

Licensing Naturopathic Doctors in North Carolina

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Abstract

House Bill 692, “Enact Naturopathic Doctors Certification Act,” was filed with the North Carolina General Assembly on April 10, 2017. Naturopathic licensure is an important step towards addressing the epidemic of chronic illness and reducing healthcare costs in the United States. Naturopathic doctors provide the missing component of an integrated healthcare team devoted to a holistic approach in treating the patient in a way that is safe, affordable and evidence-based. House Bill 692 is seeking legislation within an environment of social, political, ethical and economic dynamics. Proponents of naturopathic licensure include naturopathic doctors, some naturopathic organizations, dietary supplement companies and integrative medicine health professionals. Proponents feel that naturopathic licensure will result in a safer practice, greater patient outcomes, and desired provider-patient relationships. Opponents include members of the mainstream medical community, pharmaceutical companies, and some naturopathic doctors. Opponents are concerned with the lack of evidence-based practice, increased competition, and the medical community’s lack of training necessary to implement an integrated approach. Nurses are well-poised to integrate naturopathic therapies but require additional training and face ethical dilemmas. Despite the obstacles, an integrated approach makes full use of the skills of different members of a healthcare team in treating all aspects of patient health. Licensure of naturopathic doctors will bolster practice credibility, provide research funding and increase affordable access to naturopathic medicine.

Licensing Naturopathic Doctors in North Carolina

Introduction of Problem/Issue and Related Bill

Introduction

House Bill 692, “Enact Naturopathic Doctors Certification Act” was filed with the North Carolina General Assembly on April 10, 2017. The purpose of the bill is to “establish certification and education standards for the practice of naturopathic medicine” (H. 692, 2017). Additionally, the Advisory Council to the Board and the North Carolina Naturopathic Doctors Certification Board would be created to administrate the certification of naturopathic health practitioners (H. 692, 2017).

Sponsors and Current Status of the Bill

On April 11, 2017, the bill passed its first reading and was referred to the Committee on Finance. If the Committee on Finance approves, then the bill will pass on to the Health Committee, and pending approval, continue on to the Committee on Regulatory Reform. (“House Bill 692”, 2017)

Primary sponsors of the bill are Collins, Fisher, Lambeth and Dollar. Other sponsors include Boswell, Carney, Cunningham, Farmer-Butterfield, Holley, Bert Jones, Meyer, Reives, B. Richardson, Setzer, Stevens, and Wray (“House Bill 692”, 2017). Collins (Republican) sits on six committees (Insurance, Energy and Public Utilities, Pension and Retirement, Environment, Finance (Vice Chairman) and State Personnel) and “is the primary sponsor of 317 bills” (“Jeffrey Lynn Collins”, n.d.). Susan C. Fisher (Democrat) sits on seven committees (Appropriations, Education; State and Local Government I; Appropriations; Elections and Ethics Law; Judiciary II; Alcohol Beverage Control (Vice Chairman); and Aging) and has served as primary sponsor of 1344 bills. (“Susan C. Fisher”, n.d.) Donny Lambeth (Republican) sits on 10 committees

(including Insurance, Health Care Reform (Chairman), Health (Chairman), and Appropriations (Chairman)) and has served as primary sponsor for 409 bills. (“Donny Lambeth,” n.d.). Nelson Dollar sits on 12 committees (including Insurance, Finance (Vice Chairman), Health Care Reform (Chairman), Health (Chairman), and Appropriations (Senior Chairman)) and has served as the primary sponsor for 434 bills. (“Nelson Dollar”, n.d.)

House Bill 692 is early on in its journey to become law. If it passes successfully through the designated committees, the bill would then be slated on the calendar for consideration by the entire House. At this time, the bill would be discussed and voted on through its second and third readings. If still successful, the Senate will undertake a similar process with the bill. If amendments are made, both the Senate and House will have to agree and a committee may be formed to bring resolution. Once a final copy of the bill can be decided, the bill is enrolled and ready to be signed into law by two presiding officers, and possibly, the governor. (“How a Law”, n.d.)

A concurrent, nearly identical bill, Senate Bill 258, is in process in the Senate and has passed the first reading and been referred to the Committee On Rules and Operations of the Senate (“Senate Bill 258”, 2017). The key difference between H692 and S258 is that H692 mandates the inclusion of the Advisory Council (The North Carolina Medical Society, 2017b).

Background/Significance and Scope of the Problem

Historical Information

Dating back to the 1920s, Oregon and Washington were among the first states to license naturopathic doctors (Albert, 2009). Several factors positively influence states to license naturopathic doctors (NDs), including geographic proximity to other licensing states, “active associations of NDs supporting legislative efforts, a large number of NDs obtaining out-of-state

licenses, and recognition as legislative innovators” (Albert, 2009, n.p.). To date, 20 states, the District of Columbia, Puerto Rico U.S. territories and the Virgin Islands have passed regulations for naturopathic doctors. Naturopathic doctors in these states must complete accredited naturopathy schooling, pass the Naturopathic Physicians Licensing Examination Board (NPLEX) and complete continuing education activities. (American Association of Naturopathic Physicians, 2017). (Appendix A, “Regulation of Naturopathic Doctors in the United States,” graphically represents national progress towards regulation of NDs.)

Proponents have tried to pass naturopathic doctor licensure requirements for several years. In the past, the Coalition for Natural Health and American Naturopathic Medical Association (ANMA) have successfully prevented legislative attempts towards licensing NDs in North Carolina (Chandler, n.d.). In 2011, SB 467, the Naturopathic Licensing Act, was introduced in the North Carolina legislature. At the time, the bill could have provided licensing for thirty naturopathic doctors. However, after lengthy discussion, the bill was set aside after many in the medical community (“including Oncologists, Family Physicians, Chiropractors and Physical Therapists”) expressed disapproval (The North Carolina Medical Society, 2017a, n.p.). In 2015, another attempt at N.D. licensure was made under House Bill 913 and Senate Bill 118 (Hermes, 2017).

Issues at Stake

There are approximately 4,400 licensed naturopathic doctors within the United States (Robbins, 2016). Consumer interest in naturopathic healthcare has increased in recent decades with a reported 42 percent US consumers in 1997 having utilized CAM. Often patients turn to alternative healthcare option because they feel that conventional healthcare is too narrowly focused and not truly concerned with patient welfare. (Silva & Ludwick, 2002) . “According to

the 2007 National Health Survey, 38 percent of adults and 12 percent of children have used some form of non-allopathic health care.... Patients often see out health solutions on their own, ... by adding complementary methods to doctor-prescribed allopathic treatments” (Sharf, Geist Martin, Cosgriff-Hernandez, & Moore, 2011, p. 434). Naturopathic medicine shows great promise in addressing chronic illness and rising healthcare costs in the U.S. However, there are social, economic, political and ethical considerations in regards to practicing naturopathic medicine and licensing naturopathic doctors.

Social, Economic, Political and Ethical Considerations

Social considerations. Naturopathic medicine is a key player in tackling the current issue of chronic disease in the United States. Licensing naturopathic doctors is likely to increase the availability and practice of naturopathic medicine. Licensure of naturopathic doctors may allow services to be covered under the Affordable Care Act. Health disparities between income levels in the population may decrease and lead to greater overall health in the population.

Integrating naturopathic medicine with conventional medicine is uniquely poised for success at this time. Patient empowerment through access to plethora of medical knowledge and resources has influenced patients towards managing their own healthcare. Patients desire choices and view healthcare providers as partners. Resources for greater collaboration between healthcare providers are becoming available, particularly with the advent of health information technology systems and applicable government funding.

Political considerations. The government is not only involved in licensure requirements for naturopathic doctors, but also influential in regulating treatments, particularly the safety of dietary supplements. One of the key reasons for the need to NDs to be licensed is so that trained

professionals can prescribe supplements that are safe and effective for consumers. NDs receive specialized training in this regard in contrast with the conventional training for medical doctors.

The governmental agencies, particularly the FDA, must proactively enforce regulations providing for the safety of supplements. Unfortunately, the FDA is funded by the pharmaceutical companies who have little interest in supporting their competition found in the supplement industry. Pharmaceutical companies pay the FDA to review their products. However, on dietary supplements, the FDA includes a disclaimer that the supplement is not intended to treat disease. (“What is a Vitamin”, 2017) The FDA’s website provides resources about supplements for consumers to research, but overall, does little to encourage their use or support their efficacy. (U.S. Food & Drug Administration, 2017). In contrast, Finch argues that increased regulation of the supplement industry might be exactly what the pharmaceutical companies desire. If supplements were regulated like pharmaceuticals, the supplement industry would be required to cut through the same red tape of licensing and clinical trials before supplements could be made available to the consumer. (Finch, 2008)

The FDA is empowered to stop sales of any supplement that is not safe, includes false claims on its label, or could cause harm to consumers. (Alliance for Natural Health USA, 2012) However, the “FDA is not authorized to review dietary supplement products for safety and effectiveness before they are marketed” (U.S. Food & Drug Administration, 2017, n.p.). The FDA requires dietary supplement companies to review their manufacturing practices to ensure the safe production of their supplements (Consumer Healthcare Products Association, n.d.b).

In 2015, Senator Hatch and Senator Heinrich wrote a letter to Attorney General Lynch requesting greater initiative on the part of the FDA in investigating and penalizing companies that unlawfully include active pharmaceutical ingredients (and their analogues) and anabolic

steroids in their dietary supplements. Senator Hatch and Senator Heinrich point out the inadequacy of the FDAs warning letters and soft approach in curtailing illegal activities in the supplement industry. (Consumer Healthcare Products Association, n.d.a). Many of the illegal ingredients are found in supplements supporting sexual enhancement, bodybuilding or weight loss (Consumer Healthcare Products Association, n.d.b).

The Federal Trade Commission is responsible to end false advertising of products and also involved with dietary supplement legislation. Government legislation has included the 1990 Nutrition Labeling and Education Act (1990), Dietary Supplement Health and Education Act (1994), Nonprescription Drug Consumer Protection Act (2006), Food and Drug Administration Modernization Act (2007), Dietary Supplement Current Good Manufacturing Practices (2007), and the Food Safety Modernization Act (2010). (Alliance for Natural Health USA, 2012)

Economic considerations. Naturopathic care can be cost-prohibitive for patients since insurance does not not always cover naturopathic services. Patients may have to pay for CAM out-of-pocket without insurance coverage, even if the treatment is integrated with conventional medicine. Contracts need to be established with insurance companies and billing codes created for covering CAM services. Perhaps licensing naturopathic doctors will make insurance coverage more attainable since the services and standards will be more universal. The Affordable Care Act could also propel the use of naturopathic medicine through providing insurance coverage for its services, especially for lower income populations.

Naturopathic medicine can help save the healthcare system money because practitioners start with smaller interventions first. (Fleming & Gutknecht, 2010) Naturopathic medicine can sometimes offer the same benefits without side effects and for a lower cost. (Fleming &

Gutknecht, 2010) Naturopaths are seeking to increase their scope of practice and receive reimbursement from Medicare. (Robbins, 2016)

The supplement industry helps fund these legislative initiatives towards naturopathic doctor licensure because of their vested interest in the naturopathic doctors who prescribe their supplements. (Robbins, 2016) Many dietary supplements companies were part of the 270,000 given to the AANP in 2016. Emerson Ecologics alone donated \$50,000. In 2015, Emerson donated \$10,000 in the hopes of moving Michigan's legislature towards licensing naturopathic doctors. (Robbins, 2016)

Government focus on patient health outcomes requires a careful look at patient perspectives of their healthcare experiences. The Office of Dietary Supplements provides funding for research in dietary supplements (National Institutes of Health: Office of Dietary Supplements, n.d.), although more research is needed. Integrative healthcare companies stand to gain financially from government reimbursement and satisfied consumers. Patient use of naturopathic medicine is rising and healthcare companies must rise to meet this demand.

Ethical considerations. Ethical issues related to CAM include “safety, scope of practice and cultural diversity” (Silva & Ludwick, 2002, n.p.). The nurse's responsibility for patient safety is delineated in the American Nurses Association's Code of Ethics. In particular, the safety of dietary supplements bears under much scrutiny. Dietary supplement companies can easily misconstrue the capabilities and intended consumer of their products through creative labeling. The FDA does not verify the daily value claims on supplements and the manufacturer may have largely included cheaper instead of costlier ingredients. Furthermore, some consumers are unaware of the risks associated with large doses of dietary supplements and the effects supplements can have on diagnostic lab results. Nurses can play a key role in pressuring the FDA

to increase its regulation of the supplement industry and reporting inaccurate labels on supplements. Ethical guidance for nurses utilizing CAM has been provided by the Royal College of Nurses and the American Holistic Nurses Association. CAM raises ethical issues when both the patient and nurse are put at risk by a nurse's lack of training to both practice CAM and deal with patient improperly self-treating with CAM. CAM also requires clear communication within the healthcare team regarding treatments each health professional is employing. In regards to cultural diversity, the patient's perspective of healthcare and preferred treatment options is influenced by their culture and sometimes does not line up with conventional medicine. In such situations, medical staff must seek to find points of commonality, connect through shared values and compromise with the patient in devising a healthcare plan. Lastly, nurses must be cognizant of ethical justice provided for patient access to CAM therapies, regardless of income level. (Silva & Ludwick, 2002)

Ethical issues can extend beyond whether naturopathic care is truly beneficial to the patient. MacDonald and Gavura explore both the positive and negative commercial ethics of selling naturopathic care. Complementary and alternative care [CAM] do positively provide for "consumer (and vendor) autonomy... [and] diversity and competition within the healthcare sector" (2016, p. 77). Since individual consumers vary in the types of treatments necessary and their effectiveness, choices in healthcare are ethical commercially. CAM provides alternatives to mainstream healthcare modalities and therefore generates healthy competition. However, MacDonald and Gavura pull principles from business ethicists John Hasnas and Joseph Heath to support their belief that selling CAM is unethical. MacDonald and Gavura point out that ethical commerce requires "a product that works", consumer understanding of the product, "honesty on the part of sellers", and that third parties not involved in the sale "are not harmed" (2016, p. 81).

The authors claim that the lack of evidence of the benefit of CAM should even prevent vendors from “recklessly” selling it (2016, p. 82). Furthermore, vendors are taking advantage of how little consumers understand about CAM. Lastly, third parties may be put at risk by consumers opting out of vaccines in favor of homeopathic preventive medicine. (MacDonald & Gavura, 2016)

Proponent and Opponent Arguments

Proponent Views Supporting Naturopathic Doctor Licensing

Proponents of naturopathic licensure include naturopathic doctors, some naturopathic organizations, dietary supplement companies and integrative medicine health professionals. Proponents of licensure feel that it will bring more ND’s to the state, reduce healthcare costs, improve health through preventative care, and provide patients with a more intimate provider-patient experience resulting in closely adapted healthcare plans. Licensure will hopefully prevent illegitimate NDs from practicing and causing patient harm and rather ensure they are properly prepared and trained, provide consumer confidence in the capabilities of the ND and locate qualified practitioners. Licensing ND’s will provide opportunity for greater partnership and collaboration with medical doctors towards greater patient outcomes. (Carolinas Natural Health Center, n.d.)

Safe naturopathic practice. “Licensing laws for NDs increase public safety by ensuring consistency of education, professional standards, compliance with public health standards, appropriate regulation, and currency of continuing education. In states and territories that do not have ND licensing laws, there has been an emergence of unqualified practitioners who did not graduate from appropriately accredited naturopathic medical schools. Licensure in all areas will

protect patients by ensuring that the providers they choose have an education in safe practice of naturopathic medicine.” (Fleming & Gutknecht, 2010,n.p.)

Greater patient outcomes. Naturopathic medicine’s focus on nutrition and prevention could help address the obesity, diabetes and heart disease epidemics in the United States at significant healthcare cost savings. “The Center for Disease Control and Prevention (CDC) determined that poor diet and physical inactivity caused 15.2% of all deaths in the U.S. in the year 2000, and may soon overtake tobacco as the leading cause of death. It has been estimated that better nutrition could reduce the costs of heart disease, cancer, stroke and diabetes by an estimated \$71 billion each year” (Fleming & Gutknecht, 2010, n.p.) Naturopaths fill a void for chronic disease management where conventional medicine is failing. “Within the licensed states of Washington and Connecticut, 75% of all visits to NDs were for chronic conditions, 20% were for acute conditions, and 5% were for wellness/preventive purposes” (Fleming & Gutknecht, 2010, n.p.) Licensing NDs might lead consumers to use CAM more often.

Some medical doctors discourage the use of supplements resulting in negative health outcomes when the patient discontinues using supplements that were improving his condition. Getoff mentions the harm caused patients through conventional medicine, citing that between 120,000 to 160,000 persons die yearly from medications correctly prescribed. Furthermore, he points out that traditional [naturopathic] medicine is rooted in thousands of years of practice in contrast with modern medicine’s history of only around 200 years. (Getoff, 2013)

Provider-patient relationships. Positive provider-patient relationships are key to patient satisfaction and positive health outcomes. “Patients are increasingly seeking out NDs for many reasons, including wanting a holistic approach that addresses the root of the problem, wanting more time and attention, having not been helped by conventional care, and having had a previous

positive experience with an ND” (Fleming & Gutknecht, 2010,n.p.) “There is overwhelming evidence that effective physician-patient communication is associated with improved patient health outcomes” (Fleming & Gutknecht, 2010,n.p.) Patient control in healthcare meshes well with the philosophy of naturopathic medicine.

Opponent Views Against Naturopathic Doctor Licensing

Groups opposing naturopathic doctor licensure or practice include constituents of the medical community, pharmaceutical industry, and some naturopathic doctors. Opponents of naturopathic licensing present the arguments of low consumer demand for naturopathic doctors, disparities in training between naturopathic doctors and medical doctors, lack of evidence of the efficacy of naturopathic treatments and risks of treatment. Opponents also feel that naturopaths turn patients away from necessary medical care provided by conventional healthcare. Opponents are disgruntled that government funds may be used to reimburse naturopathic doctors once they are licensed (Bellamy, n.d.)

Medical community. Medical doctors’ employment contracts, insurance company requirements, the pharmaceutical companies vested interest in prescribed drugs are all reasons why many doctors do not prescribe complementary and alternative medicine. Medical schooling prepared doctors to use drugs for treatment (“Why Doctors Do Not Prescribe,” n.d.) and medical doctors are sometimes reticent to prescribe supplements due to lack of naturopathic training (“Health Practitioners”, 2010). Another issue is that naturopaths do not always discourage people who choose to no longer receive mainstream medical care. (Robbins, 2016) The North Carolina Medical Society is against the House Bill 692 (The North Carolina Medical Society, 2017c). The American Medical Association and the Journal of the American Medical Association have

actively opposed naturopathic doctors, particularly during the first half of the 1900s (Chandler, n.d.).

Lack of evidence-based practice. Bills advocating for licensing of naturopathic doctors are often torn down by the medical community believing that naturopathic medicine lacks evidence of medical benefit. (Robbins, 2016) “A recent review of 176 studies that examined more than 60 diseases and illnesses found no health condition for which homeopathy was any better than a placebo. (Of course, the placebo effect can be a potent force in reducing pain and boosting energy, which could help explain the enduring consumer interest in naturopathic treatments.)” (Robbins, 2016, n.p.) Naturopathic medical research is discussed later in this paper, but faces several challenges and does not fit into the classic random control study design.

Pharmaceutical companies. Pharmaceutical companies have impeded research of naturopathic therapies because they fear loss of income (Getoff, 2013). Medical doctors do not often prescribe dietary supplements because the pharmaceutical companies help fund the medical business. Hospitals, medical schools and medical research are all funded by pharmaceutical companies. Pharmaceutical companies compete with dietary supplement companies for consumer dollars. Research initiatives for the benefits of dietary supplements are not easy to fund because an “exclusive selling license” cannot be used for “substances found in nature” (“What is a Vitamin”, 2012). Any other dietary supplement company could use the research and sell the dietary supplement perhaps at a lower cost (“What is a Vitamin”, 2012).

Naturopathic doctors. Not all naturopathic doctors support licensure. Some naturopathic doctors oppose licensing because they feel they will not be able to practice traditional methods and consumers will no longer have as many healthcare options (Chandler, n.d.). Requiring a license alienates anyone who does not fit into the requirements of a certain

group of practitioners and creates a sort of monopoly. Getoff, a traditional naturopathic doctor, points out the difference between traditional naturopathic doctors and medical naturopaths who would like to have a scope of practice closer to medical doctors. He argues that licensing naturopaths with an increased scope of practice prohibits all other naturopaths from practicing and actually be detrimental to the practice of traditional methods. The author feels that naturopathic doctor licensure would be acceptable as long as traditional unlicensed naturopathic doctors were allowed to continue practice and utilized patient waiver forms; or, doctors could be licensed both as medical doctors and as naturopathic doctors. (Getoff, 2013) According to the author, “healing is far more of an art than a science” (Getoff, 2013, p. 150).

Nursing’s OR Human Services Perspective

Nursing Perspectives

Healthcare providers are divided over whether CAM should be integrated into the mainstream healthcare setting. Because of their proximity to the patient, nurses in particular must consider how to either include or exclude CAM in their practice. Nurses can play a vital role in observing patients for possible interactions between natural and prescribed treatments and also ensuring patients inform medical staff of the treatments they are currently using. Some nurses feel that CAM should not be included in patient treatment because most nurses are not properly trained to administer it. Furthermore, training is problematic due to the variety of naturopathic perspectives and lack of evidence for the benefit of CAM. (Gardenier, Woods, & Earp, 2016)

Sparber reports on the State Boards of Nursing (BONs) regulations for registered nurses choosing to incorporate CAM in patient care. “Though employers have a role in the safe practice of complementary therapies by nurses, it is the BON that protects the public through licensure and practice acts” (Sparber, 2001, n.p.). Evidence suggests that licensing CAM propels its use by

healthcare providers and registered nurses. “Anecdotal reports indicate that although some may consider these therapies as questionable, professional nurses who use these modalities report that patients do experience an increased level of comfort and well being after experiencing these therapies” (Sparber, 2001, n.p.). Patients at CentraCare Health in St. Cloud, MN, can now request the use of lavender essential oil, a commonly used alternative therapy. Patient satisfaction plays a key role in government reimbursement (J. Gulbranson, personal communication, 2017). Hospitals and clinics should seek ways to incorporate healthcare trends that provide for greater patient choice in treatment options.

Increasingly since the early 1990s, BONs have taken a more active role in creating policies on the use of CAM by registered nurses. Sparber’s report on fifty-three BONs indicated that 47 percent of BONs had policies addressing specific CAM therapies, 13 percent were having discussions about CAM policies, and 40 percent had not yet developed policies (though were not specifically opposed to using CAM). Nursing philosophy seems to fit easily with complementary care of patients that is non-invasive. Many states expressed the need for nurses to be adequately trained in providing these therapies. Appendix C lists out types and examples of CAM noted by state BONs. A fifth category, “biologically-based treatments” was not included in the table (Sparber, 2001, n.p.). The topic of prescribing supplements was not addressed in the study. (Sparber, 2001)

“Nurses should become aware of their state’s position regarding complementary therapy and take appropriate action to facilitate the integration of therapies into their work environment” (Sparber, 2001, n.p.). “Currently, there is national recognition of nurses’ leadership, and their ability to act as gatekeepers for consumers. It is essential that nurses use this front line position to enhance the safe and effective use of complementary therapies” (Sparber, 2001, n.p.).

Personal View

An integrated, collaborative approach best addresses the needs of the patient as a whole person. An integrative approach may be accomplished through dual licensures in both conventional and naturopathic medicine, or through collaboration of staff each licensed in their area of expertise. Naturopathic doctors wishing to assume a specific professional title should be licensed by the state's rigorous training requirements which fully qualify them for their defined scope of work. Others who wish to practice naturopathic medicine may do so, but not under a professional title denoting the qualifications of licensure. New research models and more funding is necessary to provide the evidence-based practice resources for naturopathic care. Funding may become more available from supplement companies, insurance companies, and the government as licensing of naturopathic doctors gains prevalence, insurance begins to cover naturopathic care, and supplement manufacturers are forced to provide government agency approved supplements. Naturopathic care holds incredible potential in treating the issue of chronic disease and rising healthcare costs in the U.S.

ND training. Licensed naturopathic doctors undergo rigorous training to prepare them to be experts in their scope of work. Students can choose from seven naturopathic medical schools in the United States or Canada where they will study for four years at the doctoral level. They will receive 2,580 to 3,270 hours of didactic instruction and participate in clinical instruction for 1,200 to 1,500 hours. The U.S. Department of Education and the Council on Naturopathic Medical Education accredit the medical schools and the the Association of Accredited Naturopathic Medical Colleges works to uphold strong standards of education. (Fleming & Gutknecht, 2010, n.p.)

Candidates for admission to naturopathic medical school are required to hold a baccalaureate degree, and to have completed all standard premedical undergraduate course work prior to matriculation. The first 2 years of naturopathic medical education focuses on basic and diagnostic sciences including anatomy, physiology, biochemistry, histology, pathology, embryology, neuroscience, immunology, pharmacology, physical and clinical diagnosis, and laboratory diagnosis. The final 2 years of naturopathic medical education focuses on clinical sciences and practicum. Course work specific to naturopathic medicine is woven throughout the program, which includes naturopathic theory, diet and nutrient therapy, botanical medicine, homeopathy, hydrotherapy, massage, naturopathic manipulation, therapeutic exercise, counseling, and case management. Some NDs receive additional training in related disciplines, such as midwifery, Oriental herbal medicine, or acupuncture.¹⁷ NDs may choose to specialize in certain populations, such as pediatrics, or certain modalities, such as homeopathy.

(Fleming & Gutknecht, 2010,n.p.)

Naturopathic doctors must also pass the NPLEX exam which is similar to those required for other healthcare professionals (Fleming & Gutknecht, 2010,n.p.).

ND scope of practice. “NDs are trained as primary care physicians with an emphasis in natural medicine in ambulatory settings. Their scope of practice varies by state and territory, but generally consists of the diagnosis, prevention, and treatment of disease by stimulation and support of the body's natural healing mechanisms. Standard diagnostic and preventive techniques used include physical examination, laboratory testing, and diagnostic imaging. NDs may employ additional laboratory tests and examination procedures for further evaluation of nutritional status, metabolic functioning, and toxicities. Treatment modalities used by NDs include diet and clinical

nutrition, behavioral change, hydrotherapy, homeopathy, botanical medicine, and physical medicine. Depending on the state, NDs may also be licensed to perform minor office procedures and surgery, administer vaccinations, and prescribe many prescriptive drugs.” (Fleming & Gutknecht, 2010,n.p.)

Naturopathic medical research. More research is needed to make full use of the potential of naturopathic medicine. “There are over 200 clinical trials testing the efficacy of homeopathic treatments, many of which have led to positive results. However, an inconsistency in methods, limitations, in sample sizes, as well as a lack of testing for single conditions, restricts pooling these results” (Fleming & Gutknecht, 2010, n.p.).

Several other factors exist. A study of “eight primary research articles and thirteen opinion publications” demonstrated “barriers to the conduct and application of research within [complementary and alternative medicine]” grouped under the “capacity” and “culture” (Veziari, Leach & Kumar, 2017). Capacity includes “access, competency, bias, incentives and time.” Culture includes “values” and system complexity of complementary and alternative medicine [CAM]. (Veziari, Leach & Kumar, 2017)

Many conventional healthcare providers do not fully engage CAM because of the lack of research to support evidence-based-practice. The complexity of a holistic, naturopathic approach makes it difficult to employ verifiable research methods used in conventional medicine. These barriers might be overcome by “dedicated access to research funding for CAM, fellowship opportunities for emerging CAM researchers and clinicians, embedding research as part of undergraduate training in CAM and improved access to ongoing continuous professional development opportunities for clinicians in the areas of EBP and research” (Veziari, Leach, & Kumar, 2017).

More research studies need to be completed to help NDs make healthcare decisions that are evidence-based and tailored to patient needs. Whole system research (WSR) might be a better research tool than random control studies (RCTs). WSR evaluates treatments within the context of the whole health system and is equally focused on both qualitative and quantitative measurements of effectiveness. (Fleming & Gutknecht, 2010, n.p.) As a result, WSRs might better gauge patient outcomes for the healthcare system in general. Naturopathic medical schools are involved in research projects, especially those related to elderly care and diabetes. (Fleming & Gutknecht, 2010, n.p.) “The National Center for Complementary and Alternative Medicine (NCCAM) and The Canadian Institutes of Health Research (CIHR) are substantial funding agencies for these projects” (Fleming & Gutknecht, 2010, n.p.).

The dietary supplement industry may provide increased funding for necessary research. Recommendations from healthcare providers is one of the most significant reasons for the growth of the dietary supplement industry. In a survey of “more than 600 naturopathic physicians, nutritionists, chiropractors, medical doctors and other healthcare practitioners”, “92% of naturopathic physicians surveyed said they sell supplements” (“Health Practitioners”, 2010, n.p.). Survey respondents listed several reasons for selling supplements directly to their patients, including additional income, ensuring the patient a quality product, “convenience”, ensuring “client compliance” in using the supplements, and easily monitoring for patient outcomes during supplement use (“Health Practitioners”, 2010, n.p.). Respondent’s perception of patient loyalty to recommended supplements was higher (60%) than the respondent’s perception of patient loyalty to supplement brand (41%). Respondents considered “[quality], product efficacy and supporting research” along with “[exclusivity]” of distributorship and “customer service” when selecting the supplement brands they sell (“Health Practitioners”, 2010, n.p.). Some respondents

sold their own brand of supplements (12%) (“Health Practitioners”, 2010). Increases in licensed naturopathic doctors and government efforts in quality control may increase revenues for the industry.

Integrative medicine. Engel’s biopsychosocial healthcare model is often cited as the idea that created the integrative medicine movement (Sharf, Geist Martin, Cosgriff-Hernandez, & Moore, 2011, p. 434). Integrative medicine allows for the marriage of both conventional and complementary and alternative care therapies in addressing patient needs. One example of an integrative medical center is the Integrative Medicine Program (IMP) , created in 1998, functioning from within an academic tertiary cancer hospital in Texas.

IMP’s integrative services include mediation, music therapy, nutrition, acupuncture, massage, expressive arts, yoga and other movement-based therapies, and more, which are available to patients, caregivers and family members. ...The educational component of IMP distributes ‘evidence-based information on complementary and alternative therapies to help patients and health care professionals decide how best to integrate such therapies into [their] care.’ IMP’s monthly lecture series, journal club, and research presentation seek to enhance discussion of clinically proven IM research within the hospital. The group also works with other local institutions to incorporate IM education as part of medical school training.’’ (Sharf et al., 2011, p. 435).

IMP health providers all use a shared patient record system and meet on a weekly basis to discuss patient situations to ensure that care encompasses all aspects of patient care, including “physical, social, psychological, and spiritual” (Sharf et al., 2011, p. 435). The meetings strikingly evidence respect not only for the patient as another human being, but also respect for each providers’ “contributions and abilities”. (Sharf et al., 2011, p. 436).

Integrative care can also be accomplished through referrals between offices of naturopathic doctors and medical doctors. Effective communication, accurate patient records, and a comprehensive philosophy to treating the whole patient are necessary components of a successful integrative approach. Challenges in integrative care involve lack of insurance coverage for naturopathic services, lack of perceived credibility in naturopathic treatments, and time constraints in scheduling collaboration between members of the healthcare team (Sharf et al., 2011).

Policy/Bill Recommendations

Bill Summary

The North Carolina state legislature recognizes that a lot of people use alternative medicine and that alternative medicine offers healthcare options. Naturopathic medicine has also developed into its own field. The bill is intended to protect citizens from malpractice by setting forth certification standards and defining the scope of practice for practitioners wishing to hold specific naturopathic doctor titles. (H. 692, 2017)

The bill delineates acceptable naturopathic medical educational programs prerequisite for certification in naturopathic medicine. In general, the program must be graduate-level specific to the vocation and be approved by the North Carolina Naturopathic Doctors Certification Board and accredited by the United States Secretary of Education. Certain exceptions are provided for training prior to the creation of the North Carolina Naturopathic Doctors Certification Board and training completed in Canada. (H. 692, 2017)

Key terms such as integrative, natural and naturopathic medicine are defined (see Appendix A, Section 90-732, “Definitions” 4-8). The naturopathic doctor’s scope of practice is outlined in Section 90-732. The naturopathic doctor has responsibilities similar to other

healthcare providers, but a more limited scope of practice. For example, a naturopathic doctor cannot prescribe legend drugs, use certain anesthetics or perform types of surgery. Although he is able to perform laboratory tests, he is restricted to varying degrees in ordering, performing and interpreting other diagnostic assessments, such as, X-rays, MRIs, echocardiograms, or nuclear imaging. (H. 692, 2017)

Section 90-734 states that certification be required in order to practice naturopathic medicine and lists out titles that may only be used by certified naturopathic doctors. Exceptions are included to allow for certifications acquired in other states, student clinical requirements, and vendors selling natural products (vendors must not claim to be naturopathic doctors). Lastly, violation of this section is classified as a Class 1 misdemeanor. (H. 692, 2017)

Sections 90-735 & 736 describe the creation and powers of the North Carolina Naturopathic Doctors Certification Board. The board is to consist of four certified naturopathic doctors, two physicians (one must either teach or practice integrative medicine), and a member not currently licensed, certified, registered or employed in the healthcare field. The board assumes oversight in most all activities involved in the certification of naturopathic doctors, including enforcing the bill, issuing/revoking certification, ensuring continuing education requirements are being met, assessing certification fees, and updating certification requirements. The board's "[d]isciplinary authority" and (legal immunity) is further outlined in Section 90-740. (H. 692, 2017)

Section 90-737, 738, 739 & 741, list requirements for obtaining, maintaining and reinstating certification as a naturopathic doctor. A naturopathic doctor must exhibit good character, possess a graduate degree from an approved institution, provide letters of referral from licensed physicians, and pass the Naturopathic Physicians Licensing Examination (NPLEX).

Criminal background checks are required. Certain licensure exceptions are again made for naturopathic doctors licensed in another state or Canada. The license must be renewed every two years and is contingent upon completion of continued education requirements. (H. 692, 2017)

Section 90-744, describes the creation and constituency of the Advisory Council to the Board. The Advisory Council will “develop recommendations to foster coordination and collaboration between naturopathic doctors, medical doctors, and other health care professionals for the purpose of providing appropriate care for patients” (H. 692, 2017). Members of the Advisory Council are to include two licensed physicians, two certified naturopathic doctors, one licensed pharmacist or pharmacologist and one licensed advanced practice registered nurse (H. 692, 2017).

Personal View

I support passing the bill in its entirety without revision. Naturopathic licensure is an important step towards addressing the epidemic of chronic illness and reducing healthcare costs in the United States. Naturopathic doctors provide the missing component of an integrated healthcare team devoted to a holistic approach in treating the patient in a way that is safe, affordable and evidence-based. Licensure of naturopathic doctors will bolster practice credibility, provide research funding and increase affordable access to naturopathic medicine.

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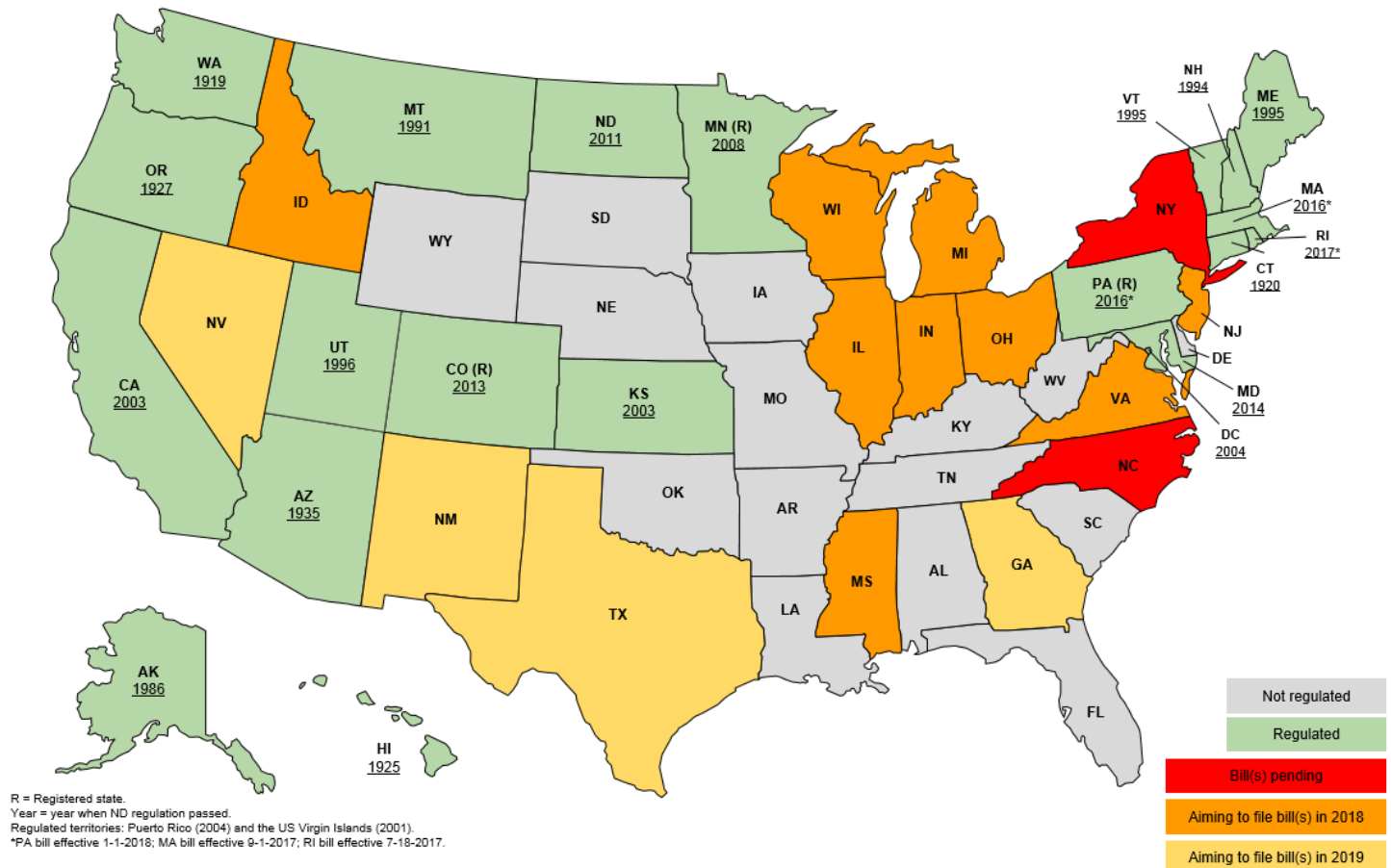
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Appendix A

Regulation of Naturopathic Doctors in the United States
(Updated: 11-20-2017)



(“Regulation of Naturopathic Doctors in the United States”, 2017)

Appendix B

House Bill 692

(following pages)

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

H

1

HOUSE BILL 692

Short Title: Enact Naturopathic Doctors Certification Act. (Public)

Sponsors: Representatives Collins, Fisher, Lambeth, and Dollar (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Finance, if favorable, Health, if favorable, Regulatory Reform

April 11, 2017

A BILL TO BE ENTITLED
AN ACT TO ESTABLISH CERTIFICATION AND EDUCATION STANDARDS FOR THE
PRACTICE OF NATUROPATHIC MEDICINE.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 43.

"Naturopathic Doctors.

"§ 90-730. Short title.

This Article may be cited as the "North Carolina Naturopathic Doctors Certification Act."

"§ 90-731. Intent; purpose.

(a) Intent. – The General Assembly finds that a significant number of residents of the State of North Carolina choose complementary and alternative health care and declares that naturopathic medicine is a distinct health care profession that affects the public health, safety, and welfare and provides for choices in health care. The General Assembly concludes that certification is in the current interest of North Carolina citizens to aid in protecting citizens from deception, fraud, and damage to their health status. Certification can provide a process in which citizens may more confidently rely on the level of skill, education, and competency possessed by certified persons.

(b) Purpose. – The purpose of this Article is to provide standards for the certification of naturopathic doctors desiring to practice naturopathic medicine in this State and to ensure the maintenance of professional competence and acceptable standards of practice.

"§ 90-732. Definitions.

The following definitions apply in this Article:

(1) Approved program of naturopathic medicine. – A program that meets all of the following conditions:

a. A program that provides graduate-level, full-time didactic and supervised clinical training in naturopathic medicine that is accredited, or has achieved candidacy status for accreditation, by the Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body for the naturopathic medical profession recognized by the North Carolina Naturopathic Doctors Certification Board; or if the program existed prior to the existence of the Council on Naturopathic Medical Education, the program must
(i) have provided graduate-level, full-time didactic and supervised



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- 1 clinical training in naturopathic medicine for a duration of not less
 2 than 132 weeks and required completion within a period of not less
 3 than 35 months; (ii) be recognized as a reputable program by, and in
 4 good standing with, the North Carolina Naturopathic Doctors
 5 Certification Board; and (iii) if the program is still in existence, be
 6 currently accredited, or have achieved candidacy status for
 7 accreditation, by the Council on Naturopathic Medical Education or
 8 an equivalent federally recognized accrediting body for the
 9 naturopathic medical profession recognized by the North Carolina
 10 Naturopathic Doctors Certification Board.
- 11 b. A program that is offered by an institution of higher education that is
 12 accredited by a regional or national institutional accrediting body
 13 recognized by the United States Secretary of Education.
- 14 c. If the program is offered in the United States, a program that awards
 15 the degree of Doctor of Naturopathy or Doctor of Naturopathic
 16 Medicine. If the program is offered in Canada, a program that awards
 17 the degree or diploma of Doctor of Naturopathy or Doctor of
 18 Naturopathic Medicine and is offered by an institution of higher
 19 education that has provincial approval for participation in
 20 government-funded student aid programs.
- 21 d. A program that has been approved by the North Carolina
 22 Naturopathic Doctors Certification Board to meet the standards
 23 established by its rules.
- 24 (2) Board. – The North Carolina Naturopathic Doctors Certification Board.
 25 (3) Criminal history. – A history of conviction, or of having pled guilty or no
 26 contest to a State or federal crime, whether a misdemeanor or felony.
 27 (4) Integrative medicine. – As defined in G.S. 90-1.1.
 28 (5) Natural medicines. – Any herbal, nutritional, supplemental, homeopathic, or
 29 other nonprescription remedies.
 30 (6) Naturopathic doctor. – A person certified to practice naturopathic medicine
 31 under this Article.
 32 (7) Naturopathic medicine. – A system of natural health care that employs
 33 diagnosis and treatment using diagnostic techniques and natural therapies for
 34 the promotion, maintenance, and restoration of health and the prevention of
 35 disease, including all of the following:
 36 a. The administration or provision of any of the following for
 37 preventive and therapeutic purposes: natural medicines, natural
 38 therapies, natural topical medicines, hydrotherapy, dietary therapy,
 39 and naturopathic physical medicine.
 40 b. The use of diagnostic procedures, including physical and orificial
 41 examination, but excluding endoscopy, sigmoidoscopy, and
 42 colonoscopy.
 43 c. The ordering, performing, and interpretation of laboratory tests and
 44 diagnostic imaging.
 45 (8) Naturopathic physical medicine. – The manual use of massage, stretching,
 46 resistance, or naturopathic manipulation.
- 47 **"§ 90-733. Practice of naturopathic medicine; scope of practice.**
 48 (a) Practice of Naturopathic Medicine. – A naturopathic doctor is a certified health care
 49 provider having the same responsibilities as other licensed, certified, or registered health care
 50 providers regarding public health laws, reportable diseases and conditions, communicable
 51 disease control and prevention, and the recording of vital statistics. In diagnosing and treating

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an individual, a naturopathic doctor may employ the following therapies, modalities, procedures, or remedies consistent with naturopathic education and training:

- (1) Dispense, administer, order, and advise the use of natural remedies derived from or substantially similar in molecular structure or function to natural sources for preventive and therapeutic purposes, including food, extracts of food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, homeopathic remedies prepared according to the Homeopathic Pharmacopoeia of the United States, and all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 301, et seq.
- (2) Order and perform physical examinations and physiological function tests.
- (3) Order, perform, and interpret laboratory tests, including performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1998 (CLIA), including obtaining specimens to assess and treat disease.
- (4) Order diagnostic imaging, including X-ray, MRI, CT scan, ultrasound, mammogram, and bone densitometry to be conducted and interpreted by an appropriately licensed, registered, or certified health care professional. This excludes electrocardiograms, echocardiograms, electroencephalograms, and nuclear imaging which should be ordered, conducted, and interpreted by a physician licensed under Article 1 of this Chapter.
- (5) Perform hot or cold hydrotherapy, naturopathic physical medicine, electromagnetic therapy, and therapeutic exercise.
- (6) Perform health education and health counseling, including dietary and lifestyle counseling.
- (7) Utilize routes of administration for substances, including oral, nasal, auricular, ocular, rectal, vaginal, and transdermal.
- (8) Perform care incidental to superficial lacerations and abrasions, including the application of topical and local anesthetics and antimicrobials.
- (9) Remove foreign bodies located in the superficial tissues.

(b) Prohibitions. – A naturopathic doctor may practice only within the scope of practice authorized in subsection (a) of this section. A naturopathic doctor may not practice as any other health care professional licensed, certified, or registered under another Article of this Chapter unless otherwise licensed, certified, or registered by this State to do so. A naturopathic doctor may not perform any of the following functions unless otherwise licensed by this State to do so:

- (1) Prescribe, dispense, or administer any legend drug, except as authorized by this Article.
- (2) Use general or spinal anesthetics.
- (3) Perform surgical procedures using a laser device.
- (4) Perform surgical procedures beyond superficial tissue.
- (5) Administer ionizing radioactive substances for therapeutic purposes.

§ 90-734. Certification required; exemptions.

(a) Certification Required. – No person shall practice, attempt to practice, or claim to practice naturopathic medicine unless the person has been certified under the provisions of this Article.

(b) Use of Titles. – Only persons certified under this Article may use the titles "Naturopathic Doctor," "Doctor of Naturopathic Medicine," "Doctor of Naturopathy," "Naturopathic Medicine," "Naturopath," "Certified Naturopathic Doctor," or the abbreviations "N.D.," "ND," or any other titles, words, letters, abbreviations, or insignia indicating or implying that the individual is a certified naturopathic doctor unless the individual has been certified as a naturopathic doctor under this Article.

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(c) Exemptions. – Nothing in this Article shall be construed to prohibit or affect any of the following:

- (1) The practice of a profession by an individual who is licensed, certified, or registered under other laws of this State and is performing services within the authorized scope of practice.
- (2) The practice of naturopathic medicine by a person employed by the federal government while the person is engaged in the performance of duties prescribed by laws and regulations of the United States.
- (3) A person rendering aid in an emergency situation when no fee or other compensation for the service is received.
- (4) The practice of naturopathic medicine by a naturopathic doctor duly licensed, certified, or registered in another state, territory, or the District of Columbia when called into this State to consult with a licensed, certified, or registered health care provider for a period not to exceed six months.
- (5) The practice of naturopathic medicine by students completing a clinical requirement for graduation from an approved program of naturopathic medicine, so long as the practice is performed under the supervision of a physician licensed under Article 1 of this Chapter or a naturopathic doctor certified under this Article and the clinical requirement does not exceed one year.
- (6) A person who does not hold himself or herself out to be a naturopathic doctor as described in subsection (b) of this section when furnishing information to customers or selling, administering, or utilizing nutritional supplements, herbs, food, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light at the person's retail, health spa, or health consulting establishment.

(d) Unlawful Act. – A person who violates this section is guilty of a Class 1 misdemeanor. The Board may investigate violations of this section and any rules adopted to implement this section and notify persons of (i) possible violations, (ii) possible civil actions that may be taken against the person, or (iii) possible criminal penalties that may be imposed by a court as a result of any violations. The Board may make application to superior court for an order enjoining a violation of this section. Upon a showing by the Board that a person has violated or is about to violate this section, the court may grant an injunction, restraining order, or take other appropriate action.

"§ 90-735. North Carolina Naturopathic Doctors Certification Board.

(a) Board. – The North Carolina Naturopathic Doctors Certification Board is created. The Board consists of seven members serving for staggered terms. The initial Board members shall be appointed on or before January 1, 2018, as follows:

- (1) The General Assembly, upon the recommendation of the President Pro Tempore of the Senate, shall appoint two naturopathic doctors who are certified under this Article. One member shall serve a term of one year, and one member shall serve a term of three years.
- (2) The General Assembly, upon the recommendation of the Speaker of the House of Representatives, shall appoint two naturopathic doctors who are certified under this Article. One member shall serve a term of one year, and one member shall serve a term of three years.
- (3) The Governor shall appoint two physicians licensed under Article 1 of Chapter 90 of the General Statutes, at least one of whom is involved in the practice of integrative medicine or teaches integrative medicine at a medical school. Both of these members shall serve a term of three years.

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- (4) The Governor shall appoint for a two-year term a public member who is not a licensed, certified, or registered health care professional and is not employed in a health care profession.

Upon the expiration of the terms of the initial Board members, each subsequent member shall be appointed for a term of three years. The term of a member shall begin on January 1 of each year. A member shall serve until the member's successor is appointed. No member shall serve on the Board for more than two consecutive terms.

- (b) Vacancies. – A vacancy shall be filled in the same manner as the original appointment. An appointee to fill a vacancy shall serve the remainder of the unexpired term and until the appointee's successor has been duly appointed.

- (c) Removal. – The Board may remove any of its members for neglect of duty, incompetence, or unprofessional conduct. A member subject to disciplinary proceedings as a licensed, certified, or registered health care professional shall be disqualified from participating in the official business of the Board until the charges have been resolved.

- (d) General Administration. – A Board member may not receive compensation but may receive reimbursement as provided in G.S. 93B-5. The officers of the Board include a chair, a secretary, and any other officer deemed necessary by the Board to carry out the purposes of this Article. All officers shall be elected annually by the Board at its first meeting held after appointments to the Board are made. The Board shall hold a meeting within 45 days after the appointment of new Board members. All officers shall serve one-year terms and shall serve until their successors are elected and qualified. No person shall chair the Board for more than five consecutive years. The Board may adopt rules governing the calling, holding, and conducting of regular and special meetings. A majority of Board members constitutes a quorum.

"§ 90-736. Powers of the Board.

The Board shall have the following powers and duties:

- (1) Administer and enforce the provisions of this Article.
- (2) Adopt, amend, or repeal rules in the manner prescribed under Chapter 150B of the General Statutes, as may be necessary to carry out the provisions of this Article.
- (3) Establish, examine, and determine the qualifications and fitness of applicants for certification and renewal of certification.
- (4) Issue, renew, deny, suspend, or revoke certification and conduct any disciplinary actions authorized by this Article.
- (5) Collect fees for certification, certification renewal, and other services deemed necessary to carry out the provisions of this Article.
- (6) Establish and approve continuing education requirements for persons certified under this Article.
- (7) Employ and fix the compensation of personnel that the Board determines is necessary to carry out the provisions of this Article and incur other expenses necessary to perform the duties of the Board.
- (8) Adopt a seal containing the name of the Board for use on all certifications and official reports issued by the Board.
- (9) Institute corrective measures, as necessary and as permitted by Chapter 93 of the General Statutes, to rehabilitate naturopathic doctors or limit their practice.
- (10) Receive complaints and investigate persons engaging in practices that violate the provisions of this Article.

"§ 90-737. Qualifications for certification; renewal; reinstatement.

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(a) Certification. – Upon application to the Board and payment of the required fees, an applicant may be certified under this Article as a naturopathic doctor if the applicant meets all of the following qualifications and conditions:

- (1) Is of good moral and ethical character.
- (2) Is a graduate of an approved program of naturopathic medicine as defined in G.S. 90-732.
- (3) Meets one, or both, of the following two conditions:
 - a. Has successfully passed the Naturopathic Physicians Licensing Examination (NPLEX), a competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners or an equivalent successor agency recognized by the Board.
 - b. Has successfully passed a competency-based state or Canadian province naturopathic licensing examination administered prior to the existence of NPLEX and approved by the Board.
- (4) Provides the Board with a list of physicians licensed to practice medicine in this State who have agreed to consult with the applicant and accept referrals from the applicant. The applicant shall also provide the Board with letters of verification from the listed physicians. The list must include physicians with specialties in at least four of the following areas: allergy and immunology, cancer and oncology, cardiology, endocrinology and metabolism, family medicine, gastroenterology, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and urology.
- (5) Submits any other documentation the Board deems necessary to determine the applicant's fitness for certification under this Article. This documentation may include successful completion of a Board-approved jurisprudence examination on State laws and rules related to naturopathic medicine.

(b) Renewal. – A certification expires two years after the date it is issued unless it is renewed. To renew a certification, a licensee shall meet all of the following conditions:

- (1) Submit an application for certification renewal.
- (2) Pay the required fees.
- (3) Complete at least 40 hours of continuing education approved by the Board within the two-year period immediately prior to the renewal date.

Failure to renew a certification within six months of the date the certification expires shall result in automatic forfeiture of the right to practice naturopathic medicine in this State until the certification is reinstated.

(c) Reinstatement. – A certified naturopathic doctor who has allowed the certification to lapse by failure to renew within the time allowed under subsection (b) of this section may apply for reinstatement. The Board may reinstate the applicant's certification if the applicant pays the required fees, furnishes a statement of the reason for failure to apply for renewal before the deadline, and complies with any other requirements established in rules adopted by the Board. If the certification has lapsed for five years or longer, the Board may require the applicant to satisfactorily complete one or more skills assessment or remediation courses approved by the Board or to provide proof of active licensure, certification, or registration within the past five years in another state, district, territory, or Canadian province.

"§ 90-738. Reciprocity.

The Board may grant, upon application and payment of fees, a certification to a person who resides in this State and has been licensed, certified, or registered to practice as a naturopathic doctor in another state, district, territory, or Canadian province if both of the following conditions are met:

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- (1) The standards for licensure, certification, or registration in the state, district, territory, or province in which the naturopathic doctor is licensed, certified, or registered are substantially equivalent to those provided in this Article.
- (2) The applicant provides proof of licensure, certification, or registration in good standing in all states, districts, territories, and provinces in which the applicant has been licensed, certified, or registered.

"§ 90-739. Fees.The Board may impose the following fees:

- | | | |
|-----|--|------------|
| (1) | Application and examination | \$200.00 |
| (2) | Certification | \$600.00 |
| (3) | Certification renewal | \$400.00 |
| (4) | Late renewal | \$200.00 |
| (5) | Reinstatement | \$1,000.00 |
| (6) | <u>Reasonable charges for duplication services and material.</u> | |
| (7) | <u>Criminal history record check fee equal to the amount imposed by the Department of Justice to conduct the criminal history record check requested by the Board.</u> | |

"§ 90-740. Disciplinary authority.

(a) Authority. – The Board may impose probationary conditions upon a certified naturopathic doctor, or it may deny, suspend, revoke, or refuse to issue or renew a certification if the certified naturopathic doctor or applicant does any of the following:

- (1) Engages in any act or practice in violation of any of the provisions of this Article or of any of the rules adopted by the Board or aids, abets, or assists any other person in the violation of the provisions of this Article or rules adopted by the Board.
- (2) Gives false information to or withholds information from the Board in procuring or attempting to procure certification.
- (3) Has been convicted of or pled guilty or no contest to a crime that indicates that the person is unfit or incompetent to practice as a naturopathic doctor or that indicates the person has deceived or defrauded the public. A felony conviction shall result in the automatic revocation of certification by the Board unless the Board determines otherwise pursuant to rules adopted by the Board.
- (4) Has been declared mentally incompetent by a court of competent jurisdiction.
- (5) Habitually uses or is addicted to drugs or intoxicating liquors to the extent that it affects the certified naturopathic doctor's professional competency. If a certified naturopathic doctor violates this subdivision, the Board may require the certified naturopathic doctor to undergo a mental or physical examination by physicians designated by the Board before or after the certified naturopathic doctor has been charged. The results of the examination shall be admissible as evidence in a hearing before the Board.
- (6) Has demonstrated gross negligence, incompetency, or misconduct in the performance of naturopathic medical treatment.
- (7) Has had a health care provider license, certification, or registration denied, restricted, revoked, or suspended by another state, district, territory, or province.
- (8) Fails to consent to a criminal history record check.
- (9) Fails to respond, within a reasonable time, to inquiries from the Board concerning any matter affecting the individual's certification to practice naturopathic medicine.

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(10) Fails to complete continuing education requirements within the time prescribed.

(b) Hearing. – Denial, refusal to renew, suspension, or revocation of a certification or imposition of probationary conditions upon a certified naturopathic doctor may be ordered by the Board after a hearing held in accordance with Article 3A of Chapter 150B of the General Statutes and rules adopted pursuant to this Article. An application may be made to the Board for reinstatement of a revoked certification if the revocation has been in effect for not less than two years.

(c) Records. – The Board shall keep a record of its proceedings. The Board shall, in a closed session, receive evidence regarding the treatment or examination of a patient who has not expressly or impliedly consented to the public disclosure of the treatment when necessary for the protection of the rights of the patient or of the accused naturopathic doctor and the full presentation of relevant evidence. All records, papers, investigative files, investigative reports, and other documents containing information gathered or received by the Board as a result of investigations, inquiries, or interviews conducted in connection with an application for certification, a complaint, or a disciplinary matter are not considered public documents within the meaning of Chapter 132 of the General Statutes.

(d) Confidential Information. – The Board may release confidential or nonpublic information about a certified naturopathic doctor to any health care licensure, certification, or registration board in this State or another state relating to the issuance, denial, suspension, revocation, or voluntary surrender of the license, certification, or registration including the reasons for the action or any investigative report prepared by the Board. The Board shall notify the naturopathic doctor within 60 days after the information is released. The Board shall furnish to the naturopathic doctor a summary of the information being released. However, if the naturopathic doctor requests, in writing, within 30 days after the date of notice, a copy of the information being released, the Board shall give to the naturopathic doctor a copy of all the information being released. Notice or copies shall not be provided by the Board if the information relates to an ongoing criminal investigation by a law enforcement agency or any Department of Health and Human Services personnel with enforcement or investigative responsibilities.

"§ 90-741. Criminal history record check of applicants and certified naturopathic doctors.

(a) Criminal History Record Check. – The Board shall require a criminal history record check for a person who is either certified as a naturopathic doctor under this Article or applying for certification as a naturopathic doctor under this Article. The Board is responsible for providing to the North Carolina Department of Justice the fingerprints of the person to be checked, a form signed by the person consenting to the criminal record check and the use of fingerprints and other identifying information required by the State or national repositories, and any additional information required by the Department of Justice. The Board shall keep all information obtained pursuant to this section confidential.

(b) Conviction. – If a criminal history record check reveals one or more convictions, the conviction does not automatically bar certification. The Board shall consider all of the following factors regarding the conviction:

- (1) The level of seriousness of the crime.
- (2) The date of the crime.
- (3) The age of the person at the time of the conviction.
- (4) The circumstances surrounding the commission of the crime, if known.
- (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
- (6) The person's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.

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(7) The subsequent commission of a crime by the person.

(c) Denial of Certification. – If the Board denies, revokes, or suspends a certification based on information obtained in a criminal history record check, the Board shall disclose to the person the information contained in the criminal history record check that is relevant to the Board's actions. The Board may not provide a copy of the criminal history record check to the person. A person has the right to appear before the Board to appeal the Board's decision. An appearance before the Board shall constitute an exhaustion of administrative remedies in accordance with Chapter 150B of the General Statutes.

"§ 90-742. Reports; immunity from suit.

(a) Report. – A person who has reasonable cause to suspect misconduct or incapacity of a certified naturopathic doctor, or who has reasonable cause to suspect that a person is in violation of this Article, may report the relevant facts to the Board. Upon receipt of a charge, or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. A person who, in good faith, makes a report pursuant to this section is immune from any criminal prosecution or civil liability resulting from making the report.

(b) Limited Immunity. – The Board, its officers, employees, and staff are immune from any criminal prosecution or civil liability for exercising, in good faith, the powers and duties given to the Board under this Article.

"§ 90-743. Third-party reimbursement.

Nothing in this Article shall be construed to require direct third-party reimbursement to persons certified under this Article.

"§ 90-744. Advisory Council.

(a) Created. – An Advisory Council is created to advise the Board and to develop recommendations to foster coordination and collaboration between naturopathic doctors, medical doctors, and other health care professionals for the purpose of providing appropriate care for patients. The Council shall meet periodically and report its recommendations to the Board and to the boards of directors for the North Carolina Medical Society and the North Carolina Association of Naturopathic Physicians.

(b) Membership. – The Advisory Council shall consist of the following six members:

(1) Two licensed physicians appointed by the North Carolina Medical Society.

(2) Two certified naturopathic doctors appointed by the North Carolina Association of Naturopathic Physicians.

(3) One licensed pharmacist or pharmacologist appointed by the North Carolina Association of Pharmacists.

(4) One licensed advanced practice registered nurse appointed by the North Carolina Nursing Association.

(c) General Administration. – Each member is appointed for a term of two years beginning July 1, 2018. A member serves until a successor is appointed. The members of the Advisory Council may elect a chairperson by a majority vote. Advisory Council members may not receive compensation for their services but may receive reimbursement as provided in G.S. 93B-5."

SECTION 2. G.S. 90-18(c) is amended by adding a new subdivision to read:

"(c) The following shall not constitute practicing medicine or surgery as defined in this Article:

...

(21) The practice of naturopathic medicine by a naturopathic doctor certified under the provisions of Article 43 of this Chapter."

SECTION 3. Part 2 of Article 4 of Chapter 114 of the General Statutes is amended by adding a new section to read:

"§ 114-19.33A. Criminal history record checks for naturopathic doctors.

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1 (a) The Department of Justice shall provide to the North Carolina Naturopathic Doctors
2 Certification Board from the State and National Repositories of Criminal Histories the criminal
3 history of an applicant for certification by the Board or a certified naturopathic doctor of the
4 Board. The North Carolina Naturopathic Doctors Certification Board shall provide to the
5 Department of Justice, along with the request, the fingerprints of the applicant or certified
6 naturopathic doctor, a form signed by the applicant or certified naturopathic doctor consenting
7 to the criminal history record check and use of fingerprints and other identifying information
8 required by the State and national repositories, and any additional information required by the
9 Department of Justice. The fingerprints of the applicant or certified naturopathic doctor shall be
10 forwarded to the State Bureau of Investigation for a search of the State's criminal history record
11 file, and the State Bureau of Investigation shall forward a set of fingerprints to the Federal
12 Bureau of Investigation for a national criminal history record check. The North Carolina
13 Naturopathic Doctors Certification Board shall keep all information obtained pursuant to this
14 section confidential.

15 (b) The Department of Justice may charge a fee to offset the cost incurred by it to
16 conduct a criminal history record check under this section. The fee shall not exceed the actual
17 cost of locating, editing, researching, and retrieving the information."

18 **SECTION 4.** Notwithstanding the provisions of G.S. 90-735, as enacted by Section
19 1 of this act, the initial naturopathic doctors appointed to the North Carolina Naturopathic
20 Doctors Certification Board must be North Carolina residents, must be licensed as a
21 naturopathic doctor in a state, district, territory, or province that licenses this profession, and
22 must be eligible for certification under G.S. 90-737, as enacted by Section 1 of this act. Upon
23 appointment, the appointee must immediately seek to become certified under this act.

24 **SECTION 5.** This act is effective when it becomes law.

Appendix C

Types and Examples of CAM Noted by State BONs

Categories*	Practices
Mind/body interventions	Art Biofeedback Focused breathing Holistic Nursing Humor Meditation Music Visual imagery Yoga
Alternative medical system	Acupressure Oriental massage Biological-based therapies Diet and nutrition (not herbs)
Manipulative/body-based systems	Aromatherapy Cranial-sacral Deep muscle massage Effleurage Esalen Feldenkreis Friction Heller work Infant massage Lomilorri Lymphatic drainage Myotherapy/Myofascial Neuromuscular Petrissage Reflexology Shiatsu Structural integration Swedish massage
Energy therapies	Healing Touch Therapeutic Touch Reiki
*NCCAM categories	

(Sparber, 2001)

Appendix D

Principles of Naturopathic Medicine

The Healing Power of Nature (Vis Medicatrix Naturae) – Naturopathic medicine recognizes the body’s natural healing ability, and trust that the body has the innate wisdom and intelligence to heal itself if give the proper guidance and tools.

Identify and Treat the Causes (Tolle Causam) – NDs attempt to identify and treat the underlying cause of illness, rather than focusing on individual presenting symptoms.

First Do No Harm (Primum Non Nocere) – NDs begin with minimal interventions and proceed to higher level interventions only as determined necessary.

Doctor as Teacher (Docere) – NDs educate patients, involve them in the healing process, and emphasize the importance of the doctor-patient relationship.

Treat the Whole Person – Naturopathic medicine takes into account all aspects of an individual’s health including physical, mental, emotional, genetic, environmental, social and spiritual factors.

Prevention – Naturopathic medicine emphasizes optimal wellness and the prevention of disease. (Fleming & Gutknecht, 2010, n.p.)

Appendix E

Naturopathic Therapeutic Order

1. Establish the conditions for health
 - a. Identify and remove disturbing factors.
 - b. Institute a more healthful regimen.
2. Stimulate the healing power of nature (*vis medicatrix naturae*): the self-healing processes.
3. Address weakened or damaged system or organs.
 - a. Strengthen the immune system.
 - b. Decrease toxicity.
 - c. Normalize inflammatory function.
 - d. Optimize metabolic function.
 - e. Balance regulatory systems.
 - f. Enhance regeneration.
 - g. Harmonize life force.
4. Correct structural integrity.
5. Address pathology: Use specific natural substances, modalities, or interventions.
6. Address pathology: Use specific pharmacologic or synthetic substances.
7. Suppress or surgically remove pathology.

(Fleming & Gutknecht, 2010, n.p.)