



Naturopathic Medicine is an Essential Healthcare Service

There has been tremendous confusion surrounding the terms “essential healthcare” and “essential healthcare providers” during this time of COVID-19. The AANP is issuing a statement reaffirming that naturopathic medicine is an essential healthcare service, and providing guidance to NDs to make a clinical judgement about whether you can continue to deliver care in-person and/or through telemedicine. **Please read this note carefully.**

Naturopathic doctors are an essential and necessary component of health care for millions of patients of all ages and all walks of life in the United States. It is critical to recognize that the ongoing healthcare needs of Americans do not stop during the pandemic, and may even be exacerbated by isolation and stay at home orders. And naturopathic medicine is particularly well poised to provide supportive care to patients with mild to moderate symptoms of COVID-19 to help them recuperate at home to free up hospital resources needed for the most critically ill.

Following are a few guidelines to help naturopathic clinics in their decision-making on how to best provide care to patients through this national emergency.

1. The determination of which professions are or are not “essential healthcare providers” is determined at the state level. **This is a separate issue, however, from whether to keep your doors open during the COVID-19 crisis.**
2. The issue at hand now is not at all about whether licensed naturopathic physicians are valued as a group, or if they are officially “essential healthcare providers.” Medical doctors are closing doors. Surgeries are being delayed. Dental procedures are being postponed. These providers are clearly “essential healthcare providers,” but they are not providing essential services in this context. **This is not about “worth,” it is about patient safety. Whether a patient should be seen depends not on whether you are an “essential healthcare provider,” but rather on the nature of the condition to be treated as an “essential health care service.”**
3. An essential healthcare service should be considered from three points of view during the COVID-19 crisis:
 - a. If the patient were not to receive the service, would that patient end up in the ER, hospital, or otherwise become endangered by not receiving care **in the immediate time frame?**
 - b. Does the provider offering the care **have the needed personal protective equipment (PPE)** to minimize the risk of spread between provider and patient? If not, the service should not be provided at this time or should be referred to a clinic that can safely receive the

patient. For clear guidelines on PPE, please see <https://www.cdc.gov/hai/prevent/ppe.html>. The basics of PPE include:

- i. Masks
- ii. Eye protection
- iii. Gloves
- iv. Gowns

Please see Covid-19 Resource Page under the [Guidelines and Resources for Outpatient and Small Clinics Section](#) for more detail on precautionary measures.

- c. Should the provider offering the service have adequate PPE, **would it be a better use of that equipment to donate it to front-line providers** who are at known, imminent risk of exposure? If the PPE is to be used in the ambulatory clinic, it should be to save PPE that would otherwise be needed for the patient in the hospital setting. (I.e., the patient would go to the hospital and the same volume or more PPE would be needed in that setting.) Every use of PPE depletes the global supply. We anticipate this to be a temporary consideration as the global supply is replenished, at which point each clinic can re-evaluate this need.
4. Regardless of whether a patient has an emergent condition which could lead to further harm or a trip to the hospital, patients should not be treated in the ambulatory setting if they have any signs of illness or fever, or other cold and flu-like symptoms. Patients should be prescreened prior to coming to the office, and if they have concerning signs should be seen in the ER or hospital rather in the ambulatory clinic setting. While silent carriers can be asymptomatic and can still convey disease, the ability to manage a silent carrier in the clinic is far easier than a patient who is sneezing and coughing, with rhinorrhea. It should be noted, EVERY patient and EVERY provider should be considered an infectious silent carrier, and universal precautions should always be observed.
5. This level of “shut down” is particularly critical during this immediate timeframe to blunt the wave of patients all becoming ill simultaneously. It should not be understood as likely to stop coronavirus in its entirety. Medical institutions are overwhelmed already, and PPE and resources (e.g. ventilators) are running low. If fewer people get sick all at once, there will be better and safer-to-deliver care available, leading to much less morbidity and mortality. How big the tsunami of patients will be depends on our actions now.

Final thoughts: Every state is putting out different recommendations to providers as to who may treat and who may not. ***The AANP urges state officials to recognize naturopathic doctors as Essential Workforce, and leave it up to provider discretion, as many naturopathic doctors can play an instrumental role in keeping people OUT of the Emergency Department.***

(The AANP modified this statement with approval from the American Society of Acupuncturists.)