

**Legislative Agenda for Naturopathic Physicians in Vermont at Present - Presentation to  
Senate Committee on Health and Welfare  
Steven Moore, ND - April 11th, 2024**

Thank you for the opportunity to present the current priorities of the Vermont Association of Naturopathic Physicians (VANP) on behalf of licensed naturopathic physicians in Vermont. My name is Dr. Steven Moore. I am a naturopathic physician (ND) and Chair of the Legislative Committee of the VANP. My wife and I moved to Vermont roughly 10 years ago. Since that time, I have been serving my community of Southern Vermont in the capacity of primary care physician (PCP). I treat patients of all ages and with all types of insurance. I work in private practice next door to the Brattleboro Memorial Hospital (BMH) with two other naturopathic physicians. Our practice also serves as a residency site affiliated with Sonoran University of Health Sciences in Arizona through the Association of Accredited Naturopathic Medical Colleges (AANMC).

*Naturopathic Medicine*

Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals' inherent self-healing process. The practice of naturopathic medicine includes modern and traditional, scientific, and empirical methods. Naturopathic practice includes the following diagnostic and therapeutic modalities: clinical and laboratory diagnostic testing, nutritional medicine, botanical medicine, naturopathic physical medicine (including naturopathic manipulative therapy), public health measures, hygiene, counseling, minor surgery, homeopathy, acupuncture, prescription medication, intravenous and injection therapy, and naturopathic obstetrics (natural childbirth).

In short, naturopathic medicine is a system of health care that utilizes education, natural medicines and therapies in conjunction with conventional medicine to support and stimulate a patient's intrinsic self-healing processes and works to prevent, diagnose, and treat human health conditions, injuries, and pain.

There are six guiding principles that help define naturopathic practice: do no harm, self-healing occurs in the body, identify and treat causes when you can, doctors serve as teacher, treat the person NOT just the disease, and prevention should be a top priority.

There is also a therapeutic order that builds upon these guiding principles:

1. Establish foundation for health optimizing determinants of health (social environment, physical environment)
2. Stimulate self-healing (massage, homeopathy, acupuncture)
3. Support and restore weakened systems
4. Restore structural integrity to body (chiropractic, manual therapy, PT, surgery)

5. Provide natural symptom relief
6. Synthetic symptom control (over-the-counter and prescribed medication)
7. Suppress pathology

Any health care provider trained to diagnose, treat, and do medical assessments, especially a provider considered a primary care provider, is competent and licensed to be able to clinically diagnose birth and death.

There are currently seven naturopathic medical schools in North America. The Council on Naturopathic Medical Education (CNME), the organization that accredits naturopathic medical schools, requires didactic and clinical course work in Geriatrics, and requires naturopathic programs to provide training on support for patients related to acute and chronic illness, and end of life issues.

To further develop the skills necessary for end of life care, naturopathic programs have also placed emphasis on practice in the field. Most naturopathic programs have created rotations within hospices, nursing homes, and assisted living facilities to give students and residents an opportunity to practice these skills. In Vermont, naturopathic physicians guide patients in completion of advance directives frequently.

As it pertains to Vermont, the Area Health Education Centers (AHEC) and Office of Primary Care at University of Vermont (UVM) conducted a thematic analysis outlining the role of naturopathic physicians as primary care providers in the State. It identified that in 2009, NDs were recognized as primary providers (18 V.S.A § 704) with a similar scope of practice that is viewed as similar to osteopathic and allopathic physicians with full prescriptive authority. It references the fact that NDs frequently are called to interact and consult with these other provider types. Other points to consider are as follows:

- 26 V.S.A § 4121 - 'Naturopathic Physicians'
- NDs practice as primary care physicians (33 V.S.A. § 1823)
- 355 NDs licensed in VT
- 81% participate in Medicaid (2016 data)
- Are able to prescribe medications for substance use disorder
- NDs operate as patient centered medical homes ( 18 V.S.A. § 706) and are participating providers in OneCare ACO.
- Vermont governmental Councils and Workgroups that have included Naturopathic Physicians:
  - Blueprint executive committee
  - Dept of Vermont Health Access, Clinical Utilization Review Board and provider advisory groups
  - Interdisciplinary Task Force on Clinical Dispensing, Administration and Compounding
  - Medical Cannabis review board
  - Vermont Farm Health Task Force

- Vermont Health Care Workforce Development Strategic Plan
- Vermont Prescription Drug Advisory Council
- Vermont non-governmental Councils and Workgroups that have included Naturopathic Physicians
  - Blue Cross Blue Shield Provider Network Quality and Credentialing Committee
- Other State and National organizations that include or have included Naturopathic Physicians
  - AMA Current Procedural Terminology Editorial Panel/Health Care Professional Advisory Committee
  - Medicare Coverage Advisory Committee MCAC
  - National Cancer Institute Advisory Council
  - National Center for Complementary and Integrative Health (NCCIH)
  - White House Commission on CAM Policy

*Vermont statutory definitions of “health care professional”*

The VANP has identified that NDs were not included in the definition of “health care professional” under the vital records statutes. The common denominator between medical doctors (MD), doctors of osteopathy (DO), physician assistants (PA), and advanced practice registered nurses (APRN/NP) is that they are all considered primary care providers. In 2021, my colleague Dr. Sam Russo provided testimony to the Senate Committee on Government Operations. The question was raised as to whether the definition of health care professional was created prior to or after the licensing of NDs. The VANP discovered that the definition of health care professional was created prior to NDs becoming primary care providers. Here is the timeline:

- 2009 - The definition of health care practitioner, for purposes of death certificates, was enacted in 2009 in 18 V.S.A. § 5202 (a) – “ ...For the purposes of this section, a licensed health care professional means a physician, a physician assistant, or an advance practice registered nurse...”
- 2012 - NDs were not, yet, considered primary care providers in 2009 when 18 V.S.A. § 5202 was enacted. NDs attained primary care provider status in 2012, under 8 V.S.A. § 4088d (a) – “... A health insurance plan shall ... recognize naturopathic physicians who practice primary care to be primary care physicians...”
- 2017 - 18 V.S.A. § 4999, enacted in 2017 in Act 46 (H.111) – An Act Relating to Vital Records. For the purpose of vital record generally, the definition of health care professional as an MD, PA, or APRN was simply moved (struck) from §5202 (where it was created in 2009) and put in the new §4999 definition section that was created in 2017.

Even though § 4999 passed after NDs became primary care providers, the definition was created prior to NDs becoming primary care providers. We reviewed all the Act 46 written testimony presented in 2017 to House and Senate Government Operations and posted on the committee webpages and found no reference to the issue at hand – not by Vermont Medical

Society (VMS) nor any of the other witnesses. We did not testify, either, because no issue had arisen as of that time regarding our ability to sign the certificates. It wasn't until recently that we became aware that the Department of Health (DOH) had taken the position that NDs were not permitted to sign. It is possible that no one testified about the definition, because it was just moved from one section of the statutes to another, without issue.

### Legislative Priorities

There is a shortage of primary care providers nationwide. The VANP asks for inclusion to the level of our colleagues in Vermont practicing primary care medicine. We recognize that our inclusion as primary care providers in 2012 has created the work flow requiring many updates to existing laws. We aim to remove unintended barriers for patients who rely on NDs for their primary care, removing undue stress and hardship on families at a time when they are most vulnerable

At present, we have identified three areas where a revision/update to the language in Vermont statute should take place.

1. Currently the DOH will not accept a death certificate signed by an ND. The Office of Professional Regulation (OPR) has no immediate concerns when meeting with them in Oct 2023. They are ultimately deferring to DOH.
  - a. The percentage of Vermont deaths occurring outside the hospital has increased over time but stabilized in more recent years. In 2021 and 2022, 73% and 72% of deaths, respectively, occurred outside the hospital. Deaths occurring in the decedent's home continue to increase, now comprising 56% of all out-of-hospital deaths in Vermont. The number of Vermont deaths occurring in a hospice facility has generally plateaued, with 344 in 2020, 367 in 2021, and 333 in 2022. Similarly, those receiving hospice care within 30 days prior to death increased in the past 10 years but leveled off in recent years. The percentage of those receiving hospice care within 30 days prior to death was 38% in 2013, 48% 2021, and 46% in 2022. In 2022, while most (51%) of those receiving hospice care in the past 30 days died at their home, 28% died in a nursing home or long-term care facility, and 11% died in a hospice facilities
  - b. According to Vermont statute a death shall be certified by the physician, physician assistant, or advanced practice registered nurse last in attendance of the patient.
  - c. 26 V.S.A § 4124: "Naturopathic physicians are subject to the provisions of the law relating to contagious and infectious diseases and to the issuance of birth and death certificates. (Added 1995, No. 171 (Adj. Sess.), § 1; amended 2001, No. 129 (Adj. Sess.), § 34, eff. June 13, 2002.)" This language exists and can lead to confusion by not only the medical community and legal system, but the general public.
2. As PCPs, NDs need to be able to participate in a patient's decision to pursue medical aid in dying (MAID).
  - a. 18 V.S.A § 5281 - 'Patient Choice at End of Life' (Act 39)
  - b. Need to be included in § 5281

- c. Working to schedule meeting with Patient Choices Vermont (PCV)
  - d. PCV can help physicians navigate the process of discussing MAID with patients, complete the Act 39 process, and prescribe. PCV staff can connect doctors who have clinical questions to experienced prescribers.
  - e. Coordinated team effort.
  - f. No physician acts alone.
3. As PCPs, NDs need to be able to sign Clinician Orders for Life Sustaining Treatment (COLST) and Do Not Resuscitate (DNR) orders as part of end of life planning with our patients.
- a. AZ and OR have training for palliative care. In OR they can admit to some hospice. In AZ they can issue DNRs but not P(C)OLST. P(C)OLST and DNR is allowed in OR and there is training for this in geriatrics courses at school there. Naturopathic Physicians (NDs) in AZ, CA, HI, OR, and WA CAN sign vital records.
  - b. We recently had a meeting with VT Ethics Network's executive director and had no immediate objection to our participation.
  - c. They are willing to offer robust training (serve as potential required continuing medical education (CME))
  - d. DNR is a personal choice signed by both patient and their doctor (should be one that knows them best)
  - e. COLST is a portable medical order to communicate end-of-life care decisions of people with advanced illness
    - i. Person's wishes for cardiopulmonary resuscitation (CPR)
    - ii. Overall level of medical intervention wanted
    - iii. Whether to seek or avoid hospitalization
    - iv. May address artificial nutrition and hydration, ventilation, and medications such as antibiotics
    - v. Directs emergency medical services (EMS)
    - vi. It is a form of treatment plan that applies to their current medical condition
    - vii. A COLST order is designed for use in outpatient settings and health care facilities and may include a DNR order

Required Amendments

We propose the following five amendments:

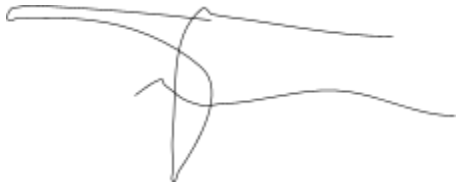
1. 26 V.S.A. § 4124. Reporting contagious and infectious diseases; death certificates - Naturopathic physicians are subject to the provisions of the law relating to contagious and infectious diseases and to the issuance of birth and death certificates.
2. 18 V.S.A. § 5071. Birth Records - On or before the fifth business day of each live birth that occurs in this State, the attending physician or designee, naturopathic physician, or midwife or, if no attending physician, naturopathic physician, or midwife is present, a parent of the child or a legal guardian of a mother under 18 years of age shall file with

the State Registrar a report of birth in the form and manner prescribed by the State Registrar.

3. 18 V.S.A. § 4999. Vital Records Generally - defines a health care professional - As used in this part, unless the context requires otherwise: \*\*\* (2) "Licensed health care professional" means a physician, a physician assistant, naturopathic physician or an advanced practice registered nurse.
4. 18 V.S.A § 5281. Patient Choice at End of Life - "physician" means an individual licensed to practice medicine under 26 V.S.A chapter 23, 33, or 81.
5. 18 V.S.A § 9701. Advanced Directives for Health Care, Disposition of Remains, and Surrogate Decision Making - "Clinician" means a medical doctor licensed to practice under 26 V.S.A chapter 23, an osteopathic physician licensed pursuant to 26 V.S.A chapter 33, and advanced practice registered nurse licensed pursuant to 26 V.S.A chapter 28, subchapter 2, a naturopathic physician licensed pursuant to 26 V.S.A chapter 81, and a physician assistant licensed pursuant to 26 V.S.A chapter 31 acting within the scope of the license under which the clinician is practicing.

Thank you for your help with these matters. I look forward to continued collaboration with you on behalf of the VANP and the citizens of Vermont.

Yours In Service,



Dr. Steven Moore  
Legislative Chair, VANP



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