

Report to the Connecticut General Assembly Public Health Committee

Scope of Practice Review Committee Report on Naturopathy

Table of Contents

Executive Summary.....	1
Background	1
Scope of Practice Request.....	2
Impact Statements	3
Scope of Practice Review Committee Membership	4
Scope of Practice Review Committee Evaluation of Request.....	4
Health & Safety Benefits	4
Access to Healthcare.....	5
Laws Governing the Profession and the State’s Current Regulatory Oversight of the Profession	5
Current Requirements for Education and Training and Applicable Certification Requirements.....	5
Summary of Known Scope of Practice Changes.....	6
Impact on Existing Relationships within the Health Care Delivery System.....	6
Economic Impact.....	6
Regional and National Trends	7
Other Health Care Professions that may be impacted by the Scope of Practice Request as Identified by the Requestor.....	7
Description of How the Request Relates to the Professions Ability to Practice to the Full Extent of the Profession’s Education and Training	7
Findings and Conclusions	7

Executive Summary

Section 61 of Public Act 24-68 required the Commissioner of Public Health to conduct a scope of practice review for naturopaths to determine whether naturopathic physicians should be permitted to prescribe, dispense and administer prescription medication.

The scope of practice for the practice of naturopathy can be found under Connecticut General Statutes (CGS) Section 20-34. The current scope of practice for naturopathic physicians includes counseling; the practice of the 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; ordering diagnostic tests and other diagnostic procedures as such tests and procedures relate to the practice of mechanical and material sciences of healing, ordering medical devices and durable medical equipment; and removing ear wax, spirometry, tuberculosis testing and venipuncture for blood testing. The statute defines "natural substances" as those that are not narcotic substances and that do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.

A scope of practice review committee was established to review and evaluate the request submitted by the Connecticut Naturopathic Physician Association (CNPA) as well as subsequent written responses to the request and additional information that was gathered through the review process. The review committee consisted of representatives of the CNPA, other organizations from the naturopathic community, physician organizations, nursing organizations, the physician associate (PA) organization, and individuals who submitted impact statements.

The committee met three times and deliberated the CNPA request. Ultimately, there was no consensus among the members about whether naturopathic physicians should be allowed to prescribe, dispense and administer prescription medications. Those representing naturopathy believe that the training and education required to be licensed as a naturopathic physician in Connecticut is sufficient for naturopaths to safely prescribe to their patients. Those representing conventional medicine did not believe that the naturopathic training and education sufficiently prepared naturopathic physicians to safely prescribe medications.

This committee was the third such committee convened by the Department of Public Health (DPH) related to naturopathic physicians since 2013. Each of the naturopathic committees' deliberations resulted in a lack of consensus on the concept of naturopathic physicians prescribing rights.

Background

Section 61 of Public Act 24-68, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes required the Commissioner of Public Health to conduct a scope of practice review for naturopaths *to determine whether naturopathic physicians licensed pursuant to chapter 373 of the general statutes should be permitted to prescribe, dispense and administer prescription medication.*

Connecticut General Statutes (CGS) Sec. 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request, may submit a written impact statement to the DPH. The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by DPH. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request; and
2. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request; and
3. The Commissioner of Public Health or the commissioner's designee, who shall serve as ex- officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. DPH is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

Section 61 of Public Act 24-68 required the Commissioner of Public Health to conduct a scope of practice review for naturopaths to determine whether naturopathic physicians in Connecticut should be permitted to prescribe, dispense and administer prescription medication. In response to this legislation, the Connecticut Naturopathic Physicians Association (CNPA) submitted a detailed scope of practice request asking naturopathic physicians to be granted:

- The ability to independently prescribe and dispense pharmaceuticals; and
- The ability to independently administer pharmaceuticals, natural substances, and nutraceuticals through various routes: auricular, buccal, inhaled, intranasal, intramuscular, intravenous, intrauterine, ocular, rectal, sublingual, subcutaneous, topical, transdermal, and vaginal.

In addition to prescribing rights outlined in the legislation requiring the establishment of the naturopathic scope of practice review committee, the CNPA requested additional revisions to the naturopathic scope of practice that it described as creating obstacles in patient care:

- Inclusion of naturopathic physicians in all future Connecticut state legislative considerations, ensuring eligibility for state-sponsored programs, funding, and other healthcare initiatives.
- Authorization for naturopathic physicians to perform and endorse required school and work physical examinations as well as preoperative medical clearance examinations.
- The ability to acquire, prescribe, and utilize indicated diagnostic tools, medical supplies, and medical equipment, including but not limited to specula, urinalysis test strips, blood glucose test strips, insulin pumps, hemoglobin meters, and continuous glucose monitors.

The Committee focused on the scope of practice issues related to prescribing. The first two of the additional revisions are beyond the purview of a scope of practice committee. The third additional requested revision is already a part of the current naturopathic scope of practice in CGS Sec. 20-34 that includes (3) ordering diagnostic tests and other diagnostic procedures as such tests and procedures relate to the practice of mechanical and material sciences of healing as described in subdivision (2) of this subsection; (4) ordering medical devices and durable medical equipment; and (5) removing ear wax, spirometry, tuberculosis testing and venipuncture for blood testing.

Impact Statements

DPH received written impact statements in response to the naturopathic scope of practice request from 27 organizations and 14 individuals:

Organizations:

- American Academy of Naturopathic Physicians
- American Medical Association
- Association of Accredited Naturopathic Medical Colleges
- CT Academy of Family Physicians
- CT Academy of Physician Associates
- CT APRNs
- CT Chapter American College of Physicians
- CT Chapter of the American Academy of Pediatrics
- CT Coalition of APRNs
- CT College of Emergency Physicians
- CT ENT Society
- CT Hospital Association
- CT Nurses Association
- CT Orthopaedic Society
- CT Society of Eye Physicians

CT Society of Plastic Surgeons

- CT State Medical Society
- CT State Society of Anesthesiologists
- International IV Nutritional Therapy
- FoodMarble
- The Community Foundation for Greater New Haven

Individuals:

- Ralph Esposito, ND
- Gary Hale
- Nicole Klughers, ND
- Christina Lakomski, APRN
- Lisa Laughlin, ND
- Christina Tondora, ND
- Jeremy Townsend, PhD
- Henry Borkowski, MD
- James Munro, ND
- Timothy Miller, ND
- Kevnesha Boyd, LPC

- Natacha Louis-Charles, OD
- Previn Patel
- Patrick Fratellone, MD, RH(AHG), FIN, FACC

Scope of Practice Review Committee Membership

In accordance with the provisions of Connecticut General Statute 19a-16e, a scope of practice review committee was established to review and evaluate the submitted scope of practice request. Membership on the scope of practice review committee included representation from the organizations and individuals that submitted impact statements and wanted to participate on the committee, and the Commissioner of Public Health's designee who served as an ex-oficio, non-voting member of the committee. Because over fifty individuals participated on the review committee, their names will not be listed here. See Appendix E (pages 88-90) for the full committee membership.

Scope of Practice Review Committee Evaluation of Request

Health & Safety Benefits

Benefits identified by CNPA if the request for prescribing rights is enacted:

1. According to the CNPA's proposal, adoption and implementation of its request will result in improved efficiencies to the healthcare system, including better public health outcomes. The CNPA described these potential improved efficiencies and outcomes as:
 - a. Enhanced resource allocation—by enabling naturopathic physicians to manage routine prescriptions and perform state-required physical exams, physicians and advanced practice registered nurses (APRNs) can focus on patients with conditions requiring specialized expertise in disease management that will lead to a more efficient use of healthcare resource and ensure that patients receive timely and appropriate care.
 - b. Comprehensive care in one location: Patients will benefit from receiving a full spectrum of medical care in the office of one provider.
2. The CNPA also claims that expanding the prescriptive rights of naturopathic physicians will result in reductions in urgent care and emergency room visits for routine medications because patients will have quicker and more convenient access through their naturopathic physician, while reducing the burden on urgent care centers and emergency departments.
3. The CNPA described that expanding pharmaceutical prescribing rights to naturopaths will lead to reductions in unnecessary or avoidable prescription medications because naturopathic physicians are uniquely trained in the use of natural medicines and understand when they can be used instead of pharmaceuticals. The CNPA suggests that these reductions in the reliance on prescription medications will help to minimize the risks associated with overprescribing and adverse drug reactions.
4. The CNPA also described that the naturopathic physicians' emphasis on holistic and integrative approaches can help reduce polypharmacy and included that patients are often reluctant to

share their use of self-prescribed natural medicines because they (the patients) don't understand their relevance or out of fear of judgement by other providers.

5. The CNPA's request states that enabling naturopathic physicians to prescribe would alleviate the provider shortage in Connecticut and would draw more naturopathic physicians to Connecticut.
6. Finally, the CNPA described how prescribing rights would allow comprehensive healthcare services for patients who elect to exclusively seek naturopathic care, and that prescribing rights would lead to a more unified and integrative healthcare system.

Potential harms identified by CNPA if the request for prescribing rights is not enacted:

1. The CNPA described two potential harms if the request is not implemented.
 - a. One potential harm identified by CNPA is that without this change, patients may continue to seek routine medications from urgent care centers and emergency rooms, contributing to overcrowding and delays in critical care, while also increasing avoidable morbidity and mortality.
 - b. The second potential harm identified by CNPA is that patients will continue to see multiple providers to obtain routine prescriptions, leading to fragmented care and possibly resulting in miscommunication or inconsistent treatment plans that negatively impact patient outcomes and overall public health

[Access to Healthcare](#)

The CNPA claims that the ability for the public to obtain prescriptions through a naturopathic physician's office will broaden public access to health care.

[Laws Governing the Profession and the State's Current Regulatory Oversight of the Profession](#)

State naturopathic law is defined in Chapter 373 of Connecticut's General Statute Broadly, Chapter 373 dictates that the practice of naturopathy includes the administration of natural substances and natural therapies. Regulation of naturopathic physicians in Connecticut is overseen by the State Board of Naturopathic Examiners and the Commissioner of the Department of Public Health.

[Current Requirements for Education and Training and Applicable Certification Requirements](#)

The CNPA's request described what it referred to as "negative criticism of naturopathic medicine that has revealed a gross ignorance of naturopathic training and the naturopathic approach to medicine." The CNPA offered the clarification that naturopathic medicine is rooted in the prevention of illness, the promotion of health, and the whole health evaluation and treatment of disease.

The CNPA described that naturopathic physicians are trained to practice whole health medicine in a systematic manner referred to as the "therapeutic order." This order can be represented in a pyramid that begins at the bottom with the least aggressive approaches that seek to prevent illness or promote healing in contrast with the top of the pyramid that refers to the most aggressive treatments that seek to suppress disease symptoms (see Appendix B, page 12).

The CNPA described key components of naturopathic physician pharmacology training that include pharmacology coursework, clinical pharmacology courses, clinical rotations, examination and certification requirements, and parenteral training.

NOTE: *the general requirements to be licensed as a naturopathic physician in Connecticut are a Doctor of Naturopathy degree from a school accredited by the Council on Naturopathic Education and successful completion of the NPLEX (Naturopathic Physicians Licensing Examination).*

Summary of Known Scope of Practice Changes

The CNPA's request referred to naturopathic physician scope of practice requests submitted in 2012, 2013 and 2020 and claimed that each request for a scope of practice review was denied.

The Department clarified that a naturopathic physician scope of practice process occurred in the fall of 2013 and another in the fall of 2016 pursuant to Special Act 16-3. Although none of the past scope of practice processes for naturopathic physicians resulted in consensus on proposed changes, a significant change to the naturopathic scope of practice was enacted through Public Act 14-231 that expanded the naturopathy scope of practice to include "diagnosis, prevention and treatment of disease and health optimization by stimulation and support of the body's natural healing processes" and "ordering diagnostic tests and other diagnostic procedures as such tests and procedures relate to the practice of mechanical and material sciences of healing, ordering medical devices and durable medical equipment; and removing ear wax, spirometry, tuberculosis testing and venipuncture for blood testing".

Impact on Existing Relationships within the Health Care Delivery System

The CNPA request described that the enactment of their request has the potential to create a more unified and collaborative healthcare system. By enabling naturopathic physicians to utilize certain pharmaceuticals, it may enhance the exchange of information between all healthcare providers involved in a patient's care. According to CNPA, this collaboration is crucial for integrating pharmaceutical approaches with natural medicines and lifestyle adjustments, in which many patients are interested.

Some of the other members of the committee believed that there is room for collaboration between those who practice conventional medicine and naturopathic physicians, but not by allowing naturopathic physicians prescribing rights beyond the current language in the scope of practice for naturopaths in Connecticut. The current scope of practice for naturopaths in Connecticut (CGS Sec. 20-34) permits treatment by "natural substances and external applications." Naturals substances are defined as "substances that are not narcotic substances, as defined in subdivision (30) of CGS Sec. [21a-240](#), do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally".

Economic Impact

The CNPA described that enabling naturopathic physicians to prescribe pharmaceuticals would improve access to health care and that increase access to health care could lead to earlier interventions and improve management of chronic conditions, potentially reducing emergency room visits and hospitalizations, and thus lowering healthcare costs

Regional and National Trends

The CNPA request summarized trends in naturopathic licensing including that 26 jurisdictions license naturopathic physicians, with 15 permitting naturopathic physicians to prescribe after passing parts 1 and 2 of the NPLEX exam. It was also noted by other committee members that naturopathy is still prohibited in a few states.

Other Health Care Professions that may be impacted by the Scope of Practice Request as Identified by the Requestor

The CNPA described that expanding the scope of practice of naturopathic physicians would primarily impact physicians and APRNs and these providers primarily prescribe pharmaceuticals. The CNPA described that physician and APRN offices are often overburdened with patients leading to delayed care and reducing access to care. The CNPA asserts that enabling naturopathic physicians to prescribe routine medications can alleviate this burden and allow physicians and APRNs to focus on cases requiring specific disease management. The committee members who practice conventional medicine did not feel that granting prescribing privileges to naturopathic physicians is appropriate.

Description of How the Request Relates to the Professions Ability to Practice to the Full Extent of the Profession's Education and Training

The CNPA highlighted that naturopathic physicians undergo extensive education, testing, and clinical training that prepares them to prescribe pharmaceuticals through various routes and perform injection therapies for common health conditions, particularly in outpatient care settings. According to the CNPA, the naturopathic physician academic curriculum, clinical training, and licensing requirements are specifically designed to ensure they can practice safely effectively, and to the fullest extent of their education and training.

The representatives from other professions on the committee disagreed with the CNPA's and other naturopathic participants argument that naturopathic education and training prepares naturopathic physicians to prescribe pharmaceutical drugs. Reasons for this disagreement included the different focus of naturopathic training and the lack of a residency requirement for naturopathic physicians. The other professions on the workgroup shared that physician associates PAs work in close collaboration with a physician, and that APRNs must work at least three years in a collaborative agreement with a physician prior to practicing independently.

Findings and Conclusions

The naturopathic committee convened pursuant to Section 61 of Public Act 24-68 met three times to deliberate the CNPA's proposal to allow naturopathic physicians the ability to independently prescribe and dispense pharmaceuticals. These deliberations focused primarily on whether the education and training required for naturopathic physician licensure in Connecticut were sufficient for naturopaths to prescribe with skill and safety. It is important to note that the prior two scope of practice committees convened for naturopathy included concerns about the education and training for naturopaths as it relates to prescribing.

The naturopathic representatives of the committee assert that the education and training required to be licensed and practice naturopathy in Connecticut appropriately prepares naturopaths to prescribe medications. Naturopathic representatives argued that naturopathic practitioners in states that regulate the profession have safer records than other practitioners. The conventional medicine members of the committee asserted that board actions are not necessarily indicative of overall practice safety, and that they would prefer to see rigorous studies related to the practice of naturopathy and prescribing.

The naturopathic representatives shared that the pharmacy and biochemistry training in naturopathic physician schools is taught by pharmacists and PhDs and comparable to the courses taught in MD and DO programs (conventional medical schools). The conventional medicine representatives shared concerns that the naturopathic educational structure, curriculum differences, clinical training differences, and differences in licensure and board certification from those who practice conventional medicine do not provide a foundation upon which prescribing medications should be included. One physician added that it was not so much about whether the pharmacology training of naturopathic physicians is different from that of those who study conventional medicine, but more so the strength and understanding of prescribing gained through the study of conventional medicine. Another physician on the committee stated he reviewed the faculty listings of one of the top naturopathic physician schools and noted the two medical doctors affiliated with the school received their training and education in China and did not appear to be licensed and practicing as medical doctors in the United States.

The lack of post-graduate training requirements for naturopathic physicians has been a concern raised this year and in prior naturopathic review committees. The conventional medicine representatives argued that essential medical training and experience related to prescribing occurs during the required three years of specialized training (residency) beyond medical school, that PAs work in collaboration with a physician and that APRNs are required to have a three-year collaborative agreement with a physician prior to practicing independently. Furthermore, it was argued that the scope of practice for naturopathic physicians is different from the beginning since the naturopathic physician training emphasizes natural and holistic approaches rather than conventional medical training received by physicians, PAs, and APRNs.

The committee discussion included that only about half of states license naturopaths, that an even smaller number allow prescribing, and that a couple of states outright prohibit the practice. Some members of the committee advised that naturopaths should focus on standardizing the profession throughout the country rather than seeking prescribing authority at this time.

The committee discussed the differences between allopathic (MD), osteopathic (DO) and naturopathic (ND) physicians. The naturopathic physicians shared that the principles of naturopathy are a guiding foundation for the profession and that these principles bridge the worlds of natural medicine and conventional medicine by weaving in education, preventive care, lifestyle counseling and botanical medicine. While naturopathic physicians prioritize foundational lifestyle changes (lower interventions on the pyramid), they sometimes need to be able to prescribe to provide the best medical care.

There was a belief among some of the conventional medicine members that naturopathic physicians are against vaccinations. A naturopathic member countered that naturopathic physicians are not anti-vaccination and that their training and education requires competence in nine vaccine objectives including the risk to self and others if not vaccinated.

The naturopathic members were asked about what has changed related to naturopathy since the 2016 scope of practice processes that might address the concerns raised by the conventional medicine members of the committee. The naturopathic members provided a document titled "What has Changed Since the 2014 DPH Scope of Practice Review Committee Report on Naturopathic Physicians" that include naturopathic practitioner safety information, a partial list of studies that show improved patient outcomes

with integrating pharmacological treatments with naturopathic approaches, information on Medicaid reimbursement for naturopathic services, information on naturopathic education and training, and information on Vermont's prescribing rights for practitioners that the CNPA said would be acceptable "in the spirit of seeking more standardization of naturopathic scope of practice across state lines." (Appendix G, page 189).

A critique of naturopathy as it relates to prescribing medications discussed during the committee meeting was the lack of standardization of the practice throughout the country, and the lack of strong research and literature related to naturopathy and prescribing. The CNPA shared a document entitled "Naturopathic Scope Standardization and Examples of Research (Appendix G, page 185). The CNPA acknowledged the lack of standardized naturopathic scope in states throughout the country and it supports the American Association of Naturopathic Physicians' ongoing efforts to license naturopathic physicians in all states. This document also includes a link to the book "[Naturopathy, practice, effectiveness, economics & safety](#)" published by the World Naturopathic Federation. The CNPA describes this book as the most comprehensive research compiled on the safety of naturopathic medicine. This book is a compendium of published research collected and published by the Federation.

During the second committee meeting, the CNPA discussed a formulary for naturopathic physicians licensed in Connecticut. A naturopathic representative read the broad categories in the proposed formulary which was not part of the CNPA scope of practice request. Members of the group agreed that a thorough formulary review was not possible due to the time limitations of the committee. Some of the conventional medicine members felt that reviewing a formulary was premature since the group had no consensus on whether naturopaths should be able to prescribe in the first place. However, the group did request that CNPA provide the committee with a copy of the proposed formulary at the third and final meeting of the committee.

The CNPA did not provide the committee with a copy of the formulary it discussed at the prior meeting. Instead, the CNPA share a document called "Proposed Framework for Naturopathic Prescription Authority" that outlined a modified scope of practice request. (Appendix G, page 188). The CNPA proposed:

- a formulary committee composed of naturopathic physicians and pharmacists to review formularies in other states and developed a limited formulary for use in naturopathic practice
- requirements for naturopathic physicians to apply for prescriptive authority that include successful completion of the NPLEX pharmacology exam, increasing continuing education requirements to add 15 hours of pharmacology per year.

The CNPA also acknowledged that prescriptive authority could be accompanied by reform to the Connecticut State Board of Naturopathic Examiners that could be discussed at a later time. The committee discussed that the establishment of a formulary or changes to the composition to the Naturopathic board would require legislation.

The committee concluded its deliberations with no consensus on whether naturopathic physicians licensed in Connecticut should be granted prescriptive authority. The results of this committee were not unlike the results of the prior two scope of practice committees convened on the practice of naturopathy and prescribing. The CNPA and others from the naturopathic professional community believe that naturopathic training and education is sufficient to incorporate prescribing rights into the naturopathic scope of practice in Connecticut. The physicians, APRNs and PAs who practice conventional medicine did not believe that the naturopathic education and training was sufficient for prescribing or that it aligned with the practice of naturopathy.

While the committee members who practice conventional medicine are opposed to naturopaths having prescribing rights, they did share that they appreciate the practice of naturopathy and the complementary role it can play with conventional medicine to enhance the health of patients.

Appendices Table of Contents

Appendix A Scope of Practice Law

Appendix B Initial Scope of Practice Request

Appendix C Impact Statements

Appendix D Response to Impact Statements

Appendix E Committee Membership

Appendix F Meeting Minutes

Appendix G Supplemental Documents and Materials Submitted Between Meetings

Appendix A

Scope of Practice Law

Scope of Practice Law

Sec. 19a-16d. Submission of scope of practice requests and written impact statements to Department of Public Health. Requests for exemption. Notification and publication of requests. (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, shall submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

- (A) A plain language description of the request;
- (B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;
- (C) The impact that the request will have on public access to health care;
- (D) A brief summary of state or federal laws that govern the health care profession making the request;
- (E) The state's current regulatory oversight of the health care profession making the request;
- (F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;
- (G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;
- (H) The extent to which the request directly impacts existing relationships within the health care delivery system;
- (I) The anticipated economic impact of the request on the health care delivery system;
- (J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care 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 health care professions; and

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 19a-16e. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September first of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's Internet web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than September fifteenth of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October first of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

(P.A. 11-209, S. 1; P.A. 22-58, S. 16, 55.)

History: P.A. 11-209 effective July 1, 2011; P.A. 22-58 amended Subsec. (a) by replacing "may" with "shall", amended Subsec. (c) by replacing "September fifteenth" with "September first" and making a technical change and amended Subsec. (d) by replacing "October first" with "September fifteenth" and "October fifteenth" with "October first", effective May 23, 2022.

Sec. 19a-16e. Scope of practice review committees. Membership. Duties. (a) On or before October fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall select from the timely scope of practice requests submitted to the department pursuant to section 19a-16d the requests on which the department will act and, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each such request. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-16d to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

(P.A. 11-209, S. 2; P.A. 22-58, S. 17.)

History: P.A. 11-209 effective July 1, 2011; P.A. 22-58 amended Subsec. (a) by replacing "November first" with "October fifteenth", adding provision re selection of timely scope of practice requests and made technical and conforming changes, effective May 23, 2022.

Sec. 19a-16f. Report to General Assembly on scope of practice review processes. On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 19a-16d and 19a-16e and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

(P.A. 11-209, S. 3.)

History: P.A. 11-209 effective July 1, 2011.

Appendix B

Initial Scope of Practice Request

August 15, 2024

Sara Montauti, MPH
Healthcare Quality and Safety Branch Practitioner
Licensing and Investigations
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-7307
E-mail: sara.montauti@ct.gov

Re: Naturopathic Scope Review Application

Dear Ms. Montauti,

Thank you for accepting this scope of practice application submitted by the Connecticut Naturopathic Physicians Association (CNPA). We are the professional organization that represents Connecticut's licensed naturopathic physicians.

I am the point of contact for all future correspondence related to the submission.

With gratitude,



Sarah Ouano, ND
Executive Assistant
Connecticut Naturopathic Physicians Association
Phone: (312) 972-9906
E-mail: cnpalegislative@gmail.com

Appendix C

Impact Statements

From: Marriott, Rodrick
Sent: Monday, September 16, 2024 3:49 PM
To: Montauti, Sara
Cc: Strand, C.J.; Perkins, Emily
Subject: Naturopaths

Good afternoon,

This potential change in scope of practice would have an impact on the Department of Consumer Protection, Drug Control Division (“Division”). The Division registers practitioners to prescribe, dispense and administer controlled substances as well as pharmacies. The Division request representation on the Scope of Practice Review Committee.

Thanks,

Rod



Rodrick J. Marriott, PharmD
Director, Drug Control Division
Consumer Protection
Phone: 860-713-6079
rodrick.marriott@ct.gov Please Contact [Emily Perkins](#) for scheduling

CONFIDENTIAL INFORMATION: The information contained in this e-mail is confidential and may be privileged and protected from general disclosure. The information is intended to be used solely by the recipient(s) named. If you are not an intended recipient, be aware that any review, disclosure, copying,

distribution or use of this transmission or its contents is prohibited. If you have received this e-mail in error, please notify the sender immediately by replying to this message so that we can take appropriate action and thereafter immediately delete or erase this message.

From: Laura Prior <laura.aprn@gmail.com>
Sent: Monday, September 16, 2024 1:46 PM
To: Montauti, Sara
Subject: Scope of Practice Review - Naturopaths

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good afternoon Ms. Montauti,

I am writing to you as Chair of Health Policy on behalf of the CT APRN Society, regarding the scope of practice requests for the following profession: Naturopaths.

As one of the largest healthcare professions in the state of Connecticut, we would like to be involved in this scope of practice reviews if the Department of Public Health decides to review it.

Thank you for your consideration,

Laura Prior

Chair of Health Policy - CT APRN Society



Sara Montauti, MPH

Healthcare Quality and Safety Branch Practitioner

Licensing and Investigations

Department of Public Health

410 Capitol Avenue, MS#12HSR

P.O. Box 340308

Hartford, CT 06134

Dear Ms. Montauti,

On behalf of the Connecticut Nurses Association (CNA), I am writing regarding the Connecticut Naturopathic Physicians Association's (CNPA) request to expand the scope of practice for naturopathic physicians. We believe it is imperative that the nursing profession be actively involved in the discussions and decision-making process as this proposal moves forward.

Nurses are central to patient care across all settings, and any changes to the naturopathic scope of practice could significantly impact our collaborative work with other healthcare professionals. To ensure patient safety and high-quality care, it is essential that nurses' perspectives are included, particularly in developing guidelines for interprofessional collaboration.

We recognize the importance of improving access to care and supporting patient choice. However, any expansion in scope must be thoughtfully integrated into the existing healthcare system to enhance patient outcomes without compromising care standards and integration of all members of the healthcare team.

Given the potential impact on nursing practice, the Connecticut Nurses Association respectfully requests inclusion in ongoing discussions regarding this request. We are eager to contribute to a solution that benefits all stakeholders and upholds the quality of care for Connecticut residents.

Thank you for your attention to this matter.

Sincerely,

Cassandra Esposito, MSN, APRN, FNP-C

President

Connecticut Nurses Association

Cc: Naturopaths: cnpalegislative@gmail.com

1224 Mills Street, Bldg B
East Berlin, CT 06023

CTNURSES.org

p. (203) 238 1207
f. (203) 238 3437



Subject: Supporting Naturopathic Scope Expansion

Dear Dr. Ouano,

I am writing to you as the Executive Director of Holistic Community Professionals, a non-profit organization dedicated to providing education and outreach about holistic health to the general public in Connecticut. Our mission is to empower individuals to take control of their health and well-being through natural and holistic approaches.

We strongly support the expansion of the naturopathic scope of practice to include a limited prescriptive formulary and the ability to perform primary care functions such as school and work examinations and forms. We believe that these additions would significantly enhance the health and well-being of our patients and the general public.

Here are some key reasons why we believe naturopathic scope expansion is essential:

- Improved Access to Affordable Healthcare: By allowing naturopathic physicians to prescribe a limited formulary of prescription medicines, we can increase access to affordable and effective healthcare options. Many patients are seeking a combination of natural and conventional medicine, and naturopathic physicians are the ideal provider for them.
- Enhanced Patient Care: Naturopathic physicians are trained to address the root causes of illness and promote overall wellness. By expanding their scope of practice, they can provide more comprehensive and personalized care to their patients.
- Reduced Healthcare Costs: By preventing and treating illnesses at their earliest stages, naturopathic physicians can help reduce overall healthcare costs. This is particularly important in today's healthcare landscape, where rising costs are a major concern.
- Greater Patient Autonomy: Expanding the naturopathic scope of practice would empower patients to make informed decisions about their healthcare and choose the approach that best suits their needs.

We believe that naturopathic scope expansion is a win-win for both patients and healthcare providers. By supporting this initiative, we can help create a more accessible, affordable, and effective healthcare system for all.

Thank you for your time and consideration. We look forward to working with you to advance the cause of naturopathic medicine.

Sincerely,

Shirley R. Bloethe
Executive Director, Holistic Community Professionals, Inc.

Impact Statement Regarding Naturopathic Scope of Practice

The American Academy of Pediatrics (AAP) and the Connecticut Chapter of the AAP advocate that every child receive high-quality, accessible, family-centered, continuous, coordinated, comprehensive care in a medical home. To this end, optimal pediatric care is best delivered in a team-based approach that is led by a primary physician, ideally a pediatrician, who assumes responsibility for managing the patient's care. All professionals who provide pediatric care must hold to the highest standards of education and training and continually demonstrate their skills and competencies.

Naturopathy is guided by a philosophy that emphasizes the healing power of nature. Naturopaths use both traditional and modern therapies (approaches they consider to be the most natural and least invasive) and view their role as supporting the body's inherent ability to maintain and restore health. Naturopathic medicine combines many methodologies, such as acupuncture, massage, chiropractic adjustment, homeopathy and herbal cures, along with sensible concepts such as good nutrition, exercise and relaxation techniques. There is currently little evidence on the use of naturopathy in medical conditions in children.

The American Naturopathic Medicine Association, the professional organization of naturopathic practitioners, states "Naturopathy or naturopathic medicine never includes minor surgery or prescription drugs. Instead, clients are advised to seek out properly trained professionals that provide such services. Naturopathy does not cure disease. Instead, naturopathy supports the body while going through traditional medical treatment programs that may over stress the body".

Connecticut pediatricians have grave concerns related to the naturopath's requests to have: A) The ability to independently prescribe and dispense pharmaceuticals. B) The ability to independently administer pharmaceuticals, natural substances, and nutraceuticals through various routes: auricular, buccal, inhaled, intranasal, intramuscular, intravenous, intrauterine, ocular, rectal, sublingual, subcutaneous, topical, transdermal, and vaginal.

The training to become a Pediatric Specialist includes four years of medical school, during which Medical Pharmacology is first approached as a basic biomedical science and later focuses on therapeutics and clinical applications. The study of pharmacology continues during postgraduate training, i.e. residency, which is at least 3 years long. At least 12,000 hours of patient care are required to be certified. During that time, we focus specifically on the unique needs and differences of prescribing medications to children from birth through young adulthood.

A license to practice Naturopathy requires 4 years of study at a naturopathic school. A typical curriculum in Naturopathic training has a total of 4 credits of pharmacology in a 300-credit program. Naturopaths are not required to complete a residency or fellowship and are mandated to have only 1200 hours of patient care hours for licensure. This is not adequate preparation for prescribing medications to children. It is certainly not adequate to develop the skills needed to administer medications through the various routes requested especially intravenously, intrauterine, vaginally, or in the eye.

Our other major concern is the traditional anti vaccination views prevalent in naturopathy. Immunizations are one of the most important pharmacological substances we have in our mission to prevent disease and keep children healthy.

We strongly believe in the importance and life saving need to vaccinate children and young adults against preventable diseases. Naturopaths do not.

We believe that there is value in nontraditional therapies such as acupuncture and massage, and certainly share in the philosophy of the importance of prevention as well as good nutrition. However, practitioners of Naturopathy are not adequately trained to prescribe or administer medications, especially to children.

September 10, 2024

Dear Connecticut Naturopathic Physicians Association,

As a practicing optometrist at Family Eye Care of Orange, I have had the pleasure of collaborating with naturopathic physicians in the area. I have found these collaborations to be extremely beneficial for my patients and have been impressed by the complementary nature of our practices.

Often, patients come to me with a variety of health concerns that extend beyond their vision. In such cases, I have been able to refer them to naturopathic physicians who have provided them with comprehensive care that addresses their overall health and well-being. This collaborative approach has resulted in improved patient outcomes and a higher level of satisfaction.

Given the current shortage of healthcare providers, it is imperative that we explore innovative ways to alleviate the strain on our healthcare system. Naturopathic physicians are highly trained professionals who can play a vital role in providing accessible and effective care. By expanding their scope of practice, we can leverage their expertise to address a wider range of patient needs.

I wholeheartedly support the efforts of the Connecticut Naturopathic Physicians Association to expand the scope of naturopathic practice in Connecticut. I believe that this will not only benefit patients but also help to strengthen our healthcare system as a whole.

Sincerely,



Natacha Louis-Charles, OD

Family Eye Care of Orange

Sept. 13, 2024

Legislative Committee

State of CT

Hartford CT

It is well known that currently the need for medical care in CT is a major issue for our citizens. Access to a medical care provider, primary care(pc) or specialist, for acute or routine and well or symptomatic needs, is at best difficult and in many cases "Impossible".

This is a matter of concern not only amongst the care seekers but the caregivers as well.

The adverse impact on the community at large cannot and therefore must not be ignored or minimized in any manner.

It is obvious that limiting the scope of practitioners is not the answer.

Citizens of our state have looked to providers to address their needs in alternative and complimentary specialties and have benefited in so doing.

Providers such as Naturopathic doctors deserve recognition and be welcomed to care and provide comfort to our citizens in all their capacity. Their training includes pharmacologic and diagnostics. Such inclusion will most certainly alleviate stress on the other so called the traditional caregivers such as the p c and specialist.

Being an insurance agent that services clients in their needs for health care needs such as individual, employer group and Medicare plans we constantly hear complaints that such restrictions cause much inconvenience to the patients and aggravate their health condition.

Many of our consumers are well informed of the benefits of these complimentary modes and actively seek such treatment which in addition to being less harmful in many situations also are much less expensive. Here is another option to improve health care and reduce cost and suffering as well by expanding availability of necessary care promptly when needed.

Providing such critical and necessary services to our citizens has to be a major concern of our legislative bodies. With this in mind it ought to be clear to all concerned citizens, representatives and caregivers that expanding the scope of services provided by the Naturopathic Doctors must be a forgone conclusion.

Your careful consideration of this matter is an essential necessity for the well being of the citizens of our state. Any delay is very likely to cause much harm to our fellow citizens and add to the cost of care.

With much appreciation,

Respectfully submitted,

Previn Patel

Connecticut Naturopathic Physicians Association

11 Mile Hill Rd

Newtown, CT 06470

Email: cnpalegisative@gmail.com

CC: sara.montauti@ct.gov

Subject: Supporting the Expansion of Naturopathic Scope in Connecticut

Dear Dr. Ouano,

I am writing to express my full support for your efforts to expand the scope of practice for naturopathic physicians in Connecticut. As a cardiologist with hospital affiliations at Mount Sinai hospitals in New York and an integrative private practice in New York and Connecticut, I have the privilege of collaborating with naturopathic physicians on a daily basis.

I can attest to the safety, skill, and dedication with which naturopathic physicians approach patient care. Their commitment to the Therapeutic Order, a hierarchical approach to treatment that prioritizes natural and supportive interventions, ensures that they strive to support a foundation for health first. This approach is characterized by a prudent and judicious use of pharmaceuticals, recognizing their role within the broader context of a patient's overall well-being.

I firmly believe that all patients would benefit from having access to a balanced and encompassing approach to healthcare that naturopathic prescriptive authority would enable. By expanding the scope of practice for naturopathic physicians, Connecticut would be taking a significant step towards ensuring that individuals have the opportunity to receive the highest quality care possible.

Thank you for your tireless advocacy on behalf of naturopathic medicine and for your commitment to improving the health and well-being of Connecticut residents.

Sincerely,

Patrick Fratellone, MD, RH(AHG), FIN, FACC

Fratellone Medical Associates



Connecticut Naturopathic Physicians Association c/o Sarah Ouano, ND
11 Mile Hill Rd
Newtown, CT 06470

Dear Dr. Ouano,

As the Integrative Medicine Fellowship Director at Middlesex Hospital, I have had the privilege of working closely with naturopathic physicians in a clinical setting. My firsthand experience has consistently impressed me with the breadth of clinical knowledge they possess and the positive outcomes that can be achieved through collaborative care.

Naturopathic physicians bring a unique perspective to patient care, emphasizing holistic approaches and focusing on the root causes of illness. Their commitment to natural therapies and their understanding of the interconnectedness of mind, body, and spirit can be invaluable in addressing complex health challenges.

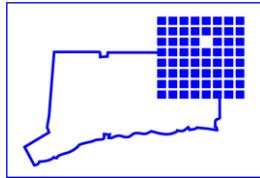
I believe that naturopathic physicians should be granted prescriptive authority, as this would enable them to provide more comprehensive and effective care to their patients. Their training and education equip them to safely and prudently prescribe medications, ensuring that patients receive the most appropriate treatments for their individual needs.

Increased access to naturopathic medicine has significant public health benefits. By expanding the scope of naturopathic practice, we can improve patient outcomes, reduce healthcare costs, and promote health equity. Naturopathic physicians can play a vital role in addressing chronic conditions, preventing diseases, and promoting overall wellness.

I wholeheartedly support the expansion of naturopathic scope in Connecticut. By empowering naturopathic physicians to practice to the full extent of their education, we can create a more patient-centered, accessible, and effective healthcare system for all.

Sincerely,

Justin Caskey, DO
Integrative Medicine Fellowship Director
Middlesex Hospital



60 Kings Highway, North Haven CT 06473

September 13, 2024

Sara Montauti, MPH
Practitioner Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134
e-mail: sara.montauti@ct.gov

Dear Ms. Montauti:

This impact statement is respectfully submitted on behalf of the 450 emergency physician members of the Connecticut College of Emergency Physicians (CCEP) practicing across Connecticut in response to the scope of practice request submitted by the naturopathic physicians.

CCEP does not support naturopaths being allowed to prescribe, dispense, and administer prescription medication based on their training, education, and experience. CCEP believes that allowing prescriptive authority to naturopathic doctors poses substantial safety and public health concerns.

Please accept this impact statement and if the scope of practice review goes forward, CCEP would like to be included in the review committee.

Thank you.

Sincerely,

Kevin Sprague, MD

Kevin Sprague, MD

President

September 13, 2024

Dear Connecticut Naturopathic Physicians Association,

As a licensed professional counselor and owner of Quality Counseling, a private group practice dedicated to serving Black communities in Connecticut, I am writing to express my full support for the expansion of naturopathic scope in our state.

Our practice recognizes the unique and sensitive issues faced by Black individuals, and we strive to provide a safe and supportive environment for our clients. We believe that holistic approaches to healing, including plant-based healing, yoga, and meditation, can be invaluable in addressing the complex challenges our clients often encounter.

Naturopathic physicians share our commitment to creating safe and supportive spaces within the healthcare field. Their focus on holistic healing and their understanding of the interconnectedness of mind, body, and spirit align closely with our own approach to therapy.

By expanding the scope of naturopathic practice to include limited prescribing privileges, injections, and school/work form sign-offs, we can help to minimize the financial and time burdens that many patients face when seeking care. This would allow naturopathic physicians to provide more comprehensive and efficient care, improving patient satisfaction and overall healthcare delivery. Ultimately assisting in reducing mental health disparities.

I believe that expanding the scope of naturopathic practice in Connecticut would be a significant step forward in improving the health and well-being of our communities. By empowering naturopathic physicians to provide a wider range of services, we can ensure that individuals have access to the holistic and culturally sensitive care they deserve.

Thank you for your dedication to advancing the field of naturopathic medicine and for your commitment to improving the health and well-being of Connecticut residents.

Sincerely,
Kevnesha Boyd, LPC

Connecticut Coalition of Advanced Practice Nurses

Lynn Rapsilber, DNP, APRN, ANP-BC, FAANP

Chair

lrapsilber@gmail.com

September 12, 2024

Sara Montauti, MPH
Healthcare Quality Safety Branch
Practitioner Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134
Phone: 860-509-7307
e-mail: sara.montauti@ct.gov

Impact Statement for Naturopath SOP review

My name is Dr. Lynn Rapsilber DNP, APRN, ANP-BC, FAANP, Chair of the CT Coalition of Advanced Practice Nurses. The Coalition represents various nursing organizations to create consensus on legislative issues affecting patients, residents of CT, and our profession.

The Coalition is submitting an impact statement to have a seat at the table to discuss the request of the Naturopaths for changes to their SOP to include A. prescribing pharmaceuticals B. and independently administer them. C. inclusion in all CT state legislative considerations, ensuring eligibility for state-sponsored programs, funding, and other health care initiatives. D) Authorization for naturopathic physicians to perform and endorse required school and work physical examinations as well as preoperative medical clearance examinations. E) The ability to acquire, prescribe, and utilize indicated diagnostic tools, medical supplies, and medical equipment, including but not limited to specula, urinalysis test strips, blood glucose test strips, insulin pumps, hemoglobin meters, and continuous glucose monitors.

Realizing there is a shortage of health care providers now and in the future, scrutiny of scope of practice requests become paramount. While access to care for the residents of Connecticut is of utmost importance, unwavering regard for patient safety should not be compromised. With the residents of Connecticut at the forefront, a scope request review focuses on the education, training, licensure, current climate of practice in relationship to other states, permitting an examination of the evidence buttressing such a request.

There are aspects of this request which are of interest to APRNS as well. A thorough review performed by a convened scope of practice committee can determine, through evidence presented, whether the Naturopath scope of practice change is meritorious and should proceed. The CT Coalition of Advanced Practice Nurses respectfully requests an opportunity to discuss this request further.

Sara Montauti, MPH
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Department of Public Health
410 Capitol Avenue, MS#12HSR P.O. Box 340308
Hartford, CT 06134
sara.montauti@ct.gov

September 8, 2024

The Connecticut Academy of Physician Associates (ConnAPA) represents the more than 4,000 licensed PAs in the State of Connecticut, who provide healthcare in all settings and specialties to the patients of Connecticut.

Please accept this letter as an impact statement regarding the scope of practice submission by the Connecticut Naturopathic Physicians Association

ConnAPA fully supports appropriate increased access to care for the patients of Connecticut, as it stands a core mission of ConnAPA to develop methods of such increased access. However, ConnAPA has concerns regarding some of the rationale used in expanding the naturopathic scope of practice, and demonstration of evidence of appropriateness of the requested expansion. According to the Accredited Naturopathic Schools of North America website, there are currently only five accredited naturopathic schools, with seven campuses.; two of which are in Canada and no longer is there a program in Connecticut. There needs to be a more in-depth conversation about the education and training of naturopathic physicians and where there is overlap with traditional medical education received by physicians and PAs.

However, it should also be noted that a scope of practice convening occurred for the naturopathic physicians in 2013 when there was a similar request for increased abilities. That report is found [here](#). Repeatedly the request for this year referred to making a “correction” to the practice abilities of naturopathic physicians, but a correction would be a technical revision of language. These requests are a substantial change in practice that have largely been discussed previously.

ConnAPA also respectfully reminds the CNPA that PAs, while not mentioned in section 2(A) of the request, are also licensed healthcare providers caring for the patients in the state alongside physicians and advanced practice registered nurses. PAs perform those mentioned tasks and much more every day, in thousands of patient encounters daily across Connecticut.

When this committee is convened, ConnAPA respectfully requests inclusion as an impacted profession.

ConnAPA appreciates the work of the Department of Public Health to ensure access to care for all in Connecticut, and will continue to be a partner with DPH in advancing additional patient care improvements.

Most appreciatively,



Jason Prevelige, DMSc, MBA, PA-C
Chair, Legislative Committee
Connecticut Academy of Physician Associates
jprevelige@yahoo.com

Subject: Expanding the Scope of Naturopathic Medicine in Connecticut

Dear Dr. Ouano,

I am writing to express my strong support for expanding the scope of practice for naturopathic physicians (NDs) in Connecticut. As a naturopathic physician and professor at the University of Bridgeport's Physician Assistant Institute, I have witnessed firsthand the valuable contributions that NDs can make to the healthcare system.

NDs are trained to provide comprehensive, individualized care that emphasizes the body's inherent healing abilities. Our education includes a rigorous curriculum in natural medicine, which encompasses a wide range of therapeutic modalities, including botanical medicine, nutrition, homeopathy, acupuncture, and hydrotherapy. This holistic approach aligns with the growing demand for personalized, preventive care that addresses the root causes of illness.

While NDs can effectively treat a variety of conditions, expanding our scope would enable us to integrate natural medicines with a limited formulary of prescription medications, enhancing our ability to meet the needs of Connecticut citizens. We can offer patients a more comprehensive and effective approach to their care.

For example, NDs can:

- **Treat chronic conditions:** Our focus on preventive care and natural therapies can help manage chronic diseases such as diabetes, heart disease, and autoimmune disorders. If necessary, NDs are trained to utilize first line prescriptive medications to acutely bring the body into balance, while working on the foundational concepts of lifestyle medicine at the same time.
- **Provide primary care:** NDs are trained to provide primary care services, including routine check-ups, preventive screenings, and management of minor illnesses. Increasing scope to align with this training is sensible in today's state healthcare accessibility crisis.
- **Address mental health:** Our training in natural therapies and stress management techniques can be beneficial for individuals with anxiety, depression, and other mental health conditions. Creating efficiency when patients choose to see naturopathic physicians by reducing the number of providers necessary to create a comprehensive treatment plan has additional positive impacts on the healthcare experience.

As one of several naturopathic physicians on the teaching staff at the University of Bridgeport and one of hundreds of NDs in the state, I am confident that licensed naturopathic physicians have the knowledge, skills, and dedication to make a significant positive impact on the delivery of healthcare within Connecticut. By expanding our scope, we can help to improve the health and well-being of our patients while reducing healthcare costs and improving access to care.

Thank you for your time and consideration. I look forward to the opportunity to discuss this important issue further.



Sincerely,

Lisa Laughlin, ND

Professor, Physician Assistant Institute

University of Bridgeport



CONNECTICUT
HOSPITAL
ASSOCIATION

MEMORANDUM

TO: Sarah Ouano, ND
Executive Assistant
Connecticut Naturopathic Physicians Association

FROM: Karen Buckley, Vice President, Advocacy

DATE: September 11, 2024

SUBJECT: Impact Statement – Scope of Practice Request – Connecticut Naturopathic Physicians Association

The Connecticut Hospital Association (CHA), a trade association representing the 27 acute care hospitals in Connecticut, submits this impact statement, in accordance with Chapter 368a of the Connecticut General Statutes, in response to the scope of practice change requested by the Connecticut Naturopathic Physicians Association. The change requested would make changes to the current naturopathic scope of practice to permit the independent prescribing and dispensing of pharmaceuticals. It would also seek to allow for the independent administration of certain pharmaceuticals and natural substances through various routes.

The proposed changes would impact the healthcare delivery system in Connecticut and may require hospital policies, procedures, and credentialing to be changed. Connecticut hospitals employ or utilize a significant number of licensed healthcare professionals, including physicians, advanced practice registered nurses, physician assistants, nuclear medicine technologists, and other allied health professionals. The request will impact the delivery of care to hospital patients.

If the Connecticut Department of Public Health (DPH) appoints a Scope of Practice Review Committee, CHA respectfully requests an appointment to the Committee.

KMB:lhs

By E-mail

cc: Sara Montauti, Healthcare Quality and Safety Branch, Practitioner Licensing and Investigations Section,
Connecticut Department of Public Health



Dear Dr. Quano:

I am writing to express my strong support for granting prescriptive authority to Connecticut Naturopathic Doctors (NDs).

I am currently the patient of a Naturopathic Physician licensed in CT and have directly experienced significant benefits from that naturopathic care. Instead of medical care that seems more "after the fact", my naturopath offers a program focused on proactive lifestyle changes that help mitigate or even avoid the health challenge in the first place.

It is a refreshing change for someone who wants to achieve good health, accomplish more for a new grandchild, and make some positive differences for people.

Extending prescriptive authority to trained naturopaths would be very positive for patients like me who want to be active in improving their health. The prescriptive limitations that my naturopath faces seem unwise for his patients' success and, more generally, for the overall public health.

In my younger days, I served in the CT State Senate and had to vote - it seemed yearly - on legislation affecting medical practices such as optometrists v. ophthalmologists. I remember those legislative battles too often centering on the best interests of the practitioners rather than the patients. Now, all these years later, I feel that extending the prescriptive authority to my naturopath would help me personally, as well as many who might benefit from naturopathic care.

Granting prescriptive authority to naturopaths would not only benefit individual patients but also enhance the overall healthcare system in Connecticut. This change would promote comprehensive and cost-effective healthcare, which should be the primary consideration in evaluating this application.

I urge the Department of Public Health to seriously consider the positive impact that granting prescriptive authority to naturopaths would have on patient care and the healthcare system as a whole.

Thank you for your time and attention.

Sincerely,

Gary A. Hale

Partner, Daisy Solutions
Hamden, Connecticut

September 12, 2024

Sara Montauti, MPH

e-mail: sara.montauti@ct.gov

Dear Ms. Montauti:

On behalf of the Connecticut Society of Plastic Surgeons, please accept this impact statement regarding the scope of practice review to be undertaken by the state Department of Public Health on naturopathic physicians as required by Public Act 24-68. Under consideration, is whether naturopaths should be allowed to prescribe, dispense, and administer prescription medication and if so, whether DPH should establish qualifications or develop a naturopathic formulary.

Based on training, education and experience, CSPS believes there is no realistic comparison between medical and naturopathic educations and any consideration of allowing prescriptive authority to naturopathic doctors poses substantial safety and public health concerns.

The American Association of Naturopathic Physicians indicates that naturopathic medicine emphasizes “prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals’ inherent self-healing process.” Historically, Naturopaths have rebuffed the modern practices of pharmacotherapy and surgery, focusing on natural processes and remedies to promote selfhealing.

In order to be accredited, Naturopathic programs offer coursework in “pharmacology and pharmacognosy” but we are unaware of any standards or training that incorporate this into a patient with multiple illnesses or medical therapies. There is also NO obvious requirement for supervised clinical training applying, whatever this didactic knowledge may be, to patients who could suffer permanent harm due to medical error by practitioners without sufficient training.

Clearly put, Naturopathic programs do not have the proper education and training to safely prescribe medications, nor do they have the scientific foundation or the commitment to evidence-based therapy that must be the cornerstone of any practice.

In accordance with the scope review process, we would respectfully request that a representative of our organization be included on the committee established to review this issue. Thank you for your kind consideration in this matter.

Sincerely,

Joseph B. O'Connell, M.D.

Joseph B. O'Connell, MD

President, Connecticut Society of Plastic Surgeons

Sarah Ouano, ND

CNPA

11 Mile Hill Rd

Newtown, CT 96470

August 28, 2024

Re: FoodMarble Impact Statement on Connecticut Naturopathic Scope Modernization

Dear Connecticut Department of Public Health,

FoodMarble works with many naturopathic doctors, medical doctors, hospitals and gastroenterology practices throughout the United States and around the world and our organization supports the request for scope modernization for naturopathic doctors in Connecticut.

FoodMarble MedAIRE 2 is an FDA class I medical device that is used in the diagnosis of small intestinal bacterial overgrowth (SIBO) by measuring levels of hydrogen and methane in breath samples. Once this diagnosis is made, the standard of care treatment is a course of antibiotics. Naturopathic doctors often use our device because they treat many people with chronic digestive conditions, and it is imperative to rule out SIBO in people with chronic constipation or diarrhea. In states where naturopathic doctors have prescribing rights, they use our device to diagnose SIBO and promptly treat with antibiotics. If untreated, SIBO causes abdominal pain, diarrhea and/or constipation that can last months or years, leading to absenteeism and lower quality of life for affected individuals. Effective treatment of SIBO results in resolution of these debilitating symptoms and improved quality of life.

We have seen that naturopathic physicians with prescribing authority in other states use antibiotics and other prescription medications appropriately and that they often include dietary and lifestyle recommendations in their treatment plans to prevent recurrence of SIBO.

Sincerely,

Aonghus Shortt

September 9, 2024

VIA EMAIL TO: cnpalegisative@gmail.com

Sarah Ouano, ND

Executive Assistant Connecticut Naturopathic Physicians

Dear Dr. Ouano,

On behalf of the membership of the Connecticut Society of Eye Physicians (CSEP) please accept this impact statement, as consistent with the requirements of Public Act 11-209, regarding the recent scope of practice submission from the Connecticut Naturopathic Physicians Association (CNPA).

CSEP has serious concerns with the content and impact of this extremely broad scope of practice request. Naturopathy is a field of alternative medicine that emphasizes natural and holistic approaches to health. Naturopaths, practitioners of this field, often use a combination of herbal remedies, dietary adjustments, and lifestyle changes to treat patients. However, the expansion of their scope of practice to include the prescription of pharmaceutical medications has raised significant concerns. This request is seeking to expand the naturopathic scope of practice to include the ability to prescribe, dispense and administer pharmaceuticals, presumably including glaucoma medications and narcotics and opioid drugs since they are not explicitly excluded. Naturopaths regardless of where they receive their ND, do not have enough

education and training at this time to safely prescribe the medications they have requested. They are not trained in the subtleties of glaucoma management and other eye treatments. They do not have the scientific foundation, nor even the commitment to evidence-based therapy that must be the cornerstone of all medical practice.

We are also concerned that their request to be considered primary care physicians will adversely affect the care our patients receive, particularly in the operating room. Performing physical examinations and preoperative clearances necessitates an in-depth understanding of a wide array of medical conditions and surgical risks. Further, any medical follow-up from a complication in the operating room or with anesthesia requires specific training and experience not common in the naturopathic curriculum. Naturopathic training falls short of providing the comprehensive knowledge and specialized skills required for these responsibilities. As such, naturopathic physicians are not adequately equipped to handle these tasks safely and effectively. This gap in training poses a serious risk to patient safety and the quality of care, and would likely insert delays, and increased cost, into the perioperative management of surgical patients as confirmatory exams and additional, thorough reviews of preoperative evaluations would be needed. Despite assurances to the contrary, this would further fragment care and promote inefficiencies in care delivery.

The assumption that naturopathic physicians can seamlessly take on these responsibilities overlooks the differences in training between naturopathic and conventional medical professionals. While naturopathic physicians are trained in holistic care, their pharmacological education does not match the depth and breadth provided to MDs and DOs. This discrepancy raises concerns about their ability to handle complex pharmaceutical regimens or manage nuanced medical conditions effectively.

Our primary mission at CSEP is to protect and promote the wellbeing and ocular health of Connecticut residents. Therefore, we request that CSEP be provided representation on the scope of practice committee that will be formed so we can more thoroughly discuss the impact of this request, and our concerns noted above.

Sincerely,

Christopher Teng, MD

September 4, 2024

VIA EMAIL TO: cnpalegislative@gmail.coxn

Sarah Ouano, ND

Executive Assistant Connecticut Naturopathic Physicians

Dear Ms. Ouano,

On behalf of over 400 Family Physicians who are members of the Connecticut Academy of Family Physicians (CT AFP), please accept this impact statement regarding the recent scope of practice submission from the Connecticut Naturopathic Physicians Association (CNPA).

CT AFP opposes this expansion in scope and has significant concerns due to the potential impact it would have on providing quality care to the patients in Connecticut. The request is seeking to expand the naturopathic scope of practice to include the ability to prescribe and dispense pharmaceuticals. While naturopathic physicians (NPs) have training using botanical medicines, formal education on pharmacology is lacking. The appropriate training on pharmaceutical contraindications is necessary to prescribe pharmaceuticals and is currently absent in NP training.

The scope review request also asks that state statutes be amended to essentially state that NPs may serve as primary care physicians. Naturopathic education is not equivalent to that of a physician. It is not mandatory for NPs to complete a residency training program to obtain medical licensure in Connecticut.

Our primary focus needs to be on the safety of our patients. We request that CT AFP be allowed to have representation on the scope of practice committee that will be formed to review this request in depth.

Regards,

A handwritten signature in black ink that reads "Khuram Ghuman, MD". The signature is fluid and cursive, with "Khuram" and "Ghuman" connected.

Khuram Ghuman, MD
President
CT Academy of Family Physicians



Connecticut Naturopathic Physicians Association c/o Sarah Ouano, ND 11 Mile Hill Road
Newtown, CT 06470
Email: cnpalegislative@gmail.com
CC: sara.montauti@ct.gov

Subject: Supporting the Expansion of Naturopathic Scope in Connecticut

Dear Dr. Ouano,

I am writing on behalf of Naturopathic CE, a North American Naturopathic Continuing Education Accreditation Council (NANCEAC)-accredited provider, to express our strong support for the expansion of naturopathic scope in Connecticut. As a provider offering a diverse range of pharmacy, ethics, and cultural competency courses, we have firsthand experience with the rigorous standards that licensed naturopathic physicians in other jurisdictions adhere to.

We believe that expanding the scope of practice for naturopathic physicians in Connecticut will significantly enhance patient outcomes and satisfaction. By allowing naturopathic physicians to utilize their full range of training and expertise, we can avoid unnecessary duplication of services and ensure that patients receive the most comprehensive and effective care possible.

While some may express concerns about an increase in prescription drug use, it is important to note that naturopathic care prioritizes natural and lifestyle interventions as the first line of treatment. Our courses emphasize the importance of evidence-based practices and the judicious use of therapeutic modalities, including pharmaceuticals. By expanding the scope of naturopathic practice, we can ensure that patients have access to a wider range of options, including both natural and conventional treatments, tailored to their individual needs.

In conclusion, we urge the Connecticut Naturopathic Physicians Association to continue advocating for the expansion of naturopathic scope. By doing so, we can help improve the health and well-being of Connecticut residents and ensure that they have access to the highest quality of care.

Thank you for your time and consideration.

Sincerely,

Timothy Miller, ND, MAC, LAc, RA
Founder, Naturopathic CE

September 5, 2024

Sarah Ouano, ND

Connecticut Naturopathic Physicians Association

11 Mile Hill Rd

Newtown, CT 06470

Email: cnpalegisative@gmail.com

CC: sara.montauti@ct.gov

Dear Dr. Ouano,

Xymogen supports your request for expansion in scope of practice for naturopathic physicians within the state of Connecticut. Xymogen works with patients and practitioners across the country and we believe that this expansion would better align with the training and skills possessed by naturopathic physicians and result in a positive impact on the health and wellbeing of the state's residents, as well as on the overall healthcare landscape in Connecticut.

The entire country is facing a growing shortage of healthcare providers. Many of our customers have sought the care of naturopathic physicians to address their health concerns. These providers offer a holistic approach to healthcare, focusing on natural remedies and preventive measures. However, current regulations in Connecticut limit their ability to prescribe medications or sign off on physicals, which ultimately requires these patients to work with multiple practitioners even though their naturopathic physician is well-trained and fully capable of addressing all of these healthcare needs.

Requiring Connecticut residents to visit with a separate provider for simple physical examinations and/or signed forms for work and school can lead to significant inconvenience and decreased satisfaction with the healthcare system. Allowing naturopathic physicians to provide these services will likely lead to increased compliance with healthcare treatment plans and lower healthcare costs.

We believe that expanding the scope of practice for naturopathic physicians in Connecticut to better reflect their training would increase access to safe and affordable healthcare for Connecticut residents. This is evidenced by the long history of safe and effective practice by naturopathic physicians in states which have already adopted this scope of practice.

Thank you for your advocacy on this important issue.

Sincerely,



James Munro, ND

Medical Director and Senior Director of Innovation

Xymogen

Natural Nutmeg

Connecticut's Resource for Essential Living

August 28, 2024

Connecticut Naturopathic Physicians Association
c/o Sarah Ouano, ND
11 Mile Hill Rd
Newtown, CT 06470
cnpalegislative@gmail.com

Please accept this statement on behalf of my company, Natural Nutmeg Magazine, regarding the scope of practice review request from the Connecticut Naturopathic Physicians Association (CNPA). I am the owner and publisher of Natural Nutmeg, which I launched over 17 years ago and we have become the premier holistic lifestyle magazine in the state. We have over 250,000 readers statewide who are avid consumers of natural health information as well as products and services.

I believe naturopathic medicine scope correction and modernization would positively impact patient care, especially of our readers, customers, advertisers, and employees. Naturopathic physicians are qualified to independently prescribe, dispense, and administer pharmaceuticals and legalizing their ability to do so in CT would allow for patients to receive appropriate comprehensive naturopathic medical care. Naturopathic medicine has helped me personally and I think it should be a staple in the medical community.

Natural Nutmeg employees, readers and customers often prefer to receive care from naturopathic physicians as their main health care provider to support them with preventative health and wellness. Updating the naturopathic scope will provide the opportunity to get more of their medical needs met in one office. Some patients do require medications and their naturopathic doctor is trained to prescribe and therefore should be able to treat them appropriately. Naturopathic physicians are overall helping individuals to reduce the need for medications and are helping to lower dosages and thereby reduce risk of side effects of drugs. This will improve overall quality of care and improve cost-efficiency of our healthcare system.

Question 2 (public health and safety benefits):

It provides the opportunity to get more of your medical needs met in one office, rather than going to your PCP or another provider for a task that your naturopathic physician is capable of completing. Your naturopathic physician will be able to endorse physical exam forms needed for school, work, or surgical clearance.

It generally makes it easier to access physicians. The wait times to get into physician's offices, particularly primary care physicians, are too long. In fact, recently I experienced a wait time of almost a year to see my primary care physician. More physicians who can offer the full range of primary care are needed to deliver timely care.

It enables more of Connecticut's citizens to access necessary prescription medicines in a timely manner. If you need an adjustment to your medication, your naturopathic physician would be able to do that for you and the people or employees you represent.

It encourages more people to utilize naturopathic medicine, affording them the opportunity to improve their health or simply become more health conscious.

It encourages more naturopathic physicians to practice in this state, improving the presence and accessibility of naturopathic medicine for everyone.

Question 7 (scope of practice changes requested by naturopathic physicians in the past 5 years)

Naturopathic physicians requested an increase in their scope during the COVID pandemic, which would have been helpful for the state. Many citizens were in need of health guidance at that time, especially around improving their immunity. It's unclear why the scope of naturopathic physicians wasn't corrected at that time. Many of our employees sought naturopathic care during this time, and naturopathic physicians having prescriptive authority is a tremendous step toward improving the overall wellness of our business by improving the efficacy of our individual employees' investment of time and energy into their health.

Question 9 (economic impact of request)

Correcting the scope of naturopathic physicians would result in greater use of naturopathic services and likely shift a percentage of healthcare revenue toward preventive medicine. This would result in less money and time consumed by emergency medicine, which is much more costly than preventive medicine. More revenue and attention are needed in this area. Generally, more funding should be earmarked for preventive medicine and wellness services in Connecticut.

For businesses and organizations with employees who utilize naturopathic services: removing the need to see multiple providers for lifestyle medicine and prescriptions reduces time away from work for duplicate medical visits and improves quality of life for our employees. We understand and support our employees' choice when it comes to the type of providers they seek. We want them to be satisfied and well cared for on their health journeys.

Question 12 (how the request relates to naturopathic training)

Since the majority of states that issue licenses to naturopathic physicians allow them to practice medicine according to the full extent of their training, it's unclear why Connecticut is restricting them. There seem to be no grave dangers reported from states that allow them to prescribe drugs and perform other common medical tasks.

If other states have already recognized the competence of naturopathic physicians in their ability to practice according to the extent of their training, why has Connecticut not already allowed them to do so?

Sincerely,

Dr. Diane Hayden, Publisher
Natural Nutmeg Magazine
Essential Naples Magazine
ELM™ | Maine
860-508-0894 - cell
www.naturalnutmeg.com
www.essentialnaples.com

Letter Supporting Expanded Scope for Naturopathic Doctors in CT

To Whom It May Concern:

As the Nurse Practitioner for Soleil Acupuncture and Naturopathic Medicine in Hamden, Connecticut, I am writing to express my strong support for expanding the scope of practice for Naturopathic Doctors in our state. This expansion is crucial to address the growing healthcare needs of our population and to provide patients with more comprehensive, integrative care options.

Connecticut is facing unprecedented challenges in healthcare delivery. Our population is experiencing higher rates of chronic diseases than ever before, and we are grappling with a significant shortage of healthcare providers. These issues, coupled with an increasing patient demand for individualized care and root cause medicine, necessitate a reconsideration of how we utilize all available healthcare resources.

Naturopathic Doctors, with their extensive training in both conventional and holistic medicine, are uniquely positioned to help address these challenges. However, their current scope of practice in Connecticut limits their ability to fully serve our communities. By expanding their scope of practice, we can:

1. Address the healthcare provider shortage by allowing naturopathic doctors to provide a wider range of services, thereby increasing access to care.
2. Offer more comprehensive care for chronic diseases, combining conventional treatments with evidence-based natural approaches.
3. Meet the growing patient demand for individualized care and root cause medicine, which aligns closely with naturopathic principles.
4. Reduce the burden on other healthcare providers, allowing for more efficient use of our healthcare resources.

It's important to note that several other states have successfully expanded the scope of practice for Naturopathic Doctors with appropriate oversight and training. Connecticut should follow these examples, implementing similar safeguards to ensure high-quality care.

Expanding the scope of practice for Naturopathic Doctors is not about replacing conventional medicine, but rather about creating a more integrated, patient-centered healthcare system. This expansion would allow for better collaboration between different types of providers, ultimately benefiting our patients and our healthcare system as a whole.

I urge you to support the expansion of Naturopathic Doctors' scope of practice in Connecticut. This change will contribute to a more robust, diverse, and effective healthcare system that can better meet the complex health needs of our population.

Thank you for your consideration of this important matter.

Sincerely,

Christina Lakomski, APRN

Nurse Practitioner Soleil Acupuncture and Naturopathic Medicine

Hamden, CT

Friday, August 23, 2024

To Whom It May Concern,

I am writing to convey my enthusiastic support for extending prescriptive authority to Naturopathic Doctors (NDs) in Connecticut. As a Research Scientists at AG1, I have seen firsthand the remarkable advantages that naturopathic care brings to patients. However, I have also observed the challenges that arise when trying to coordinate care across multiple healthcare providers, which can hinder patient outcomes. Enabling NDs to have prescriptive authority would significantly enhance our organization's effectiveness and positively transform the broader healthcare landscape.

The current restrictions on prescriptive authority for NDs often result in unnecessary delays in patient care and elevated healthcare costs, as patients are forced to consult additional providers to access essential medications. This not only places an added burden on the healthcare system but also causes undue stress and inconvenience for patients who rely on their ND as their primary care provider.

Granting prescriptive authority to NDs would empower them to leverage their comprehensive training in pharmacology and integrative medicine, allowing them to deliver more complete and timely care. The potential benefits include:

- **Enhanced Patient Outcomes:** With the ability to prescribe necessary medications, NDs can offer timely and effective interventions, reducing the risk of complications and improving overall patient health.
- **Streamlined Care Delivery:** Our healthcare system would benefit from more efficient care processes, minimizing the need for external referrals and ensuring that patients receive the appropriate treatment promptly. This efficiency would lead to higher patient satisfaction and adherence, which are vital for positive health outcomes.
- **Cost Savings:** Allowing NDs to prescribe would reduce healthcare costs by eliminating the need for redundant visits to other providers. This cost-effectiveness would benefit both patients and the healthcare system overall.
- **Improved Collaboration:** Expanding prescriptive authority for NDs would encourage greater collaboration among healthcare providers, fostering a more integrated and holistic approach to patient care, in line with the evolving demands of modern healthcare.

In summary, granting prescriptive authority to NDs is a practical and necessary step that would significantly enhance the quality of care for patients while also benefiting healthcare organizations like ours. I strongly encourage the Department of Public Health to consider the far-reaching positive impact this change would have on patient care and the healthcare system as a whole.

Thank you for your thoughtful consideration.

Sincerely,

Jeremy R. Townsend PhD, CSCS*D, CISSN
Research Manager
AG1
Jeremy.townsend@drinkag1.com

Sara Montauti, MPH
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Department of Public Health
410 Capitol Avenue, MS#12
HSR P.O. Box 340308
Hartford, CT 06134

Sent via email to: sara.montauti@ct.gov

August 21, 2024

Dear Ms. Montauti,

On behalf of the Connecticut State Society of Anesthesiologist (CSSA). I respectfully request that we be included in the scope of practice review for the Connecticut naturopathic physicians. A physician representative of the CSSA would participate if the scope of practice request is reviewed by the Department of Public Health.

At this time, we are neither opposed to nor in favor of the requested scope of practice. Our intent is to maintain the exceptional standard of patient safety that has been established in Connecticut by Physician Anesthesiologist. We are especially interested in the proposed allowance for the administration of intravenous pharmaceuticals. This request is a potential safety issue for Connecticut patients and until we fully understand the proposal it is imperative that a CSSA representative participates in any scheduled hearing.

Respectfully

John Satterfield MD FASA
Past President Connecticut State Society of Anesthesiologists
Chairman CSSA Advocacy Committee

Manisha Juthani MD
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
dph.commissioner@ct.gov

Dear Dr Juthani,

I am writing to express my strong support for the expansion of prescriptive rights for naturopathic physicians in the state of Connecticut.

As a cardiologist in Connecticut for 47 years, I have had extensive experience in patient care. I have observed firsthand the significant contributions that naturopathic medicine can make to holistic health care. Naturopathic physicians undergo comprehensive education and training and are well-positioned to provide high-quality care that is both effective and safe. My personal experiences with one of my local naturopathic physicians included detailed discussions of molecular pathways in health and disease as the foundation for understanding and implementing appropriate therapies.

Naturopathic physicians undergo rigorous academic and clinical training that exceeds the education received by nurse practitioners and physician assistants. They are trained in a broad range of medical disciplines, including pharmacology, and possess an in-depth understanding of natural therapies, nutrition, and integrative approaches to medicine. This extensive training equips them with the knowledge and skills necessary to assess, diagnose, and treat a wide variety of health conditions.

Currently, the limitations on prescriptive rights for naturopathic physicians in Connecticut hinder their ability to fully utilize their expertise in patient care. Granting them the authority to prescribe a broader range of medications would enhance their ability to provide comprehensive treatment plans, improve patient outcomes, and promote a more integrated approach to health care.

In addition, allowing naturopathic physicians to prescribe medications will facilitate more seamless coordination of care, reduce the need for patients to seek multiple providers for different aspects of their treatment, and support better management of chronic conditions and preventive health measures.

It is crucial for the state of Connecticut to recognize the value that naturopathic physicians bring to the healthcare system and to support legislation that allows them to exercise their full scope of practice.

I urge you to support the legislative efforts aimed at expanding prescriptive rights for naturopathic physicians in Connecticut. Your support will help ensure that patients have access to the full spectrum of care they need, delivered by highly qualified healthcare professionals.

Thank you for your attention to this important matter.

Sincerely,

Dr. Henry Borkowski, MD

Appendix D

Responses to Impact Statements

Due to the large number of impact statements received, the Department allowed the requestors to draft one response addressing concerns raised across all the impact statements. The following letter was sent to each person or entity who submitted an impact statement.

Appendix E

Committee Membership

Connecticut Naturopathic Physicians Association

Robert Brody, ND

Jared Pistoia, ND

Connecticut State Medical Society

Stacy Taylor, MD

Khuram Ghumman, MD

American Academy of Naturopathic Physicians

Laura Farr

Linn Wheeling, CAE, MBA

Connecticut Academy of Family Physicians

Katherine Tringali, MD

Domenic Casablanca, MD

American Medical Association

Molly Reese, JD

Connecticut College of Emergency Physicians

Daniel Freess, MD

Connecticut Academy of Physician Associates

Jason Prevelige, PA-C

Adam Olson, PA-C

Holistic Community Professionals

Shirley Bloethe

Department of Consumer Protection, Drug Control Division

Roddrick Marriot, PharmD

Daniel Carpenter, PharmD

Association of Accredited Naturopathic Medical Colleges

JoAnn Yanez, ND, MPH, CAE

Natural Nutmeg

Diane Hayden, Ph.D.

Connecticut Hospital Association

Karen Buckley

Brian Cournoyer

CT Society of Plastic Surgeons

Gary Price, MD

Boris Goldman, MD

CT APRN Society

Christina Mukon, APRN

Ami Marshall, APRN

Hartford County Medical Association

Kevin Watson, MD

Frank Santoro, MD

Pioneer Health Compounding Agency

Gene Gresh, RPh

Fairfield County Medical Association

Kenneth Thomas, MD, JD

Michael Connair, MD

Connecticut State Society of Anesthesiologists

John Satterfield, MD

John Guzzi, MD

Connecticut Society of Eye Physicians

Steven Thornquist, MD

Martha Howard, MD

Connecticut Chapter American College of Physicians

Rebecca Andrews, MD

Anthony Yoder, DO

Connecticut ENT Society

Todd Falcone, MD

R. Peter Manes, MD

Connecticut Coalition of APRNs

Lynn Rapsilber, APRN

Laura Prior, APRN

Connecticut Orthopaedic Society

Megan Wolf, MD

Jenna Bernstein, MD

CT Nurses Association

Amy D'Agata, RN

Cassandra Esposito, APRN

Connecticut Chapter of the American Academy of Pediatrics

Steven Rogers, MD

Sandra Carbonari, MD

DPH Commissioner's Designee

Chris Andresen, MPH

Individuals who submitted impact statements and elected to participate

Gary Hale

Nicole Klugherz, ND, PharmD, MSAC

Lisa Laughlin, ND

Christina Lakomski, APRN

Christina Tondora, ND

Ralph Esposito, ND

Appendix F

Meeting Minutes

Naturopathic Scope of Practice Review Committee

October 22, 2024 | 10:00am - 12:00pm

Meeting Minutes

Members present: Rebecca Andrews, Robert Brody, Karen Buckley, Sandra Carbonari, Domenic Casablanca, Michael Connair, Brian Cournoyer, Amy D'Agata, Cassandra Esposito, Ralph Esposito, Laura Farr, Daniel Freess, Khuram Ghuman, Gene Gresh, John Guzzi, Gary Hale, Martha Howard, Nicole Klughers, R. Peter Manes, Rodrick Marrio

t, Ami Marshall, Adam Olsen, Jared Pistoia, Jason Prevelige, Gary Price, Laura Prior, Molly Reese, Steven Rogers, Stacy Taylor, Kenneth Thomas, Steven Thornquist, Christina Tondora, Katherine Tringali, Linn Wheeling, Megan Wolf, JoAnn Yanez, Anthony Yoder.

Members absent: Jenna Bernstein, Shirley Bloethe, Daniel Carpenter, Todd Falcone, Boris Goldman, Diane Hayden, Christina Lakomski, Lisa Laughlin, Lynn Rapsilber, Frank Santoro, John Satterfield, Kevin Watson, Christina Mukon.

Others present: Alexis Bourassa, John Brannelly, Jennifer Cox, Emma Deveran, Layne Gakos, Kevin Hill, Sarah Ouano, Gwenn Rosenberg, Andrew Rubman, Erica Smith, Denise Tyrell, Charles Walcott, Lisa Winkler.

DPH: Melia Allan, Chris Andresen, Lorraine Cullen, Sara Montauti.

Introduction

- Chris Andresen welcomed everyone and described the Department's scope of practice process.
- Chris gave an overview of the guidelines that were sent out to the committee participants to enable the greatest number of individuals and organizations to speak during the meeting.
- Members of the scope of practice review committee introduced themselves and stated their association.

Brief overview of proposal by CNPA

- Chris clarified a portion of the scope of practice (SOP) request submitted by CNPA. Prior to this committee, there have been two prior naturopath scope of practice committees convened in the

fall of 2013 and fall of 2016. Chris showed the new language that was added in 2014 to Section 20-34 of the Connecticut General Statutes.

- Chris recommended that the group focus on portions A and B of the request, as requests C, D, and E fall out of the bounds of the scope of practice process.
- Jared Pistoia of CNPA presented on the organization's scope of practice proposal. Some of the details of this proposal are included:
 - The pharmaceutical hours for naturopathic physicians exceed that of APRNs and PAs, both of which can prescribe
 - It is particularly important to consider prescribing authority for naturopaths at this time, given that there is a shortage of PCPs, and in CT it is growing faster than the national average.

Group discussion related to the CNPA scope of practice request

General Remarks: Pharmacology and Health and Safety

- Sandi Carbonari, CT Chapter of the American Academy of Pediatrics, brought up two concerns on behalf of state pediatricians:
 - She first voiced that the prescribing, the delivery of medication, and screenings and referral treatments requires three years of specialized training beyond medical school. This is not training that is provided in naturopathic education.
 - She also brought up the traditional anti-vaccination views that is prevalent in the naturopathic physicians.
- Katherine Tringali of the Academy of Family Physicians brought up concerns with CNPA's presentation.
 - Responding to the amount of training, in CT, PAs practice in collaboration with a physician and APRNs can practice independently, after they spend 3 years in training under the supervision of a board-certified physician.
 - In MD and DO schools, residents obtain 12,000 to 16,000 hours of clinical practice, compared to naturopathic schools which generally require 1,200 hours.
 - They are concerned about dangerous health outcomes that could occur because of this scope change.
- Stacy Taylor of the Connecticut State Medical Society shared their organization's concerns about the educational structure, the differences in curriculum, the differences in clinical training, and especially the licensure and board certification.
 - Stacy elaborated that naturopaths typically receive training that emphasizes natural and holistic approaches, rather than conventional medical training that MDs and Dos have. Therefore, the two scopes of practice are very different from the beginning.
- Anthony Yoder, CT Chapter of American College of Physicians, voiced similar concerns to those raised by the previous speakers.
 - Anthony shared concerns relating to the lack of standardization in training. This included that naturopaths undergo only 1200 hours of clinical training in school, 20% of which can be simulated, and there is no standardized requirement for a pharmacology course.
- Daniel Freess, representing the Connecticut College of Emergency Physicians, voiced the opposition of this organization.
 - He expressed that the training for prescribing practitioners and naturopaths is not equivalent – even if the hours are similar, they are different types of pharmacology
 - The foundation of naturopathic treatment regimens and approach to care is opposed to the treatments of traditional allopathic and osteopathic medicine.

- JoAnn Yanez, Association of Accredited Naturopathic Medical Colleges, offered some points of clarification on behalf of the naturopaths.
 - The majority of states that regulate naturopathic physicians have prescriptive authority safely. She cited data that naturopathic physicians have safer records than other providers.
 - She also brought up that pharmacology and biochemistry in naturopathic school is taught by pharmacists and PhDs and is comparable to courses taught in MD and DO programs.
- John Guzzi, CT State Society of Anesthesiologists, echoed some of the concerns brought up by the State Medical Society, the American College of Physicians, and the Connecticut College of Emergency Physicians.
 - He highlighted that physicians are not involved in the training of naturopaths, which differs from the ways that APRNs and PAs are trained.
 - He also flagged the argument about primary care shortages in rural areas and asked the CNPA to point to PCP shortages specific to Connecticut, rather than national trends.
- Steven Thornquist, CT Society of Eye Physicians, asked the naturopaths to define the safety of their practice.
 - He mentioned that only 23 states license or register naturopaths, 16 states license naturopaths, and of these states, not all of them allow prescriptive authority. Three states (TN, SC, and FL) prohibit the practice of naturopathy.
 - States nearby do not allow prescriptive authority: neither Massachusetts nor New York allow prescriptive authority.
- Laura Farr, American Academy of Naturopathic Physicians, clarified that the pharmacology training naturopaths receive is taught by the same teachers that teach pharmacology at medical schools. She also pointed out that medical institutions are hiring naturopathic doctors, especially in states where they have the broadest scope of practice.
- Christina Tondora, a naturopath, spoke about prescriptive authority, and shared that there are around 350 naturopathic physicians in Connecticut that are ready to serve the residents of CT.
- Rebecca Andrews, CT Chapter American College of Physicians, recommended the committee reference testimony that was submitted in Florida, where a trained naturopath wrote a letter against allowing autonomy for naturopaths. She also clarified that the argument about pharmacology classes is not about whether pharmacology is taught differently, but rather the strength and understanding of how to prescribe is where the difference lies.
- Mike Connair, a practicing orthopedic surgeon and a board member of the Connecticut State Orthopedic Society asked about the restrictions on prescribing in the other states that naturopaths can prescribe in.
- Rodrick Marriott, Department of Consumer Protection Drug Control Division, asked whether retroactively all naturopaths will be allowed to prescribe under this scope request, or if the proposal will be prospectively considering prescriptive authority and requiring some sort of training. He also asked about potential impacts to the Department of Consumer Protections (DCP), which is responsible for the prescription of controlled substances.
- Steven Thornquist brought up that since 2020, the training was not felt to be adequate to allow prescriptive authority, so what has changed since then. If there has been a change, he asked how naturopaths can catch all the people who were educated before this change was made.
- In response to a question Chris brought up around areas of compromise for either certain medicines or certain naturopaths with the right training, R. Peter Manes, CT ENT Society, expressed that he is wary of parsing things out, as it can be a very hard line to draw as to what is safe and what is not. He mentioned some OTC medications can have harmful effects when taken by certain patients.

- Christina Tondora said the shift happened 20 years ago. She can prescribe schedule II-V in Arizona. Naturopaths do not work in a bubble and often collaborates with others in the healthcare system including physicians and pharmacists.
- Sandi Carbonari asked the naturopaths to speak to prescribing and administering medications to infants and children, as the unique needs and differences in children is glaring.
- Megan Wolf, CT Orthopaedic Society, spoke about her focus on integrative medicine, and raised a potential compromise: the development of a path where naturopaths are working closely with physicians, and the physicians can then prescribe based on the recommendations from a naturopathic colleague.
- Laura Farr responded to some of the main points brought up by the MDs on the call.
 - How do naturopaths define safety – disciplinary actions are one factor in measuring safety, but they also are measuring every state that regulates naturopathic physicians, some with more active boards than CT.
 - When did the shift happen – in Oregon, naturopaths had broad prescribing authority starting back in the 1990s, so the education has reflected pharmacology and pharmacy since then.
 - What is the difference between MD, DO, and ND – the principles of naturopathic medicine are a guiding foundation for the profession. Naturopaths do not learn major surgery or emergency medicine. They bridge the world of natural medicine and conventional medicine by weaving into education, preventative care, lifestyle medicine, lifestyle counseling, nutritional medicine, and botanical medicine. While naturopaths prioritize foundational lifestyle changes because they are a lower intervention, sometimes they need to be able to prescribe medicine to give the patient the best possible care.
- Joann Yanez brought up that there is a specialty association for pediatric naturopaths.
- Jared Pistoia spoke on the discussion about safety. Naturopaths can be sued for negligence and failure to refer. Specialist doctors such as gastroenterologists have prescriptive authority, but they generally do not prescribe medications for conditions outside of their scope, so broad prescriptive authority does not equate to poor decision making.
- Khuram Ghumman, CT State Medical Society, highlighted that there is a difference in knowledge, information, and wisdom. Sometimes the right choice is not to add another medicine to treat the problem caused by the other medicine a patient may be taking.
- Domenic Casablanca, CT Academy of Family Physicians, spoke about integrative medicine. At Middlesex, residents have the opportunity to study full Integrative Medicine, and two faculty who are certified in Lifestyle Intervention. He expressed that it is important for naturopathic physicians to work in collaboration with MDs and Dos. His practice does not support prescriptive authority for naturopaths, as pediatric and family medicine requires extensive training in those areas.
- JoAnn Yanez expressed that she was heartened to hear support for naturopathic practice in Connecticut. She mentioned that there are many examples across the U.S. where naturopathic doctors collaborate as part of a healthcare team. She would like to continue the conversation to hash out potential places of commonality, and collaborations.
- Stacy Taylor asked the committee to refrain from discussing which practitioners have better outcomes, relationships with patients, etc.

Concluding remarks and next steps

- Chris reemphasized that the Department of Public Health is a neutral party, collecting information to put in a report that will go to the legislature. He encouraged participants to think about other factors to look at for the next meeting when considering the scope of practice request.

- The next meeting is scheduled for November 6, at 9:30.

Naturopathic Scope of Practice Review Committee

November 6, 2024 | 9:30am – 11:30am

Meeting Minutes

Members present: Robert Brody, Jared Pistoia, Stacy Taylor, Khuram Ghuman, Laura Farr, Linn Wheeling, Domenic Casablanca, Katherine Tringali, Molly Reese, Daniel Freess, Adam Olsen, Nicole Klughers, Rod Marriot, Daniel Carpenter, JoAnn Yánez, Christina Tondora, Ralph Esposito, Karen Buckley, Brian Cournoyer, Christina Mukon, Gene Gresh, Kenneth Thomas, Michael Connair, John Guzzi, Steven Thornquist, Martha Howard, Anthony Yoder, Peter Manes, Lynn Rapsilber, Laura Prior, Megan Wolf, Jenna Bernstein, Amy D'Agata, Steven Rogers, Sandra Carbonari

Members absent: Jason Prevelige, Shirley Bloethe, Lisa Laughlin, Christina Lakomski, Gary Hale, Diane Hayden, Ami Marshall, Kevin Watson, Frank Santoro, John Satterfield, Gary Price, Boris Goldman, Rebecca Andrews, Todd Falcone, Cassandra Esposito

DPH: Chris Andresen, Lorraine Cullen, Sara Montauti

Welcome

- Chris Andresen welcomed everyone to the meeting and went over some brief housekeeping issues.

Review and approval of October 22, 2024, draft meeting minutes

- Karen Buckley from CT Hospital Association made a motion to approve the 10/22/2024 draft meeting minutes. This was seconded by Khuram Ghuman representing the CT State Medical Society. A discussion ensued, during which Chris reminded the group that the minutes encompass what was said in the last meeting, regardless of how factual statements may or may not have been. If something someone said was transcribed incorrectly that should be corrected, but this is not a place to reargue points. Christina Mukon representing CT APRNs wanted the record corrected and said that she was not in attendance at the first meeting. Domenic Casablanca from the CT Academy of Family Physicians mentioned a sentence on page 4 indicating he would act as a key specialist and stated that is not something he is volunteering for. He also requested the specialties of Integrative Medicine and Lifestyle Medicine be capitalized.

Information from prior scope processes

- Chris Andrensen shared his screen showing excerpts of the report produced from the last scope of practice process for the naturopaths in 2016. He mentioned in 2016 the main area of concern by those opposed was training and education, particularly the point that physicians complete a residency after medical school, APRNs must be in a collaborative agreement for 3yrs before they can prescribe independently, and physician assistants are in permanent collaborative agreements. Chris also reviewed the compromises the naturopathic community put forth in 2016 and mentioned at the conclusion of the 2016 meeting while the group did not agree on much, there was a consensus that naturopaths needed additional training and education to prescribe.

[CNPA response to points raised since October 22, 2024](#)

- Jared Pistoia from the CNPA provided information and clarification for the committee members regarding the education naturopaths receive on vaccinations. He stated the profession is not taught to be against vaccinations. He gave an elaborate discussion concerning vaccinations and the naturopath profession. He stated their training, and education requires competence in nine specific vaccination objectives before graduation, including risks involved to self and others of not vaccinating. He stated naturopaths are educated by medical doctors, pharmacists, researchers, and naturopathic physicians. He mentioned the OLR report from 2023 has inaccurate information and they have reached out to the authoring team to ensure correct and accurate information is published. Lastly, he stated the current scope request addresses concerns raised from the last time a committee was convened in 2016 such as removing the request to perform in office surgery. He stated there are 2 hospitals in CT who collaborate with NDs and there are 6 NDs on staff at those hospitals. He stated NDs in CT are not seeking primary care provider status and the profession has a unique role in the medical system as a specialist. Lastly, he mentioned the CNPA has come up with a formulary that will ensure NDs will prescribe safely while giving patients access to expanded therapeutic options. He provided examples of medication classes on their proposed formulary and noted medications that require management from a specialized provider are excluded. He also noted the CNPA is willing to consider guardrails that would exclude all classes of controlled substances. He stated the risks of NDs prescribing are not unique to NDs and can often be associated with rogue practitioners. He stated since 2010 only 73 NDs faced disciplinary action for inappropriate prescribing. He stated many states that license naturopaths grant prescriptive authority and those models are working.

[Group discussion related to the CNPA scope of practice request](#)

- Many members of the group had comments, questions, and information to share.

Steven Thornquist from the CT Society of Eye Physicians wanted to know if NDs follow the recommended vaccine schedule in their practices, and he also had questions about the national exam, such as who develops and validates it. Christina Mukon mentioned she was unable to find any literature on patient outcomes as it relates to ND prescribing. The training and education of the profession continued to be a recurring theme in comments made by committee members. Many continued to express that the clinical experiences, residencies, and collaborative agreements is where the real learning of prescribing occurs, not in the classroom, and no additional courses can replace those in person clinical experiences. John Guzzi from the

CT State Society of Anesthesiologists challenged the notion that medical doctors are involved in the education of naturopaths. He stated he looked at the faculty for both campuses of Bastyr University and the only MDs on staff had done their education and training in China and never appeared to practice clinically as a medical doctor in the United States. He stated the alma mater of Jared Pistoia had no medical doctors on faculty. He brought up the fact that unlike states such as Montana, Oregon, and Washington, Connecticut is very densely populated and there is no shortage of prescribing providers, even in Connecticut's most rural areas. Molly Reese from the American Medical Association would like to know how ND students are exposed to the wide range of illnesses and populations they would like to prescribe for.

- Committee members also raised multiple concerns about the proposed formulary. Many felt it was wide ranging and included every class of medication except schedule 1 controlled substances. Katherine Tringali from the CT Academy of Family Physicians felt there is some unconscious incompetence occurring as the naturopaths are stating they do not want to be primary care providers, yet the proposed formulary contains blood pressure medications, diabetic medications, etc. and these are conditions that are managed by primary care and/or specialty providers. She further stated as a primary care provider she does not prescribe anti-arrhythmic medications as she defers to a cardiologist to manage that medication, yet the CNPA listed this medication class on their formulary. Others raised concerns about NDs being able to prescribe to patients with multiple comorbidities, as knowing what medications are needed to manage multiple conditions in a patient is something learned in a residency/clinical setting and not in the classroom. Sandra Carbonari from the CT Chapter of the American Academy of Pediatrics mentioned she has heard nothing about the training and education an ND receives when it comes to prescribing across the lifespan and noted prescribing for a pediatric patient is far different than prescribing to a middle-aged adult or geriatric patient. Lynn Rapsilber from the CT Coalition of APRNs mentioned she participated in the 2016 scope committee and is disappointed that none of the issues raised in 2016 have been addressed fully in this current request.
- Several naturopaths and those on the committee familiar with naturopath education commented they really do not want to continue to rehash the training and education as it was already discussed for 2hrs at the first meeting. Laura Farr from the American Academy of Naturopathic Physicians clarified that pharmacological principles and teaching are interwoven throughout the entire curriculum and naturopaths do gain prescribing experience through clinical activities. She also mentioned there is a pediatric specialty association for naturopaths and a vaccine statement is on their website for public viewing. Robert Brody discussed that the CNPA is willing to modify the scope of practice request in response to concerns raised by committee members. The premise that NDs use a multi modal approach through the therapeutic order was raised by several NDs.

The therapeutic order dictates why and how pharmaceuticals are used in naturopathic medicine and how it differs in the ways medications are used in conventional medicine. The therapeutic order was provided in the submitted scope of practice request. The NDs stressed they often collaborate with medical doctors in practice and would be willing to discuss a time limited (or number of prescriptions) collaborative agreement as it relates to prescribing. JoAnn Yánez from the Association of Accredited Naturopathic Medical Colleges stated ND students gain experience with a variety of patient types and conditions in their clinical settings and engage in clinical training and supervision under medical doctors, chiropractors, acupuncturists, etc. As the meeting wrapped up, the CNPA did agree with comments that working through a formulary document in this committee would not be ideal both due to the size of membership and the fact that only 1 meeting remains to discuss the request.

[Concluding remarks and next steps](#)

- Chris stated the group will meet once more on November 13, 2024, at 1pm. It was requested that the CNPA send the proposed formulary to DPH staff for distribution to the group. It was also requested that Ralph Esposito, a naturopath, send the studies he referenced to DPH staff for distribution.

[Adjournment](#)

- The meeting adjourned at 11:30am.

Naturopathic Scope of Practice Review Committee Meeting #3

November 13, 2024 | 1:00-3:00pm

Meeting Minutes

Members present: Robert Brody, Jared Pistoia, Stacy Taylor, Khuram Ghuman, Laura Farr, Linn Wheeling, Domenic Casablanca, Katherine Tringali, Molly Reese, Daniel Freess, Adam Olsen, Nicole Klughers, Rod Marriot, Daniel Carpenter, JoAnn Yanez, Christina Tondora, Ralph Esposito, Karen Buckley, Brian Cournoyer, Christina Mukon, Ami Marshall, Kenneth Thomas, John Guzzi, Steven Thornquist, Boris Goldman, Anthony Yoder, R. Peter Manes, Laura Prior, Megan Wolf, Jenna Bernstein, Steven Rogers.

Members absent: Jason Prevelige, Shirley Bloethe, Lisa Laughlin, Christina Lakomski, Gary Hale, Diane Hayden, Kevin Watson, Frank Santoro, Gene Gresh, Michael Connair, John Satterfield, Martha Howard, Gary Price, Rebecca Andrews, Todd Falcone, Lynn Rapsilber, Cassandra Esposito, Amy D'Agata, Sandra Carbonari.

DPH: Chris Andresen, Sara Montauti, Melia Allan, Miriam Miller

Welcome and Approval of Minutes

- Chris Andresen welcomed members at 1:03pm.
- Members motioned to approve the revised minutes from the first meeting on October 22 via a voice vote. Domenic W. Casablanca and Khuram Ghuman abstained from the vote.
- Karen Buckley motioned to approve the November 6 minutes; Steve Rogers seconded.
 - Jared Pistoia offered a few corrections to and omissions from the November 6 minutes. The changes will be reflected in the final meeting minutes and distributed to the group.
 - The minutes passed via voice vote. Khuram Ghuman and Stacy Taylor abstained from the vote.

CNPA follow-up from last meeting

- Jared Pistoia shared that the CNPA is committed to working collaboratively to address the concerns from the group. They have modified their initial request in response to the concerns brought up in the first meeting to put some guardrails on the scope of their practice. The CNPA also provided more clarity on what has changed since 2014 in the field. The CNPA decided against providing a formulary to the committee, because they feel that these meetings are not a good forum for this. Jared Pistoia also shared information on the prescriptive authority of naturopathic physicians in other states throughout the US.
- Jared Pistoia summarized the modified request from CNPA for prescribing in Connecticut. Provisions include but are not limited to:
 - Required passage of the NPLEX elective pharmacology exam, a nationally standardized test.
 - 15 CEUs in pharmacology.
 - Establishment of a collaborative relationship with a prescribing practitioner for one year or 100 prescriptions.
 - Reforms to the State Board of Naturopathic Examiners.

- Jared Pistoia stated other professions beyond medical doctors can prescribe in CT, such as APRNs, PA-Cs, pharmacists, and dentists and when evaluating naturopathic training the training of the other professions that can prescribe should be considered.
- Jared Pistoia stated there is no data to support the notion naturopathic prescribing is unsafe.
- Jared Pistoia stated NDs were included in the Medicaid expansion in 2022 that allows them to care for adults, but not being able to prescribe limits them and creates additional obstacles and costs for patients.
- Jared Pistoia stated the CNPA provided additional resources on the pharmacology curriculum and clinical education from accredited programs.

Group discussion related to the CNPA scope of practice request

- Khuram Ghuman expressed that he is not sure who has the authority to create a sub-committee to define and review a formulary and asked the Department for clarification. Chris Andresen clarified that committees are typically established by the legislature, and that the formulary was not a part of the CNPA proposal. If a bill is raised about the naturopathic scope, individuals will have an opportunity to provide testimony there. A formula committee would be different from a scope of practice committee.
 - Khuram Ghuman flagged that this committee has not been informed of the content of the formulary.
- Steven Thornquist shared several responses to the materials provided by the CNPA yesterday.
 - Naturopaths did not provide a formulary after the committee asked for a formulary.
 - He also responded to several of the studies provided by the naturopaths.
- Laura Farr shared that if a bill were raised for naturopathic physicians, the legislature would include a structure for a formulary committee.
- Laura also responded to some of the points brought up by Steven Thornquist. Some of her statements included that naturopathic physicians prescribe conservatively and are a small profession, which is why there is limited literature on the practice. Laura encouraged the review committee to reference accurate information, in reference to an OLR report cited by other members of the group. She stated that the naturopaths are looking to follow the national trends, saying that the 15 states that license NDs authorize prescribing authority and gave specific details for each state what is allowable (controlled, legend drugs, etc.). What has changed since 2014 is that a nationally standardized exam has been developed, and 6 states have adopted the required passage of this exam. She also highlighted a correction to an article in Pain Magazine that initially attributed inappropriate prescribing of opioids to NDs. The magazine later published a correction stating after further review of the data it showed patients were 6 other prescribing providers on average in addition to an ND and the inappropriate prescribing happened more often with medical doctors. Lastly, she highlighted that conventional medical doctors are hiring naturopathic doctors to work in community clinics.
- Robert Brody clarified some of the concerns received in the submission of a sample curriculum from Bastyr University. He stated beginning in year two of naturopathic education students gain hands on experience prescribing medication through clinical rotations and that experience extends through year four of their education.
- Ralph Esposito shared clarifying remarks about the studies he shared with the group. The model of care outlined in the first article shared allows naturopathic physicians to monitor and support adherence to medications and giving advice, while the conventional medicine doctors support

pharmacological interventions. This model can save costs and improve the efficacy of care in Connecticut. Naturopathic medicine was not called out specifically in the study, but the interventions outlined in the study represent the practice of naturopaths.

- Stacy Taylor expressed appreciation for the CNPA to increase their education, and willingness to interact with currently prescribing healthcare providers. She then shared a number of concerns surrounding board oversight, disciplinary actions, and the amount of real life training versus book training. She shared a few case studies including one in Oregon, where the Oregon Board of Naturopathic Medicine took disciplinary actions against naturopaths for inappropriate prescribing practices.
- Nicole Klughers shared that several key safeguards already exist in pharmacies to ensure safe and appropriate use of these prescriptions. She also flagged that conventional providers do not consider the supplements that many people take, and there may be drug and supplement interactions that naturopathic providers are more equipped to deal with, because they are more likely to be upfront with a naturopathic physician.
- Anthony Yoder shared a few thoughts and concerns with the materials that the CNPA shared. With regards to the request for a formulary, he shared that the group asked for a formulary so that they can know what the request is that they are considering. He also shared concerns about safety: he said that it is difficult to obtain evidence showing that naturopathic medicine is harmful, as the profession is largely self-regulated. Additionally, one of the studies provided included the role of naturopathic physicians, but only through advocating for more conservative measures. The materials provided show what NDs can do on a multidisciplinary team, and that it is important to understand the role of supplements. However, this does not alleviate the concerns about prescriptive authority.
- Christina Tondora shared that even though there is not a large body of literature around NDs and prescribing it does not mean it is unsafe and there is some information out there supporting prescriptive authority but for various reasons it is not as large as the information and data that exists for other prescribing professions.
- Jared Pistoia encouraged members of the group to provide comments on the revised proposal by CNPA, as they would like to discuss the proposed solution the CNPA has come up with regarding guardrails they are willing to put in place around prescribing.
- Peter Manes shared that in these meetings, he is frequently told he is incorrect, uninformed, and that his fears are unfounded, and he finds it hard to have a productive conversation.
- Domenic Casablanca shared his concerns about the naturopathic training, saying that there is no residency training, no oversight by MDs during training. While naturopaths may participate in university programs, they have MD collaboration and oversight. He is willing to work in collaboration with naturopathic doctors to prescribe, but he does not believe they should be able to prescribe on their own, especially as he has not trained a single naturopath in his 30 years of full-time practice.
- JoAnn Yanez expressed that she is offended by the notion that NDs do not support science, public health, medicine, etc. To stereotype the profession like that is inaccurate. Regulation exists for public safety which is why NDs who are licensed and have prescriptive authority are overseen by a licensing board.
- Chris Andresen asked if the committee could go back and talk about concepts related to a framework for a naturopathic prescriptive authority.

- Laura Farr stated they have come to the table with many ideas, information on their education and training, etc. and she is unsure what other information they can provide at this point.
- Robert Brody spoke about the ordering of urine analysis strips, and other instances where his profession was disrespected.
- Christina Mukon expressed that the APRNs believe that each practitioner should be able to practice to the fullest extent of their training. However, she feels that the move for prescription is premature. Since NDs can prescribe in 15 states, she would like to see more outcomes data from these states before Connecticut moves for prescription.
- Katherine Tringali expressed that with respect to the proposed guardrails, the doctors would like to see more studies and data on the safety of prescription. She acknowledged that the CNPA mentioned that there are not many studies out there looking at the outcomes of naturopathic physicians prescribing, but if the CNPA is citing studies about safety, the prescribing practitioners on the group need to receive this data.
- Chris Andresen flagged that one of the issues that came up last time with the naturopathic scope of practice reviews the lack of rigorous studies.
- Meghan Wolf expressed frustration with the lack of time to review the provided documents.
- Chris Andresen remarked that the group has not come to any sort of consensus, and asked that if the group held another meeting, is there something that the prescribing practitioners on this call would need to see in order to move them.
- Jared Pistoia stated he agreed with Chris Andresen and would like to know what data or information the CNPA can provide at this point that would move the conversation forward. He stated some, but not all, on this panel have presented an uncompromising posture to the scope request regardless of what data the CNPA puts forth.
- Stacy Taylor remarked that she is having a difficult time finding evidence-based studies or numbers, and she spent some time looking, including in the national practitioner database. She said if she saw these data, she could make an informed decision.
- John Guzzi expressed that he feels the group of naturopaths has been asserting the same points over and over, but he feels that the concerns of physicians around deficiencies in education and differences in training including that of APRNs and PAs have not been addressed. He cannot see a solution where prescriptive authority for NDs moves forward, because the concerns are still foundationally about the education and training. He stated there is no such thing as safe medication and the idea that there is a list of safe medications from the NDs speaks to the naivety of what the request entails. He stated that the discussion of guardrails is a false security, as pharmacists typically have a few minutes to review charts and dispense medications, so they cannot reasonably catch errors.
- Laura Farr stated if the premise is that there is no safe prescribing without a residency then pharmacists would not be prescribing, APRNs would not be prescribing and other professions that do not complete a residency but have prescriptive authority would not be prescribing. She also stated she is not hearing about the depth, or the details of the concerns being raised. She also stated that while the national practitioner databank may not have information the NDs are going directly to their regulatory boards to obtain data about complaints, discipline, etc.

Concluding remarks and next steps

- Chris Andresen acknowledged the group could not really come to a consensus or a path forward concerning the scope of practice request. He informed the committee that the report generated

from these meetings is just one piece of information that goes to the Public Health Committee at the legislature. He stated the legislature will often use these reports as a tool to gauge what the thoughts are about the proposal by other professions that may be impacted by the request. He reminded the committee that should a bill be raised about this issue in the 2025 legislative session both professional organizations and individual members of the public will have the opportunity to provide testimony on the matter.

- The meeting adjourned at 3:01pm.

Appendix G

Supplemental Materials Submitted Between Meetings

From: Steven Thornquist <c-str8@mindspring.com>

Sent: Tuesday, October 22, 2024 4:31 PM

To:

Hi all:

I am responding to this email as it seems to have everybody's emails on it. If it is preferred (for email privacy), I can send future updates to Ms. Montauti for distribution. In the interest of ensuring all have quick and easy access to the document, here is the report from CT OLR from October 2023 regarding ND prescribing across states. The links to statutes should be live. For the group's convenience (and it is a bit of a chore), I am compiling all of the linked documents, and also each state's oversight structure (some have active formulary committees and their structure may color our discussions). I do note that the OLR states that MA had approved registration for NDs but had not yet implemented it as of publication (10/2023). I see from an index site that they now have a "Board of Registration in Naturopathy", so that may have changed. More to come.

Sec. 20-35. Examining board. The State Board of Naturopathic Examiners shall continue to consist of three members, two of whom shall be practicing naturopathic physicians of this state and one of whom shall be a public member. The Governor shall appoint the members of said board subject to the provisions of section [4-9a](#). Said board shall meet at least once during each calendar quarter and at such other times as the chairman deems necessary. Special meetings shall be held on the request of a majority of the board after notice in accordance with the provisions of section [1-225](#). A majority of the members of the board shall constitute a quorum. Members shall not be compensated for their services. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from office. Minutes of all meetings shall be recorded by the board. No member shall participate in the affairs of the board during the pendency of any disciplinary proceedings by the board against such member. No professional member shall be an elected or appointed officer of a professional society of naturopathic physicians or have been such an officer during the year immediately preceding his appointment. Said board shall (1) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints against practitioners and (3) impose sanctions where appropriate.

(1949 Rev., S. 4388; P.A. 77-614, S. 367, 610; P.A. 80-484, S. 170, 174, 176; P.A. 81-471, S. 14, 71; June Sp. Sess. P.A. 91-12, S. 17, 55; P.A. 98-143, S. 6, 24.)

History: P.A. 77-614 changed composition of board from three naturopathic physicians to two physicians and one public member and simplified statement of governor's appointment powers, deleting reference to specific date of appointment and length of term; P.A. 80-484 deleted requirement that physician members have practiced continuously in state for three years, made appointments subject to Sec. 4-9a and added provisions re meetings, expense reimbursement, members' attendance, duties, etc.; P.A. 81-471 changed "elected official" to "elected or appointed officer" as of July 1, 1981; June Sp. Sess. P.A. 91-12 eliminated expense reimbursement for board members; P.A. 98-143 added quorum provision, effective July 1, 1998.

"To protect and enhance the health, safety, and well-being of District of Columbia residents by promoting evidence-based best practices in health regulation, high standards of quality care and implementing policies that prevent adverse events."

Established in 1879, the DC Board of Medicine (BoMed), a division within the DC Department of Health, Health Regulation and Licensing Administration (HRLA), has the responsibility to regulate the practice of medicine (MD/DO) in the District of Columbia.

The Board accepts applications for licensure through national examination; waiver of national examination; reactivation of an inactive license; reinstatement of an expired, suspended, or revoked license, or by eminence pursuant to the Health Occupations Revision Act (HORA). All applicants for licensure must establish, to the Board's satisfaction, that they possess the appropriate skills, knowledge, judgment, and character to practice medicine in the District of Columbia. In addition, applicants must demonstrate to the Board that they are proficient in understanding and communicating medical concepts and information in English.

The Board also oversees the regulation of Trauma Technologists, Physician Assistants, Naturopathic Physicians, Anesthesiology Assistants, Acupuncturists, Surgical Assistants, Polysomnographers, Athletic Trainers, and Postgraduate Physicians in Training. Regulation is achieved through the application process; the disciplinary process and through outreach and educational activities.

[Members of the Board](#) are appointed by the Mayor and serve a three year term for a maximum of three terms. The Board issues a [quarterly newsletter](#) that provides up-to-date information on the Board's current activities.

Board of Medicine Members

The Board currently by statute shall be composed of no more than fifteen (15) members appointed by the Mayor with the advice and consent of the Council. Ten (10) members must be licensed physicians in the District of Columbia, four (4) members shall be consumer members, and one (1) member must be the Director of the Department of Health or his/her designee.

Members of the Board of Registration in Naturopathy

See who makes up our Board.

Board Member	Seat
Paul Herscu, ND Board Chair	Naturopathic Doctor 1
Anne Frances Hardy, ND Board Vice-Chair	Naturopathic Doctor 2
Dr. Darshan Mehta, MD	Physician
Mattia Migliore, Board Secretary	Clinical Pharmacologists
Christina Bain	Public Member

NM Board Members

Member	Title	Location
Karen Carson, MD	Chair	Roswell
Kathy L. Johnson, PA	Vice Chair	Albuquerque
Eileen Barrett, MD	Physician Member	Albuquerque
Mark Edward Unverzagt, MD	Physician Member	Albuquerque
Bradley Scoggins, DO	Secretary Treasurer	Farmington
Kristin Reidy, DO	Physician Member	Santa Fe
Buffie Saavedra	Public Member	Sandia Park
Ms. Jeannine Louise Daniels	Public Member	Los Ranchos
Paul Barry Roth, M.D.	Physician Member	Corrales

Michael Edward Richards, M.D.	Physician Member	Albuquerque
----------------------------------	------------------	-------------

New Mexico ND Scope

61-12G-6. Scope of practice.

A. A licensee may practice naturopathic medicine only to provide primary care, as "primary care" is defined in rules of the board, as follows:

- (1) in collaboration with a physician licensed pursuant to the Medical Practice Act [Chapter 61, Article 6 NMSA 1978] ; and
- (2) in alignment with naturopathic medical education to:
 - (a) perform physical examinations;
 - (b) order laboratory examinations;
 - (c) order diagnostic imaging studies;
 - (d) interpret the results of laboratory examinations for diagnostic purposes;
 - (e) order and, based on a radiologist's report, take action on diagnostic imaging studies in a manner consistent with naturopathic training;
 - (f) prescribe, administer, dispense and order the class of drugs that excludes the natural derivatives of opium, which are morphine and codeine, and related synthetic and semi-synthetic compounds that act upon opioid receptors;
 - (g) after passing a pharmacy examination authorized by rules of the board, prescribe, administer, dispense and order: 1) all legend drugs; and 2) testosterone products and all drugs within Schedules III, IV and V of the Controlled Substances Act, excluding all benzodiazapines, opioids and opioid derivatives;
 - (h) administer intramuscular, intravenous, subcutaneous, intra-articular and intradermal injections of substances appropriate to naturopathic medicine;
 - (i) use routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, intra-articular and intramuscular consistent with the education and training of a naturopathic doctor;
 - (j) perform naturopathic physical medicine;

- (k) employ the use of naturopathic therapy; and
 - (l) use therapeutic devices, barrier contraception, intrauterine devices, hormonal and pharmaceutical contraception and durable medical equipment.

B. As used in this section, "collaboration" means the process by which a licensed physician and a naturopathic doctor jointly contribute to the health care and medical treatment of patients; provided that:

- (1) each collaborator performs actions that the collaborator is licensed or otherwise authorized to perform; and
- (2) collaboration shall not be construed to require the physical presence of the licensed physician at the time and place services are rendered.

History: [Laws 2019, ch. 244, § 6](#); [2021, ch. 54, § 30](#).

ANNOTATIONS

The 2021 amendment, effective June 18, 2021, removed a reference to the Osteopathic Medicine Act; and in Subsection A, Paragraph A(1), after "Medical Practice Act", deleted "or the Osteopathic Medicine Act".

61-12G-7. Referral requirement.

A licensee shall refer to a physician authorized to practice in the state under the Medical Practice Act [Chapter 61, Article 6 NMSA 1978] any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the licensee.

History: [Laws 2019, ch. 244, § 7](#); [2021, ch. 54, § 31](#).

ANNOTATIONS

The 2021 amendment, effective June 18, 2021, after "Medical Practice Act", deleted "or the Osteopathic Medicine Act".

61-12G-8. Prohibitions.

A licensee shall not:

- A. provide care outside of the scope of primary care, as that term is defined in rules of the board;
- B. perform surgery outside of the scope of minor office procedures permitted in the employment of naturopathic therapy;

- C. use general or spinal anesthetics;
- D. administer ionizing radioactive substances for therapeutic purposes;
- E. perform a surgical procedure using a laser device;
- F. perform a surgical procedure involving any of the following areas of the body that extend beyond superficial tissue:
 - (1) eye;
 - (2) ear;
 - (3) tendon;
 - (4) nerves;
 - (5) veins; or
 - (6) artery;
- G. perform a surgical abortion;
- H. treat any lesion suspected of malignancy or requiring surgical removal; or
- I. perform acupuncture.

History: [Laws 2019, ch. 244, § 8.](#)

ANNOTATIONS

Effective dates. — Laws 2019, ch. 244 contained no effective date provision, but, pursuant to [N.M. Const., art. IV, § 23](#), was effective June 14, 2019, 90 days after the adjournment of the legislature.

61-12G-11. Naturopathic doctors' advisory council created.

- A. The "naturopathic doctors' advisory council" is created as a council to the board under the direction of the board. The council shall advise the board regarding:
 - (1) licensure of naturopathic doctors; and
 - (2) the board's approval of matters relating to the training and licensure of naturopathic doctors.

B. By July 1, 2019, the board shall appoint an initial council of one member for a term of four years and two members for terms of three years each. The initial council shall consist of three voting members as follows:

(1) either:

(a) two members of an association; or

(b) one member of an association and one member who is a physician licensed pursuant to the Medical Practice Act who has worked collaboratively with a member of an association for at least two years prior to being appointed to the council; and

(2) one member who is a resident of the state who is not, and never has been, a licensed health care practitioner and who does not have an interest in naturopathic education, naturopathic medicine or naturopathic business or practice.

C. As the terms of the initial council members expire, the board shall appoint successors for terms of four years each as follows:

(1) either:

(a) two licensees; or

(b) one licensee and one member who is a physician licensed pursuant to the Medical Practice Act [Chapter 61, Article 6 NMSA 1978] who has worked collaboratively with a member of the association for at least two years prior to being appointed to the council; and

(2) one member who is a resident of the state who is not, and never has been, a licensed health care practitioner and who does not have an interest in naturopathic education, naturopathic medicine or naturopathic business or practice.

D. By August 1, 2019, the board shall call the first meeting of the council, at which meeting members shall elect a chair. By August 1, 2020 and at least once during each calendar quarter thereafter, the council shall hold a meeting at the call of the chair. The council may hold additional meetings at the call of the chair or at the written request of any two members of the council.

E. Vacancies on the council shall be filled by the board from a list of not fewer than three candidates provided by the association.

F. A majority of the council membership shall constitute a quorum.

G. At the discretion of the board, members of the council may receive per diem and mileage reimbursement pursuant to the Per Diem and Mileage Act [10-8-1 through 10-8-8NMSA 1978] and shall receive no other compensation, perquisite or allowance.

History: Laws 2019, ch. 244, § 11.

ANNOTATIONS

Effective dates. — Laws 2019, ch. 244 contained no effective date provision, but, pursuant to **N.M. Const., art. IV, § 23**, was effective June 14, 2019, 90 days after the adjournment of the legislature.

61-12G-12. Council duties.

The council shall develop guidelines for the board to consider for rulemaking with regard to:

- A. regulating the licensure of naturopathic doctors and determining the hours of continuing education units required for maintaining licensure as a naturopathic doctor;
- B. prescribing the manner in which records of examinations and treatments shall be kept and maintained;
- C. establishing standards for professional responsibility and conduct;
- D. identifying disciplinary actions and circumstances that require disciplinary action;
- E. developing a means to provide information to all licensees in the state;
- F. providing for the investigation of complaints against licensees or persons holding themselves out as naturopathic doctors in the state;
- G. providing for the publication of information for the public about licensees and the practice of naturopathic medicine in the state;
- H. providing for an orderly process for reinstatement of a license;
- I. establishing criteria for advertising or promotional materials;
- J. establishing by rule, in accordance with the Naturopathic Doctors' Practice Act:
 - (1) continuing education hours and content;
 - (2) standards for the state jurisprudence examination;
 - (3) schedules for providing licensing examinations and for the issuance of examination results;
 - (4) procedures and standards for reviewing licensing examination scores; and
 - (5) procedures for reviewing transcripts demonstrating completion of the approved naturopathic medical educational program;
- K. the requirements for issuance and renewal of licenses; and

L. any other matter necessary to implement the Naturopathic Doctors' Practice Act.

History: [Laws 2019, ch. 244, § 12.](#)

ANNOTATIONS

Effective dates. — Laws 2019, ch. 244 contained no effective date provision, but, pursuant to [N.M. Const., art. IV, § 23](#), was effective June 14, 2019, 90 days after the adjournment of the legislature.

From 61-12G-2. Definitions: “ D. "board" means the New Mexico medical board established pursuant to the Medical Practice Act [Chapter [61](#), Article [6](#) NMSA 1978];”

Oregon ND Board

The Board of Naturopathic Medicine consists of seven members appointed by the governor for three-year terms. Membership consists of five licensed Naturopathic physicians and two public members. Each member serves a three-year term and is eligible for reappointment.

From: Laura Farr <Laura.farr@naturopathic.org>
Sent: Tuesday, November 5, 2024 4:06 PM
To: Montauti, Sara
Subject: Re: materials from Steven Thornquist, MD
Attachments: AANP Response to 2023 Office of Legislative Research Report on ND State Licensure.pdf; 2023 Office of Legislative Research Report on ND State Licensure - AANP edits.docx

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Sara,

Thank you for sharing the materials from Dr. Thornquist. On behalf of the AANP, we would also like to submit the following materials to the group at large for distribution. It is a comprehensive analysis and request to correct misinformation in the research report by the Office of Legislative Research titled "Naturopath licensing and prescriptive authority in other states." We hope that everybody will find this useful to work off of the same terminology, and most up to date and accurate compilation of prescriptive authority and requirements.

In health,

Laura Farr

From: Steven Thornquist <c-str8@mindspring.com>
Sent: Wednesday, November 13, 2024 8:20 AM
To: Montauti, Sara
Subject: Re: Naturopatic Scope Meeting Documents
Attachments: CSEP Preliminary Response to Documents Submitted 2.docx; Untitled attachment 00131.htm

Dear Ms. Montauti:

Attached please find a preliminary response from CSEP to the belated document drop from CNPA. I would request it be included in the committee record and distributed to the members before the meeting, if possible. I am sorry for the late notice, but I am sure you understand that it could not have been submitted sooner. It contains a request for action by the committee, as well as a statement regarding the CNPA documents. I am away at another meeting, and had allowed for the possibility of joining an AM call. I will try to join the afternoon meeting, but may not be able to be present for the entire call.

Thank you,

CSEP Preliminary Response to Documents Submitted 2:04 PM, 11/12/2024, for the 1:00 PM, 11/13/2024, Meeting, by CNPA (Petitioners) to the 2024 Scope of Practice Review Committee

We are disappointed, as good faith participants in this process, that, once again, the CNPA has chosen to submit its documentation at the very last minute, precluding the thorough and thoughtful review of the substance of their claims that our commitment to good patient care demands of us.

Likewise, after CNPA attempted to introduce a formulary into their request, without prior notice or mention in their petition, in the middle of the second of three meetings, the Committee requested a copy of that formulary, which the CNPA has refused to provide. Their excuse, that they unilaterally decided this was not the proper forum for introducing the formulary after all, is not an acceptable one. This was a direct request from the committee which has been ignored.

The other participants on this committee are taking time away from patient care and other commitments, and the staff are taking their valuable time and energy from their manifold other projects and committees to give this issue the proper, good faith attention it deserves. It would be helpful if the petitioners could do the same.

We, therefore, request that either these last minute documents be excluded from the record of the committee, or that the impacted agencies and participants be granted a week to provide a thoughtful response or rebuttal that will also be included in the official records of this committee.

Respectfully,

Steven C. Thornquist, MD

CSEP (impacted agency) Representative to the Scope Review Committee