



Division of Health Sciences

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Testimony of David M. Brady, ND Presented before the Public Health Committee Regarding Inclusion of Language on Naturopathic Medicine Scope of Practice in H.B. No. 5537 (RAISED): AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

March 15, 2014

Hello and thank you for allowing me to participate in this critically important process. I would like to specifically thank the Co-Chairs, Senator Gerrantana and Representative Johnson, as well as all of the Committee members, several of which have taken the time to meet with me and discuss the issues at hand, for which I am very grateful. My name is Dr. David M. Brady and I am a naturopathic doctor licensed in CT and VT and a dual-board certified clinical nutritionist. I live and am in part-time private practice in Trumbull, CT but I spend the bulk of my professional time serving as the Vice Provost of the Division of Health Sciences, Director of the Human Nutrition Institute, and an associate professor of clinical sciences at the University of Bridgeport. I have previously also served as the Dean of the College of Naturopathic Medicine. That being said, I would like to provide for the members of the committee by perspectives as an educational administrator, and educator, and a clinician in the field of naturopathic medicine.

How the Current Law and Scope Affect the University's College of Naturopathic Medicine:

The antiquated naturopathic licensing law in the State of Connecticut, with its very limited scope of practice, as compared to other States, continues to provide a significant impediment to the University in efficiently meeting the educational mission of its naturopathic medical program. We are charged by the Council on Naturopathic Medical Education (CNME), the federally-recognized programmatic accreditor for naturopathic medical schools, with educating naturopathic doctors to meet the comprehensive standards and competencies to prepare them for practice in any State, including those with scopes of practice which include pharmaceutical formularies, various routes of administration of therapeutic



Division of Health Sciences

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agents, and minor office procedures not included in the scope of the antiquated CT naturopathic licensing law. The Naturopathic program at UB is forced to find alternate methods of meeting our accreditor- required comprehensive educational standards and competencies by having to send students and interns to out-of-state for components of their experiential training, having to provide additional MD/DO staffing to supervise elements of training that our ND faculty is adequately trained to supervise, and forcing us to rely on patient clinical scenario simulation for certain elements of training due to the outdated CT ND scope restrictions.

The current law also greatly limits the scope of health care services we can provide to our community members who visit our *UB Clinics*, both at the on-campus *Health Sciences Center* and our surrounding community-based outreach clinics, where collectively over 25,000 patients are seen per year, mainly folks from the needy greater Bridgeport area who have no insurance coverage and who are of very limited financial means and have no other avenue to access such care. This situation also serves to limit the recruitment of premier faculty as well as limiting research options and reducing the opportunities for our graduates within the State of Connecticut after graduation, forcing them to relocate to States with more inclusive modern licensing laws with scopes of practice acceptable to them to begin their careers. Stated frankly, Connecticut has the only accredited College of Naturopathic Medicine east of Chicago, which is licensed and accredited by the CT Office of Higher Education, yet the State's current practice law creates a non-competitive landscape where the program and its graduates are unable to thrive and maximally contribute to the States growing health care workforce needs.

What We Seek:

Inclusion of previously submitted language in to **HB 5537** regarding a modernization of the scope of practice for naturopathic physicians consistent with their contemporary education, training and competency which includes a defines pharmaceutical prescriptive authority, the ability to perform defined minor office procedures necessary for portal-of-entry primary care practice, and



Division of Health Sciences

David M. Brady, ND, DC, CCN, DACBN
Vice Provost, Health Sciences

the ability to write orders for defined medical devices and durable medical equipment.

The Need:

As our state is impacted by the influx of the newly insured, an expanded pool of qualified primary care providers will be required, while there is already a well-documented physician and primary-care provider shortage with projections for this to significantly worsen. The dean of the Stamford School of Medicine, Dr. Halstead Holman, at a recent commencement ceremony apologized to the graduates for not preparing them adequately for over 80% of the patients they will face in practice, referring to those with chronic complex disease which require comprehensive lifestyle-modifying approaches in addition to medications. During the scope committee process with DPH we submitted substantial amounts of data showing that NDs in states with modern scopes of practice deliver primary care less expensively, with better patient satisfaction, and with equal outcomes and less risk. Naturopathic physicians are not in competition with our physician colleagues but are simply looking to be part of the solution to the problems plaguing our health care system and our population.

Naturopathic Medical Education and Training:

A licensed naturopathic physician (ND) attends a four-year, graduate-level naturopathic medical school and is educated in all of the same basic sciences as an MD, but also studies holistic and lifestyle medicine approaches with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician also studies clinical nutrition, botanical medicine, psychology, and counseling. A naturopathic physician takes rigorous professional board exams, known as the NPLEX, so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician. The naturopathic medicine curriculum at an accredited program generally exceeds 5,000 hours over four years with approximately 1,400 of those hours in clinical training with significant patient management responsibility. The University of Bridgeport, College of Naturopathic Medicine is



Division of Health Sciences

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one of 7 programs in North America accredited by the Council on Naturopathic Medical Education (CNME), the federally recognized programmatic accreditor for ND training in the United States, and the only program east of Chicago.

How Naturopathic Medical Education Different Than Conventional Medical Training:

Naturopathic medical education is clearly organized a bit differently than that of conventional allopathic medicine – especially in the second two years – but it is no less encompassing or rigorous in its way. While MDs/DOs complete clerkships (courses in various medical specialties) in which they see no shortage of patients, their role is primarily observational: they are not primarily responsible for patient care. Third- and fourth-year ND students, in contrast, have increasing opportunities for hands-on clinical training and practice, often at their schools' teaching clinics and various off-site community clinics, which offer diverse patient populations.

Thus, naturopathic medical students graduate prepared to begin practice and to diagnose and treat patients, whereas MD/DO students are required to complete residencies after graduation in order to gain direct patient management clinical experience.

Naturopathic residency opportunities, unlike conventional medical residencies, are not required or funded by the federal government. Nonetheless, there are residency opportunities available, and the naturopathic medical community is working to create more all the time. In place of such a residency, many new NDs choose to practice with an experienced ND before setting up their own practices.

Residencies also serve a different purpose in conventional medicine as they are almost always hospital-based. NDs typically work in outpatient settings rather than hospitals. Since the vast majority of residency training occurs in hospital and institutional settings controlled by conventional medicine, it is generally true that NDs are denied access to such opportunities. It seems unfair to me that the naturopathic educational paradigm should be criticized for not having compulsory



Division of Health Sciences

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residency training by those who deny access to the very facilities and institutions where that residency training takes place.

It must be emphasized that naturopathic physicians are *differently* trained, not insufficiently trained. Even the differences are not always viewed as significant. In a recent decision to expand NDs' ability to prescribe drugs consistent with their scope of practice, Dr. Harry Chen, the Vermont Health Commissioner, stated, "I looked at the training that they go through...and discussed how they treat [patients] in their clinics. And essentially they're following the same exact protocols that [MDs] are using." (quoted from "Shumlin Administration Wants to Expand Prescriptive Authority of Naturopaths." Kinzel, Bob, Vermont Public Radio News, October 2, 2013)

Why Is Prescriptive Authority In-line with the Philosophy of Naturopathic Medicine?

The modern licensed naturopathic medical professional is trained with an engrained philosophy which puts emphasis on prevention and upstream intervention using all evidence-based tools available to him/her within the limits of their education and training. The naturopathic physician trained at a CNME-accredited 4-year naturopathic medical program uses elements which have emerged in the scientific literature as essential in the prevention and management of chronic complex disease, including lifestyle intervention (i.e., diet, exercise, stress management, etc.), physical medicine (i.e., heat, cold, hydrotherapy, manual mobilization and manipulation, etc.), natural therapeutics (i.e., nutrients, botanical medicines, etc.), and the conservative use of prescription medications where appropriate. Since the ND is trained as a "generalist" and essentially practices in a primary care role, there is very often an obvious need to use modern pharmaceutical agents when appropriate. However, the ND is inclined to use these agents very judiciously and conservatively, and not the at the expense of the other critical elements and components to ultimate healing and wellness, such as the lifestyle modifications referenced previously. There is nothing within the naturopathic philosophy that precludes the use of prescriptive agents, the majority of which are modifications of natural compounds, which is apparent when considering the fact that the vast majority of states and



Division of Health Sciences

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jurisdictions which license or register naturopathic physicians have a scope of practice which includes a prescription agent formulary. NDs have a proven track record of using prescriptive agents in clinical practice in a safe, efficacious and cost-effective manner. This is also clearly defined in the short definition of naturopathic medicine below, as adopted by AANP (American Association of Naturopathic Physicians) in 1989, which clearly includes prescriptive agents.

What the Experience in Other States Has Shown About Safety and Cost Savings:

Our opposition, who is under marching orders from their national organization to oppose all scope of practice expansion for any profession at all costs no matter the rationale, will state that our proposal will create a public safety concern and that they are the only providers who are capable of delivering proper care. I would encourage you to ask them to supply any objective data to back up such assertions, as by the admission of their own organizations, such as the Physician's Foundation, they have no such evidence that the MD/DO provides superior and more cost-effective care. They make the same assertions on every scope of practice request by any other profession, including even here in Connecticut in the past several years regarding the nurse practitioners, optometrists, podiatrists, psychologists, and others. They say that patients will die in the streets and that the sky will fall and somehow that never happens as these responsible professions continue to evolve and play larger roles needed by the stressed health care system.

The reality is that we are not asking for anything new or novel for naturopathic physicians. The experience in other states with prescriptive authority for NDs has shown that they use medication judiciously, safely, and perhaps more conservatively than their medical counterparts. The report conducted by the Vermont Office of Professional Regulations (submitted as an appendix) included surveys of multiple States in the Pacific Northwest and found no action against the professional licenses of NDs related to prescribing and an analysis in 2010 of the Jury Verdicts Northwest database from 2005 through 2010 showed no cases against naturopaths for prescription negligence, and for that matter no cases against naturopaths at all. NCMIC, the largest malpractice insurance carrier



Division of Health Sciences

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servicing the ND profession reported in 2010 that it has never opened a claim based on an allegation against a naturopath involving prescription medications. Other malpractice carriers, such as the Washington Casualty Group reported that their loss experience with NDs serving as primary care providers is five times lower than that with family practice and internal medicine physicians, while the Wood Insurance Group reported that their assigned actuarial risk and premium rates for insured NDs practicing primary care is 50% of that for MD/DO primary care providers.

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

Fairness, Equity, and Freedom of Choice:

In the end, what we are asking for is nothing more than fairness and equity as a profession and to be able to practice to the full extent of our contemporary education, training and competency and to participate fully in helping to address the significant challenges of our health care system. This includes providing adequate numbers of the critically-necessary trained professionals with the knowledge domains and competencies to comprehensive approach to chronic complex diseases which are costing our society so much in terms of health care expenditures and poor health outcomes. Naturopathic doctors' are uniquely positioned to offer this with their focus on therapeutic life changes and integrative care. The health care consumers are clearly seeking naturopathic physicians and crave care models where they are encouraged to actively participate in their own recovery and improved health and vitality and we support their freedom of choice to do so. With the implementation of the Affordable Care Act and the impending provider shortages, we sincerely hope that we have passed the days when politics and self-serving economic turf battles trumped logic, data, truth, and freedom of choice in health care policy.



Division of Health Sciences

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I sincerely thank you for your time and consideration and I will take any questions that you may have.

Sincerely,

A handwritten signature in black ink that reads 'DMB, ND'. The signature is stylized and cursive.

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