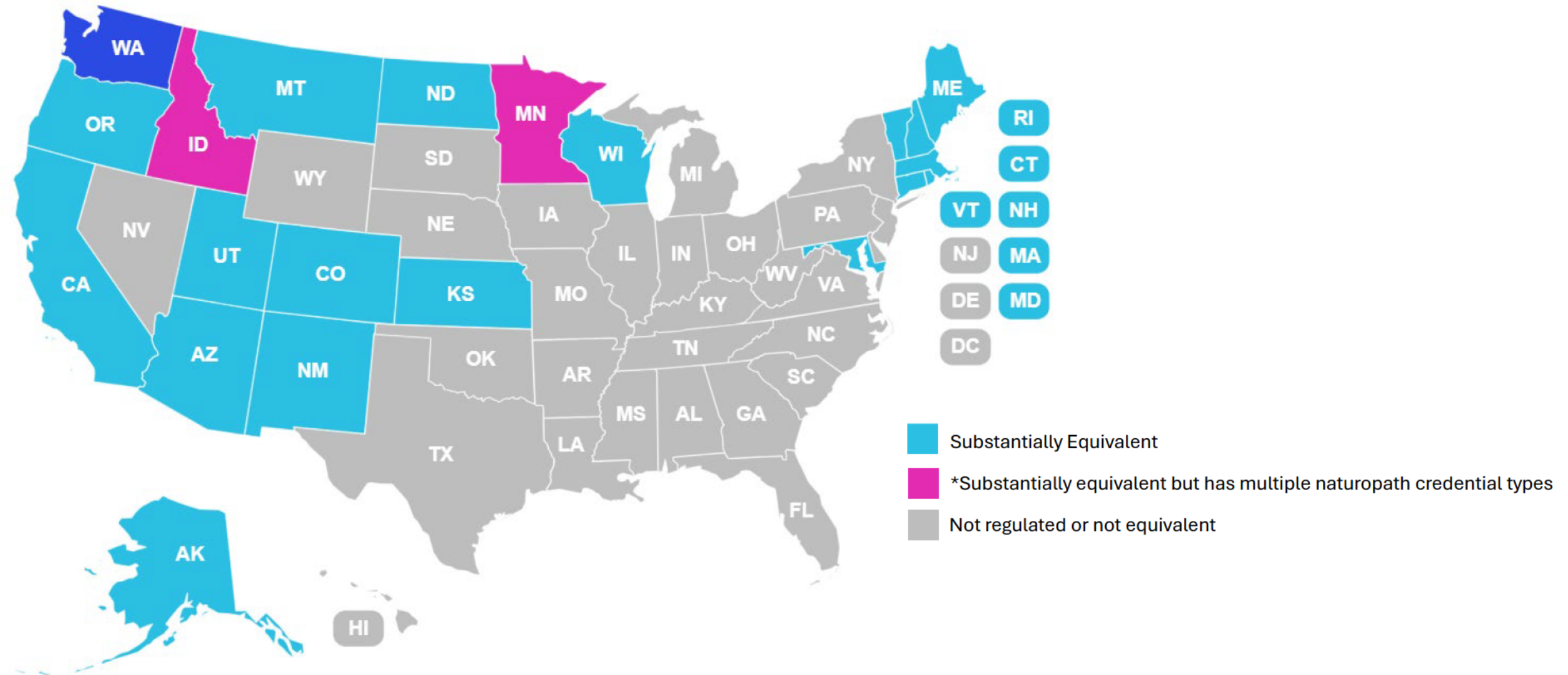
Board of Naturopathy Meeting, May 17, 2024

Committee Members

- Dr. Chad Aschtgen
- Dr. Joanne Hillary
- Rachel Phipps, Program Manager
- James Chaney, Executive Director

Substantial Equivalency Recommendations

Recommend as Substantially Equivalent*



JP Exam Recommendations

CR-101 for WAC [246-836-020](#), Requirements for licensure, and WAC [246-836-040](#), Jurisprudence examinations, filed as [WSR 24-10-050](#) on April 25, 2024

Recommendations

- Remove JP exam as a requirement for licensure
- Transition JP exam to electronic format
 - Fees are not a significant source of revenue
 - Consider making passing grade 100%
 - Remove associated fees (requires rulemaking/CR-101 for [WAC 246-836-990](#); Naturopathic physician licensing fees and renewal cycle)
- Make JP exam a continuing education requirement
 - (Requires rulemaking/CR-101 for WAC [246-836-080](#); Continuing competency program)

Requirements for licensure: Current language

WAC 246-836-020; Requirements for licensure.

Individuals seeking a license to practice as a naturopathic physician must provide the following:

- (1) A completed application, with all required fees;
- (2) Official transcripts sent directly from a college of naturopathic medicine approved by the board, demonstrating that the applicant has graduated as a naturopathic physician;
- (3) Verification of successful passage of the national examination approved by the board under WAC 246-836-030 sent directly from the examination entity;
- (4) Successful passage of the jurisprudence examination provided by the board;
- (5) A federal background check application, if required, including fingerprint cards and fee per RCW 18.130.064 (2)(b); and
- (6) Any other documentation, materials, or information as determined by the board or its designee.

Requirements for licensure: Recommended language

WAC 246-836-020; Requirements for licensure.

Individuals seeking a license to practice as a naturopathic physician must provide the following:

- (1) A completed application, with all required fees;
- (2) Official transcripts sent directly from a college of naturopathic medicine approved by the board, demonstrating that the applicant has graduated as a naturopathic physician;
- (3) Verification of successful passage of the national examination approved by the board under WAC [246-836-030](#) sent directly from the examination entity;
- ~~(4) Successful passage of the jurisprudence examination provided by the board;~~
- (5) A federal background check application, if required, including fingerprint cards and fee per RCW [18.130.064](#) (2)(b); and
- (6) Any other documentation, materials, or information as determined by the board or its designee.

Jurisprudence examinations: Current language

WAC 246-836-040; Jurisprudence examinations.

- (1) Individuals taking the jurisprudence examination provided by the board must pay the appropriate fee when submitting it for scoring.
- (2) The minimum passing score for the jurisprudence examination is seventy-five.
- (3) Individuals who fail the jurisprudence examination may retake the examination provided they submit an additional fee.
- (4) An individual's jurisprudence examination score is released only to the individual unless a written request is submitted that authorizes release to a specific third party.

Jurisprudence examinations: Recommended language

WAC 246-836-040; Jurisprudence examinations.

*(1) Individuals taking the jurisprudence examination provided by the board must pay the appropriate fee when submitting it for scoring.**

*(2) The minimum passing score for the jurisprudence examination is seventy-five.**

*(3) Individuals who fail the jurisprudence examination may retake the examination provided they submit an additional fee.**

(4) An individual's jurisprudence examination score is released only to the individual unless a written request is submitted that authorizes release to a specific third party.

*Recommended language will be determined based on board's decision on JP examination

Board Considerations and Potential Action

- Open rule-making for WAC 246-836-990; Naturopathic physician licensing fees and renewal cycle?
 - Move JP exam to electronic format?
 - Remove the associated fees currently associated with paper exam?
- Open rule-making for WAC 246-836-080; Continuing competency program?
 - Make JP exam a continuing competency requirement within first full CE cycle?

Next Steps for this Committee

Substantial Equivalency

- Communicate board's recommendations to program staff responsible for 1724, section 8

JP Exam CR-101

- Continue work on language for JP exam CR-101
- Develop draft OTS language with policy analyst
- If rulemaking opened for fee rules, add to committee's scope
- Develop proposed language for JP exam in CE rules (if opened)
- Receive public comments



PREPROPOSAL STATEMENT OF INQUIRY

CR-101 (October 2017) (Implements RCW 34.05.310)

Do NOT use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 25, 2024

TIME: 1:33 PM

WSR 24-10-050

Agency: Department of Health- Board of Naturopathy

Subject of possible rule making: Naturopathic licensure requirements. WAC 246-836-020, Requirements for licensure and WAC 246-836-040, Jurisprudence examinations. The Board of Naturopathy (board) is considering amendments to licensure requirements relating to the jurisprudence examination as a condition for licensure and to clarify, update, and simplify rules to comply with Second Substitute House bill (2SHB) 1724, (chapter 425, Laws of 2023) codified as RCW 18.130.077.

Statutes authorizing the agency to adopt rules on this subject: RCW 18.36A.160 and 2SHB 1724 codified as RCW 18.130.077

Reasons why rules on this subject may be needed and what they might accomplish:

RCW 18.130.077 requires that, "Disciplining authorities shall waive education, training, experience, and exam requirements for applicants who have been credentialed in another state or states with substantially equivalent standards for at least two years immediately preceding their application with no interruption in licensure last longer than 90 days."

The board is considering amendments to rules regarding the jurisprudence examination as a condition for licensure to comply with the requirements in RCW 18.130.077. The board intends to implement the goals of this statute by considering amendments that clarify, update, and simplify the naturopathic licensure process to reduce licensure barriers for licensed applicants who have been credentialed in states with substantially equivalent standards. The board will also consider any other related sections that are affected by 2SHB 1724.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies: None.

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe) Collaborative rulemaking

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting:

Name: Rachel Phipps	(If necessary) Name:
Address: PO Box 47852, Olympia WA 98504-7852	Address:
Phone: 564-233-1277	Phone:
Fax: 360-236-2901	Fax:
TTY: 711	TTY:
Email: naturopathy@doh.wa.gov	Email:
Web site: www.doh.wa.gov/naturopathy	Web site:
Other:	Other:

Additional comments: The board will use the existing GovDelivery list to inform stakeholders of opportunities to provide input on proposed rule language. Interested parties can join the GovDelivery list to get information on participating in the process by subscribing at <https://public.govdelivery.com/accounts/WADOH/subscriber/new> and select Naturopathy program.

Date: 4/24/24

Name: James Chaney

Title: Executive Director, Board of Naturopathy

Signature:

A handwritten signature in blue ink that reads "U. James Chaney". The signature is written in a cursive style with a large, looped "U" and a long, sweeping underline.

Board of Naturopathy – 2024 Newsletter



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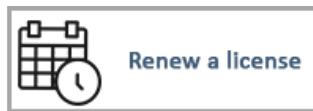
Headline

Text

☐
☐



Frequently looked for



☐
☐



Washington State Workforce Survey

Completing the Washington State Workforce Survey helps our profession better understand how well we are serving the people of Washington State. If you haven't already done so this year, [complete the Workforce Survey](#).

Jones, Cami N (DOH)

BUSINESS PRACTICE & PRODUCTIVITY MANAGER

What is HELMS?

Healthcare Enforcement and Licensing Management System (HELMS) is a modernized electronic licensing system that will replace the old and outdated Integrated Licensing & Regulatory System (ILRS), as well as sixteen current applications that are unable to match the growing requirements and expectations of customers.

Key areas of this new system will include licensing and credentialing, and the implementation of HELMS will expand the online capabilities for healthcare providers, facility operations,

Check out HEAL-WA

HEAL-WA is a portal to online resources related to the medical professions in Washington state. It is funded by a portion of your license fees and is free to access anytime. HEAL-WA provides online access to journal articles, databases, and other tools needed for evidence-based practice and research.

Board of Naturopathy CY24 Regular Meeting Dates

Friday, May 17, 9AM

Friday, Aug 9, 9AM

Friday, Nov 8, 9AM

Attendance registration information is published prior to each meeting

Board Members

Chair

Chad Aschtgen, ND

Vice Chair

Krystal Richardson, ND

Member

Amira Ahdut, ND

Member

Elias Kass, ND

Member

Joanne Hillary, ND

Public Member

Brooke Fotheringham

Public Member

(vacant)

Board Staff and

educational programs, and the public, as well as providing greater access to Department data and faster transmission of information using electronic mail and websites. HELMS will also enable the support of external customer participation in the department's healthcare licensure and regulatory activities, as well as the processes and workflows executed by state staff and board / commission / committee members.

What are the benefits:

- Modernized IT services, processes, and capabilities that support business solutions aligned with public health.
- Integrated online transactions into a single system.
- Ability to share confidential and restricted data securely with healthcare providers with more robust security.
- Mobile-friendly work practices and enhance mobile device management.
- Tools that will enable the department to analyze and mine data, find insights and patterns, and predict outcomes to improve healthcare analytics and support decision making.

What's happening now:

Currently the project team is focused on delivering the [HELMS Lite](#) release. This is a replacement for the Online Licensing and Information Collection (OLIC) system used for our initial application process, and it will be live on [Wednesday, April 24th](#), with the Credentialing and Enforcement projected release, Q4 2025.

For more information, please visit our [website](#), sign-up for [Gov Delivery Bulletins](#) (Subscription topic: HELMS) or email us at HELMS@doh.wa.gov.

Support

U. James Chaney
Executive Director

Rachel Phipps
Program Manager

Jonathan Chamrad
Program Associate

Alyssa Brazil
Administrative Assistant

Customer Service
360-236-4700

[Board website](#)

[Contact the Board](#)



DOH 665-030
Spring 2024



This newsletter is produced by the Washington State Board of Naturopathy



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PROPOSED RULE MAKING

CR-102 (July 2022)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: February 09, 2024

TIME: 10:12 AM

WSR 24-05-019

Agency: Department of Health

Original Notice

Supplemental Notice to WSR

Continuance of WSR

Preproposal Statement of Inquiry was filed as WSR _____; or

Expedited Rule Making--Proposed notice was filed as WSR _____; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) Medical test site (MTS) licensure for naturopath and nurse midwife professions. To align with federal rules, the Department of Health (department) is proposing removing the professions of naturopath licensed under chapter 18.36A RCW and midwife licensed under chapter 18.50 RCW from the list of licensed professionals that may perform a provider performed microscopic procedure (PPMP) in WAC 246-338-020. The department is proposing to clarify that both the laboratory director and testing personnel of PPMP must be a licensed professional. The department is also proposing a technical citation adjustment to a definition in WAC 246-338-010.

Hearing location(s):

Date:	Time:	Location:	Comment:
April 4, 2024	2:00 pm	Physical location: Department of Health Town Center 2 111 Israel Rd. S.E. Tumwater, WA 98501 Rooms 166 and 167 Virtual: Register in advance for this webinar: https://us02web.zoom.us/webinar/register/WN_1aNy5RneSbCY6UIdm3AyVA After registering, you will receive a confirmation email containing information about joining the webinar.	The public hearing will be hybrid. Participants can attend at the physical location or virtually by registering on Zoom.

Date of intended adoption: April 11, 2024 (Note: This is **NOT** the effective date)

Submit written comments to:

Name: Jessica Holloway
Address: PO Box 47843, Olympia, WA 98504-7843
Email: <https://fortress.wa.gov/doh/policyreview/>
Fax:
Other:
By (date) April 4, 2024

Assistance for persons with disabilities:

Contact Jessica Holloway
Phone: 360-236-2927
Fax:
TTY:
Email: Jessica.Holloway@doh.wa.gov
Other:
By (date) March 21, 2024

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The department is proposing to amend WAC 246-338-010 and WAC 246-338-020 to align with the federal rules related to qualifications of laboratory directors under 42 CFR 493.1357 and testing personnel under 42 CFR 493.1363 for laboratories performing provider performed microscopic (PPM) procedures. The federal rules stipulate that both the laboratory director and testing personnel of laboratories performing PPM procedures must (1) Be a physician, as defined in 42 CFR 493.2; (2) Be a midlevel practitioner, as defined in 42 CFR 493.2; or (3) Be a dentist, as defined in 42 CFR 493.2.

Currently, WAC 246-338-020 allows for naturopaths to be testing personnel, but naturopaths do not meet the federal definition of physician, mid-level practitioner, or dentist described in 42 CFR 493.2, therefore, naturopaths cannot qualify as a laboratory director or testing personnel under a provider performed microscopic procedure (PPMP) medical test site (MTS) license.

Additionally, WAC 246-338-020 currently lists midwife as a qualification for testing personnel under a PPMP license. The department has determined that a midwife licensed under chapter 18.50 RCW does not meet the qualification described in 42 CFR 493.2. Instead, a nurse midwife serving as a mid-level practitioner and holding a master's degree in nursing and licensure as an advanced registered nurse practitioner (ARNP) under chapter 18.79 RCW will qualify for the PPMP MTS license. ARNP is already listed as an approved licensed professional in WAC 246-338-020 and the following ARNP designations listed in WAC 246-840-302 will remain qualified for the PPMP MTS license: nurse practitioner, certified nurse-midwife (CNM), certified registered nurse anesthetist (CRNA) and clinical nurse specialist (CNS).

The department is proposing an amendment to WAC 246-338-020 to remove naturopath and midwife as a qualification for laboratory director and testing personnel under a PPMP license and to clarify that only physicians, ARNPs, physician assistants or dentists may serve as the laboratory director of the PPMP MTS license.

The department is also proposing an amendment to WAC 246-338-010 to update a cross reference to remove the reference to naturopaths and midwives.

Reasons supporting proposal: Clinical Laboratory Improvement Amendments (CLIA) provides federal standards that are applicable to all U.S. facilities or sites that test human specimens for health assessment to diagnose, prevent, or treat disease. Washington is CLIA-exempt, meaning that all laboratories in the state must obtain a MTS license instead of a federal CLIA license to perform medical tests. Washington receives approval from CLIA to enforce federal rules for laboratories. The MTS program must comply with federal requirements described in 42 CFR Part 493 to maintain the exemption from CLIA. Updating the qualifications for laboratory directors and testing personnel for PPMP MTS licenses will align chapter 246-338 WAC with the federal requirements.

Statutory authority for adoption: RCW 70.42.220

Statute being implemented: Chapter 70.42 RCW

Is rule necessary because of a:

Federal Law? Yes No

Federal Court Decision? Yes No

State Court Decision? Yes No

If yes, CITATION: 42 CFR 493.2, 42 CFR 493.1357, 42 CFR 493.1363

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

Type of proponent: Private Public Governmental

Name of proponent: Department of Health

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Jessica Holloway	111 Israel Rd SE Tumwater, WA 98504	360-236-2927
Implementation:	Jessica Holloway	111 Israel Rd SE Tumwater, WA 98504	360-236-2927
Enforcement:	Jessica Holloway	111 Israel Rd SE Tumwater, WA 98504	360-236-2927

Is a school district fiscal impact statement required under [RCW 28A.305.135](#)? Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:

Address:

Phone:
Fax:
TTY:
Email:
Other:

Is a cost-benefit analysis required under [RCW 34.05.328](#)?

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

No: Please explain: Exempt due to RCW 34.05.328(5)(b)(iii) due to adoption of federal requirements and RCW 34.05.328(5)(b)(iv), rules that only correct typographical errors, make address or name changes, or clarify language of a rule without changing its effect.

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description: 42 CFR 493.2 provides definitions of physicians, dentists and midlevel practitioners. 42 CFR 493.1357 describes the qualifications of laboratory directors of facilities performing PPM procedures. 42 CFR 493.1363 describes the qualifications of testing personnel of facilities performing PPM procedures. CMS-3326-F Final Rulemaking states that a nurse midwife requires at least a master's degree in nursing. If the rules are not adopted, Washington state could lose it's exemption from CLIA.

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570\(2\)](#) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input checked="" type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g)
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#) (does not affect small businesses).

This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of how the above exemption(s) applies to the proposed rule: The proposed rules adopt federal requirements, and correct or clarify language of the rule without changing the effect.

(2) Scope of exemptions: Check one.

The rule proposal is fully exempt (*skip section 3*). Exemptions identified above apply to all portions of the rule proposal.

The rule proposal is partially exempt (*complete section 3*). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (using [this template from ORIA](#)):

The rule proposal is not exempt (*complete section 3*). No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Date: February 9, 2024

Name: Kristin Peterson, JD for Umair A. Shah, MD, MPH

Title: Chief of Policy for Secretary of Health

Signature:



WAC 246-338-010 Definitions. For the purposes of this chapter, the following words and phrases have these meanings unless the context clearly indicates otherwise.

(1) "Accreditation organization" means a public or private organization or agency approved by CMS as having standards which are consistent with federal law and regulation, and judged by the department to be equivalent to this chapter.

(2) "Authorized person" means any individual allowed by Washington state law or rule to order tests or receive test results.

(3) "Biannual verification" means a system for verifying the accuracy of test results, at least twice a calendar year, for those tests for which proficiency testing is not required by the department.

(4) "Calibration" means a process of testing and adjusting an instrument, kit, or test system to provide a known relationship between the measurement response and the value of the substance that is being measured by the test procedure.

(5) "Calibration verification" means the assaying of materials of known concentration in the same manner as patient samples to confirm that the calibration of the instrument, kit, or test system has remained stable throughout the laboratory's reportable range for patient test results.

(6) "Calibrator" means a material, solution, or lyophilized preparation designed to be used in calibration. The values or concentrations of the analytes of interest in the calibration material are known within limits ascertained during its preparation or before use.

(7) "Case" means any slide or group of slides, from one patient specimen source, submitted to a medical test site, at one time, for the purpose of cytological or histological examination.

(8) "CDC" means the federal Centers for Disease Control and Prevention.

(9) "CMS" means the federal Centers for Medicare and Medicaid Services.

(10) "CLIA" means Section 353 of the Public Health Service Act, Clinical Laboratory Improvement Amendments of 1988, and regulations implementing the federal amendments, 42 C.F.R. Part 493-Laboratory Requirements in effect on September 22, 2003.

(11) "Control" means a material, solution, lyophilized preparation, or pool of collected serum designed to be used in the process of quality control. The concentrations of the analytes of interest in the control material are known within limits ascertained during its preparation or before routine use.

(12) "Control slide" means a preparation of a material known to produce a specific reaction which is fixed on a glass slide and is used in the process of quality control.

(13) "Days" means calendar days.

(14) "Deemed status" means recognition that the requirements of an accreditation organization have been judged to be equal to, or more stringent than, the requirements of this chapter and the CLIA requirements, and the accreditation organization has agreed to comply with all requirements of this chapter and CLIA.

(15) "Deficiency" means a finding from an inspection or complaint investigation that is not in compliance with this chapter and requires corrective action.

(16) "Department" means the department of health.

(17) "Direct staff time" means all state employees' work time; travel time; telephone contacts and staff or management conferences; and expenses involved with a complaint investigation or an on-site follow-up visit.

(18) "Director," defined as the designated test site supervisor in RCW 70.42.010, means the individual responsible for the technical functions of the medical test site. This person must meet the qualifications for Laboratory Director, listed in 42 C.F.R. Part 493 Subpart M - Personnel for Nonwaived Testing.

(19) "Disciplinary action" means license or certificate of waiver denial, suspension, condition, revocation, civil fine, or any combination of the preceding actions, taken by the department against a medical test site.

(20) "Facility" means one or more locations within one campus or complex where tests are performed under one owner.

(21) "Forensic" means investigative testing in which the results are never used for clinical diagnosis, or referral to a health care provider for treatment of an individual.

(22) "HHS" means the federal Department of Health and Human Services.

(23) "High complexity" means a test system, assay, or examination that is categorized under CLIA as a high complexity test.

(24) "May" means permissive or discretionary.

(25) "Medical test site" or "test site" means any facility or site, public or private, which analyzes materials derived from the human body for the purposes of health care, treatment, or screening. A medical test site does not mean:

(a) A facility or site, including a residence, where a test approved for home use by the Federal Food and Drug Administration is used by an individual to test himself or herself without direct supervision or guidance by another and where this test is not part of a commercial transaction; or

(b) A facility or site performing tests solely for forensic purposes.

(26) "Moderate complexity" means a test system, assay, or examination that is categorized under CLIA as a moderate complexity test.

(27) "Must" means compliance is mandatory.

(28) "Nonwaived" means all tests categorized under CLIA as:

(a) Moderate complexity tests, including provider-performed microscopic procedures; or

(b) High complexity tests.

(29) "Owner" means the person, corporation, or entity legally responsible for the business requiring licensure or a certificate of waiver as a medical test site under chapter 70.42 RCW.

(30) "Patient's personal representative" means a person legally authorized to make health care decisions on an individual's behalf.

(31) "Performance specification" means a value or range of values for a test that describe its accuracy, precision, analytical sensitivity, analytical specificity, reportable range and reference range.

(32) "Person" means any individual, public organization, private organization, agent, agency, corporation, firm, association, partnership, or business.

(33) "Physician" means an individual with a doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, or equivalent degree who is a licensed professional under chapter 18.71 RCW Physi-

cians; chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW Podiatric medicine and surgery.

(34) "Provider-performed microscopic procedures" means only those moderate complexity tests listed under WAC 246-338-020 (2)(b)(i) through (x), when the tests are performed in conjunction with a patient's visit by a licensed professional meeting qualifications specified in WAC 246-338-020 (2)(a)(i) through ~~((+vi))~~ (iv).

(35) "Provisional license" means an interim approval issued by the department to the owner of a medical test site.

(36) "Records" means books, files, reports, or other documentation necessary to show compliance with the quality control and quality assurance requirements under this chapter.

(37) "Reference material" means a material or substance, calibrator, control, or standard where one or more properties are sufficiently well established for use in calibrating a process or for use in quality control.

(38) "Specialty" means a group of similar subspecialties or tests. The specialties for a medical test site are as follows:

- (a) Chemistry;
- (b) Cytogenetics;
- (c) Diagnostic immunology;
- (d) Immunohematology;
- (e) Hematology;
- (f) Histocompatibility;
- (g) Microbiology;
- (h) Pathology; and
- (i) Radiobioassay.

(39) "Standard" means a reference material of fixed and known chemical composition capable of being prepared in essentially pure form, or any certified reference material generally accepted or officially recognized as the unique standard for the assay regardless of level or purity of the analyte content.

(40) "Subspecialty" means a group of similar tests. The subspecialties of a specialty for a medical test site are as follows, for:

(a) Chemistry, the subspecialties are routine chemistry, urinalysis, endocrinology, and toxicology;

(b) Diagnostic immunology, the subspecialties are syphilis serology and general immunology;

(c) Immunohematology, the subspecialties are ABO grouping and Rh typing, antibody detection, antibody identification, and compatibility testing;

(d) Hematology, the subspecialties are routine hematology and coagulation;

(e) Microbiology, the subspecialties are bacteriology, mycology, parasitology, virology, and mycobacteriology; and

(f) Pathology, the subspecialties are histopathology (including dermatopathology), diagnostic cytology, and oral pathology.

(41) "Supervision" means authoritative procedural guidance by an individual qualified under 42 C.F.R. Part 493 Subpart M - Personnel for Non-waived Testing, assuming the responsibility for the accomplishment of a function or activity by technical personnel.

(42) "Technical personnel" means individuals employed to perform any test or part of a test.

(43) "Test" means any examination or procedure conducted on a sample taken from the human body.

(44) "Validation inspection" means an on-site inspection by the department of an accredited medical test site to determine that the accreditation organization's regulations are equivalent to this chapter and are enforced.

(45) "Waived test" means a test system that is:

(a) Cleared by the Food and Drug Administration for home use; or

(b) A simple laboratory examination or procedure that has an insignificant risk of an erroneous result.

In order for a test system to be waived, it must be approved for waiver under CLIA.

(46) "Will" means compliance is mandatory.

AMENDATORY SECTION (Amending WSR 02-12-105, filed 6/5/02, effective 7/6/02)

WAC 246-338-020 Licensure—Types of medical test site licenses.

After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1.

(1) Certificate of waiver.

Applicable if the medical test site performs only the tests classified as waived.

(2) Provider performed microscopic procedures (PPMP).

Applicable if the medical test site restricts its testing performance to one or more of the following moderate complexity tests performed by one of the licensed professionals listed, in conjunction with a patient's visit. In addition, the medical test site can perform tests classified as waived with this type of license.

(a) (~~PPMP may be performed only by one of~~) The following licensed professionals may serve as the laboratory director and testing personnel for microscopic procedures under a PPMP medical test site license:

(i) Physician licensed under chapter 18.71 RCW, Physicians; chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW, Podiatric medicine and surgery;

(ii) Advanced registered nurse practitioner, licensed under chapter 18.79 RCW, Nursing care;

(iii) (~~Midwife licensed under chapter 18.50 RCW, Midwifery;~~

~~(iv)~~) Physician assistant licensed under chapter 18.71A RCW, Physician assistants; or

(~~(v) Naturopath licensed under chapter 18.36A RCW, Naturopathy;~~
~~or~~

~~(vi)~~) (iv) Dentist licensed under chapter 18.32 RCW, Dentistry.

(b) Microscopic procedures authorized under a PPMP license are:

(i) All direct wet mount preparations for the presence or absence of bacteria, fungi, parasites, and human cellular elements;

(ii) All potassium hydroxide (KOH) preparations;

(iii) Pinworm examinations;

(iv) Fern tests;

(v) Postcoital direct, qualitative examinations of vaginal or cervical mucous;

(vi) Urine sediment examinations;

- (vii) Nasal smears for granulocytes;
- (viii) Fecal leukocyte examinations;
- (ix) Qualitative semen analysis (limited to the presence or absence of sperm and detection of motility); and
- (x) Any other tests subsequently categorized under CLIA as provider-performed microscopy procedures.

(3) Moderate/high complexity.

(a) Low volume, Category A-J, as described in Table 990-1.

Applicable if the medical test site performs any tests that are not classified as waived or qualified as PPMP under subsection (2) of this section. Under this type of license, the medical test site may also perform tests classified as waived.

(b) Accredited: Low volume, Category A-J, as described in Table 990-1.

Applicable if the medical test site performs any tests that are not classified as waived, and is accredited and inspected by an accreditation organization approved by the department under WAC 246-338-040. Under this type of license, the medical test site may also perform tests classified as waived.

020-1 Table of Requirements for Each License Type

LICENSE TYPE		REQUIREMENTS	INSPECTIONS	
			TYPE	FREQUENCY
(1)	Certificate of Waiver	<ul style="list-style-type: none"> • Restrict testing to tests classified as waived. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/ Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections. • Follow manufacturers' instructions for performing the test. 	<ul style="list-style-type: none"> • Complaint • Technical assistance 	<ul style="list-style-type: none"> • When indicated
(2)	PPMP	<ul style="list-style-type: none"> • Restrict testing to tests classified as PPMP or waived. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/ Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections; WAC 246-338-050 Proficiency Testing (if applicable); WAC 246-338-060 Personnel; WAC 246-338-070 Records; WAC 246-338-080 Quality Assurance; WAC 246-338-090 Quality Control. • Follow manufacturers' instructions for performing the test. 	<ul style="list-style-type: none"> • Complaint • Technical assistance 	<ul style="list-style-type: none"> • When indicated
(3)	Moderate/High Complexity			
	(a) Low Volume, Category A-J	<ul style="list-style-type: none"> • Perform tests classified as moderate or high complexity. 	<ul style="list-style-type: none"> • Initial 	<ul style="list-style-type: none"> • First 6 months of license

LICENSE TYPE	REQUIREMENTS	INSPECTIONS	
		TYPE	FREQUENCY
(b) Accredited: Low Volume, Category A-J	<ul style="list-style-type: none"> • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/ Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections; WAC 246-338-050 Proficiency Testing (if applicable); WAC 246-338-060 Personnel; WAC 246-338-070 Records; WAC 246-338-080 Quality Assurance; WAC 246-338-090 Quality Control. • Follow manufacturers' instructions for performing test. 	<ul style="list-style-type: none"> • Routine • Complaint • On-site follow-up • Technical assistance 	<ul style="list-style-type: none"> • Every 2 years • When indicated • When indicated • When indicated
	<ul style="list-style-type: none"> • Perform tests classified as moderate or high complexity. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/ Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections; WAC 246-338-050 Proficiency Testing (if applicable); WAC 246-338-060 Personnel; WAC 246-338-070 Records; WAC 246-338-080 Quality Assurance; WAC 246-338-090 Quality Control. • Follow manufacturers' instructions for performing the test. • Submit to the department upon request, or authorize the accreditation organization to submit: <ul style="list-style-type: none"> • Proof of accreditation; • On-site inspection results; • Statement of deficiencies; • Plan of correction for the deficiencies cited; • Any disciplinary action and results of any disciplinary action taken by the accreditation organization against the medical test site. 	<ul style="list-style-type: none"> • Validation • Complaint • On-site follow-up • Technical assistance 	<ul style="list-style-type: none"> • 2.5% of accredited sites annually • When indicated • When indicated • When indicated

From: [Shannon Hirst](#)
To: [DOH HSQA HP Naturopathy](#)
Subject: Supplemental info CE rules
Date: Tuesday, November 14, 2023 1:13:51 PM
Attachments: [Cover letter final.pdf](#)
[Analysis Final.pdf](#)

External Email

I am including some supplemental information that pertains to the CE rule discussion.

Sincerely,

Shannon Hirst, ND

--

SHANNON HIRST, ND. 206-618-6549. www.drshannonhirst.com

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Nov. 14, 2023

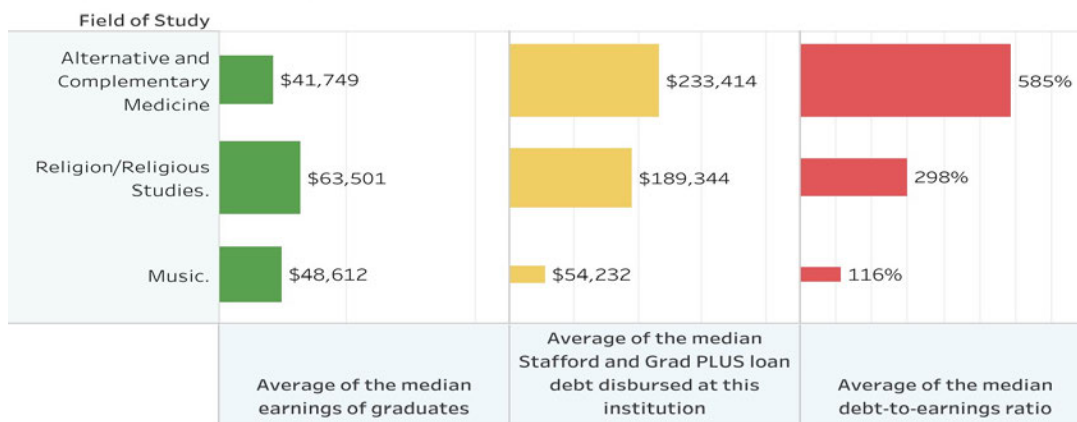
Board of Naturopathy Administrators and Luke Eaton, Assistant Attorney General,

The August 2023 Board of Naturopathy (BON) meeting saw the intersection between the ongoing continuing education debate over broader access to physician level content, and the revelation of troubling debt-to-earnings ratios (D/E) reported for graduates in the field of naturopathic medicine four years after graduation. In this meeting, Traci Pantuso ND, MS testified regarding The HEA Group publication of College Scorecard data showing that **naturopathic doctoral schools (ND) rank among the highest D/E ratios for graduates out of the 1,661 institutions and 6,371 graduate programs included**, with ND programs from National University of Natural Medicine and Bastyr University occupying the top two positions nationally (1,2). Based on this federal data, at four years after graduation and an overall average D/E of 585%, "...naturopathic doctorate grads are less able to pay their student loans than doctoral/first professional grads in *any* field of study, including religious studies (D/E 298%) and music doctoral degree grads (D/E 116%)" Table 1 (2).

Table 1.

Average of the Median Earnings, Debt, and Debt to Earnings Ratio Grouped by Field of Study

For Doctoral and First Professional Degrees. Assessed four years after completion for graduates who are working and not enrolled. Institutions report median earnings and debt issued per graduate in that field of study; numbers below are averages of those reported figures. Data courtesy of <https://www.theheagroup.com/blog/grad-schools-debt> and Mike Itzkowitz



Witherspoon, L. <https://public.tableau.com/app/profile/les.witherspoon/viz/Book1LW/CAMvsMedicineearningsdebtsDE#1>

It may be beneficial to direct the Department of Health's (DOH) attention to how this issue could both impact the health and safety of the public and create ethical quandaries, especially when considering scope of practice increases and continuing education. The Institute of Medicine acknowledged potential conflicts of interest in medical student debt in 2009 saying, "This level of indebtedness and the delayed gratification of a profession that requires years of training...can contribute to a sense of entitlement, which, in turn, may position medical students, residents, and fellows, to be strongly influenced..."(3). This is not to suggest that naturopathic graduates or any other graduates would succumb to entitlement or influence, it is just to appreciate that **the pressures of debt are both known and significant. It calls on any field to have strong ethical frameworks as guides, in both education and practice, to manage these pressures** (4).

An important question that arises from the D/E ratios is how data from the HEA Group analysis could be surprising for some and not for others. The Association of Accredited Naturopathic Medical Colleges' (AANMC) Graduate Success and Compensation Studies provide income estimates from within the ND field (5,6). **The Success Studies from 2015 and 2020 present a picture which appears to contrast with the federally reported earnings.** Review of the studies returned an array of concerns for nearly every category examined, from the referencing, terms used, and comparisons made to phrasing, basic definitions, and what *wasn't* included. **After analyzing the AANMC studies, we have struggled to identify any legitimate reasons for their inconsistencies.** Given the differences between the federal data and the AANMC studies, **it begs the question whether ethical conflicts arise if licensees are required to pay for materials accredited by AANMC member organizations at this time.**

Because the BON made naturopathic organizations a substantial portion of the exclusive CE accreditors in the original 2020 Category 1 requirement for ND license renewal, the AANMC is of interest to the DOH (4). AANMC member leadership includes the naturopathic schools "as well as the leaders of the North American naturopathic professional associations" (7).

With little publicly released survey data from within the field of naturopathic medicine, **the AANMC Success and Compensation Studies could be viewed not only as representative of the field of naturopathic medicine in the US, but as a public example of standards within the field. These standards may be relevant in assessing the quality of educational materials within the field itself.** This marries questions surrounding ND incomes to concerns that have been publicly debated with the BON since 2020; namely the quality of naturopathic continuing education materials in licensee preparedness and safety.

In summary, The HEA Group D/E data at four years after graduation has attributed some of the highest ratios to naturopathic medicine graduates, for all schools and programs they included (1). The AANMC Graduate Success and Compensation Studies appear to differ from this data (5,6). After reviewing the Success Studies, we are left with more questions than answers about

the information these studies contain and how this may affect naturopathic licensees, their ability to navigate patient care, and the rule making of the BON.

We have provided a copy of the AANMC study analysis with this cover letter.

Shannon Hirst, ND, and Traci Pantuso, ND, MS

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Analysis of the Association of Accredited Naturopathic Medical Colleges' 2015 and 2020 Graduate Success and Compensation Studies

Shannon Hirst, ND, and Traci Pantuso, ND, MS

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INTRODUCTION

College Scorecard was launched by the Obama administration to help prospective students better compare higher education options through access to data (1,2). Michael Itzkowitz, former director of College Scorecard, went on to form The HEA Group (HEA), a private sector “research and consulting agency focused on college access and success” (3). HEA recently published debt-to-earnings (D/E) ratios for graduate programs using federal College Scorecard median earnings data four years after graduation (3,4). **Naturopathic doctoral (ND) schools**

ranked among the highest D/E ratios for graduates out of the 1,661 institutions and 6,371 graduate programs included (3,5). Published income figures from the Association of Accredited Naturopathic Medical Colleges (AANMC) appear to contrast with the College Scorecard median earnings used to calculate the HEA D/E ratios (6,7). As an example, the 2020 AANMC Study was published around the same time the College Scorecard year-four earnings used in the HEA analysis were collected. The comparison is below. Table 1 (3,4,6).

Comparison of HEA Cohort Year-Four Median Earnings (2018-2020) with AANMC Overall Average Income Reported in 2020.

School	HEA Cohort Year-Four Median Earnings ^a	Difference Between Year-Four Median Earnings and 2020 AANMC Average ND Income (\$95,642) ^{a b}
National University of Natural Medicine	\$34,431	-\$61,211
Bastyr University	\$43,703	-\$51,939
Sonoran University of Health Sciences	\$38,297	-\$56,345
National University of Health Sciences	\$35,127	-\$60,515

^a HEA utilized College Scorecard Median Earnings data 4 years after the cohort completed their graduate program (3,4)

^b Quoted overall average income from the AANMC 2020 Graduate Success and Compensation Study for the US only (6)

Table 1. HEA cohort federally reported year-four (2018-2020) median earnings among graduates of all currently operational US ND schools are less than the AANMC overall average income from 2020.

While one would expect differences in studies that may be drawn from somewhat different pools, the degree of difference coupled with just how low the College Scorecard sourced earnings are, led us to see if we could clarify these inconsistencies. We started by reviewing the AANMC Graduate Success and Compensation studies from 2015 and 2020. Some references were only accessible through the Wayback Machine website which has archived internet files available. We contacted the AANMC for questions we could not clarify through references, however not all questions were answered. In some instances, we attempted to use College Scorecard sourced data, to the best of our understanding, to compare values of the Success Studies to see if they resulted in any further clarity. This analysis focuses on the currently operational ND schools in the United States. We offer this as an invitation for further discussion.

1.0 ND Salaries and ND Profession Comparisons (US Only)

1.1 Basic definitions of income:

Together, the 2015 and 2020 Success Studies use multiple words to describe money including: income, salary, pay, and compensation (6,7). Both study reports state the majority of respondents own or co-own their practice (6,7). Ownership entails expenses. The AANMC has confirmed via email that they were reporting personal, gross, pre-tax income; however, they have not answered, despite requests for clarification, whether this gross, pre-tax income data is before or after expenses (8,9). **It remains unclear how the income numbers in either study relate to net income.**

1.2 Averages:

Together, the 2015 and 2020 Success Studies use multiple words to describe averages including: average, mean, and median (6,7). **While medians are available, average/mean values are used in discussions and comparisons throughout both the 2015 and 2020 study reports; although medians are the convention** (6,7). The medians in both AANMC studies are lower than the means/averages (6,7). As the mean/average is influenced by values that are overly high or low, income figures are conventionally reported as medians to protect the central value from being skewed (10). Of note, in the 2020 study, the median incomes for full-time work are presented after the average (which is higher), and they are in lower contrast colors than the average income values (6).

2020 AANMC Study Average and Median Full-time Incomes by Patient Contacts Per Week.

Number of Patients per week^a	Full-time Average Income^a	Full-time Median Income^a	Difference between Median and Average
11-19	\$80,814	\$60,000	-\$20,814
20-39	\$122,535	\$97,000	-\$25,535
40-59	\$146,621	\$108,500	-\$38,121

^a Data from 2020 AANMC Graduate Success and Compensation Study (6)

Table 2. Median full-time incomes per patient number per week are decreased from the averages.

1.3 Pre-enrollment vs postgraduate income comparisons:

The 2015 AANMC study report compares average annual incomes prior to starting ND school (\$38,857) versus full-time work using the ND degree (\$89,392) (7). The difference in this pre-enrollment and postgraduate income is referred to as an “increase in earning potential” (7). With no citations for this information, it is difficult to tell exactly how these earnings before and after attending school relate to each other in time. **We do know that the HEA analysis cohort graduated between 2013-2015 (3,4). If we check back with their year-four postgraduate earnings in 2018-2020 and compare this to what the 2015 AANMC has offered as average pre-enrollment income in 2015, there is little difference between the reported pre-enrollment vs year-four median earnings data for this cohort (3,4,7). One difference of note is the student debt accumulated while in school (3,4).**

Comparing HEA Cohort Year-Four Median Earnings (2018-2020) and 2015 AANMC Average Income Prior to Attending ND School.

ND School	HEA Cohort Year-Four Median Earnings^a	HEA Cohort Year-Four Median Earnings vs 2015 AANMC Average Pre-enrollment Income (\$38,857)^{a b}	Median Stafford/Grad PLUS Loans For HEA Cohort Graduates^c
National University of Natural Medicine	\$34,431	-\$4,426	\$263,594
Bastyr University	\$43,703	+\$4,846	\$300,530
Sonoran University of Health Sciences	\$38,297	-\$560	\$224,000
National University of Health Sciences	\$35,127	-\$3,730	\$203,837

^a HEA utilized College Scorecard Annual Median Earnings data four years after the cohort completed their graduate program (3,4)

^b Quoted average pre-school income from the AANMC 2015 Graduate Success and Compensation Study for the US only (7)

^c HEA cohort Median Stafford/Grad PLUS loan debt at the time of graduation (2013-2015) taken from College Scorecard. This debt represents graduate-level student loans for doctoral/first professions graduates of the associated school and does not include undergraduate debt or accumulated interest. (3,4)

Table 3. HEA cohort Median Annual Earnings at year-four (2018-2020) compared to 2015 AANMC Average Pre-enrollment Income appears to show graduates making similar incomes but with substantial accrued student loan debt.

2.0 Other Health Industry comparisons (US Only)

2.1 Student Debt:

There is a considerable difference between the HEA cohort’s median student loan debt (\$203,837-\$300,530) compared to the 2015 AANMC reported debt of **\$167,156 as “the average amount of student loan debt accrued in ND school.”** Table 4 (3,4,7). Although it is unclear if the 2015 AANMC average student debt can be directly compared to the HEA data as there is no citation given for the \$167,156 amount, we do know that **the HEA cohort’s graduating debt was recorded within a year or two (2013-2015) of the 2015 AANMC publication** (3,4,7). Their median Stafford/Grad PLUS loan debt at the time of graduation is taken from College Scorecard (3,4). This debt represents graduate-level student loans for doctoral/first professions graduates of the associated school and does not include undergraduate debt or accumulated interest (3,4).

Comparison of 2015 AANMC Study Average ND Student Debt and HEA Cohort Median Stafford/Grad PLUS Loans Upon Graduation

School	Median Stafford/Grad PLUS Loans from HEA cohort ^a	Difference in HEA cohort vs 2015 AANMC student debt data (\$167,156) ^{a b}
National University of Natural Medicine	\$263,554	+\$96,398
Bastyr University	\$300,530	+\$133,374
Sonoran University of Health Sciences	\$224,000	+\$56,844
National University of Health Sciences	\$203,837	+\$36,681

^a The HEA Group cohort median Stafford/Grad PLUS loan debt at the time of graduation (2013-2015) taken from College Scorecard. This debt represents graduate-level student loans for doctoral/first professions graduates of the associated school and does not include undergraduate debt or accumulated interest. (3,4)

^b Average ND student debt from 2015 AANMC Graduate Success and Compensation Study for US only (7)

Table 4. The HEA cohort displays a substantially higher student loan debt than the 2015 AANMC report.

The AANMC report then goes on to compare the ND student loan debt to conventional medical student (MD) loan debt. Table 5 (7,11,12).

Quoted ND and MD Educational Debt From the 2015 AANMC Success Study

Study	Quoted Average ND Debt ^a	Quoted Average MD Debt ^b	Difference in ND vs MD Debt ^{a,b}
2015 AANMC Study	\$167,156	\$190,053	-\$22,897

^a No citation given. Unclear if total higher education debt or debt isolated to ND program.

^b From cited references(11,12). Unclear if this represents total higher education debt or is isolated to MD program.

Table 5. Quoted Average ND Debt is \$22,897 less than the Average MD debt.

It is unclear if the quoted AANMC ND debt is isolated to attending ND school only, or if it is an aggregate of all a student's higher education debt. **If it represents ND school debt only, the MD comparison references include tables with combined pre-med and medical school debt, or the reference has used the word "aggregate debt"** (11,12). The Association of American Medical College's (AAMC) reference has further separated loan amounts into private, public, and combined institution types (12). If these are the primary references used, it is unclear if the AANMC has consistently sourced its debt comparisons from a single field or table; meaning that isolated and aggregate debt for private and public schools could be mixed and matched (7, 11,12).

2.2 References:

The two MD student debt references used for this 2015 comparison of ND versus MD student debt contain relevant information not introduced in the AANMC study report (11,12). In the 2011 article published in Academic Medicine, Greyson et al. call medical student debt "a problem of national importance," stating, "current mechanisms for student's educational financing may not withstand debt levels above a certain ceiling which is rapidly approaching" (11). The reference further draws attention to ambiguity regarding "consensus on the true cost of educating a medical student, which limits accountability to students and society for these costs" (11). **This reference is a warning about how medical student debt is approaching an unsustainable crisis point.** The authors go on to suggest a number of interventions for combatting increasing debt loads including: expanding forgiveness programs like PSLF, requiring accountability from financial aid officials for excessive award amounts, and allowing students to work while in school (11). **The second medical debt reference is the AAMC outline of medical education costs in 2014** (12). **This reference reports that 40% of 2014 MD grads plan to use a loan forgiveness/repayment program, and the document includes a full page of possible repayment scenarios** (12). There is no discussion of loan repayment or loan forgiveness in the 2015 AANMC study report despite the use of these references.

2.3 Health Industry Incomes:

The 2020 study presents a health industry salary comparison chart labeled “Average Full Time Salary by Number of Patients Per Week”(6). They report average ND incomes of \$146,621 for 40-59 patient contacts a week, \$122,535 for 20-39 patient contacts per week, and \$80,814 for 11-19 patient contacts per week (6). This is compared to \$225,000 for MD/DO salary for 80-99 contacts per week, chiropractors with \$150,000 and 120-139 patient contacts per week, and finally acupuncturists with \$70,000 for 20-39 patient contacts per week (6). Multiple references are cited for the comparison (13,14,15,16,17,18).

2.3.1 Incomes used in the comparison

ND income type remains unclarified. There is an unresolved question whether the averages for ND incomes for 3 patient contact designations represents income before or after expenses (8,9).

It is unclear if the chart is comparing similar types of income from the other healthcare fields. Emails were sent to the AANMC to ask if the other health field incomes listed in the figure were the same income type, with respect to taxes and expenses, as the ND income. They responded, “We unfortunately do not have additional information regarding exactly how other professions asked their questions, but the AANMC gave our best effort to access similar data whenever possible” (8).

An email to the American Academy of Family Physicians (AAFP) resulted in the question they used for their income survey. The AAFP question was: “What was your take home pay before taxes, or net individual income before taxes” (13,19)?

The American Association of Colleges of Osteopathy (AACOM) reference is a 2019 collection of data on the graduating class of 2019 (14). Incomes listed are for what they may expect to make 1, 5, and 10 years after their residencies. **The study population in this report is not yet in the workforce and does not have an associated number of patient contact hours** (14,9). Future income projections are listed in a table labeled, “Expected Net Income” (14).

Chiropractic references, while not definitive, do contain some specific income language (15,16). One used the terms “earnings after tax deductible expenses but before taxes” for business owners, and “the sum of salary, bonuses, and retirement/profit sharing” for employees (15). The other used “median annual wage” and specifically excluded, “..self-employed workers or owners and partners of unincorporated businesses” (16).

2.4 References Revisited:

While it is unclear what the AACOM reference can contribute to the salary comparison data due to its survey population, **it, like the AAMC debt reference cited in the 2015 study, includes important information about loan forgiveness/repayment that is not presented in the AANMC report** (14,12). In this 2018-2019 AACOM survey, about 50% of graduating seniors planned to use a loan forgiveness/repayment program (14). This reference also provides information on types of forgiveness programs as well as scholarships and grants used to pay for their medical education (14).

3.0 Odds and Ends

3.1 General Comparability of 2015 and 2020 Study Reports:

The two studies differ in basic definitions of work. The 2015 study defines work relative to full time status, and the 2020 study defines work relative to part time status (6,7). The hours used as the cutoffs for full time vs part time are different in the 2015 vs 2020 studies (6,7).

3.2 Time to Employment Measurement:

The AANMC presents time to employment percentages in both the 2015 and 2020 studies (6,7). Naturopathy is highly entrepreneurial. The studies report the majority of respondents own or co-own a practice (6,7). It is unclear, in naturopathic medicine, if “finding employment” is synonymous with “getting a job” as in other fields. **Clarification may be required to determine if some respondents defined “finding employment” as simply finding rental space or other administrative milestones in starting a business.** Similarly, starting a business may not equate to taking home any income from it. Graduates may work additional unrelated jobs to feed the expenses of their practice and their families. It is unclear how finding employment equates to income from use of the ND degree.

3.3 Duration of Practice:

The 2015 study states of its respondent population that “...65% have been in practice up to 10 years” (7). “Up to ten years” can include all years between 0 and 10 years. It is unclear the percentage of people practicing for 10 years. They go on to say, “so[,] many of the participants graduated in 2005 or later” (7). Again, “2005 or later” can include all years between 2005 and the date of the survey. **It is unclear how many people had been practicing for any given number of years.**

4.0 Glossary of Acronyms

- **AACOM:** American Association of Colleges of Osteopathic Medicine
- **AAFP:** American Academy of Family Physicians
- **AAMC:** Association of American Medical Colleges
- **AANMC:** Association of Accredited Naturopathic Medical Colleges
- **DO:** Doctor of Osteopathic Medicine
- **HEA:** The HEA Group
- **MD:** Doctor of Medicine
- **ND:** Naturopathic Doctor
- **NUHS:** National University of Health Sciences
- **NUNM:** National University of Natural Medicine
- **PSLF:** Public Service Loan Forgiveness

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2. Turner, C. President Obama's New 'College Scorecard' Is a Torrent of Data. NPR. Sept 12, 2015. Accessed: Nov 8, 2023. <https://www.npr.org/sections/ed/2015/09/12/439742485/president-obamas-new-college-scorecard-is-a-torrent-of-data>
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19. AAFP FPM librarian email correspondence available upon request

Phipps, Rachel M (DOH)

From: Laura Farr <Laura.farr@naturopathic.org>
Sent: Wednesday, March 13, 2024 3:41 PM
To: Phipps, Rachel M (DOH)
Cc: Krystal Richardson
Subject: Re: Letter of opposition from BON regarding Idaho
Attachments: FNMRA Notice to Naturopathic Medicine Regulatory Authorities_Idaho SB1375 and HB632.pdf

External Email

Hi Rachel and Dr. Richardson,

I'm very grateful that the BON submitted a letter in November. I presume that letter went to the regulatory board during its administrative rules process. Unfortunately, this issue has evolved to another stage and is back in the legislature, and we are again asking for assistance, as we believe it could impact other regulated jurisdictions outside of Idaho.

I've attached a notice that the Federation of Naturopathic Medicine Regulatory Authorities sent out to all regulatory boards last week urging action in Idaho. Because the original statute that passed in 2022 required that a person applying to be a "licensed naturopathic doctor" in Idaho required that they have a degree from an institution "accredited by the US Department of Education," the law became unimplementable because no diploma mill naturopathic course meets that requirement.

Two bills have been introduced in the Idaho legislature to "fix" the statute. Unfortunately, both bills even further degrade the academic requirements to become a "licensed naturopathic doctor" in Idaho. They both effectively allow other medical professionals to be a "licensed naturopathic doctor" by merely taking continuing education courses.

Could you please review the FNMRA's letter attached? We are encouraging all the regulatory boards to send letters of concern to the list of entities indicated in the letter, especially the Governor's office. Note that since that letter urging action was issued, the bill has already passed the Senate Commerce Committee, so letters are not needed for that body any longer.

I am happy to get on a call if you would like additional information.

Laura Farr
Executive Director

On Mon, Mar 11, 2024 at 4:41 PM Phipps, Rachel M (DOH) <Rachel.Phipps@doh.wa.gov> wrote:

Hi Laura,

The board did submit a letter to Idaho State after the November board meeting.

Thank you,

Rachel Phipps

Program Manager

Office of Health Professions

Health Systems Quality Assurance

Washington State Department of Health

rachel.phipps@doh.wa.gov

www.doh.wa.gov | 564-233-1277



From: Krystal Richardson [REDACTED]
Sent: Monday, March 11, 2024 1:31 PM
To: Laura Farr <Laura.farr@naturopathic.org>; Phipps, Rachel M (DOH) <Rachel.Phipps@doh.wa.gov>
Subject: Re: Letter of opposition from BON regarding Idaho

External Email

Laura,

Thank you for reaching out. I am looping in Rachel Phipps (our program manager at the DOH) to help coordinate what you are asking for or wanting to bring to the boards attention.

My best,

Dr. Richardson

On Sun, Mar 3, 2024 at 12:42 PM Laura Farr <Laura.farr@naturopathic.org> wrote:

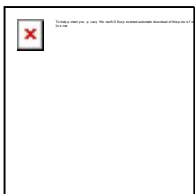
Hi Dr. Richardson,

A couple of months ago in a BON meeting, you offered to help draft a letter of opposition to the efforts in Idaho to allow lay naturopaths a pathway to get registered and licensed. The Idaho legislature has introduced two new bills that even further undermine the entire framework of regulation and education of the naturopathic profession and healthcare generally. We believe that input from individual regulatory boards could make a difference.

Action is urgently needed, so I wanted to reach out to see if this is something you could still help with? I have talking points out to circulation with the FNMRA as we speak, and would hopefully be able to get you something Monday.

Laura

Laura Farr PRONOUNS: She, Her, Hers
Executive Director
American Association of Naturopathic Physicians
Direct Line: 202-849-6306 | www.naturopathic.org





FNMRA Notice to Naturopathic Medicine Regulatory Authorities

Requesting Regulatory Authority opposition to two bills regarding the Idaho Board of Naturopathic Health Care (BNHC)

*Idaho BNHC Licensee is Non-equivalent to All Other Naturopathic Medicine Regulatory
Authorities*

URGENT: Idaho Needs Assistance from Regulatory Boards TODAY Thursday, March 7, 2024, on SB 1375!

**These bills do not impact just Idaho; they could impact all states regulating naturopathic
medicine!**

In 2022, the Idaho legislature has passed [SB 1330 – Title 54 Chapter 59 Naturopathic Doctor Licensing and Naturopath Registration](#)¹ to create a second board, the **Board of Naturopathic Health Care (BNHC)**.² The statute allows providers with existing license types (MD, DO, DC, DDS, etc.) to apply for a license to become a “naturopathic doctor (ND).” This board will also register lay naturopaths who have no medical training. Please read the [background brief here](#) explaining the legislative issues with Title 54 Chapter 59 in Idaho that could impact every naturopathic regulatory board around the country.

The BNHC is moving toward licensing and registration soon. Before licensing can begin, some legislative housekeeping bills must be passed.

To protect the public and prevent the BNHC from licensing unsafe and untrained practitioners, we urge regulatory authorities to oppose the following bills in Idaho by writing letters of opposition.

1. [SB 1375](#) was unexpectedly introduced and assigned to the Senate Commerce Committee. It gives the Idaho BNHC the ability to license individuals as “naturopathic doctors” without rigorous educational requirements or passage of NPLEX. Individuals can use licenses from other medical fields and minimal “naturopathy” training to be eligible for a license as a “naturopathic doctor.” This bill is being heard in committee on Thursday March 7, at 1:30 pm MST. See page 2 and 3 for where to send your letters of opposition. At [this link](#) you can find the letter of opposition written by the FNMRA.³

¹ <https://legislature.idaho.gov/statutesrules/idstat/title54/t54ch59/>

² <https://dopl.idaho.gov/nhc/>

³ <https://app.box.com/s/21218sh814bdjqrh1tulh6ptqog3i554>

2. [HB 632](#), in the Idaho House Health & Welfare Committee. This bill changes the educational requirements in Idaho Chapter 59 for certain other healthcare professionals to become a “Licensed Naturopathic Doctor” after completion of a rudimentary 160 hour online continuing education curriculum. If HB 632 were to pass, lay naturopaths who hold a license in another healthcare profession, anywhere in the country, could get licensed in Idaho with an extremely nominal 160 hour “curriculum” that completely circumvents the academic standards of all other naturopathic state licensure laws and regulatory authorities.

Neither bill addresses two other significant problems in Chapter 59:

1. They both still allow healthcare professionals with a license *anywhere in the US* to become a “licensed naturopathic doctor” to practice in Idaho.
2. They both don't address the section in Chapter 59 that creates the voluntary "registered naturopath" designation - which allows *anyone* anywhere in the US to apply to be a registered naturopath in Idaho.

Why Your Regulatory Board Should Oppose HB 632 and SB 1375 and ask to repeal Chapter 59:

- The original law, and especially these two new bills, **are contrary to and seriously undermine established standards of healthcare regulation held in ALL OTHER US JURISDICTIONS for all other health care providers.** The Federation of State Medical Boards (FSMB) advises that while the 10th Amendment of the United States Constitution authorizes the states to establish laws and regulations protecting the health, safety, and general welfare of their citizens, each jurisdiction must bear in mind the implications of potential practice act changes in the greater national landscape. Idaho’s attempts to allow the licensure of naturopathic doctors with deeply inferior educational requirements undermines the entire national framework of regulation of all healthcare professions.
- Reciprocity - many regulatory boards have provisions that allow for reciprocity for NDs seeking licensure from other states. The federal Servicemembers’ Civil Relief Act (SCRA) authorizes service members, or their spouses, who currently hold a valid license in good standing in another state to be able to practice in a different state within the same profession or vocation, if they relocate because of military orders. Your regulatory board might be forced to accept licensees with almost non-existent academic standards in naturopathic medicine, **or be exposed to a serious risk of legal action.**
- **These bills bypass established licensing and regulatory requirements.** Any regulatory board that does not specifically require graduation from a CNME- accredited naturopathic program and/or passage of NPLEX might find that graduates of rudimentary courses/diploma mills could *technically* meet your education requirements, with no actual educational standards.
- Chapter 59, and especially these bills, endanger the public by allowing practitioners to call themselves naturopathic doctors without any academic standards, and undermine the very purpose of accreditation to ensure academic excellence and rigorous standards.

Act Now before it is too late!

Please send your letters of opposition today, **Thursday, March 7, 2024**, to stop this unsafe bill from being passed.

1. Contact the Idaho [Governor’s Office](#) with a cc to sara.stover@gov.idaho.gov
2. Contact members of the Senate Commerce and Human Resources Committee **about SB 1375**
 - a. Chair [Kevin Cook](#), KCook@senate.idaho.gov
 - b. [Todd M. Lakey](#), TLakey@senate.idaho.gov
 - c. [Jim Guthrie](#), JGuthrie@senate.idaho.gov

- d. [Doug Ricks, DRicks@senate.idaho.gov](mailto:DRicks@senate.idaho.gov)
 - e. [Daniel D. Foreman, DForeman@senate.idaho.gov](mailto:DForeman@senate.idaho.gov)
 - f. [Linda Wright Hartgen, LHartgen@senate.idaho.gov](mailto:LHartgen@senate.idaho.gov)
 - g. [Brian Lenney, BLenney@senate.idaho.gov](mailto:BLenney@senate.idaho.gov)
 - h. [Janie Ward-Engelking, JWardEngelking@senate.idaho.gov](mailto:JWardEngelking@senate.idaho.gov)
 - i. [James D. Ruchti, JRuchti@senate.idaho.gov](mailto:JRuchti@senate.idaho.gov)
3. Contact members of the House Health and Welfare Committee **about HB 632**
- a. Chair [John Vander Woude, JVanderWoude@house.idaho.gov](mailto:JVanderWoude@house.idaho.gov)
 - b. Vice Chair [Marco Adam Erickson, MErickson@house.idaho.gov](mailto:MErickson@house.idaho.gov)
 - c. [Megan Blanksma, MBlanksma@house.idaho.gov](mailto:MBlanksma@house.idaho.gov)
 - d. [Mike Kingsley, MKingsley@house.idaho.gov](mailto:MKingsley@house.idaho.gov)
 - e. [Brandon Mitchell, BMitchell@house.idaho.gov](mailto:BMitchell@house.idaho.gov)
 - f. [Chenele Dixon, CDixon@house.idaho.gov](mailto:CDixon@house.idaho.gov)
 - g. [Jacyn Gallagher, IGallagher@house.idaho.gov](mailto:IGallagher@house.idaho.gov)
 - h. [Dori Healey, DHealey@house.idaho.gov](mailto:DHealey@house.idaho.gov)
 - i. [Jordan Redman, JRedman@house.idaho.gov](mailto:JRedman@house.idaho.gov)
 - j. [Josh Wheeler, JoshWheeler@house.idaho.gov](mailto:JoshWheeler@house.idaho.gov)
 - k. [Sue Chew, SChew@house.idaho.gov](mailto:SChew@house.idaho.gov)
 - l. [Ilana Rubel, IRubel@house.idaho.gov](mailto:IRubel@house.idaho.gov)
 - m. [Nate Roberts, NRoberts@house.idaho.gov](mailto:NRoberts@house.idaho.gov)
 - n. Contact the Idaho [Governor's Office](mailto:sara.stover@gov.idaho.gov) with a cc to sara.stover@gov.idaho.gov

Phipps, Rachel M (DOH)

From: [REDACTED]
Sent: Friday, April 19, 2024 5:09 PM
To: DOH HSQA HP Naturopathy
Subject: Re: ND scope of practice question

External Email

Oh sorry Rachel, I just listened to your voicemail, you clearly read my first email. Well thank you for everything and all your time going back and forth with me. I'd love it if you could bring this to the board, I'd love to be able to provide this service to our community and want to make sure I'm legally able to. I'll continue searching for a lawyer.

Thank you so much,
-Elise

On Fri, Apr 19, 2024 at 3:32 PM [REDACTED]:

Hi Rachel,

Thank you for the follow-up call, unfortunately I was unable to answer at that time. Did you see my first email? I'm a Licensed Naturopathic Doctor in WA, am I still considered general public? I feel like there should be a way for me to figure out whether or not I can perform IUI's. I'm shocked at how hard this is to find out. I have to say I feel very unsupported in this process and am disappointed that there is not an easier way for providers to find out clarifying information. I did an initial search for a lawyer but was unsuccessful in finding someone. My malpractice doesn't have a recommendation for a lawyer either. Do you know of a lawyer?

I'm sorry to keep hounding you, I just really want to know if I can provide IUI's for my patients and am totally shocked that our ND Board can't provide our ND's more support when it comes to the laws surrounding naturopathic medicine.

Sincerely,
-Elise

On Fri, Apr 19, 2024 at 3:11 PM DOH HSQA HP Naturopathy <Naturopathy@doh.wa.gov> wrote:

Hi Elise,

I did leave you a voicemail, but unfortunately, the board of naturopathy is not authorized by law to provide members of the public with legal advice, including advice regarding whether a practice is within scope. The Board encourages all members of the public who have specific questions regarding scope of practice to consult with their insurance provider or an attorney who is familiar with Washington law. Information regarding the scope of practice for naturopathic physicians can be found at [Chapter 18.36A RCW](#) and [Chapter 246-836 WAC](#).

Thank you,

Rachel Phipps

Program Manager

Office of Health Professions

Health Systems Quality Assurance

Washington State Department of Health

rachel.phipps@doh.wa.gov

www.doh.wa.gov | 564-233-1277



From: [REDACTED]
Sent: Friday, April 19, 2024 2:25 PM
To: DOH HSQA HP Naturopathy <Naturopathy@doh.wa.gov>
Subject: Re: ND scope of practice question

External Email

Hi Rachel,

I contacted my malpractice insurance provider and they referred me back to you, the WA State Board. They said they always refer their clients to their state board and did not have any other resources for me.

I appreciate any help you can provide.

-Elise

On Fri, Apr 19, 2024 at 2:10 PM Elise Wong [REDACTED] wrote:

Hi Rachel,

I left you a voicemail inquiring if IUI (intrauterine insemination) is within the scope of practice for ND's in WA. You left me a voicemail stating that you are unable to provide guidance on scope of practice and provided some resources. Unfortunately, I've already read both of those chapters, the RVW 18.36A as well as Chapter 246-836, and neither one really provides any clarification. I consider IUI a minor office procedure and therefore would consider it to be within my scope of practice but I would like a definitive answer as to whether or not I can perform this procedure.

I am a licensed ND in WA and would like to get trained in IUI and provide this service, there is a huge demand for it in Olympia and we have very few providers that perform this procedure. However, I need to know whether I'm legally able to perform IUI's before I pay for training. My understanding from your voicemail is that I need to contact my malpractice insurance provider to find out whether or not IUI is within my scope of practice and or a lawyer that knows the Naturopathic laws and scope of practice in WA state. Do you have a recommendation for a lawyer that meets this criteria? I feel like this is something that should be easily found out and I'm surprised at how difficult it is to find the answer.

Thank you for all the help you can provide.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Naturopathic Physician

FY2024 Starting Fund Balance
\$1.49M

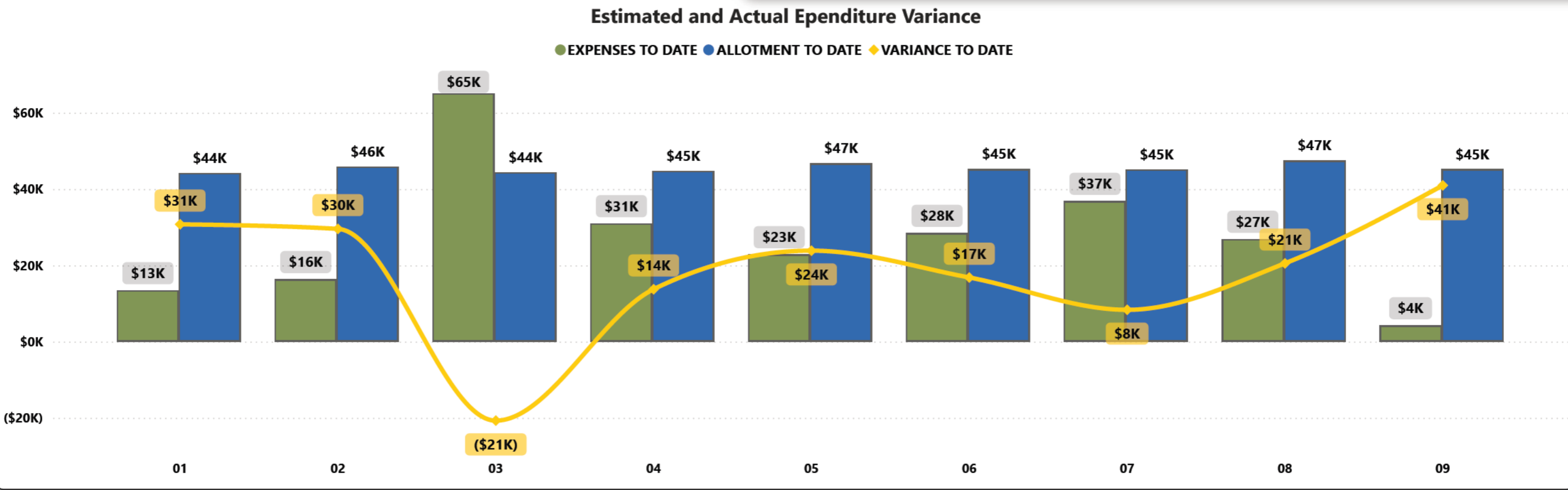
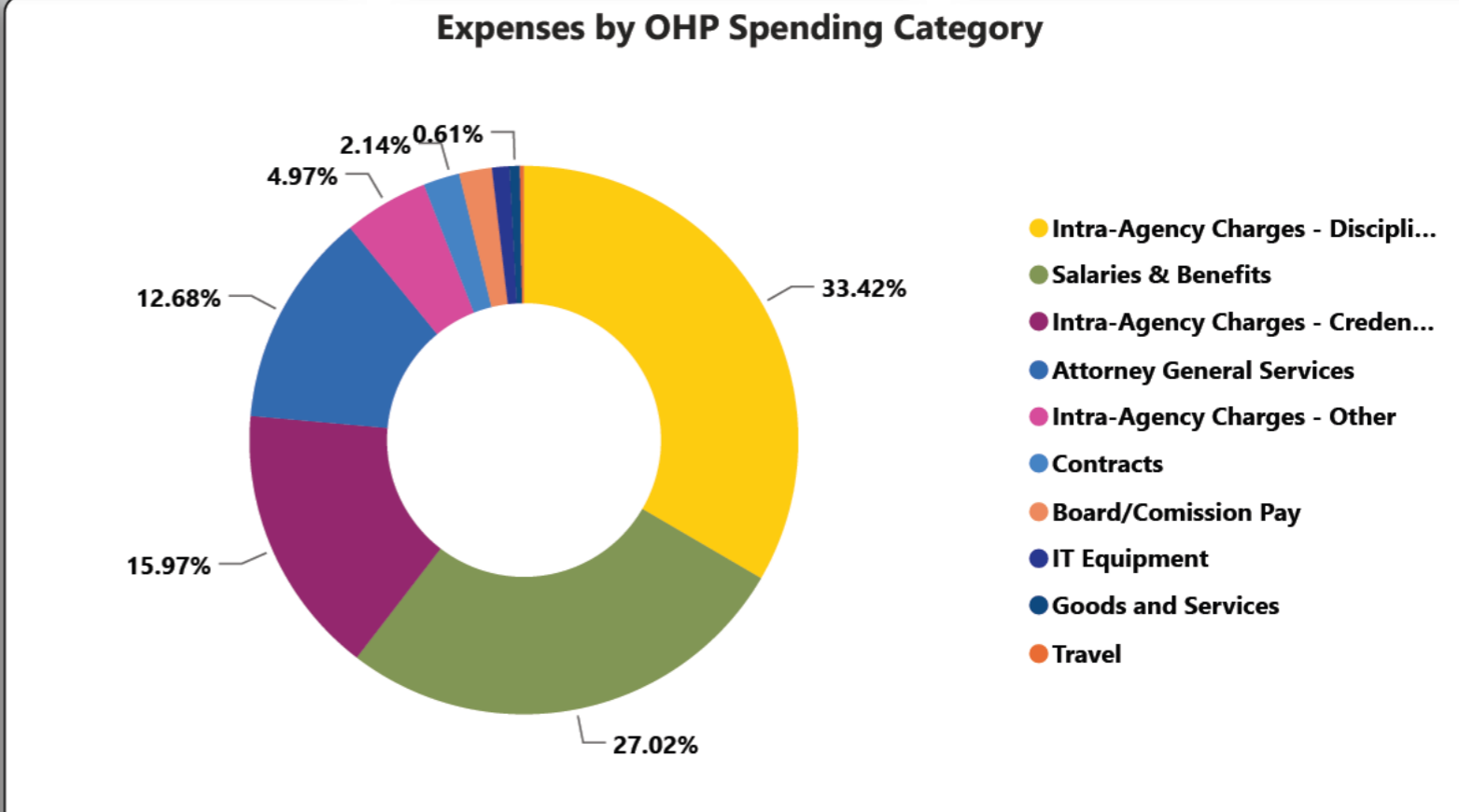
Current Fund Balance
\$1.75M

HELMS Cost Allocation
\$8.99K

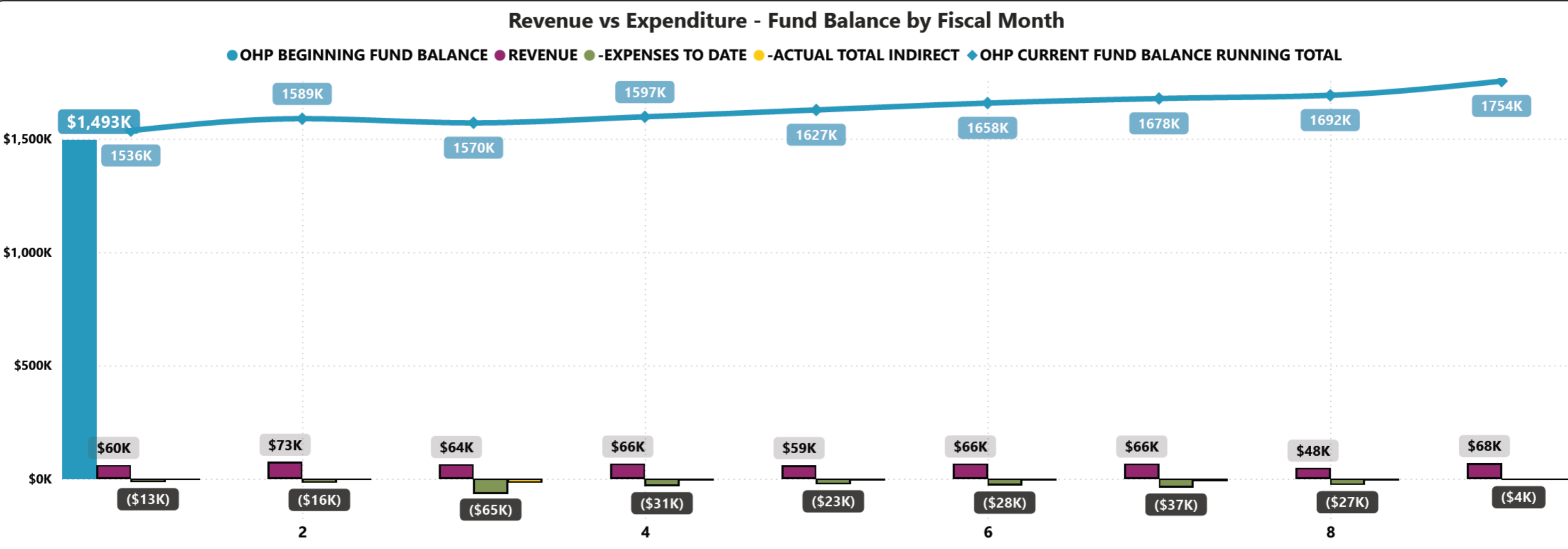
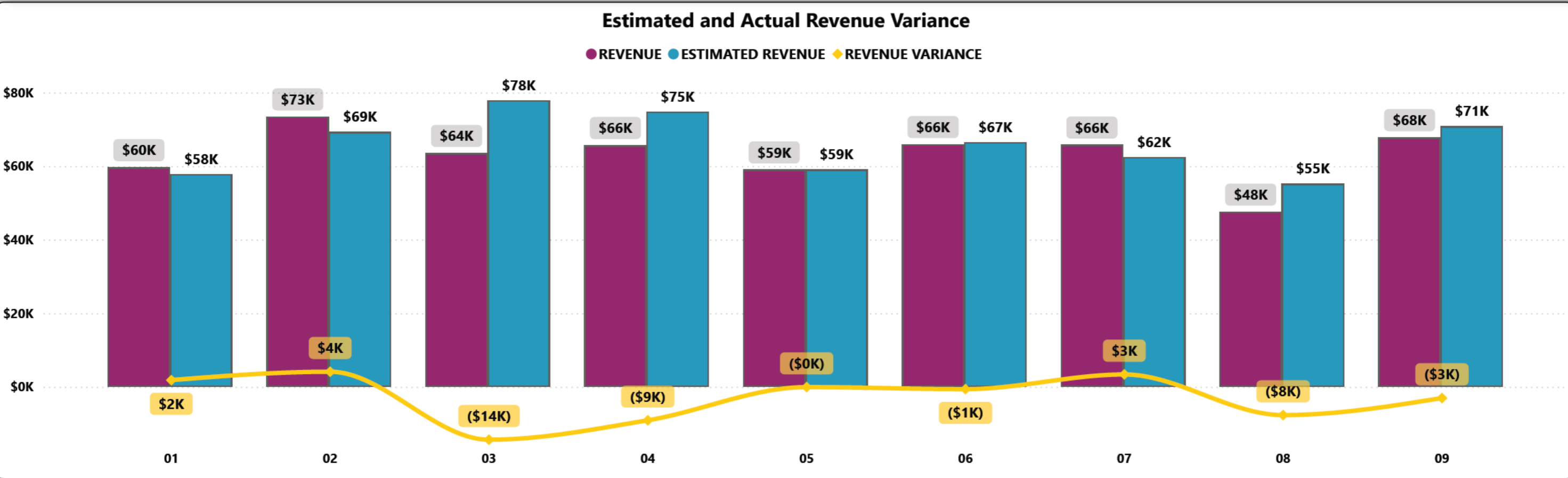
Revenue
\$568.13K

Expenses+ Total Indirect+HELMS
\$315.91K

Master Indexes Title	ALLOTMENT TO DATE	EXPENSES TO DATE	VARIANCE TO DATE	ACTUAL TOTAL INDIRECT
NATUROPATHIC PHYSICIAN	\$408,913	\$245,981	\$162,932	\$61,942
Attorney General Services	\$50,247	\$31,072	\$19,175	
Board/Comission Pay	\$4,500	\$4,727	(\$227)	
Contracts	\$5,544	\$5,250	\$294	
Goods and Services		\$2,503	(\$2,503)	
Indirect				\$61,942
Intra-Agency Charges - Credentialing	\$37,456	\$39,135	(\$1,679)	
Intra-Agency Charges - Discipline	\$187,343	\$81,865	\$105,478	
Intra-Agency Charges - Other	\$20,485	\$12,183	\$8,302	
IT Equipment	\$1,872	\$2,499	(\$627)	
Salaries & Benefits	\$98,316	\$66,191	\$32,125	
Travel	\$3,150	\$556	\$2,594	
Total	\$408,913	\$245,981	\$162,932	\$61,942



Health Professions	ESTIMATED REVENUE	REVENUE	REVENUE VARIANCE
Naturopathic Physician	\$593,668.00	\$568,134	(\$25,534)
Total	\$593,668.00	\$568,134	(\$25,534)



CREDENTIALING STATISTICS COUNTS

Naturopathic Physician License Counts by Status	
ACTIVE	1636
EXPIRED IN RENEWAL	82
PENDING	15

As of 5/9/2024

Colon Hydrotherapist Certification Counts by Status	
ACTIVE	20
EXPIRED	1
PENDING	1