



Report to the General Assembly

An Act Concerning the Department of Public Health's Oversight Responsibilities relating to Scope of Practice Determinations:

Scope of Practice Review Committee Report on
Naturopathic Physicians

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Department of Public Health
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An Act Concerning the Department of Public Health’s Oversight
Responsibilities relating to Scope of Practice Determinations for Health Care
Professions: Naturopathic Physicians

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Executive Summary

In accordance with Connecticut General Statutes, Sections 19a-16d through 19a-16f, inclusive, the Connecticut Naturopathic Physicians Association (CNPA) submitted a scope of practice request to the Department of Public Health to revise the statutory definition of “naturopathy” to be consistent with the current level of education and training that naturopathic physicians obtain from accredited medical colleges and institutions. The updated definition “naturopathy” as requested by the CNPA would expand the scope of naturopathic practice to include prescriptive authority, including the ability to prescribe, dispense and administer medications and medical devices, and the ability to perform “minor” in-office procedures.

The scope of practice review committee reviewed and evaluated all of the information provided in CNPA’s scope of practice request as well as additional information that was requested and provided as a result of committee discussions. In reviewing and evaluating the information presented, the scope of practice committee focused on assessing any public health and safety risks 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.

In reviewing this scope of practice request, the difference between licensed naturopathic physicians and unlicensed practitioners of naturopathy is an important distinction to understand. In Connecticut, only licensed naturopathic physicians who have met rigorous education and training requirements as well as passed a national competency examination are legally able to practice naturopathy. Individuals who have completed other naturopathic education or other training who may consider themselves practitioners of naturopathy often have a very different philosophy regarding medical practice including but not limited to issues such as childhood immunizations/vaccinations. These individuals may not practice in Connecticut or use the title “naturopath” or any word or title to induce the belief that the individual is engaged in the practice of naturopathy. The scope of practice request submitted by CNPA and reviewed by this scope of practice review committee only applies to licensed naturopathic physicians. In reviewing and discussing all of the information provided, scope of practice review committee members recognized that Connecticut is among only a minority of states that regulate naturopathy and that CNPA is endeavoring to establish what they believe to be a consistently high standard for those who practice naturopathy.

The documentation reviewed by the committee supports that an ND’s scope of practice should be directly linked to the ND’s education, training and maintenance of competency. The Connecticut Naturopathic Physician Association provided documentation including licensure disciplinary data from states where naturopaths have prescriptive authority, ND malpractice claims data and civil action data to demonstrate that NDs provide safe, high-quality care. Representatives from the physician/surgeon organizations participating on the scope of practice review committee expressed significant concerns with the proposal to expand the scope of practice for licensed naturopathic physicians to include prescriptive authority and performing in-office procedures. Their objections were primarily based on

what they believe to be deficiencies in naturopathic medical education and training, including post-graduate residency requirements, and the lack of post-licensure certification requirements for NDs as compared to mandatory education and training requirements for licensed physicians/surgeons who practice primary care. They caution that information provided from a limited number of states concerning a lack of complaints with a licensing board or lack of malpractice claims isn't sufficient to demonstrate a strong safety record or that patients are not at risk, and that this information should not be the sole source for drawing any conclusions regarding health and safety benefits associated with this request for expanded practice.

There was no literature or data available that compares the safe practice of licensed naturopathic physicians who have prescriptive authority with other licensed health care providers who have prescriptive authority, including physicians/surgeons, physician assistants and advanced practice registered nurses. CNPA did provide outcome data relative to care provided by complementary and alternative medicine (CAM) providers (including naturopathic physicians, chiropractors, massage therapists and acupuncturists) in other states however there was no practice data or evidence from studies specifically evaluating care provided by naturopathic physicians or associated patient outcomes submitted to the Scope of Practice Committee for review. There was also no evidence or data provided to refute the information that was provided by CNPA or to validate that patients are at risk or care has deteriorated in other states where NDs have prescriptive authority. .

The scope of practice review committee's evaluation of health and safety benefits associated with the proposed expansion of practice focused on prescriptive authority. CNPA's proposal also included authorizing NDs to perform "minor" in-office procedures. Additional discussion of these procedures, including specific information regarding naturopathic education and training in each of these areas is necessary. There was no practice data or substantive evidence provided relative to the performance of in-office procedures by NDs in other states.

Primary care is the academic and clinical training standard for naturopathic physicians. For purposes of discussions relevant to patient safety and public protection, committee members carefully reviewed the education and training requirements for physician/surgeons and compared them to the education and training requirements for NDs. Upon reviewing the ND education and training requirement, representatives from the physician organizations who participated on the committee indicated that they do not believe NDs receive equivalent education and training and as such should not be granted unlimited prescriptive authority and the ability to perform "minor" in-office procedures. More specifically, they identified less rigorous objective requirements for education and training, including but not limited to post-graduate residency training, as well as ongoing re-certification requirements.

The CNPA states that moving forward with expanding the scope of naturopathic practice as outlined in their request would favorably impact public access to care and that an increasing number of patients in Connecticut and throughout the country are seeking out services typically associated with primary care from naturopathic physicians. They base this assumption on a perceived increase in demand for complementary and alternative medicine across the country and their belief that other states have responded to this increased demand by updating naturopathic provisions to be more in line with

scientific and medical advances, including an increase in the number of states that have added or expanded prescriptive authority provisions and in-office procedures within an ND's scope of practice. Specific data regarding the utilization of naturopathy and the demand for naturopathic care in Connecticut is not readily available. Additionally, there is no data to substantiate that Connecticut residents are not able to access naturopathic services in Connecticut or that their health status has been negatively impacted as a result of their inability to access naturopathic care.

Proponents believe that an expanded scope of naturopathic practice would increase the number of practitioners who are able to practice as primary care providers and that the potential to enhance access will substantially reduce health care costs while improving the health of the population. Although it seems conceivable that eliminating current restrictions related to prescriptive authority and performance of in-office procedures may remove some obstacles for patients who would prefer to use NDs as primary care provider instead of making multiple provider visits and the related inconvenience, expense and inefficiencies associated with separate medical visits, there was no documented current practice data available to support this theory. Although CNPA anticipates that the enactment of similar changes would enhance access to quality and affordable primary care services in Connecticut, there is no substantive data available to demonstrate whether enactment of expanded practice for NDs in other states has directly enhanced access to quality and affordable care.

The CNPA asserts that the economic impact of expanding scope of practice will be favorable, particularly in terms of efficiency and the potential reduction in duplication of services in the health care system. They contend that NDs must currently refer patients to other providers for services and procedures within their competencies, costing patients and the healthcare system more while delaying care and inconveniencing patients. Opponents of the proposal disagree that implementing the proposed scope changes would enhance patient access to quality and affordable health care. They believe that naturopathic physicians would be competing for patients without being able to provide the full range of care and services that are typically provided by a physician/surgeon, and that individuals who utilize naturopathic physicians as their primary care provider might find themselves with compromised access to physicians/surgeons. There was no evidence provided to substantiate that this has occurred in states where there naturopathic physicians have prescriptive authority and are authorized to perform in-office procedures. No specific data relative to costs associated with naturopathic in Connecticut is available and although there was documentation provided to support that there have been cost savings associated with the use of complementary and alternative medicine (which generally includes naturopathic medicine, chiropractic, massage therapy and acupuncture) in other states, there was no specific data related to cost savings associated with expanded naturopathic practice provisions.

Implementation of an expanded scope of practice would enhance NDs ability to treat patients however it is not evident from the documentation provided that the current minimum licensure requirements (completion of an accredited naturopathic medical education program and the national licensure examination) are adequate to support full implementation of all of the scope enhancements as proposed by CNPA without considering the need for additional post-licensure education and/or training in some areas. Although CNPA indicated that the experience and data from the other states where NDs have expanded practice demonstrates that the current licensure requirements are sufficient to support an expanded scope of practice in Connecticut, they expressed a willingness during the scope of practice review committee meetings to discuss revising their initial request (e.g., potentially reducing the

formulary and revising the proposed list of in-office procedures) and/or the potential need for additional post-licensure education, training and oversight to address perceived deficiencies.

The Scope of Practice Review Committee did not review draft statutory revisions. Should the Public Health Committee decide to raise a bill related to the CNPA's scope of practice request, the Department of Public Health, along with the pertinent organizations that were represented on the scope of practice review committee, respectfully request the opportunity to work with the Public Health Committee on such a proposal.

Background

Public Act 11-209, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions, established 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 Sections 19a-16d through 19a-16f, inclusive, of the Connecticut General 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 Department of Public Health. 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 the Department. 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;
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 an ex-officio, non-voting member and chairperson of the committee.

The Commissioner of Public Health was also authorized to expand the membership of the committee to include other representatives from other related fields if it was deemed beneficial to a resolution of the issues presented.

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. The Department of 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

The Connecticut Naturopathic Physicians Association (CNPA) submitted a scope of practice request to revise the statutory definition of “naturopathy” to more accurately reflect the broader scope of services that a licensed naturopathic physician is qualified to perform, consistent with the current level of education and training that they obtain from accredited medical colleges and institutions. More specifically, the updated definition of “naturopathy” as requested by the CNPA would expressly allow Connecticut licensed naturopathic physicians (NDs) the ability to:

- i. prescribe, dispense and administer legend and non-legend drugs in all routes of administration;
- ii. prescribe, dispense and administer medical devices, including but not limited to, therapeutic devices, barrier contraception and durable medical equipment; and
- iii. perform minor in-office procedures.

In addition to updating the definition of “naturopathy,” CNPA is seeking to modernize the scope of practice of NDs in order to reflect the current education, training, experience and overall competency of NDs; promote increased quality, safety and efficiency in the delivery of healthcare services to patients; and produce a favorable economic impact on Connecticut’s healthcare system through improved integration of care, a likely reduction in duplication of services, and the favorable economic consequences associated with what would be the University of Bridgeport’s College of Naturopathic Medicine’s ability to advance and improve its clinical programs for the benefit of the uninsured and underinsured patients in the southern Connecticut region.

While the State of Connecticut was one of the first states to provide for licensure of naturopathic physicians, the substantive content of the naturopathic scope of practice statutes has remained largely unchanged since their adoption in 1923. The CNPA asserts that as a practical matter, the statutes do not accurately reflect the dramatic advances in the level of education, training, experience and overall competence of NDs over the course of what is now almost a century since the statute was first enacted, and that Connecticut’s statutes have not kept pace with the more recent substantive statutory changes governing the practice of naturopathic medicine in other states.

The University of Bridgeport has the only naturopathic medical education program in the eastern United States that is accredited by the Council on Naturopathic Medical Education. Current limitations in Connecticut’s scope of practice for NDs impedes the University’s ability to offer the required experiential component of clinical training, limits the scope of services that the University can provide to the needy population who visits their medical clinics and reduces opportunities for program graduates within the State of Connecticut after graduation.

Impact Statements and Responses to Impact Statements

Written impact statements in response to the scope of practice request submitted by the CNPA were received from several organizations:

- Connecticut Chiropractic Association
- Connecticut ENT Society
- Connecticut Dermatology & Dermatologic Surgery Society
- Connecticut Urology Society
- Connecticut Hospital Association
- Connecticut Society of Eye Physicians
- Connecticut State Medical Society

The majority of participating organizations represented various specialty groups of physicians/surgeons and while they indicated a willingness to discuss and learn more about specifics of the request, they indicated that they are not supportive of expanding the scope of practice as outlined by CNPA. All of the impact statements that were received by the Department of Public Health in accordance with the statutorily mandated submission date are included in the Appendix. CNPA submitted written responses to the impact statements, which were reviewed by the scope of practice review committee and are also included in the Appendix.

Scope of Practice Review Committee Membership

In accordance with the provisions of Connecticut General Statutes, Section 19a-16e, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by the CNPA. The committee established for this scope of practice request included representation from the following organizations:

1. Connecticut Chiropractic Association;
2. Connecticut ENT Society;
3. Connecticut Dermatology & Dermatologic Surgery Society;
4. Connecticut Urology Society;
5. Connecticut Hospital Association;
6. Connecticut Naturopathic Physicians Association;
7. Connecticut Society of Eye Physicians;
8. Connecticut State Medical Society; and

9. the Commissioner of Public Health's designee (chairperson and ex-officio, non-voting member)

Scope of Practice Review Committee Evaluation of Request

CNPA's scope of practice request included all of the required elements identified in Connecticut General Statutes Section 19a-16d. Relevant information is outlined below.

Health & Safety Benefits

The expansion of primary care services in Connecticut and the nation remains a priority. CNPA indicated in its request that as the naturopathic profession has evolved, NDs have received extensive education and training, including clinical experience in prescribing pharmaceuticals and medical devices, as well as in performing minor in-office procedures. If licensed NDs in Connecticut were permitted to perform these services, they would be fulfilling in the most effective manner their patients' desire and need for more comprehensive and integrated primary care service when choosing an ND as their doctor.

Connecticut currently has measures in its existing statutory scheme related to the oversight of licensed naturopathic physicians to ensure that if the requested expansion of practice is enacted, functions would only be performed by qualified practitioners thus assuring the continued protection of and advances in public health and patient safety. As referenced in Section 20-34 of the General Statutes, Connecticut recognizes the Council of Naturopathic Medical Education as authoritative in the field of naturopathic medicine for approving methods of healing as well as for accreditation of medical colleges and institutions. Connecticut General Statutes, Section 20-34 defines the practice of naturopathy as the science, art and practice of healing by natural methods as recognized by the Council of Naturopathic Medical Education and approved by the State Board of Naturopathic Examiners, with the consent of the commissioner.

CNPA provided documentation to demonstrate that licensed naturopathic physicians have a solid record of patient safety in jurisdictions having prescriptive authority and those that do not have prescriptive authority. In a February 2013 report entitled "Prescriptive Authority for Naturopathic Physicians" submitted by Vermont's Director of the Office of Professional Regulation to the Vermont Senate and House Committees on Government Regulations, the author reported on the safety record of NDs. The Vermont report concluded that "the safety records of naturopathic physicians in states with licensure are typically better than those of MD's and DO's in these states." Specifically related to prescriptive authority, the Vermont report stated "the safety records of naturopathic physicians regarding pharmacologic substances is well demonstrated in the Northwest where naturopathic physicians have broad prescriptive authority." The following information was cited in the Vermont report and contributed toward their conclusions:

- *2006 California Bureau of Naturopathic Medicine contacted the licensing agencies in states that allowed ND's to prescribe at that time. California indicated that none of the states reported any*

patient harm or disciplinary action due to ND prescribing, nor were there any civil actions against NDs for prescribing.

- *California also contacted the NCMIC Insurance Company, which insures NDs in all licensing jurisdictions as well as all of the naturopathic medical schools. In a letter dated June 7, 2006, NCMIC stated: “In the five years that NCMIC has been insuring naturopathic physicians and colleges, we have never opened a claim against a naturopathic physician involving prescription medications.”*
- *California also contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against licensed NDs. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and the longest histories of licensure. JVN found no cases against NDs for prescription negligence, and added that “for that matter our database contained no cases against naturopaths at all.”*
- *The safety record of naturopathic physicians regarding pharmacologic substances is well demonstrated in the northwest where NDs have broad prescriptive authority. Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the area of the country with the largest number of naturopathic physicians, shows no judgments for malpractice against NDs since the database was started in 1983 through 2010.*

In addition, the following letters were provided to the Scope of Practice Review Committee for consideration relative to health and safety records in other states where NDs have prescriptive authority:

- Letter from the vice-chairperson of the New Hampshire Board of Naturopathic Examiners
Naturopathic doctors have been licensed in the state of NH to provide primary care services since 1996. NDs have also had prescriptive rights, with a significant expansion of our formulary in 2009. There is no record of any complaint filed against a licensed Naturopathic doctor regarding an issue related to a prescription medication.
- Letter from the Executive Director of the Oregon Board of Naturopathic Medicine
The following is an overview of some of the disciplinary history involving prescribing. In 2000, there were approximately two hundred and fifty (250) licensees; in that year the board considered than ten (10) complaints, with two (2) of them pertaining to prescribing “off-formulary” but no harm caused. In 2007-2008, with almost three times as many licensees, the number of complaints increased to forty-seven (47) (in two years), with final action taken in four of these cases for prescribing violations but no harm was determined during the investigation. Last year (2013) with over eleven hundred licensees the number of complaints was thirty-eight (38). Several of these cases (6) are ongoing and do involve prescribing issues; however, they are not being investigated for immediate harm caused. Although the number of complaints has

increased exponentially as the profession has grown, the number of complaints concerning prescribing issues has not been related to immediate patient harm.

- Letter from the past chairperson of the Montana Board of Naturopathic Medicine
In our 22 year license history of NDs prescribing drugs, there has not been one discipline case for dangerous prescribing or an ND harming a patient with drug therapy. Overall, this is a good and safe track record.

The focus of this scope of practice review was not about the health and safety benefits associated with the practice of naturopathy. The focus was to assess any public health and safety risks associated with expanding the practice of licensed naturopathic physicians. Representatives from the physician organizations participating on the scope of practice review committee indicated that they are extremely uncomfortable with the proposal to expand the scope of practice for licensed naturopathic physicians to include prescriptive authority and performing in-office procedures. Their objections were primarily based on what they believe to be deficiencies in basic naturopathic medical education and training as compared to mandatory education and training requirements for licensed physicians/surgeons who practice primary care. They caution that information provided from a limited number of states concerning a lack of complaints with a licensing board or lack of malpractice claims isn't sufficient to demonstrate a strong safety record or that patients are not at risk, and that this information should not be the sole source for drawing any conclusions regarding health and safety benefits associated with this request for expanded practice. It should be noted that there was no specific data to refute the information that was provided by CNPA to the committee for review nor is there any literature or data available that compares the safe practice of licensed naturopathic physicians who have prescriptive authority with other licensed health care providers who have prescriptive authority, including physicians/surgeons, physician assistants and advanced practice registered nurses.

The scope of practice review committee's evaluation of health and safety benefits associated with the proposed expansion of practice focused on prescriptive authority. CNPA's proposal also included authorizing NDs to perform the following list of in-office procedures:

- Aspiration/incision of abscesses or cysts;
- Biopsy of skin lesions and moles;
- Minor Burn treatment;
- Cryotherapy;
- Excision of moles for cosmetic or medical reasons;
- Injection of medication;
- Removal of ear wax;
- Removal of foreign bodies from ear, nose or skin (excludes eye);
- Skin biopsies;
- Shaving of corns or calluses;
- Spirometry;
- TB testing;
- Vaccine administration;
- Venipuncture blood testing; and
- Minor Wound repair (stitches).

Additional discussion of these procedures, including specific information regarding naturopathic education and training in each of these areas is necessary. It is important to note that many of the procedures on the proposed list would be considered surgical procedures and are not typically performed in a primary care physician/surgeon's office. Other procedures on the proposed list (e.g., vaccine administration, TB testing and spirometry) are typically performed by other licensed health care practitioners under the supervision and/or order of a physician/surgeon in the physician/surgeon's office. CNPA expressed that they are very willing to have additional conversations regarding the proposed formulary as well as this list of proposed procedures.

Access to Healthcare

In their November 2012 report titled "*Accept No Substitute: A Report on Scope of Practice*", The Physicians Foundation found that along with cost-savings, the argument most frequently used in support of expanding the scope of practice of non-physicians/surgeons is that it will increase the public's access to care. The authors draw additional attention to the fact that supporters have used the projected increase in the number of insured Americans under the federal Affordable Care Act as another compelling reason for states to expand the scope of practice of non-physician/surgeon providers. The medical community has also acknowledged that enactment and implementation of the Affordable Care Act would result in increased pressure on state legislatures to loosen existing restrictions on scope of practice because of the current shortage in the number of primary care providers. The authors specifically note that there is a lack of evidence and few, if any, studies available to "refute the growing body of research presented by non-physicians and their advocates that tends to show that their clinical outcomes are at least as good as those of physicians." Although the report acknowledged care provided by CAM providers, there were no specific studies cited to compare clinical outcomes of physicians/surgeons and naturopathic physicians. CNPA provided this report as evidence in support of their scope of practice request and anticipates that removing barriers that negatively impact a naturopathic physician's ability to practice to the full extent of his or her education and training will enhance access to quality and affordable health care. *Note:* The Physicians Foundation is a nonprofit 501(c)(3) organization that seeks to advance the work of practicing physicians/surgeons and help facilitate the delivery of healthcare to patients.

The CNPA states that moving forward with expanding the scope of naturopathic practice as outlined in their request would favorably impact public access to care and that an increasing number of patients in Connecticut and throughout the country are seeking out services typically associated with primary care from naturopathic physicians. They base this assumption on an increase in demand for complementary and alternative medicine and a belief that other states have responded to this increased demand by updating naturopathic provisions to be more in line with scientific and medical advances, including an increase in the number of states that have added or expanded prescriptive authority provisions and in-office procedures within an ND's scope of practice. Specific data regarding the utilization of naturopathy and the demand for naturopathic care in Connecticut is not readily available. Additionally, there is no data to substantiate that Connecticut residents are not able to access naturopathic services in Connecticut or that their health status has been negatively impacted as a result of their inability to

access naturopathic care. Proponents believe that an expanded scope of naturopathic practice would increase the number of practitioners who are able to practice as primary care providers and that the potential to enhance access will substantially reduce health care costs while improving the health of the population. Although it seems conceivable that eliminating current restrictions related to prescriptive authority and performance of in-office procedures may remove some obstacles for patients who would prefer to use NDs as primary care provider instead of making multiple provider visits and the related inconvenience, expense and inefficiencies associated with separate medical visits, there was no documented current practice data available to support this theory.

Primary Care Provider Shortage

Another argument used in requests for scope of practice expansion as related to access to care is the growing shortage of primary care physicians, which is leaving a gap that licensed naturopathic physicians and others want to fill. In reviewing research related to primary care shortages, projections indicate that the nation will be short approximately 45,000 primary care physicians by the year 2020 and up to 65,000 by the year 2025. Only fifteen to twenty-five percent of medical students end up practicing primary care. The Connecticut Healthcare Innovation Plan which was submitted to the Center for Medicare and Medicaid Services (CMS) in December 2013 identified that 65,000 Connecticut residents have enrolled in the Access Health CT program with an anticipated 300,000 more to enroll, and that thirty-six percent of CT residents have Medicare (470,000), Medicaid (630,000) or are uninsured. The report also cites that Connecticut has high emergency room utilization especially for non-urgent care, relatively high hospital readmission rates, and health care spending per capita that is the third highest amongst the states, and that health care consumers report the following:

- long wait times to get appointments (especially with specialists);
- limited hours of provider offices;
- inability to find an available provider (including specialists);
- distant locations to access providers; and
- a sense, especially among Medicaid recipients, that they are not welcome.

Consumers want same day appointments and convenient, direct access, especially for non-urgent care and are seeking out more preventive care. Licensed naturopathic physicians report that they are poised to play a greater role in providing primary care, and in turn addressing many of these issues.

Other Barriers to Naturopathic Physicians Playing a Greater Role in Primary Care Practice

Patient access to naturopathic care is also a barrier limiting the role of licensed naturopathic physicians in providing primary care services. Most patients currently pay out-of-pocket for naturopathic medicine and this disproportionately affects access by patients of lower socioeconomic status. In some states, this has been improved by incorporating naturopathic care into third-party payment schemes. When this barrier is removed and third-party insurers reimburse for licensed naturopathic services, reports demonstrate that utilization increases. However, even in states where insurance coverage is provided, additional obstacles are present:

- use of “caps” - a dollar limit is placed on the allowable expenditures for all complementary and alternative medical (CAM) care, which includes naturopathy;
- limiting the number of visits to any CAM provider;
- restricting care by CAM providers to specified diagnoses;
- limiting diagnostic procedures that may be ordered by CAM providers;
- exclusion from federally funded programs, such as Medicare; and
- unequal reimbursement rates for what naturopaths view as equal services.

Some of these strategies have been successfully litigated in Washington State and Vermont in favor of patient access and provider rights. Other states have had varied success in overcoming these barriers. NDs in some jurisdictions are prevented from practicing as primary care providers (PCPs) by default. For example, in Connecticut, NDs are not recognized as PCPs by law, and third-party payers consider NDs as specialists.

There is no substantive data available to demonstrate whether enactment of these changes in other states has enhanced access to quality and affordable health care; however CNPA anticipates that the enactment of similar changes would enhance access to quality and affordable primary care services in Connecticut.

Relevant Laws Governing the Profession

In accordance with Section 20-1 of the Connecticut General Statutes, “healing arts” means the practice of medicine, chiropractic, podiatry, naturopathy and optometry (except as used in chapters 384a and 388). Chapter 373 of the Connecticut General Statutes is specific to naturopathic physicians and defines the “practice of naturopathy” as well as outlines the requirements for licensure, malpractice insurance coverage and continuing education. As a condition of renewing their licenses, NDs are required to hold and maintain professional liability insurance or other indemnity against liability for professional malpractice at the same level required for physicians/surgeons.

Education, Training and Applicable Certification Requirements

Naturopathic physicians must have a bachelor’s degree with pre-medical training before entering naturopathic medical school. Naturopathic medical school is a four year graduate level training program. The first two years includes a basic science curriculum that is very similar to medical education. Coursework includes anatomy, biochemistry, microbiology, physiology, embryology, histology and genetics as well as additional coursework in clinical diagnosis, pathology, laboratory diagnoses and diagnostic imaging, naturopathic philosophy and therapeutics, nutrition, mind-body medicine, homeopathy and botanical medicine. In the second two years, didactic education builds on naturopathic therapeutics and additional coursework is completed in pediatrics, gynecology, gastroenterology, orthopedics, cardiovascular health, disorders of the eyes ears nose and throat, nephrology and dermatology. The focus is on clinical sciences and supervised clinical instruction through teaching clinics and externships in community locations. Clinical instruction includes assessment, diagnosis and treatment of disease from pediatrics through end-of-life care. Although

some naturopathic physicians prefer to practice in a therapeutic specialty, all naturopathic physicians are trained as family practice primary care providers. In addition to a standard medical curriculum, NDs also study holistic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness.

In order to qualify for licensure as a naturopathic physician in Connecticut, an applicant must have graduated from a naturopathic medical school that is accredited by the Council on Naturopathic Medical Education (CNME) and pass the Naturopathic Physicians Licensing Examination (NPLEX) – Part I: Basic Sciences and Part II: Core Clinical Sciences. NPLEX is the nationally recognized standard examination for ND licensure. The pharmacology portion of NPLEX assesses knowledge of prescription drugs to ensure that entry-level NDs can safely treat patients who have been prescribed drugs by other practitioners. Passage of NPLEX Part II requires entry-level NDs to know:

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

The CNME does not set specific standards for pharmacology education however most naturopathic medical schools place a strong emphasis on pharmacology in their programs, regardless of whether the state in which the school is located allows naturopathic physicians prescriptive authority.

While some naturopathic physicians complete one or two-year residency programs at a school clinic or other location, completion of a post-graduate residency training program is not required for licensure in Connecticut or in any other state where naturopathic physicians are licensed. Although the number of residencies in naturopathic family practice has increased recently, residency opportunities remain too few to accommodate all graduates. CNPA reports that this will continue to be a problem as long as the majority of residencies remain self-funded by the naturopathic medical schools and private residency sites. In comparison, federally subsidized conventional medical residencies are available through Medicare. Currently all naturopathic residencies are certified by the CNME.

Educational Standards as a Basis for Primary Care Practice

The CNME has established primary care as the academic and clinical training standard for naturopathic physicians. Clinical education in naturopathic medical schools includes assessment, diagnosis, and treatment of disease from pediatrics to end-of-life care. Prevention and health promotion are a routine part of all patient care. Emphasis is placed on naturopathic therapeutics, including nutrition, physical medicine, lifestyle counseling, pharmacology, and minor surgery. Students are exposed to a variety of patients and conditions in supervised clinical education, including acute and chronic conditions affecting the medically underserved. Clinical training includes rotations in community health centers, homeless clinics, senior center/retirement homes, and a variety of private and institutional settings.

Before graduation, all CNME accredited naturopathic medical schools use outcomes-based assessments to evaluate students' clinical skills in clinical practice areas, including organ systems (e.g., cardiology), special populations (e.g., pediatrics), diagnostic evaluation, clinical judgment, application of therapeutic modalities, and patient management. Students are required to precept with experienced practitioners in varying practice settings, in addition to attending grand rounds, topical lectures, demonstrations, and case presentations.

Clinical experience provides naturopathic medical students with opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as primary care/general practice naturopathic physicians. Specific training components include, but are not limited to, patient counseling on health promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and care management, and appropriate referral to other licensed health care providers.

Comparison of Education and Training Requirements for Physicians/Surgeons to Education and Training Requirements for NDs

For purposes of discussions relevant to patient safety and public protection, committee members carefully reviewed the education and training requirements for physicians/surgeons and compared them to the education and training requirements for NDs. Upon reviewing the ND education and training requirement, representatives from the physician/surgeon organizations who participated on the committee indicated that they do not believe NDs receive equivalent education and training and as such should not be granted unlimited prescriptive authority and the ability to perform "minor" in-office procedures. More specifically, they identified less rigorous objective requirements for initial education and training as well as ongoing re-certification requirements as follows:

- No requirement for post-graduate clinical practice experience/residency training;
- Fewer hours of pharmacology education focused on dosing and safe and effective prescribing in addition to drug interactions and side effects;
- Fewer hours of mandatory continuing medical education; and
- No board certification/re-certification process.

Licensed physicians/surgeons are required to complete a minimum of two to three years in an accredited post-graduate clinical residency training program prior to being able to obtain a license and practice independently. The lack of a similar requirement for a period of post-graduate residency training prior expanded practice for NDs was raised as a significant concern. The physicians/surgeons that participated on the Scope of Practice Review Committee contend that at a minimum NDs should be required to meet equivalent standards for post-graduate residency training if they want to consider expanding their scope of practice authority in the area of primary care.

As outlined in the Vermont report, the CNME does not set specific standards for pharmacology education. Similarly, the LCME does not have specific guidelines for pharmacology education in medical schools and the Commission on Osteopathic College Accreditation does not have specific guidelines for

osteopathic pharmacy education. For NDs, MDs and DOs, the educational institutions set the pharmacology curriculum. Vermont made the following conclusions/recommendations related to its review of naturopathic medical education and expanded prescriptive authority:

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

Because of these variations, the following additional provisions were recommended in order for a licensed ND in Vermont to obtain the new special prescriptive license endorsement:

- Completing a medical pharmacology course and all medical pharmacology examinations offered during the course, including passing a naturopathic pharmacology examination; and
- a prescription review/supervised practice process for a period of at least one year by another physician (MD, DO, ND) who has been prescribing for five or more years in Vermont

Summary of Known Scope of Practice Changes within the Past 5 Years

There have been no scope of practice changes enacted related to naturopathic physicians in the last five years (2008 – 2013). There were proposals raised during the 2012 and 2013 legislative sessions to expand the scope of practice for naturopathic physicians but they did not pass. CNPA also submitted a scope of practice request to the Department of Public Health in 2013, but the Department was unable to review the request within available resources.

Impact on Existing Relationships within the Health Care Delivery System

CNPA indicated in its request expanding their scope of practice would promote further collaboration, consultation and integration of care among NDs and other health care providers. In other states where NDs are licensed, integrated models of primary care have evolved in which NDs and licensed physicians/surgeons practice collaboratively. These collaborations respond to the demands of patients and the desires of NDs and physicians/surgeons to seek holistic solutions to individual patient needs. Connecticut NDs presently maintain active collaborative and referral relationships with primary care physicians/surgeons, specialists and other providers. It is anticipated that scope expansion would enhance these relationships.

It is also anticipated that expanding scope of practice would favorably impact the professional and other health care relationships emanating from the University of Bridgeport College of Naturopathic Medicine in Connecticut. As referenced earlier, the University of Bridgeport has the only naturopathic medical education program in the eastern United States that is accredited by the Council on Naturopathic

Medical Education. Current limitations in Connecticut's scope of practice for NDs impedes the University's ability to offer the required experiential component of clinical training, limits the scope of services that the University can provide to the needy population who visits their medical clinics and reduces opportunities for program graduates within the State of Connecticut after graduation. The University of Bridgeport partners with entities such as local hospitals and naturopathic students participate in clinical rotations. CNPA believes that such positive relationships would only be enhanced and improved with the proper updating of Connecticut's law governing naturopathic medicine.

Opponents of the proposal disagree that implementing the proposed scope changes would enhance patient access to quality and affordable health care. They believe that naturopathic physicians would be competing for patients without being able to provide the full range of care and services that are typically provided by a physician/surgeon, and that individuals who utilize naturopathic physicians as their primary care provider might find themselves with compromised access to physicians/surgeons. There was no evidence provided to substantiate that this has occurred in states where there is expanded authority for NDs.

Economic Impact

The CNPA asserts that the economic impact of expanding scope of practice will be favorable, particularly in terms of efficiency and the potential reduction in duplication of services in the health care system. They contend that NDs must currently refer patients to other providers for services and procedures within their competencies, costing patients and the healthcare system more while delaying care and inconveniencing patients. CNPA highlights the following economic advantages to the State of Connecticut, the University of Bridgeport, licensed NDs and patients associated with expanded practice:

- attracting more students to the college that could provide more advanced training than what is currently being offered;
- incentives for more NDs to stay in or come to Connecticut to practice;
- benefits associated with increased services available to patients in need of primary care in the Bridgeport area; and
- greater employment opportunities for medical professionals.

Opponents of the proposal are concerned that expanding the scope of practice for NDs has the potential to negatively impact patients as well as the working relationship of the health care team. They believe that naturopathic physicians would be competing for patients without being able to provide the full range of care and services that are typically provided by a physician/surgeon, and that individuals who utilize naturopathic physicians as their primary care provider might find themselves with compromised access to physicians/surgeons. There was no evidence provided to substantiate that this has occurred in states where there naturopathic physicians have prescriptive authority and are authorized to perform in-office procedures. No specific data relative to costs associated with naturopathic in Connecticut is available and although there was documentation provided to support that there have been cost savings

associated with the use of complementary and alternative medicine (which generally includes naturopathic medicine, chiropractic, massage therapy and acupuncture) in other states, there was no specific data related to cost savings associated with expanded naturopathic practice provisions.

Regional and National Trends

Only eighteen states license NDs (see chart below). In the other states naturopathic practitioners (NDs and others) are either not regulated or are otherwise restricted in their practice due to specific statutory constraints. In states that do recognize and license NDs, only those NDs who are educated and trained in CNME accredited institutions are eligible for licensure. Individuals who complete other non-CNME accredited naturopathic education programs are not able to practice and may not refer to themselves as naturopathic physicians. Twelve of the eighteen states allow NDs to prescribe and fourteen of the eighteen states allow NDs to perform “minor” in-office procedures. It is important to note that the level of prescriptive authority and types of procedures that may be performed varies greatly among these states. The laws governing naturopathic scope of practice in each of these other states is included in the Appendix.

Licensed State	Prescriptive authority?	Authority to perform “minor” in-office procedures?
Alaska	No	No
Arizona	Yes	Yes
California	Yes	Yes
Colorado	No	Yes
Connecticut	No	No
District of Columbia	Yes	Yes
Hawaii	Yes	Yes
Idaho	Yes	Yes
Kansas	Yes	No
Maine	Yes	Yes
Minnesota	No	Yes
Montana	Yes	Yes
New Hampshire	Yes	Yes
North Dakota	No	No
Oregon	Yes	Yes
Utah	Yes	Yes
Vermont	Yes	Yes
Washington	Yes	Yes

Vermont and other states have also attempted to address some of the barriers to accessing naturopathic care by requiring health plans to provide coverage for medically necessary healthcare services covered by the plan when provided by a licensed ND and updating their laws to recognize licensed NDs who practice primary care as primary care physicians.

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

CNPA suggests that implementation of their requested scope of practice changes will result in continued collaborative relationships and believes that given the common interest in promoting optimal, quality care for patients, that there will be no negative impact on professional relationships. Further, in light of the great disparity in numbers among potentially affected professionals (e.g., approximately 270 licensed NDs in Connecticut as compared to almost 17,000 licensed physicians/surgeons), CNPA indicates that the requested modernization of the ND scope of practice poses “no concerns in terms of NDs infringing on the practice areas of other established healthcare professionals.” Opponents of the proposal disagree and indicate that they would be directly impacted by the proposed expansions in naturopathic practice. There was no data provided to demonstrate that other health care professions have been negatively impacted in other states where NDs have prescriptive authority and/or are authorized to perform in-office procedures.

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

CNPA asserts that the current scope of practice for NDs in Connecticut prevents NDs from practicing to the full extent of their education and training, and consequently deprives patients of the ability to receive the full spectrum of qualified care from the doctor of their choice. Scope of practice for any medical profession must be directly linked to the profession’s education, training and initial competency assessment, as well as mechanisms for maintenance of ongoing competency. Licensure establishes minimum standards to ensure that a practitioner is able to practice with reasonable skill and safety.

The 2013 Vermont report on expanded prescriptive authority that was previously referenced identified that the didactic training in the use of pharmaceuticals varies from naturopathic college to naturopathic college and also that the NPLEX tests for pharmacological knowledge, but focuses on drug interactions and side effects and not on dosing and safe, effective prescribing. Although some naturopathic education programs have strong and sufficient clinical training in the area of prescriptive authority, to address these variations Vermont recommended additional post-licensure education and training requirements for all licensed NDs who apply for an expanded prescriptive authority license endorsement. Although additional education and training is not required in all states where NDs have prescriptive authority, the Vermont recommendations suggest that the recent additions to their existing prescriptive authority requires additional education, training and oversight beyond the education and training required for initial licensure.

While implementation of an expanded scope of practice would enhance NDs ability to treat patients to the full extent of their didactic and clinical education and training, it is not evident from the documentation provided that the current minimum licensure requirements are adequate to support implementation of the full scope enhancements that CNPA initially proposed. CNPA indicated a willingness during the scope of practice review committee meetings to discuss revising the request (e.g.,

potentially reducing the formulary and revising the proposed list of in-office procedures) as well as the need for additional post-licensure education, training and oversight to address perceived deficiencies.

As previously indicated, the current limitations in naturopathic scope of practice are not the only barriers related to NDs ability to practice to the full extent of their education and training. Although scope of practice committee members acknowledged the existence of additional barriers, they are outside the purview of this scope of practice review process. Even a limited expansion of the ND scope of practice would not eliminate these additional barriers.

Findings and Conclusions

The scope of practice review committee reviewed and evaluated all of the information provided in CNPA's scope of practice request as well as additional information that was requested and provided as a result of committee discussions. In reviewing and evaluating the information presented, the scope of practice committee focused on assessing any public health and safety risks 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 documentation reviewed by the committee supports that an ND's scope of practice should be directly linked to the ND's education, training and maintenance of competency. The Connecticut Naturopathic Physician Association provided documentation including licensure disciplinary data from states where naturopaths have prescriptive authority, ND malpractice claims data and civil action data to demonstrate that NDs provide safe, high-quality care. Representatives from the physician/surgeon organizations participating on the scope of practice review committee expressed significant concerns with the proposal to expand the scope of practice for licensed naturopathic physicians to include prescriptive authority and performing in-office procedures. Their objections were primarily based on what they believe to be deficiencies in naturopathic medical education and training, including post-graduate residency requirements, and the lack of post-licensure certification requirements for NDs as compared to mandatory education and training requirements for licensed physicians/surgeons who practice primary care. They caution that information provided from a limited number of states concerning a lack of complaints with a licensing board or lack of malpractice claims isn't sufficient to demonstrate a strong safety record or that patients are not at risk, and that this information should not be the sole source for drawing any conclusions regarding health and safety benefits associated with this request for expanded practice.

There was no literature or data available that compares the safe practice of licensed naturopathic physicians who have prescriptive authority with other licensed health care providers who have prescriptive authority, including physicians/surgeons, physician assistants and advanced practice registered nurses. CNPA did provide outcome data relative to care provided by complementary and alternative medicine (CAM) providers (including naturopathic physicians, chiropractors, massage therapists and acupuncturists) in other states however there was no practice data or evidence from

studies specifically evaluating care provided by naturopathic physicians or associated patient outcomes submitted to the Scope of Practice Committee for review. There was also no evidence or data provided to refute the information that was provided by CNPA or to validate that patients are at risk or care has deteriorated in other states where NDs have prescriptive authority. Similarly, there was no practice data or substantive evidence provided relative to the performance of in-office procedures by NDs in other states.

The scope of practice review committee's evaluation of health and safety benefits associated with the proposed expansion of practice focused on prescriptive authority. CNPA's proposal also included authorizing NDs to perform "minor" in-office procedures. Additional discussion of these procedures, including specific information regarding naturopathic education and training in each of these areas is necessary. It is important to note that many of the procedures on the proposed list would be considered surgical procedures and are not typically performed in a primary care physician's office. In addition, several of the procedures listed (e.g., vaccine administration, spirometry and TB testing) are generally performed by other licensed health care practitioners either under the supervision and/or order of a licensed physician/surgeon in the physician's office. CNPA expressed that they are very willing to have additional conversations regarding the proposed formulary as well as this list of proposed procedures.

Primary care is the academic and clinical training standard for naturopathic physicians. For purposes of discussions relevant to patient safety and public protection, committee members carefully reviewed the education and training requirements for physicians/surgeons and compared them to the education and training requirements for NDs. Upon reviewing the ND education and training requirement, representatives from the physician/surgeon organizations who participated on the committee indicated that they do not believe NDs receive equivalent education and training and as such should not be granted prescriptive authority and the ability to perform "minor" in-office procedures. More specifically, they identified less rigorous objective requirements for education and training as well as ongoing re-certification requirements as follows:

- No requirement for post-graduate clinical practice experience/residency training;
- Fewer hours of pharmacology education focused on dosing and safe and effective prescribing in addition to drug interactions and side effects;
- Fewer hours of mandatory continuing medical education; and
- No board certification/re-certification process.

Licensed physicians/surgeons are required to complete a minimum of two to three years in an accredited post-graduate clinical residency training program prior to being able to practice independently. The lack of a similar requirement for a period of post-graduate residency training prior expanded practice for NDs was raised as a significant concern. The physicians/surgeons that participated on the Scope of Practice Review Committee contend that at a minimum NDs should be required to meet equivalent standards for post-graduate residency training if they want to consider expanding their scope of practice authority in the area of primary care.

The CNPA states that moving forward with expanding the scope of naturopathic practice as outlined in their request would favorably impact public access to care and that an increasing number of patients in Connecticut and throughout the country are seeking out services typically associated with primary care from naturopathic physicians. They base this assumption on an increase in demand for complementary and alternative medicine across the country and their belief that other states have responded to this increased demand by updating naturopathic provisions to be more in line with scientific and medical advances, including an increase in the number of states that have added or expanded prescriptive authority provisions and in-office procedures within an ND's scope of practice. Specific data regarding the utilization of naturopathy and the demand for naturopathic care in Connecticut is not readily available. Additionally, there is no data to substantiate that Connecticut residents are not able to access naturopathic services in Connecticut or that their health status has been negatively impacted as a result of their inability to access naturopathic care. Proponents believe that an expanded scope of naturopathic practice would increase the number of practitioners who are able to practice as primary care providers and that the potential to enhance access will substantially reduce health care costs while improving the health of the population. Although it seems conceivable that eliminating current restrictions related to prescriptive authority and performance of in-office procedures may remove some obstacles for patients who would prefer to use NDs as primary care provider instead of making multiple provider visits and the related inconvenience, expense and inefficiencies associated with separate medical visits, there was no documented current practice data available to support this theory.

Patient access to naturopathic care is also a barrier limiting the role of licensed naturopathic physicians in providing primary care services. Most patients currently pay out-of-pocket for naturopathic medicine and this disproportionately affects access by patients of lower socioeconomic status. In some states, this has been improved by incorporating naturopathic care into third-party payment schemes. When this barrier is removed and third-party insurers reimburse for licensed naturopathic services, reports demonstrate that utilization increases. However, even in states where insurance coverage is provided, additional obstacles are present. There is no substantive data available to demonstrate whether enactment of expanded practice in other states has enhanced access to quality and affordable health care; however CNPA anticipates that the enactment of similar changes would enhance access to quality and affordable primary care services in Connecticut. Specific data regarding the number of patients who are seeking expanded services from NDs and the number of NDs who may be leaving Connecticut to practice elsewhere was not available.

The CNPA asserts that the economic impact of expanding scope of practice will be favorable, particularly in terms of efficiency and the potential reduction in duplication of services in the health care system. They contend that NDs must currently refer patients to other providers for services and procedures within their competencies, costing patients and the healthcare system more while delaying care and inconveniencing patients. Opponents of the proposal disagree that implementing the proposed scope changes would enhance patient access to quality and affordable health care. They believe that naturopathic physicians would be competing for patients without being able to provide the full range of care and services that are typically provided by a physician/surgeon, and that individuals who utilize naturopathic physicians as their primary care provider might find themselves with compromised access to physicians/surgeons. There was no evidence provided to substantiate that this has occurred in states

where there naturopathic physicians have prescriptive authority and are authorized to perform in-office procedures. No specific data relative to costs associated with naturopathic in Connecticut is available and although there was documentation provided to support that there have been cost savings associated with the use of complementary and alternative medicine (which generally includes naturopathic medicine, chiropractic, massage therapy and acupuncture) in other states, there was no specific data related to cost savings associated with expanded naturopathic practice provisions.

Implementation of an expanded scope of practice would enhance NDs ability to treat patients however it is not evident from the documentation provided that the current minimum licensure requirements (completion of an accredited naturopathic medical education program and the national licensure examination) are adequate to support full implementation of all of the scope enhancements as proposed by CNPA without considering the need for additional post-licensure education and/or training in some areas. The profession's ability to practice to the extent of their current education and training would depend on whether enabling legislation places any limitations on their practice. Although CNPA indicated that the experience and data from other states where NDs have expanded practice demonstrates that the current licensure requirements are sufficient to support an expanded scope of practice in Connecticut, they expressed a willingness during the scope of practice review committee meetings to discuss revising their initial request (e.g., potentially reducing the formulary and revising the proposed list of in-office procedures) as well as the need for additional post-licensure education, training and oversight to address any deficiencies. Even a limited expansion of the ND scope of practice would not eliminate the additional practice barriers that were previously referenced.

The Scope of Practice Review Committee did not review draft statutory revisions. Should the Public Health Committee decide to raise a bill related to the CNPA's scope of practice request, the Department of Public Health, along with the pertinent organizations that were represented on the scope of practice review committee, respectfully request the opportunity to work with the Public Health Committee on such a proposal.