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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,

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## 1) A plain language description of the request.

We request that the naturopathic scope of practice in Connecticut be corrected to reflect the academic and clinical training that naturopathic physicians receive, specifically:

- 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.<sup>1</sup>

In addition to prescribing rights, we also take this opportunity to highlight several shortcomings in the regulation of naturopathic physicians which are creating obstacles in patient care. Therefore, we request that the department of public health make the following additional corrections to our scope:

- C) Inclusion of naturopathic physicians in all future Connecticut state legislative considerations, ensuring eligibility for state-sponsored programs, funding, and other healthcare 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. *See question 12, section B for further details.*

This correction would align Connecticut with 15 other jurisdictions that have already recognized the full capabilities and excellent safety record of naturopathic physicians,

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<sup>1</sup> U.S. Food and Drug Administration. (n.d.). *Route of administration*.  
<https://www.fda.gov/drugs/data-standards-manual-monographs/route-administration>

ensuring that Connecticut residents can access the same scope of naturopathic care as citizens residing in those jurisdictions.

**2) Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented.**

If the proposal to allow naturopathic physicians to prescribe certain pharmaceuticals and perform additional administrative duties is enacted, several significant health and safety benefits are expected:

A) Improvements in the efficiency of the healthcare system, leading to better public health outcomes:<sup>2</sup>

- Enhanced resource allocation<sup>3</sup>—by enabling naturopathic physicians to manage routine prescriptions and perform state-required physical exams, medical doctors (MDs), osteopathic doctors (DOs), and advanced practice registered nurses (APRNs) can focus on patients with conditions requiring specialized expertise in disease management. This reallocation of responsibilities will lead to a more efficient use of healthcare resources, ensuring that patients receive timely and appropriate care.
- Comprehensive care in one location<sup>4</sup>— patients will benefit from receiving a full spectrum of medical care in the office of one provider. This continuity of care can improve patient outcomes, as their naturopathic physician will have a comprehensive understanding of their medical history and current treatments. Patients will be able to obtain completed school/work physical exam forms and other commonly required documents, which naturopathic physicians are currently unable to provide for their patients.

B) Reductions in urgent care and emergency room visits for routine medications:

- Enabling naturopathic physicians to prescribe medications will reduce the burden on urgent care centers and emergency rooms, which are often overcrowded and overextended. Patients will have quicker and more

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<sup>2</sup> Fleming, S. A., & Gutknecht, N. C. (2010). Naturopathy and the primary care practice. *Primary care*, 37(1), 119–136. <https://doi.org/10.1016/j.pop.2009.09.002>.

<sup>3</sup> Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? *JAMA*. 2004 Mar 10;291(10):1246-51. doi: 10.1001/jama.291.10.1246. PMID: 15010447.

<sup>4</sup> Gannotta, R., Malik, S., Chan, A. Y., Urgan, K., Hsu, F., & Vadera, S. (2018). Integrative Medicine as a Vital Component of Patient Care. *Cureus*, 10(8), e3098. <https://doi.org/10.7759/cureus.3098>

convenient access to necessary medications through their naturopathic physician, leading to better overall health management and reducing unnecessary strain on emergency services.

C) Reductions in unnecessary or avoidable prescription medications:

- Naturopathic physicians are uniquely trained in the effective use of natural medicines, understanding the circumstances under which they can be used instead of pharmaceuticals. When a patient presents to a naturopathic physician thinking that they need a pharmaceutical, they may instead receive a natural medicine when the circumstances allow. This is rarely the case in the office of providers who are untrained in the use of natural medicines. The expertise of a naturopathic physician can lead to a reduction in the reliance on prescription medications, minimizing the risks associated with overprescribing and adverse drug reactions.

D) Reductions in polypharmacy and associated safety risks:<sup>5</sup>

- Naturopathic physicians emphasize holistic and integrative approaches, which can help reduce polypharmacy—the concurrent use of multiple medications—which is a common issue in patients living with chronic conditions. Patients are often reluctant to disclose their use of self-prescribed natural medicines either because they don't understand their relevance or out of fear of judgment by other providers.<sup>6</sup> Naturopathic physicians carefully consider drug-drug, drug-herb and drug-supplement interactions, mitigating safety risks and improving overall patient health.

E) Reductions in the state provider shortage:

- Enabling naturopathic physicians to prescribe pharmaceuticals would alleviate the provider shortage in Connecticut.<sup>7,8</sup> Additionally, more patients would receive timely care, reducing the workload on other healthcare providers and improving overall access to medical services. Additionally, the

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<sup>5</sup> [Polypharmacy - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

<sup>6</sup> Pitkälä, K. H., Suominen, M. H., Bell, J. S., & Strandberg, T. E. (2016). Herbal medications and other dietary supplements. A clinical review for physicians caring for older people. *Annals of Medicine*, 48(8), 586–602. <https://doi.org/10.1080/07853890.2016.1197414>

<sup>7</sup> Locke A. Using the Values of Integrative Medicine to Create the Future of Healthcare. *Global Advances in Integrative Medicine and Health*. 2024;13. doi:10.1177/27536130241253607

<sup>8</sup> [The Healthcare Workforce Crisis \(ct.gov\)](#)

corrected scope of practice would draw more naturopathic physicians to the state.

F) Improvements in access to a wider range of healthcare services:

- Many patients elect exclusively for naturopathic care. For these patients, enabling naturopathic physicians to prescribe medications ensures they have access to comprehensive healthcare services without the need to seek additional providers. This continuity of care can lead to better health outcomes and increased patient satisfaction.<sup>9</sup>

G) A more unified and integrative healthcare system:

- International examples have demonstrated the health benefits of integrative healthcare systems, where the blend of conventional and naturopathic medicine is seamless. Implementing this proposal would promote a more cohesive healthcare model in Connecticut, enhancing collaboration among healthcare providers and improving patient care outcomes.<sup>10</sup>

Potential harm if the request is not implemented:

A) Increased pressure on emergency services:

- 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.<sup>11</sup>

B) Fragmented care:

- Patients will continue to see multiple providers to obtain routine prescriptions, leading to fragmented care and possibly resulting in

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<sup>9</sup> Goodwin JS. Continuity of Care Matters in All Health Care Settings. *JAMA Netw Open*. 2021;4(3):e213842. doi:10.1001/jamanetworkopen.2021.3842

<sup>10</sup> Mickan S. M. (2005). Evaluating the effectiveness of health care teams. *Australian health review : a publication of the Australian Hospital Association*, 29(2), 211–217. <https://doi.org/10.1071/ah050211>

<sup>11</sup> [Emergency Department Crowding: The Canary in the Health Care System | NEJM Catalyst](#)

miscommunication or inconsistent treatment plans. This can negatively impact patient outcomes and overall public health.<sup>12</sup>

### **3) The impact of the request on public access to health care.**

The ability for the public to obtain prescription pharmaceuticals in the office of a naturopathic physician broadens public access to health care.

### **4) A brief summary of state or federal laws governing the profession.**

State naturopathic law is defined in Chapter 373 of Connecticut's General Statutes. Broadly, Chapter 373 dictates that the practice of naturopathy includes the administration of natural substances and natural therapies.

### **5) The state's current regulatory oversight of the profession.**

Regulation of naturopathic physicians in Connecticut is overseen by the State Board of Naturopathic Examiners and the Commissioner of the Department of Public Health.

### **6) All current education, training, and examination requirements and any relevant certification requirements applicable to the profession.**

In the past, negative criticism of naturopathic medicine has revealed a gross ignorance of naturopathic training and the naturopathic approach to medicine. To clarify, *naturopathic medicine is rooted in the prevention of illness, the promotion of health, and the whole health evaluation and treatment of disease.* The variety of available natural medicines are a conduit to achieving the aforementioned.<sup>13</sup>

A whole health evaluation refers to the integration of multiple dimensions of wellbeing—including physical, mental, emotional, social, and spiritual factors. It involves looking beyond the absence of disease and considering how various aspects of a patient's life contribute to their overall health. This approach often includes conventional medical care alongside naturopathic medicines.

Generally, US citizens are becoming increasingly begrudged with the current, divided approach to healthcare and its inability to meet their needs. In a 2023 survey conducted by the Harris Poll, 73% of US adults stated that the healthcare system isn't sufficiently

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<sup>12</sup> Joo J. Y. (2023). Fragmented care and chronic illness patient outcomes: A systematic review. *Nursing open*, 10(6), 3460–3473. <https://doi.org/10.1002/nop2.1607>

<sup>13</sup> Myers, S. P., & Vigar, V. (2019). The State of the Evidence for Whole-System, Multi-Modality Naturopathic Medicine: A Systematic Scoping Review. *Journal of alternative and complementary medicine (New York, N.Y.)*, 25(2), 141–168. <https://doi.org/10.1089/acm.2018.0340>

supporting them, and specifically, that there isn't enough focus on *prevention and wellness*.<sup>14</sup>

Naturopathic medicine aligns itself with this comprehensive or whole view of health and wellness, combining evidence-based approaches with traditional approaches that have been used for millennia. Naturopathic physicians focus on treating the whole person rather than managing symptoms, utilizing a variety of natural medicines and lifestyle modifications in addition to pharmaceutical interventions, when appropriate.

Naturopathic physicians are trained to practice whole health medicine in a systematic manner referred to as the “therapeutic order.” This dictum guides how naturopathic physicians approach treatment with a given patient. It is schematically represented by a pyramid (figure 1), where the foundation refers to the least aggressive approaches that seek to prevent illness or promote healing.<sup>15</sup> In contrast, the top of the pyramid refers to the most aggressive treatments that seek to suppress disease symptoms, i.e. pharmaceuticals and surgery. In between the top and bottom are the various treatments listed in Chapter 373 which define the practice of naturopathy. They are used according to the naturopathic physician’s evaluation of the patient’s medical needs and preferences.

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<sup>14</sup> American Academy of PAs. (2023). *The Patient Experience: Perspectives on Today's Healthcare*. <https://www.aapa.org/download/113513/?tmstv=1684243672>

<sup>15</sup> <https://aanmc.org/featured-articles/therapeutic-order/>



PMID: [32549816](#)

**Figure 1**

Naturopathic physicians prefer to avoid prescribing pharmaceuticals, when possible, given that there are many effective and safer alternatives that can remediate a patient's illness. However, in the practice of medicine, the prescription of a pharmaceutical is sometimes critical or unavoidable. Importantly, naturopathic physicians are trained to recognize when to use aggressive interventions and when to use gentler interventions.

Naturopathic physicians are educated and trained to ensure they are well-prepared to diagnose and treat a wide range of illnesses using both pharmaceuticals and natural medicines immediately after graduation from naturopathic medical school.

Key components of naturopathic physician pharmacology training include the following:

A) Pharmacology coursework:

- Pharmacology is integrated into all didactic courses that cover the diagnosis and treatment of illnesses according to each body system, such as the nervous, digestive, and cardiovascular systems. This coursework encompasses the safe and appropriate administration of pharmaceuticals, including when to prescribe common legend drugs and through which routes of administration (e.g. oral, intramuscular, intravenous), their indications, contraindications, and potential adverse effects.

B) Clinical pharmacology courses:

- In addition to integrated pharmacology training, naturopathic curriculum requires specific courses focused solely on clinical pharmacology. For example, Bastyr University, with schools in Washington and California, requires five separate clinical pharmacology courses before graduation, ensuring that in-depth knowledge and practical skills in pharmaceutical management are imparted.<sup>16</sup> Graduates of Sonoran University in Arizona complete 99 didactic hours of pharmacology and pharmacotherapeutics, beginning in their second year.<sup>17</sup>

C) Clinical rotations:

- Practical experience with pharmaceuticals is a critical part of naturopathic training. During clinical rotations, students actively use pharmaceuticals under the supervision of licensed attending physicians. This hands-on experience ensures that graduates are proficient in the clinical application of their pharmacological knowledge.

D) Examination and certification requirements:

- To obtain a medical license, naturopathic physicians must pass rigorous board examinations that assess their knowledge and competency in various medical disciplines, including pharmacology. These examinations ensure that all licensed naturopathic physicians meet high standards of practice and are

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<sup>16</sup> [Bastyr University - Doctor of Naturopathic Medicine \(smartcatalogiq.com\)](https://smartcatalogiq.com)

<sup>17</sup> [New Format Fall\\_Spring 2023-2024 4yr Program of Study \(rev 5.2.23\).xls \(sonoran.edu\)](#)

capable of safely prescribing medications. There is a separate pharmacology clinical elective examination that can be utilized by licensing bodies to determine readiness to prescribe, and is already required in some states. Furthermore, continuing education requirements are mandatory to maintain a DEA license in other states, and must be maintained in Connecticut as well.

E) Parenteral training:

- Naturopathic physicians receive training in injectable therapies, including intravenous, intramuscular, and subcutaneous administration techniques. National University of Natural Medicine in Oregon requires 78 hours of Environmental Medicine and Parental Therapy across lecture, tutorial, and laboratory work in the third year.<sup>18</sup> This training encompasses:
  - i. An understanding of anatomy and physiology relevant to injection sites
  - ii. Sterile technique and infection control protocols
  - iii. Proper dosing, dilution, and administration of various injectable substances
  - iv. Management of potential adverse reactions and complications

**7) A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request.**

In 2012 and 2013, naturopathic physicians requested a correction in their scope of practice. A similar request was made in 2020 to alleviate the overwhelming demand on the healthcare system that became evident during the COVID-19 pandemic. Each request for scope review and correction was denied.

**8) The extent to which the request directly affects existing relationships within the health care delivery system.**

The enactment of this 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. This collaboration is crucial for integrating pharmaceutical approaches with natural medicines and lifestyle adjustments, in which many patients are interested.

Since many non-naturopathic healthcare providers have a dearth of knowledge regarding the application and safety of natural medicines, it may create an opportunity for

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<sup>18</sup> [18-19-ND-Curriculum.pdf \(nunm.edu\)](#)

knowledge sharing and provider collaboration to the delight of myriad patients and providers interested in natural approaches. In a study surveying pediatric residents at Baylor University, over 80% of patients had asked about integrative medicine options, and 90% of respondents felt that their knowledge needed expansion.<sup>19</sup> Examples of provider collaboration might include case conferences or joint education workshops. In both examples, naturopathic physicians, MDs, DOs, and other healthcare providers may gather to discuss patient cases, explore integrative treatment options, and share knowledge about both natural and pharmaceutical approaches to treatment. Current data indicates that this whole-person approach to medicine improves patient outcomes,<sup>20</sup> improves patient satisfaction,<sup>21</sup> and reduces clinician burnout.<sup>22</sup>

While there are barriers to the integration of conventional and naturopathic medicine—including distrust fueled by misinformation or cultural differences<sup>23</sup> and perceived high initial startup costs<sup>24</sup>—research has shown that integrative care plans lead to higher patient satisfaction and compliance.<sup>25</sup>

## **9) The anticipated economic impact of the request on the health care delivery system.**

Enabling naturopathic physicians to prescribe pharmaceuticals will improve access to healthcare. Increased access could lead to earlier interventions and improve management of chronic conditions, potentially reducing emergency room visits and hospital admissions, and thus lowering healthcare expenditures.<sup>26</sup> With a scope correction, it is probable that more patients will present to naturopathic physicians. That naturopathic physician's

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<sup>19</sup> Ziodeen KA, Misra SM. Complementary and integrative medicine attitudes and perceived knowledge in a large pediatric residency program. *Complement Ther Med*. 2018 Apr;37:133-135. doi: 10.1016/j.ctim.2018.02.004. Epub 2018 Feb 18. PMID: 29609925.

<sup>20</sup> Crocker, R. L., Hurwitz, J. T., Grizzle, A. J., Abraham, I., Rehfeld, R., Horwitz, R., Weil, A. T., & Maizes, V. (2019). Real-World Evidence from the Integrative Medicine Primary Care Trial (IMPACT): Assessing Patient-Reported Outcomes at Baseline and 12-Month Follow-Up. *Evidence-based complementary and alternative medicine : eCAM*, 2019, 8595409. <https://doi.org/10.1155/2019/8595409>

<sup>21</sup> Crocker, R. L., Grizzle, A. J., Hurwitz, J. T., Rehfeld, R. A., Abraham, I., Horwitz, R., Weil, A., & Maizes, V. (2017). Integrative medicine primary care: assessing the practice model through patients' experiences. *BMC complementary and alternative medicine*, 17(1), 490. <https://doi.org/10.1186/s12906-017-1996-5>

<sup>22</sup> De Marchis E, Knox M, Hessler D, Willard-Grace R, Olayiwola JN, Peterson LE, Grumbach K, Gottlieb LM. Physician Burnout and Higher Clinic Capacity to Address Patients' Social Needs. *J Am Board Fam Med*. 2019 Jan-Feb;32(1):69-78. doi: 10.3122/jabfm.2019.01.180104. PMID: 30610144.

<sup>23</sup> Witt CM, Cardoso MJ. Complementary and integrative medicine for breast cancer patients - Evidence based practical recommendations. *Breast*. 2016 Aug;28:37-44. doi: 10.1016/j.breast.2016.04.012. Epub 2016 May 17. PMID: 27203402.

<sup>24</sup> Guarneri E, Horrigan BJ, Pechura CM. The efficacy and cost effectiveness of integrative medicine: a review of the medical and corporate literature. *Explore (NY)*. 2010 Sep-Oct;6(5):308-12. doi: 10.1016/j.explore.2010.06.012. PMID: 20832763.

<sup>25</sup> Myklebust M, Pradhan EK, Gorenflo D. An integrative medicine patient care model and evaluation of its outcomes: the University of Michigan experience. *J Altern Complement Med*. 2008 Sep;14(7):821-6. doi: 10.1089/acm.2008.0154. PMID: 18721082.

<sup>26</sup> COVER Commission Final Report (va.gov)

educate patients about healthy lifestyle can lead to better adherence to treatment plans and healthier choices.<sup>27</sup> Educated patients are empowered, and empowered patients are more likely to make health-promoting choices, and less likely to require expensive emergency care.<sup>28</sup>

## **10) Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states.**

### Regional and National Trends of Naturopathic Licensing

Over the past 20 years, the regulation of naturopathic physicians has seen significant developments:

- A) Many states have moved towards recognizing and licensing naturopathic medicine. In the early 2000s, only a handful of states licensed naturopathic physicians. Today, approximately half of the states, along with the District of Columbia, Puerto Rico, and the U.S. Virgin Islands have licensing laws for naturopathic physicians.<sup>29</sup> The Association of Accredited Naturopathic Medical Colleges (AANMC), which accredits naturopathic medical schools, is approved by the U.S. Department of Education.
- B) In states where naturopathic physicians are licensed, there has been a trend toward expanding their scope of practice. This includes the ability to prescribe pharmaceuticals, perform minor surgeries, and provide primary care services. States like Maine,<sup>30</sup> Vermont,<sup>31</sup> New Hampshire,<sup>32</sup> Maryland,<sup>33</sup> Oregon,<sup>34</sup> and Washington<sup>35</sup> have broad scopes of practice that enable naturopathic physicians to prescribe pharmaceuticals.
- C) There has been progress in insurance coverage for naturopathic physicians. Some states require health insurance plans to cover services provided by naturopathic

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<sup>27</sup> Thom DH, Willard-Grace R, Hessler D, DeVore D, Prado C, Bodenheimer T, Chen E. The impact of health coaching on medication adherence in patients with poorly controlled diabetes, hypertension, and/or hyperlipidemia: a randomized controlled trial. *J Am Board Fam Med.* 2015 Jan-Feb;28(1):38-45. doi: 10.3122/jabfm.2015.01.140123. PMID: 25567821.

<sup>28</sup> Sarnat RL, Winterstein J. Clinical and cost outcomes of an integrative medicine IPA. *J Manipulative Physiol Ther.* 2004 Jun;27(5):336-47. doi: 10.1016/j.jmpt.2004.04.007. PMID: 15195041.

<sup>29</sup> [Naturopathic Doctor Licensure | List of States and Provinces \(aanmc.org\)](#)

<sup>30</sup> [Title 32, §12522: Scope of practice \(mainelegislature.org\)](#)

<sup>31</sup> [Vermont Laws](#)

<sup>32</sup> [Section 328-E:4 Scope of Practice. \(state.nh.us\)](#)

<sup>33</sup> [Allied Health | Naturopathic Formulary \(state.md.us\)](#)

<sup>34</sup> [Oregon Board of Naturopathic Medicine : Statutes and Rules : State of Oregon](#)

<sup>35</sup> [WAC 246-836-210:](#)

physicians, recognizing their role in primary care and preventive medicine.<sup>36</sup> In 2023, Connecticut fully included naturopathic physicians into Medicaid.

D) Professional organizations such as the American Association of Naturopathic Physicians (AANP) and the Integrative Health Policy Consortium have been active in advocating for the profession. One result has been a growing collaboration between naturopathic physicians and other healthcare providers, ultimately improving health equity.<sup>37</sup>

### Scope of Practice Provisions Enacted in Other States

Currently, 26 jurisdictions issue medical licenses to naturopathic physicians. Among these, 15 permit naturopathic physicians to prescribe pharmaceuticals after passing the naturopathic licensing exams (NPLEX 1 & 2).<sup>38</sup> Thus, the majority of jurisdictions that license naturopathic physicians endorse their knowledge and training in pharmacology. Those jurisdictions are as follows:

1. Arizona
2. California
3. Colorado
4. Hawaii
5. Idaho
6. Maine
7. Maryland
8. Montana
9. New Hampshire
10. New Mexico
11. Oregon
12. Utah
13. Vermont
14. Washington
15. Washington DC

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<sup>36</sup> [Insurance Coverage | Understanding Naturopathic Medicine & Physicians \(patientcenteredmed.org\)](#)

<sup>37</sup> [IHPC Highlights FOHCs and Champions their efforts to Create Health Equity for a Growing Cross-cultural Segment of the U.S. population. - Integrative Health Policy Consortium](#)

<sup>38</sup> <https://aanmc.org/licensure/>

**11) Identification of any healthcare professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions.**

The CNPA has actively sought to discuss scope correction and a more integrative healthcare model with various organizations, including the Connecticut State Medical Society (CSMS).

During the 2023 legislative session, naturopathic physicians worked with legislators to arrange a meeting with the CSMS to address outstanding concerns. Unfortunately, the CSMS was unwilling to meet, leaving naturopathic physicians to estimate the potential impact they may experience.

The primary anticipated impact of this scope correction would be on MDs, DOs, and APRNs. This is because these providers primarily prescribe pharmaceuticals. However, their offices are often overburdened with patients, leading to delayed care and reduced access to care,<sup>39</sup> particularly in marginalized and rural communities.<sup>40</sup> Enabling naturopathic physicians to prescribe routine medications can alleviate this burden, enabling MDs, DOs, and APRNs to focus on cases requiring specific expertise in disease management, ultimately benefiting the overall healthcare system. It may also allow those who have been marginalized from conventional health care settings to access prescription medications, thus increasing compliance and reducing health disparities.<sup>41</sup>

While the CNPA has faced challenges in engaging the CSMS, the proposed scope correction is anticipated to have a positive impact on the healthcare system. The CNPA remains open to discussions with any interested parties to ensure the scope correction is mutually beneficial.

**12) A description of how the request relates to the healthcare profession's ability to practice to the full extent of the profession's education and training.**

- A) Naturopathic physicians undergo extensive education, testing, and clinical training that prepare them to prescribe pharmaceuticals through various routes and perform injection therapies for common health conditions, particularly in outpatient care settings. Their 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.

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<sup>39</sup> [CT Healthcare Experts Explain What's Causing Doctor Shortage – NBC Connecticut](#)

<sup>40</sup> [10811\\_01\\_AHCT\\_Disparities\\_Report\\_V4-ng-10.pdf](#)

<sup>41</sup> [10811\\_01\\_AHCT\\_Disparities\\_Report\\_V4-ng-10.pdf](#)

Prescriptions written by naturopathic physicians follow the exact safety and accuracy protocols that those of conventional medical providers do. Specifically, their prescriptions are sent to a pharmacy, where a licensed pharmacist reviews them for suitability before dispensing the medication. Both the naturopathic physician and the pharmacist answer questions about the medication to ensure patient understanding and compliance.

If there is any question about the safety standards of naturopathic physicians, this can be allayed in part by examining the percentage of disciplinary actions taken against each provider type from states which currently permit both pharmaceutical prescription and injection therapies,<sup>42</sup> or by the number of malpractice claims made across medical disciplines<sup>43</sup>. If safety were truly an issue, patients would be harmed by incompetent providers, and malpractice claims would be frequent. Yet, in reviewing this data, it is evident that *naturopathic physicians have the lowest percentage of disciplinary actions among MDs and DOs*.

- B) Lastly, in clinical practice, naturopathic physicians often assume a role equivalent to that of a PCP,<sup>44</sup> yet cannot perform certain equivalent duties. For example, patients request that their naturopathic physician complete necessary physical exams and corresponding paperwork. Despite that naturopathic physicians are trained to carry out this duty, they cannot do so.

Furthermore, naturopathic physicians also currently experience an inability to acquire commonly needed medical supplies and diagnostic tools such as urinalysis test strips and specula, which they're legally permitted to utilize. Chapter 373 clearly states that the practice of naturopathy "[...] shall include (4) ordering medical devices and durable medical equipment [...]" yet naturopathic physicians cannot obtain or prescribe necessary equipment for mixed reasons. For example, patients have difficulty obtaining essential medical equipment prescribed by naturopathic physicians, such as continuous glucose monitors. In the case of urinalysis strips or specula, manufacturers will not sell to naturopathic physicians because they require a medical license that allows prescriptive rights. This delays time-sensitive patient care, resulting in referrals to healthcare providers for the same physical exams or tests that naturopathic physicians are trained and legally permitted to perform.

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<sup>42</sup> [disciplinary\\_actions\\_oregon.xlsx \(live.com\)](#)

<sup>43</sup> [Microsoft Word - NUHS ND Letter 1-23-17 \(ymaws.com\)](#)

<sup>44</sup> Fleming, S. A., & Gutknecht, N. C. (2010). Naturopathy and the primary care practice. *Primary care*, 37(1), 119–136. <https://doi.org/10.1016/j.pop.2009.09.002>