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Naturopathy Work Group

Report to the Minnesota Legislature 2009

Minnesota Department of Health

March 2009



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Protecting, maintaining and improving the health of all Minnesotans

March 20, 2009

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To the Honorable Chairs and Ranking Minority Members:

House File 1724, section 12 directed the Commissioner of Health to convene the Naturopathy Work Group following enactment of regulation to register naturopathic practitioners who are practicing as naturopathic medical doctors and who have postgraduate degrees in naturopathic medicine. Section 12 also directed the Commissioner to submit a report to the Legislature of the Naturopathy Work Group's recommendations and proposed legislation to ensure the continued practice of traditional naturopathy by traditional naturopaths under Minnesota Statutes, Chapter

146A. The Legislature set July 1, 2009 as the effective date of the registration law to create an interim period for the Naturopathy Work Group to consider issues the Legislature specified be included in the report's recommendations and proposed legislation.

The attached report contains the findings and outcomes of the Naturopathy Work Group. Naturopathy Work Group Members were unable to agree on recommendations or proposed legislation to be included in the report. The views and positions causing lack of agreement are:

- Naturopathy Work Group Members representing traditional naturopaths practicing under Chapter 146A believe that the language of the registration statute does not ensure their continued practice of traditional naturopathy. Traditional naturopaths requested three specific amendments to provide "protective" language, and they asked Naturopathy Work Group Members representing doctors of naturopathic medicine to agree to specific amendments and to submission of the amendments in the 2010 Legislative session.
- Naturopathy Work Group members representing doctors of naturopathic medicine believe that the requested amendments are unnecessary because the registration law already contains language sufficient to assure the continued practice of traditional naturopathy under 146A. Representatives of doctors of naturopathic medicine declined the request to amend the registration law, but agreed to consider the language of the requested amendments in 2010, after implementation of registration in July 2009.
- It was not acceptable to representatives of traditional naturopaths that representatives of doctors of naturopathic medicine agreed to "consider" the requested amendments in the 2010 legislative session. Representatives of traditional naturopaths wanted agreement to three amendments and the specific language as proposed.
- Representatives of doctors of naturopathic medicine also would not agree to "not oppose" the specific amendments requested by traditional naturopathy Work Group members, because they believed there were many uncertainties about implementation of registration; they thought other issues might arise between the present and the 2010 Legislative Session, and there could be concerns of other professional associations and organizations that would need to be considered.
- Representatives of traditional naturopathy practitioners declined suggestions to amend Chapter 146A in a manner that might afford the assurances and protections to continued practice they were seeking. Members of the traditional naturopathy community expressed concern that any legislative initiative to amend Chapter 146A might risk losing existing freedoms to practice afforded to alternative and complementary health care providers.

If you have questions or would like to discuss the impasse described above and the findings and outcomes detailed in this report, please contact Tom Hiendlmayr, Director of the Health Occupations Program, at 651-201-3721.

Sincerely,



Sanne Magnan, M.D., Ph.D.

Commissioner

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Naturopathy Work Group

March 2009

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Naturopathy Work Group Report

March 2009

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Introduction and Executive Summary

In Minnesota Session Laws 2008, Chapter 348, sections 1 to 11 and 14, the Legislature enacted Minnesota Statutes Chapter 147E providing for registration of naturopathic doctors, establishing an advisory council to the Board of Medical Practice and setting an effective date of July 1, 2009. In section 12 of Chapter 348, the Legislature directed the Commissioner of Health to convene a work group to develop recommendations and proposed legislation on regulating naturopathic practitioners who have postgraduate degrees in naturopathic medicine. The recommendations were to address six issues and to ensure the continued practice of traditional naturopathy by traditional naturopaths under Minnesota Statutes, Chapter 146A. Section 12 also designated membership and operation of the work group. See Appendix A-1. This document is the Commissioner's report of the Naturopathy Work Group findings and outcomes.

The Community of Naturopathic Practitioners

There are many interest/stakeholder groups in the traditional naturopathy community concerned with the issues related to the registration of naturopathic medicine practitioners who have postgraduate degrees in naturopathic medicine.¹ Minnesota Department of Health (MDH) staff identified the following distinct interests and organizations:

- In support of the registration statute representing doctors of naturopathic medicine:
 - Minnesota Association of Naturopathic Physicians (MNANP)
- In opposition to one, several or all of the provisions in Minn. Stat. Ch. 147E representing the traditional naturopathy community:
 - Coalition for Natural Health
 - Minnesota Natural Health Coalition
 - Minnesota Advocates for Complementary & Alternative Practices (MNACAP)
 - National Health Freedom Action/Coalition (NHFA/NHFC)
 - Minnesota Natural Health - Legal Reform Project (MNHLRP)
 - Natural Health Practitioners of Minnesota

Formation of Naturopathy Work Group and Appointment of Members

Commissioner appointment of members to the Work Group representing naturopathic physicians, traditional naturopaths, the associations for medicine, chiropractic and acupuncture followed a self-selection, nomination process. The result of this process was that MNACAP and MNHLRP representatives were elected as alternate Work Group members, and as such did not have a direct voice in Work Group meetings. All Work Group members, alternates and their organizational affiliations are listed in Appendix A-2. The Naturopathy Work Group was

¹ In Minnesota Session Laws 2008, Chapter 348, sections 1 to 12 and 14, naturopathic practitioners who have postgraduate degrees in naturopathic medicine are variously referred to as “naturopathic doctor,” “naturopathic physician,” “naturopathic medical doctor,” “doctor of naturopathic medicine” and “registered naturopathic doctor.” Throughout this report, naturopathic practitioners who have postgraduate degrees in naturopathic medicine who are to be registered under Minn. Stat. Ch. 147E will be referred to as “doctors of naturopathic medicine” or as “representatives of MNANP” (Minnesota Association of Naturopathic Physicians.)

organized in July, 2008, and met seven times from August through December 2008. Three “break-out” meetings were held, two with traditional naturopath members and alternates, and one with doctors of naturopathic medicine and alternates. Appendix A-3 contains all meeting date announcements and agendas.

MNACAP, MNHLRP and the other traditional naturopath organizations did not agree in their views and approaches to the issues concerning future regulation of doctors of naturopathic medicine. The differences made communications and efforts to find consensus among traditional naturopaths challenging. However, Department staff communicated with MNACAP, MNHLRP and most other Work Group members apart from scheduled meetings so that all views and concerns could be included in discussion of issues, findings and consideration of recommendations and proposed legislation for this report.

Naturopathy Work Group Outcomes

The Naturopathy Work Group members agreed that:

1. Traditional naturopathy practitioners support registration of Doctors of Naturopathic Medicine and their ability to practice according to their education and training in naturopathic medicine; and
2. Doctors of Naturopathic Medicine support continued practice and practices of traditional naturopathy by providers under Minn. Stat. Ch. 146A.

Regarding the issues the Legislature directed the Naturopathy Work Group to address, the Commissioner reports the following outcomes:

1. Work Group members representing traditional naturopathy practitioners offered “that Minn. Stat. Ch. 147E should not be amended in 2009 Legislative Session if the working group members agreed to not oppose specific amendments agreed upon by all members and brought forth in the 2010 session...the exact language of agreed upon amendments as follows:”
 - a. Proposed Amendment #1. Add a new clause to Minn. Stat. section 147E.01, subdivision 10, as follows:

[147E.01] DEFINITIONS.
Subd. 10. **Naturopathic medicine.** "Naturopathic medicine" means a system of primary health care for the prevention, assessment, and treatment of human health conditions, injuries, and diseases that uses:
(1) services, procedures, and treatments as described in section 147E.05;
and
(2) natural health procedures and treatments in section 146A.01, subdivision 4.
(3) section 2. [147E.05] Scope of Practice (sic) includes a number of complementary and alternative health care practices including but not limited to naturopathy that do not require registration and are also provided under chapter 146A.

- b. Proposed Amendment #2. Add clarifying language to Minn. Stat. section 147E.10, subdivision 1, as follows:

[147E.10] PROTECTED TITLES.

Subdivision 1. **Designation.** (a) No individual may use the title “registered naturopathic doctor,” “naturopathic doctor,” “doctor of naturopathic medicine,” or use, in connection with the individual's name, the letters “R.N.D.” or “N.M.D.,” or any other titles, words, letters, abbreviations, or insignia indicating or implying that the individual is a registered naturopathic doctor unless the individual has been registered as a registered naturopathic doctor according to this chapter. The use of the title and terms “naturopathy”, “naturopath” or any other title or term not otherwise prohibited by law shall not be restricted, protected, or regulated under this chapter.

- c. Proposed Amendment #3. Add a new definition for complementary and alternative health care practices to Minn. Stat. section 147E.01, as follows:

[147E.01] DEFINITIONS.

Subd. 12. Complementary and Alternative Health Care Practices has the same meaning as defined in MN Stat Chapter 146A, Subd. 4.

2. The Work Group member representing the Office of Complementary and Alternative Health Care Practice (OCAP) supported the position of the Work Group members representing traditional naturopathy practitioners expressing the view that the amendments were a reasonable request for assurances that Minn. Stat. Ch. 146A practitioners would be unaffected by the registration and practice of doctors of naturopathic medicine, that the amendments were not substantive changes that would affect the scope of practice and that it was reasonable to agree to the specific amendments in 2010 in exchange for agreement to implement registration under Minn. Stat. Ch. 147E in 2009 without further changes in the 2009 Legislative Session.
3. Work Group members representing doctors of naturopathic medicine did not support the amendments offered by Work Group members representing traditional naturopathy practitioners, but agreed to address during the 2010 legislative session the impact of Minn. Stat. Ch. 147E on Minn. Stat. Ch. 146A after the registration statute was implemented. This agreement included consideration of the proposed language changes identified as “2b” and “5” in Appendix B and additional language that would reiterate that the terms “naturopath” and “naturopathy” are in the public domain.
4. Work Group members representing doctors of naturopathic medicine, the Minnesota Medical Association and the Minnesota Chiropractic Association supported the position that Minn. Stat. Ch.147E become effective without further changes in the 2009 Legislative Session and that following an initial period of operation of the registration system by the Board of Medical Practice, consideration be given to any problems and issues that arise.
5. Naturopathy Work Group Members representing traditional naturopaths agreed and said that any statement of doctors of naturopathic medicine indicating that amendments would be “considered” in 2010 was inadequate.

6. The Naturopathy Work Group Members could not reach agreement on specific recommendations or proposed legislation on any of the issues the Legislature directed be addressed.

The following six sections of this report detail findings of the Naturopathy Work Group for each of the six issues the Legislature directed be considered. The information in this report is the product of Work Group Member deliberations in meetings, research submitted by Work Group Members and MDH staff, and position statements, telephone and email communications from Work Group Members, including alternates.

Issue 1: Appropriate Level of Regulation for Practitioners with a Postgraduate Degree in Naturopathic Medicine

Minnesota Session Laws 2008, Chapter 348, section 12, Subdivision 1 (1), directs the Work Group to develop recommendations to address the issue of the appropriate level of regulation for practitioners with a postgraduate degree in naturopathic medicine.

Work Group Findings and Outcomes

1. In 2006 the Council of Health Boards reviewed a legislative proposal to license naturopathic doctors with postgraduate degrees in naturopathic medicine, and in 2007, the Minnesota Association of Naturopathic Physicians (MNANP) submitted legislation to create licensing regulation. At the request of MNANP, the bill was amended so that the language required a registration credential instead of a license. Other changes deleted provisions creating violations of practice of naturopathic medicine so that only use of designated titles was restricted. The practice of all naturopathic modalities is unrestricted and available to all in the public domain.
2. There was general agreement that registration of doctors of naturopathic medicine was the appropriate level of regulation. However, there is not agreement that traditional naturopathy practitioners would be largely unaffected after implementation of Minn. Stat. Ch. 147E. Concerns of traditional naturopath Work Group Members that practitioners under 146A would not be able to practice arise from those regulatory elements in the registration law which are similar to licensure and the ease with which amendment of the word “registration” to “licensure” would, with few other changes, have the effect of restricting the continued practice of traditional naturopathy by traditional naturopaths.
3. Traditional naturopath Work Group Members requested several changes to provide protective language and assurance that any future legislation to change registration to licensing would not threaten or compromise continued practice of traditional naturopathy by traditional naturopaths. These changes, shown in Appendix B, included:
 - a. Amending the description of naturopathic medicine services, procedures and treatments in Minn. Stat. section 147E.05, in either of two ways:
 - i. Adding a clarifying paragraph referencing complementary and alternative health care practices not requiring a credential and provided under Minn. Stat. Ch. 146A (See Appendix B, item 2b.)
 - ii. Alternatively, adopt “model language” that included a new definition of naturopathic medicine and an extensively revised scope of practice. (The model language is not included in Appendix B);
 - b. Deleting the definition of naturopathic physical medicine incorporated in the scope of practice because it included in reference to naturopathic modalities, qualities of nature available to all living things. (See Appendix B, item 4);
 - c. Amending the protected titles in Minn. Stat. section 147E.10 to restrict titles used to “registered doctor of naturopathic medicine” with corresponding initials and to clarify that the term naturopathy in all its noun and adjectival forms was not restricted. (See Appendix B, item 3); and

- d. Adding a definition of “Complementary and Alternative Health Care Practices” to Minn. Stat. section 147E.01 (See Appendix B, item 5).
4. The MNANP Work Group Members reiterated that the amendments were unnecessary, that Minn. Stat. 147E was a registration statute and that the issue of licensure was irrelevant because Minn. Stat. Ch. 147E does not prohibit anyone currently protected under Minn. Stat. 146A, specifically citing 147E.10, Subd. 2. regarding other health care practitioners as stating:
- Nothing in this chapter may be construed to prohibit or to restrict:
- (1) the practice of a profession by individuals who are licensed, certified, or registered under other laws of this state and are performing services within their authorized scope of practice;
 - (2) the provision of the complementary and alternative healing methods and treatments, including naturopathy, as described in Chapter 146A;
 - (3) the practice of naturopathic medicine by an individual licensed, registered, or certified in another state and employed by the government of the United States while the individual is engaged in the performance of duties prescribed by the laws and regulations of the United States;
 - (4) the practice by a naturopathic doctor duly licensed, registered, or certified in another state, territory, or the District of Columbia when incidentally called into this state for consultation with a Minnesota licensed physician or Minnesota registered naturopathic doctor; or
 - (5) individuals not registered by this chapter from the use of individual modalities which comprise the practice of naturopathic medicine.
5. Fourteen states, the District of Columbia and the U.S. territories of Puerto Rico and the U.S. Virgin Islands currently regulate naturopathic doctors. These laws require education, examination and continuing education equivalent to provisions enacted in Minn. Stat. Ch. 147E. The scope of practice, and the modalities and titles allowed and prohibited to licensees in these jurisdictions vary.
6. Traditional Naturopath Members in the Work Group stated support of licensure for doctors of naturopathic medicine if the changes in paragraph #3, a. through d. above, were adopted.
7. In the traditional naturopath community, members of MNACAP strongly oppose licensing of doctors of naturopathic medicine. MNACAP has opposed credentialing of any naturopathic practitioners arguing that the public is adequately protected under Minn. Stat. Ch 146A. MNACAP is also concerned that an unintended consequence of any credentialing is that manufacturers of supplements and other products may restrict distribution and sale to persons registered or licensed by the State of Minnesota as Doctors of Naturopathic Medicine. Though a MNACAP representative stated support for registration of naturopathic medical doctors at the December 9th Work Group meeting, MNACAP is concerned that the full repercussions of registration are not yet known in the natural health community.

8. MNANP Work Group Members stated satisfaction with registration as the designated level of regulation for doctors of naturopathic medicine and stated the professional association they represented did not intend to seek licensure. The assurances sought in paragraph #3 above were declined by MNANP Work Group members as redundant and unnecessary at the present time, but MNANP Work Group Members agreed to discuss the impact of Minn. Stat. Ch. 147E on Minn. Stat. Ch. 146A practitioners after the registration statute is implemented on July 1, 2009. MNANP representatives on the Work Group could not agree to not oppose the specific amendments requested by traditional naturopathy Work Group members. MNANP representatives on the Work Group believed there were many uncertainties about implementation of Ch. 147E; they thought other issues might arise between the present and the 2010 Legislative Session, and there could be concerns of other professional associations and organizations that would need to be considered.
9. The Work Group Member representing the Minnesota Medical Association stated that the organization may have concerns about some of the requested changes and has not had an opportunity to consider further changes to Minn. Stat. Ch. 147E, but is not opposed to considering amendments after the July 1, 2009 implementation of the registration statute.
10. Naturopathy Work Group Members agreed that registration is the appropriate level of regulation of doctors of naturopathic medicine at the present time, but disagreement persists as to whether Minn. Stat. Ch. 147E will adequately ensure continued practice of traditional naturopathy by traditional naturopaths under Minn. Stat. Ch. 146A.

Recommendations and Proposed Legislation

1. There was no agreement by all Work Group members regarding recommendations and proposed legislation concerning the appropriate level of regulation for practitioners with a postgraduate degree in naturopathic medicine.

Issue 2: Definitions of Practice: Naturopathic Medicine and Traditional Naturopathy

Minnesota Session Laws 2008, Chapter 348, section 12, Subdivision 1 (2), directs the Work Group to develop recommendations to address the issue of the definitions to be used for the recommended regulatory scheme to ensure the distinction between the practice of naturopathic medicine and the practice of traditional naturopathy.

Work Group Findings and Outcomes

1. Traditional naturopath representatives requested changes to definitions to provide assurance that future legislative activity would not threaten or compromise continued practice of traditional naturopathy by traditional naturopaths. These requested changes, shown in Appendix B, included:
 - a. Adding a clarifying paragraph referencing complementary and alternative health care practices not requiring a credential and provided under Minn. Stat. Ch. 146A in the naturopathic medicine services, procedures and treatments described in Minn. Stat. section 147E.05. Alternatively, proposing “model language” that included a new definition of naturopathic medicine and a scope of practice;
 - b. Deleting the definition of naturopathic physical medicine because it included in reference to naturopathic modalities, qualities of nature freely available to all living things.
2. Doctors of naturopathic medicine Work Group Members declined requests to change definitions stating that consumer protection required fully defining the philosophy, scope and practice of naturopathic medicine, and that including traditional naturopathy modalities in the naturopathic medicine scope did not preclude others from using those modalities under Minn. Stat. Ch. 146A.
3. Doctors of naturopathic medicine Work Group Members asserted that the terms “naturopathy” and “traditional naturopathy” should be defined in Minn. Stat. Ch. 147E. Doctors of naturopathic medicine Members pointed out that the term “naturopathy” appeared once with reference to Minn. Stat. Ch. 146A, and that “traditional naturopathy” did not appear in Minn. Stat. Ch. 147E. Doctors of naturopathic medicine Members argued that the term “naturopathy,” if needing definition, should be defined in Minn. Stat. Ch. 146A. However, Traditional Naturopathy Members declined to consider making any amendments to Minn. Stat. Ch. 146A.
4. Traditional Naturopathy Work Group Members requested adding to Minn. Stat. Ch. 147E the definition of “complementary and alternative health care practices” as written in Minn. Stat. Ch. 146A. Doctors of naturopathic medicine Work Group Members opposed this request as unnecessary and inappropriate, and that if for any reason should be added to Minn. Stat. Ch. 147E, would similarly be reason to add it to the practice act definitions of all other health care professionals regulated in Minnesota.

5. MNACAP representatives stated in written comments to a draft of this report that Work Group discussion of definitions did not adequately address use of the term “doctor” by members of the traditional naturopathy community who have doctorate degrees from naturopathy schools that are not accredited. Similarly, MNACAP states that the Work Group did not address the history of the term “naturopath,” its use in the community for the benefit of other complementary and alternative healthcare practitioners and consumers and how to distinguish those naturopaths who will be registered from those who will not.

Recommendations and Proposed Legislation

1. Naturopathy Work Group Members did not agree about recommendations and proposed legislation concerning Definitions of Practice: Naturopathic Medicine and Traditional Naturopathy.

Issue 3: Accreditation of Naturopathic Education and Level of Education and Training

Minnesota Session Laws 2008, Chapter 348, section 12, Subdivision 1 (3), directs the Work Group to develop recommendations to address the issue of the level of education and training, including appropriate credentialing of educational programs for the postgraduate degree level of practice.

Work Group Findings and Outcomes

1. Each of the following naturopathic education programs is currently accredited by an accrediting agency or state approval agency recognized by the U.S. Secretary of Education as a “reliable authority as to the quality of postsecondary education” within the meaning of the Higher Education Act of 1965, as amended:
 - a. Bastyr University, Kenmore WA, accreditation with Northwest Commission on Colleges and Universities.
 - b. Boucher Institute of Naturopathic Medicine, New Westminster, BC Canada.
 - c. Canadian College of Naturopathic Medicine, North York, Ontario Canada.
 - d. National College of Natural Medicine, Portland, OR, accreditation with Northwest Commission on Colleges and Universities.
 - e. Southwest College of Naturopathic Medicine & Health Sciences, Tempe, AZ, accreditation with North Central Association of Colleges and Schools.
 - f. University of Bridgeport, College of Naturopathic Medicine, Bridgeport, CT, accreditation with New England Association of Schools and Colleges.
 - g. National University of Health Sciences, Lombard, IL, accreditation with North Central Association of Colleges and Schools.
2. Each of the above programs has voluntarily obtained accreditation by the Council on Naturopathic Medical Education (CNME) except Boucher Institute of Naturopathic Medicine and National University of Health Sciences which have candidate, or pre-accredited, status.
3. The U.S. Secretary of Education recognizes CNME as the national accrediting agency for programs leading to the Doctor of Naturopathic Medicine (N.D. or N.M.D.) or Doctor of Naturopathy (N.D.) degree. CNME was approved by Secretary of Education William Bennet in 1987. However, that approval was withdrawn on January 16, 2001 by U.S. Secretary of Education Richard W. Riley on evidence that CNME did not apply and enforce its standards to Southwest College of Naturopathic Medicine & Health Sciences during the period 1996 to 1999. CNME reapplied for recognition, and in 2003, the U.S. Secretary of Education restored approval.
4. CNME is currently the programmatic accrediting agency for naturopathic medical education assuring equivalency and consistency in the level and quality of education and training in the four-year naturopathic colleges and programs in the United States and Canada.

5. The naturopathic education programs listed above each require a bachelor's degree for application for admission, and require at least four years of academic lecture, laboratory and clinical course work at the doctorate level.
6. None of the above naturopathic education programs offer home-study, correspondence, distance learning or external-degrees, and such programs are not eligible for affiliation with CNME.
7. Currently, in order to take the Naturopathic Physicians Licensing Examination required by Minn. Stat.Ch. 147E, a person must have graduated from a CMNE accredited program.
8. Traditional Naturopathy Work Group Members expressed concern about time periods when a program's accreditation was suspended and whether graduates of un-accredited programs could become registered doctors of naturopathic medicine. Work Group Members acknowledged that it will be the responsibility of the Board of Medical Practice to assure that applicants are qualified and meet all the requirements for registration.
9. MNACAP representatives stated in written comments to a draft of this report that Work Group discussion did not adequately address and review concerns expressed by legislators during the 2008 Legislature about there being no requirement in Minn. Stat. Ch. 147E for doctors of naturopathic medicine to complete clinical training or residencies within the medical system. Similarly, MNACAP representatives stated that the Work Group did not pursue analysis and comparison with other post-graduate educational programs conferring naturopathic doctor (N.D.) degrees which are not accredited by CNME and which require as much or more credit hours of traditional naturopathy coursework that those programs accredited by CNME.

Recommendations and Proposed Legislation

1. Naturopathy Work Group Members agreed there were no recommendations or proposed legislation concerning the level of education and training, or the credentialing of educational programs for the postgraduate degree level of practice.

Sources: U.S. Department of Education, www.ed.gov/admins/finaid/accred/accreditation_pg4.html, www.quackwatch.com/01QuackeryRelatedTopics/Naturopathy/accreditation.html, www.cnme.org/faq.html, www.bastyr.edu, www.bridgeport.edu, www.ncnm.edu, www.nuhs.edu, www.scnm.edu.

**Issue 4: Exclusive Scope of Practice for Naturopathic Medical Doctors
Consistent with Training and
Assuring Continued Practice of Naturopathy
under Minn. Stat. Ch.146A.**

Minnesota Session Laws 2008, Chapter 348, section 12, Subdivision 1 (4), directs the Work Group to develop recommendations to address the issue of the scope of practice for naturopathic practitioners with a postgraduate degree in naturopathic medicine that would be exclusive to these practitioners and would reflect the level of education and training. The scope of practice must acknowledge and ensure the continued practice of all complementary and alternative health practices, including naturopathy, currently practiced under Minnesota Statutes, Chapter 146A.

Work Group Findings and Outcomes

1. Traditional Naturopathy Work Group Members requested the following changes to the scope of practice in Minn. Stat. section 147E.05:
 - a. Adding a clarifying paragraph referencing complementary and alternative health care practices not requiring a credential and provided under Minn. Stat. Ch. 146A in the naturopathic medicine services, procedures and treatments described in Minn. Stat. section 147E.05. (See Appendix B, item 4.) or
 - b. Alternatively, proposing “model language” that included a new definition of naturopathic medicine and a scope of practice. (The model language is not included in Appendix B.)
2. MNANP Work Group Members declined requests to change the scope of practice and stated satisfaction with Minn. Stat. section 147E.05 as enacted and asserted that the scope, though narrower than their education and training, did not infringe on the ability of traditional naturopaths to continue the practice of naturopathy under Minn. Stat. Ch. 146A.
3. Representatives of the Acupuncture Association of Minnesota expressed concern about acupuncture practice by doctors of naturopathic medicine. MNANP Work Group Members stated that though acupuncture was included in education and training of doctors of naturopathic medicine, it was not included in the scope of practice in Minn. Stat. section 147E.05, and registered doctors of naturopathic medicine could not practice acupuncture in Minnesota unless they met the requirements for and were licensed acupuncturists.
4. The Work Group Member representing the Minnesota Medical Association stated that the organization has not had an opportunity to consider further changes to Minn. Stat. Ch.147E, and may have concerns about any changes to the scope of practice, but is not opposed to considering amendments after the July1, 2009 implementation of the registration statute.

5. MNACAP representatives and a Traditional Naturopathy Work Group Member stated in written comments to a draft of this report that Work Group discussion did not fully address the following concerns:
 - a. the request of traditional naturopathy practitioners for details of a scope of practice that would be exclusive to doctors of naturopathic medicine and of modalities not already practiced by them under Minn. Stat. Ch 146A;
 - b. the need and appropriateness for the definition of “naturopathic physical medicine;”
 - c. the ability of traditional naturopaths who dispense vitamins and supplements and the reported decision of a manufacturer to distribute its products only to registered or licensed doctors of naturopathic medicine; and
 - d. the effect on the practices of traditional naturopaths in other states where similar credentialing legislation has been enacted .

Recommendations and Proposed Legislation

1. Naturopathy Work Group Members were not in agreement about recommendations and proposed legislation concerning scope of practice for naturopathic practitioners with a postgraduate degree in naturopathic medicine that would be exclusive to these practitioners and would reflect the level of education and training.

Issue 5: Appropriate Regulatory Authority

Minnesota Session Laws 2008, Chapter 348, section 12, Subdivision 1 (5), directs the Work Group to develop recommendations to address the issue of the appropriate regulatory authority, including the possible establishment of a new regulatory board.

Work Group Findings and Outcomes

1. All Naturopathy Work Group Members agreed that the Board of Medical Practice is the appropriate regulatory authority for registration of Naturopathic Medical Doctors.
2. MNACAP asserted that the Minnesota Department of Health would be a more appropriate authority for credentialing of Naturopathic Medical Doctors, because it already has responsibility for regulating traditional naturopathy practitioners under Minn. Stat. Ch. 146A, and because under Minn. Stat. Ch. 146A it has been regulating the practitioners who would apply for and likely become registered doctors of naturopathic medicine under Minn. Stat. Ch. 147E.

Recommendations and Proposed Legislation

1. Naturopathy Work Group Members agreed that there were no recommendations or proposed legislation to be made concerning the appropriate regulatory authority.

Issue 6: Other Regulatory Requirements for Naturopathic Medicine

Minnesota Session Laws 2008, Chapter 348, section 12, Subdivision 1 (6), directs the Work Group to develop recommendations to address the issue of any other regulatory requirements for naturopathic medicine the work group deems necessary.

Work Group Findings and Outcomes

1. Work Group Members discussed changes to Minn. Stat. section 147E.10 regarding professional titles. A discrepancy between words in the titles protected and designated initials of “N.M.D.” was noted. The initials N.M.D. as well as N.D. are conferred titles of federally recognized degrees, therefore consistent with registration, licensure and title protection of doctors of naturopathic medicine.
2. Traditional Naturopathic Work Group Members requested changing titles and initials listed in Minn. Stat. section 147E.10 to a title of “Registered Doctors of Naturopathic Medicine” with corresponding initials of “R.D.N.M.” so that there was one exclusive title, additional clarity and less confusion. In addition, they requested a protective amendment so that use of the title and terms “naturopathy”, “naturopathic” "naturopath," "traditional naturopath," "naturopathic practitioner," or "traditional naturopathic practitioner," or any other title or term not otherwise prohibited by law would not be restricted or regulated under Minn. Stat. Ch.147E and would be allowed for use in the public domain.
3. The Work Group Member representing the Minnesota Medical Association stated the Association’s opposition to use of the word “physician” by doctors of naturopathic medicine and inclusion of the initials “M.D.” in Minn. Stat. section 147E.10, subdivision 1, as in “N.M.D.”
4. MNANP Work Group Members declined requests to change titles and initials from those designated in Minn. Stat. section 147E.10, subdivision 1. The discrepancy between protected titles and initials was acknowledged. MNANP Work Group Members stated that the initials “N.M.D.” represent the educational degree that graduates of accredited doctoral education programs receive and its use is consistent with all other doctoral degrees granted by federally accredited programs. Regarding the title and initials “Registered Doctors of Naturopathic Medicine,” MNANP Work Group Members stated that the public did not know the title “Registered Doctor of Naturopathic Medicine” and the corresponding initials of “R.D.N.M.” and would be confused by their use. Additionally, ND, N.D., NMD and N.M.D. are legitimate degree titles granted by U.S. Secretary of Education approved and federally-recognized doctoral level programs, and their use is consistent with registration or licensure of the corresponding degree. MNANP Work Group Members agreed that the word “physician” would never be used by registered doctors of naturopathic medicine, and use of the word in their professional association’s name was an issue that would have to be resolved in the future.

5. Department of Health staff proposed consideration of a Statement of Legislative Intent as an amendment to Minn. Stat. Ch. 147E. Traditional Naturopath Work Group Members and MNACAP representatives submitted suggested revisions to the draft Statement. See Appendix D. MNANP Work Group Members opposed this proposal. See Appendix C. The Minnesota Medical Association and Minnesota Chiropractic Association Work Group Members also opposed this proposal. Reasons included:
 - a. Legislative intent is rarely used in language passed in the Minnesota House.
 - b. The Office of the Revisor has been consistent in recommending that legislative intent not be included in statutes so that every word in enactments is weighed as relevant.
6. The terms “traditional naturopathy” and “traditional naturopath” are not currently defined in Minnesota law, and are not defined by other states providing licensure or registration for naturopathic doctors or physicians. MNANP Work Group members assert that traditional naturopaths protected under Minn. Stat. 146A do not have U.S. Department of Education recognized training. These practitioners are not required to pass a standardized examination to demonstrate their skills and knowledge. MNANP Work Group members therefore stated that, while the terms “traditional naturopath” and “traditional naturopathy” have been used as terminology for distinction regarding the Naturopathy Work Group, such use does not imply a protected title or definition in statute, and such use does not suggest that it should be so defined.
7. Possible amendments to Minn. Stat. Ch. 146A were offered by Minnesota Department of Health staff and were discussed. Traditional Naturopathic Work Group Members opposed any changes to Minn. Stat. Ch. 146A. Members of the traditional naturopathy community expressed concern that any legislative initiative to amend Minn. Stat. Ch. 146A would risk losing existing freedoms to practice afforded to alternative and complementary health care providers.
8. The Work Group Member representing the Office of Complementary and Alternative Health Care Practice (OCAP) stated that requests of Traditional Naturopathy Work Group Members appeared quite reasonable, that the changes in language sought were not so substantive as to affect the registration law and how doctors of naturopathic medicine would practice and that there was benefit to repetition to assure clarity in the law’s communication to the healthcare community. The OCAP member urged reconsideration of amending language proposed by Traditional Naturopathy Work Group Members to avoid more conflict in the legislative process.
9. MNANP Work Group Members stated that many of the proposed amendments from naturopath practitioners protected under Minn. Stat. Ch. 146A were discussed, considered and decided in the 2008 legislative session, either in conversations between stakeholders and legislators or as amendments in legislative committee hearings. MNANP members assert that Minn. Stat. Ch. 147E as passed and to be implemented will not negatively impact the traditional naturopathy community practicing under Minn. Stat. Ch. 146A.

10. MNANP Work Group members concur that the appropriate location for additional statements and definitions relating to those currently protected under Minn. Stat. 146A is in Minn. Stat. Ch. 146A.
11. MNACAP representatives and a Traditional Naturopathy Work Group Member stated in written comments to a draft of this report that the issues directed by Minnesota Session Laws 2008, Chapter 348, section 12 for the Naturopathy Work Group to consider were not fully discussed, and that the impact of registering doctors of naturopathic medicine is not well understood and has created widespread confusion that continues. Further, it was stated that the amendments sought by traditional naturopaths (see Appendix B) should not wait until the 2010 Legislative Session and in addition were not sufficient to protect the average citizen. It was recommended that the Work Group be extended for another one to two years with commensurate delay in the effective date of Minn. Stat. Ch. 147E until all the issues are fully addressed and resolved.

Recommendations and Proposed Legislation

1. Naturopathy Work Group Members were not in agreement about any recommendations and proposed legislation concerning other regulatory requirements for naturopathic medicine deemed necessary.

Minnesota Session Laws

Key: (1) ~~language to be deleted~~ (2) new language

2008, Regular Session

CHAPTER 348--H.F.No. 1724

An act

relating to occupations and professions; providing for registration of naturopathic doctors; establishing an advisory council; appropriating money; proposing coding for new law as Minnesota Statutes, chapter 147E.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[147E.01] DEFINITIONS.**

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Advisory council.** "Advisory council" means the Registered Naturopathic Doctor Advisory Council established under section 147E.35.

Subd. 3. **Approved naturopathic medical education program.** "Approved naturopathic medical education program" means a naturopathic medical education program in the United States or Canada and meets the requirements for accreditation by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body for the naturopathic medical profession recognized by the board. This program must offer graduate-level full-time didactic and supervised clinical training leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. The program must be an institution, or part of an institution, of higher education that at the time the student completes the program is:

(1) either accredited or is a candidate for accreditation by a regional institution accrediting agency recognized by the United States Secretary of Education; or

(2) a degree granting college or university that prior to the existence of CNME offered a full-time structured curriculum in basic sciences and supervised patient care comprising a doctoral naturopathic medical education that is at least 132 weeks in duration, must be completed in at least 35 months, and is reputable and in good standing in the judgment of the board.

Subd. 4. **Board.** "Board" means the Board of Medical Practice or its designee.

Subd. 5. **Contact hour.** "Contact hour" means an instructional session of 50 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and social activities.

Subd. 6. **Homeopathic preparations.** "Homeopathic preparations" means medicines prepared according to the Homeopathic Pharmacopoeia of the United States.

Subd. 7. **Registered naturopathic doctor.** "Registered naturopathic doctor" means an individual registered under this chapter.

Subd. 8. **Minor office procedures.** "Minor office procedures" means the use of operative, electrical, or other methods for the repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the removal of foreign bodies located in the superficial tissues and the use of antiseptics and local topical anesthetics in connection with such methods.

Subd. 9. **Naturopathic licensing examination.** "Naturopathic licensing examination" means the Naturopathic Physicians Licensing Examination or its successor administered by the North American Board of Naturopathic Examiners or its successor as recognized by the board.

Subd. 10. **Naturopathic medicine.** "Naturopathic medicine" means a system of primary health care for the prevention, assessment, and treatment of human health conditions, injuries, and diseases that uses:

- (1) services, procedures, and treatments as described in section 147E.05; and
- (2) natural health procedures and treatments in section 146A.01, subdivision 4.

Subd. 11. **Naturopathic physical medicine.** "Naturopathic physical medicine" includes, but is not limited to, the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic nonionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, hydrotherapy, massage, stretching, colon hydrotherapy, frequency specific microcurrent, electrical muscle stimulation, transcutaneous electrical nerve stimulation, and therapeutic exercise.

Sec. 2. [147E.05] SCOPE OF PRACTICE.

Subdivision 1. **Practice parameters.** (a) The practice of naturopathic medicine includes, but is not limited to, the following services:

(1) ordering, administering, prescribing, or dispensing for preventive and therapeutic purposes: food, extracts of food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, botanical medicines, herbal remedies, homeopathic medicines, dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, glandulars, protomorphogens, lifestyle counseling, hypnotherapy, biofeedback, dietary therapy, electrotherapy, galvanic therapy, oxygen, therapeutic devices, barrier devices for contraception, and minor office procedures, including obtaining specimens to assess and treat disease;

(2) performing or ordering physical examinations and physiological function tests;

(3) ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA);

(4) referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results;

(5) prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic procedures commonly used by physicians in general practice; and

(6) prescribing or performing naturopathic physical medicine.

(b) A registered naturopathic doctor may admit patients to a hospital if the naturopathic doctor meets the hospital's governing body requirements regarding credentialing and privileging process.

Subd. 2. **Prohibitions on practice.** (a) The practice of naturopathic medicine does not include:

(1) administering therapeutic ionizing radiation or radioactive substances;

(2) administering general or spinal anesthesia;

(3) prescribing, dispensing, or administering legend drugs or controlled substances including chemotherapeutic substances; or

(4) performing or inducing abortions.

(b) A naturopathic doctor registered under this chapter shall not perform surgical procedures using a laser device or perform surgical procedures beyond superficial tissue.

(c) A naturopathic doctor shall not practice or claim to practice as a medical doctor, surgeon, osteopath, dentist, podiatrist, optometrist, psychologist, advanced practice professional nurse, physician assistant, chiropractor, physical therapist, acupuncturist, dietician, nutritionist, or any other health care professional, unless the naturopathic physician also holds the appropriate license or registration for the health care practice profession.

Sec. 3. [147E.06] PROFESSIONAL CONDUCT.

Subdivision 1. Informed consent. (a) The registered naturopathic doctor shall obtain a signed informed consent from the patient prior to initiating treatment and after advising the patient of the naturopathic doctor's qualifications including education and registration information; and outlining of the scope of practice of registered naturopathic doctors in Minnesota. This information must be supplied to the patient in writing before or at the time of the initial visit. The registrant shall present treatment facts and options accurately to the patient or to the individual responsible for the patient's care and make treatment recommendations according to standards of good naturopathic medical practice.

(b) Upon request, the registered naturopathic doctor must provide a copy of the informed consent form to the board.

Subd. 2. Patient records. (a) A registered naturopathic doctor shall maintain a record for seven years for each patient treated, including:

(1) a copy of the informed consent;

(2) evidence of a patient interview concerning the patient's medical history and current physical condition;

(3) evidence of an examination and assessment;

(4) record of the treatment provided to the patient; and

(5) evidence of evaluation and instructions given to the patient, including acknowledgment by the patient in writing that, if deemed necessary by the registered naturopathic doctor, the patient has been advised to consult with another health care provider.

(b) A registered naturopathic doctor shall maintain the records of minor patients for seven years or until the minor's 19th birthday, whichever is longer.

Subd. 3. Data practices. All records maintained on a naturopathic patient by a registered naturopathic doctor are subject to sections 144.291 to 144.298.

Subd. 4. State and municipal public health regulations. A registered naturopathic doctor shall comply with all applicable state and municipal requirements regarding public health.

Sec. 4. [147E.10] PROTECTED TITLES.

Subdivision 1. Designation. (a) No individual may use the title "registered

naturopathic doctor," "naturopathic doctor," "doctor of naturopathic medicine," or use, in connection with the individual's name, the letters "R.N.D." or "N.M.D.," or any other titles, words, letters, abbreviations, or insignia indicating or implying that the individual is a registered naturopathic doctor unless the individual has been registered as a registered naturopathic doctor according to this chapter.

(b) After July 1, 2009, individuals who are registered under this chapter and who represent themselves as practicing naturopathic medicine by use of a term in paragraph (a) shall conspicuously display the registration in the place of practice.

Subd. 2. **Other health care practitioners.** Nothing in this chapter may be construed to prohibit or to restrict:

(1) the practice of a profession by individuals who are licensed, certified, or registered under other laws of this state and are performing services within their authorized scope of practice;

(2) the provision of the complementary and alternative healing methods and treatments, including naturopathy, as described in chapter 146A;

(3) the practice of naturopathic medicine by an individual licensed, registered, or certified in another state and employed by the government of the United States while the individual is engaged in the performance of duties prescribed by the laws and regulations of the United States;

(4) the practice by a naturopathic doctor duly licensed, registered, or certified in another state, territory, or the District of Columbia when incidentally called into this state for consultation with a Minnesota licensed physician or Minnesota registered naturopathic doctor; or

(5) individuals not registered by this chapter from the use of individual modalities which comprise the practice of naturopathic medicine.

Subd. 3. **Penalty.** A person violating subdivision 1 is guilty of a misdemeanor.

Sec. 5. **[147E.15] REGISTRATION REQUIREMENTS.**

Subdivision 1. **General requirements for registration.** To be eligible for registration, an applicant must:

(1) submit a completed application on forms provided by the board along with all fees required under section 147E.40 that includes:

(i) the applicant's name, Social Security number, home address and telephone number, and business address and telephone number;

(ii) the name and location of the naturopathic medical program the applicant completed;

(iii) a list of degrees received from other educational institutions;

(iv) a description of the applicant's professional training;

(v) a list of registrations, certifications, and licenses held in other jurisdictions;

(vi) a description of any other jurisdiction's refusal to credential the applicant;

(vii) a description of all professional disciplinary actions initiated against the applicant in any jurisdiction; and

(viii) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

(2) submit a copy of a diploma from an approved naturopathic medical education program;

(3) have successfully passed the Naturopathic Physicians Licensing Examination, a competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners or successor agency as recognized by the board; passing scores are determined by the Naturopathic Physicians Licensing Examination;

(4) submit additional information as requested by the board, including providing any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public;

(5) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

(6) sign a waiver authorizing the board to obtain access to the applicant's records in this or any other state in which the applicant has completed an approved naturopathic medical program or engaged in the practice of naturopathic medicine.

Subd. 2. Registration by endorsement; reciprocity. (a) To be eligible for registration by endorsement or reciprocity, the applicant must hold a current naturopathic license, registration, or certification in another state, Canadian province, the District of Columbia, or territory of the United States, whose standards for licensure, registration, or certification are at least equivalent to those of Minnesota, and must:

(1) submit the application materials and fees as required by subdivision 1, clauses (1), (2), and (4) to (6);

(2) have successfully passed either:

(i) the Naturopathic Physicians Licensing Examination; or

(ii) if prior to 1986, the state or provincial naturopathic board licensing examination required by that regulating state or province;

(3) provide a verified copy from the appropriate government body of a current license, registration, or certification for the practice of naturopathic medicine in another jurisdiction that has initial licensing, registration, or certification requirements equivalent to or higher than the requirements in subdivision 1; and

(4) provide letters of verification from the appropriate government body in each jurisdiction in which the applicant holds a license, registration, or certification. Each letter must state the applicant's name, date of birth, license, registration, or certification number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and the terms under which the license, registration, or certification was issued.

(b) An applicant applying for license, registration, or certification by endorsement must be licensed, registered, or certified in another state or Canadian province prior to January 1, 2005, and have completed a 60-hour course and examination in pharmacotherapeutics.

Subd. 3. Temporary registration. The board may issue a temporary registration to practice as a registered naturopathic doctor to an applicant who is licensed, registered, or certified in another state or Canadian province and is eligible for registration under this section, if the application for registration is complete, all applicable requirements in this section have been met, and a nonrefundable fee has been paid. The temporary registration remains valid only until the meeting of the board at which time a decision is made on the registered naturopathic doctor's application for registration.

Subd. 4. **Registration expiration.** Registrations issued under this chapter expire annually.

Subd. 5. **Renewal.** (a) To be eligible for registration renewal a registrant must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence of a total of 25 hours of continuing education approved by the board as described in section 147E.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

Subd. 6. **Change of address.** A registrant who changes addresses must inform the board within 30 days, in writing, of the change of address. All notices or other correspondence mailed to or served on a registrant by the board are considered as having been received by the registrant.

Subd. 7. **Registration renewal notice.** At least 45 days before the registration renewal date, the board shall send out a renewal notice to the last known address of the registrant on file. The notice must include a renewal application and a notice of fees required for renewal or instructions for online renewal. It must also inform the registrant that registration will expire without further action by the board if an application for registration renewal is not received before the deadline for renewal. The registrant's failure to receive this notice does not relieve the registrant of the obligation to meet the deadline and other requirements for registration renewal. Failure to receive this notice is not grounds for challenging expiration of registration status.

Subd. 8. **Renewal deadline.** The renewal application and fee must be postmarked on or before December 31 of the year of renewal. If the postmark is illegible, the application is considered timely if received by the third working day after the deadline.

Subd. 9. **Inactive status and return to active status.** (a) A registrant may be placed in inactive status upon application to the board by the registrant and upon payment of an inactive status fee.

(b) Registrants seeking restoration to active from inactive status must pay the current renewal fees and all unpaid back inactive fees. They must meet the criteria for renewal specified in subdivision 5, including continuing education hours.

(c) Registrants whose inactive status period has been five years or longer must additionally have a period of no less than eight weeks of advisory council-approved supervision by another registered naturopathic doctor.

Subd. 10. **Registration following lapse of registration status for two years or less.** For any individual whose registration status has lapsed for two years or less, to regain registration status, the individual must:

(1) apply for registration renewal according to subdivision 5;

(2) document compliance with the continuing education requirements of section 147E.25 since the registrant's initial registration or last renewal; and

(3) submit the fees required under section 147E.40 for the period not registered, including the fee for late renewal.

Subd. 11. **Cancellation due to nonrenewal.** The board shall not renew, reissue, reinstate, or restore a registration that has lapsed and has not been renewed within two annual registration renewal cycles starting January 2009. A registrant whose registration is canceled for nonrenewal must obtain a new registration by applying for registration and fulfilling all requirements then in existence for initial registration as a registered naturopathic doctor.

Subd. 12. **Cancellation of registration in good standing.** (a) A registrant holding an active registration as a registered naturopathic doctor in the state may, upon approval of the board, be granted registration cancellation if the board is not investigating the person as a result of a complaint or information received or if the board has not begun disciplinary proceedings against the registrant. Such action by the board must be reported as a cancellation of registration in good standing.

(b) A registrant who receives board approval for registration cancellation is not entitled to a refund of any registration fees paid for the registration year in which cancellation of the registration occurred.

(c) To obtain registration after cancellation, a registrant must obtain a new registration by applying for registration and fulfilling the requirements then in existence for obtaining initial registration as a registered naturopathic doctor.

Subd. 13. **Emeritus status of registration.** A registrant may change the status of the registration to "emeritus" by filing the appropriate forms and paying the onetime fee of \$50 to the board. This status allows the registrant to retain the title of registered naturopathic doctor but restricts the registrant from actively seeing patients.

Sec. 6. [147E.20] BOARD ACTION ON APPLICATIONS FOR REGISTRATION.

(a) The board shall act on each application for registration according to paragraphs (b) to (d).

(b) The board shall determine if the applicant meets the requirements for registration under section 147E.15. The board or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The board shall notify each applicant in writing of action taken on the application, the grounds for denying registration if registration is denied, and the applicant's right to review under paragraph (d).

(d) Applicants denied registration may make a written request to the board, within 30 days of the board's notice, to appear before the advisory council or the board and for the advisory council to review the board's decision to deny the applicant's registration. After reviewing the denial, the advisory council shall make a recommendation to the board as to whether the denial shall be affirmed. Each applicant is allowed only one request for review each yearly registration period.

Sec. 7. [147E.25] CONTINUING EDUCATION REQUIREMENT.

Subdivision 1. **Number of required contact hours.** (a) A registrant applying for registration renewal must complete a minimum of 25 contact hours of board-approved continuing education in the year preceding registration renewal, with the exception of the registrant's first incomplete year, and attest to completion of continuing education requirements by reporting to the board.

(b) Of the 25 contact hours of continuing education requirement in paragraph (a), at least five hours of continuing education must be in pharmacotherapeutics.

Subd. 2. **Approved programs.** The board shall approve continuing education programs that have been approved for continuing education credit by the American Association of Naturopathic Physicians or any of its constituent state associations, the American Chiropractic Association or any of its constituent state associations, the American Osteopathic Association Bureau of Professional Education, the American Pharmacists Association or any of its constituent state associations, or an organization approved by the Accreditation Council for Continuing Medical Education.

Subd. 3. **Approval of continuing education programs.** The board shall also approve continuing education programs that do not meet the requirements of subdivision 2 but meet the following criteria:

- (1) the program content directly relates to the practice of naturopathic medicine;
- (2) each member of the program faculty is knowledgeable in the subject matter as demonstrated by a degree from an accredited education program, verifiable experience in the field of naturopathic medicine, special training in the subject matter, or experience teaching in the subject area;
- (3) the program lasts at least 50 minutes per contact hour;
- (4) there are specific, measurable, written objectives, consistent with the program, describing the expected outcomes for the participants; and
- (5) the program sponsor has a mechanism to verify participation and maintains attendance records for three years.

Subd. 4. **Accumulation of contact hours.** A registrant may not apply contact hours acquired in one one-year reporting period to a future continuing education reporting period.

Subd. 5. **Verification of continuing education credits.** The board shall periodically select a random sample of registrants and require those registrants to supply the board with evidence of having completed the continuing education to which they attested. Documentation may come directly from the registrants from state or national organizations that maintain continuing education records.

Subd. 6. **Continuing education topics.** Continuing education program topics may include, but are not limited to, naturopathic medical theory and techniques including diagnostic techniques, nutrition, botanical medicine, homeopathic medicine, physical medicine, lifestyle modification counseling, anatomy, physiology, biochemistry, pharmacology, pharmacognosy, microbiology, medical ethics, psychology, history of medicine, and medical terminology or coding.

Subd. 7. **Restriction on continuing education topics.** (a) A registrant may apply no more than five hours of practice management to a one-year reporting period.

(b) A registrant may apply no more than 15 hours to any single subject area.

Subd. 8. **Continuing education exemptions.** The board may exempt any person holding a registration under this chapter from the requirements of subdivision 1 upon application showing evidence satisfactory to the board of inability to comply with the requirements because of physical or mental condition or because of other unusual or extenuating circumstances. However, no person may be exempted from the requirements of subdivision 1 more than once in any five-year period.

Sec. 8. **[147E.30] DISCIPLINE; REPORTING.**

For purposes of this chapter, registered naturopathic doctors and applicants are subject to sections 147.091 to 147.162.

Sec. 9. **[147E.35] REGISTERED NATUROPATHIC DOCTOR ADVISORY COUNCIL.**

Subdivision 1. **Membership.** The board shall appoint a seven-member Registered Naturopathic Doctor Advisory Council consisting of one public member as defined in section 214.02, five registered naturopathic doctors who are residents of the state, and one licensed physician or osteopath with expertise in natural medicine.

Subd. 2. **Organization.** The advisory council shall be organized and administered under section 15.059. Section 15.059, subdivision 2, does not apply to this section. Members shall serve two-year terms, and shall serve until their successors have been appointed. The council shall select a chair from its membership.

Subd. 3. **Duties.** The advisory council shall:

(1) advise the board regarding standards for registered naturopathic doctors;
(2) provide for distribution of information regarding registered naturopathic doctors standards;

(3) advise the board on enforcement of sections 147.091 to 147.162;

(4) review applications and recommend granting or denying registration or registration renewal;

(5) advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against registered naturopathic doctors;

(6) advise the board regarding approval of continuing education programs using the criteria in section 147E.25, subdivision 3; and

(7) perform other duties authorized for advisory councils by chapter 214, as directed by the board.

Subd. 4. **Expiration.** Notwithstanding section 15.059, the advisory council is permanent and does not expire.

Sec. 10. **[147E.40] FEES.**

Subdivision 1. **Fees.** Fees are as follows:

(1) registration application fee, \$200;

(2) renewal fee, \$150;

(3) late fee, \$75;

(4) inactive status fee, \$50; and

(5) temporary permit fee, \$25.

Subd. 2. **Proration of fees.** The board may prorate the initial annual registration fee. All registrants are required to pay the full fee upon registration renewal.

Subd. 3. **Penalty fee for late renewals.** An application for registration renewal submitted after the deadline must be accompanied by a late fee in addition to the required fees.

Subd. 4. **Nonrefundable fees.** All of the fees in subdivision 1 are nonrefundable.

Sec. 11. **APPOINTMENT OF NATUROPATHIC DOCTOR ADVISORY COUNCIL.**

The appointments required under Minnesota Statutes, section 147E.35, must be completed by August 1, 2009. The Board of Medical Practice shall designate a member to convene the first meeting of the advisory council. For the purposes of the first appointments under Minnesota Statutes, section 147E.35, subdivision 1, a person who is eligible to apply for registration as a naturopathic doctor under Minnesota Statutes, section 147E.15, may be appointed as a registered naturopathic doctor. If the appointee fails to submit a timely application for registration or if the appointee's application is rejected, the board must remove the appointee from the council and appoint a successor.

Sec. 12. **NATUROPATHY WORK GROUP.**

Subdivision 1. **Work group.** By September 1, 2008, the commissioner of health shall convene a work group to develop recommendations and proposed legislation, as necessary, on regulating naturopathic practitioners who are practicing as naturopathic medical doctors or physicians and who have postgraduate degrees in naturopathic medicine. The recommendations must ensure the continued practice of traditional naturopathy by traditional naturopaths under Minnesota Statutes, chapter 146A. The recommendations shall include the following issues:

- (1) the appropriate level of regulation for practitioners with a postgraduate degree in naturopathic medicine;
- (2) the definitions to be used for the recommended regulatory scheme to ensure the distinction between the practice of naturopathic medicine and the practice of traditional naturopathy;
- (3) the level of education and training, including appropriate credentialing of educational programs for the postgraduate degree level of practice;
- (4) the scope of practice for naturopathic practitioners with a postgraduate degree in naturopathic medicine that would be exclusive to these practitioners and would reflect the level of education and training. The scope of practice must acknowledge and ensure the continued practice of all complementary and alternative health practices, including naturopathy, currently practiced under Minnesota Statutes, chapter 146A;
- (5) the appropriate regulatory authority, including the possible establishment of a new regulatory board; and
- (6) any other regulatory requirements for naturopathic medicine the work group deems necessary.

Subd. 2. **Membership and operation of work group.** (a) The work group shall consist of the following members:

- (1) three members appointed by the commissioner from organizations representing naturopathic physicians;
- (2) three members appointed by the commissioner from organizations representing traditional naturopaths;
- (3) one member appointed by the Acupuncture Association of Minnesota;
- (4) one member appointed by the Minnesota Chiropractic Association;
- (5) one member appointed by the Minnesota Medical Association; and
- (6) one member appointed by the Office of Complementary and Alternative Medicine who does not practice as a traditional naturopath.

(b) The appointing authorities under paragraph (a) must complete their appointments no later than July 15, 2008. The commissioner's designee shall chair the meetings and provide staff support and meeting space for the work group. The members serve without compensation or reimbursement for any expenses.

Subd. 3. **Research and recommendations.** In developing its recommendations, the work group shall review regulatory systems of the practice of naturopathy in other states. The work group shall base its recommendations on regulatory strategies that protect the public. The work group shall complete its recommendations by December 15, 2008, and the commissioner shall submit a report containing the work group's recommendations and proposed legislation to the chairs and ranking minority members of the legislative committees with jurisdiction over health care by January 15, 2009.

Subd. 4. **Expiration.** The work group shall expire on the date the report required under subdivision 3 is submitted to the specified legislative members.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 13. **APPROPRIATIONS.**

(a) \$8,000 in fiscal year 2009 is appropriated from the state government special revenue fund to the Board of Medical Practice for the registration of naturopathic doctors under Minnesota Statutes, chapter 147E.

(b) \$25,000 in fiscal year 2009 is appropriated from the state government special revenue fund to the commissioner of health for the naturopathy work group. This is a onetime appropriation.

Sec. 14. **EFFECTIVE DATE.**

Sections 1 to 11 and 13 are effective July 1, 2009.

Presented to the governor May 19, 2008

Signed by the governor May 23, 2008, 11:55 a.m.

**Naturopathy Work Group
Members & Contact Information**

Naturopathic Physicians	Traditional Naturopaths
<p>Leslie Vilensky, N.D. President MNANP 952-758-5988 lvilensky@mnanp.org</p>	<p>Diane Miller, JD Director, Law and Public Policy National Health Freedom Action/Coalition 507-663-9018 or 612-470-7367 similar@aol.com</p>
<p>Robin Thomson, N.D. Vice President MNANP 651-653-0170 or 612-599-2164 robinthomsonnd@yahoo.com</p>	<p>Arlene Bushard, N.D. Natural Health Practitioners of MN 320-834-2188, Arlene@healthyalternativesinc.com</p>
<p>Rebecca Alderson, N.D. Secretary MNANP 612-226-6207 rebeccadipti@gmail.com</p>	<p>Pat Ruether, N.D. Natural Health Practitioners of MN 507-381-5570, pruether@hotmail.com</p>
<p>Lee Aberle, N.D. - - alternate 320-493-4465 naturallee@mac.com</p>	<p>Greg Schmidt - - alternate Pres. MN Natural Health Legal Reform Project 612-386-4908 gregoryvschmidt@gmail.com</p>
<p>Dionne Reinhart - - alternate 612-296-4011 dionne@naturalchoicewellness.com</p>	<p>Katie Murphy -- alternate MN Advocates for Complementary & Alternative Practices 651-470-3174 4healinginsights@comcast.net / Katie.here@comcast.net</p>
<p>Carolyn Torkelson, MD, MS - - alternate Dept. of Family Medicine & Comm. Health 612-747-2198 or 612-635-8718 cimtork@aol.com</p>	<p>Christine Stueve -- alternate MNACAP 612-270-3795 cstueve@valeowc.com</p>

<p align="center">Acupuncture Association of Minnesota</p>	<p align="center">Minnesota Chiropractic Association</p>
<p>Barbara Hartwell 612-708-1864, Hartwellacupuncture@yahoo.com</p>	<p>Dr. Jim Abeler Abeler Chiropractic 763-421-3722 rep.jim.abeler@house.mn</p>
<p>Bonnie Bolash - - alternate AOMAM 763-504-9483 acupuncturehome@prodigy.net</p>	<p>Dr. Craig Couillard - - alternate Lake Marion Chiropractic Center, P.A. Lakeville, MN 55044 952-469-8385 dr craig@lakemarionchiropractic.com kirsten@lakemarionchiropractic.com</p>
<p align="center">Minnesota Medical Association</p>	<p align="center">Office of Complementary and Alternative Medicine</p>
<p>Michael Green, M.D. 612-823-6921 drmikegreen@mac.com</p> <p>Sara Noznesky - - alternate MN Medical Assn. Mgr. of Legislative Affairs 612-362-3733 snoznesky@mnmed.org</p>	<p>Scott A. Banas, J.D Banas Law Office, P.A. 651-647-6250 SBanas9544@AOL.com</p>
<p>Minnesota Department of Health Staff</p>	
<p>Tom Hiendlmayr Director, Health Occupations Program 651-201-3721 Tom.Hiendlmayr@state.mn.us</p>	
<p>Kay Herzfeld Compliance Monitoring Division Staff 651-201-3704 Kay.Herzfeld@state.mn.us</p>	



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NATUROPATHY WORK GROUP

MEETING NOTICE

Wednesday August 6, 2008

2:00 p.m. – 4:30 p.m.

Snelling Office Park, Minnesota Room
1645 Energy Park Drive
St. Paul, MN 55108-2790

PROPOSED AGENDA

1. Introductions
2. Review, Accept Summary of July 11, 2008 Meeting
3. Review, Accept Proposed Agenda
4. Business/Organizational Issues:
 - a. Agenda Development
 - b. Possible Conflicts of Interest: Hiendlmayr and Abeler
 - c. Meeting Process:
 - i. Including questions/comments of non-appointees
 - ii. Whole and small group discussion
5. Brief Position Statement by each Appointee About:
 - a. The primary issue/problem to be addressed in the Work Group
 - b. The outcome sought from the Work Group
6. Discussion of key Provisions regarding Definitions and Scope: Handout
 - a. What is Naturopathic Medicine? 147E.01, Subd. 10
 - b. What is Naturopathic Physical Medicine? 147E.01, Subd.11
Question: How are the above different from traditional naturopathy?
 - c. Scope of Practice 147E.05, Subds. 1 and 2
Question: What practices are to be exclusive to naturopathic medicine?
 - d. Titles Designated: 147E.10 Subds. 1 and 2.
Question: Who can and cannot use the initials and titles?
7. Next Meeting Date, Time and Location Handout

Tuesday, September 9, 2008, 2:00 p.m. to 4:30 p.m.
Freeman Building, Rm. B144



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NATUROPATHY WORK GROUP

MEETING NOTICE

Tuesday, September 9, 2008, 2:00 p.m. – 4:30 p.m.

Orville L. Freeman Building, Room B-144
625 Robert St. North
St. Paul, MN 55101

PROPOSED AGENDA

1. Introductions
2. Business Items:
 - a. Future meeting locations and times
3. Review, Accept Summary of August 6, 2008 Meeting
4. Review, Accept Proposed Agenda
5. Continued Discussion of Issues Related to Definitions and Scope:
 - a. Information from Traditional Naturopathy Work Group Members:
Regarding Concerns/problems with Ch.147E.
 - i. Elements of a Licensing Scheme Handout
 - ii. Examples of language if amended to 147E would
address concerns Handout
 - iii. Preferred Model to Credential Naturopathic Physicians
with Freedom to Practice for Traditional Naturopaths Handout
 - b. Information from Naturopathic Physicians Work Group Members:
 - i. A list of practices & modalities **exclusive** to Naturopathic
Medicine and Naturopathic Physical Medicine Handout
 - ii. A list of practices & modalities **shared** with Traditional
Naturopathy Handout
 - iii. Examples of Naturopathic Physician Scope and Exemption
provisions in other states Handout
6. Next Meeting Date, Time and Location
 Tuesday, September 23, 2008
 2:00 p.m. to 4:30 p.m.
 Snelling Office Park, Mississippi Room
 1645 Energy Park Drive
 St. Paul, MN 55108
 Map & Driving Directions: <http://www.health.state.mn.us/about/sop.html>



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NATUROPATHY WORK GROUP

MEETING NOTICE

Tuesday, September 23, 2008

2:00 p.m. – 4:30 p.m.

Snelling Office Park, Mississippi Room
1645 Energy Park Drive
St. Paul, MN 55108

THIS WILL BE A “BREAK-OUT” MEETING FOCUSING EXCLUSIVELY ON TRADITIONAL NATUROPATH’S PROPOSALS FOR AMENDMENTS TO 147E AND/OR 146A, AND OTHER CHANGES. IN A SMALL GROUP, MEMBERS AND ALTERNATES WILL DECIDE WHAT TO PRESENT TO NATUROPATH PHYSICIANS FOR THEIR CONSIDERATION AT THE NEXT MEETING ON OCTOBER 14, 2008.

PROPOSED AGENDA

1. Review, Accept Proposed Agenda
2. Review and Discuss:
 - a. Traditional Naturopaths’ Proposed Amendments to 147E Handouts
Diane Miller
Katie Murphy
Others
 - b. Amending 147E without adding new Language Handout
Tom Hiendlmayr
 - c. Draft Statement of Legislative Intent Handout
Tom Hiendlmayr
 - d. Suggestions for Amending 146A Handout
Tom Hiendlmayr
3. Next Meeting Date, Time and Location (*Please note meeting date and location change*)
Tuesday, October 14, 2:00 p.m. to 4:30 p.m.
Orville L. Freeman Building, Room B-144
625 Robert Street. North
St. Paul, MN 55101

Map and Driving Directions: <http://www.health.state.mn.us/about/freeman.html>

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NATUROPATHY WORK GROUP

MEETING NOTICE

Tuesday, October 14, 2008

2:00 p.m. – 4:30 p.m.

OLF B362 Freeman Building
625 Robert Street North
St. Paul, Minnesota

THIS WILL BE A “BREAK-OUT” MEETING FOCUSING EXCLUSIVELY ON TRADITIONAL NATUROPATH’S PROPOSALS FOR AMENDMENTS TO 147E AND/OR 146A FOR PRESENTATION TO NATUROPATH PHYSICIANS FOR THEIR CONSIDERATION AT THE MEETING ON OCTOBER 14, 2008.

PROPOSED AGENDA

1. Review, Accept Proposed Agenda
2. Review and Discuss:
 - a. Traditional Naturopaths’ Proposed Amendments to 147E Handout
Arlene Bouchard
Diane Miller
Pat Ruether
 - b. MNACAP Proposed Amendments to 147E Handout
 - c. MDH Draft Statement of Legislative Intent Handout
3. Next Meeting Date, Time and Location *(Please note meeting date change)*
Tuesday, November 18, 2008, 2:00 p.m. to 4:30 p.m.
OLF B-144 (Freeman Building)
625 Robert St. N
St. Paul, MN
Map and directions can be found at: <http://www.health.state.mn.us/about/freeman.html>



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NATUROPATHY WORK GROUP

MEETING NOTICE

Tuesday, November 18, 2008

2:00 p.m. – 4:30 p.m.

OLF B144 Freeman Building
625 Robert Street North
St. Paul, Minnesota

PROPOSED AGENDA

1. Review, Accept Proposed Agenda
2. Review and Discuss:
 - a. Summary of Traditional Naturopaths' Meetings: September 23 and October 1, 2008 Handout
 - b. Summary of Naturopathic Physicians Meeting October 14, 2008 Handout
3. Status of Proposed Amendments to Minnesota Statutes Chapter 147E Handout
4. Entry level education/training for postgraduate degree naturopaths Handout
 - i. accrediting authority for postgraduate degree programs
5. Appropriate level of regulation for postgraduate degree naturopaths
6. Appropriate regulatory authority
7. Any other regulatory requirements

Next Meeting Date, Time and Location

Tuesday, December 9, 2008, 2:00 p.m. to 4:30 p.m.

OLF B-144 (Freeman Building)

625 Robert St. N

St. Paul, MN

Map and directions can be found at: <http://www.health.state.mn.us/about/freeman.html>



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NATUROPATHY WORK GROUP

MEETING NOTICE

Tuesday, December 9, 2008

2:00 p.m. – 4:30 p.m.

OLF B144 Freeman Building
625 Robert Street North
St. Paul, Minnesota

PROPOSED AGENDA

1. Review and Accept Proposed Agenda

2. Review and Accept Summary of November 18, 2008 Meeting Handout

3. Review and Discuss Draft Legislative Report Handout

Note: This is the last meeting of the Work Group. The Commissioner of Health will submit a report containing the Work Group's recommendations and proposed legislation to the chairs and ranking minority members of the legislative committees with jurisdiction over health care by January 15, 2009.

Traditional Naturopaths Members/Delegates Proposed Amendments
(Work Group Members: Arlene Bushard, Diane Miller, Pat Ruether)

Key: ~~Strikeout~~ reflects deleted language and underline reflects amending language

Note: The numbers in the table below do not follow ordinal sequence and items numbered “1 and 2a” were not submitted to or considered by the Naturopathy Work Group.

3. Protected Title Proposed Amendment:

Minnesota Session Laws 2008, Chapter 348, Sec. 4. [147E.10] PROTECTED TITLES.

Subdivision 1. **Designation.** (a) No individual may use the title "~~registered naturopathic doctor~~", "~~naturopathic doctor~~," "~~doctor of naturopathic medicine~~", "registered doctor of naturopathic medicine," or use, in connection with the individual's name, the letters ~~R.N.D. or "N.M.D."~~, "R.D.N.M" or any other titles, words, letters, abbreviations, or insignia indicating or implying that the individual is a registered ~~naturopathic doctor unless the individual has been registered as a registered naturopathic doctor according to this chapter under this chapter.~~ The use of the title and terms "naturopathy", "naturopathic", "naturopath," "traditional naturopath," "naturopathic practitioner," or "traditional naturopathic practitioner," or any other title or term not otherwise prohibited by law shall not be restricted, protected, or regulated under this chapter.

4. Naturopathic Physical Medicine Definition Proposed Deletion:

Minnesota Session Laws 2008, Chapter 348, Sec. 1. [147E.01] DEFINITIONS.

~~Subd. 11. **Naturopathic physical medicine.** "Naturopathic physical medicine" includes, but is not limited to, the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic nonionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, hydrotherapy, massage, stretching, colon hydrotherapy, frequency specific microcurrent, electrical muscle stimulation, transcutaneous electrical nerve stimulation, and therapeutic exercise.~~

5. Complementary and Alternative Health Care Practices Definition Proposed Addition:

Minnesota Session Laws 2008, Chapter 348, Sec. 1. [147E.01] DEFINITIONS.

Subd. 12. Complementary and Alternative Health Care Practices has the same meaning as defined in MN Stat Chapter 146A, Subd. 4

2b. Naturopathic Medicine Definition Proposed Amendment:

Minnesota Session Laws 2008, Chapter 348, Sec. 1. [147E.01] DEFINITIONS.

Subd. 10. **Naturopathic medicine.** "Naturopathic medicine" means a system of primary health care for the prevention, assessment, and treatment of human health conditions, injuries, and diseases that uses:

- (1) services, procedures, and treatments as described in section 147E.05; and
- (2) natural health procedures and treatments in section 146A.01, subdivision 4.
- (3) complementary and alternative health care practices including but not limited to naturopathy that do not require registration and are also provided under chapter 146A.

**MNANP Recommendations for the Naturopathy Work Group
November 18, 2008**

H.F. No. 1724, Section 12 requires the Naturopathy Work Group to “develop recommendations and proposed legislation, as necessary, on regulating naturopathic practitioners who are practicing as naturopathic medical doctors and who have postgraduate degrees in naturopathic medicine.” Six issues are required to be addressed in the recommendations. The Minnesota Association of Naturopathic Physicians (MNANP) requests that the Work Group adopt recommendations in accordance with the following:

(1) Level of regulation for practitioners with a postgraduate degree in naturopathic medicine

As indicated in 147E, registered naturopathic doctors shall practice autonomously to the limits of their scope of practice. The MNANP recommends the practice of naturopathic medicine be governed by the requirements and limits set out in 147E and by regulations prepared by the Registered Naturopathic Doctor Advisory Council and approved by the Board of Medical Practice. The regulations should adhere to the registration standards and scope of practice provided by 147E and provide further detail regarding the procedures of the Registered Naturopathic Advisory Council in carrying out duties listed in 147E Subd. 3.

(2) Definitions to ensure the distinction between naturopathic medicine and traditional naturopathy

Definition of Naturopathic Medicine

Naturopathic medicine is defined in 147E.01 Subd. 10 and the MNANP recommends this definition be maintained. Registered doctors of naturopathic medicine are limited to those who meet registration requirements set out in 147E including completion of an approved naturopathic medical education program and passage of a national naturopathic licensing examination.

Traditional naturopathy is not currently defined in Minnesota law, and is not defined by other states providing licensure or registration for naturopathic doctors or physicians. Naturopaths protected under 146A do not have U.S. Department of Education recognized training. These practitioners are not required to pass a standardized examination to demonstrate their skills and knowledge.

Both the naturopaths protected under 146A and MNACAP have proposed to amend the definition of naturopathic medicine in 147E.01 Subd. 10 to include language stating that complementary and alternative health care practices described in 146A.01 Subd. 4 are in the public domain, and may be practiced by unregistered and unlicensed natural health practitioners. It is a matter of consumer protection to define the practice of naturopathic medicine and its scope. Listing practice modalities in Statue 147E does not prevent others from using those modalities in their work under 146A.

Protected Titles

Naturopaths protected under 146A and MNACAP suggest title protection be limited to “registered doctor of naturopathic medicine” and “R.D.N.M.” They also suggest a number of titles be maintained in the public domain.

The purpose of 147E is to clearly define and protect a title and scope for registered naturopathic doctors. Those eligible for registration under 147E receive degrees from naturopathic medical schools accredited both regionally and nationally under the purview of the U.S. Department of Education. These programs lead to the Doctor of Naturopathic Medicine (N.D. or N.M.D.) or Doctor of Naturopathy (N.D.) degrees; the protected titles should reflect the educational degree achieved. Assigning 147E registrants abbreviations such as “RNMD” serves only to confuse consumers of natural healthcare.

Furthermore, it is not the purpose of 147E to define or protect titles for naturopaths protected under 146A. The term “naturopath” has been kept in the public domain under 147E. This was a compromise worked out with the various groups working under 146A earlier in the legislative process.

Naturopathic Physical Medicine

Naturopaths protected under 146A and MNACAP propose that the definition of naturopathic physical medicine be deleted from 147E.

Naturopathic physical medicine is part of the practice of naturopathic medicine and serves to describe its therapeutic approach. As part of a practice act, the parameters of the scope of practice of naturopathic medicine must be defined and clearly established within this law. It is important, therefore, that the definition remain. Including the definition of naturopathic physical medicine in 147E does not restrict others from using these modalities in their own work.

Complementary and Alternative Health Care Practices

Naturopaths protected under 146A and MNACAP propose to add the definition of Complementary and Alternative Health Care Practices as written in 146A Subd. 4.

The MNANP asserts that this is unnecessary. This proposal would also impact definitions of all other health care practitioners regulated by the state, such as medical doctors, doctors of osteopathy, doctors of chiropractic, physician assistants, nurse practitioners, licensed practical nurses, licensed acupuncturists, nurse midwives, lay midwives, physical therapists, dietitians, massage therapists and so on.

(3) Level of education and training required of naturopathic physicians, and credentialing of postgraduate educational programs

Education and training required of registered naturopathic doctors as well as credentialing of postgraduate educational programs are defined in 147E, and the MNANP recommends these definitions be maintained.

MNACAP suggests that a review of 147E's education, testing and accreditation standards is needed. MNACAP expresses concern with coursework offered at "approved naturopathic medical education programs," per the definition in 147E.01 Subd. 3.

The legitimacy of naturopathic medical education programs is evaluated by the U.S. Department of Education recognized accrediting agency, the Council on Naturopathic Medicine (CNME). The CNME has 30 years of experience in evaluating naturopathic medical education. Furthermore, other states offering licenses or registrations to naturopathic doctors rely on the CNME's expertise. The MNANP recommends the current law, which recognizes the CNME as the appropriate body to evaluate and accredit naturopathic educational programs be maintained. MNACAP is also concerned with the adequacy of the 25 hour annual continuing education requirement. A survey of other states providing for naturopathic doctor licensure or registration suggests that 25 hours annually is adequate, and turns up several states that require even less continuing education. The MNANP recommends the 25-hour annual continuing education requirement be maintained.

(4) Scope of practice of naturopathic physicians

The scope of practice of naturopathic doctors is defined in 147E, and the MNANP recommends the definition be maintained.

MNACAP recommends several deletions to the scope of practice detailed in 147E.05 be adopted. The MNANP asserts that in order to protect the public, the parameters of the scope of practice of naturopathic medicine need to be clearly established within this law. These practices reflect the practice of naturopathic medicine and comprise naturopathic medical training from federally accredited, 4-year, residential naturopathic medical schools. Therefore, it is important that the language remains. Furthermore, nothing in Minnesota Statute 147E prohibits or restricts others from utilizing these modalities in their own work.

MNACAP also emphasizes that they feel hospital admissions privileges are not a scope of practice issue, and should be included in a separate section of 147E, the definitions section 147E.01. The MNANP asserts that hospital admitting privilege is, indeed, a scope issue, and belongs in 147E.05.

(5) Appropriate regulatory authority

The MNANP recommends the Registered Naturopathic Doctor Advisory Council regulate naturopathic doctors, with the Board of Medical Practice approval of regulations.

(6) Any other regulatory requirements deemed necessary

In response to proposed legislative intent language, it was stated in the October 14th, 2008 naturopathic doctor working session meeting by the MMA lobbyist attendee, Sarah Noznesky, experience has been that a preamble is more commonly used in the Senate, but rarely used in the House. Furthermore, even if used, it often never passes.

The revisor's office has been consistent in recommending that legislative intent is not to be included in bill language so that every word in legislation be weighed as relevant.

In response to the proposed model language for future licensing by naturopaths protected by 146A, 147E as written in statute is not a licensing bill. The MNANP has no proposed licensure requests.

In conclusion, many of the proposed amendments, as well as variations of those amendments, from the naturopaths protected under 146A and MNACAP, were addressed in the 2008 legislative session, either in conversations between the groups and with legislators or as proposed amendments. MN Statute 147E was heard before 12 committees and 3 floor sessions. Proponents were advised on bill language by the revisor's office and by both House and Senate Legal Counsel. Delegates for the Minnesota Association of Naturopathic Physicians fully support MN Statute 147E as passed. We would like to reiterate that we fully support Minnesota Statute 146A and always have. We thought the discussions were productive and thank the Legislature for the process of putting together the Naturopathy Work Group (all stakeholders) to discuss everyone's concerns. We are assured that Minnesota Statute 147E does not impact anyone practicing under 146A, either now or in the future.

Minnesota Department of Health
October 14, 2008

**MDH Proposed
Statement of Legislative Intent:**

The legislature finds that it is appropriate to credential naturopathic physicians by means of a registration system as defined in Minn. Stat. §214.001, subd. 3. (3).

It is the intent of the legislature to restrict to those practitioners who have met the qualifications and requirements set forth in this chapter exclusive use of the protected title designated in section 147E.10.

Practitioners of naturopathic medicine use both conventional medicine practices and complementary and alternative healing methods and treatments. Nothing in this chapter is intended to prohibit or restrict the practices or practitioners of traditional naturopathy, the provision of such services, the practices or practitioners of other complementary and alternative healing methods and treatments described in chapter 146A, or the use of titles or terms that include the words “naturopathy,” “naturopathic” or “naturopath” or any other title or term not otherwise prohibited by law.

**Traditional Naturopath Work Group Delegates
Suggested Legislative Intent language**

The legislature finds that it is appropriate to credential naturopathic physicians by means of a registration system as defined in Minn. Stat. §214.001, subd. 3. (3). It is the intent of the legislature to restrict to those practitioners who have met the qualifications and requirements set forth in this chapter exclusive use of the protected titles designated in section 147E.10. Nothing in this chapter is intended to prohibit or restrict the practices or practitioners of naturopathy, the provision of such services or the practices or practitioners of other complementary and alternative described in chapter 146A or the use of titles or terms such as: “naturopathy”, “naturopathic” “naturopath,” “traditional naturopath,” “naturopathic practitioner,” or “traditional naturopathic practitioner,” or any other title or term not otherwise prohibited by law.

MNACAP practitioners suggested Legislative Intent language:

Practitioners of naturopathic medicine use both conventional medicine practices and complementary and alternative practices to healthcare. This Statement of Legislative Intent is included to reduce possible confusion about these two types of practices. The intent of the Legislature is to ensure the public is protected by registered doctors of naturopathic medicine who practice naturopathic medicine which includes invasive medical procedures registered under Minn. Stat 147E. Registered doctors of naturopathic medicine and unregistered, unlicensed complementary and alternative practitioners also practice complementary and alternative practices which are non-invasive and cause no harm, under Minn. Stat. 146A. By registering doctors of naturopathic medicine, the Legislature does not intend to restrict naturopaths, homeopaths, and other practitioners practicing under Minn. Stat. 146A.