

August 17, 2020

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Dear Ms. Wilson:

The Connecticut Naturopathic Physicians Association is pleased to submit the attached scope of practice proposal for our profession.

Please send all communications to me at: lindseywellsnd@gmail.com

Thank you.

Sincerely,

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THE CONNECTICUT NATUROPATHIC PHYSICIANS
ASSOCIATION REQUEST FOR A CHANGE IN THE SCOPE OF
PRACTICE OF NATUROPATHIC PHYSICIANS LICENSED IN
CONNECTICUT

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THE CONNECTICUT NATUROPATHIC PHYSICIANS ASSOCIATION ("CNPA") REQUEST FOR A CHANGE IN THE SCOPE OF PRACTICE OF NATUROPATHIC PHYSICIANS LICENSED IN CONNECTICUT

INTRODUCTION

Under Connecticut law, the "practice of the healing arts" includes the practice of medicine, chiropractic, podiatry, natureopathy, and with some exceptions, the practice of optometry. Conn. Gen. Stat. §20-1.

The practice of natureopathy (also referred to as "naturopathic medicine" throughout this document) and the permissible scope of such practice in Connecticut are defined in Conn. Gen. Stat. §20-34, which provides:

(a) The practice of natureopathy means the science, art and practice of healing by natural methods as recognized by the council of natureopathic medical education and approved by the State Board of Natureopathic Examiners, with the consent of the [Department of Public Health] commissioner, and shall include (1) counseling and (2) the practice of mechanical and material sciences of healing as follows: The mechanical sciences such as mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, treatment by natural substances and external applications.

(b) For purposes of subsection (a) of this section, "natural substances" means substances which are not narcotic substances, as defined in subdivision (30) of §Section 21a-240, do not require the written or oral prescription of a licensed practitioner to be dispensed, and are only administered orally.

While the State of Connecticut was one of the first of the now twenty-two (22) states, the District of Columbia, and two United States Territories (Puerto Rico and the US Virgin Islands) to provide for licensure of naturopathic physicians ("NDs"), the substantive content of the naturopathic scope of practice provision in Connecticut has remained largely unchanged since 1923.¹ As a practical matter, this means that the statute does not accurately reflect the dramatic advances in the level of education, training, experience, and overall competence of NDs over the course of what is now almost a century since the statute was first enacted. It also means, as further detailed below, that Connecticut's statute has not kept pace with the more recent substantive statutory changes governing naturopathic medicine in other states, where legislative and regulatory bodies have examined the advances in naturopathic medicine and the education, training, and experience of NDs.

¹ Twenty-two states and the District of Columbia, in addition to the U.S. Territories of Puerto Rico and the Virgin Islands, currently license naturopathic physicians. Of these, fifteen states grant NDs prescriptive authority. See Exhibit A for greater detail.

Even within the extremely limited parameters of Connecticut's dated statute, Connecticut's licensed NDs (approximately 366 in number as of 2019) are treating an increasing number of patients who have come to depend on and benefit from NDs for high quality primary care services, including prevention, diagnosis and treatment of illness, and referrals to secondary providers or other specialists when necessary or appropriate.

All relevant influences on public health policy, including the government and private sectors, patient advocates, healthcare provider advocates, and economic and public health educators, are driving our healthcare delivery system to promote greater integration of services and economies of scale. CNPA respectfully suggests that this is an appropriate time for Connecticut's governing authorities to focus attention on the role of naturopathic medicine in our evolving healthcare system. As noted, beyond Connecticut's borders, other states have already undertaken this review, resulting in updated statutory and regulatory provisions that permit NDs to practice naturopathic medicine at levels consistent with the full scope of their education, training and experience. Further, Connecticut is home to the University of Bridgeport College of Naturopathic Medicine, a naturopathic medicine school in North America. Unfortunately the limited scope of Connecticut naturopathic licensure has led to limited enrollment in this academic program, and will ultimately result in the closure of the naturopathic program at the University within the next two years. It is of utmost importance to modernize the scope of naturopathic doctors in order to properly care for the many citizens who will continue to rely on naturopathic medicine after the University of Bridgeport's naturopathic program closes.

In response to the Connecticut Department of Public Health's open call for scope modernization proposals, CNPA submits this request for a change in the scope of practice of NDs licensed in the State of Connecticut (the "Request"). This Request, in essence, proposes changes in Connecticut's scope of practice provision for naturopathic medicine that would update the definition of naturopathic medicine" and modernize the scope of practice of licensed NDs in order to: reflect the current education, training, experience, and overall competency of NDs, promote increased quality, safety, and efficiency in the delivery of healthcare services to patients; and produce a favorable economic impact on Connecticut's healthcare system through improved integration of care, including a likely reduction in duplication of services.

A. Plain Language Description of the Request

CNPA respectfully requests that the definition of natureopathy in Section 20-34 be revised to accurately reflect the broader scope of services that an ND is qualified to provide to his or her patients, consistent with the current level of education and training that NDs obtain from accredited medical colleges and institutions.

The updated definition of "naturopathic medicine," as requested by CNPA, would expressly grant Connecticut-licensed NDs: (i) the ability to prescribe, dispense, and administer legend and non-legend drugs (excluding narcotics and opioid drugs) in all routes of administration, as

determined by rule by the Department of Public Health • (ii) the ability to prescribe, dispense and administer medical devices, including but not limited to therapeutic devices, barrier contraception and durable medical equipment. Prior to independently prescribing non controlled legend drugs, a naturopathic doctor shall establish and complete a 18-month collaborative relationship with a licensed allopathic physician, osteopathic physician. or APRN to review the naturopathic doctor's prescribing practices. We propose that the Board of Naturopathic Medicine shall further define the terms of the collaborative relationship by rule.

The Proposed Updated Definition and Scope of Practice.

CNPA seeks an updated definition of "natureopathy." In particular, CNPA believes that the term "natureopathy" should be replaced with "naturopathic medicine," which more clearly denotes the profession as a medical profession and is commonly used in current literature by health professionals and educators, and in recent legislation by lawmakers who have considered and enacted legislative changes concerning naturopathic medicine in other states.³

In addition, a current and medically correct definition of naturopathic medicine should reflect patients' increasing utilization of NDs as their primary care doctors. Stedman's Medical Dictionary (26th Edition) defines "care" as: "In medicine and public health, a general term for the application of knowledge to the benefit of a community or individual," and "*primary medical care*" as "care of a patient by a member of the health care system who has initial contact with the patient." In "Defining Primary Care: An Interim Report," published by the Institute of Medicine ("IOM") Division of Health Care Services Committee on the Future of Primary Care (Nat'l Academy Press 1994), "primary care" is defined as "*the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community*" (emphasis in italics in original).

Other impartial sources support the fact that NDs are well-suited as primary care providers. The Center for Public Health and Health Policy at the University of Connecticut ("UConn") conducted an in-depth analysis in 2008 of the state's primary care infrastructure and projected a needed increase in order to ensure full coverage throughout the state. Their analysis considered types of treatments and procedures patients typically have with their primary care providers, matched them with the specific practitioner professions that perform these treatments and procedures. The UConn analysis included NDs within the groups of practitioners providing primary care services for purposes of the analysis. According to the report:

National and Connecticut-specific data were used to estimate the number of primary care providers in Connecticut and to develop national and regional norms and patient capacity of providers in the primary care physician specialties, homeopathic physicians,

²See Exhibit B, "CTND Prescriptive Authority Classes 08-17" for a list of included and excluded drugs on this proposed formulary.

³ A chart listing the jurisdictions that currently provide for licensure of NDs, the date licensure was enacted, and whether prescriptive authority and minor office procedures are permitted, along with a compilation of the each state's licensure provisions, are attached as Exhibit A in the APPENDIX submitted with this Request. All exhibits referenced herein are included in the APPENDIX.

naturopathic physicians, nurse practitioners, licensed nurse midwives, and physician assistants.

See Assessment of Primary Care Capacity in Connecticut, Center for Public Health and Public Policy, University of Connecticut December 2008, page 1 (<http://www.publichealth.uconn.edu/assets/primarycarereport021709.pdf>). In addition to verifying the need for a wide range of primary care providers to serve the increasing demand, the UCONN report affirms the ability of NDs to provide the types of treatments typically needed by patients in a primary care setting.

NDs are trained as primary care providers in four-year accredited doctoral-level naturopathic medical schools. Connecticut NDs can attest to the fact that the relationships, interactions, and treatment protocols commonly occurring between NDs and their patients demonstrate that NDs are clearly viewed by their patients as their primary care doctors, despite not legally bearing that distinction.

Accordingly, CNPA asserts that the definition and scope of naturopathic medicine would be more accurately stated as follows, or in a manner substantially similar to the following proposed definition:

Naturopathic medicine is a type of primary care medicine that incorporates holistic healing traditions with scientific advances and current medical research. It is guided by a set of principles that recognize the body's innate healing capacity, emphasize disease prevention, and encourage individual responsibility to obtain optimal health.⁴ Naturopathic physicians ("NDs") scope of practice comprises diagnosis, prevention and treatment of disease and health optimization by stimulation and support of the body's natural healing processes. Naturopathic treatment modalities include but are not limited to: diet and clinical nutrition; counseling and behavioral medicine; botanical medicine; physical medicine; mechanotherapy; articular manipulation; corrective and orthopedic gymnastics: physiotherapy; electrotherapy; phototherapy; dispensing and administering authority for specific legend and non-legend drugs in all routes of administration, and for medical devices, including but not limited to therapeutic devices, barrier contraception, and durable medical equipment; hydrotherapy; homeopathic medicine.

In short, CNPA believes that this proposed definition would properly update the unquestionably outdated definition of naturopathic medicine in Section 20-34, and authorize a scope of practice for licensed NDs consistent with their education, training, and experience.

B. Public Health and Safety Benefits

⁴The Principles of Naturopathic Medicine are in the APPENDIX as Exhibit C.

The granting of CNPA's requests will achieve public health and safety benefits; and the State of Connecticut and the naturopathic profession have systems and safeguards in place to ensure continued protection of public health and safety in matters related to the practice of naturopathic medicine.

CNPA believes that public health and safety benefits will be achieved by permitting NDs to perform the functions requested *above*. The expansion of primary care services in both Connecticut and the nation remains a public health priority.⁵ As the naturopathic profession has *evolved*, NDs have received extensive education and training, including clinical experience in prescribing pharmaceuticals and medical devices, as well as in performing minor in-office procedures. If NDs were permitted to perform these services in Connecticut, they would be fulfilling in the most effective manner their patients' desire and need for more comprehensive and integrated primary care service when choosing an ND as their doctor.

Connecticut has measures in its existing statutory scheme related to naturopathic medicine to ensure that the requested functions are performed only by qualified practitioners, thus assuring continued protection of and advances in public health and patient safety. For example, Connecticut already recognizes, and can continue to be guided by, the Council of Naturopathic Medical Education ("CNME") as authoritative in the field of naturopathic medicine for approving methods of healing (see Conn. Gen. Stat. §20-34) and for accreditation of medical colleges and am institutions. (See Conn. Gen. Stat. §§ 20-37 and 20-37a). In addition, Connecticut requires that an ND pass the Naturopathic Physician Licensure Exam ("NPLEX") to be eligible for licensure. Given the significance of the CNME and NPLEX in relation to ND education, licensure, and safety, CNPA believes that a brief description of critical aspects of CNME and NPLEX is warranted here.

The Council on Naturopathic Medical Education ("CNME")

CNME, incorporated in 1978 under the District of Columbia Nonprofit Corporation Act and recognized by the IRS as a 501(C)(3) nonprofit organization, is the universally accepted accrediting agency for naturopathic medical education in the United States and Canada, and maintains and advocates for high and improving standards in naturopathic medical education. As described by the CNME:

"CNME is the organization that accredits programs which prepare students to become licensed naturopathic physicians. It is the accrediting agency accepted by the U.S. and Canadian professional associations for licensed naturopathic doctors, and it is the agency recognized by the North American Board of Naturopathic Examiners. CNME is also the only naturopathic accreditor with membership in the Association of Specialized and Professional Accreditors ("ASPA"). This organization accepts as members those

⁵ A recent work force assessment prepared for the State of Connecticut cites data from the United States Health Resources and Services Administration Office indicating shortages of several types of crucial high-skilled professionals in Connecticut, including primary care physicians. See Connecticut Health Care Workforce Assessment, by Robert Holm, Steven Quimby, and John Dorrer (Prepared for the CT Office of Workforce Competitiveness and the CT Employment and Training Commission, August 201. See www.jff.org)

accreditors recognized by the Secretary of Education or that meet the ASPA's criteria. Among the almost 50 agencies that belong to ASPA are the recognized accreditors for allopathic (M.D.), osteopathic (D.O.), chiropractic (D.C.), acupuncture, and dental programs."

CNME Description: <http://www.cnme.org/faq.html> ("CNME Website")

The Secretary of Education's "recognition" of CNME means that CNME has been found to be in compliance with federal regulations that apply to accrediting agencies. It also means that CNME-accredited colleges and their students are eligible to seek participation in federally-sponsored programs such as the Academic Research Enhancement Awards and Loan Repayment Program administered by the National Institute of Health's National Center for Complementary and Alternative Medicine (See CNME Website).

Accordingly, state legislative and regulatory bodies, including Connecticut's, have developed justifiable confidence in CNME-accredited schools and in the quality of their education and training in naturopathic medicine, including those functions that are the subject of this Request.

NPLEX

Connecticut's overall commitment to patients' health and safety in connection with naturopathic medicine is underscored by Connecticut's requirement that only NDs who have successfully completed the rigorous NPLEX exam are eligible for licensure. Since its inception in 1986, NPLEX has followed the standards for examination, development and scoring set by the National Board of Examiners, the National Board of Osteopathic Medical Examiners, and the American Research Association. NPLEX has conducted psychometric evaluation of its examination, trained numerous NDs and science faculty (Ph.Os) in item writing techniques, relied on physician reviewer expertise to ensure relevance and quality, used trained raters and standard criterion referenced methods to set passing scores, and conducted studies to ensure the test's validity,

NPLEX's general description of its tests and its purpose of assessing knowledge and clinical readiness on its website is instructive;

"NPLEX, Inc. is an independent, nonprofit organization whose purpose is to prepare high quality, reliable Board licensing examinations for the naturopathic profession in the U.S. and Canada. Agencies that regulate the practice of naturopathic medicine use NPLEX results in determining a candidate's eligibility for licensure. The exam development process is overseen by the NPLEX Council of Exam Chairs. NABNB (the North American Board of Naturopathic Examiners) verifies applicant eligibility to sit for NPLEX, administers the NPLEX examinations, and reports NPLEX exam results to examinees and licensing authorities.

NPLEX prepares Part 1 (Biomedical Science) and Part II (Clinical Science) examinations. What were five individual Basic Science Examinations have been combined into a single case-based Part I - Biomedical Science Examination. Case-based means that questions will be asked that are clinically related to the brief case that is presented. Questions will cover the current exam areas of anatomy, physiology, biochemistry & genetics, microbiology & immunology, and pathology. Several examples are provided in this study guide. The examinee will not need to have clinical experience to be able to answer the questions.

As of the August 2007 exam administration, the nine [section] Part II - Core Clinical Science Examinations have been integrated into a single, case-based examination that covers the topics of physical & clinical diagnosis, lab diagnosis & diagnostic imaging, botanical medicine, clinical nutrition, physical medicine, psychology, homeopathy, pharmacology, and emergency medicine & medical procedures. This examination is required by licensing authorities. In addition, there are two Part II - Elective Examinations (Minor Surgery and Acupuncture) that are required by only some licensing boards. Individual states and provinces may also require additional tests, including jurisprudence examinations.

The purpose of NPLEX is to provide excellent board examinations that are reliable and will provide a valid assessment of a candidate's readiness to be a safe practitioner. NPLEX follows the testing standards set forth in the Standards for Educational and Psychological Testing (compiled by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education). These are the standards endorsed by the Council on Licensure, Enforcement, and Regulation (CLEAR - a North American organization, of which NABNE/NPLEX is a member).

At the current time, all of the 22 states (plus Washington, DC and Puerto Rico) in the U.S. and 4 of the provinces in Canada that regulate the naturopathic profession recognize NABNE as the examining body and NPLEX as the examination that will ensure that physicians who are licensed meet minimal competency standards. NABNE and NPLEX have been endorsed by the Council on Naturopathic Medical Education (CNME), the American Association of Naturopathic Physicians (AANP), the Canadian Association of Naturopathic Doctors (CANO), and the nine naturopathic medical programs recognized by the CNME."

NPLEX Description: <https://www.nabne.org/f-a-q/> ("NPLEX website")

With respect to CNPA's request for prescriptive authority, the pharmacology portion of the NPLEX assesses knowledge of prescription drugs to ensure that entry level NDs can safely treat patients utilizing prescriptive authority. Passage of the NPLEX Part II - Core Clinical Science Examination requires that the entry-level ND know: (1) the pharmacology of commonly

prescribed drugs; (ii) the primary actions, adverse effects, indications, contraindications, and potential interactions with botanical medicines, nutritional supplements, and other drugs; (iii) the natural therapeutic interventions that have effects similar to commonly prescribed pharmaceuticals; and (iv) how to monitor and assess for therapeutic drug levels and toxicity. Moreover, as noted below and evident in the attached state statutes, the states that have already granted prescriptive authority have implemented additional measures of prescriptive authority competency standards that could serve as models for consideration in Connecticut.

The most notable examples of these states are Maine and California, both of whom require a supervised probationary period for NDs newly authorized to prescribe prescription medications.

For NDs pursuing licensure in states requiring additional examinations, NPLEX began administering a separate elective examination in Clinical Pharmacology in 2017. This examination is comprised of 75 stand-alone items designed to test the knowledge of an entry-level prescribing physician. It is currently utilized by the majority of licensed states that allow for prescriptive authority to determine an applicant's preparedness for this endorsement. CNPA proposes the use of this examination to determine eligibility for NDs pursuing prescriptive authority within Connecticut.

Continuing Education

In furtherance of public health and safety, continuing education is also required for all Connecticut licensed naturopathic physicians. Conn. Gen. Stat. §20-41a. In addition to ensuring ongoing professional development in the areas already covered by the existing scope of practice statute, the continuing education requirements would ensure ongoing education in matters affecting prescriptive authority, minor in-office procedures, and the other services encompassed in the updated definition of naturopathic medicine. In accordance with the increased responsibility of prescriptive authority, NDs bearing this endorsement would be subject to increased continuing education hours specific to pharmacology.

Record of Safety

NDs have a proven record of patient safety in both prescriptive and non-prescriptive jurisdictions. Earlier this year, in a February 5, 2013 report entitled "Prescriptive Authority for Naturopathic Physicians" submitted by Vermont's Director, Office of Professional Regulation, to the Vermont Senate and House Committees on Government Regulations, Director Christopher D. Winters reported on the "Safety Record" of NDs ("Vermont Report"). The reported conclusions are reassuring, and indeed, compelling:

"The safety records of NDs in states with licensure are typically better than those of MDs and DOs in these states. In 2006, the California Bureau of Naturopathic Medicine contacted the licensing agencies in states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing, nor were there any civil actions against NDs for prescribing.

The Bureau also contacted the NCMIC Insurance Company, which insures NDs in all licensing states, as well as all the naturopathic medical schools. In a letter dated June 7, 2006, NCMIC stated: 'In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications.'

Additionally, the Bureau contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against licensed NDs. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and the longest histories of licensure (since 1919 and 1927, respectively). JVN found no cases against NDs for prescription negligence, and added that, for that matter our database contained no cases against naturopaths at all.'

The safety record of naturopathic physicians regarding pharmacologic substances is well demonstrated in the northwest where NDs have broad prescriptive authority, Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the area of the country with the largest number of naturopathic physicians, shows no judgments for malpractice against N.D.s since the database was started in 1983 through 2010.

In Vermont, there has been only one complaint to the Office of Professional Regulation regarding a prescription by an ND." ⁶

In connection with the safety record of NDs CNPA also offers for consideration a copy of the written testimony of David Brady, ND DC which was submitted to the Public Health Committee of the Connecticut General Assembly on February 25, 2019 in support of HB 5902 An Act Considering Naturopathic Medicine. /See Dr. Brady's Testimony APPENDIX Exhibit F.)

C. Impact on Public Access to Healthcare

The granting of CNPA's requests would favorably impact public access to patient care. An increasing number of patients in Connecticut and throughout the country are seeking out NDs for services typically associated with primary care. States are responding to the increase in demand for naturopathic services by updating naturopathic provisions to be more in line with scientific and medical advances. As noted above, twenty-two states and the District of Columbia now provide for licensure of NDs, and in recent years, more states are including prescriptive authority and minor in-office procedures within an ND's scope of practice. Pertinent provisions in Vermont, which is among the states to most recently examine and expand the scope of naturopathic medicine to include prescriptive authority, include:

§ 4121. Definitions

⁶ See Vermont Report, attached as Exhibit D in APPENDIX

As used in this chapter:

... (8) "Naturopathic medicine" or "the practice of naturopathic medicine" means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing process and to prevent, diagnose, and treat human health conditions, injuries, and pain. In connection with such system of health care, an individual licensed under this chapter may:

(A) Administer or provide for preventive and therapeutic purposes nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and prescription medicines authorized by this chapter.

(B) Use diagnostic procedures commonly used by physicians in general practice, including physical and official examinations, and physiological function tests....

§4125. Director; duties

.... (d) The director, in consultation with the commissioner of health, shall adopt rules consistent with the commissioner's recommendations relating to a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines. These rules shall require a naturopathic physician to pass a naturopathic pharmacology examination in order to obtain this special license endorsement. The naturopathic pharmacology examination shall be administered by the director or the director's designee and shall test an applicant's knowledge of pharmacology, clinical use, side effects, and drug interactions of prescription medicines, including substances in the Vermont department of health's regulated drugs rule....

CA Law on ND Prescribing Supervision⁷

The California provisions on supervision provide just one example of how legislative and regulatory bodies have implemented newly-enacted prescriptive authority. CNPA is prepared to review for DPH the various implementation provisions in all the applicable states in detail, should that be helpful, either by way of a supplement to this submission or in a meeting discussion.

The subject of this Request, CNPA's proposed updated definition, is consistent with states' increasing recognition that NDs should be able to practice in a manner consistent with their

⁷ See CA State of California BUSINESS AND PROFESSIONS CODE Section 3640.5, APPENDIX, Exhibit E.

education, training, and experience, thus allowing them to meet patient demand and provide the most effective and efficient healthcare for patients. With respect to prescriptive authority in particular, although NDs utilize natural medicines to support the innate self-healing ability of the patient, there are and will continue to be cases in which it is in the best interest of the patient to prescribe a pharmaceutical. Connecticut law is presently flawed in these instances, because it deprives the Connecticut ND from carrying out a function entirely within his or her scope of education, training and clinical expertise. This restriction on the qualified ND often results in duplication of services, as the patient will need to begin treatment anew with a separate healthcare professional.

D. Brief Summary of State or Federal Laws Governing the Profession

State Laws and Regulations

Section 20-34: Practice of Natureopathy Defined

Section 20-35: Discussion of the State Board of Natureopathic Examiners

Section 20-37: Provisions Relating to Licensure, Examination and Fees

Section 20-37a: Provisions Relating to Natureopathic Students, Faculty, Licensure Exemption and Curriculum Training and Procedures.

Section 20-37b: Licensure by Endorsement

Section 20-39: Discussion of Subjects Covered on Written Examination

Section 20-39a: Requirements For Professional Liability Insurance

Section 20-40: Grounds for Refusal of License and Discipline

Section 20-42: Penalties for Wrongdoing

Section 20-1: General Definition of "Healing Arts."

Section 20-7a: Billing Matters and Financial Disclosures to Patients

Sections 20-7b-e: Matters Related to Medical Records

Sections 19a-14 through Section 19a-18, Section 19a-88: General Powers of the Department of Public Health Affecting Naturopathic Physicians

Conn State Regs: 19a-14-40 through 19a-14-44: Regulations Concerning Medical Records and Discontinuance of a Practice

Federal Law and Regulations

Department of Education, Regulations of the Offices of the Department of Education, 42 CFR §602.1 -§602.50 (concerning accreditation criteria as referenced above).

E. Current State Regulatory Oversight of the Profession

Connecticut has a well-established statutory and regulatory structure for the oversight and exercise of enforcement authority over the practice of naturopathic medicine. The Department of Public Health oversees the licensure of naturopathic physicians and has the authority to investigate any complaints relating to any licensed practitioner. In addition, Section 20-35 of the Connecticut General Statutes provides for a State Board of Natureopathic Examiners that shall "(i) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints against practitioners and (3) impose sanctions where appropriate."

E. Current Education, Training and Examination Requirements and any Relevant Certification Requirements.

NDs in Connecticut are required by Section 20-37 to have graduated from an approved and accredited naturopathic college and passed the NPLEX examination as described above. Connecticut licenses must also complete 15 hours of continuing education annually.

The accredited schools in the United States for naturopathic medicine include the National University of Natural Medicine in Portland, Oregon, Bastyr University in Washington and California, Southwest College of Naturopathic Medicine and Health Sciences in Scottsdale, Arizona ("SCNM"), the University of Bridgeport College of Naturopathic Medicine in Bridgeport, Connecticut ("UB"), and National University of Health Sciences in Chicago, Illinois. Each of these schools has met the requirements for accreditation set by CNME (as referenced above).

The core curriculum in the colleges are consistent, although the methods and areas of focus may vary to some degree, sometimes depending on the scope of licensure in the state in which the college resides. For example, SCNM, located in Arizona, which authorizes prescriptive a for NDs, places a strong emphasis on pharmacology and the clinical aspects of its curriculum, and describes its program's educational initiatives as "aimed at improving the integration of the basic sciences and clinical sciences and integrating team based learning throughout the curriculum..." which includes:

- Clinical experiences beginning in the first year and continuing throughout the curriculum
- Integration of content by body systems
- Case-based instruction and testing

- Team-based learning
- Selectives (or mandatory electives) in didactic courses and clinical electives.'

The UB College of Naturopathic Medicine also places a strong emphasis on pharmacology as part of its comprehensive medical education program. The UB program requires extensive didactic training in pharmacology related to the clinical areas of cardiology, gynecology, gastroenterology, respiratory, infectious diseases, neurology, dermatology, rheumatology, genitourinary, endocrinology, and drugs of abuse, among others. Students are taught the major drug classes commonly in use in clinical practice. Topics include routes of administration, pharmacodynamics, mechanisms of action, chief side effects and toxicities, drug-drug interactions, drug nutrient/herbal medicine interactions, drug-food interactions and clinical indications. Clinical science courses in organ systems (e.g., cardiology) and special populations (e.g., pediatrics) contribute further to the student's overall body of knowledge in pharmacology. Specialty courses such as emergency medicine and minor surgery also include pharmacology topics related to suturing and local anesthetics, and wound care and antibiotics. These courses are taught by MDs or NDs with specialty training in pharmacology (e.g., registered pharmacists or postgraduate training in pharmacology).

UB students of naturopathic medicine also complete required courses in botanical medicine and pharmacognosy, which includes the pharmacodynamic principles of many plant-derived pharmaceutical agents (e.g., anticholinergics and opiates). Pharmacognosy is the study of the physical, chemical, biochemical and biological properties of drugs, drug substances or potential drugs or drug substances of natural origin. In addition to botanical medicine, students receive in depth instruction in biochemistry and clinical nutrition, including biochemical and metabolic pathways, nutrient depletion related to pharmaceutical medications and other drug-nutrient interactions.

In the UB Naturopathic Medical Center, students see patients under the supervision of licensed physicians. Many patients seen at the clinic are presently taking pharmaceuticals and are often on multiple prescriptions. Students prescribe nutrients and botanical medicines to these patients, modifying or moderating natural (e.g., nutritional or botanical) prescriptions according to known drug-herb-nutrient interactions.

In prescribing natural products and botanical medicines, students learn in a manner entirely consistent with learning about prescribing a pharmaceutical drug. To be specific, students:

1. Evaluate and clearly define the patient's medical problem,
2. Specify the therapeutic objective,
3. Select the botanical medicines indicated for this patient,
4. Initiate therapy with appropriate dosage and length of treatment,

⁸ See SCNM Program Description and Curriculum (attached in APPENDIX as Exhibit G.)

5. Give the patient information about the prescription, instructions and taking the medicine, and warnings of any adverse effects or food/drug/natural medicine interactions, and
6. Establish the timing for follow-up and evaluation of the treatment.

This process is comprehensive, rigorous and consistent with the recommendations for prescribing medications established by the World Health Organization and adopted by the American Association of Family Physicians.

Naturopathic medical students are regularly assessed with regard to clinical practice areas such as organ systems (e.g., cardiology) and discrete populations (e.g., women), in addition to diagnostic evaluation, application of therapeutic modalities, clinical judgment, and case management. All accredited medical schools use outcomes-based assessments to evaluate students' clinical skills at specific key times during their clinical education (e.g., clinic entry, clinic promotion, and clinic exit exams). Members of the Council of Chief Academic and Clinical Officers (CCACO), representing academic and clinical administrators from naturopathic medical schools in and outside the United States, meet regularly to discuss issues relevant to education and outcomes assessment, and to revise naturopathic educational outcome standards, as needed.

G. Summary of Known Scope of Practice Changes Either Requested or Enacted Concerning the Profession in the Last Five Years

As referenced above, the profession supported HB 5902, An Act Concerning Naturopathic Medicine, in the 2019 Legislative Session.

H. The Extent to which the Request Directly Impacts Existing Relationships within the Healthcare Delivery System

As previously noted, the granting of CNPA's request would improve access to comprehensive patient care. In addition to increasing access to care, the changes would promote further collaboration, consultation and integration of care among NDs and other professionals. In all states where NDs are licensed, integrated models of primary care have evolved in which NDs and MDs practice collaboratively. These collaborations respond to the demands of patients and the desires of NDs and MDs to seek holistic solutions to individual needs. Connecticut NDs presently maintain active collaborative and referral relationships with primary care MDs, specialists, and other professionals. In many instances, such collaborative relationships result from the fact that patients often see licensed NDs, MDs and other healthcare providers for many of the same conditions. By way of example, NDs are trained in potential drug/herb interactions and often provide educational support to patients and their MDs. Naturopathic care may also help in assessing the need for some prescriptive drugs, and collaboration between an MD and an ND is often instrumental in determining optimal dosing. NDs also offer nutritional support around surgery in order to reduce recovery time and potential complications.

Even with an updated scope of naturopathic practice, CNPA believes that this type of co-management of care will continue, as patients in many instances require care involving more than one type of healthcare professional, and such professionals, including NDs and MDs, will continue to collaborate with and refer to each other for the optimal and safe care of their patients.

To this end, CNPA proposes that the furnishing or ordering of drugs by a naturopathic doctor occurs under the supervision of a medical doctor, osteopathic physician, or advanced practice registered nurse for the initial 18 months of each ND's prescriptive authority. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:

1. Collaboration on the development of the standardized procedure.
2. Approval of the standardized procedure.
3. Availability by telephonic contact at the time of patient examination by the naturopathic doctor.

For purposes of this section a physician and surgeon shall not supervise more than four naturopathic doctors at one time.

I. Regional and National Trends Concerning Licensure of the Profession Making the Request and a Summary of Relevant Scope of Practice Provisions Enacted in Other States

CNPA refers to the list in Exhibit A that identifies states with licensure statutes that provide for prescriptive authority. As reflected in Exhibit A, the majority of states (and the District of Columbia, Puerto Rico and the Virgin Islands) that license NDs include prescriptive authority in their scope of practice.

J. Identification of Any Healthcare Professions that can Reasonably be Anticipated to be Directly Impacted by the Request, the Nature of the Impact and Efforts Made by the Requestor to Discuss the Request with Such Healthcare Professions.

For the reasons discussed in Section H above, CNPA suggests that implementation of the requested changes will result in continued collaborative relationships and additional instances of integrative care among professionals.

The proposed 18-month collaborative supervision between the conventional and naturopathic medical communities would ensure that NDs are prescribing pharmaceuticals in a manner consistent with conventional medical standards, while also requiring open and effective communication between all members of a patient's care team. Given the common interest in promoting optimal quality care for patients, CNPA believes that there would be no negative impact on professional relationships.

Further, in light of the great disparity in numbers among potentially affected professionals (i.e., approximately 366 current NDs in Connecticut as compared to the thousands of licensed MDs and other healthcare professionals practicing in Connecticut), the requested modernization of scope poses no concern in terms of NDs infringing on the practice areas of other established licensed professionals. Instead, CNPA believes that this is a prime opportunity for the naturopathic community to work more closely and in tandem with other medical professionals.

Acknowledging the excellent relationships NDs have maintained with other conventional professionals CNPA offers for consideration a copy of the written testimony of David Katz MD, MPH, which was submitted to the Public Health Committee of the Connecticut General Assembly on February 25, 2019, in support of HB 5902 An Act Considering Naturopathic Medicine.²

CNPA has discussed naturopathic scope of practice issues with representatives of the Connecticut State Medical Society ("CSMS") during the 2019 Legislative Session. As of the date of this submission, CNPA has informed CSMS and the Connecticut Chiropractic Association ("CCA") of its intention to make this Request, and expects to have further discussions with CSMS and CCA about it.

K. A Description of How the Request Relates to the Healthcare Profession's Ability to Practice the Full Extent of the Profession's Education and Training.

As explained *above*, NDs who become licensed in Connecticut have gone through rigorous education, training, and testing in each of the areas that are the subjects of this Request. The current scope of practice statute prevents Connecticut NDs from performing to the full extent of their education and training, and, consequently, deprives patients of the ability to receive the full spectrum of qualified care from the doctor of their choice. Implementation of CNPA's requested changes would be a significant step in having Connecticut become one of the increasing number of states that are recognizing the scientific and medically sound foundation for permitting NDs to treat their patients to the full extent of their didactic and clinical education and training.

CNPA appreciates the Department's consideration of this Request and would be pleased to follow up with any additional information as may be requested by the Department.

Submitted by Connecticut Naturopathic Physicians Association - August 17th, 2020

⁹ See Dr. Katz's Testimony, APPENDIX, Exhibit H

Exhibit A

ND Prescriptive Authority Comparison (partial/working list)

Licensed States	Prescriptive Authority'	Controlled Substances'
Alaska	No	No
Arizona	Yes	Yes
California	Yes	Yes'
Colorado	Yes	No
Connecticut	Pending'	Yes
DC	Pending'	No
Hawaii	Yes	Yes
Idaho	Yes	Yes'
Kansas	Yes	No
Maine	Yes	No
Montana	Yes	Yes
New Hampshire	Yes	Yes
New Mexico	Yes	Yes
Oregon	Yes	Yes
US Virgin Islands	Yes	No
Utah	Yes	Yes
Vermont	Yes	Yes
Washington	Yes	Yes

¹ States that both license NDs and give prescriptive authority

' States that license NDs and give both standard prescriptive authority as well as some controlled substances authority

' States currently undergoing formulary process or scope redefinition

' With specific conditions

Prepared by the Alaska Association of Naturopathic Physicians, updated (4/6/19)

Exhibit B

CT ND Prescriptive Authority Drug Classes & Exclusions

Summary: A Connecticut licensed naturopathic physician will be able to legally prescribe any legend drug or controlled substance with the following exclusions:

INCLUDED DRUG CATEGORIES

Naturopathic physicians would have to authority to prescribe and use any drug in these categories except where specifically excluded (see exclusion list). Naturopathic physicians would have to authority to prescribe and use any Over The Counter (non-prescription) drugs or preparations in any available form.

ANTIHISTAMINE DRUGS - self explanatory

ANTI-INFECTIVE AGENTS, Antiprotozoal, Antileprotic, Antibiotic, antiviral agents - self explanatory

AUTONOMIC DRUGS

Examples

(a) Parasympathomimetic Agents (examples, agents for dementia and Alzheimer's disease)

(b) Anticholinergic Agents (example is scopolamine patch for nausea and dizziness)

(c) Sympathomimetic (Adrenergic) Agents (examples, phenylephrine for nasal congestion, agents for asthma)

Skeletal muscle relaxants, Nicotine agents for smoking cessation

BLOOD FORMATION

Examples

Antianemia Drugs, Iron Preparations

CARDIOVASCULAR DRUGS (examples: meds for blood pressure, cholesterol lowering, vasodilating drugs)

CENTRAL NERVOUS SYSTEM DRUGS

ANALGESICS, ANTIPYRETIC, ANTI-INFLAMMATORY DRUGS - self explanatory

Examples

Analgesics and Antipyretics, Anticonvulsants, Psychotherapeutic Agents (NO typical or atypical antipsychotic agents per exclusion above), Antidepressants, sedatives, anti-migraine agents, anti-parkinson agents

CONTRACEPTIVES - self explanatory

DIAGNOSTIC AGENTS, AIDS AND FUNCTION TEST AGENTS

Examples: Cortrosyn for Pituitary Function, D-Xylose for Intestinal absorption, Mumps skin test antigen, Tuberculin PPD test,

ELECTROLYTIC, CALORIC AND WATER BALANCE

Examples - Acidifying Agents, Alkalinizing Agents, Ammonia Detoxicants, Fluid Replacements, reparations, Ion-Removing Agents, Caloric Agents, Diuretics, Irrigation Solutions, Uric acid eliminating or managing agents

08.17.2020

ENZYMES - self explanatory

RESPIRATORY TRACT AGENTS

Expectorants and cough preparations, antihistamines, bronchodilators, anti-inflammatory agents, etc - self explanatory

OPHTHALMIC, OTIC AND NASAL PREPARATIONS - ointments, solutions, suspensions, preparations - anti allergy, anti infective, anti-inflammatory drugs, NO GLAUCOMA DRUGS

GASTROINTESTINAL DRUGS

Examples - Antacids and Adsorbents, Antidiarrhea Agents, Antigas Agents, Cathartics and Laxatives. Cholelitholytic Agents, Emetics, Antiemetics , Antiulcer Agents and Acid Suppressants, Prokinetic Agents (enhances gastrointestinal motility), Anti-inflammatory Agents, Drugs for IBS, colitis, ulcers

HEAVY METAL ANTAGONISTS/CHELATING AGENTS - self explanatory

HORMONES & SYNTHETIC SUBSTITUTES - male and female hormone replacement, anti-diabetic agents, etc - self explanatory

ANESTHETICS, LOCAL - self explanatory

SERUMS, TOXOIDS, VACCINES - self explanatory

SKIN AND MUCOUS MEMBRANE PREPARATIONS- anti-infective agents, anti-inflammatory, anti-acne agents, etc

SMOOTH MUSCLE RELAXANTS - Gastrointestinal, urinary and respiratory, self explanatory

VITAMINS, MINERALS, TRACE MINERALS, AMINO ACIDS, LIPIDS, PHOSPHOLIPIDS, FATTY ACIDS, ALPHA LIPOIC ACID, GLUTATHIONE, HOMEOPATHIC PREPARATIONS - self explanatory

MISC THERAPEUTIC AGENTS

ALCOHOL DETERRENTS - self explanatory, ANTI-GOUT DRUGS - self explanatory, ANTIDOTES - self explanatory, 5 ALPHA REDUCTASE INHIBITORS, BETAINE, SULFASALAZINE

Included going forward all new AHFS drug categories created in the future and new drugs added to allowed categories.

EXCLUDED ITEMS

- 1. Controlled - Schedule I agents, cocaine, methamphetamine, methadone, ketamine, opiates**
2. Intracardiac, intraosseous, intrathecal, intravitreal medications.
3. Antineoplastic (anti-cancer) agents classified as legend drugs.
4. Typical and Atypical Anti-psychotics, Barbituates (stand alone only, in combination with other drugs allowed, example Fiorinal)
5. General Anesthetics, Gold Compounds, Antiarrhythmia drugs, Isotretinoin
6. Roentgenographic agents, Radiopharmaceuticals, Radioisotopes
7. Oxytocics, All Glaucoma drugs, Bone Resorption Inhibitors
8. Antithrombotic Agents (anticoagulants), Hematopoietic Agents, Hemorrhologic Agents, Antihemorrhagic Agents, Complement Inhibitors
9. Biologic Response Modifiers, Disease Modifying Antirheumatic Drugs (DMARs),
10. Immuno Suppressive Agents (excluded are; antithymocyte globulin (equine), antithymocyte globulin (rabbit), basiliximab, belatacept, belimumab, cyclosporine, mycophenolate, sirolimus, tacrolimus)
11. Other Miscellaneous Agents (excluded are; abobotulinum toxin A, botulinum toxin, canakinumab, cinacalcet, dalfamridine, incobotulinum toxin A, lanreotide, miglustate, nitisinone, octreotide, onabotulinum toxin A, riloncept, rimabotulinum toxin A, sapropterin)

Exhibit C

Principles of Naturopathic Medicine

House of Delegates Position Paper, Amended 2011

Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals' inherent self-healing process. The practice of naturopathic medicine includes modern and traditional, scientific, and empirical methods.

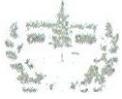
The following principles are the foundation of naturopathic medical practice:

- The Healing Power of Nature (*Vis Medicatrix Naturae*): Naturopathic medicine recognizes an inherent self-healing process in people that is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.
- Identify and Treat the Causes (*Tolle Causam*): The naturopathic physician seeks to identify and remove the underlying causes of illness rather than to merely eliminate or suppress symptoms.
- First Do No Harm (*Primum Non Nocere*): Naturopathic physicians follow three guidelines to avoid harming the patient:
 - o Utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat;
 - o Avoid when possible the harmful suppression of symptoms; and
 - o Acknowledge, respect, and work with individuals' self-healing process.
- Doctor as Teacher (*Docere*): Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.
- Treat the Whole Person: Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social, and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development.
- Prevention: Naturopathic physicians emphasize the prevention of disease by assessing risk factors, heredity and susceptibility to disease, and by making appropriate interventions in partnership with their patients to prevent illness.

Naturopathic Practice

Naturopathic practice includes the following diagnostic and therapeutic modalities: clinical and laboratory diagnostic testing, nutritional medicine, botanical medicine, naturopathic physical medicine (including naturopathic manipulative therapy), public health measures, hygiene, counseling, minor surgery, homeopathy, acupuncture, prescription medication, intravenous and injection therapy, and naturopathic obstetrics (natural childbirth).

Exhibit D



**State of Vermont
Office of the Secretary of State**

[phone] 802-828-1505
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**James C. Condos, Secretary of State
Brian H. Leven, Deputy Secretary**

Office of Professional Regulation
1 National Life Drive, North Floor 2
Montpelier, VT 05620-3402

Christopher D. Winters, Director

To: Senate and House Committees on Government Operations

From: **Christopher D. Winters, Director, Office of Professional Regulations**

Date: February 5, 2013

Re: Prescriptive Authority for Naturopathic Physicians

Last year, Act 116, Section 64 required the Director of the Office of Professional Regulation to prepare a report on the education and clinical training of Naturopathic Physicians as follows:

By January 31, 2013 and prior to the adoption of the rules required by Sec. 60, 26 V.S.A. 41 25(d) of this act, regarding the regulation of a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines, the director of the office of professional regulation, in consultation with the commissioner of health, pharmacologists, and clinical pharmacists, shall review and prepare a report on the education and clinical training of naturopathic physicians in order to determine whether naturopathic physicians receive sufficient academic training in pharmacology and clinical training in using all prescription drugs to safely:

- (A) prescribe and administer without limitation all prescription drugs;
 - (B) prescribe all controlled substances on schedules TI through IV;
 - (C) prescribe all prescription drugs for both FDA-approved label indications and for off-label uses; and
 - (D) administer all prescription drugs by all routes of administration, including oral, topical, trans dermal, transmucosal, intravenous, and intramuscular.
- (2) Representatives of the University of Vermont College of Medicine and naturopathic physician medical colleges shall have an opportunity to review and comment on the draft report.
- (3) The report shall recommend any limitations or conditions on the authority of naturopathic physicians to prescribe and administer prescription drugs that are found to be necessary to ensure consistency with the scope of the naturopathic physicians' education and clinical training.

There are many excellent naturopathic physicians for whom these safeguards may be unnecessary. However, in the interest of moving forward in a manner that should satisfy the concerns of all interested parties, this report includes a conservative approach to Naturopathic Physician prescribing that errs on the side of public protection.

Report on the Education and Clinical Training of Naturopathic Physicians (Act 116)

Background

In Vermont, the naturopathic profession has grown and evolved in recent years. Vermont law now requires a health insurance plan to provide coverage for medically necessary health care services covered by the plan when provided by a naturopathic physician licensed in Vermont for treatment within a naturopathic physician's scope of practice. *See 8 V.S.A. §4088d(a)*. Moreover, Vermont law now recognizes naturopathic physicians who practice primary care to be primary care physicians. *Id.*

As the naturopathic profession has evolved, the ability to prescribe primary care pharmaceuticals has become essential to the practice of naturopathic medicine in order to allow naturopathic physicians to meet patient demand, provide the most effective health care for their patients, and fulfill their role in Vermont as primary care physicians. Although naturopathic physicians try to minimize the use of pharmaceuticals by utilizing natural medicines to support the innate self-healing ability of the patient, there will be cases where it is in the best interests of the patient in a primary care setting to prescribe a pharmaceutical when doing so falls within a the scope of a naturopathic physician's education and clinical training.

As a result, in 2012, the Vermont Legislature passed Act No. 116, which revised the law relating to the prescribing authority of naturopathic physicians. The law creates a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines. The special license endorsement will be available to those who successfully pass a naturopathic pharmacology examination, which shall be established and made available by July 1, 2013.

Prior to the establishment of the naturopathic pharmacology examination, and no later than January 1, 2013, Section 64 of Act 116 compels the Director of the Office of Professional Regulation to prepare a report on the adequacy of naturopathic education and clinical training in order to determine whether naturopathic physicians receive sufficient academic training in pharmacology and clinical training to safely prescribe prescription drugs by all routes of administration, including controlled substances on schedules II through IV, for both FDA-approved label indications and for off-label use prescription drugs. The report is required to recommend any limitations or conditions on the authority of a naturopathic physician to prescribe that are necessary to ensure consistency with the scope of their education and clinical training. This paper is the Director's report pursuant to Section 64.

Section 60 of Act 116 further requires that the Director, in consultation and consistent with the recommendations of the Commissioner of Health, adopt rules regulating the special license endorsement that are consistent with the findings in the report. The rules shall require a

naturopathic physician to pass a naturopathic pharmacology examination in order to obtain this special license endorsement.

Finally, it is important to note at the outset that this new law authorizes a naturopathic physician to prescribe, dispense, and administer prescription medicines *within a naturopathic physician's scope of practice*. Accordingly, this law does not open the floodgates and authorize an individual naturopathic physician to prescribe all pharmaceuticals. To the contrary, it has long been the law in Vermont that it is unprofessional conduct for a naturopathic physician to perform treatments or provide services "which are beyond the scope of the licensee's education, training, capabilities, experience or scope of practice." *3 V.S.A. s7J29a(a)(J3)*. Accordingly, granting naturopathic physicians the authority to prescribe starts with the most fundamental limitation or condition on that authority which is that the prescription must be consistent with the scope of their education and clinical training. To ensure consistency with the scope of their education and clinical training, this report recommends further limitations and conditions on the authority of a naturopathic physician to prescribe.

Education and Training

The Council on Naturopathic Medical Education ("CNME") was founded in 1978 and is the accepted programmatic accrediting agency for naturopathic medical education by the four-year naturopathic colleges and programs in the United States and Canada and is recognized by U.S. Department of Education. CNME requires and advocates high standards in naturopathic education, and its grant of accreditation to a program indicates prospective students and the public may have confidence in the educational quality of the program.

In all regulated U.S. and Canadian jurisdictions including Vermont, naturopathic physicians ("NDs") are required to graduate from a college, which is accredited by the CNME. In these accredited programs, NDs are broadly trained in the pre-clinical sciences and the clinical disciplines, with an emphasis on health promotion, disease prevention, and treatment based on the stimulation or support of natural processes. NDs are educated in all of the same basic sciences and clinical diagnostic methods at the same level as medical and osteopathic doctors, followed by two years of clinical training and systems based medicine. *Kreutzer .MJ; et al. Health Professions Education and Integrative Health Care. Commissioned for the JOM Summit on Integrative Medicine and the Health of the Public. February , 2009.* Their clinical education is designed to prepare them to be primary care providers. *JAMA. 1999; 280(9):795-802.* In addition to a standard medical curriculum, naturopathic physicians also study holistic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness.

CNME does not set specific standards for naturopathic pharmacology education. Similarly, the Commission on Osteopathic College Accreditation, recognized by the U.S. Department of Education to accredit colleges of osteopathic medicine, does not have specific guidelines for osteopathic pharmacology education. Likewise, for allopathic medicine education, the Liaison Committee on Medical Education does not have specific guidelines for allopathic pharmacology education. In all three professions, schools set the pharmacology curriculum.

Table I: Comparison of Basic Science Education for Different Physician Types

	Allopathic MD	Osteopathic DO	Naturopathic ND
Anatomy	380	362	350
Physiology	125	126	250
Biochemistry	109	103	125
Pharmacology	114	108	100
Pathology	166	152	125
Microbiology/ immunology	185	125	175

Jenson, C.B., Common Paths in Medical Education Alternative & Complementary Therapies, Aug. 1997.

A recent comparison of the basic science education of naturopathic medical students at Bastyr University and allopathic medical students at the University of Washington showed a nearly identical credit load with 5 credit hours in pharmacology at Bastyr and 8 credit hours at UW, *Association of Accredited Naturopathic Colleges*, <http://www.aanmc.org/education/comparing-nd-md-curricula.php>

For a detailed review of specific pharmacology programs at several naturopathic medicine schools, please see Appendix A attached hereto.

Above and beyond the basic academic and clinical training of naturopathic physicians, training and experience varies between individual naturopathic physicians due to specialization in different areas of medicine, Specialty organizations include the Oncology Association of Naturopathic Physicians, the American Association of Naturopathic Midwives, the Naturopathic Association of Environmental Medicine, the Institute of Naturopathic Generative Medicine, and the Pediatric Association of Naturopathic Physicians.

Finally, in addition to graduating from a college which is accredited by the CNME, many naturopathic physicians complete 1 or 2 year residency program at a school clinic. Some naturopathic physicians have completed residencies in conventional programs accredited by recognized professional organizations such as the American Academy of Cardiology,

Licensing

Naturopathic physicians take a rigorous professional board examination termed the Naturopathic Physicians Licensing Exam (NPLEX), This exam is nationally recognized as the standard for licensing NDs, Since its creation in 1986, NPLEX has followed the standards for examination development and scoring set by the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, and the American Educational Research Association,

NPLEX has undertaken psychometric evaluation of all aspects of its examination, trained

more than 100 naturopathic physicians and basic science faculty (PhDs) in item writing techniques, used the expertise of physician level reviewers to ensure relevance and quality, used trained raters and standard criterion-referenced methods to set the passing scores on all examinations, and conducted studies to assess the test's validity.

The pharmacology portion of the NPLEX assesses knowledge of prescription drugs to ensure that entry level NDs can safely treat patients who have been prescribed drugs by other practitioners. Passage of the NPLEX Part II - Core Clinical Science Examination requires that the entry-level ND know:

1. the pharmacology of commonly prescribed drugs;
2. the primary actions, adverse effects, indications, contraindications, and potential interactions with botanical medicines, nutritional supplements, and other drugs;
3. the natural therapeutic interventions that have effects similar to commonly prescribed pharmaceuticals; and
4. how to monitor and assess for therapeutic drug levels and toxicity.

Safety Record

The safety records of NDs in states with licensure are typically better than those of MDs and DOs in these states. In 2006, the California Bureau of Naturopathic Medicine contacted the licensing agencies in states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing, nor were there any civil actions against NDs for prescribing.

The Bureau also contacted the NCMIC Insurance Company, which insures NDs in all licensing states, as well as all the naturopathic medical schools. In a letter dated June 7, 2006, NCMIC stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications."

Additionally, the Bureau contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against licensed NDs. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and the longest histories of licensure (since 1919 and 1927, respectively). JVN found no cases against NDs for prescription negligence, and added that, "for that matter our database contained no cases against naturopaths at all."

The safety record of naturopathic physicians regarding pharmacologic substances is well demonstrated in the northwest where NDs have broad prescriptive authority. Jury Verdicts Northwest a legal database which records court cases in Washington and Oregon, the area of the country with the largest number of naturopathic physicians, shows no judgments for malpractice

against ND's since the database was started in 1983 through 2010. In Vermont, there has been only one complaint to OPR regarding a prescription by an ND.

Recommendations

Naturopathic physicians complete a four year post-graduate education that includes clinical pharmacology training to prepare them for prescribing medications commonly used in general and primary care practice. Didactic training in the uses of pharmaceuticals varies from college to college and ranges from sufficient to wanting. The Naturopathic Board Examination (NPLEX) tests for pharmacological knowledge but focuses on drug interactions and side effects and *not on dosing and safe, effective prescribing*. Some naturopathic programs have clinical training in prescribing medications through all routes of administration *and some do not*.

Due to the variations in both classroom and clinical training related to prescribing medications at the various naturopathic colleges, I am making the following three recommendations that will address the naturopath who has received the most limited training in pharmaceutical medications:

1. A Pharmacology Examination

In order to ensure a consistent and adequate knowledge base in prescribing medications safely and effectively, the naturopathic pharmacology examination, the passage of which will be required for the special prescriptive license endorsement, shall be the examinations given in the Medical Pharmacology course taught within the Department of Pharmacology through Continuing Medical Education at UVM's College of Medicine, *or a substantially equivalent course* approved by the Director, after consultation with the Commissioner of Health. The UVM College of Medicine course is a four-week, intensive pharmacology course taught every June that synthesizes medical school pharmacology. Because the course is offered by Continuing Education at UVM, it is open to non-matriculated students. It is typically populated by medical students from throughout North America who wish to gain pharmacology course credits or who wish to prepare for their board exams. There are several segmented exams during the course. [In order to obtain the special license endorsement, an otherwise qualified naturopathic physician will be required to pass all of the Medical Pharmacology course exams at UVM, or the examination(s) given in a substantially equivalent course approved by the Director, after consultation with the Commissioner of Health. I will propose administrative rules that will establish the UVM Medical Pharmacology course exams as pre-approved for those seeking the special license endorsement and also a process for an applicant/petitioner to seek approval for a substantially equivalent examination associated with another school, college or university pharmacology course.

2. A Period of Prescription Review for New Practitioners

I will propose a rule requiring a prescription review process for a period of not less than 1 year by another physician (MD, DO, ND) in good standing who has been prescribing for five years or

more in Vermont. The rule will establish adequate supervision standards and requirements.

3. Prescribing Scope of Practice

The current Vermont Naturopathic Formulary includes FDA approved indications, routes and dose regimens as well as, "off label" indications, routes and dose regimens that may be prescribed for patients and conditions the naturopathic physician is competent to treat based on that physician's training and experience. I will propose rules requiring that this continue to be followed.

While there will be those naturopaths who have received adequate training who will also be required to meet the more stringent requirements, I believe that a conservative approach will best protect the public.

Exhibit E



State of California

BUSINESS AND PROFESSIONS CODE

Section 3640.5

3640.5. Nothing in this chapter or any other provision of law shall be construed to prohibit a naturopathic doctor from furnishing or ordering drugs when all of the following apply:

(a) The drugs are furnished or ordered by a naturopathic doctor in accordance with standardized procedures or protocols developed by the naturopathic doctor and his or her supervising physician and surgeon.

(b) The naturopathic doctor is functioning pursuant to standardized procedure, as defined by subdivisions (a), (b), (d), (e), (h), and (i) of Section 2836.1 and paragraph (1) of subdivision (c) of Section 2836.1, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the naturopathic doctor, and, where applicable, the facility administrator or his or her designee.

(c) The standardized procedure or protocol covering the furnishing of drugs shall specify which naturopathic doctors may furnish or order drugs, which drugs may be furnished or ordered under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the naturopathic doctor's competence, including peer review, and review of the provisions of the standardized procedure.

(d) The furnishing or ordering of drugs by a naturopathic doctor occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:

- (1) Collaboration on the development of the standardized procedure.
- (2) Approval of the standardized procedure.

(3) Availability by telephonic contact at the time of patient examination by the naturopathic doctor.

(e) For purposes of this section, a physician and surgeon shall not supervise more than four naturopathic doctors at one time.

(f) Drugs furnished or ordered by a naturopathic doctor may include Schedule III through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the naturopathic doctor and physician and surgeon as specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished or ordered by a naturopathic doctor, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of

the naturopathic doctor's standardized procedure relating to controlled substances shall be provided upon request, to a licensed pharmacist who dispenses drugs, when there is uncertainty about the naturopathic doctor furnishing the order.

(g) The committee has certified that the naturopathic doctor has satisfactorily completed adequate coursework in pharmacology covering the drugs to be furnished or ordered under this section. The committee shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in subdivisions (b), (c), (d), (e), and (i) of Section 1250 of the Health and Safety Code, shall include both of the following:

(1) Ordering a drug in accordance with the standardized procedure.

(2) Transmitting an order of a supervising physician and surgeon.

(i) For purposes of this section, "drug order" or "order" means an order for medication which is dispensed to or for an ultimate user, issued by a naturopathic doctor as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(j) Notwithstanding any other provision of law, the following apply:

(1) A drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician.

(2) All references to prescription in this code and the Health and Safety Code shall include drug orders issued by naturopathic doctors.

(3) The signature of a naturopathic doctor on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(Amended by Stats. 2009, 4th Ex. Sess., Ch. 18, Sec. 28. (AB 20 4x) Effective October 23, 2009. Repealed as of January 1, 2022, pursuant to Section 3686.)

Exhibit F

Dr. Brady Testimony Supplements
HB 5902

How and Why is Naturopathic Medical Education Different Than Conventional Medical Training:

Naturopathic medical education is clearly organized a bit differently than that of conventional allopathic medicine - especially in the second two years - but it is no less encompassing or rigorous in its way. While MDs/DOs complete clerkships in various medical specialties, their role is primarily observational: they are not primarily responsible for patient care. Third- and fourth-year ND students, in contrast, have increasing opportunities for hands-on clinical training and practice. Thus, naturopathic medical students graduate prepared to begin practice and to diagnose and treat patients in ambulatory care environments, whereas MD/DO students are required to complete residencies after graduation in order to gain direct patient management clinical experience and acquire additional specialty knowledge domains required to sub-specialize and function in acute-care in-patient environments.

Naturopathic residency opportunities, unlike conventional medical residencies, are not required or funded by the federal government through Medicare. Nonetheless, there are residency opportunities available, and the naturopathic medical community is dedicated to creating more. Since the vast majority of residency training occurs in hospital and institutional settings controlled by conventional medicine it is generally true that NDs are denied access to such opportunities.

It must be emphasized that naturopathic physicians are *differently* trained, not insufficiently trained. Even the differences are not always viewed as significant. In a recent decision to expand NDs' ability to prescribe drugs consistent with their scope of practice, Dr. Harry Chen, the Vermont Health Commissioner, stated, "I looked at the training that they go through...and discussed how they treat [patients] in their clinics. And essentially they're following the same exact protocols that [MDs] are using."

The dean of the Stanford University School of Medicine, Dr. Halstead Holman, at a recent commencement ceremony actually apologized to the graduates for not preparing them adequately for the over 80% of the patients they will face in practice, those with chronic complex disease. Medical education experts agree that medical education is failing in the management of the most prevalent diseases of our time and that change is needed in medical education, but the components missing already exist in naturopathic education.

Safety:

A 2013 report conducted by the Rockefeller Center at Dartmouth College for the Vermont Office of Professional Regulations (submitted as an appendix) included surveys of multiple States in the Pacific Northwest and found no disciplinary actions against the professional licenses of NDs related to prescribing and an analysis in 2010 of the Jury Verdicts Northwest database from 2005 through 2010 showed no cases against naturopaths for prescription negligence, and for that matter no cases against naturopaths at all. NCMIC, the largest malpractice insurance carrier servicing the ND profession reported in 2010 that it has never opened a claim based on an allegation against a naturopath involving prescription medications. Other malpractice carriers, such as the Washington Casualty Group reported that their loss experience with NDs serving as primary care providers is five times lower than that with family practice and internal medicine physicians, while the Wood Insurance Group reported that their assigned actuarial risk and premium rates for insured NDs practicing primary care is 50% of that for MD/DO primary care providers.

A Blue Shield of Washington study found that utilizing NDs as primary care providers reduced costs for chronic and stress-related illness by up to 40%, cut costs of specialist utilization by 30%, and that NDs treated 7 out of the top 10 most expensive medical conditions more cost-effectively than MDs or other conventional providers. NDs delivering the same Medicaid services in Oregon are 57.5% more cost-effective than MD/DO/NP primary care providers delivering the same services.

The Opposition's Agenda

Our opposition, under marching orders from their national organization to oppose all scope of practice expansion for any profession at all costs no matter what the evidence or rationale, will likely state that our proposal will create a public safety concern and that they are the only providers who are capable of delivering safe and proper care. I would encourage you to ask them to supply any objective data to back up such assertions, as by the admission of their own organizations, such as the Physician's Foundation, they have no such evidence that the MD/DO provides superior and more cost-effective primary care. They make the same assertions at every scope of practice request by other professions, including here in Connecticut, regarding nurse practitioners, optometrists, podiatrists, and psychologists to name a few.

Exhibit G

SCNM Program of Study- 4 Year Track

Students Entering Fall 2019-20 20 / Spring 2019-2020
Graduating Spring 2022- 2023 / Fall 2023-2024

Program of Study - Year One

Quarter 1 Fall 2019-2020/ Spring 2019-2020

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ANAT 5014	Regional Anatomy, Embryology and Histology I			55.0	55.00	5.0
ANAT 5014/L	Regional Anatomy, Embryology and Histology I Lab		33.0		33.00	3.0
PHYS 5014	Human Physiology and Endocrinology I			44.0	44.00	4.0
PHYS 5014/L	Human Physiology and Endocrinology I Lab		11.0		11.00	1.0
ICSA5014	Integrated Case Studies Application I			11.0	11.00	1.0
BIOC 5014	Biochemistry I			44.0	44.00	4.0
RSCH 5016	Research I			11.0	11.00	1.0
CLPR 5010	Intro to Clinical Practice I ¹	22.0			22.00	2.0
CLPR 5010L	Intro to Clinical Practice Skills Lab I ¹	22.0			22.00	2.0
NTMD 5010	Philosophical and Historical Foundations of Nat Med I			22.0	22.00	2.0
Year 1 Quarter 1 Totals		44.0	44.0	187.0	275.00	25.0

Quarter 2 Winter 2019-2020/ Summer 2019-2020

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ANAT 5024	Regional Anatomy, Embryology and Histology II			33.0	33.00	3.0
ANAT 5024/L	Regional Anatomy, Embryology and Histology II Lab		33.0		33.00	3.0
PHYS 5024	Human Physiology and Endocrinology II			44.0	44.00	4.0
PHYS 5024/L	Human Physiology and Endocrinology II Lab		11.0		11.00	1.0
ICSA 5024	Integrated Case Studies Application II			11.0	11.00	1.0
BIOC 5026	Biochemistry II			44.0	44.00	4.0
IMMU 5024	Immunology			33.0	33.00	3.0
RSCH 5024	Research II			11.0	11.00	1.0
CLPR 5020	Intro to Clinical Practice II ¹	22.0			22.00	2.0
CLPR 5020L	Intro to Clinical Practice Skills Lab II ¹	22.0			22.00	2.0
NTMD 5020	Philosophical and Historical Foundations of Nat Med II			22.0	22.00	2.0
Year 1 Quarter 2 Totals		44.0	44.0	198.0	286.00	26.0

Quarter 3 Spring 2019-2020/Fall 2020-2021

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ANAT 5034	Regional Anatomy, Embryology and Histology III			33.0	33.00	3.0
ANAT 5034/L	Regional Anatomy, Embryology and Histology III Lab		33.0		33.00	3.0
PHYS 5034	Human Physiology and Endocrinology III			44.0	44.00	4.0
PHYS 5034/L	Human Physiology and Endocrinology III Lab		11.0		11.00	1.0
ICSA 5034	Integrated Case Studies Application III			11.0	11.00	1.0
MGEN 5038	Medical Genetics			33.0	33.00	3.0
MICR5026	Microbiology I			33.0	33.00	3.0
MICR5026L	Microbiology I Lab		22.0		22.00	2.0
CLPR 5030	Intro to Clinical Practice III ¹	22.0			22.00	2.0
CLPR 5030L	Intro to Clinical Practice Skills Lab III ¹	22.0			22.00	2.0
NTMD 5030	Philosophical and Historical Foundations of Nat Med III			22.0	22.00	2.0
Year 1 Quarter 3 Totals		44.0	66.0	176.0	286.00	26.0

Quarter 4 Summer 2019-2020/Winter 2020-2021

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CAPS 5018	Basic Sciences Caostone/NPLEXI Review(weeks 1 - 4)			330	33.00	3.0
MD 6014	Gen Med Diagnosis I (weeks 5 - 11)			770	77.00	7.0
ANAT 5048	Neuroanatomy			22.0	22.00	2.0
ENVM 6010	Environmental Med			27.5	27.50	2.5
MICR 5034	Microbiology II			44.0	44.00	4.0
PSYC 6010	Mind Body Med: Fund of Mind-Body Med			22.0	22.00	2.0
OMND6010	Oriental Med I: Theory & Fundamentals of Oriental Med			27.5	27.50	2.5
PHMD 6010	Physical Med I: Intro to Phys Med and Orthopedics			11.0	11.00	1.0
PHMD 6010L	Physical Med I: Intro to Phys Med and Orthopedics Lab		11.0		11.00	1.0
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 4 Totals		0.0	11.0	264.0	275.00	25.0

Grand Totals - Year 1 132.0 165.0 825.0 1,122.00 102.0

SCNM Program of Study- 4 Year Track

Students Enter ing Fall 2019-2020 / Spring 2019-2020
Graduating Spring 2022· 2023 / Fall 2023-2024

Program of Study- Year Two

Quarter 5 Fall 2020-2021/Spring 2020-2021

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 6040	Clinical Practi ce I ¹	22.0			22.00	2.0
CLPR 6040L	Clinical Practice Skills Lab I ¹	22.0			22.00	2.0
GNMD 6024	Gen Med Diaanosis II			99.0	99.00	9.0
BOTM 601C	Botan ical Med I: Intro to Botanical Medicine			22.0	22.00	2.0
NUTR 6014	Nutrition I				22.00	2.0
OMND 6020	Oriental Med II: TCM Diaanosis			22.0	22.00	2.0
PHAR 6010	Pharmacology and Pharmacotheraeoetics I			27.5	27.50	2.5
PHMD 6020	Phyiscal Med II: Nat Manipulative Treatment Assessment & Aop I			33.0	33.00	3.0
PHMD 6020L	Physical Med II: Nat Manipulative Treatment Assessment & App I Lab		22.0		22.00	2.0
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 5 Totals		44.0	122.0	225.5	291.50	26.5

Quarter 6 Winter 2020-2021/Summer 2020-2021

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 6050	Clinical Practice II ¹	22.0			22.00	2.0
CLPR 6050 L	Clinical Practice Skills Lab II ¹	22.0			22.00	2.0
GNMD 603 ³ -	Gen Med Diaanosis III			99.0	99.00	9.0
BOTM 6020L	Botanical Med Lab II: Pharmacy of Botanical Med (may be taken in Qtr 6 or Qtr 7)		22.0		22.00	2.0
NUTR 6024	Nutrition II			27.5	27.50	2.5
OMND 6030	Oriental Med III: Meridians & Points I			22.0	22.00	2.0
OMND 6030L	Oriental Med III: Meridians & Points I Lab		11.0		11.00	1.0
MNGT 6010	Practice Management I: Operations /weekend intensive) (Spring entry only)			11.0	11.00	1.0
PHAR 6020	Pharmacoloav and Pharmacotheraeoetics II			33.0	33.00	3.0
PHMD 6030	Physical Med III: Nat Manipulative Treatment Assessment & ADP II			22.0	22.00	2.0
PHMD 6030L	Physical Med III: Nat Manipulative Treatment Assessment & Ao III Lab		22.0		22.00	2.0
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 6 Totals		44.0	55.0	214.5	313.50	28.5

Quarter 7 Spring 2020-2021/Fall 2021-2022

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 6060	Clinical Practice II ¹	22.0			22.00	2.0
CLPR 6060L	Clinical Practice Skills Lab III ¹	22.0			22.00	2.0
GNMD 6044	Gen Med Diagnosis IV			88.0	88.00	8.0
HMEO 6010	Homeoat hv I			22.0	22.00	2.0
OMND 6040	Oriental Med IV: Meridians & Points II			16.5	16.50	1.5
OMND 6040L	Oriental Med IV: Meridians & Points II Lab		11.0		11.00	1.0
PHAR 6030	Pharmacology and Pharmacotheraeoetics III			33.0	33.00	3.0
PHMD 6054	Physical Med V: Principles of Hydrotherapy			11.0	11.00	1.0
PHMD 6054L	Physical Med V: Principles of Hydrotheraov Lab		22.0		22.00	2.0
CLTR 4304	Clinic Entry Skills Assessment ¹	16.5			16.50	1.5
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 7 Totals		60.5	33.0	170.5	264.00	24.0

Quarter 8 Summer 2020-2021/Winter 2021-2022

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CAPS 602 4	NPLEX I Review (weeks 1-3)			60.0	60.00	0.0
MNGT 6010	Practice Manaagement I: Ope rations (we eken d int ensi ve) /Fa ll entrv onlv) OR			11.0	11.00	1.0
MNGT 7020	Practice Manaagement II: Marketina/ weekend intensive) /Sprina entrv onlv)			11.0	11.00	1.0
GNMP 6071	Gen Med Practice: Dermatolonv /weeks 4-11)			11.0	11.00	1.0
GNMP 6074	Gen Med Practice: EENT /weeks 4-11)			22.0	22.00	2.0
PSYC 6024	Mind Body Med: Intro to Medical Pstchotheraey (weeks 4-17)			16.5	16.50	1.5
PHMD 6040	Physical Med IV: Physiotherao Modalities (weeks 4-11)			11.0	11.00	1.0
PHMD 6040L	Physical Med IV: Physiotheraov Modalities Lab ?weeks 4-11)		11.0		11.00	1.0
OMND 7060	Oriental Med VI: Acupuncture Techniques (weeks 4-11)			11.0	11.00	1.0
OMND 7060_	Oriental Med VI: Acupuncture Techniques Lab (weeks 4-11)		11.0		11.00	1.0
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter B Totals		0.0	22.0	142.5	164.50	9.5

Grand Totals · Year 2 148.5 132.0 753.0 1,033.50 88.5

SCNM Program of Study - 4 Year Track

Students Entering Fall 2019-2020 / Spring 2019-2020
Graduating Spring 2022- 2023 / Fall 2023-2024

Program of Study- Year Three

Quarter 9 Fall 2021-2022/Spring 2021-2022

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7030	Botanical Med III: Nat Mat Med Pharm & Ther I			22.0	22.00	2.0
GNMP7020	Gen Med Practice: Gastroenterology			27.5	27.50	2.5
GYNE 7010	Gynecology I			33.0	33.00	3.0
HMEO702C	Homeopath II			22.0	22.00	2.0
NUTR 7034	Nutrition III			27.5	27.50	2.5
OMND7057	Oriental Med V: TCM Pathology			44.0	44.00	4.0
MNGI 7030	Practice Management III: Leadership (weekend intensive) (Sorina entry only)			11.0	11.00	1.0
CLTR 7000	Clinical Clerkships (2) ²	88.0			88.00	8.0
See below for additional courses and credits that count toward degree completion						
Year 3 Quarter 9 Totals		88.0	0.0	187.0	275.00	25.0

Quarter 10 Winter 2021-2022/Summer 2021-2022

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7044	Botanical Med IV: Nat Mat Med Pharm & Ther II			27.5	27.50	2.5
GNMP7030	Gen Med Practice: Endocrinology			27.5	27.50	2.5
GNMP 7031	Gen Med Practice: Hematology			11.0	11.00	1.0
GYNE 7020L	Gynecology Lab (may be taken in Qtr 10 or Qtr 11)		22.0		22.00	2.0
HMEO 7030	Homeopathy III			22.0	22.00	2.0
MNGT 7020	Practice Management II: Marketing (weekend intensive) (Fall entry only)			11.0	11.00	1.0
MSRG 7010	Minor Surgery I			16.5	16.50	1.5
MSRG7010L	Minor Surgery I Lab		11.0		11.00	1.0
OBST 7010	Obstetrics			27.5	27.50	2.5
OMND 7070	Oriental Med VII: Case Analysis and Management I			22.0	22.00	2.0
NUTR 7044	Nutrition IV			22.0	22.00	2.0
CLTR 7000	Clinical Clerkships (2) ²	88.0			88.00	8.0
See below for additional courses and credits that count toward degree completion						
Year 3 Quarter 10 Totals		88.0	33.0	187.0	308.00	28.0

Quarter 11 Spring 2021-2022/Fall 2022-2023

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7050	Botanical Med V: Nat Mat Med Pharm & Ther III			22.0	22.00	2.0
GNMP 7040	Gen Med Practice: Cardio/V asc Med			16.5	16.50	1.5
HMEO 7040	Homeopathy IV			22.0	22.00	2.0
MNGT7030	Practice Management III: Leadership (weekend intensive) (Fall entry only)			11.0	11.00	1.0
PSYC 7034	Mind Bod Med: Affect Psychotherapy / Crisis Intervention			22.0	22.00	2.0
OMND 7084	Oriental Med VIII: Case Analysis and Management II			22.0	22.00	2.0
PEDS 7010	Pediatrics I			22.0	22.00	2.0
CLTR 7000	Clinical Clerkships (2) ²	88.0			88.00	8.0
CLTR 4508	Comprehensive Clinical Skills Assessment ¹	22.0			22.00	2.0
See below for additional courses and credits that count toward degree completion						
Year 3 Quarter 11 Totals		110.0	0.0	137.5	247.50	22.5

Quarter 12 Summer 2021-2022/Winter 2022-2023

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
PEDS 8020	Pediatrics II			22.0	22.00	2.0
ERMD 8014	Emergency Medicine			33.0	33.00	3.0
GNMP 7041	Gen Med Practice: Pulmonology			16.5	16.50	1.5
CLTR 7000	Clinical Clerkships (5) ²	220.0			220.00	20.0
See below for additional courses and credits that count toward degree completion						
Year 3 Quarter 12 Totals		220.0	0.0	71.5	291.50	26.5

Grand Totals - Year 3 506.0 33.0 561.0 1,100.00 100.0

SCNM Program of Study - 4 Year Track

Students Entering Fall 2019-2020/ Spring 2019-2020
Graduating Spring 2022- 2023/ Fall 2023-2024

Program of Study- Year Four

Quarter 13 Fall 2022-2023/Spring 2022-2023

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMP8050	Gen Med Practice: Rheumatoloav			22.0	22.00	2.0
GNMP 805-	Gen MedPractice: Muscul / Ortho			11.0	11.00	1.0
PSYC 8040	Mind Bodv Med: f.1edical Mamt of Addiction			16.5	16.50	1.5
MNGT E040	Practice Manageri ent IV: Administration (weekend intensive) (Spring entry only)			11.0	11.00	1.0
MSRG 8020	Minor Surg.ic)' II			11.0	11.00	1.0
MSRG8020L	Minor Suraery Lab II		11.0		11.00	1.0
CLTR 8000	Clinical Clerkships (5) ²	220.0			220.00	20.0
See below for additiom,l courses and credits that count toward degree completion						
Year 4 Quarter 13 Totals		220.0	11.0	71.5	302.50	

Quarter 14 Winter 2022-2023/Summer 2022-2023

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CAPS 8034	NPLEX II Review			60.0	60.00	0.0
GNMP8060	Gen Med Practice Neurology			22.0	22.00	2.0
GNMP8070	Gen Med Practice: Uroloav / Kidnev / Male			16.5	16.50	1.5
GNMP8074	Gen Med Practice: Men's Health			11.0	11.00	1.0
CLTR 8000	Clinical Clerkshios (5) ¹	220.0			220.00	20.0
CLTR 4908	Comprehensive Clinical Case Studv ¹	22.0			22.00	2.0
See below for additional courses and credit s that count toward degree completion						
Year 4 Quarter 14 Totals		242.0	0.0	109.5	351.50	26.5

Quarter 15 Spring 2022-2023/Fall 2023-2024

Course #	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMP 8J 61	Gen Med Practice Oncoloav			16.5	16.50	1.5
GNMP 8J76	Gen Med Practice Geriatrics			22.0	22.00	2.0
MNGT8040	Practice Manaagement IV: Administration(weekend intensive)(Fall entrv only)			11.0	11.00	1.0
CLTR 8000	Clinical Clerkships /5) ² (weeks 1-11)	220.0			220.00	20.0
See below for additional courses and credits that count toward degree completion						
Year 4 Quarter 15 Totals		220.0	0.0	49.5	253.00	24.5

Additional courses and credits that count toward degree completion

Course#	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
TBD	Didactic Selectives*			132.0	132.00	12.0
CLTR 6600	Lab Post ¹ ** (mav take in Qtrs 4-8)	11.0			11.00	1.0
CLTR 67J4	Medicinarv/IV Pas: ¹ ** (may take in Qtrs 4-8)	11.0			11.00	1.0
CLTR 6004	Field Observation ¹ /mav take in Qtrs 4-8)	44.0			44.00	4.0
CLTR 61JO	Break Rotation**** /mav take in Quarters 9-15)	44.0			44.00	4.0
Totals		110.0	0.0	132.0	242.00	22.0

Grand Totals - Year 4 792.0 11.0 351.5 ,1 138.00 99.5

Grand Totals (all four years)

	Clinic	Lab	Didactic	Total
Credit Hours	143.50	37.00	215.50	396.00
Contact Hours	1,578.50	341.00	2,490.50	4,410.00

CNME Requirement Grand Total (all four years)

	Clinic
Clerkshi Credits	112.00
Clerkshi Contact Hours	1,232.00

*The 12 -20 total credit hours of didactic selectives must be taken

** The lab post and medicinary/IV posts may be taken in Qtrs 4-8

***The 4 credit break rotation can be taken in Qtrs 9-15

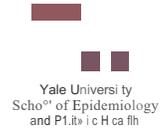
¹ These r.ours do not count toward the 1200 clock hours of clinical training required by CNME.

² These ours count toward the 1200 clock hours of clinical training required by CNME.

Exhibit H

Yale-Griffin Prevention Research Center

David L. Katz, MD, MPH, FACPM, FACP
Director, Prevention Research Center
Yale University School of Medicine
www.davidkatzmd.com



February 21, 2019

Testimony of David L. Katz, MD, MPH, (D. H. L.), FACPM, FACP, the founding director of Yale University's Prevention Research Center Presented before the Public Health Committee Regarding Inclusion of Prescriptive Authority for Naturopathic Medicine Physicians; H.B. No. 5902 (RAISED) AN ACT CONCERNING NATUROPATHS.

From: David L. Katz, MD, MPH, FACPM, FACP

To: Members, the CT State Legislature-Public Health Committee

Dear Legislators:

I have worked extensively and closely with naturopathic physicians in every context relevant to the advancement of medicine: direct patient care, teaching, and research.

While I have been richly rewarded by all of these collaborative activities, I focus now on the first and most relevant of them, patient care.

Naturopathic physicians are rigorously trained, completing a 4-year program of post-graduate education just like their allopathic counterparts. The basic science curricula are identical, and training then diverges. Allopathic trainees are more intensively trained in hospital-based care, drugs, and surgery; whereas naturopathic trainees focus more particularly on ambulatory care, and a range of treatment modalities encompassing pharmacotherapy, nutraceuticals, mind-body medicine, and hands-on treatment methods.

These approaches to training are overlapping, and complementary. Because of the similarities, allopathic and naturopathic can and should interact as efficiently and constructively as all physicians do in the collaborative process of patient care. Because of the differences, naturopathic physicians can often meet the needs of patients when allopathic physicians cannot. They are particularly adept at meeting the needs of complex patients; providing holistic care plans; finding alternatives to pharmacotherapy when such approaches are poorly tolerated; and addressing chronic symptoms when diagnostic clarity is elusive.

Of course, the acumen and proficiency of naturopathic physicians varies as widely as that of allopathic medical physicians; no level of training is a substitute for personal attitude, and aptitude. But in general, naturopathic training produces professionals ideally suited to meet the primary care needs of Connecticut residents. The overall quality of medical practice in our

state, and the satisfaction of patients here, will be advanced by offering naturopathy as a primary care choice. This should occur in a context of collaboration so that professionals in both disciplines can and do call on one another for assistance whenever warranted, just as generalists routinely call on their sub-specialized colleagues now.

In my first-hand experience, naturopaths are devoted, knowledgeable clinicians. They are well versed both in what they know, and in what they don't- perhaps the cardinal requirement of all clinicians. They have a good working knowledge of both pharmacotherapy and suitable alternatives; offer a wide array of safe and effective treatments; and understand when and why to call for consultation. Working with naturopaths for the past 15 years, I have been impressed by their professionalism, often inspired by their dedication, and much enlightened by their many important insights.

There is a need for more primary care providers in Connecticut, and in my opinion, based on years of rare, first-hand knowledge, I submit that naturopathic physicians are ideally suited to play this role and offer this service. The important objectives of access to care, patient autonomy, holism, and lifestyle medicine will all be advanced with the modernization of naturopathic scope of practice in CT, to include the authority to utilize reasonable prescriptive authority, which is consistent with current naturopathic training and competency and necessary for today's practice of ambulatory generalist family care.

With conviction, confidence, and passion- and behalf of the many patients who will be the true beneficiaries- I encourage and implore you to support this legislation.

With my respect and sincere thanks,

David L. Katz, MD, MPH, FACPM, FACP
Director, Yale University Prevention Research Center

Director, Integrative Medicine Center
at Griffin Hospital

David L. Katz, MD, MPH, (D.H.L.), FACPM, FACP is the founding director of Yale University's Prevention Research Center. He earned his BA from Dartmouth College; his MD from the Albert Einstein College of Medicine; and his MPH from the Yale University School of Public Health. A clinician, researcher, author, inventor, journalist, and media personality, Dr. Katz is the recipient of numerous awards and recognitions, including an honorary doctoral degree and nominations for the position U.S. Surgeon General. A two-time diplomate of the American Board of Internal Medicine, and a board-certified specialist in Preventive Medicine/Public Health, he is recognized globally for expertise in nutrition, weight management, chronic disease prevention, and evidence-based holistic care. Dr. Katz founded the Integrative Medicine Center at Griffin Hospital in Derby in 2000, and directs the center to this day- working side by side with naturopathic physicians in direct patient care. In that context, he has participated in the post-graduate training of naturopathic physicians in evidence-based integrative care for over a decade. Dr. Katz represents Yale University on the Steering Committee of the Consortium of Academic Health Centers in Integrative Medicine. He is President of the American College of Lifestyle Medicine.
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