



Testimony on
RB 5902 AN ACT CONCERNING THE PRACTICE OF NATUROPATHY.
February 24, 2019

Good Morning Senator Abrams and Representative Steinberg, and other distinguished members of the Public Health Committee. For the record, my name is David Boisoeneau, M.D. I am a board-certified Otolaryngologist practicing in Waterford, CT. I am here representing the thousands of physician members and physicians in training of the above-mentioned societies to strongly oppose to RB 5902.

If you have a feeling of Déjà vu, you are not alone. Some of you will certainly recall our testimony presented in 2010, 2013, 2015, 2016, 2017, and 2018 opposing similar bills for Naturopaths seeking prescriptive authority. Unfortunately, we are here to address yet another effort by naturopaths to create a back door to prescriptive authority.

We have submitted information for your consideration (see attached fact sheet) regarding the striking contrast of training and experience between physicians and naturopaths. We will discuss that in a moment, but we would also like to point out the dangerous precedent this bill would set. The Connecticut state legislature, by law and ethics has the duty to consider scope of practice expansions, and to protect the public. Having failed to convince this body, on multiple occasions, that naturopaths should prescribe medicines, they are trying a different strategy. We are faced now with a bill that audaciously assumes they can prescribe, and boldly focuses on which medicines they will be allowed. If passed, this bill would create a mechanism by which professions could circumvent the time honored and trusted public hearing and legislative process and the legislature's own scope review process. That process has three times reviewed this issue and not recommended prescriptive authority. Further, it unprecedentedly requires the Department of Public Health to create and administer a process and structure for evaluating, reviewing, and determining appropriate prescriptive authority. This will require new expertise, personnel and funding.

Several years ago, the CGA took the lead in creating a fair and inclusive Scope Review Process. Through this process, health practitioners wishing to expand their scope can request a review by the Department of Public Health (DPH). The DPH then solicits requests from other health care professionals to participate in the process, allowing an exchange of ideas and a vetting of the request for scope expansion before proceeding to the legislature. With a vetted request, legislation would often be introduced and undergo a public hearing under the auspices of the Public Health Committee. In recent years, many members of our organizations spent many valuable hours serving on about 12 Scope Review Committees, including the APRN review which resulted in independent practice for some APRNs. When the previous requests by Naturopaths for prescriptive authority were reviewed through the Scope Review Process, many hours were spent reviewing the education, training and clinical hours of the inconsistent Naturopathic training. Each time it has been considered the committees have reached the same conclusion: it was not in the public interest to allow Naturopaths prescriptive authority. This opinion was reinforced by an article in Consumer Reports last year that warns against seeing a naturopath without coordinating treatment with a Medical Doctor. In addition to an inadequate level of training for naturopaths, many of those who choose to go to a Naturopath do so for alternative health treatments and not for the prescription of traditional pharmaceuticals. This is confirmed by the University of Bridgeport's Naturopathic Program which has advertised to prospective students a "non-Rx approach" for their training program and their profession.

This legislation proposes that the DPH draw up a formulary for naturopaths. Let us set aside, for a moment, the fact that naturopaths lack the necessary academic, and particularly, the clinical, training to safely prescribe and manage prescription medicines. Creating a formulary of this nature is not a simple task, and there currently is no process for doing this in the Department. There is no precedent for such an action for any other profession. In addition to a full understanding of the pharmacopoeia, the creation of such a formulary would also require a detailed, impartial, and disinterested knowledge of the true scope and limits of naturopathic practice and training, so that correct and judicious limits would be applied. This proposed approach seems a bit like asking a fox to prescribe exactly how it would like the hen house stocked before its arrival.

There are many health care professions who have completed the rigorous didactic and practical training to achieve prescriptive authority. There is no substitute for the hundreds of hours of didactic lectures in pharmacology and thousands of hours in clinical rotations these students complete just to receive their diplomas. But this only lays the foundation. Post graduate training on the nuances of clinical pharmacology in internships, residencies and fellowships, all under the watchful eyes of experienced prescribers and care givers, ensures that this knowledge becomes part of their DNA. Other approaches that consist of limited hours or even weekend courses simply cannot ensure the safety of our patients. Even just last year, the naturopaths suggested additional training be required for them to be allowed to prescribe medications, and this bill now simply asserts they will prescribe with no additional training or review.

In conclusion, this bill is wrong in both its intent and its proposed execution. The ability of professions to perform an “end run” to achieve their desire for expanded scope of practice will place patients at risk and erode our well delineated and accepted process. The Connecticut General Assembly should not open this door to those who are not satisfied with the scope review process. It is the wrong goal and the wrong approach. And there is simply no need for this –Connecticut is a small state with thousands of well-trained professionals with prescriptive authority. A collaborative approach would be far more useful and would best utilize the strengths of all health care professionals