June 6, 2011

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1345-P,P.O Box 8013
Baltimore, MD 21244-801


The American Association of Naturopathic Physicians is the nation’s only professional organization representing licensed naturopathic doctors. Naturopathic physicians, highly trained primary care providers, play a significant role in reducing the rate and impact of chronic disease in underserved populations. Naturopathic Medicine, as defined by the US Department of Labor, is to “Diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. May use physiological, psychological or mechanical methods. May also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.”¹

We welcome the opportunity to comment on the Agency’s draft regulation to create a Shared Savings Program in the form of Accountable Care Organizations to serve the needs of Medicare Beneficiaries. While naturopathic physicians are not currently eligible for reimbursement in Medicare, we believe the care currently provided to seniors and their families by highly trained, licensed naturopathic doctors warrants consideration by CMS.

The standards for naturopathic medicine are on par with that of conventional medicine. Like the Liaison Committee on Medical Education—the accreditor for MD programs—the CNME is recognized by the U.S. Secretary of Education. The CNME was most recently re-recognized by the Secretary of Education in February 2011 for a term of five years, the maximum allowable term. The naturopathic medical program is a resident course of at least 4 years and 4,100 hours of study. Clinical education requirements, as mandated by accreditation agencies, include a minimum of 1,200 clock hours in direct patient contact. All licensed naturopathic physicians have matriculated from the CNME approved schools and successfully passed a national exam administered by the North American Board of Naturopathic Examiners (NABNE).

CMS acknowledges in the proposed regulation that what should constitute primary care services for the purpose of assigning beneficiaries to a physician in an ACO is not defined in the Act and therefore has defined primary care through the existing coding system, a system used by naturopathic doctors across the country. The list of eligible providers for the ACO model itself is constrained to physicians, nurse practitioners, clinical nurse specialists or physician assistants. We respectfully suggest that the federal government’s continued inability to recognize the growing use of a myriad of highly qualified primary care providers, alternative

¹http://www.onetonline.org/link/details/29-1199.04
therapies and supplements, will compromise care for Medicare beneficiaries and result in a failure to achieve additional savings.

It has been well documented that usage of what has been known as “CAM” or complementary and alternative medicine is on the rise, an expression of what we believe the general public is seeking in a health care system. It is our position that these services are no longer alternative and must be integrated into the fabric of all future health care offerings. In the 2005 Institutes of Medicine report on CAM, an analysis of a 1990 survey indicates that Americans made an “estimated 425 million visits to providers of complementary care,” far exceeding the 338 million visits to conventional primary care physicians. IOM also determined that more than 20 years ago, more than three-quarters of the costs associated with the visits ($10.3 billion) were paid out of pocket. Critical to CMS’ interest is the survey finding “that 72 percent of CAM therapy users did not inform their medical doctors that they used CAM (Eisenberg et al., 1993).”

The 2009 Institutes of Medicine report on integrative medicine sited more recent data on the use of non-conventional approaches for prevention and treatment, including data from 2007 stating almost “two of every five Americans over the age of 18 reported use of therapies such as yoga, massage, meditation, and natural products and supplements (Barnes et al., 2008).” Out-of-pocket expenditures topped out $34 billion (Nahin et al., 2009) and half of all American adults spend $23 billion on dietary supplements. (National Institutes of Health, 2006)

The complex nature of chronic disease in the elderly has the potential to be further compromised should beneficiaries fail to fully inform their physicians on the use of supplements to support their health. Naturopathic physicians, the only doctoral-level trained providers in herb-drug interaction, stand as a safe, cost-effective and critical component of patient-centered care that will reduce the impact of chronic disease. Naturopathic medicine is a system of care, one that is patient-centered and oriented to treatment of the whole person and the cause of disease.

In 2008, a study on low-back pain funded by the National Center for Complementary and Alternative Medicine found that the use of naturopathic medicine resulted in better overall health and improved quality of life, reduced absenteeism and reduced costs for other treatments and pain medication. The net savings for the group of 70 warehouse workers was $1212 per participant.

Preliminary results from a 2010 randomized controlled pragmatic trial of the whole practice of naturopathic medicine for Canada Post employees at risk for cardiovascular disease, concluded total direct costs of naturopathic treatment used to attain one year of healthy living were $1,477 (as compared to $6,631 for anti-hypertensive medications, $6,134 for statins, and $4,238-$7,829 for smoking cessation programs). The study projects that 3.3 out of every 100 workers using naturopathic medicine will avoid a major cardiac event they would have suffered without any form of lifestyle intervention. At least one person will live who would have otherwise died.

Naturopathic medicine has the potential to dramatically impact federal health care programs, including Medicare. In 2005, researchers from Sam Houston University conducted a study to determine what impact designating naturopathic doctors as primary care providers would have on the number of health professional shortage areas (HPSAs). In the seven states selected, three of the 93 counties lost HPSA status. In extrapolating the data across all 50 states, the authors concluded that 33 to 142 counties could lose HPSA

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3 Ibid
5 http://nccam.nih.gov/research/results/spotlight/070708.htm
6 Dugald Seely, Bsc, ND, MSc., Patricia Herman, MS, ND, PhD, “Systemic Review of Cost Effectiveness of CAM” American Association of Naturopathic Physicians, August 2010.
status entirely. In the words of the authors, “the impact of a fully diffused profession could dramatically reduce the number of HPSAs should the Bureau of Health Profession count NDs on par with medical doctors MDs.”

Currently, six state legislatures designate naturopathic doctors as primary care: Alaska, California, Montana, New Hampshire, Utah and Vermont. Across the country legislatures are expanding scope and access to naturopathic medicine. Naturopathic doctors in Arizona, Hawaii, Oregon and Washington have full prescribing authority, and Hawaii recently expanded its scope of practice significantly.

The AANP appreciates that it is not within CMS’s authority to expand Medicare beneficiary access to providers who are not recognized in current law. However, NDs are currently working in underserved areas across the country, providing primary care services in Federally Qualified Health Centers, Community Health Centers, and on American Indian and Alaska Native lands. Naturopathic physicians are also treating Medicaid beneficiaries in Vermont, where the legislature has mandated the services of all licensed health care practitioners be made available to the most vulnerable of its residents. The data demonstrates that naturopathic medicine is effective, safe and will have a significant impact on addressing our current primary care workforce shortage. The data also demonstrates that the use of care non-conventional treatment is growing rapidly, so much so that policy makers and regulators have an obligation to the public to integrate effective modalities and the providers with this expertise into the system. Our objective is to improve the health status of a nation by expanding access to naturopathic medicine across state lines and into federal health care programs. We look forward to continuing dialogue with CMS and the Department of Health and Human Services to expand the current workforce supporting Medicare and Medicaid to include licensed naturopathic physicians.

Sincerely,

Karen E. Howard
Executive Director

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8 Ibid.