



*Federation of
Naturopathic Medicine
Regulatory Authorities*

**Letter of Support for
Senate Bill 532
Regulation of the Practice of
Naturopathic Medicine in Wisconsin**

September 29, 2021

Dear Members of the Wisconsin Senate Committee on Insurance, Licensing and Forestry,

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) supports regulation of naturopathic medicine in Wisconsin. Regulation is integral to the promotion of safe naturopathic medical practice and protection of the public.

The FNMRA's mission is to protect the public by connecting regulatory authorities and promoting standards of excellence in the regulation of naturopathic medicine. The Federation supports new and existing regulatory organizations in fulfilling their statutory obligations to regulate the profession in the interest of public protection. The FNMRA envisions a coordinated regulatory system for naturopathic medicine throughout the United States.

The FNMRA appreciates this opportunity to illustrate the need for licensure of qualified naturopathic doctors (NDs) in Wisconsin. NDs who have graduated from a CNME-accredited naturopathic medicine program have been trained to be primary care providers. When they have passed competency-based national naturopathic licensing examinations, they have demonstrated that they are competent to safely and effectively use naturopathic medicine to diagnose and treat disease and to optimize health.

Naturopathic doctors have been regulated for decades in many states for the purpose of public protection. This protection is provided by the use of proper title (naturopathic doctor), by excluding unqualified persons from practicing naturopathic medicine, and by creating a structure through which the public can report complaints and subsequently both licensees and lay practitioners can be investigated.

Licensed NDs Are Safe Primary Care Providers

- **Licensed NDs have fewer disciplinary actions than MDs/DOs**

NDs have been practicing as primary care providers safely for decades in other states. This can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs (see addendum A).

Licensed NDs Are Safe Primary Care Providers (Cont.)

- **Minimal disciplinary actions occur even when NDs have broad prescribing rights**

Wisconsin has mandated improved outcomes for chronic disease and would benefit from licensing NDs because it would increase the number of qualified primary care providers. An important aspect of primary care is the ability to prescribe drugs so that the patient does not need to delay treatment by being forced to seek care with another provider. Primary care providers need broad prescribing authority in order to provide effective treatment, improve access to care, and ensure patient safety

NDs have proven themselves to be safe prescribers. Currently, 11 out of 25 regulated jurisdictions allow NDs broad prescriptive authority. Disciplinary action was only taken against NDs in three of the regulated jurisdictions and, the vast majority of those actions involved opioid management, a challenging area for all licensed primary care providers.

Disciplinary Actions Related to Prescribing from 2010 to 2021*		
Jurisdiction	Disciplinary Actions	Estimated Number of Licensees
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids		
Hawaii	0	150
Idaho	0	27
New Hampshire	0	60
New Mexico	0	15
Utah	0	60
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids		
California	0	900
Montana	0	105
Vermont	0	350
Oregon	12	1200
Arizona	18	1450
Washington	32	1400
TOTAL	62	5717
* Or since year of licensure.		
FNMRA interprets broad prescribing rights to mean access to all major categories of prescription drugs required for primary care.		

Licensing Laws Decrease Risk of Harm to Consumers

- **Regulation of naturopathic doctors provides consumer protections against harmful behavior**

Anytime a consumer enters into a doctor-patient relationship, there is an inherent power imbalance that places the patient at risk of harm; regulation helps to minimize this risk.

The FNMRA has tallied the number of disciplinary actions taken the U.S. against licensed naturopathic doctors from January 2010 to July 2021 (see Addendum B). The disciplinary actions are grouped by type. For example, “Physician acts that (directly) harm patients physically or emotionally.” This category includes sexual boundary violations. It is essential for a regulatory structure to be in place so that patients can file complaints of sexual violations. Although disciplinary actions of this type are rare, in the last 11 years there has been only 12 licensed NDs disciplined for sexual boundary violations, out of an estimated 6,000 active licensees (0.2 % of licensed NDs). This is consistent with the percentage of sexual boundary violations by MDs/DOs.¹

Sexual boundary violations are a type of harm to the public that requires a response from regulators. Consumer protection agencies and attorneys general are not equipped to handle these types of complaints, whereas a Board of Naturopathic Medicine will have experienced administrators and will have policies and procedures in place to investigate these types of complaints. Licensing naturopathic doctors will provide the citizens of Wisconsin with a way to have this type of harm addressed and prevented.

- **Regulation provides consumer protection against lay naturopaths**

Naturopathic regulatory authorities consistently report to the FNMRA that there are many more consumer complaints against lay naturopaths than licensed naturopathic doctors. It is difficult to track this number, but we have a few examples. In 2013 in California, 6 actions were taken against licensed NDs and 51 were taken against lay naturopaths. In the past ten years in Utah, there has been one disciplinary action taken against a licensed ND and an average of one action taken per year against lay naturopaths. Lay naturopaths, because of their lack of training, can recommend dangerous or ineffectual treatments and prevent consumers from accessing appropriate care, leading to physical harm or death. Establishing a regulatory structure of licensing in Wisconsin will help educate the public on the difference between qualified naturopathic doctors and lay naturopaths as well as provide consumers formal complaint process.

¹. Randy A. Sansone, MD and Lori A. Sansone, MD. “Crossing the Line: Sexual Boundary Violations by Physicians” *Psychiatry (Edgmont)*. 2009 Jun; 6(6): 45–48.

In Conclusion:

Licensure will ensure that naturopathic doctors are competent by establishing educational and practice standards. Furthermore, a naturopathic medicine regulatory structure in Wisconsin will allow enforcement of the state's rules by monitoring licensee activity and implementing disciplinary actions.

As a member of this committee, you are a champion of public safety. Your support of naturopathic medical regulation will increase number of safe primary care providers, protect the citizens of Wisconsin from untrained lay naturopaths who may cause harm, and establish a structure under which consumers can have their complaints addressed.

We thank you for the opportunity to share our comments and hope this information, and any future dialogue between the Federation of Naturopathic Medicine Regulatory Authorities and the Wisconsin Senate Committee on Insurance, Licensing and Forestry, will lead to the establishment of regulations that promote the safe practice of naturopathic medicine.

If you have any questions, please call me at 503-244-7189 or email me at ShannonBraden@fnmra.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Braden', followed by a horizontal line and the letters 'ND'.

Shannon Braden, ND
Executive Director, FNMRA

Addendum A

Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

REFERENCES: <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>
<https://www.oregon.gov/obnm/Pages/Discipline.aspx>
 ND #s provided by email - OR ND Board
https://store.aamc.org/downloadable/download/sample/sample_id/305/
<https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf>

**Disciplinary Actions Taken by States from 2010 to July 2021
(6,000 estimated licensees)**

Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards
Alaska						
Arizona	1		1			3
California						
Colorado	1					
Connecticut						
Dist. of Columbia						
Hawaii			1			
Idaho						
Kansas						
Maine						
Maryland	2					
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota						
Oregon		4				3
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	1	3			1
TOTAL	5	5	5	0	0	7

**Disciplinary Actions Taken by States from 2010 to July 2021
(6,000 estimated licensees)**

Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet CE requirements
Alaska					
Arizona			1	1	5
California					
Colorado					
Connecticut					
Dist. of Columbia					
Hawaii					
Idaho					
Kansas					1
Maine					
Maryland					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon	1			1	
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	4		3	1	
TOTAL	5	0	4	3	6

**Disciplinary Actions Taken by States from 2010 to July 2021
(6,000 estimated licensees)
Physician Acts that Directly Harm Patients Physically or Emotionally**

PHYSICIAN ACTS THAT (DIRECTLY) HARM PATIENTS PHYSICALLY OR EMOTIONALLY									
State	Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)
Alaska									
Arizona	6	2			18	14	1	1	10
California	1								
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maine									
Maryland									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon			1	2	12	2	2	3	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont									
Virgin Islands									
Washington	8			1	32	10	4	2	2
TOTAL	17	3	1	3	62	26	7	6	14

**Disciplinary Actions Taken by States from 2010 to July 2021
(6,000 estimated licensees)
Physician Acts that Potentially (Indirectly) Harm Patients**

State	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
Alaska				1
Arizona		2		2
California				
Colorado				1
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
TOTAL	1	4	7	10