



BUREAU OF NATUROPATHIC MEDICINE
 1625 North Market Blvd., Suite S-209
 Sacramento, CA 95834
 (916) 574-7991 – Office / (916) 574-8645 - FAX



NATUROPATHIC FORMULARY ADVISORY COMMITTEE
Meeting Minutes
 January 15, 2006

Meeting Site:
 The Khalsa Medical Clinic
 436 N. Bedford Drive, Suite
 308
 Beverly Hills, CA 90210

Teleconference Site:
 Dr. Peter Wannigman
 Center for Health and
 Wellbeing
 3737 Moraga Avenue
 Suite A-305
 San Diego, CA 92117

Public Location Site:
 Dr. Trevor Holly Cates
 34 E. Sola Street, Room
 5
 Santa Barbara, CA 93101

**COMMITTEE MEMBERS
 PRESENT:**

Peter Wannigman, Naturopathic Doctor
 (Chairman)
 Soram Khalsa, Medical Doctor
 (Vice-Chairman)
 Cynthia Watson, Medical Doctor
 Mary Hardy, Medical Doctor
 Trevor Holly Cates, Naturopathic Doctor
 Larry Woodhouse, Pharmacist

**COMMITTEE MEMBERS
 ABSENT:**

Michael Traub, Naturopathic Doctor
 Paul Mittman, Naturopathic Doctor
 Arthur Presser, Pharmacist

STAFF PRESENT:

Linda Brown

I. Call to Order and Roll Call

Chairman Wannigman called the meeting to order at 10:00 a.m. Roll call was taken and a quorum declared.

II. Approval of the December 11, 2005 Meeting Minutes

Dr. Hardy moved that the minutes be approved. Dr. Khalsa seconded the motion. Roll call was taken and the minutes were approved.

III. Chairpersons Report

Dr. Wannigman clarified the tasks for the committee as outlined the Section 3627 of the Business and Professions Code.

- The Bureau shall establish a committee to determine the naturopathic formulary based on a review of naturopathic medical education

- The committee shall be composed of physicians and surgeons, pharmacists, and naturopathic doctors
- The committee shall review naturopathic education, training and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of naturopathic doctors and the required supervision and protocols for these functions
- The Bureau shall make recommendations to the Legislature not later than January 1, 2007 regarding the prescribing and furnishing authority of naturopathic doctors and the required supervision and protocols including those for the utilization of intravenous and ocular routes of prescription drug administration
- The committee and the Bureau shall consult with physicians and surgeons, pharmacists, and licensed naturopathic doctors in developing the findings and recommendations to the Legislature

Dr. Wannigman stated that the committee had approved documents for the recommendation of IV authority for naturopathic doctors. Now the work to be done is in prescribing and furnishing authority. Dr. Wannigman asked for the views of other members of the committee. He also asked for the timelines.

IV. Discussion and Review of Recommendations (Sec. 3627, B&PC)

Linda Brown stated that one timeline that had been decided upon is to have a rough draft of the committee's report to the Advisory Council for their May meeting. Linda reported that DCA administration had contacted the Bureau to inquire how the reports were coming along. The Bureau was given an October deadline rather than a November deadline for the reports to be submitted to the Department. The committee looked at the handout for Agenda Item IV, which included a draft outline for what the reports should include. The portion being worked on by the committee is included under "Findings and Recommendations for the Profession." Linda asked the committee for a brief statement explaining each of the recommendations, and emphasized that the explanations need to be in layman's terms.

Dr. Hardy stated that there was confusion with the original law and what the committee's task is, and that was compounded by what AB 302 was supposed to do and didn't do. Dr. Hardy stated that the original intent of the law was specifically to limit the NDs' ability to independently do anything that required furnishing; therefore anything intravenously or intramuscularly automatically be a prescriptive item and therefore wasn't specifically addressed in the law but was addressed by the route of administration issue. Originally the committee put aside the issue of a prescriptive drug formulary. The way the law is written for prescription drugs is that a protocol with oversight by an MD would be required, and MD supervision would also be required for anything intravenous and intramuscular including intravenous vitamins, minerals, etc. Dr. Hardy stated that the committee has lost sight of the issue of whether or not there are enough physicians who are willing and appropriately trained and able to do this oversight. A MD's training is adequate for oversight of prescription drugs. There are not that many MDs who are trained adequately for oversight of intravenous

therapy. That is one problem with the way the law is currently written and the execution and enforcement of the law. The second issue is that current malpractice insurance policies restrict the MDs ability to do the oversight and the ones that do allow it may require an extra fee. So there is some issue as to how realistic this is if physicians cannot get the malpractice insurance to do this required oversight. That leaves the committee in a difficult position to do what the law has asked the committee to do which is to make a comment about the safety of these practices given these issues. Dr. Hardy stated that should be at the forefront of the report when it is written because that is the current law as the committee has been currently charged to do. Beyond that, the committee is to be commenting about formulary that could be used by NDs under physician supervision the way the law currently states. A third task is to say given the reality of the law, what would the committee recommend that be done, which could be much less exhaustive in detail than what the committee has already done. Another concern is that by the time the report is executed, it will be out of date and will have to be redone.

Dr. Wannigman stated that the recommendations for regulation were to ensure that NDs would be practicing safely.

Dr. Khalsa stated that if he were to supervise an ND, it would only be someone working within his own office where he could see them day to day; if there was a problem, he would be there to help them. He feels that the report needs to reflect the reality that the NDs are "locked up" and there is little possibility of an MD supervising them. Therefore the report should recommend to give NDs the freedom to do more.

Dr. Hardy stated that a pharmaceutical drug formulary still needs to be detailed and that is a big part of what the committee still has left to do.

It was discussed that the committee should review pharmaceutical formularies used by NDs in other states and that the committee should vote on one of these to be used as a recommendation at the next meeting.

Dr. Khalsa stated that a recommendation could be that with proper training, such as the course required by Arizona, that NDs could prescribe certain drugs without MD supervision. Otherwise, prescribing any other drugs or prescribing without the proper training, NDs must have MD supervision. That puts it into two categories and makes the committee's job pretty straightforward. He suggested a checklist of things that the committee still needs to do.

Dr. Wannigman suggested an election of a new chair and vice-chair of the committee be done at the next meeting. Dr. Hardy moved that the election be held. Dr. Cates seconded the motion. Roll was called and the committee unanimously approved the motion.

Dr. Khalsa requested the outline of the Arizona drug training program be included in the next meeting's handouts.

Linda requested that as the report is written, the committee members need to approve those sections of the report. The committee was in agreement.

Dr. Khalsa suggested that perhaps the committee could take the Arizona program intact, maybe make a few modifications. It was agreed to put it on the agenda for a review and vote.

Dr. Wannigman suggested an exclusionary formulary, and suggested some exclusionary categories such as blood modifiers, anti-psychotic agents, general anesthetics, and muscle relaxants. He will provide the document for the next meeting in developing the formulary. He feels it would be less of a burden on pharmacies.

Dr. Woodhouse suggested that an inclusionary formulary may be easier to sell to opponents of prescribing rights for NDs.

The committee decided to look at both inclusionary and exclusionary lists already in use in other states. For the next meeting, the committee wants to look at:

- Arizona continuing education course
- Arizona exclusionary list
- Oregon inclusionary list
- Dr. Wannigman's suggested California exclusionary list

V. Preliminary Formulary Recommendations for January 29 Advisory Council Meeting

Linda requested text to go with the approved recommendations for the meeting. Dr. Wannigman requested the blueprints be presented to the Advisory Council. Dr. Khalsa said he would be comfortable explaining the recommendations to the council. He will include:

- a. The difficulty of getting MD supervision.
 - b. The difficulty for MDs in getting malpractice insurance to cover it.
- Therefore, the committee is recommending that the IV protocols be allowed to be used by NDs without supervision if they have formal training. The committee anticipates having a similar recommendation regarding NDs and a pharmaceutical formulary with training.

Dr. Wannigman suggested adding the lack of a coordinated clinical training, and the identification of safety record in other states. Research did not identify any cases of malpractice litigation involving prescribing rights.

Update Regarding Malpractice Insurance Questions

Dr. Khalsa and Dr. Hardy will be preparing a list of questions for the Bureau to present to malpractice insurance companies.

VI. Future Meeting Dates

February 26, 2006 10:00 a.m.

March 19, 2006 10 a.m. (tentative)

VII. Public Comment

Dorothea Cist, a licensed ND in Mission Viejo, expressed concern that Dr. Khalsa was going to recommend "adequate training" for NDs prescribing under MD supervision. Dr. Khalsa clarified that the additional training was for independent ND prescribing.

VIII. Adjournment

Dr. Khalsa made a motion to adjourn. Dr. Watson seconded the motion. The meeting was adjourned at 12:00 p.m.

