Connecticut Naturopathic Physicians Association
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Naturopathy

A)

This proposal seeks to give Naturopathic Doctors the ability to use nutrients by all forms of administration. Nutrients include vitamins, minerals, amino acids, fatty acids, botanicals, and homeopathics. Currently the scope of practice includes "treatment by natural substances and external applications".

B)

We believe these changes will enhance preventive care and result in enhanced care for patients. Currently, a Naturopathic Physician can see a patient, diagnose a vitamin or nutritional deficiency in the patient, but is unable to render treatment if an injectable treatment is required. This proposal would permit NDs to administer appropriate dosages of B 12 and other natural substances to patients.

C)

We believe this will enhance access to care. Patients will now be able to see a wider range of providers to treat vitamin deficiencies. Duplicate medical appointments (one to the ND for the diagnosis, the other to the MD for the injection of B 12, for example) will be avoided.

D)

Naturopathic Doctors are primarily regulated at the state level.

E)

A practice act exists in statute. A Naturopathic Board of Examiners exists under the jurisdiction of the Department of Public Health.

F)

A Naturopathic doctor needs to have graduated from an accredited naturopathic medical school, have successfully completed both the Basic Sciences (Part I) and Clinical Sciences Examination (Part II) of the Naturopathic Physician Licensing Examination (NPLEX), and completed the Connecticut jurisprudence examination for naturopathic physician licensing. Malpractice insurance coverage is also required while providing patient services.

G)

The Connecticut Naturopathic Physicians Association advocated for passage in 2007 of a continuing education law. This was enacted and NDs in Connecticut have been implementing it with enthusiasm since.

H)

In cases where oral use of nutrients is not the optimal route of administration, patients will need to see a provider who has the authority to use injectable nutrients. This proposal will simply add Naturopathic Doctors to the list of such providers. We believe this will save money since patients won't have to see an ND first and then see a physician in a separate appointment for the injection.

I)

Naturopathic Doctors rely on prevention and correcting underlying problems, such as nutrient deficiencies in their cost- effective approach. Use of nutrients in the injectable form, provides a rapid and effective delivery system. This may eliminate the need for more expensive medications. Decreased use of medications will save money, both for patients and insurance companies. Since very few practitioners are currently using this method of treatment, the competitive impact is minimal.

J)

At least 11 of the 16 states the license Naturopathic doctors allow IV or IM injections, including New Hampshire, Maine, and Vermont. None of the licensed states restrict non-injection use of nutrients by any other route of administration to my knowledge. Naturopathic medical education includes training in the application of IV, IM, and other routes of administration of nutrients.

K)

We don't anticipate any major effect on other health care professions. Medial doctors (Connecticut Medical Society) may provide B12 injections and a small number of physicians or APRN's with a holistic medical focus may provide nutrient IV's. Naturopathic doctors are fairly unique in their training and ability to provide low-cost patient care using nutrients and other natural substances.

L)

Naturopathic Doctors are trained in the administration of IV, IM, and subcutaneous injections, as well as the application of nutrients for certain conditions, safety considerations, and nutrient interactions. In our clinical training and practice (where allowed) we routinely employ nutrients by IV and other methods of administration for various conditions from flu and cold to cancer treatment. We believe this proposal will enhance our ability to practice closer to the extent of

our education and training. We also feel that it may help to streamline the treatment of certain patients who require injections as part of their treatment for nutrient deficiency while providing safe, cost-effective, and underutilized treatment options for patients with various acute and chronic conditions.

Scope of Practice Requests

P.A. 11-209 allows any person or entity acting on behalf of a health care professions seeking legislative action in the following year's legislative session that would (1) establish a new scope or practice or (2) change a profession's scope of practice, to submit a written scope of practice request to DPH.

Written scope of practice requests must include:

1. a plain language description of the request;

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;

3. the impact of the request on public access to health care;

4. a brief summary of state or federal laws governing the profession;

5. the state's current regulatory oversight of the profession;

6. all current education, training, and examination requirements and any relevant certification requirements applicable to the profession;

7. a summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;

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

9. the anticipated economic impact of the request on the health care delivery system;

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;

11. identification of any health care 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; and

12. 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.