James L. Madara, MD





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February 7, 2023

The Honorable Ed Buttrey Chair, House Business and Labor Committee Montana House of Representatives 708 Central Avenue Great Falls, MT 59401-3731 The Honorable Derek Harvey Vice Chair, House Business and Labor Committee Montana House of Representatives P.O. Box 3111 Butte, MT 59701-3111

Re: Senate Bill 100 – Oppose

Dear Chair Buttrey and Vice Chair Harvey:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to strongly **oppose Montana Senate Bill 100 (SB 100)**, which would expand the scope of naturopaths' prescriptive authority. This bill would allow naturopaths to prescribe drugs based on a board-approved formulary and to prescribe not only "natural substances," but all "therapeutic substances" generally. The prescribing of such medications falls outside the scope of naturopaths' training. Consequently, the AMA is concerned that if approved, SB 100 will present a safety risk to Montana's patients.

Naturopathic training is not a medical education—naturopaths are not trained to prescribe medications.

Naturopathic educational programs may claim to be comparable to medical school, but they are not. A close review of naturopathic education and training reveals several shortcomings that should give the Montana House pause when conferring independent authority on naturopaths to prescribe and dispense drugs. Naturopathy, by its very definition, is a natural modality in which neither surgical nor medical agents are used. Naturopaths, instead, use a variety of treatment approaches, including dietary and lifestyle changes, stress reduction, herbs and other dietary supplements, homeopathy, exercise therapy, practitioner-guided detoxification, and counseling. Traditional naturopathy avoids drugs and surgery. This is based on the naturopathic belief that the human body has an innate healing ability.

Naturopathic doctoral (ND) programs completed by licensed naturopaths purport to provide a comprehensive education in both medical sciences and naturopathic philosophy and therapeutics in the same four-year timeframe as traditional medical school; however, this is simply impossible. In truth, naturopathic education and training pays almost no attention to pharmacological treatment or education. Even naturopathic doctoral programs accredited by the Council on Naturopathic Medical Education tend to require only a few credits in pharmacologic intervention during naturopathic training. Naturopathic education focuses much of its attention on non-medical content like botanical medicine, homeopathy, acupuncture, and hydrotherapy. These naturopathic principles and therapeutics are combined with and taught alongside some coursework in sciences, but there are no specifications around the number of hours required in each area. Consequently, naturopathic graduates report completing the naturopathic program having taken only one course in important topics such as pharmacology.

Notably, naturopathic students may not gain exposure to key clinical scenarios that would train them to safely prescribe medications. Over the course of their 1,200-hour clinical training, ND students must

The Honorable Ed Buttrey The Honorable Derek Harvey February 7, 2023 Page 2

complete only 850 patient care hours, compared to a physician's 10,000+ hours. The accreditation standards for naturopathic doctoral programs impose no requirement that naturopathic students see patients of any particular age or with any particular illness or condition as part of their clinical training. Residencies are not required. As a result, there is no guarantee that a naturopathic student will ever see patients who are sick or hospitalized during their clinical rotations. They may also never take care of a child or senior throughout their training. Yet, this legislation would open the door for naturopaths to prescribe dangerous medications to any patient and for an undetermined range of illnesses.

Prescribing is the practice of medicine, which is care only a physician can safely provide. Physicians have more than 10,000 hours and seven-to-eleven years of postgraduate clinical education and training. This enables them to correctly diagnose, treat, prescribe, and manage patients' health care needs. But it is more than the difference in hours or years of training that distinguishes medical doctors from naturopaths, it is also the comprehensive and holistic approach to medical education and training received by physicians. This begins in medical school when students receive a comprehensive education in the classroom and in laboratories where they study the biological, chemical, pharmacological, and behavioral aspects of the human condition. After graduation from medical school, physicians spend three to seven more years learning the complexities related to making a diagnosis and appropriate prescribing in multiple clinical situations and settings—gaining in-depth knowledge essential to their chosen specialty. Such medical education and training are essential to safely treat patients and prescribe medications.

SB 100 would put the prescription pad in the wrong hands. The naturopathic curriculum does not include the education, training, or sufficient experience in prescribing medication, by virtue of the accreditation of naturopathic schools and the underlying philosophies of naturopathy. Based on the above, it is clear that this bill's authorization of naturopath prescribing of prescription drugs threatens the health and safety of Montana's patients.

SB 100 is not in the best interest of patients.

For all the reasons noted above, the AMA is concerned with the expansion of scope of practice afforded to naturopaths by this legislation. We urge you and members of the Committee to put patients first and oppose SB 100.

If you have any questions, please contact Kimberly Horvath, JD, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Thank you for your consideration.

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Sincerely,

James L. Madara, MD

Attachment

cc: Montana Medical Association