



## **SUPPORT HB 13-1111**

### *A Bill for an Act Regulating Naturopathic Doctors*

Sponsored by Rep. Ginal, Hamner, Hullinghorst & Sen. Newell, Hill

#### ***Why Support the regulation of Naturopathic Doctors:***

- Naturopathic Doctors complete a four-year post-graduate clinical doctorate degree from one of eight U.S. and Canadian accredited naturopathic universities recognized by the U.S. Dept. of Education.
- Naturopathic Doctors are well educated and trained to provide high quality, natural health care to families.
- A regulatory framework will provide Coloradans greater access to affordable high quality natural medicine and health care.
- The public deserves to know the qualifications and education of anyone calling themselves a Naturopathic Doctor.
- Naturopathic Doctors cannot currently obtain malpractice insurance because they are not recognized in Colorado.
- It is time to recognize the presence of skilled Naturopathic Doctors and to help them acquire a deserved and necessary legitimacy in Colorado.

#### ***What the bill does:***

- Creates a registration program for those Naturopathic Doctors holding a four-year post-graduate clinical doctorate degree, with oversight by the Dept. of Regulatory Agencies' Director of Occupations & Professions.
- Creates a multi-disciplinary Advisory Committee.
- Establishes grounds for disciplining a registered Naturopathic Doctor and sets forth the methods and procedures for disciplinary action.
- Requires Naturopathic Doctors to obtain professional liability insurance.
- Contains amendments commensurate with collaborative discussions with the Colorado Medical Society and other health care organizations.
- Requires Naturopathic Doctors to communicate and collaborate with other health care providers to ensure that patients receive the highest quality care for the patient.





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#### **Changes made to HB 13-1111 based on collaborative discussions with the Colorado Medical Society:**

- 1) Prohibition on Naturopathic Doctors treating children 0-2 years old; No other health profession has this prohibition.
- 2) Informed consent recommending concurrent care with pediatric health care provider for ages 2-8 and an additional three hours of continued competency in pediatrics per year.
- 3) Registration with Director Model rather than Licensure with a Board.
- 4) Prescription drugs removed from formulary list.
- 5) Removal of the word "physician" from title.
- 6) Removal of "NMD" and "Naturopathic Medical Doctor" from acceptable titles.
- 7) Removal of "surgery" and "minor office procedures" from list of approved practices.
- 8) Mandated referral to oncologist in case of cancer.
- 9) Encouragement of collaboration with MDs, DOs and other healthcare professionals.

#### **Changes based on discussions with other organizations:**

- 1) Language clarifying exclusion and definition of other Natural Healthcare Practitioners.
- 2) Removal of titles "traditional naturopath" and "naturopath".
- 3) Increased mandatory malpractice, liability insurance.
- 4) Concurred with DORA requests.

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT  
NO. 1000  
BY  
J. H. GOLDSTEIN  
AND  
R. F. W. WILSON

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The American Association of  
Naturopathic Physicians

**Naturopathic Medical Education Comparative Curricula**  
Comparing Curricula of Naturopathic Medical Schools and  
Conventional Medical Schools

National College of Naturopathic Medicine	Baylor University- Naturopathic Medicine	Yale University	Johns Hopkins	Medical College of Wisconsin
Federally and Regionally Accredited Naturopathic Medical School	Federally and Regionally Accredited Naturopathic Medical School	Federally and Regionally Accredited Conventional Medical School	Federally and Regionally Accredited Conventional Medical School	Federally and Regionally Accredited Conventional Medical School
<b>Basic and Clinical Sciences:</b> Anatomy, Cell biology, Physiology, Histology, Pathology, Biochemistry, Pharmacology, Lab diagnosis, Neurosciences, Clinical physical diagnosis, Genetics, Pharmacognosy, Bio-statistics, Epidemiology, Public Health, History and philosophy, Ethics, and other coursework.				
1548	1639	1420	1771	1363
<b>Clerkships and Allopathic Therapeutics:</b> including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery, Ophthalmology, and clinical electives.				
2244	1925	2891 (+thesis)	3391	2311
<b>Naturopathic Therapeutics:</b> Including Botanical medicine, Homeopathy, Oriental medicine, Hydrotherapy, Naturopathic manipulative therapy, Ayurvedic medicine, Naturopathic Case Analysis/Management, Naturopathic Philosophy, Advanced Naturopathic Therapeutics.				
588	633	0	0	0
<b>Therapeutic Nutrition</b>				
144	132	0	0	0
<b>Counseling</b>				
144	143	Included in psychiatry (see above)	Included in psychiatry (see above)	Included in psychiatry (see above)
<b>TOTAL HOURS OF TRAINING</b>				
4668	4472	4311 (+thesis)	5162	3674

**Sources:**

*Curriculum Directory of the Association of American Medical Colleges*



**Appendix D: National College of Natural Medicine  
Naturopathic Medical Curriculum**

**FIRST YEAR**

Musculoskeletal Anatomy I & II  
Cellular Systems w/Tutorial I, II & III  
Naturopathic Med Phil and Theor I, II & III  
Hydrotherapy w/Lab  
Pathology I  
Stress Management

Organ Systems A & P I, II & III  
Medical Histology  
Research and Statistics  
Palpation I & II Lab  
Introduction to Clinic

Anatomy Lab I, II & III  
Basic Science Clinical Correlate I, II & III  
Microbiology/Public Health I & II  
Doctor Patient Communication I w/Lab  
Medical Ethics

**SECOND YEAR**

Chinese Medicine I & II  
Pathology II, III & IV  
Intro Homeopathy  
Clinical Rotation Hydro/Massage  
Homeopathy I & II  
Naturopathic Manipulative Ther I w. Lab I

Clinical/Physical Diagnosis I  
Lab Diagnosis I, II & III w/Lab I, II & III  
Clinical Case Presentations I, II & III  
Botanical Materia Medica I & II  
Clinical Rotation Hydro/Massage  
Clinic Education

Physical Diagnosis Lab I, II & III  
Pharmacology I, II & III  
Office Orthopedics I & II  
Clinical/Physical Diagnosis II & III  
Nutrition I

**THIRD YEAR**

Botanical Materia Medica III  
Homeopathy III - IV  
Gynecology  
Obstetrics I  
Clinic Grand Rounds/Clinic Ed  
Physiotherapy I & II w/ Lab I-II  
Minor Surgery I-II with Lab I-II  
Clinic Grand Rounds/Clinic Ed  
Clinic Lab Practicum  
Cardiology  
Minor Surgery II with lab  
Gynecology Lab  
Clinic Lab Practicum

Diagnostic Imaging I - III  
Naturopathic Manual Ther. II - IV w/lab II - V  
Nutrition II - IV  
Clinic Secondary Shift # 1 - 6  
Clinic Lab Practicum  
Doctor Patient Communication II w/Lab  
Gastroenterology  
Clinic Medicinary Practicum  
Business Practice Seminar I  
Pediatrics  
First Aid & Emergency Medicine  
Clinic Grand Rounds/Clinic Ed

**FOURTH YEAR**

Clinic X-Ray Practicum  
Clinic Primary Shifts I - 13  
Clinic Community Service  
Environmental Medicine  
Psychological Assessment  
Exercise Therapeutics  
Neurology  
Proctology  
Counseling Tech.  
Clinic Education  
Jurisprudence  
Oncology

Clinic Senior Lab Post  
Clinic Field Observations 1-6  
Eye, Ears, Nose, Throat  
Dermatology  
Geriatrics  
Clinic Grand Rounds/Clinic Ed I-III  
Urology  
Endocrinology  
Thesis  
Medical Genetics  
Business Practice Seminar II

**ELECTIVES**

Advanced Minor Surgery  
Colonics  
Northwest Herbs I - III  
Advanced Bot Med I - II  
Obstetrics II - VI  
Bodywork I Massage Foundations  
Bodywork III Energy Work  
Clinical Case Presentation IV  
IV Therapy  
Advanced Pediatrics

Chronic Viral Disease  
Homeopathy V - VIII  
Northwest Herbs II  
Advanced Bot Med II  
Natural Pharmacology  
Bodywork II Advanced Massage  
Somatic Re-Education I-V  
TCM III Part A & B  
The Liver in Health & Disease  
Nature Cure

**HOURLY SUMMARY**

	<b>HOURS</b>
Class Hours	2460
Lab Hours	828
Clinic Hours	1548
<b>Total Required Hours</b>	<b>4836</b>
Total Elective Hours	930



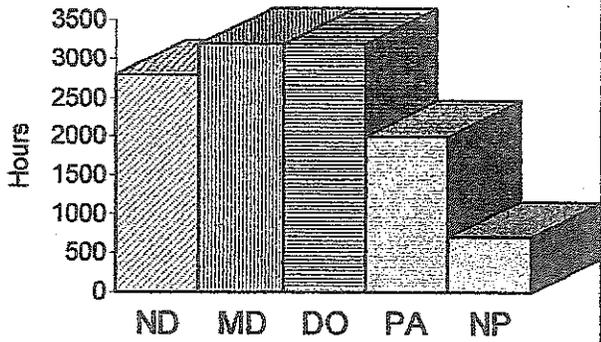
**COMPARISON OF PRACTICE RIGHTS AND TRAINING OF LICENSED COLORADO  
HEALTHCARE PROFESSIONALS WITH NATUROPATHIC DOCTORS IN STATES THAT LICENSE**

Practitioner	Undergraduate Training Required (semester hours)	Graduate Years of Training Required	Internship/Residency Required	National Board Exam	Ability to Diagnose	Ability to Treat	Prescription Privileges	Hospital Privileges	Surgery	Lab Privileges
Medical Doctor	120	4	1	USMLE	Yes	Yes	Yes	Yes	Yes	Yes
Osteopathic Doctor	90 (Bachelor's degree preferred)	4	1	COMLEX	Yes	Yes	Yes	Yes	Yes	Yes
Naturopathic Doctor	120	4	0 (one year required in Utah)	NPLEX	YES	YES	YES Limited in some jurisdictions	Limited	Limited to minor outpatient procedures	YES
Chiropractor	90 ( Bachelor's earned during first year)	4	0	NBCE	Yes	Yes	No	Yes	No	Yes
Physician Assistant	32 semester hours, 40 weeks clinical training	0	0	NCCPA	Yes	Yes	Yes	Yes	Yes	Yes
Nurse Practitioner	60 and RN status	2	0	ANCC	Yes	Yes	Yes	Yes	Yes	Yes
Podiatrist	90	4	1	NBPME	Yes	Yes	Yes	Yes	Yes	Yes
Dentist	90	4	0	NBDE	Yes	Yes	Yes	Yes	Yes	Yes
Certified Nurse Midwife	60 and RN status	1	0	ACCNCE	Yes	Yes	Yes	Yes	Limited	Yes

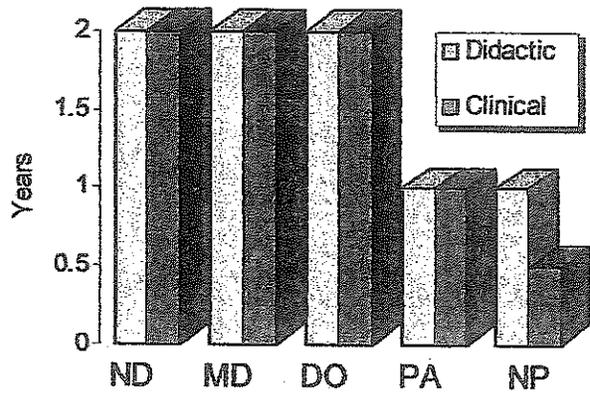
Note: Most medical, naturopathic and osteopathic schools prefer completion of a baccalaureate degree; however a few exceptions for early entrance and fast track exist in all the disciplines. Bachelor's degree = 120 semester hours.



**Average Clinic Hours Per Degree**

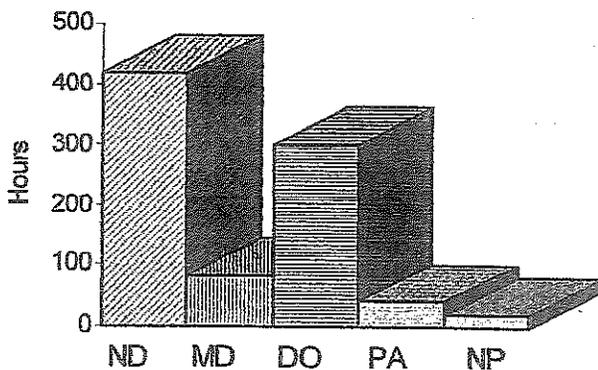


**Years of Graduate Level Training**

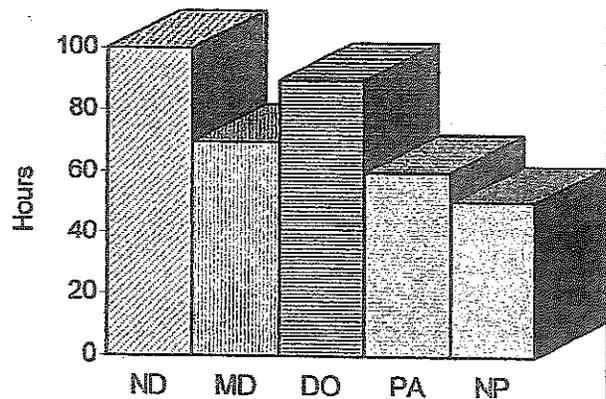


Education	ND	MD	DO	PA	NP
Degree Title	Naturopathic Doctor	Medical Doctor	Doctor of Osteopathy	Physician Assistant	Nurse Practitioner
Distance Learning	No	No	No	Yes	Yes
Undergraduate Degree	Yes	Yes	Yes	Yes	Yes
Graduate Level Didactic	2 years	2 years	2 years	1 year	1 year
Graduate Level Clinical	2 years	2 years	2 years	1 year	0.5 year
Average Clinical Hours	2,800	3,200	3,200	2,000	700
Pharmacology	100 hours	70 hours	90 hours	60 hours	50 hours
Nutrition	130 hours	0	0	0	0
Botanical Medicine	110 hours	0	0	0	0
Homeopathy	110 hours	0	0	0	0
Chinese Medicine	160 hours	0	0	0	0

**Hours of Physical Medicine Training**



**Hours of Pharmacology**





**Exhibit 1**  
**Naturopathy**  
**Select Scope of Practice Variations by State**

	<u>Rx Authority</u>	<u>Controlled Substances</u>	<u>Childbirth Attendance</u>	<u>Acupuncture</u>
Alaska				
Arizona	X	X		
California	X	X		
Connecticut				
DC			X	
Hawaii	X	X		
Idaho	X	X		
Kansas	X			X
Maine	X			X
Minnesota				
Montana	X	X	X	
New Hampshire	X	X	X	X
North Dakota				
Oregon	X	X	X	
Utah	X	X	X	X
Vermont	X	X	X	
Washington	X	X		

Source: Department of Legislative Services; Federation of Naturopathic Medicine Regulatory Authorities; U.S. Department of Justice, Drug Enforcement Administration

- **Prescribing Authority:** Twelve states grant naturopathic physicians limited authority to prescribe prescription drugs. Of these states, eight have an administrative body that has established a formulary of drugs that licensees may prescribe. Two states, California and Kansas, allow licensees to prescribe prescription drugs, but only in accordance with a



## Naturopathic Doctor and other Family Doctor Competency Comparison

Types of Health Care Services or Activities that Naturopathic Doctor is educated to perform (included in HB13-1011) compared to MD, PA, NP:	Naturopathic Doctor (ND) 4-year post-baccalaureate, clinical doctorate degree from 1 of 8 naturopathic medical colleges holding US Dept. of Education-recognized accreditation	Medical Doctor (MD) Medical degree from accredited medical school	Physician Assistant	Nurse Practitioner
Educational requirements:	Baccalaureate Degree 4 Year Doctoral Program Pass national board exam	Baccalaureate degree 4 year doctoral program 3-year residency (for primary care)	Baccalaureate Degree 24-36 month training program pass national board exam	Baccalaureate nursing degree 2 year graduate degree
<b>EXAMPLES:</b> Types of Routine, Out-Patient Family Health Care				
Clinical Nutritional Counseling (prescribe diets and nutritional supplements)	YES	Limited	Limited	Limited
Personal & Lifestyle Counseling	YES	Limited	Limited	Limited
Patient Education, Health Promotion, Disease Prevention, Treatment Adherence	YES	Yes	Yes	Yes
Evaluate & Diagnose health care conditions	YES	Yes	Yes	Yes
Order/Interpret	YES	Yes	Yes	Yes



Lab Tests & Imaging studies						
Treat patients of all ages	YES	Yes	Yes	Yes	Yes	Yes
EXAMPLES:						
Types of Procedures						
Venipuncture	YES	Yes	Yes	Yes	Yes	Yes
Oxygen admin	YES	Yes	Yes	Yes	Yes	Yes
Physical Medicine Modalities (naturopathic manual therapy)	YES	Limited	Limited	Limited	No	No
Homeopathy	YES					
Acupuncture	No (only with acupuncture license)	Yes – the entire scope of medicine	Yes – the entire scope of medicine	No - only with separate License	No - only with separate License	No - only with separate License
Physical Therapy, Chiropractic, Mid-Wifery, Other Professions	No - only with separate License	Yes – the entire scope of medicine	Yes – the entire scope of medicine	No - only with separate License	No - only with separate License	No - only with separate License
EXAMPLES:						
Types of Prescriptions & Medications						
Simple Antibiotics	YES (see below)	Yes	Yes	With MD oversight	Yes	Yes
Prescription & Non-Prescription Medications	YES – in 15 other states Rx is allowed. Formulary varies by state					
Botanical Meds	YES					
Homeopathic Preparations	YES – only those prepared according to Homeopathic Pharmacopoeia of the US					
Controlled Substances	Allowed in some states such as OR, WA, MT, NH, VT					



<b>EXAMPLES:</b> Types of Minor Office Procedures					
Remove skin tags	YES	Yes, All	Yes, all	Yes, all	
Treat superficial lacerations	YES				
Suture superficial wounds	YES				
Biopsy superficial lesions	YES				
<b>EXAMPLES:</b> Emergency Medical Procedures					
Per Good Samaritan law	YES	Yes,	Yes	Yes	Yes
CPR	YES	Yes	Yes	Yes	Yes



## **Organizations**

### **American Association of Naturopathic Medical Colleges**

The Association of Accredited Naturopathic Medical Colleges (AANMC) was established in February 2001 to propel and foster the naturopathic medical profession by actively supporting the academic efforts of accredited and recognized schools of naturopathic medicine.

#### **AANMC Member Schools:**

##### **BASTYR University**

14500 Juanita Dr. NE, Kenmore, Washington 98028-4966  
Phone: (425) 823-1300, Fax: (425) 823-6222

##### **National College of Natural Medicine**

049 SW Porter St., Portland, OR 97201  
Phone: (503) 552-1555

##### **National University of Health Sciences**

200 East Roosevelt Road  
Lombard, IL 60148  
Phone: (630) 629-2000, Fax: (630) 889-6499

##### **Southwest College of Naturopathic Medicine**

2140 E. Broadway Rd., Tempe, Arizona 85282  
Phone: (480) 858-9100, Fax (480) 858.9116

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##### **University of Bridgeport - College of Naturopathic Medicine**

Health Science Center, 60 Lafayette Street, Bridgeport, Connecticut 06604  
Phone: (800) EXCEL UB ext. 4108

##### **Canadian College of Naturopathic Medicine**

1255 Sheppard Avenue East, Toronto, Ontario, M2K 1E2  
Phone: (416) 498-1255, Toll Free: 1-866-241-2266

##### **Boucher Institute of Naturopathic Medicine**

Boucher Centre, 300-435 Columbia Street, New Westminster, British Columbia, V3L 5N8  
Phone: 604-777-9981, Fax: 604-777-9982

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##### **The Council on Naturopathic Medical Education**

P.O. Box 178  
Great Barrington, MA 01230  
Phone: 413-528-8877  
Fax: 413-528-8880  
President: Marcia Prenguber, ND  
Executive Director: Daniel Seitz, JD, MAT



Email: [staff@cnme.org](mailto:staff@cnme.org)

The Council on Naturopathic Medical Education's (CNME) mission is quality assurance: serving the public by accrediting naturopathic medical education programs that voluntarily seek recognition that they meet or exceed CNME's standards. Students and graduates of programs accredited or pre-accredited (candidacy) by CNME are eligible to apply for the naturopathic licensing examinations administered by the North American Board of Naturopathic Examiners (NABNE), and are generally eligible for state and provincial licensure in the U.S. and Canada.

#### **Naturopathic Physicians Licensing Examination Board**

#321 9220 SW Barbur Boulevard, Suite 119  
Portland, OR 97219-5434  
Phone: (503) 250-9141  
Phone: (416) 498-4255x227  
President: Paul Sanders, PhD, ND  
Executive Director: Christa Louise, MS, PhD  
Email: [christalouise@nabne.org](mailto:christalouise@nabne.org)

The Naturopathic Physicians Licensing Examination (NPLEX) is the examination graduates of one of the approved naturopathic medical colleges must pass to be eligible for licensure in any of the 16 states or 5 provinces that license/register naturopathic physicians. The NABNE is responsible for qualifying applicants to take the NPLEX, administering the NPLEX to examinees, and preparing and sending exam results and transcripts to licensing/regulatory authorities.

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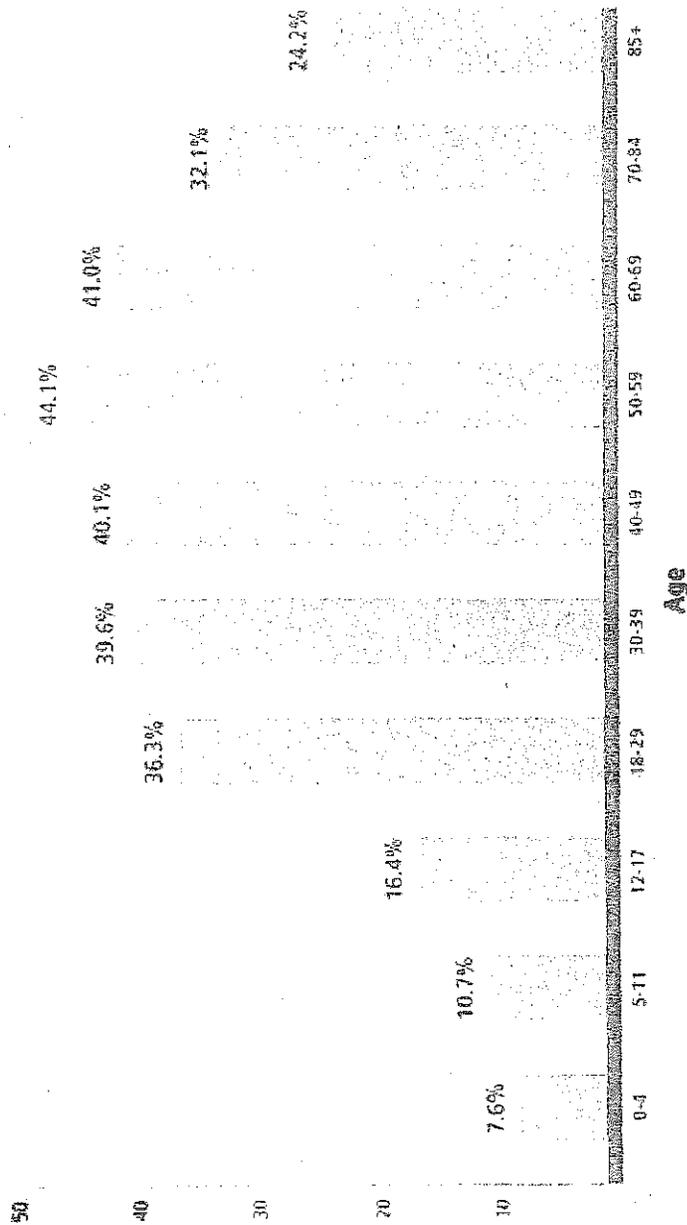
#### **North American Board of Naturopathic Examiners**

President: James Spring, DC, ND  
Executive Director: Christa Louise, MS, PhD  
#321 9220 SW Barbur Boulevard, Suite 119  
Portland, OR 97219-5434  
Phone: (503) 778-7990  
Email: [info@nabne.org](mailto:info@nabne.org)  
[www.nabne.org](http://www.nabne.org)

The purpose of North American Board of Naturopathic Examiners is to determine the qualifications of applicants to take the NPLEX, to administer the NPLEX to examinees, and to prepare and send exam results and transcripts to licensing/regulatory authorities. The institutions that regulate naturopathic medicine grant authority to NABNE to be the examining body for the naturopathic profession through their agreement to use the results of the NPLEX Examinations in their determination of the candidate's eligibility for licensure (United States) or registration (Canada).



### CAM Use by Age - 2007

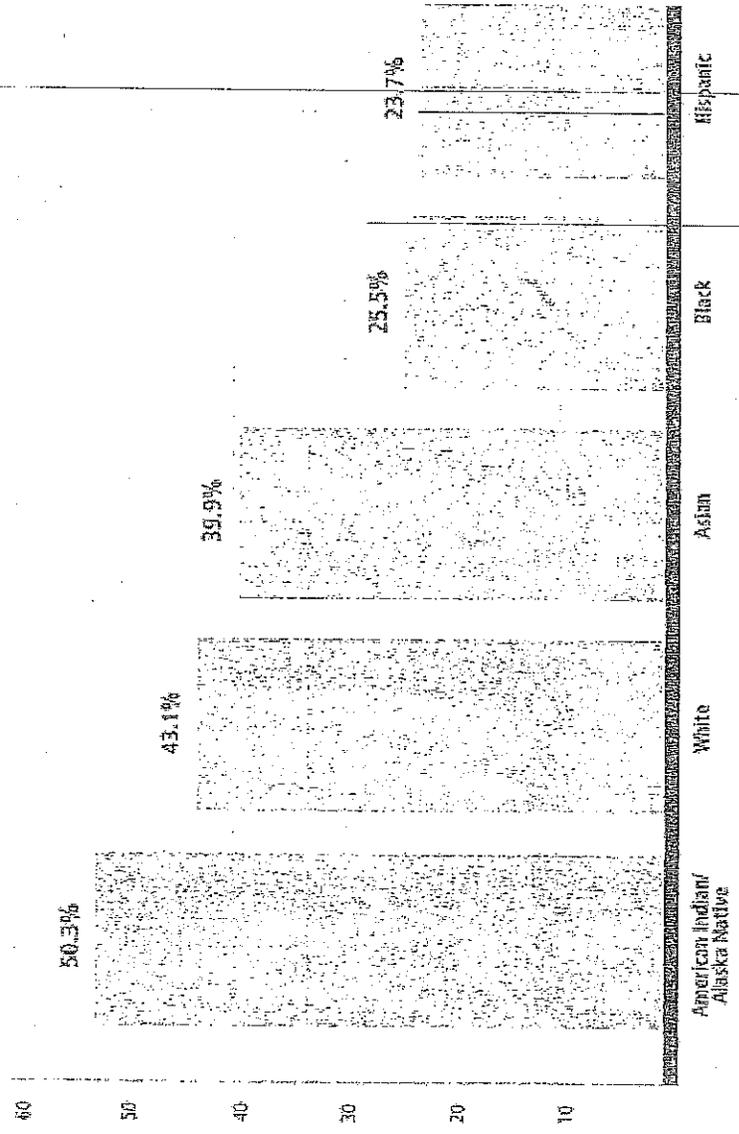


Sources: Barron PM, Boon B, Mittle B. CDC National Health Statistics Report #72. Complementary and Alternative Medicine Use Among Adults and Children United States, 2007. December 2008.

[Back to The Use of Complementary and Alternative Medicine in the United States](#)



### CAM Use by Race/Ethnicity Among Adults - 2007



Source: Barnes BH, Eschmi B, Nahin R. CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children - United States, 2007. December 2008.

[Back to The Use of Complementary and Alternative Medicine in the United States](#)





# Are complementary therapies and integrative care cost-effective?

## A systematic review of economic evaluations

Patricia M Herman,<sup>1</sup> Beth L Poindexter,<sup>2</sup> Claudia M Witt,<sup>3,4</sup> David M Eisenberg<sup>5,6,7</sup>

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For numbered affiliations see end of article

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Dr Patricia M Herman;  
[pherman@rand.org](mailto:pherman@rand.org).

### ABSTRACT

**Objective:** A comprehensive systematic review of economic evaluations of complementary and integrative medicine (CIM) to establish the value of these therapies to health reform efforts.

**Data sources:** PubMed, CINAHL, AMED, PsychInfo, Web of Science and EMBASE were searched from inception through 2010. In addition, bibliographies of found articles and reviews were searched, and key researchers were contacted.

**Eligibility criteria for selecting studies:** Studies of CIM were identified using criteria based on those of the Cochrane complementary and alternative medicine group. All studies of CIM reporting economic outcomes were included.

**Study appraisal methods:** All recent (and likely most cost-relevant) full economic evaluations published 2001–2010 were subjected to several measures of quality. Detailed results of higher-quality studies are reported.

**Results:** A total of 338 economic evaluations of CIM were identified, of which 204, covering a wide variety of CIM for different populations, were published 2001–2010. A total of 114 of these were full economic evaluations. And 90% of these articles covered studies of single CIM therapies and only one compared usual care to usual care plus access to multiple licensed CIM practitioners. Of the recent full evaluations, 31 (27%) met five study-quality criteria, and 22 of these also met the minimum criterion for study transferability ('generalisability'). Of the 56 comparisons made in the higher-quality studies, 16 (29%) show a health improvement with cost savings for the CIM therapy versus usual care. Study quality of the cost-utility analyses (CUAs) of CIM was generally comparable to that seen in CUAs across all medicine according to several measures, and the quality of the cost-saving studies was slightly, but not significantly, lower than those showing cost increases (85% vs 88%,  $p=0.460$ ).

**Conclusions:** This comprehensive review identified many CIM economic evaluations missed by previous reviews and emerging evidence of cost-effectiveness and possible cost savings in at least a few clinical populations. Recommendations are made for future studies.

### ARTICLE SUMMARY

#### Article focus

- ▣ Given the limited nature of previous systematic reviews, what is the extent of evidence on the economic impacts of complementary and integrative medicine (CIM)?
- ▣ What are the range of therapies and populations studied, and the quality of published economic evaluations of CIM?
- ▣ What are the results of the higher-quality, more recent (and likely most cost-relevant) economic evaluations of CIM?

#### Key messages

- ▣ This study's comprehensive search strategy identified 338 economic evaluations of CIM, including 114 full evaluations published 2001–2010.
- ▣ The cost-utility analyses found were of similar or better quality to those published across all medicine.
- ▣ The higher-quality studies indicate potential cost-effectiveness, and even cost savings across a number of CIM therapies and populations.

#### Strengths and limitations of this study

- ▣ The strengths of this study are the comprehensive search strategy, the use of two reviewers, the use of multiple measures of study quality and the identification of higher-quality studies, for which results are reported in detail, via an objective short-list of quality criteria, which reduced the potential for bias.
- ▣ The weaknesses of this study are similar to those of the other systematic reviews: reviewers were not blinded to journals and article authors, and some aspects of what makes a quality economic evaluation could not be judged from what was reported.
- ▣ Publication bias was not assessed. However, it is not clear as to whether publication bias is relevant, given the purposes of this review.

### INTRODUCTION

Between 1990 and 2007, four nationally representative surveys demonstrated that a third or more of US adults routinely used





m-w.com

### Definition of DOCTOR

1

**a** : an eminent theologian declared a sound expounder of doctrine by the Roman Catholic Church —called also *doctor of the church*

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**b** : a learned or authoritative teacher

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**c** : a person who has earned one of the highest academic degrees (as a PhD) conferred by a university

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**d** : a person awarded an honorary doctorate (as an LLD or Litt D) by a college or university

2

**a** : a person skilled or specializing in healing arts; *especially* : one (as a physician, dentist, or veterinarian) who holds an advanced degree and is licensed to practice

---



**W. DAVID LUCE, MD**

**CCN, DANLA**

Historic Highland Building  
885 Arapahoe Avenue  
Boulder, Colorado 80302

February 11, 2013

Alfred Gilchrist, JD  
Alethia "Lee" Morgan, MD  
Lynn Parry, MD  
Jan Kief, MD

Colorado Medical Society  
PO Box 17550  
Denver, Colorado 80217-0550

Dear Mr. Gilchrist and Drs.,

I write to you in your capacity as a leader in the Colorado Medical Society to urge you to support the current legislative initiative to register/license well-educated Naturopathic doctors within the State of Colorado. I also write as a member of the Colorado Medical Society, as a Board Certified Internist, and as a physician who has worked alongside many Naturopathic doctors in Boulder County for the past 25 years.

As medical physicians it is our responsibility to lead the healthcare industry and to protect the citizens of Colorado from medical incompetence. It is essential for us to take the lead in bringing naturopathic care under the aegis of recognized, science-based medical practice. There are three basic areas for us to consider: medical competence, public safety, and scope of practice.

There are over 150 Naturopathic doctors, who have graduated from accredited schools, currently practicing "illegally" in Colorado. There are even a greater number of individuals calling themselves "Naturopaths", many of whom studied through correspondence courses, who practice with no knowledge or clinical skills. How is the Colorado public to differentiate between these practitioners?

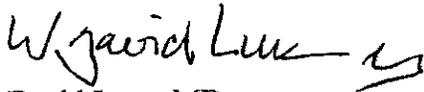
The educated, degreed, and well-trained Naturopaths need to be recognized as such by the State of Colorado. As with other complimentary providers – chiropractors and acupuncturists – State recognition and certification will serve to separate competence from incompetence for the citizens of Colorado. A collaborative alliance with skilled Naturopathic doctors will only help the Colorado citizenry to be more health and to avoid medical disasters.

Naturopathic doctors practicing in Colorado cannot obtain malpractice insurance because they are not formally recognized by the State. This leaves the Citizens of Colorado without any method of grievance or legal recourse. MD's, DO's, DC's, and Acupuncturists all have malpractice insurance. State recognition will bring this to the registered naturopaths thus further protecting the Colorado public.

Naturopathic doctors do not want to be competitive with MDs; they desire to care for patients with us as collaborative colleagues. They have asked for the help of the CMS to assist with setting clinical guidelines for scope of care and regulating standards of care and professional conduct within their group. They want our help and guidance to ensure that only qualified individuals can legally use the title of Naturopathic doctor.

It is time for the CMS to recognize the presence of skilled Naturopathic doctors and to help them acquire a deserved and necessary legitimacy within the State of Colorado. As leaders of the medical community in Colorado, we should bring them under our wing and support their efforts in this legislation as it is the best and safest outcome for the citizens of Colorado.

Sincerely yours,

A handwritten signature in black ink that reads "W. David Luce" followed by a stylized flourish.

W. David Luce, MD

WDL/jb

Leonard A Wisneski, MD, FACP, FACN  
31541 Pike View Drive  
Conifer, Colorado 80433  
303-838-7331

February 12, 2013

Rep. McCann  
Chair, Health, Insurance and Environment Committee

Dear Rep. McCann:

I am writing this letter of endorsement on behalf of the Colorado State Licensure for practitioners of Naturopathic Medicine. While I was studying over three decades ago for my endocrinology boards, I was intrigued by the information regarding nutritional aspects of metabolic diseases, which I was never taught as part of my medical training. Subsequently I became a member, then Fellow of the American College of Nutrition. I incorporated dietary and nutrient therapeutics into my clinical practice as a result of my studies and exposure to the vast area of research. The clinical results when combined with conventional therapeutics were quite impressive. I was hopeful that a division of clinical nutrition would become an official discipline following the results of clinical research which was performed by the Clinical Nutrition Research Units developed by NIH at major academic centers. I taught the concepts to my residents as Director of Medical Education at a George Washington University affiliate institution for over two decades. We witnessed positive results in both the inpatient (magnesium for cardiac arrhythmia for example) as well as the outpatient setting.

In 1999, I became Medical Director of American WholeHealth, a multidisciplinary integrative health clinic in Bethesda, Maryland. I had the opportunity to work with naturopathic physicians as well as supervise students from the three medical schools in the D.C. area as well as the National College of Natural Medicine. It soon became apparent that these practitioners are eminently qualified to practice outpatient primary care medicine. The education is comparable with an emphasis on evidenced based natural therapeutics although the knowledge of basic science subjects is covered quite well. I was pleased to learn that the naturopathic physician prescribes prescription medications with some frequency dependent upon the clinical situation. The education does not include hospital training which is the major difference. I would therefore suggest licensure restricted to the outpatient setting.

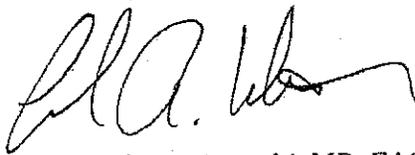
A problem which exists is the presence of a few bogus diploma mills operated in states without regulation, along with excellent naturopathic schools accredited by

the Council on Naturopathic Medical Education which is federally accredited by the Department of Education, which is the requirement in all states that license Naturopathic doctors and should be the standard in the State of Colorado.

I have visited Bastyr University on a few occasions and have been impressed with the education and research (several NIH grants) in that institution. In conclusion it is my contention that the naturopathic medical profession is misunderstood by my colleagues, and I suggest that deep diligence be performed by Colorado legislators before reaching a cogent conclusion. I feel that the naturopathic physician is well qualified to be granted a license to practice medicine in the outpatient setting. Given the persistent lack of nutrition training in medical schools, the practitioners of naturopathic medicine have much to teach my MD colleagues as the therapeutic approach with an appreciation for the nutritional metabolic needs of the patient combined with a conventional treatment is optimal for the citizens of Colorado.

I would be pleased to have further discussion as you desire. Thank you.

Sincerely,



Leonard A. Wisneski, MD, FACP, FACN  
Clinical Professor of Medicine  
George Washington University Medical Center  
Adjunct Professor of Biochemistry and Molecular Biology  
Georgetown University  
Clinical Instructor of Medicine  
The University of Colorado School of Medicine  
Adjunct Professor of Nursing  
University of Colorado College of Nursing

4700 E. Iliff Ave

Denver, CO 80222

January 27, 2013

Susan Koontz, JD

General Counsel and Senior Director of Government Relations

Colorado Medical Society

7351 E. Lowry Blvd, Suite 100

Denver, CO 80230

Dear Ms. Koontz:

This letter will serve to voice my support for HB 13-1111, regarding licensure of naturopathic doctors in the state of Colorado.

Over the last twelve years, I have gained considerable experience in co-managing patients with naturopathic doctors. On the whole, these mutual patient care encounters have been rewarding, professional, and productive.

Sixteen states already license and regulate naturopathic doctors: Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, North Dakota, Oregon, Utah, Vermont, and Washington (as well as the District of Columbia). Each state defines a naturopathic scope of practice that is distinct from that of physicians, and considerably more limited. Each state requires that adequate training, liability coverage, and oversight be provided, analogous to the provisions already in place for physician assistants and nurse practitioners.

There is a distinction between a naturopathic doctor and a lay naturopath. The naturopathic doctors must complete approximately 4,000 hours of didactic and clinical graduate level training in a curriculum that is similar to a four year MD or DO training program. These programs are accredited by the Council on Naturopathic Medical Education (CNME), itself a member of the Association of Specialty and Professional Accreditors (ASPA). The accrediting body for medical schools, the Liaison Committee on Medical Education (LCME), is likewise a member of the ASPA. Both the CNME and the LCME are recognized by the U.S. Secretary of Education as official accrediting bodies. Lay naturopaths have no standard training, and the lay programs are not accredited by the CNME.

We face a potential primary care crisis in Colorado. As the Affordable Care Act reaches full implementation, many thousands of Coloradans who previously had no access to health care services

will now have the ability to access preventive and primary care. The infusion of thousands of new patients into the health care delivery system will tax the already limited availability of primary care providers. Naturopathic doctors are clinicians well trained to function as primary care providers. Naturopathic doctors represent a readily available, competent, and accredited resource to meet our increased primary care need.

I respectfully urge the CMS to reconsider its opposition to this bill. In my opinion, the licensure of naturopathic doctors offers an opportunity to develop a valuable local resource to meet the needs of our patients and our profession.

Sincerely,

Gretchen Frey, MD

**From:** Christine Ebert-Santos <[drchrisess@yahoo.com](mailto:drchrisess@yahoo.com)>  
**Subject:** ND licensing...  
**Date:** January 29, 2013 4:39:03 PM MST  
**To:** Jan Kief <[janmd@mac.com](mailto:janmd@mac.com)>  
**Cc:** "susankoontz@cms.org" <[susankoontz@cms.org](mailto:susankoontz@cms.org)>  
**Reply-To:** Christine Ebert-Santos <[drchrisess@yahoo.com](mailto:drchrisess@yahoo.com)>

Dear Jan,

We didn't get a chance to talk about this last week when we were together, but I would like to share some of my experiences/concerns about the naturopathic licensing. We have two very fine NDs in our community who fill a need for treatment modalities that we as MDs are less comfortable and competent in providing. There are so many conditions for which I have no good treatment: diarrhea, colic, sleep issues, are examples. I respect the fact that these NDs graduated from a four year curriculum post college. They do not prescribe, conduct surgery, or have hospital privileges. Their training allows them to recognize conditions which need the attention of an MD and they readily refer patients to myself and others.

My concern is ensuring that NDs be recognized for their level of training. Separating the graduate trained professionals from the many other levels and layers of alternative medicine practitioners will raise the standard of care for all of Colorado . I appreciate your concern with regards to a Board being given freedom to set rules and determine a scope of practice which we, in our estimation may consider unsafe. I hope further discussion and analysis will bring forth an acceptable licensing situation that will allow the graduate-trained Naturopathic Doctors to provide their valuable service as recognized health care providers in Colorado .

Sincerely,  
Christine Ebert-Santos, MD





## PRESIDENT'S LETTER



Christopher J. Unrein, DO, President  
Colorado Medical Society

Past President of CMS  
2004

*What's in a name?*

*That which we call a rose, by any other name would smell as sweet. RJ.II.2.43*

We of the 21<sup>st</sup> Century have forgotten Shakespeare's admonition. In the last few months since I have assumed the office of CMS president, I have been asked about the generic use of the term "MD" to describe all physicians when many CMS members including me, are "DOs." Both MDs and DOs have mentioned that they are offended by this usage. My standard reply is that it used to bother me as well, but I have gotten over it, and I'd like to explain why.

One of the main reasons I don't let the MD generalization bother me is that I think it is much more important that we focus on who we are fundamentally. We are physicians. Before we go to residency or join a specialty society, we are physicians first. We all went to medical school for four years and all received the same basic education. When we first dreamed of being physicians, we all had an idea of what being a physician should be. At our medical school graduations, we promised to serve our profession, community and most of all our patients through the recitation of the Hippocratic Oath.

At that moment of being sworn, our ideal of physician most resembled our original concept of what it would take to fulfill our professional obligations, before we had to face modern healthcare realities. Physicians have a unique educational/experience model that is unmatched and unsurpassed by any other health

care givers. This is what separates us from the other healing professions and pseudo-healing "professions," and I ask that we continue to focus on that and not the somewhat superficial misuse of the of "MD."

Recently, our governor decided to allow certified nurse anesthetists to practice unsupervised by physicians on our most vulnerable citizens: Medicare patients. The decision to allow this to happen is still being argued in the courts. Our own ranks disagreed internally, as they have in the past with other issues such as eye care. Even when CMS leadership met with the governor, he conceded that an anesthesiologist had a greater breadth of education and experience, but that he had to choose a balance for a "greater good." He felt it was important to provide some form of care, if lower in standard, in locations where people live rather than force rural citizens to travel to major centers to receive even some of the most basic of services. We cordially agreed to disagree. This is but one example of the dilution of our authority in medical decision making.

The new legislative session is upon us. During this time, there maybe some non-physician health care workers who look to expand their practice authority into the realm of what has been traditionally that of the physician. We need to be sure that anyone, (nurses, dentists, psychologists, naturopaths or whoever) who wants to practice a certain way has the proper education and/or the proper physician supervision. From a regulatory viewpoint, they must be subject to the same scrutiny that any physician

**What IS in a name? That which we call a rose. . .**

performing similar functions is subject, or be deemed to be practicing medicine without the proper privilege. On this we must unite or surely medical practice will continue to suffer further erosions. We need to think of the profession as the "whole of physicians" and not the individual specialties or local medical societies or be defined by whether or not MD or DO is behind our names. To paraphrase Benjamin Franklin, if we do not hang together, surely we will hang separately. We must remember this:

One way to strengthen our unity is to become involved (or more involved) in the legislative process. I implore you to be active in the legislative session at the capitol, but do so after you have been involved in the process at the Colorado Medical Society, so that we may speak with one organized voice. Within the medical profession, we can even agree to disagree, but we need to do so before we testify before committees or speak to the media. This will enable us to speak from a position of strength. CMS's government relations department and leadership are well respected by our elected officials, but there is confusion when "we" come to the capitol with more than one message.

Unity was one of the major themes emphasized by AMA and

(Continued)



PRESIDENT'S ADDRESS (Cont.)

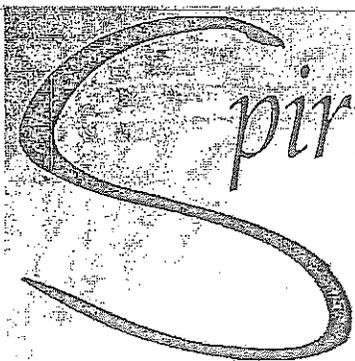
its president Dr. Donald Palmisano at the AMA interim meeting in December, particularly as it relates to liability reform. The council on legislation meetings are open to all members (even by conference call), and its decisions are influenced by the participation of members' voices.

Do I mind it when some one generically refers to me as MD? No. I realize that collectively, physicians have important goals. To alleviate tensions amongst ourselves, references to the medical profession should include the term physician, but I am willing accept the MD label. We have to avoid using the term "doctor" since our partners in health care (nurses, pharmacists, physical therapists, psychologists, optometrists, etc.) have their own doctorate degrees and refer to themselves as such.

Most of all, I will not and cannot continue to accept the term provider. If we keep using this diminutive term, we lose our identity and all we have worked for that is unique to being a physician, if not in our duties and daily practice, then in the eyes of our patients. It is then that the rose no longer truly smells just as sweet.

Colorado State Statute 12-36-106 (1)(d):

For the purpose of this article, "practice of medicine" means: Using the title M.D., D.O., physician, surgeon, or any word or abbreviation to indicate or induce others to believe that one is licensed to practice medicine in this state and engaged in the diagnosis or treatment of persons afflicted with disease, injury, or defect of body or mind, except as otherwise expressly permitted by the laws of this state enacted relating to the practice of any limited field of the healing arts.



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