



Delivered via Electronic Submission

May 12, 2026

HHS Healthcare Advisory Committee
Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
HAC@cms.hhs.gov

Re: Comments to the HHS Healthcare Advisory Committee (HAC) regarding Chronic Disease Prevention and Workforce Utilization

Dear Members of the Healthcare Advisory Committee,

On behalf of the American Association of Naturopathic Physicians (AANP), we thank the HHS Healthcare Advisory Committee for the opportunity to provide comments as you begin your vital work. We strongly support the focus on redirecting national attention toward understanding and drastically lowering chronic disease rates.

The AANP represents 8,000 licensed naturopathic doctors (NDs), a healthcare workforce trained as prevention-focused primary care providers licensed in 26 US jurisdictions **whose services are currently recognized by private insurance, Medicaid, and Medicare Advantage programs, but have yet to be recognized in any federal health care program.**

Naturopathic medicine is recognized by the National Institutes of Health as a distinct system of integrative health care and was lauded by Congress in 2014 through [Senate Resolution 420](#) as “safe, effective, and affordable health care...[encouraging] the people of the United States to learn about naturopathic medicine and the role that naturopathic physicians play in preventing chronic and debilitating illnesses and conditions.”

Licensed naturopathic medicine has been a system of health care in the US for over a century, with an educational model consistent to that of conventional medicine grounded in biomedical physiology and diagnostics, but with a reprioritization of the order of therapeutics. Specifically, naturopathic medical training’s core therapeutic focus is on lifestyle-oriented self-care, preventive behaviors, physical activity, stress-management, clinical nutrition, herbal medicine, and hands-on manual therapies — only resorting to more-costly prescription drug therapies or surgical interventions when appropriate.

Naturopathic medicine focuses on addressing the underlying causes of illness rather than just treating

symptoms, which is essential for disease reversal.

Alignment with the MAHA Commission Executive Order

The Executive Order (EO) calls for "fresh thinking on nutrition, physical activity, healthy lifestyles, and over-reliance on medication and treatments," and mandates that agencies "must focus on reversing chronic disease."

This is the very foundation of naturopathic medicine. Licensed NDs are trained as primary care providers whose core therapeutic focus is on lifestyle-oriented self-care, clinical nutrition, and preventive behaviors, only resorting to costly prescription drugs or surgery when absolutely necessary.

Naturopathic physicians are the only licensed primary care physician-level provider who receive an average of 150 hours of clinical nutrition during medical school.¹

A body of literature, too vast to enumerate here, supports the cost-effectiveness of lifestyle-oriented self-care, nutrition, preventive behaviors and other modalities that are grounded in the approach used by naturopathic doctors to manage, improve, or reverse chronic disease conditions. The preventive focus of naturopathic care addresses many modifiable risk factors – lifestyle behaviors, physical activity, sedentariness, obesity, alcohol consumption, dietary choices, and environmental exposures – associated with the increased cost of chronic diseases.

A recently released Health Technology Assessment (HTA) provides an evidence-based summary of naturopathic practice and the safety, economics and effectiveness of naturopathic care. The scope of the HTA was informed by research conducted by the international naturopathic community over the last thirty years encompassing over 2000 peer-reviewed scientific articles, of which more than 300 clinical studies involving over 100 different health populations are included. Key findings have included:

- Naturopathic researchers have conducted original clinical research involving over 100 different health populations.²
- 81.1% of the studies on the effectiveness of naturopathic clinical practice identified a positive response to at least one primary or secondary outcome measure.³
- Naturopathic physician care has been shown to reduce employee sick days and cost, while improving productivity.^{4,5}

¹ Association of Accredited Naturopathic Medical Colleges Brochure, [ND, MD/DO, NP - What's the Difference?](#) Accessed May 11, 2026

² <https://worldnaturopathicfederation.org/project/health-technology-assessment-naturopathy/>, accessed 10/20/24.

³ Lloyd, I., Steele, A., and Wardle, J., [Naturopathy, practice, effectiveness economics & safety](#). World Naturopathic Federation. Section 3, Chapter 8. 2022.

⁴ Herman, P.M., Szczurko, O., Cooley, K., and Mills, E.J., *Cost-effectiveness of naturopathic care for chronic low back pain*. Alternative Therapies in Health & Medicine, 2008.

⁵ Noe, B. *Vermont Car Dealers Help to Quantify the Benefits of Naturopathic Care*, in 21st Annual Conference of the American Association of Naturopathic Physicians. 2006. Portland.

- Numerous studies have demonstrated that using non-invasive, non-toxic approaches lowers health care costs.^{6,7} Patients with the greatest disease burden show the most significant reduction in total medical expenditures when utilizing integrative medicine.⁸
- A systematic review of randomized clinical trials found that use of natural health products such as those recommended by naturopathic doctors has the potential to reduce costs compared to conventional treatment by up to 73%.⁹

Removing Federal Policy Barriers to Expand Treatment Options

Section 2(d) of the Executive Order directs agencies to "ensure the availability of expanded treatment options and the flexibility for health insurance coverage to provide benefits that support beneficial lifestyle changes and disease prevention." To meet this objective, the Committee must address the "root cause." One of the primary root causes of our workforce shortage and inability to manage chronic diseases is that outdated statutory definitions prevent our healthcare system from utilizing those parts of our existing healthcare workforce that prioritizes prevention, nutrition, lifestyle and whole-person healthcare to its fullest potential - and instead incentivizes expensive, specialty and hospital-based care.

Addressing the federal barriers that currently restrict patient access to licensed healthcare providers like naturopathic physicians, who focus on prevention, nutrition, lifestyle and whole-person healthcare, is an essential component of addressing the root cause, and expanding treatment options.

Policy Solutions

1. Modernize the Definition of "Physician" in the Social Security Act

The definition of "physician" in §1861 (42 U.S.C. 1395x(r)(1)) of the Social Security Act is outdated and does not reflect the current landscape of licensed and qualified providers. This omission prevents 65 million Medicare beneficiaries from accessing whole-health, prevention-based care from licensed NDs, even in states where they are authorized to practice as primary care providers.

We urge the Committee to recommend and support Congressional efforts to modernize this definition to include licensed NDs.

2. Harmonize Medicaid Coverage

⁶ Herman PM, Szczurko O, Cooley K, Seely D. A naturopathic approach to the prevention of cardiovascular disease: cost-effectiveness analysis of a pragmatic multi-worksites randomized clinical trial. *J Occup Environ Med.* 2014 Feb;56(2):171-6. doi: 10.1097/JOM.000000000000066. PMID: 24451612; PMCID: PMC3921268.

⁷ Tais S, Oberg E. [The economic evaluation of complementary and alternative medicine](#). *Natural Med J.* 2013;5(2).

⁸ Sarnat RL, Winterstein J, Cambron JA. Clinical utilization and cost outcomes from an integrative medicine independent physician association: an additional 3- year update. *J Manipulative Physiol Therapeutics* 2007; 30(4): 263-269.

⁹ Kennedy DA, Hart J, Seely D. Cost effectiveness of natural health products: a systematic review of randomized clinical trials. *eCAM* 2009; 6(3) 297-304.

Currently, only five states cover ND services in Medicaid, creating arbitrary trade barriers and limiting access for low-income populations. The Committee should recommend that CMS require or incentivize states receiving federal Medicaid funding to use all prevention and whole-person focused licensed providers, like naturopathic physicians, to the full extent of their education and training. This would address workforce shortages in community clinics and FQHCs while utilizing a workforce proven to reduce costs and improve health outcomes.

3. Inclusion in the Veterans Health Administration and Department of Defense

Despite severe staffing shortages, the VA and DoD do not recognize licensed NDs as an eligible provider type. As experts in non-pharmacologic options for pain and disease, licensed NDs are uniquely qualified to deliver the "whole person" care these agencies strive to provide.

We respectfully ask the Committee to recommend that the Secretary of HHS urge and support the Secretaries of both DoD and the VHA take the necessary steps to include and recognize licensed naturopathic physicians to the full extent of their training and education.

4. Include a Naturopathic Doctor on the HAC

To maximize the utility of this committee, the charter of the HAC indicates that "the CMS Administrator shall appoint up to 20 individuals to serve on the Committee," and it currently consists of 18 members, 2 of whom are ex-officio members. Licensed naturopathic physicians meet the criteria of tactical experience and expertise working in the US healthcare systems "with regard to issues related to chronic disease prevention and management, expanding access to primary care, reducing healthcare costs, and driving other improvements in the healthcare system for patients and providers."

We urge the CMS Administrator to appoint a licensed naturopathic physician to the HAC to leverage the expertise of our profession and academic institutional knowledge in the delivery of preventive medicine focused on nutrition, lifestyle, whole-health, and non-pharmaceutical approaches to care.

Alignment of Federal Agency Policy Development

Independent policy initiatives developing within separate governmental and regulatory "silos" - in particular the Departments of Health and Human Services and the Department of Education - may unintentionally be moving toward conflicting long-term outcomes. On one hand, many national policymakers and stakeholders are increasingly emphasizing prevention, chronic disease reduction, nutrition, lifestyle-based interventions, patient choice, whole-health approaches, and reduction of long-term healthcare costs.

At the same time, however, evolving higher education accountability, accreditation, workforce, and reimbursement frameworks may unintentionally place increasing pressure on portions of the educational infrastructure responsible for preparing segments of the workforce most closely aligned with those objectives, in particular programs that focus on training providers in the Complementary and Integrative Health (CIH) space.

We hope that the Healthcare Advisory Committee will discuss the potential long-term implications of these converging policy developments and the importance of ensuring that future education accountability systems are methodologically appropriate for prevention-oriented licensed health professions.

Rationale for Full Workforce Utilization

Policymakers should ensure the ability of licensed healthcare professionals, like naturopathic doctors, who prioritize these kinds of cost-effective modalities that lead to better outcomes to perform to the top of their scope of practice, and to be recognized and covered as eligible providers in all federal programs.

In the face of a growing health crisis and workforce shortage, government policy must prioritize licensing, credentialing, and covering every qualified provider who can help reverse the chronic disease epidemic. We stand ready to work with the HAC to ensure all Americans have access to the whole-person, preventive care they deserve.

Sincerely,

A handwritten signature in blue ink that reads "Laura Farr". The signature is written in a cursive style with a large initial "L" and "F".

Laura Culberson Farr
Executive Director
American Association of Naturopathic Physicians