Report to
The Vermont Legislature

Naturopathic Physicians Technical Advisory Group
2025 Report to the Legislature

In Accordance with Act 158 (2024) Section 2c.

Submitted to:	**House Committee on Health Care** **House Committee on Government Operations and Military Affairs** **Senate Committee on Health and Welfare** **Senate Committee on Government Operations**
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Report Date:	**January 10, 2025**

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VERMONT AGENCY OF HUMAN SERVICES
DEPARTMENT OF HEALTH

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Introduction and Process

Per Act 158 (2024), the Commissioner of the Vermont Department of Health (the Department) convened the Naturopathic Physicians Technical Advisory Group (Technical Advisory Group or Group) for the first time on August 15, 2024 to "discuss the potential integration of naturopathic physicians into statewide policies regarding Vermont's Patient Choice at End of Life laws (18 V.S.A. chapter 113), do not resuscitate (DNR) orders and advanced directives, and the creation of clinician orders for life-sustaining treatment (COLST)." Section 2c(a), Act 158 (2024). The Technical Advisory Group also considered, in accordance with the Act, "the requirements of integrating naturopathic physicians into statewide policies." *Id*.

The Group included the following participants:

i. the Department of Health;
ii. the Association of Accredited Naturopathic Medical Colleges (AANMC);
iii. the Office of Professional Regulation (OPR);
iv. Patient Choices Vermont;
v. the Vermont Association of Naturopathic Physicians (VANP);
vi. the Vermont Ethics Network; and
vii. the Vermont Medical Society (VMS).

The Commissioner of Health's designees facilitated the Group meetings and provided administrative, technical, and legal support for the Group.[1] The Group met four times. The Vermont Board of Medical Practice also held a special meeting to discuss this topic with VANP and to provide its recommendation to the Group. The Group and the Board reviewed curricula and course descriptions from naturopathic medical colleges,[2] core competencies required of graduating naturopathic students,[3] and information about other states' laws regarding naturopathic physicians and the Act 158 clinical documents.[4] Naturopathic physicians from other states with experience using COLSTs/DNRs and providing end-of-life care also generously shared their time and knowledge with the Group, including Dr. Timothy Birdsall, Dr. Stephanie Kaplan, and Dr. Judy Epstein. Laura Farr, who is currently executive director of the American Association of Naturopathic Physicians and who led the Oregon Association of Naturopathic Physicians when that state first authorized naturopaths to participate in the signing of the state's version of COLSTs, also generously participated in Group meetings.

[1] Pursuant to Act 158 (2024) Sec. 2c. (d), the recommendations were due December 1, 2024, however, the Department was granted an extended deadline of January 17, 2025, by the Chairs' of the committees of jurisdiction, with the exception of the Chair of House Committee of Government Operations and Military Affairs, who did not provide a response to the Department's request.
[2] The curricula and course descriptions are too voluminous to attach to this report. The Department is happy to make them available to the Committees upon request.
[3] The core competencies are attached to this report as Attachment A.
[4] Oregon authorized naturopathic physicians to sign COLSTs beginning in 2018. Arizona permits naturopathic physicians to sign DNR orders. No other state currently permits naturopathic physicians to sign COLSTs or DNR orders.

This report contains the recommendations of the Technical Advisory Group. The Commissioner and the Department defer to the recommendations of the Group, as the Department does not have direct jurisdiction or substantive authority over the policies being considered by the Group. Though the Board of Medical Practice (the Board) is within the Department and the Board had recommendations regarding medical scope of practice and the policies the Group was charged with considering, the Board, as a public body, heard directly from the Vermont Association of Naturopathic Physicians (VANP) on the matters discussed by the Group. The Board then provided its recommendations in an open meeting, in minutes, and through its Executive Director, who attended the Group meetings. The Board's recommendations are reflected herein.

Further, though the Department provides administrative support to and oversight of the ministerial requirements of Vermont's Patient Choices at the End of Life laws, it has no substantive authority over these practices and laws. In turn, the Commissioner defers to the other entities participating in the Group to provide recommendations on whether and how naturopathic physicians should be integrated into this care, as these organizations have more direct ethical, medical, and practical involvement in providing care to people accessing medical aid in dying.

Recommendations and Findings

Group participants voted against permitting naturopathic physicians to do the following:

i. Sign an advanced directive as a clinician under 18 V.S.A. § 9707(h) (i.e., a Ulysses clause);[5]
ii. Act as a clinician advising patients and signing COLSTs and DNRs in accordance with 18 V.S.A. § 9708; and/or
iii. Provide medical aid in dying in the same way a "physician" does under 18 V.S.A. Ch. 113.

The Group's recommendations were not approved unanimously. The VANP voted in favor of allowing naturopaths to engage in each of these practices. Its position is well articulated by Dr. Steven Moore in his testimony before the Senate Committee on Health and Welfare in April 2024 and in his letter to the Board of Medical Practice from October 2, 2024, both of which are included in this report as Attachment B.

The Vermont Medical Society, Vermont Ethics Network, Patient Choices Vermont, and OPR voted against permitting naturopathic physicians to engage in any of these practices. Each of these organizations stated it could not support authorizing naturopathic physicians to provide these services because the naturopathic college curricula and course descriptions showed a lack of standardized training for naturopathic physicians in palliative, critical, and end-of-life care,

[5] Current law does not prohibit a naturopathic physician from discussing and planning advance health care needs with their patients and documenting those needs in an advanced directive. See e.g., 18 V.S.A. § 9703. However, there is an optional advanced directive provision that permits an agent to authorize or withhold medical treatment from a principal (i.e., a patient) over a patient's present objections. 18 V.S.A. § 9307(h). Such a provision, referred to as a Ulysses' clause, requires the signature of a clinician in the advanced directive. The term "clinician" under this chapter does not include naturopathic physicians. In its review, the Group considered whether naturopathic physicians should be permitted to sign Ulysses' clauses in advanced directives.

particularly in hospital settings. The organizations felt that this training was essential to providing comprehensive, effective, and accurate guidance and information about potential health outcomes, alternative treatments, and the impacts of treatment choices to patients considering Ulysses' clauses in advanced directives, DNR orders and COLSTs, and medical aid and dying. Further explanation of VMS's, the Vermont Ethics Network's, and Patient Choices Vermont's recommendations are included in this report as Attachments C, D, and E, respectively.

The Board of Medical Practice voted against permitting naturopaths to act as physicians under the medical aid in dying laws. However, the Board voted to permit naturopaths to serve as clinicians for purposes of signing DNRs and COLSTs if the naturopath completed additional education in the following subjects: the medical interventions to sustain life that occur when a "code" is called in a hospital; Advanced Cardiovascular Life Support (ACLS); and the other interventions that appear on the Vermont Department of Health DNR/COLST form. The minutes from the Board's special meeting, reflecting the Board's recommendations, are attached to this report as Attachment F.

Conclusion

The Technical Advisory Group recommends against proceeding with further integration of naturopathic physicians into the Ulysses clause advanced directive process, DNR order and COLST process, and medical aid in dying practices at this time. The Commissioner of Health defers to the Group's recommendations.

Appendix A: Attachment Glossary

Attachment A: Core Competencies
Attachment B: Steven Moore Testimony and Letter to Board
Attachment C: VMS's position
Attachment D: VEN's position
Attachment E: Patient Choice's position
Attachment F: Board Minutes from Special Meeting

Attachment A: Core Competencies

AANMC
ASSOCIATION OF ACCREDITED NATUROPATHIC MEDICAL COLLEGES

AANMC Core Competencies

of the Graduating Naturopathic Student

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Document Adopted: October 16, 2014

The purpose of the document is to describe the required core competencies of a graduate from an accredited naturopathic doctoral program in order to align curriculum, define expectations of graduates, and inform stakeholders regarding the education of physicians/doctors who practice naturopathic medicine. The expectation is that this document will serve to guide current and future programs of naturopathic medical education.

Introduction

Naturopathic Medicine is a distinct primary health care profession that combines the traditions of natural healing with the rigors of modern science. Naturopathic physicians/doctors (NDs) are trained as primary care providers who diagnose, treat and manage patients who have acute and chronic conditions, while addressing disease and dysfunction at the levels of body, mind and spirit. NDs concentrate on whole patient wellness through health promotion and disease prevention, attempting to find the underlying cause of the patient's condition. NDs care for patients of all ages and genders. They provide individualized, evidence-informed therapies, applying the least harmful and most effective approaches to help facilitate the body's inherent ability to restore and maintain optimal health.

A resurgence of interest in naturopathic medicine in North America in the 1970s resulted in rapid growth and maturation of the naturopathic profession to where it is today. As of 2019, there are seven accredited institutions of higher learning offering naturopathic degrees across North America. The Council on Naturopathic Medical Education (CNME) is the accrediting body for these programs. Graduates of CNME accredited naturopathic medical programs receive a Naturopathic Doctoral designation (ND) and are eligible to take the entry to practice examination.

The Association of Accredited Naturopathic Medical Colleges (AANMC) and its Council of Chief Academic and Clinical Officers (CCACO), recognized the need for agreement among the AANMC member schools on clinical expectations for graduates of CNME-accredited naturopathic medical programs. As such, CCACO and AANMC embarked on examination of current clinical expectations and the creation of a unified baseline for clinical competence of the naturopathic medical graduate. In August of 2012, CCACO agreed to embark on the creation of naturopathic clinical competencies for the accredited institutions. In July 2013, academic and clinical deans from each CNME accredited institution developed a draft document, after which time CCACO convened a taskforce of representatives from the accredited naturopathic medical programs and the executive director of the AANMC. This subgroup met regularly for six months, and received input from CCACO, stakeholders and advisors in the broader medical and educational communities to create the first draft of the naturopathic clinical competency document. The document then received input from the naturopathic community and final approval from CCACO and the AANMC Board of Directors. The process for review and revision of the Competencies was initiated in 2018. The following report constitutes consensus among AANMC members on the clinical competencies for the naturopathic medical graduate.

Core Principles

The practice of naturopathic medicine is guided by six core principles.[1]

First Do No Harm (Primum Non Nocere): The ND follows three guidelines to avoid harming the patient:

- Uses methods and medicinal substances which minimize the risk of harmful side effects;
- Uses the least force necessary to diagnose and treat; avoid when possible the harmful suppression of symptoms; and
- Acknowledges, respects, and works with individuals' self-healing process.

The Healing Power of Nature (Vis Medicatrix Naturae): The ND recognizes an inherent self-healing process in people that is ordered and intelligent. The ND acts to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

Identify and Treat the Causes (Tolle Causam): The ND seeks to identify and remove the underlying cause(s) of illness rather than to merely eliminate or suppress symptoms.

Doctor as Teacher (Docere): The ND educates patients and encourages self-responsibility for health. The ND also recognizes and employs the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person: The ND treats each patient by taking into account individual physical, mental, emotional, genetic, environmental, social, and other factors. Since total health also includes spiritual health, the ND encourages individuals to pursue their personal spiritual development.

Prevention: The ND emphasizes the prevention of disease by assessing risk factors, heredity and susceptibility to disease, and by making appropriate interventions in partnership with the patient to prevent illness.

The Seven Areas of Competence for the Naturopathic Medical Graduate:

- Medical Assessment and Diagnosis
- Patient Management
- Communication and Collaboration
- Professionalism
- Career Development and Practice Management
- System-based Practice
- Practice-based Learning, Research and Scholarship

[1] The core principles are defined by American Association of Naturopathic Physicians (AANP) and endorsed by the Canadian Association of Naturopathic Doctors (CAND).

Medical Assessment and Diagnosis

Naturopathic medical graduates conduct a complete and accurate history, physical exam and objective assessment, to arrive at a diagnosis. They demonstrate the knowledge, skills, abilities and attitudes expected of an ND within the context of a patient-centered model. They consider the impact of personal and institutional biases and stereotypes on health care and clinical decision-making.

The naturopathic medical graduate:

Elicits a complete and accurate medical and biopsychosocial history

- Establishes a therapeutic doctor-patient relationship
- Demonstrates active listening when taking a history and performing a physical exam
- Assesses the determinants of health, as defined by the World Health Organization
- Documents the medical record consistent with legal, institutional, and ethical requirements

Performs a complete and accurate health examination, including pathological and functional assessment

- Honors and respects gender and cross-cultural concerns when performing a physical exam
- Selects assessments and performs diagnostic procedures based on a risk/benefit analysis
- Performs appropriate system-specific or hypothesis-driven examination, based on patient presentation
- Performs health screenings for disease prevention and early diagnosis
- Performs and/or orders appropriate diagnostic tests and imaging studies
- Identifies emergent and life-threatening situations and diagnoses
- Performs assessments mindful of personal biases including, but not limited to, age, sex, race, ethnicity, disability, religion, social status, gender identity, and sexual orientation

Formulates an accurate medical diagnosis

- Interprets diagnostics tests, physical examination, and imaging reports/studies
- Integrates the medical history, physical examination and diagnostic testing with naturopathic principles in formulating a diagnosis
- Applies critical thinking and clinical reasoning in the determination of a medical diagnosis
- Recognizes the limitations of medical literature and technology in the formulation of a diagnosis
- Assesses, manages and triages emergent situations
- Communicates assessment findings and diagnosis with the patient as appropriate

Patient Management

Naturopathic medical graduates provide personalized, compassionate, ethical, holistic patient care. They employ appropriate management strategies to promote health and prevention of disease. They take into account each intervention's risk of harm, efficacy, and level of evidence. Patient values and priorities are addressed through an informed consent process in the development of a management plan and throughout treatment.

The naturopathic medical graduate:

Establishes therapeutic relationships with patients

- Establishes rapport by exercising conditions for cultural safety, empathy, active listening, and a conscientious approach to care
- Builds and maintains patient-centered interactions appropriate to the clinical situation
- Understands and respects the doctor/patient roles and responsibilities
- Actively collaborates with patients in shared decision-making

Develops an individualized treatment plan consistent with naturopathic principles

- Uses best practices and best available evidence
- Emphasizes health promotion and illness prevention
- Considers the safety, efficacy, contraindications, actions and interactions of therapies, predicted outcomes, alternatives, and costs
- Assesses the impact of cultural and psychosocial issues, health disparities and community factors
- Addresses physical, spiritual, mental and emotional aspects of the patient
- Considers patients' circumstances and ability to implement and adhere to recommendations, and adjusts management based on patient needs and goals
- Recommends strategies that individualize patient care and reflect the principles of naturopathic medicine. Therapies are those consistent with the offerings at CNME recognized institutions.

Facilitates patient decision-making processes by presenting evidence informed therapeutic and wellness options including risks, benefits, costs and alternatives to therapies

- Engages patients in establishing a long-term focus for their personal health management with an emphasis on prevention and wellness
- Considers Therapeutic Order in assessing patients and developing treatment plans[2]
- Provides counseling and support for patients and significant others related to acute and chronic illness, and end-of-life issues
- Recommends plan follow-up care
- Reassesses treatment plans considering clinical outcomes, best practices and patient needs
- Documents plan of care and all revisions to plan of care
- Recognizes personal limitations, for adheres to scope of practice and makes referrals when appropriate
- Intervenes and/or refers in urgent and emergent care situations

[2] Zeff, J., Snider, P., Myers, S., & DeGrandpre, Z. (2012). A Hierarchy of Healing: The Therapeutic Order. V: Pizzorno J, Murray M, editors. Textbook of Natural Medicine, 4, 18-33.

Immunization Education

Naturopathic medical graduates demonstrate comprehensive clinical knowledge regarding immunization and vaccine preventable diseases.

The naturopathic medical graduate:

- Demonstrates knowledge of etiology, pathophysiology and epidemiology of vaccine preventable diseases
- Demonstrates knowledge of mechanism of action of vaccines
- Demonstrates knowledge of the risk involved to self and others of being under vaccinated or unvaccinated
- Demonstrates knowledge of the immunization schedule within the parameters of regulatory jurisdictions
- Demonstrates knowledge of indications and contraindications of vaccines
- Demonstrates ability to manage side effects and adverse reactions to vaccines
- Demonstrates knowledge of jurisdictional reporting requirements regarding adverse reactions
- Demonstrates the ability to educate the vaccine-hesitant individual
- Demonstrates knowledge of vaccine administration and maintenance requirements

Communication and Collaboration

Naturopathic medical graduates communicate effectively, in person or via technology, to optimize patient relationships and patient care. They consult, collaborate with and refer to other health professionals as appropriate.

The naturopathic medical graduate:

- Communicates accurately and effectively with patients and their support team(s), ensuring their understanding
- Describes naturopathic medicine succinctly, delineating the role and scope of practice of an ND within their jurisdiction
- Listens to and incorporates the patient narrative in the analysis of overall health and well-being
- Considers cultural and community factors affecting patient health

Educates patients regarding their diagnosis and prognosis.

- Demonstrates empathy, compassion, and objectivity in patient interactions
- Demonstrates sensitivity and respect for cultural identity including, but not limited to, age, sex, race, ethnicity, disability, religion, social status, gender identity and expression, and sexual orientation
- Utilizes appropriate resources when experiencing barriers to communication

Consults with and/or refers to other healthcare professionals when care is outside of scope of practice or personal competence.

- Conveys effective verbal and written communication to other healthcare professionals
- Collaborates as a member of the patient's health care team to provide safe and effective care
- Recommends appropriate referral, taking into consideration distance, cost and other barriers to care

Educates members of the patient's health care team regarding the role of naturopathic medicine and the ND in patient care.

- Recognizes and respects the roles and responsibilities of other professionals within the healthcare team
- Collaborates as a member of the health care community to address health disparities and public health issues
- Provides leadership in promoting the ND as an integral member of the health care community
- Advances naturopathic medicine and its principles within the community at large

Telehealth Competencies

The purpose of this section is to describe the required core competencies of a graduate from an accredited naturopathic doctoral program, specifically in regard to the use and application of telehealth. It is understood that these competencies are included within the larger framework of all core competencies expected of the naturopathic graduate.

Telehealth is defined as the provision of healthcare remotely by means of telecommunications technology.[3]

The naturopathic medical graduate:

1. Identifies the appropriate use and limitations of telehealth in patient care.
2. Applies evolving technologies, navigating the different interfaces in telehealth.
3. Adheres to the federal, regional, and facility requirements to meet the minimal standards governing telehealth (e.g.., consent and HIPAA/PIPEDA).
4. Creates a professional environment for telehealth visits (e.g., minimizes distraction, maintains professional appearance and interactions, private location).
5. Identifies and adapts to inequities in the use of telehealth technologies, mitigating gaps in access to care (e.g., accessibility, private locations for patient and caregiver).
6. Identifies and adapts to challenges in accommodating individual patient needs (e.g., visual, auditory, physical, mental, psychospiritual) with respect to access and use of telehealth.
7. Applies telehealth technology in the effective delivery of patient and caregiver care services.
8. Establishes rapport when using telehealth to support cultural safety, empathy, and active listening.
9. Instructs and guides patients to perform visual and physical examinations to collect relevant data on clinical status during a telehealth encounter.
10. Accommodates and/or corrects technological and communication issues related to telehealth during a patient encounter.
11. Applies telehealth technology towards collaborative patient care and interprofessional interactions.

[3] Center for Comprehensive Health Practice. (2014). A Framework for Defining Telehealth.

Professionalism

Naturopathic medical graduates demonstrate professional behavior, personal integrity and altruism. They are aware of their limitations in expertise, operate within the jurisdictional scope of practice, and refer patients when appropriate. As health care professionals and leaders in the community, they exemplify the principles of naturopathic medicine personally and professionally.

The naturopathic of medical graduate:

Maintains legal and ethical standards in all forms of public and professional interactions (e.g., personal, written, electronic), as related but not limited to:

- Patient confidentiality
- Informed consent
- Documentation of care
- Scope of practice
- Mandatory reporting
- Professional boundaries
- Conflicts of interest
- Finance, practice-related documentation and billing
- Professional forums, presentations, and interviews

Demonstrates respect and integrity in professional interactions

- Fulfills professional commitments in a timely and responsible manner
- Demonstrates respect/awareness/consideration for patient and community diversity
- Responds to constructive feedback as part of the evaluation of professional competence
- Recognizes and addresses ethical issues arising in practice
- Demonstrates a commitment to balancing patient care, self-care, and responsibilities to colleagues, community, family and friends
- Contributes to the growth and development of the profession

Career Development and Practice Management

The naturopathic medical graduate develops a viable career plan. They create an ethical business model that reflects the needs of the patient population they serve, and demonstrate the requisite skills to be able to plan and execute achievable professional goals.

The naturopathic medical graduate:

- Applies principles of marketing to establish and develop a naturopathic medical practice
- Applies tools and techniques to communicate with potential patient populations
- Builds a professional brand/profile
- Applies best practices in marketing and practice management principles
- Demonstrates the ability to plan and manage time and resources
- Establishes a professional network that meets patient and community needs
- Identifies, assesses, and responds to practice/career challenges and opportunities

Systems-Based Practice

Naturopathic medical graduates demonstrate an awareness of the developing role of naturopathic medicine within larger frameworks of healthcare systems, advocating for optimal patient and community health care.

The naturopathic medical graduate:

- Appropriately refers to healthcare professionals, utilizing social and healthcare resources
- Influences population health through education and community initiatives
- Develops collaborative, interprofessional relationships that optimize patient care outcomes
- Recognizes healthcare team dynamics and works within defined professional roles
- Applies technology to the cost-effective delivery of patient care services
- Participates effectively within a healthcare team
- Practices cost-effective healthcare through evidence-informed management, preventive strategies and lifestyle management, with an aim at alleviating the overall healthcare burden
- Addresses specific cultural, economic and social determinants that affect the health of individuals and communities

Practice-Based Learning, Research, and Scholarship

Naturopathic medical graduates critically appraise, assimilate and apply scientific evidence to improve healthcare. They demonstrate an understanding of the strengths and limitations of research. Naturopathic graduates are dedicated to ongoing personal reflection and lifelong learning.

The naturopathic medical graduate:

Practices evidence-informed patient care:

- Formulates a clinical research question to guide the design of the information search, using the principles and tools of evidence-based medicine
- Conducts effective literature searches, accessing appropriate resources to answer clinical questions
- Recognizes bias in the literature
- Demonstrates an understanding of and applies medical statistics to patient care
- Critically appraises data and evaluates levels of evidence in clinical decision-making
- Evaluates patient care outcomes using qualitative and quantitative methods
- Contributes to the development and dissemination of knowledge

Demonstrates reflective practice and a commitment to lifelong learning:

- Recognizes limitations in their own knowledge, skills, and attitudes
- Uses feedback from others and reflects on professional competence
- Actively engages in continuing education and professional development

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Attachment B: Steven Moore Testimony and Letter to Board

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 subs tance 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:

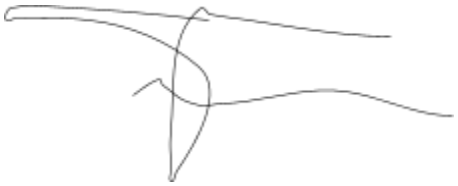
1. 26 V.S.A. § 4124. Reporting contagious and infectious diseases; death certificates - Naturopathic physicians are subject to the provisions of the law relating to contagious and infectious diseases and to the issuance of birth and death certificates.
2. 18 V.S.A. § 5071. Birth Records - On or before 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,



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Legislative Chair, VANP

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October 2, 2024

Board of Medical Practice
Vermont Department of Health
280 State Drive
Waterbury, VT 05671

Dr. Rick Hildebrant (Chair, Board of Medical Practice) and Current Board Membership:

Thank you for the opportunity to present the current legislative priorities of the Vermont Association of Naturopathic Physicians (VANP) to the Medical Board this afternoon at your October meeting. I want to summarize our priorities and positions here, attempt to further address some of the questions presented today, and to highlight at varying levels our education and training.

As outlined in both oral and written testimony in the Senate, our remaining legislative priorities center around increasing primary care parity in Vermont, achieving a greater level of collaboration for our patients toward the end of life, helping to ease the burden on our medical system in Vermont, and update statute to reflect our role as primary care providers and patient's medical home.[1][2] We are looking to be recognized as another primary care provider type that may sign DNR/COLST medical order forms and participate in medical aid in dying (MAID); and, propose the following two amendments as underlined:

1. 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.
2. 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

[1] 33 V.S.A. § 1823
[2] 18 V.S.A. § 704

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> 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.

It may be worth noting that Area Health Education Centers (AHEC) and the Office of Primary Care at University of Vermont (UVM) conducted a thematic analysis outlining the role of naturopathic physicians (NDs) as primary care providers in the State. It identified that NDs were recognized as primary providers with a similar scope of practice that is viewed as similar to osteopathic and allopathic physicians with full prescriptive authority.[3] It references the fact that NDs frequently are called to interact and consult with these other provider types.[4] As you will note, all other primary care provider types are spelled out in statute: medical physicians (MDs), osteopathic physicians (DOs), advanced practice registered nurses (NPs), and physician assistants (PAs). A number of these statutes were in place prior to our recognition as primary care providers in 2009 and, as such, an update to other sections in the Vermont statute is needed.

As it relates to DNR/COLST, in one study, 86% chose family physicians as among the people they most preferred to discuss DNR decisions with; 56% believing that initial DNR discussion should occur while they were healthy; and 46% believing the discussion should take place in the office setting. Only 8% of people who were aware of DNR orders ever discussed the subject with a healthcare provider.[5] 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

[3] 26 V.S.A. § 4121
[4]https://www.med.uvm.edu/docs/nd_abstract_php/ahec-documents/nd_abstract_php.pdf?sfvrsn=5264f278_2
[5]Can Fam Physician. 2012 Apr; 58(4): e229–e233.

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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 facility.[6] It is the VANP's position that there is significant demand on NDs as primary care physicians in VT in the generation of DNR/COLST orders given patient preference and increasing occurrence of death taking place outside hospice or the hospital setting.

While individual physicians are not bound by the Patient Self Determination Act of 1990, it should be recognized that in the spirit of protecting patients and their wishes, it does require healthcare organizations to provide educational programs on ethical issues related to patient self-determination and ensure legally valid directives are implemented to the extent permitted by state law.[7] In a recent survey of health professionals conducted by the Illinois State Medical Society, many survey respondents working to provide palliative care, found that there were several areas where additional training may be beneficial for COLST implementation. It was noted that 80% of respondents indicated that they often or sometimes discuss COLST with their patients, however, more than half reported that they would be interested in additional assistance or training on the use of the COLST form.[8] It is the VANP's position that the primary care clinician can, and should, initiate discussions with their patients regarding Advance Directives, DNR and COLSTs in an outpatient setting.[9] Doing so would help increase public awareness, help increase the rate of advance care planning generation that aligns with individual choice, and reduce end of life medical spending in Vermont. Precedent exists in other areas of the country for ND integration into these processes: In Oregon, NDs are authorized to sign medical orders for COLST as of 2018.[10] Per the executive director of the Arizona Naturopathic Medical Association, NDs can sign DNRs.[11]

With respect to MAID, according to a 2020 Gallup Poll, roughly three quarters of Americans support the option of MAID. It has been established that MAID protects patients, affords dying people autonomy and compassion during the most difficult time, improves end of life care, and

[6]https://legislature.vermont.gov/assets/Legislative-Reports/2023-Deaths-and-Hospice-Care-Report.Final.pdf
[7]H.R.4449 - Patient Self Determination Act of 1990. 101st Congress (1989-1990)
[8]chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.isms.org/ISMS.org/media/ISMSMediaLibrary/Resources/AdvanceDirectives/POLSTsurveySummary.pdf
[9]Johns, Elena, "Physician Orders for Life-Sustaining Treatment (POLST) Forms in a Primary Care Setting" (2022). Doctor of Nursing Practice Final Manuscripts. 204.
[10]J Palliat Med. October 2021; 24(10): 1428–1429.
[11]chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.azag.gov/sites/default/files/docs/seniors/life-care/2024/LCP%20Complete%20Packet%20-%20Eng.%20White%20DNR.pdf

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costs states almost nothing to implement.[12] As per Patient Choices Vermont (PCV), Act 39 requirements (not intended to be a scope of practice) dictate that the prescriber must be able to determine a six month terminal prognosis, determine decision-making capacity, determine ability to self-administer MAID medication, and obtain informed consent. There has been discussion in the Technical Advisory Group (TAG) about our ability to diagnose and manage terminally ill patients. It is important to underscore that Act 39 requires determination and does not require initial diagnosis of terminal illness by attending clinician. Additionally, Vermont Alliance for Ethical Healthcare, Inc v Hoser (2016) established the precedent that providers must inform or refer when questioned about MAID by the patient in VT.[13] This places us as primary care providers in Vermont in a precarious position as we must inform or refer when questioned about MAID but are not allowed to participate in the process. It is also worth noting that no physician acts alone. As you know, there is an attending physician role and a consulting physician role. Generally, and specifics differ from state to state, the attending physician must take the first verbal request by the patient, wait at roughly 15 days, then take a second verbal request alongside a written request separated by a certain period of time (usually 48 hours). If there is any doubt as to decision-making capacity, either the attending or the consulting physician can order a formal capacity evaluation. The attending physician then writes the prescription to take the life-ending medication and files a report with the Department of Health. If a patient loses capacity during that process, MAID ceases. If the consulting physician does not confirm the diagnosis and prognosis, MAID ceases for that patient. Vermont also allows for non-residents to participate in MAID. This calls forth the fact that physicians in Vermont that are accepting referrals for MAID are collaborating with other care teams as a terminal diagnosis is likely already established. They are merely determining that diagnosis for MAID. Per the PCV website, a checklist for patients includes providing a summary of the medical condition with the expectation of life expectancy and terminal illness.[14] It is the VANP's position that as primary care physicians, in accordance with the standard of care that is set forth upon this role, NDs can *determine* terminal prognosis, determine decision-making capacity, obtain informed consent, determine the patient's ability to self administer medication, and work collaboratively within a medical team to this end.

[12]https://compassionandchoices.org/our-issues/medical-aid-in-dying/#:~:text=Three%20quarters%20of%20Americans%20(74,to%20the%202020%20Gallup%20Poll.
[13]Vt. All. for Ethical Healthcare, Inc. v. Hoser Case No. 5:16-cv-205 (D. Vt. Dec. 1, 2016)
[14]https://www.patientchoices.org/non-residents.html

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It is important to understand that NPs and PAs are permitted to prescribe medications for MAID. This is noteworthy as it is now fact that other states have authorized non-MD/DO primary care provider types to participate in MAID successfully. New Mexico was the first state to pass legislation in 2021 that allowed NPs and PAs to prescribe and consult for MAID.[15] This list now includes Colorado, Hawaii, and Washington.[16] In a recent conversation with a board member of End of Life Options New Mexico, it was explained that an agreement was reached amongst their stakeholders requiring that the consulting clinician be an MD or DO. More specifically, you could not have both the attending and consulting clinicians in MAID be NPs or PAs. It was felt that this would ensure standards are being upheld and consistency amongst provider types is maintained. It is the VANPs position that this would be an acceptable provision to the law for everyone involved.

Moving to the topic of education and training of naturopathic physicians, as summarized in today's meeting, applicants to naturopathic medical school are required to complete a four-year baccalaureate degree alongside premedical science requisite courses. As per the Association of Accredited Naturopathic Medical Colleges, the seven areas of competence for the naturopathic medical graduate are: medical assessment and diagnosis, patient management, communication and collaboration, professionalism, career development and practice management, systems-based practice, and practice-based learning/research/scholarship. Naturopathic medical graduates conduct a complete and accurate history, physical exam and objective assessment, to arrive at a diagnosis. They demonstrate the knowledge, skills, abilities, and attitudes expected of an ND within the context of a patient-oriented model. Our training is a systems-based approach designed to provide integration across scientific disciplines and between biomedical and clinical sciences. First-year basic science modules provide a foundation of core principles in anatomy, histology, embryology, biochemistry, and physiology that are integrated in the context of body systems. Second-year modules use the systems approach to integrate the principles of pathology, immunology, and infectious diseases. Clinical sciences provide training in the knowledge, skills, and attitudes necessary to become an effective clinician. Systems-based modules use case-based teaching to help students use critical thinking to understand human disease, promote health, and prevent and treat illness. This is where courses of study such as pulmonology, gastroenterology, neurology, clinical pharmacology, behavioral medicine, nutrition, botanical medicine, physical medicine, diagnostic

[15]https://www.nmhealth.org/about/erd/bvrhs/vrp/maid/
[16]JAMA Network (Journal of the American Medical Association) September 11, 2024. doi:10.1001/jama.2024.15925.

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testing and imaging, and physical examination principles are taught. At the request of the Office of Professional Regulation, I have worked to obtain curricula from various schools throughout the country. As this is a rather large body of materials, I will attempt to provide an example of each year of naturopathic medical school:

- Year One - Gross Human Anatomy, Integrated Structure and Function, Integrated Muscular and Skeletal Systems, Naturopathic Theory and Practice, Clinic Observation, Clinical Skills Labs, Fundamentals of Research Design, Integrated Cardiovascular and Immune Systems, Integrated Respiratory System, Integrated Digestive System, Physical Medicine and Lab, Integrated Endocrine System and Metabolism, Integrated Renal and Reproductive Systems, Integrated Nervous System, Fundamentals of Behavioral Medicine
- Year Two - Integrated Pathology/Immunology/Infectious Disease, Botanical Medicine and Lab, Nutrition Principles, Physical Exam and Diagnosis, Botanical Materia Medica, Psychopathology, Fundamentals of Radiology
- Year Three - Medical procedures and Lab, Clinical Pharmacology, Pediatric Therapeutics, Orthopedics and MSK, Clinic Rotations, Addiction Medicine, Maternity and Pediatrics, Endocrine System Therapeutics, Preceptorship, Critical Evaluation of Medical Literature, Neurological Therapeutics, Environmental Medicine, Cardiovascular Therapeutics, Respiratory Therapeutics, Digestive Therapeutics, Jurisprudence, Renal Systems Therapeutics, Urology and Male Reproduction, Urology and Female Reproduction, EENT Therapeutics
- Year Four - Integumentary System Therapeutics, Medical Procedures, Advanced Medical Ethics, Advanced Topics in Public Health, Advanced topics in Geratric Medicine, Emergency Medicine, Rheumatologic Disorders, Advanced Topics in Oncology, Patient Care Rotations.

Today there was a question about training and experience with hospital codes. It may be worth noting that in comparison to our non-MD/DO primary care colleagues, not all NPs (PNP-PC, AGPCNP, FNP, and WHNP) are trained to a catastrophic level of illness severity. In fact, those listed above do not train for emergency life support. I will forward comparison core competencies and training for those provider types. Again, this is important to bring forward as PAs and NPs represent other primary care provider types in Vermont and they do not require

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residency and not all train in emergency medicine and procedures, yet have successfully integrated into advance care planning within Vermont and MAID in other states with success.

I have been a naturopathic physician practicing primary care medicine in Southern Vermont for over ten years. I am currently in the clinic four days a week with two other colleagues. We have four support staff. Like most of you, my days start early and usually run late. In addition to direct patient contact hours, I spend a large amount of time on our electronic health records platform, responding to patient portal messages and office messages. I review records we receive from outside providers/departments, respond to various administrative requests, refill medications, complete various medical forms for patients, audit VPMS and pharmacy fill history, and follow up on referrals and results from tests/imaging ordered. I will make and receive calls with other providers regarding our patient's care. I work with insurances to obtain prior authorizations for medications/services/procedures/testing; and, always work to find the lowest cost/most effective approach for treatment for the patient. My schedule works to accommodate acute visits and problem visits, alongside follow ups/medication checks, and annual physicals. Like many of you, I am always working to address vaccination hesitancy and discuss the importance of routine screenings. I talk about chemical dependence at an ever-increasing rate. I attempt to counsel, provide direct treatment, and/or refer to outpatient providers or programs to this end. I am often faced with long waits for consults or departments not taking new patients. We build long-term relationships with our patients. They come to rely and trust our expertise throughout their lifespan. I have been faced with patient's asking for help with end of life choices and expect this to increase with time.

In closing, we are asking the Vermont statute for updates that reflect our recognition as primary care provider types. We are responding to ever-increasing demands placed on primary care, asking for greater collaboration, and believe our training is similar to other primary care provider types that complete DNR/COLST orders and participate in MAID. We want to serve our patients in all stages of their lives. We ask that you remember that in these processes no provider acts alone. It is a result of collaboration and has oversight already embedded in the process. We are willing to make such concessions as requiring the consulting clinician in MAID to be an MD/DO. This has been done elsewhere to success. We are willing to work closely with PCV and Vermont Ethics Network to develop training like in other states to certify we are meeting

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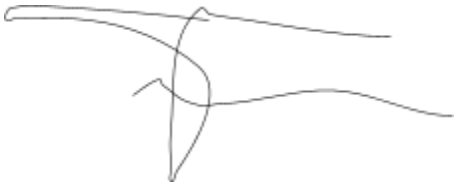
standards. We recognize and advocate for training as those facilitated by the American Clinicians Academy on Medical Aid in Dying (ACAMAID). Perhaps these could be required continuing medical education in addition to our current requirements for licensure and our prescriptive authority endorsement/DEA license.

Please do not hesitate to reach out with any questions you may have. We wish to continue to engage the Medical Board in this process as we work to draft legislation for the upcoming session. I will be forwarding curricula from naturopathic medical schools, core competencies of naturopathic physicians, and documents from other primary care provider types training/education for comparison. I will also be including a case scenario as formulated by Dr. Judy Epstein who is a naturopathic physician and former executive director of End of Life Choices California, as well as Medical Director for Compassion and Choices in Oregon, that highlights how we may be of service in the MAID arena.

In Health,



Steven Moore, ND
Legislative Chair, VANP

Vermont Association of Naturopathic Physicians VANP

Attachment C: VMS's position

To: Lauren Layman, General Counsel, Vermont Department of Health
From: Stephanie Winters, Deputy Director, Vermont Medical Society
Date: October 21, 2024
Re: Act 158 Technical Advisory Workgroup

Based on the information provided by the Vermont Association of Naturopathic Physicians, our own research and the discussions of the workgroup, VMS cannot at this time support naturopaths signing DNR/COLST forms or acting as prescribing physicians under Act 39. While naturopaths provide primary care and play an important role in discussing end of life decisions with their patients, both DNR/COLST and Act 39 require specific medical education and training on interventions that do not appear from available evidence to be standardized or taught in naturopathic training.

A review of the materials provided by VANP shows that while naturopathic curricula includes training in holistic approaches to care, there is no specific training focused on the clinical topics necessary to advise patients regarding advanced palliative care, including COLST and Act 39 decisions, such as in-patient/hospital medicine, critical care, advanced cardiovascular life support/cardiac arrest resuscitation and the chances of success of such interventions, pharmacology of the controlled substances used in the Act 39 process, or advanced understanding of terminal illness and the prognosis of life-threatening conditions. Further, while there is a common core of education in accredited naturopathic programs, there is no standardization between programs regarding specific course offerings, elective options, and the length of the program, and these vary greatly between institutions. For example, some naturopathic schools may offer electives or rotations that generally include geriatric care or care at the end of life, they appear to lack the detailed clinical topics listed above and there is no standardization regarding which topics are included or which students take these courses.

A question was asked about comparing ND training with physician assistant (PA) and advanced practice registered nurses (APRNs) training. A more comprehensive analysis of this topic could be provided by the Board of Medical Practice and OPR, as they oversee PA and APRN licensure and practice.

A first important distinction is that physician assistants practice under a collaborative model with a physician and do not practice independently. APRNs also practice under a collaborative model for their first 24 months of practice.

Second, both PAs and APRNs receive standardized and regulated training with a focus on evidence-based, allopathic medicine with hands-on experience in medical settings, including in-patient care. disease management and advanced medical interventions. Advanced Practice Registered Nurses (APRNs) do receive training on end-of-life care as part of their advanced nursing education.

Due to the lack of standardized training between programs and little to no in-patient/hospital or critical care education, VMS cannot support inclusion of naturopaths in the signing of

DNR/COLST or Act 39. As we have heard during workgroup discussions, the DNR/COLST forms are not simple and require knowledge and training in all of the topics described above to educate patients regarding the risks, benefits and alternatives necessary for informed consent.

Because naturopaths play an important role as the primary care clinician for many patients in Vermont, we do see a benefit for them to be able to provide more comprehensive end-of-life care at all stages of life. However, there needs to be more standardized education and training prior to approval. As existing training programs do not appear to address these topics, and it is not within the current practice of NDs, this should be considered an expansion of scope and VMS recommends this issue undergo the process set up under state statute to review a request "to materially amend the scope of practice permitted for a regulated profession or occupation," through the Office of Professional Regulation under 26 VSA § 3108. This will allow OPR the time to research the education and training necessary to allow NDs to offer these services to patients.

Attachment D: VEN's position

To increase awareness and understanding of ethical issues, values, and choices in health and health care

TO: Lauren Layman
General Counsel, Vermont Department of Health
FROM: Cindy Bruzzese, MPA, MSB, HEC-C
Executive Director & Clinical Ethicist, Vermont Ethics Network
Subject: Act 158: Naturopathic Physicians Technical Advisory Workgroup

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On behalf of the Vermont Ethics Network (VEN) this memo details our recommendation surrounding the potential integration of naturopathic physicians into statewide policies regarding Vermont's law on Medical Aid in Dying (MAID, Act 39), Do Not Resuscitate (DNR)/Clinician Orders for Life Sustaining Treatment (COLST) orders and the execution of Ulysses Clause provisions within a Vermont Advance Directive [18 VSA § 9707(h)] per Act 158.

VEN acknowledges and appreciates the important role that naturopaths play in the provision of primary care in Vermont. It is understandable that patients who are being cared for by naturopathic physicians would prefer to have those physicians support their advance care planning and end-of-life care needs, rather than having to be referred to an allopathic physician with whom they have no prior relationship. It is equally understandable that naturopathic physicians want to honor the preferences of their patients as a function of their autonomy-based obligations. Autonomy, however, is but one of the core principles well established in medical ethics. Beneficence (to do the good) and non-maleficence (to avoid harm) are also bedrock principles in ethics. These principles obligate clinicians to "do good" for their patients and to avoid avoidable risks and harms. No single principle trumps the others; their relationship is dynamic and requires careful assessment and application in every situation. Consistent with beneficence and nonmaleficence based obligations, all clinicians are obligated to practice within their scope of training and expertise. It is ethically impermissible for any clinician (allopathic or naturopathic) to practice outside their scope. Doing so is a safety issue that puts patients at risk.

VEN participated in multiple state-led meetings comprised of representatives from the Vermont Association of Naturopathic Physicians, workgroup stakeholders and invited guests. During these meetings there was no evidence presented that reflected a standardized curriculum for all naturopaths, nor did there appear to be any required inpatient care management of critically ill patients and/or those with advanced, serious or life-limiting disease who are approaching end of life. Patients who are nearing the end of their lives are among Vermont's most vulnerable. These patients can have complex care needs and challenging symptoms that necessitate discussion and management by a clinician with demonstrated training, expertise and knowledge in this area. While VEN appreciates that naturopaths are designated primary care physicians in Vermont for billing purposes, such a designation does not automatically confer equivalent expertise and training. Absent

demonstrated education and training in these areas, it appears that an expansion in scope of practice will be necessary before naturopathic physicians can ethically engage in completing DNR/COLST orders, writing MAID prescriptions under Act 39 or advising patients with complex health needs about the implications of waiving their right to request or refuse treatment (Ulysses Clause provision).

VEN is therefore unable to support further integration of naturopaths into these statewide policies. We readily support naturopathic physician involvement in eliciting patient preferences surrounding their future health care needs and engaging in advance care planning conversations and the documentation of those conversations in advance directives. We further recommend that naturopathic physicians follow the states established process through the Office of Professional Regulation under 26 VSA § 3108 to materially amend the scope of practice for a regulated profession or occupation so that OPR can determine the training requirements needed for greater integration into Vermont's end of life care policies.

Attachment E: Patient Choice's position

Patient Choices Vermont

Submission to H.870 Technical Advisory Group
Re: Act 39
October 22, 2024

Patient Choices Vermont (PCV) has welcomed the opportunity to participate in the Technical Advisory Group reviewing the proposal to authorize naturopathic physicians under Act 39. Presented here are PCV's position, principles and reasoning.

Statement of Position: Patient Choices Vermont does not support the addition of naturopathic physicians as authorized prescribers or consulting physicians under Act 39.

Principles: PCV works from the following principles:

1. **Patient Centered:** Any policy changes should first consider patient health, decision-making and safety.

2. **Safeguard Act 39:** Act 39 has worked well for the past 11 years. Constituents are deeply grateful for the availability of medical aid in dying in Vermont. It is important to be careful regarding any proposed changes.

3. **Legislative Process:** It is a complex matter for legislative committees to consider changes to Act 39. Generally, the committees do a comprehensive review, including consideration of palliative care, hospice services and medical aid in dying. Over the years, committee chairs have welcomed PCV's limiting proposals for changes to several years apart. Changes were made to Act 39 in both 2022 and 2023.

4. **Careful Implementation:** Act 39 has been successful and problem-free largely because of the work of many volunteers, coordinated by PCV. Any change in the law requires revising materials, training, community education, and managing unanticipated consequences, all unsupported by the state. It is essential that as a community we avoid having a single problematic case.

PCV Research and Guidance:

1. **National Experience:** No state authorizes NDs to prescribe MAID or to consult on MAID requests.

2. **Act 39 Requirements:** Under Act 39, the prescriber must be able to:
    a. Determine 6 month terminal prognosis
    b. Determine decision-making capacity
    c. Determine ability to self-administer MAID medication
    d. Fully inform the patient of all their options and illness understanding, including all treatment, palliative care options and hospice.

3. **ND Standard Training:** Based on the information submitted to the TAG by VANP, NDs receive a broad range of academic training, especially in healing modalities that are less prevalent in MD training.

4. **Relevant Clinical Rotations Not Required:** Unlike MDs, NDs are not required to do clinical rotations where they gain hands-on experience taking care of people who have serious, often incurable illnesses. In PCV's opinion, this is essential experience for clinicians who are responsible for informing terminally ill patients about all of their options and the pros and cons of each. These clinical rotations are also essential for understanding and interpreting clinical records from relevant specialists. This is not a type of training that a CME course can provide.

5. **Vermont MDs are Serving Vermont Patients:** Based on PCV's log of helpline calls, Vermont patients have good access to medical aid in dying. MDs ranging from primary care physicians to specialists are both prescribing and consulting for their own patients. In the past six months, PCV has not received a single call from a patient whose doctor refused to assist them in considering medical aid in dying. There has been publicity about the difficulty that people from out of state have in finding Vermont MDs to provide medical aid in dying services to them. That is true. However, we want to assure members of the TAG and the legislature that Vermont patients are being well served.

6. **Role of NDs**: PCV recognizes that NDs are often very close to their patients and understand their values and needs. Going forward, NDs could be important members of a patient's end-of-life care team. To date, PCV has not received a single request from an ND or a patient of an ND who was looking to team with an MD for purposes of considering Act 39.

Patient Choices Vermont is available for follow-up discussions with legislators as may be requested.

Patient Choices Vermont is a 501(c)(3) non-profit organization. PCV's board and advisory board include experienced doctors and nurses with palliative care and medical aid in dying experience. PCV serves as Vermont's most complete and authoritative source for information and education about medical aid in dying. PCV is supported by private donations and does not receive any state funding. www.PatientChoices.org

Attachment F: Board Minutes from Special Meeting

VERMONT BOARD OF MEDICAL PRACTICE
Special Meeting
Minutes of the October 7, 2024, Board Meeting
280 State Drive, Waterbury, VT 05671
Remote via Teams

Approved

- **Call to Order; Call the Roll; Acknowledge Guests:**

  Dr. Rick Hildebrant, Board Chair, called the meeting to order at 12:13 PM

  Members Present:

  Rachel Gaidys, MD; Matthew Greenberg, MD; Rick Hildebrant, MD; Suzanne Jones, PA-C; Patricia King, MD; Stephanie Lorentz; Ian Odigie, DPM; Judy Scott; Margaret Tandoh, MD; Peter Ireland, MD; Scott Tucker.

  Others in Attendance:

  David Herlihy, Executive Director; Justin Sheng, AAG; Ron Hunt Administrator; Lauren Layman. VDH Counsel; Stephanie Winters; Heather Shouldice; Dr. Steven Moore

- **Other Business:**
  - **Consideration of a Board position on the participation of naturopathic physicians in the processes being reviewed by the Technical Advisory Group convened pursuant to Act 158 of 2024**

    The Chair led a discussion of the issue under consideration. All 11 members present commented. The first member commenting outlined differences between the education and training of MDs and naturopathic physicians (NDs).[1] That member observed that while the ND curriculum covers many subjects covered in allopathic medical education and training, there is very little hospital experience in the ND curriculum and no requirement for residency. Another member made the comment that the law on the medical aid in dying (MAID) process is still quite new and should not be changed at this time by adding NDs. A member noted that the materials about

[1] For clarity, it is noted that "naturopathic physician" is abbreviated as "ND."

ND education provided by Dr. Steven Moore on behalf of VANP reflected little attention to geriatrics and end-of-life care in the naturopathic curriculum. It was noted that Vermont law requires MDs to have CME on end-of-life care each licensing cycle. One commenter mentioned that there is a limited number of physicians who participate in the MAID process. Some members referred to comments submitted in writing by two members who could not attend. Many of the commenters addressed the issue as two separate matters, expressing an opinion on DNR/COLST and a separate opinion on MAID. The Chair suggested having two motions, one on the subject of DNR/COLST orders and another on the subject of which professions are allowed to act as a clinician in the MAID process, as set forth in Chapter 113 of Title 18, Vermont Statutes Annotated, Patient Choice at End of Life.

Dr. King made a motion for the Board to take a position supporting inclusion of NDs as clinicians who can sign DNR/COLST orders, subject to the additional recommendation that for an ND to sign as a clinician for such orders they should be required to have additional education on the subjects of: the medical interventions to sustain life that occur when a "code" is called in a hospital; Advanced Cardiovascular Life Support (ACLS); and the other interventions that appear on the Vermont Department of Health DNR/COLST form. S. Jones, PA-C seconded the motion. The motion passed: 11-0-0.

Dr. Ireland made a motion for the Board to take a position opposing the inclusion of NDs as clinicians who can act as a physician for the MAID process, as set forth in Chapter 113 of Title 18, Vermont Statutes Annotated. Dr. King seconded the motion. The motion passed: 9-1-1.

- **Adjourn:**

Dr. Hildebrant declared the meeting adjourned at 1:00 PM.