

October 22, 2021

The Honorable Robin Vos
Speaker
Wisconsin State Assembly
P.O. Box 8953
Madison, WI 53708

Re: Opposition to Wisconsin Senate Bill 532/Assembly Bill 529

Dear Speaker Vos:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to express our **strong opposition to Wisconsin Senate Bill (S.B.) 532/Assembly Bill (A.B.) 529** relating to the licensure and regulation of naturopaths. Specifically, we are concerned that S.B. 532/A.B. 529 would (1) allow naturopaths to provide patient care beyond their education and training; (2) inappropriately allow the board regulating naturopaths to expand naturopath scope of practice; and (3) allow the naturopath board and naturopaths to use terms that are generally understood by the public to refer to physicians (also referred to as Doctors of Medicine/MDs and Doctors of Osteopathy/DOs) and/or are within the purview of the practice of medicine. Taken together, these provisions threaten the safety of patients in Wisconsin, therefore, we strongly encourage you to oppose S.B. 532/A.B. 529.

Physicians and naturopaths are not the same

First, the AMA is deeply concerned with language in S.B. 532/A.B. 529 that positions naturopaths as “primary care providers.” Similarly, we are also alarmed that information was provided to the Senate Committee on Insurance, Licensing, and Forestry that seems to conflate naturopathic education with the education and training of physicians (MDs and DOs). Let me be clear: naturopaths are not equivalent to physicians. Physicians complete seven-eleven years of post-graduate education (four years of medical school and three-seven years of residency training) including more than 10,000 hours of clinical experiences. By sharp contrast, naturopaths complete only 720-1,200 patient care hours during their four years of naturopathic education, with **no requirement to complete a residency program.**

In addition to this vast difference in the number of years of education and hours of training, there is a clear difference in the depth and breadth of this training. For example, the four-year medical school curriculum focuses on fundamental principles of medicine and its underlying scientific concepts. It includes required courses on anatomy, biochemistry, genetics, physiology, microbiology, immunology, pathology, pharmacology and therapeutics, and preventive medicine, including laboratory. After graduation from medical school, physicians enhance their education through residency training in a select specialty or subspecialty in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME). As part of their residency, for example, family medicine residents, “must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care”¹ Each program must

¹ ACGME Program Requirements for GME in Family Medicine.

provide standardized hours of training in specific clinical settings, such as family medical practice and hospital settings, as well as across a broad range of ages and medical conditions. For example, residents must complete 600 hours and 750 patient encounters for the care of hospitalized adult patients, 200 hours or 250 patient encounters dedicated to the care of children and adolescents in an ambulatory setting, and 200 hours dedicated to the care of patients with a “breadth of musculoskeletal problems”--to name a few.² Throughout the program, residents must demonstrate competence to independently provide patient care in a broad range of areas of medicine. Because of the extensive range of knowledge acquired during residency, family medicine physicians are prepared to independently treat a range of acute, chronic, and preventive medical services.

Naturopathic education and training, by sharp contrast, includes general science education plus complementary and alternative treatment modalities, such as homeopathy, botanical medicine, acupuncture, oriental medicine, and hydrotherapy. In addition, as mentioned above, no residency equivalent program is required. Simply put, **naturopathic education is not comparable to the level of education and training completed by MDs and DOs and is woefully inadequate to prepare naturopaths to deliver care as primary care providers.**

Naturopaths do not have the education and training to prescribe serious medications

Given these stark differences, the AMA is deeply concerned that S.B. 532/A.B. 529 would inappropriately authorize naturopaths to prescribe medications. A close review of naturopathic education and training reveals several shortcomings that should give the Wisconsin Legislature pause when conferring the authority of naturopaths to prescribe. Naturopathy--by its very definition--is a natural modality in which **neither surgical nor medical agents are used**. This is based on naturopathic belief that the human body has an innate healing ability. As such, naturopathic education and training pays almost **no** attention to pharmacological treatment or education.

For example, naturopathic programs accredited by the Council on Naturopathic Medical Education require only a few credits in pharmacologic intervention during naturopathic training. Because naturopathic training does not include the education or training to provide sufficient experience in prescribing medication, by virtue of the accreditation of naturopathic schools and the underlying philosophies of naturopathy, this bill’s authorization of naturopath prescribing of prescription drugs threatens the health and safety of Wisconsin’s patients.

The role of the state legislature must be preserved

The AMA is also concerned that S.B. 532/A.B. 529 would allow the newly created naturopath licensing board to determine the scope of practice of naturopaths. This would remove the state legislature from its important role in protecting the public. It is imperative that the legislature retain this critically important role and authority to review and authorize any future scope of practice proposals.

Patients want and need clarity and transparency, not more confusion

Finally, the AMA strongly opposes language in S.B. 532/A.B. 529 that uses terms commonly understood to refer to physicians (MD and DOs) to describe naturopaths. Language is important and use of these terms will only serve to confuse the public about who is providing their care. The AMA believes the term “physician” should only be used by those who have a Doctor of Medicine, Doctor of Osteopathic Medicine, or a recognized equivalent physician degree and who would be eligible for an ACGME

² Id.

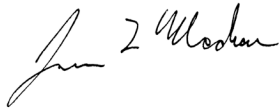
residency. **Patients overwhelmingly agree.** According to a recent AMA survey of adults nationwide, **88 percent agreed with the statement, “only licensed medical doctors or doctors of osteopathic medicine should be able to use the title of ‘physician.’”**

As patients are asked to navigate an increasing number of health care professionals in the health care system, all with varying degrees of education and training, it is more important than ever that clear titles are used. Using terms like medicine, physician, and doctor in the title or description of naturopaths or the naturopath licensing board is both misleading and confusing to patients. It is inappropriate and does not provide the transparency patients need to navigate the health care system. This is even more concerning when coupled with the other expansions that would be permitted in S.B. 532/A.B. 529.

Based on all the reasons given above, we strongly urge you to put the safety of patients first and oppose S.B. 532/A.B. 529.

Thank you for the opportunity to provide these comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim L. Madara".

James L. Madara, MD

cc: The Honorable Tony Evers, Governor of Wisconsin
Alicia Arnold, MD, President, Wisconsin Medical Society
Jesse M. Ehrenfeld, MD, MPH