Board of Naturopathic Examiners

Monday, October 22, 2018 @ 9:00 AM
Public Minutes

The October 22, 2018 public session of the Board of Naturopathic Examiners (the "Board") convened at 9:09 a.m. at the Office of Professional Licensure and Certification, 121 South Fruit St., Concord, NH with the following members present:

Laura Chan, N.D.
Jacqueline Yang, N.D.
Erik Nelson, N.D.
Glee Corsetti Hooper

Absent: Deborah Sellars, N.D.

Upon the motion by Jacqueline Yang, N.D., with a second by Glee Corsetti Hooper, the Board approved the public minutes of the August 20, 2018 meeting.

Upon a motion by Jacqueline Yang, N.D., with a second by Laura Chan, N.D., the Board voted out of public session and moved into non-public session at 9:11 a.m.

Upon the motion at 9:20 a.m. by Laura Chan, N.D., with a second by Jacqueline Yang, N.D., the Board voted out of non-public and back into public session.

Upon the motion at 9:20 a.m. by Laura Chan, N.D., with a second by Jacqueline Yang, N.D., the Board voted to withhold and seal the minutes of the preceding non-public session from public disclosure pursuant to RSA 91-A: 3 III, that divulgence of the information likely would affect adversely the reputation of a person other than a Board member and to render the proposed action ineffective. Each member recorded his or her vote on the motion, which passed by the unanimous vote of all members present.

ADMINISTRATIVE

On October 18, 2018 Glee Corsetti Hooper, attended the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) online meeting. Glee highlighted FNMRA's agenda items and provided notes for the Board. See Attachment "A." Theresa McGowan will email copies to the Board members.

The Board reviewed the results of the Naturopathic Doctor (N.D.) surveys provided by Michael Bullek, from the Board of Pharmacy. The survey was developed to obtain information from N.D.'s with regards to the handling of controlled or scheduled drugs, IV's, injectables, compound, legend and prescription drugs in their practices. There is no action by the Board at this time.

The Guidelines for Compounding Practices will be discussed once the Board receives further information from the Board of Pharmacy.

NH PDMP Advisory Council – Financial Disclosure Form (RSA 15-A). The Board awaits a response regarding Naturopathic Board member attendance requirements. Theresa McGowan will follow-up with the Board of Pharmacy.

Upon a motion by Jacqueline Yang, N.D., with a second by Laura Chan, N.D., the Board voted unanimously to reach out to the NH Associations of Naturopathic Doctors (NHAND) regarding the topic of medical marijuana and the possibility of adding it to the Formulary.

Upon a motion by Laura Chan, N.D., with a second by Jacqueline Yang, N.D., the Board voted unanimously to send a letter to New Hampshire Naturopathic Doctors (N.D.'s) informing them of legislative updates due to the passage of HB 1606. First, the Continuing Education renewal schedule has been updated from three years to two years. Additionally, of the 45 Continuing Education credits, no less than three hours must be must be related to pain management or addiction disorders or a combination thereof. The rules will be updated and available in the near future. Theresa McGowan will mail the letter to all N.D.'s along with a copy of HB 1606.

AUDIT / PUNCH LISTS

The Board to continue to review audit items and discuss recommendations for the following outstanding Observations:

Observation 2: Establish controls over otherwise unregulated drugs and related activities.
Jurisprudence exam – for new licensees and reciprocity.
Possible exam questions and format discussed.

Inspection Form – done

Observation 3: Improve Controls over the Formulary
Will occur after the Formulary Council's rules are in place.

Observation 5: The Office of Professional Licensing (OPLC) / Jurisprudence

Observation 9: See number 5 above. Specialty Licenses (forms)
Nat 303: Licensure by Reciprocity – no change to current rule language.

The Board requests a full Audit checklist with corresponding recommendations and solutions

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HEARING

No pending hearings at this time

QUESTIONS/CORRESPONDENCE

1. Email re: FNMRA Information (Rebecca Mitchell). Upon a motion by Glee Corsetti Hooper, with a second by Laura Chan, the Board voted unanimously to join the FNMRA, pending OPLC's approval to fund the membership cost. Theresa McGowan will obtain membership costs and details for consideration.

Q. I hope this email finds you well. I just heard there is a new rules for 3 pain CE's every two years. My license is up for renewal in a couple months and I need to know if I will be required to have pain CEs for my renewal in December. As a point of concern, I have not received any notifications from the Licensing Board regarding this new requirement. The lack of communication may make it arduous for NH NDs to successfully meet this new requirement as many will not know it exists. The NH Association of Naturopathic Doctors welcomes collaboration and is ready to assist in increasing awareness of any and all rule changes or notifications that affect practicing NDs (Tina Beaudoin, N.D.).

A. The Naturopathic Board of Examiners met on October 22, 2018 and reviewed your email. House Bill 1606 passed in May 2018 and became effective in July 2018. The board voted to make these new requirements effective for renewal application starting July 2019. We will be sending a letter to all licensed notifying them of HB 1606. The requirement for continuing education credits in pain management is for all Naturopathic Doctors, regardless of have a DEA license or not. Please note, we are in the process of making updates to our rules to maintain continuity between statue and rule. For your current renewal application, you are not required to have these continuing education credits in pain management, but it will be required for your next renewal. We do recommend visiting the state website for a list of resources for continuing education in pain management and addiction: https://www.oplc.nh.gov/naturopathic-examiners/opioid-prescribing.htm

Q. I am a Sales Representative with Quest Diagnostics and we have a request to allow a Naprapath, Destiny Green, NH License # 0005 Taxonomy Selected 172P00000X (NPI # 1790296127) to order laboratory testing. We are trying to confirm that NH has regulations in place that allow this type of Health Professional to order laboratory testing for their patients. This is the first time we have encountered this type of license. Any assistance you can provide would be appreciated. Can you provide any written documents

showing that a Naprapath is allowed to order blood work in the state of NH? (Norm Cease, Physician Account Manager – Quest Diagnostics).

A. The Naturopathic Board of Examiners met on October 22, 2018 and reviewed your email regarding Destiny Green, NPI 1790296127. Thank you for bringing this to our attention. The Board confirmed that Dr. Green is a licensed Naturopathic Doctor in the

state of NH, License # 0005. We are assuming that through an administrative error, Dr. Green has been registered under an incorrect taxonomy with her NPI number. The board has sent a letter to Dr. Green to inform her of this situation to ensure that she updates her NPI to the correct taxonomy.

Upon a motion by Laura Chan, N.D., with a second by Glee Corsetti Hooper, the motion to adjourn at 11:51 a.m. carried in the affirmative.

Attachment "A"

FNMRA Annual meeting notes taken by Glee on 10/18/2018 - NOTE: These are not the official meeting minutes, but we will receive them after they are approved in December.

The Federation of Naturopathic Medicine Regulatory Authority (FRNMA) Annual meeting online.

12 Attendees: (didn't catch them all)
Christopher Fernandez - Hawaii
Christa: California - working on all formularies should fit with how ND's have been trained.
Rebecca Mitchell - will send me the report
John S. Finnel - Texas - in the process of submitting a bill for licensure
Nichole Schesener - Kansas - Licensing Administrator
Susan Gragg - Washington State - FNMRA Program Manager - working on lifting restriction on BoTox there, but the Medical Society is pushing back
Susan Fenzel - Board of Medicine in D.C. oversees the ND's there
Xxx - Oregon Board Chair - (didn't get her name)
Shannon Braden ND - Organizer and Presenter for FNMRA - offers help for states getting new licensing and also states developing regulations
Also working with AANP to develop Telehealth and telemedicine guidelines I.e. snowbirds in Oregon

FNMRA started with a grant from the Board of Naturopathic Examiners. They have a modest budget of $15,000/yr. They would love more states to join. Membership dues vary with the number of doctors. NH (in the 51-200) category would cost $400/yr.

At this meeting, Ann Walsh, who is no longer working in Regulation, stepped down as President. Susan Gragg was voted in as the new President.
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NPLEX now offers a Pharmacology Exam that's separate from the rest of their Exam.
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Considerations re: Regulating Prescriptive Authority in Washington State:

Neonatal Accident Syndrome - RX monitoring programs

Opioid prescribing survey revealed: 20-45% come from Dentists

Hyper-analgesia - people become more sensitive to pain with the length of time they're on opioids.

Efforts to combat the problem have started to result in potential national policies that limit RXs to 7 days... or some pharmacies will only allow one 7 day Rx/patient/30 day time frame, forcing patients to go to several different pharmacies.

They're starting to see shortages in the supply of Narcan with related price increases

MD's are becoming reluctant to take on pain patients

ND's will be seeing more of these patients for referral and treatment

There's a plan to put more opioid awareness questions on the NPLEX pharmacology test

But ND's can't just take people off opioids because you can't take a patient off a drug unless you can prescribe that drug... tapering and discussion requires prescriptive authority

Some Acupuncturists are working with MD's to get people off of addictive drugs

Washington State is looking at a Bill to link ND's with MD's and allow collaboration to taper and follow the progress of these patients. They said the RN Practitioners started this way and eventually became able to prescribe and treat independently. That is not necessarily the goal of the ND professionals.

Oregon can prescribe opioids and also the drugs that help people go off them. RN Practitioners there can also prescribe the addiction medications.

Narcan prescribing ability requires a Federal waiver but also comes with CPR certification

You can't take a person off Blood pressure medication, for example, without being able to prescribe it. ND's in California can't recommend or discuss medical marijuana without being able to prescribe it. Discussion language is wanted and needed.

There will be more discussion on this with posting on the website.
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An organization called NANCEAC - stands for something like: North American Naturopathic Accreditation Council for Continuing Education would like to become the authority for Accreditation of CE for ND's.

1. Fill in the practice gaps
2. Be sure CE is free from commercial bias
3. Be sure the NANCEAC approved CE will be improving Naturopathic Practice

Washington State is putting regulations into effect and California is doing it for reciprocity for doctors. FNMRA and AANP are planning to work together to produce guidelines.
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Disciplinary Actions List - covers North America, including Canada - they collect from 27 jurisdictions and report on individuals who have had disciplinary actions taken against them. This is available to members. The list is updated monthly. They'll be offering the list to Insurance companies for a fee.
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Legislative Events:
Telehealth regulation for Doctors treating patients outside their area of jurisdiction i.e. Skype etc. happening in Oregon. They would appreciate any help anyone else has with Telehealth and telemedicine language from elsewhere.

California is developing language for IV therapies consistent with ND practice

California is also struggling with the misleading title of Naturopathic Practitioners being allowed to call themselves that and practice as unlicensed professionals, but are not ND's and can cause patient confusion.
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2018 FNMRA Survey responses

12 responses out of 27 jurisdictions- 44% response

Regulatory Challenges that jurisdictions listed:

- opioid prescribing
- telehealth/telemedicine-2
- scope of practice
- prescriptive authority
- interjurisdictional issues
- minor surgery procedures
- Cannabis prescribing

Jurisdictions interested in accepting NANCEAC:

- 8 respondents said they had no hesitation to accept NANCEAC
- 1 respondent said they could not accept if the CE activity involved education that was contrary to the state's scope
- 3 respondents skipped the question

NANCEAC

North American Naturopathic Continuing Education Accreditation Council (NANCEAC)

The History: Other health care professions (medical, chiropractic, nursing, pharmacy, etc.) have a single national organization (ACCME, PACE, ANCC, ACPE, etc.) whose purpose is to accredit continuing education (CE) providers. Currently in the naturopathic profession, the burden of approving CE activities falls on the regulatory authorities (licensing and registration boards).

The Solution: The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) created the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) in response to requests from regulatory authorities (licensing/registration boards and committees).

In 2015, NANCEAC began the process of developing standards for naturopathic CE, and is now accrediting CE providers. NANCEAC was developed with the input and help from naturopathic regulators and licensed naturopathic physicians.

The Benefits to Regulatory Authorities (RAs) that accept NANCEAC:

- RAs can trust that CE activities with NANCEAC accreditation will offer meaningful education that is designed to improve practice outcomes.
    - NANCEAC standards are as high as or higher than all other naturopathic CE approval organizations.
    - Each activity will address a gap in knowledge, competence, or performance in the practice of naturopathic medicine.
    - Each activity will be free from commercial bias.
    - Developers and presenters of CE activities will disclose all financial relationships with or support from commercial entities to the participants.
    - Learning assessments will be required to demonstrate the CE activity clearly addressed the learning objectives (closed the practice gap in in knowledge, competence, or performance)
    - Once accredited, the CE provider will be required to submit regular reports and be subject to audits to maintain their accreditation.
- RAs will always retain authority over CE approval. (RAs can choose to add NANCEAC-accredited providers to their lists of qualified CE providers.)
- Accepting NANCEAC will alleviate RA's workload of approving CE activities.
- There is no cost to regulatory authorities. NANCEAC will be funded by the fees the CE providers pay for accreditation.

NANCEAC improvements above current naturopathic continuing education regulation:

- Monitoring of each CE activity for adherence to standards by requiring reporting forms (CE development worksheet and post-activity report).
- Requiring financial disclosure (to NANCEAC and participants) for everyone involved in the development and presentation of the CE activity.
- Each CE activity must address a practice gap (identified by Needs Assessments and development of Learning Objectives).
- Each CE activity will be evaluated to see if learning objectives are reached.
- Focus on active learning exercises in each CE activity.
- An individual is identified in each CE provider's organization (CE Program Director) who is completely responsible for adherence to NANCEAC standards.

The Ten NANCEAC Standards to which accredited CE providers must adhere

1. Mission Statement: The CE Provider must develop a mission statement that states:
   - How the CE Provider will address the educational needs of naturopathic physicians;
   - How the CE Provider will address the health care needs of the public (relevance to the health care needs of the public); and
   - The intended outcome of the CE (i.e., how the activity will improve the participant's contributions to quality health care and pursuits of professional goals: through changes in competence, performance, or patient outcomes).

2. Educational Needs Assessment: The CE Provider must assess the educational needs of naturopathic physicians. The provider should identify gaps between what naturopathic physicians currently do in practice and what is desired in practice. To assess educational needs (practice gaps), the provider may use questionnaires/surveys, interviews, focus groups, and literature review; however, periodic surveys of prospective participants are required. Each CE activity must address an educational need in the naturopathic profession.

3. Fiduciary Relationships and Commercial Bias: The CE Provider must ensure that all activities, from initial development to final execution, are independent from commercial bias or interest, or conflict of interest (real or apparent). The CE Provider may not accept financial support from any entity that makes its support contingent on having control over any aspect of the provider's CE activities. If the CE Provider receives any external financial or commercial support, the Provider must disclose, in writing, all terms and conditions of that financial or commercial support. Financial or commercial support includes but is not limited to grants, sponsorships, or the donation of products or services, such as food or promotional materials. Once accreditation has been awarded, the disclosure of financial or commercial support must be made available to NANCEAC (by completing the *Financial Disclosure and Attestation Form*) PRIOR to each CE activity.

4. CE Program Director: The CE Provider must identify an individual who is responsible for ensuring adherence to all NANCEAC Standards. This individual will be referred to as the CE Program Director. The CE Program Director responsibilities include, but are not limited to: ensuring adherence to all NANCEAC Standards, supervising the development of all CE activities, the content of all CE activities, and the evaluation of all CE activities.

5. Record Keeping: The CE Provider must accurately calculate* and properly document the CE credit hours applied to any CE activity. Once an activity is completed by a participant, the CE Provider must present documentation stating the credit hours earned by completing (attending/participating in) the CE activity. The CE Provider must employ a method for verifying attendance or participation in the activity. Records of credit hours earned must be maintained for five (5) years in a secure and confidential manner, and must be made available to any participant upon request.

6. Learning Objectives: The CE Provider must develop learning objectives that address the educational needs that were identified in the needs assessment (Standard 2). Learning objectives are the stepping stones that take the participant from the identified educational need to the desired result. These objectives must be specific and measurable, and should shape all aspects of the CE activity including activity content, assessment of participant learning, and evaluation of the activity. Learning objectives should be listed at the beginning of each activity in the educational materials. Because learning objectives are meant to be specific and measurable, objectives should be stated in terms of active verbs that can be measured.

7. CE Presenter: The Presenter must be selected based on qualifications, and his/her experience and ability to meet the identified educational need and to teach the subject matter. The CE Provider must ensure that the Presenter develops the activity according to the identified educational need (Standard 2) and the stated learning objectives (Standard 6).

8. Methods and Materials: The CE Provider must encourage active participation and include active learning exercises in each CE activity. Active learning can be accomplished by using a variety of techniques including pre- and post-testing, quizzes, case studies, simulation exercises, problem-solving, group discussion, etc. The educational materials for each CE activity should include additional sources of information and/or reference tools.

9. Learning Assessments: The CE Provider must coordinate with the Presenter to create learning assessments. Learning assessments should give the participants an opportunity to evaluate/measure their achievement of the learning objectives for the activity. The CE Provider can only award CE credit hours to a participant if the participant's learning has been assessed in terms of the learning objectives. The results of the learning assessments should be used to improve the quality of CE activities and evaluate overall achievement of learning objectives (Standard 6).

10. Evaluation of Activities: The CE Provider must have a structure in place for self-evaluation of each CE activity. As part of that evaluation process, participants must be provided the opportunity to evaluate each CE activity. A summary of the results of the evaluations must be provided to NANCEAC in the *Post-Activity report.* The feedback from the evaluations should be used to improve the quality of CE activities.