

HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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## SUBCHAPTER 1

### GENERAL PROVISIONS

§16-88-1 Objective. This chapter is intended to clarify and implement chapter 455, HRS, to the end that the provisions thereunder may be best effectuated and the public interest most effectively protected. [Eff 6/11/79; am and ren §16-88-1, 6/22/81; am and comp 4/28/88; comp 7/10/91; comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-6)

§16-88-2 Definitions. As used in this chapter:

"Board" means the board of naturopathic medicine. [Eff 6/11/79; am and ren §16-88-2, 6/22/81; am and comp 4/28/88; comp 7/10/91; am and comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-4, 455-6)

§16-88-3 Notification and filing of names, addresses, and changes. Every licensee shall file the licensee's mailing address with the board and shall notify the board in writing of any and all changes within thirty calendar days of the change. [Eff 6/11/79; am and ren §16-88-3, 6/22/81; am and comp 4/28/88; comp 7/10/91; comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-6)

§16-88-4

§16-88-4 Payment of renewal fees. Renewal fees paid by mail shall be considered as paid when due if the envelope bears the postmark of December 31 or earlier of each odd-numbered year. [Eff 6/11/79; am and ren §16-88-4, 6/22/81; am and comp 4/28/88; am and comp 7/10/91; comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-8)

§16-88-5 Automatic forfeiture of license. A licensee's license shall be automatically forfeited if:

- (1) The licensee fails to pay the renewal fee on or before December 31 of each odd-numbered year;
- (2) The licensee pays the renewal fee by check which is not honored due to insufficient funds; or
- (3) For any other reason, the renewal fee shall be considered not paid. [Eff and comp 4/28/88; am and comp 7/10/91; comp 10/13/94; comp 1/21/10; comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-8)

§16-88-6 Restoration of forfeited license. A license which is forfeited pursuant to section 16-88-5 may be restored upon:

- (1) Submitting an application for renewal on a form approved by the board and payment of a renewal fee;
- (2) Payment of all delinquent fees; and
- (3) Payment of a penalty fee. [Eff and comp 4/28/88; comp 7/10/91; am and comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-8)

§16-88-7 Display of wall certificate. A wall certificate issued by the board shall be conspicuously displayed in the licensee's place of business. [Eff and comp 4/28/88; comp 7/10/91; comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-8)

§16-88-7.5 Use of titles. A person licensed under chapter 455, HRS, and this chapter:

- (1) Shall clearly identify him or herself as being a naturopathic physician;
- (2) May use the titles "natureopath", "naturopath", "doctor of naturopathy", "doctor of naturopathic medicine", "naturopathic healthcare", "naturopathic physician", "naturopathic medicine", "naturopathy", "naturopathic doctor", and "N.D.";
- (3) Shall not use any title to induce the belief that the person is licensed as a physician or an osteopathic physician in this State; and
- (4) Shall not use the title "naturopathic medical doctor" or the acronym "N.M.D."; provided that this prohibition shall not apply to a naturopathic physician who is licensed as a physician or an osteopathic physician in this State. [Eff and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-9, 455-11)

## SUBCHAPTER 2

### APPLICATIONS

§16-88-8 Repealed. [R 4/28/88]

§16-88-9 Application for licensure. (a) An application for licensure filed with the board shall be prepared in accordance with the application forms and instructions provided by the board and shall be accompanied by:

- (1) The required application fees, which shall not be refunded;
- (2) A certified copy of an official transcript;
- (3) Passing scores of the examinations as required in section 16-88-14.1. The applicant shall be responsible for having the professional testing agency verify, directly to the board, the passing scores of the examinations as required in section 16-88-14.1; and
- (4) Any other documents deemed necessary by the board.

(b) The board may delegate to the board's executive officer the authority to issue a license upon verification that an applicant has met the education and examination requirements of this chapter and chapter 455, HRS. [Eff and comp 4/28/88; am and comp 7/10/91; am and comp 10/13/94; am and comp 1/21/10; comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-2, 455-3, 455-7)

§16-88-10

§16-88-10 Application for examination and reexamination. An application for examination and reexamination shall be filed directly with the professional testing agency contracted with the board. [Eff and comp 4/28/88; am and comp 7/10/91; comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-2, 455-7)

SUBCHAPTER 3

EXAMINATION

§16-88-12 Repealed. [R 4/28/88]

§16-88-12.1 Examination requirements for licensure. Each applicant shall be required to take and pass the following Naturopathic Physicians Licensing Examinations (NPLEX):

- (1) Part I of the NPLEX;
- (2) Part II of the NPLEX; and
- (3) Examination on homeopathy; provided that after February 2007, the examination on homeopathy will no longer be a separate examination as it will be incorporated into the Part II of the NPLEX. [Eff and comp 4/28/88; comp 7/10/91; am and comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-7)

§16-88-12.2 Educational requirements for licensure. The naturopathic medical education program shall be a minimum of four academic years, with in-residence curriculum in basic science and clinical didactic studies, as well as clinical training. [Eff and comp 1/21/10; comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-3)

§16-88-13 Repealed. [R 4/28/88]

§16-88-14 Repealed. [R 4/28/88]

§16-88-14.1 Passing score. (a) The passing score, which shall be verified directly to the board by the professional testing agency, for each examination or each part of the examinations specified in section 16-88-12.1 shall be a converted score of at least seventy-five or a result of "P" or "pass"; provided that the score report of "P" or "pass" is equivalent to a converted score of at least seventy-five.

(b) The professional testing agency shall grade and score the examinations. [Eff and comp 4/28/88; am and comp 7/10/91; am and comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-7)

§16-88-14.2 Reexamination. (a) An applicant who fails any part of Part I of the NPLEX shall be required to retake all failed parts during the same administration of the NPLEX examination and shall attain a converted score of at least seventy-five on all parts of the examination that the applicant had failed and had retaken; provided that:

- (1) An applicant who fails more than two parts of Part I of the NPLEX shall retake the entire Part I of the NPLEX; and
- (2) An applicant who fails to pass all parts of Part I of the NPLEX within four attempts shall retake the entire Part I of the NPLEX. An applicant who has not passed all five parts of Part I of the NPLEX prior to August 2009, shall retake the entire Part I of the NPLEX. After February 2009, an applicant who fails any part of the Part I of the NPLEX shall retake the entire examination.

(b) An applicant who fails any part of Part II of the NPLEX shall retake the entire examination. [Eff and comp 4/28/88; comp 7/10/91; comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-7)

#### SUBCHAPTER 4

#### HEARINGS

§16-88-15 Denial. If an application for a license, renewal of a license, or restoration of a license is denied by the board, the applicant or licensee, as the case may be, shall be notified by letter of the board's action which shall include a concise statement of the reasons for denial and a statement informing the applicant or licensee of the right to a hearing. [Eff 6/11/79; am and ren §16-88-15, 6/22/81; am and comp 4/28/88; comp 7/10/91; comp 10/13/94; comp 1/21/10;

§16-88-15

am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-6, 455-11)

§16-88-16 Demand for a hearing. Any person whose application for a license, renewal of a license, or restoration of a license has been denied by the board may petition for hearing relief pursuant to chapter 16-201; provided that the petition for hearing relief is filed with the board within sixty calendar days of the date of the denial of the application. [Eff 6/11/79; am and ren §16-88-16, 6/22/81; am and comp 4/28/88; comp 7/10/91; comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§91-13.1, 455-6, 455-11)

§16-88-17 Proceedings upon demand for a hearing. If a demand for a hearing is filed pursuant to section 16-88-16, the board shall order a hearing pursuant to chapter 16-201. [Eff 6/11/79; am and ren §16-88-17, 6/22/81; am and comp 4/28/88; comp 7/10/91; comp 10/13/94; am and comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-6, 455-11)

§16-88-18 Administrative practice and procedure. The rules of practice and procedure provided in chapter 16-201, as amended, shall be followed for administrative hearings, and are hereby incorporated into and made a part of this chapter. [Eff and comp 4/28/88; comp 7/10/91; am and comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §§91-2, 455-6) (Imp: §§91-2, 455-6)

## SUBCHAPTER 5

### ORAL TESTIMONY

§16-88-20 Oral testimony. (a) The board shall accept oral testimony on any item which is on the board's agenda, provided that the testimony shall be subject to the following conditions:

- (1) Each person seeking to present oral testimony is requested to notify the board not later than forty-eight hours prior to the meeting, and at that time shall state the item on which testimony is to be presented;

- (2) The board may request that any person providing oral testimony submit the remarks, or a summary of the remarks, in writing to the board;
- (3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;
- (4) Persons presenting oral testimony shall, at the beginning of the testimony, identify themselves and the organization, if any, that they represent;
- (5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and
- (6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

(b) Nothing in this section shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending subject to the hearings relief, declaratory relief, or rule relief provisions of chapter 16-201.

(c) Nothing in this section shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff and comp 4/28/88; comp 7/10/91; am and comp 10/13/94; comp 1/21/10; comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§92-3, 455-6)

## SUBCHAPTER 6

§16-88-21 Repealed. [R 7/10/91]

§16-88-22 Repealed. [R 7/10/91]

§16-88-23 Repealed. [R 7/10/91]

§16-88-24

§16-88-24 Repealed. [R 7/10/91]

§16-88-25 Repealed. [R 4/28/88]

§16-88-26 Repealed. [R 7/10/91]

§16-88-27 Repealed. [R 7/10/91]

## SUBCHAPTER 7

### FEES

§16-88-31 Fees. All fees under chapter 455, HRS, and this chapter shall be specified in chapter 16-53, relating to boards and commissions. [Eff 11/7/64; am and ren §16-88-31, 6/22/81; am and comp 4/28/88; comp 7/10/91; comp 10/13/94; comp 1/21/10; am and comp 2/14/11; comp 4/13/12] (Auth: HRS §92-28) (Imp: HRS §§26-9, 92-28)

## SUBCHAPTER 8

§16-88-35 Repealed. [R 7/10/91]

§16-88-36 Repealed. [R 7/10/91]

§16-88-37 Repealed. [R 7/10/91]

§16-88-38 Repealed. [R 7/10/91]

§16-88-39 Repealed. [R 7/10/91]

§16-88-40 Repealed. [R 7/10/91]

§16-88-41 Repealed. [R 7/10/91]

## SUBCHAPTER 9

### PARENTERAL THERAPY

§16-88-56 Authorization to use parenteral therapy required. (a) For the purposes of this chapter, parenteral therapy is limited to subcutaneous, intramuscular, and intravenous injection.

(b) Only a naturopathic physician licensed under chapter 455, HRS, who meets the education and training requirements of this subchapter shall be authorized to administer parenteral therapy in the naturopathic physician's practice. [Eff and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-1, 455-6, 455-11)

§16-88-57 Education and training requirements for parenteral therapy.

(a) To qualify to administer parenteral therapy in the naturopathic physician's practice, a naturopathic physician shall submit an application and applicable fees to the board and demonstrate that the naturopathic physician has:

- (1) A current naturopathic physician's license in this State; and
- (2) Completed a qualifying course on parenteral therapy from an approved course provider as provided in this section.

(b) The qualifying course shall consist of a minimum of thirty classroom hours on parenteral administration through injection of applicable naturopathic formulary substances.

(1) At a minimum, the qualifying course shall have covered all of the following topics:

- (A) Current and historical research on parenteral therapy;
- (B) Indications and contraindications of parenteral therapy;
- (C) Parenteral therapy side effects and toxicity, nutrient/drug interactions;
- (D) Parenteral therapy and practical application, vein selection, and insertion techniques;
- (E) Intravenous solutions, equipment, supplies, catheters, and pic lines;

- (F) Initial evaluation and treatment monitoring requirements;
  - (G) Frequency of parenteral treatments;
  - (H) Charting requirements, standards of care, office procedures, consent to treat, nutrition and lifestyle recommendations during treatment, errors and adverse reactions; and
  - (I) Practicum on mixing and administering parenteral solutions, including observation of intravenous set up and administration (the licensee shall have observed at least ten of these); and successful completion of intravenous set up (the licensee shall have completed at least ten of these).
- (2) The licensee shall have successfully completed a written examination developed and administered by the course provider, and the practicum described in subparagraph (b)(1)(I). The written examination shall consist of at least fifty questions that are relevant to the topics set forth in this subsection. Successful completion of the written examination shall be a passing score of at least seventy-five percent or its equivalent.
- (3) One classroom hour is defined as fifty minutes out of each sixty minute segment and may include time devoted to examinations.
- (4) No credit shall be granted for distance education, including but not limited to correspondence courses, internet courses, or video or remote television offerings.
- (c) Schools, universities, or colleges that meet the requirements of section 455-3, HRS, and schools, universities, or colleges that are accredited by a regional or national accrediting body recognized by the United States Department of Education, shall automatically be approved course providers. The dean of these approved course providers shall certify to the board that the qualifying course and licensee met the requirements of subsection (b).
- (d) Course providers that are not automatically approved pursuant to subsection (c) shall submit an application and applicable fees, course description and outline, and course instructor qualifications to the board for approval.
- (1) Course instructors shall have had at least one year of experience teaching parenteral therapy at a school, university or college as described in 16-88-57(c), and at least five years' experience and training combined in parenteral therapy.
- (2) These course providers shall:
- (A) Provide attendees within sixty days of completion of the course or the examination, completion certificates which shall include information regarding the number of

classroom hours and, whether there was successful passage of the course examination; and

- (B) Keep attendance records for a minimum of seven years.
- (3) Completion certificates shall be issued only if the attendee physically attended the course.
- (4) Attendees may take no more than one make-up examination; provided that the examination is taken within ninety days after the end date of the course. [Eff and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-3, 455-6, 455-11)

§16-88-58 Disapproval of course providers, courses, and instructors. (a)

Course providers, courses, and instructors may be disapproved when:

- (1) The instructor or administrators of the course provider have had any disciplinary action imposed against them in any jurisdiction; or
- (2) The course provider, course, or instructor fails to meet the requirements in section 16-88-57.
- (b) Course approval may be withdrawn for cause after notification to the course provider by the board or the board's authorized designee. [Eff and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §455-6)

§16-88-59 Standards to administer parenteral therapy. (a)

To protect the general public, every licensee authorized to administer parenteral therapy in the licensee's practice shall make a good faith effort to comply with the standards set forth in this section. These standards are designed to be a systematic process to improve professional performance, a measurable tool for implementation and disciplinary action, and a statement of level of practice for the best outcome in patient care. Standard of practice guidelines for parenteral therapy are not intended to replace professional clinical judgment in individual cases, but rather to establish patient care parameters for safe and effective patient care.

- (b) Standards of care summary:
  - (1) General and intravenous specific history and physical examination;
  - (2) Appropriate laboratory evaluations;
  - (3) Referrals: assessment of referral from other provider and necessity for potential referral from your facility;

- (4) Prevention and intervention: assessment of need for prevention of adverse events specific to the patient's history and condition and intervention in the plan to address these assessments;
  - (5) Follow up evaluation: evaluate the patient at the end of treatment and on discharge;
  - (6) Stated assessment on weekly, monthly, quarterly, or yearly basis: the original plan should have treatment goals and intervals for follow up assessment;
  - (7) Therapeutic options: address other options (additional to the original plan) as the need arises;
  - (8) Self management education: assure that patient follow-up instruction is given and patient care at home is addressed; and
  - (9) Note appropriate details of treatment in a patient's record.
- (c) A written intravenous order shall include the following information:
- (1) Patient: name and date;
  - (2) Type of carrier solution and amount;
  - (3) Type and amount of medication added to the carrier solution;
  - (4) Rate of infusion;
  - (5) Route solution is given (e.g., intravenous, intramuscular, etc.); and
  - (6) Type of access device used: catheter, butterfly, or central venous access device.
- (d) The following procedure is required prior to providing initial or new intravenous therapy to patients:
- (1) The written order for intravenous therapy shall be issued by a licensed naturopathic physician who is authorized to administer parenteral therapy;
  - (2) Each patient shall read and sign an informed consent form for intravenous therapy;
  - (3) For patients that have been referred to the clinic by another physician for intravenous therapy, ensure that the desired intravenous treatment is clearly described and that any questions or concerns are addressed with the referring physician prior to the patient visit;
  - (4) Review patient history;
  - (5) Perform the required physical examination and vital signs;
  - (6) Evaluate other considerations relative to intravenous therapy from the intake form;
  - (7) Perform appropriate laboratory tests;

- (8) Compliance with the professional standards of the Centers for Disease Control and Prevention and Occupational Safety and Health Administration for the prevention of contamination and infection control;
- (9) Utilize sterile and hygienic techniques at all times during the procedure, from preparation of the intravenous solution to cleansing the injection site and attention to maintaining the sterile field throughout the procedure; and
- (10) Document a Procedure/Alternatives/Risks/Questions (PARQ) communication with the patient during the first consultation regarding intravenous therapy:
  - (A) Procedure: explain the procedure;
  - (B) Alternatives: inform the patient about alternatives to the procedure;
  - (C) Risks: assess and address the risks involved; and
  - (D) Questions: answer the patient's questions and concerns.

[Eff and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-6, 455-11)

## SUBCHAPTER 10

### MINOR OFFICE PROCEDURES

§16-88-70 Authorization to perform minor office procedures required.

(a) Only a naturopathic physician licensed under chapter 455, HRS, who meets the examination requirements of this section shall be authorized to perform minor office procedures in the naturopathic physician's practice.

(b) To qualify to perform minor office procedures in the naturopathic physician's practice, a naturopathic physician shall submit an application and applicable fees to the board and demonstrate that the naturopathic physician has a current naturopathic physician's license in this State, and:

- (1) Successfully passed the NPLEX Clinical Elective Minor Surgery Examination; or
- (2) Licensees who were licensed prior to the establishment of the NPLEX may provide evidence of successful passage of a minor surgery examination that was administered by another licensing jurisdiction and required to allow the licensee to practice minor surgery in that licensing jurisdiction. The licensee shall be responsible for having the other licensing jurisdiction verify,

directly to the board, the successful passage of the minor surgery examination and that passage of that examination was required to allow the licensee to practice minor surgery in that licensing jurisdiction. [Eff and comp 2/14/11; comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-1, 455-6, 455-11)

## SUBCHAPTER 11

### STANDARDS OF PRACTICE, CARE, AND ETHICS

§16-88-80 Code of ethics. (a) To provide protection to the general public, a naturopathic physician shall abide by the following code of ethics:

- (1) **Honesty:** A naturopathic physician shall conduct himself or herself in an honest manner; shall not represent himself or herself to patients or the public in an untruthful, misleading, or deceptive manner; and shall not engage in advertising that is false or deceptive.
- (2) **Improper relationship:** A naturopathic physician shall not engage in sexual relations with a patient unless that patient has been released from the naturopathic physician's care for at least one year. The termination of the physician-patient relationship shall be in writing, and the patient shall understand that the physician-patient relationship has ended.
- (3) **Privacy:** A naturopathic physician shall maintain patient privacy and confidentiality; provided that if the naturopathic physician becomes aware that a patient is a danger to the public, the naturopathic physician shall take reasonable steps to advise appropriate public officials or agencies of the potential danger, within the guidelines of applicable laws.
- (4) **Performance:** A naturopathic physician shall perform professional tasks and responsibilities to the best of the naturopathic physician's ability, and refrain from engaging in any behavior that will detract from his or her ability to engage in the practice of naturopathic medicine.
- (5) **Obligation:** The fundamental and primary obligation of a naturopathic physician is to the patient, and the maintenance and improvement of the patient's health and well-being.
  - (A) A naturopathic physician shall at all times seek to employ methods of therapy that are consistent with naturopathic

medical philosophy, scientific principles and evidence, and the naturopathic physician's training and experience, and shall provide patients with information about these therapies and potential alternative therapies so that the patient may give fully informed consent to the recommended treatments.

- (B) As part of the obligation to provide care, a naturopathic physician shall use his or her best efforts to facilitate a patient's access to high quality, safe and reliable medicines, medical devices, and supplements.
  - (C) A naturopathic physician shall offer alternative sources for obtaining the items in subparagraph (5)(B) as long as those alternative sources do not compromise patient safety or clinical effectiveness.
  - (D) The naturopathic physician shall adequately disclose the contents of medicines or the nature and description of treatments recommended to a patient.
  - (E) Furthermore, all therapies shall be monitored by the naturopathic physician in a timely manner utilizing reliable means in order to accurately assess the patient's response to employed treatments.
  - (F) A naturopathic physician shall only provide or recommend services that are medically necessary or deemed to be beneficial for an individual patient.
- (6) Competence: A naturopathic physician shall maintain proficiency and competence, and be diligent in the provision and administration of patient care.
- (A) A naturopathic physician shall recognize and exercise professional judgment within the limits of his or her qualifications, and collaborate with others, seek counsel, or make referrals as appropriate.
  - (B) When expanding the naturopathic treatments or services provided to patients, a naturopathic physician shall pursue the appropriate advanced education and training.
  - (C) A naturopathic physician shall dedicate sufficient time to each patient in order to provide (to the best of the naturopathic physician's ability) accurate, comprehensive, and individualized patient assessment and treatment.
- (7) Discrimination: A naturopathic physician is free to decide whether or not to provide naturopathic medical care of a

particular person, unless confronted with a medical emergency; provided that the naturopathic physician shall not refuse his or her best care if other reasonable options are not available.

- (A) A naturopathic physician shall not decline to provide care for a person or discriminate against others on the basis of race, ethnicity, creed, religion, disability, sex, age, sexual orientation, or national origin.
  - (B) Once the naturopathic physician-patient relationship has begun, the naturopathic physician shall provide care until care is complete, the patient ends the relationship, or the naturopathic physician has discharged the patient from care.
  - (C) If a naturopathic physician justifiably desires to end the naturopathic physician-patient relationship, and if continued medical care is appropriate, the naturopathic physician shall document a formal referral to an appropriate health care provider.
- (8) Communication: A naturopathic physician has a duty to not only communicate effectively with a patient, but also to educate the patient and convey relevant information in terms the patient can understand, providing adequate opportunity for the patient to ask questions and discuss matters related to the patient's care.
- (A) A naturopathic physician shall transfer a patient's records to another health care provider at the request of the patient, in accordance with appropriate and applicable legal guidelines, in a reasonable and timely fashion, and at reasonable cost.
  - (B) A naturopathic physician shall maintain confidentially of all patient records unless otherwise instructed by the patient or required by law.
- (9) Conflicts of interest: If a naturopathic physician is faced with a conflict of interest, the conflict shall be resolved in the best interest of the patient.
- (A) If a naturopathic physician has any financial interests that may conflict with appropriate medical care, the naturopathic physician shall disclose those interests to the patient.
  - (B) A naturopathic physician who makes written or oral public statements concerning specific products sold by a company from which the naturopathic physician receives

compensation, or in which the naturopathic physician holds an ownership interest, shall disclose this financial relationship in those public statements.

- (10) **Improper conduct:** A naturopathic physician shall not prescribe, provide, or seek compensation for medical services that are not specifically indicated for an individual patient.
- (11) **Influence:** A naturopathic physician shall not exert influence over a patient to undertake any action that is contrary to the patient's best interest.
- (12) **Accepting gifts:** A naturopathic physician shall not accept gifts from any individual or entity that are deemed to influence the naturopathic physician's professional clinical judgment.

(b) The failure to comply with any of the provisions of this section shall subject a licensee to discipline under chapters 436B and 455, HRS, and this chapter. [Eff and comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§436B-18 to 436B-19, 436B-20 to 436B-28, 455-6, 455-11)

§16-88-81 Standards of practice and care. (a) **Basic standards.** To protect the general public, a naturopathic physician shall make a good faith effort to abide by the standards of practice and patient care provided in this section.

(b) **Ongoing education.** A naturopathic physician shall use his or her best efforts to keep up with the changes and advancements in naturopathic medicine.

- (1) A naturopathic physician shall critically and without bias evaluate new therapeutic agents and methods that may be of benefit to the naturopathic physician's patients; and
- (2) A naturopathic physician shall use his or her best efforts to continually evolve the naturopathic physician's practice of medical care to provide increased benefit to patients.

(c) **Primary care.** A naturopathic physician is trained to be a primary care family practice physician, and may choose to emphasize or specialize in certain methods, modalities, or areas of practice, either singly or within the scope of a general practice.

(d) **Specialization.** If a naturopathic physician decides to emphasize or specialize in certain methods, modalities, or areas of practice within the scope of a general practice, the naturopathic physician shall:

- (1) Disclose the nature of the naturopathic physician's limited practice to the public, patients, and colleagues; and

- (2) Make appropriate referrals if requested by a patient, or if a patient requires treatment that is not within the limited practice.
- (e) Naturopathic physician's role in health promotion. A naturopathic physician's role in health promotion includes:
  - (1) The prevention of disease through education and the promotion of healthy ways of living. A naturopathic physician shall:
    - (A) Assess risk factors and hereditary susceptibility to disease;
    - (B) Make appropriate interventions to prevent illness and assist patients to achieve their optimum health;
    - (C) Encourage a patient towards independence and self-direction;
    - (D) View health optimization as the ultimate goal rather than crisis intervention;
    - (E) Assist a patient to identify, test out, and evaluate constructive patterns of living; and
    - (F) Reinforce positive behavior patterns.
  - (2) Following the guidelines of applicable public health agencies including:
    - (A) Reporting diseases; and
    - (B) Keeping up with public health data such as updates issued by the U.S. Centers for Disease Control and Prevention and the State Department of Health.
  - (3) Using methods to prevent illness and maintain optimum health such as:
    - (A) Periodic screening for common risk factors, such as elevated serum (blood) glucose, hypertension, and obesity; and
    - (B) Periodic screening for specific diseases such as cancer, coronary artery disease, diabetes, osteoporosis, and thyroid dysfunction.
- (f) Patient records. A naturopathic physician shall keep clear and concise records documenting patient care. Records shall be legible, orderly, complete, and abbreviations and symbols employed shall be commonly used and understood. The Problem Oriented Medical Record, also known as the Subjective, Objective, Assessment and Plan (SOAP) format, shall be used as the standard form for keeping records.
  - (1) Patient data may be collected from:
    - (A) The patient affected;
    - (B) The patient's family or friends; or
    - (C) Medical records from previous physicians, or other health

care providers, for the purpose of patient evaluation.

- (2) Patient records shall include the following:
  - (A) Identifying data (e.g., name, age, sex, occupation, nationality, etc.);
  - (B) Description of the patient's chief complaint, preferably in the patients' own words;
  - (C) History of the present illness including any concurrent medical problems;
  - (D) Past medical history (e.g., previous illnesses, surgeries, medications, hospitalizations, childhood illnesses, accidents, injuries, pregnancies, etc.);
  - (E) Current health status (e.g., allergies, current medications and supplements, immunization history, tobacco, alcohol or recreational drug use, exercise and leisure activities, sleep habits, diet, environmental hazards, etc.);
  - (F) Family history (e.g., familial tendencies, genetic predispositions, infectious diseases, etc.);
  - (G) Psychosocial disposition (e.g., brief biography, family and home situation, occupation, lifestyle, emotional make-up, stressors, typical daily events, etc.);
  - (H) Review of systems or written positive findings and pertinent negatives;
  - (I) Patient's general appearance, vital signs, and the results of the rest of the examination whether it is regional or comprehensive; and
  - (J) Results of any laboratory studies.

(g) Diagnostic criteria. A naturopathic physician shall use conventional medical diagnostic criteria in the establishment of a diagnosis, taking into account all information recorded in subsection (f)(2). Other diagnostic criteria may be used, including those of non-western medical traditions. All diagnostic criteria shall be consistent with other health care disciplines that utilize the same criteria. A naturopathic physician may use a combination of conventional and other diagnostic criteria. A naturopathic physician utilizing diagnostic criteria other than conventional diagnostic criteria shall also apply conventional forms when:

- (1) A patient is also being evaluated by another health care provider for the same or a related condition, in order to maintain continuity among the different disciplines of medicine and to assure quality patient care;

- (2) Faced with a life threatening or degenerative illness with the possibility that interventional therapies may be needed;
- (3) The naturopathic physician knows that a patient will need referral for the same or other illnesses;
- (4) A patient requests it; or
- (5) As required by State law.
- (h) Assessment. A naturopathic physician shall begin a written assessment with a summary of the patient's medical history and physical examination that recaps the findings in a way that supports the differential diagnosis or working diagnosis. The assessment shall include an explanation of the analysis and reasoning for the assessment that includes:
  - (1) The type of care that is needed (e.g., immediate, acute, chronic, long or short-term);
  - (2) A discussion of naturopathic considerations; and
  - (3) A patient's ability to respond to treatment based on past medical history and the naturopathic physicians' subjective assessment.
- (i) Treatment plan. A naturopathic physician shall develop a specific written health plan for each patient that is:
  - (1) Rational and is:
    - (A) Based on identified needs;
    - (B) Realistic in its goals;
    - (C) Practical in light of the patient's condition and situation;
    - (D) In the best interest of the patient;
    - (E) Logical in sequence and internally consistent;
    - (F) Prioritized to the patient's most pressing conditions;
    - (G) Compatible with other therapies the patient may be undergoing;
    - (H) Cost effective;
    - (I) Flexible to accommodate new developments, findings, and
    - (J) Experimental only with informed consent and only in areas of a naturopathic physician's expertise.
  - (2) Based on proper assessment, including:
    - (A) Ruling out or identifying life-threatening or hidden conditions with appropriate history, examination and testing, including referral for specialized evaluation, when appropriate; and
    - (B) Allowing for timely on-going reassessment.
  - (3) Based on naturopathic principles including:
    - (A) Stimulating a patient's vital force to promote healing or, in special instances, supplementing or replacing the action

of the vital force when the patient is unable to respond to curative treatment;

- (B) Removing the cause of conditions, when known;
  - (C) Choosing treatments that pose the least risk of patient harm;
  - (D) Individualizing treatments to the whole patient, including referral to appropriate health care providers for specialized therapies;
  - (E) Educating a patient to participate responsibly in his or her own health care and to learn the principles for building of health and preventing future disease;
  - (F) Involving, when appropriate, others significant to a patient in the treatment plan; and
  - (G) Prevention of disease.
- (4) Self-critical, but is not limited to:
- (1) A mechanism for timely evaluation of plan effectiveness; and
  - (2) A mechanism for timely modification of failed plans, including referral to other appropriate health care providers.

(j) Consent to treatment. A naturopathic physician shall inform a patient of the patient's right to informed consent and freedom of choice in health care and present the patient with all the options for medical care in an unbiased manner. A naturopathic physician may express his or her opinion as to the quality of the different types of health care options, or if requested to by the patient.

(k) Patient participation. A naturopathic physician shall encourage patient participation in a patient's own health care as it is recognized that such participation leads to better compliance and a faster recovery. The naturopathic physician shall assess whether a patient has the ability to participate; provided that this assessment shall include the:

- (1) Ability of the patient to understand the nature of the illness;
  - (2) Ability of the patient to understand the medical options available and their consequences;
  - (3) Patient's mental status; and
  - (4) Ability of the patient to make an informed consent.
- (l) Goals and priorities of the naturopathic physician and patient.

The naturopathic physician, patient, or a combination of both shall set the goals and priorities. If in the opinion of the naturopathic physician, a patient makes a

choice that may be harmful to the patient, the naturopathic physician shall document this in the patient's records, and:

- (1) Inform the patient of such, and offer to continue or resume treating the patient if the patient so desires;
- (2) Refuse to participate further in the health care of the patient by both verbal and written notice to patient; or
- (3) Refer the patient to another health care provider.

(m) Family participation. Family members may participate in setting goals and priorities at the discretion of the patient or naturopathic physician. In the event that a patient is unable to make choices for himself or herself or participate in the patient's health care, the patient's spouse, parent, eldest or designated child, or court appointed guardian or advocate shall participate on the patient's behalf.

(n) Progress review. A naturopathic physician shall determine when health care plans should be reviewed, and shall be reviewed in the event the patient fails to progress.

(o) Patient progress assessment. A naturopathic physician shall assess patient progress using subjective evaluation and objective measurement of progress when appropriate. Subjective evaluation of assessment is solicited from the patient, recorded by the physician, and is a gauge of progress. Objective measurement of progress can be determined by the restoration of function or decrease in symptoms using such methods as physical measurements, function scales, or by appropriate diagnostic, laboratory, and imaging methods.

- (1) A naturopathic physician shall measure patient progress against the naturopathic physician's prognosis to determine the naturopathic physician's response to a patient's treatment.
  - (A) If the assessed progress is deemed appropriate, the treatment plan should be continued. Treatment would be discontinued when sufficient progress had been achieved, or revised, based upon the patient's response;
  - (B) Lack of appropriate progress could indicate the need for reevaluation of the treatment plan or the need for reevaluation of the condition or underlying basis of the condition being treated; or
  - (C) In cases where no progress is made, at some point the determination to refer the patient for consultation with another health care provider may be necessary. The timing of such determination is based in part upon the prognosis in the patient's case. A referral for this purpose

shall be made in a timely manner, to preserve the health of the patient.

- (2) A naturopathic physician may consult with a patient's family members in the assessment of progress. A naturopathic physician shall encourage the patient to seek a second opinion if the patient disagrees with the naturopathic physician's assessment of progress. The naturopathic physician shall inform the patient of the patient's progress, through family or individual conferences, periodic or yearly evaluations, by letter or phone consultation; refer the patient to another health care provider if no progress is being made after a reasonable length of time; and change the treatment protocol based upon reevaluation of the case.

(p) The failure to comply with any of the provisions of this section shall subject a licensee to discipline under chapter 455, HRS, and this chapter. [Eff and comp 4/13/12] (Auth: HRS §455-6) (Imp: HRS §§455-6, 455-11)

Amendments to and compilation of chapter 16-88, Hawaii Administrative Rules, on the Summary page dated February 10, 2012, were adopted on February 10, 2012, following a public hearing held on February 10, 2012, after public notice was given in the Star Advertiser, The Garden Island, The Maui News, West Hawaii Today, and Hawaii Tribune-Herald on January 8, 2012.

They shall take effect ten days after filing with the Office of the Lieutenant Governor.

/s/ Michael L. Traub, N.D.  
MICHAEL L. TRAUB, N.D., Chairperson  
Board of Naturopathic Medicine

APPROVED AS TO FORM:           Date 3/15/12

/s/ Rodney J. Tam  
Deputy Attorney General  
APPROVED:                           Date 3/27/12

/s/ Keali`i S. Lopez  
KEALI`I S. LOPEZ, Director  
Commerce and Consumer Affairs

APPROVED:                           Date 3/30/12

/s/ Neil Abercrombie  
NEIL ABERCROMBIE, Governor  
State of Hawaii

April 3, 2012  
Filed

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendment and Compilation of Chapter 16-88  
Hawaii Administrative Rules

February 10, 2012

SUMMARY

1. A new §16-88-80 is added.
2. A new §16-88-81 is added.
3. Chapter 88 is compiled.

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Effective 04/13/12