MEMORANDUM IN OPPOSITION

S.4828-A (LAVALLE)

A.7860 (PERRY)

This measure would license doctors of naturopathic medicine and allow them to administer, diagnose, and treat patients. The Medical Society of the State of New York strongly opposes this bill.

The definition of scope in this legislation includes the scope of licensed physicians. The definition of naturopathy included in the bill is the prevention, assessment and management of injuries, diseases and conditions of the human body through the use of education, nutrition, naturopathic therapies, natural medicines, and naturopathic physical medicine that are designed to support and/or restore and/or stimulate the human body’s own natural healing processes, as well as primary preventive health care, and shall include evaluation and referral as necessary. However, “naturopathic practice” and natural therapies remain undefined, leaving the interpretation of the scope of practice to the board created under the bill, and to a degree, the educational institutions that prepare naturopaths and even the practitioners themselves. The language makes specific prohibitions, but what remains is so broad that it would include forming a medical diagnosis and treating serious medical conditions without the patient or the naturopathic practitioner having any relationship with a licensed physician. The bill allows them to order imaging and laboratory tests, but does not prohibit them from performing the imaging and laboratory tests themselves. In fact, it allows them to draw blood, essentially doing lab tests, and allows them to interpret those test results.

It should be noted that the preparation to become a graduate of a naturopathic education program is far less rigorous than that required to become a physician. While the classroom work may have similar requirements, the clinical preparation of a medical student, including years of post-graduate residency, includes greater exposure to patient care in acute, chronic and primary/preventive settings, involvement in the formation of complex diagnoses and requires years of supervised service, all prior to licensure. This legislation does not require such clinical experience, and does not require residency except for new licensees after the year 2016, and then only one year of residency would be expected.

Furthermore, the legislation will mislead the public who will expect that they are receiving services from a physician. The bill authorizes the use of the title “naturopathic doctor” or “doctor of naturopathic medicine.” While the bill prohibits such licensee from practicing or claiming to practice another licensed profession, including medicine, the title itself will convey to the public that the naturopathic practitioner is in fact, the equivalent of a licensed physician. The legislation fails to require disclosures to clients that the naturopath is not practicing medicine and that the services provided will not automatically be covered by health insurance.
In order to protect the public from herbal remedy practitioners, the Legislature may find that this distinct practice should be regulated. The Medical Society could work on language within that parameter. However this bill, while purporting to protect the safety and welfare of the public, does not effectively prohibit unlicensed practitioners. The bill includes a broad exemption allowing non-naturopathic doctors (therefore, any person) to use therapies, including but not limited to undefined homeopathic remedies, nutritional and dietary supplements and herbs. With such a broad exemption, the bill fails to meet its intent of protecting the public from unlicensed personnel who recommend alternatives to medical care. Essentially, all the bill accomplishes is to require that a practitioner who uses the title “naturopathic doctor” must be licensed and allows them to diagnose.

This overlap of practice does not represent the complementary nature of traditional naturopathic practice, but another – and less prepared and unsupervised – route to become a primary care provider. It creates a separate silo of primary care and, in addition to putting patients in jeopardy, would raise the cost of health care at a time when efforts are being made to contain or even lower it.

The Medical Society accepts the fact that some consumers of health care services seek alternative or complementary methods of care. In order to protect the public, these services may need to be licensed. However, such care can be additive to, but must not be a replacement for medical care delivered by a medical doctor or a doctor of osteopathy. In fact, many physicians practice non-conventional, alternative medicine. The Legislature recognized this area of specialty in medicine, and ensured that two such medical practitioners serve on the State Board for Professional Medical Conduct. The Legislature also recognized that the practice of medicine can be attained through an alternative educational pathway than the traditional allopathic medical schools when Doctors of Osteopathy were included in Article 131 and authorized to practice.

The bill as currently constructed cannot be supported. We remain open to renewal of a dialogue regarding the specific dimensions of this proposal.

For the reasons stated above, the Medical Society of the State of New York strongly opposes this bill and respectfully urges redress of our concerns and in lieu thereof, we urge its defeat.

Respectfully submitted,

ELIZABETH DEARS KENT, ESQ.

6/5/13 – Oppose
BKE