



October 2, 2024

**Delivered via Email**

Ways & Means Subcommittee on Health  
U.S. House of Representatives  
Washington, D.C. 20515-6065  
WMSubmission@mail.house.gov.

Re: Hearing on Investing in a Healthier America: Chronic Disease Prevention and Treatment

Dear Health Subcommittee Chairman Buchanan, and other Members of the Committee;

On behalf of the American Association of Naturopathic Physicians (AANP), we thank you and the Subcommittee on Health for its interest in investing in prevention to address our nation's chronic disease epidemics.

According to the CDC, 90% of our nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions. More than 99% of Medicare beneficiaries and 72% of Veterans Administration patients are treated for chronic disease, creating a crushing financial challenge for our system to provide the best care.

The federal barriers to investing in a Healthier America are myriad: Because of an outdated definition of "physician" in §1861 (42 U.S.C. 1395(r)(1)) of the Social Security Act (SSA), CMS is not allowed to include a workforce of naturopathic physicians whose very philosophy is that of prevention, behavior, and lifestyle modification. Likewise, the majority of federally-funded state Medicaid programs are glaringly excluding educated, trained and licensed healthcare professionals who specialize in whole-health, prevention-based healthcare. Medicare Quality Measures that are process vs. outcome based currently incentivize medication adherence in chronic disease rather than disease remission or reversal through lifestyle and behavior changes. Additionally, the Veterans Administration (VA) and Department of Defense (DOD) cannot currently take advantage of licensed naturopathic physicians who can contribute to the care of their respective populations with evidence-based whole-person and prevention-focused approaches to chronic disease because a Qualification Standard, and Employment Code for NDs has yet to be developed.

The AANP represents 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 in only 6 states, and Medicare Advantage programs, but have yet to be recognized in any federal health care program.**

Naturopathic medicine is recognized by the World Health Organization (WHO) and 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.

## **Examples of evidence-based, cost-effective preventive health measures or interventions that can improve health outcomes, while reducing long term health costs**

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 these 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)<sup>1</sup> provides an evidence-based summary of naturopathic practice and the safety, economics and effectiveness of naturopathic care in improving health outcomes related to chronic disease. 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 80 different illness populations.
- 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.<sup>1</sup>
- Naturopathic physician care has been shown to reduce employee sick days and cost, while improving productivity.<sup>2,3</sup>

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<sup>1</sup> Lloyd, I., Steele, A., and Wardle, J., [Naturopathy practice, effectiveness economics & safety](#). World Naturopathic Federation. Section 3, Chapter 8. 2022.

<sup>2</sup> Herman, P.M., Szczerko, O., Cooley, K., and Mills, E.J., *Cost-effectiveness of naturopathic care for chronic low back pain*. Alternative Therapies in Health & Medicine, 2008.

<sup>3</sup> 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.<sup>4,5</sup> Patients with the greatest disease burden show the most significant reduction in total medical expenditures when utilizing integrative medicine.<sup>6</sup>
- 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%.<sup>7</sup>

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.

### Regulatory, statutory, or implementation barriers to investing in health

Two highly relevant and recent studies from the National Academies of Sciences, Engineering, and Medicine (NASEM) succinctly highlight key areas of failure in our healthcare system, and outline the benefits of taking a whole health approach to patient care such as that offered by naturopathic doctors:

- *Improving Diagnosis in Health Care*,<sup>8</sup> and
- *Achieving Whole Health: A New Approach for Veterans and the Nation*<sup>9</sup>

Fully embracing the recommendations in these NASEM reports on Whole Health would change the trajectory of patient care, improve patient outcomes, and decrease spiraling costs.

However, policymakers should also ensure that ***all licensed healthcare professionals who prioritize this kind of wellness approach are recognized, enumerated in statute, and eligible for insurance coverage - especially government-sponsored medical coverage - to support patient access to true preventive, whole-person, root-cause approaches to health restoration and wellness.***

Congress and regulatory agencies can readily address the federal barriers that prevent patient access to licensed naturopathic doctors, and to naturopathic medicine that prioritizes the type of preventive healthcare known to save money, improve outcomes, and most importantly prevent the chronic diseases that are

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<sup>4</sup> Herman PM, Szczerko 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.0000000000000066. PMID: 24451612; PMCID: PMC3921268.

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

<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> National Academies of Sciences, Engineering, and Medicine. *Improving Diagnosis in Health Care.* The National Academies Press; 2015. doi:[10.17226/21794](#)

<sup>9</sup> National Academies of Sciences, Engineering, and Medicine. *Achieving Whole Health: A New Approach for Veterans and the Nation.* The National Academies Press; 2023. doi:[10.17226/26854](#)

bankrupting our system. The following policy changes would dramatically improve patient access to preventive medicine for millions of people:

**Policy Solutions:**

- 1. Modernize the definition of “physician” in §1861 (42 U.S.C. 1395(r)(1)) of the Social Security Act (SSA) to include licensed naturopathic doctors.**

This outdated definition does not accurately reflect the landscape of qualified and licensed providers today, and it excludes an entire workforce whose entire philosophy is lifestyle-based preventive medicine that evidence now shows is a leading driver of decreasing costs and improving outcomes. Modernizing this outdated definition would correct a cascade of barriers that currently prevents Medicare-eligible Americans from being able to access naturopathic doctors and receive whole-health prevention-based medicine, in arenas including private practice, hospitals, rural clinics, unfilled residency positions, and Federally Qualified Health Centers FQHC’s that are tied to Medicare funding.

- 2. Direct the Department of Health and Human Services (HHS) to authorize the Centers for Medicare & Medicaid Services (CMS) to require that states receiving federal Medicaid funding credential Naturopathic Doctors (NDs) and cover services provided by them for Medicaid patients, in jurisdictions where NDs are licensed.**

Medicaid - and Medicare for that matter - are glaringly not utilizing educated, trained and licensed healthcare professionals who specialize in whole-health prevention-based medicine, which further exacerbates the growing crisis and spiraling costs in healthcare.

Only 6 states cover naturopathic doctors in Medicaid: VT, WA, CT, OR, AZ<sup>10</sup>, and NM. These states provide examples of successful integration of NDs in Medicaid. As with Medicare, covering NDs in Medicaid helps address the workforce shortages in county health departments, community clinics, FQHCs, hospital out-patient and private clinics, with doctors who focus on prevention that reduces healthcare costs and improves health outcomes.

Clinics with NDs covered by Medicaid in Washington and Oregon alone care for hundreds of thousands of patients/year. In Washington alone, there were over 450 NDs credentialed as Medicaid providers, serving over 21 rural and urban counties in the state in August 2023.<sup>11</sup> That number increased to 655 as of April 2024 as more Medicaid patients seek out Naturopathic Doctors.

Policymakers should ensure that all licensed healthcare professionals who prioritize a wellness approach are recognized, enumerated in statute, and eligible for insurance coverage - *especially*

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<sup>10</sup> Arizona is still in the process of integrating NDs into the Medicaid program, and only for pediatrics.

<sup>11</sup> Washington Association of Naturopathic Physicians [Proposal to Increase Scope of Practice](#), August 2023

***government-sponsored medical coverage in all states*** - to support patient access to true preventive, whole-person, root-cause approaches to health restoration and wellness.

- 3. Encourage prioritizing the creation of Qualification Standard and Employment Code for Naturopathic Doctors in the Veterans Health Administration (VA) and Department of Defense (DoD) so that these agencies can hire NDs who specialize in Whole Health, cost-effective, prevention-centered medicine.**

The VA and DoD do not recognize licensed NDs as an eligible provider type. The lack of recognition prevents them from hiring licensed NDs, even when they would like to do so.

In rare cases VA administrators have been able to conduct a "work around" to this barrier by hiring licensed NDs with multiple credentials. Despite hiring them for their training in naturopathic medicine and whole-person healthcare, the licensed ND is technically employed under some secondary credential. This is not a solution for the short- or long-term, as it does not allow veterans access to the majority of naturopathic doctors available to help in this workforce.

As experts in non-pharmacologic options in the treatment of disease and pain, licensed NDs would enhance the VA and DoD's delivery of "personalized, proactive, and patient driven care," as these are the underpinnings of naturopathic medicine's principles of practice, core competencies in clinical training, and evidence-informed practice.

- 4. Support changes to Medicare Quality Measures that unintentionally incentivize maintenance of disease rather than successfully treating or reversing disease through lifestyle or behavior interventions.** While naturopathic doctors are not currently eligible for participation in Medicare because of the need to modernize the definition of "physician" in §1861 (42 U.S.C. 1395(r)(1)) of the Social Security Act (SSA), the current Medicare Quality Measures reward process vs. outcome-based health care. We recommend the standards be updated to ensure providers are incentivized for helping patients reverse disease rather than simply ensuring medication adherence in patients with diabetes, or hyperlipidemia, as examples.

- 5. Support policies that promote the use of food as medicine, including coverage of food and nutrition "prescriptions" by physicians.**

Naturopathic Doctors and our naturopathic medical institutions were among the original founders of institutions, community centers, and programs promoting "food as medicine" such as the National University of Natural Medicine's [Food as Medicine Institute](#). As Congress and the White House hold forums and discussions about "food as medicine," policymakers should ensure that the original experts in this field have a seat at the table.

## Efforts to promote and incorporate innovation into programs like Medicare to improve patient outcomes and reduce health care spending

The ability to innovate requires having a diversity of experience, practice, philosophies, and expertise at the table. In 2016, Congressional members asked HHS to direct Medicare to do a pilot study on treatment outcomes for cardiovascular disease using naturopathic care, following a trio of studies conducted between 2010-2014 and published in journals as diverse as the *Journal of Occupational and Environmental Medicine*, the *Canadian Medical Association Journal*, and the *Journal of Alternative and Complementary Medicine*, which suggested that naturopathic care is effective for preventing the onset of cardiovascular disease and cost-effective in producing positive health outcomes.<sup>12</sup>

The response from HHS was to welcome ideas about healthcare improvement, however “Please note, CMS can only test physician focused models that involve a “doctor of medicine or osteopathy” as outlined in section 1861(r)(1) of the Social Security Act.”<sup>13</sup>

This reliance on the outdated definition of doctors in section 1861(r)(1) of the Social Security Act will forever preclude Medicare from pursuing innovative and evidence-based programs delivered by licensed naturopathic physicians who are experts in this kind of preventive medicine.

### **Policy Solutions:**

- 1. Update the outdated definition of “physician” in §1861 (42 U.S.C. 1395(r)(1)) of the Social Security Act to include licensed naturopathic doctors (NDs).**
- 2. Appoint Naturopathic Doctors to relevant task forces, committees and advisory panels charged with incorporating innovation into Medicare.**

## Comments on CBO’s modeling capabilities on health care policies

Historically, CBO and other analysts for third-party payers researching investment in prevention have been limited by the expectation of a five-year return on investment (ROI), which simply is not possible for prevention strategies targeting chronic disease. CBO modeling should evaluate preventive measures and lifestyle changes with a framework that recognizes that maximum ROI is likely 20 or 30 years away from the point(s) of intervention.

In summary, we suggest the following substantial methods to support the Committee’s efforts to help address our nation’s health care spending crisis, while looking for solutions to improve health outcomes.

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<sup>12</sup> Seely D, Szczerko O, Cooley K et al. [Naturopathic medicine for the prevention of cardiovascular disease](#): a randomized clinical trial. *Can Med Assoc J* 2013; 185(9):E400-416.; Herman PM, Szczerko O, Cooley K, Seely D. [A naturopathic approach to the prevention of cardiovascular disease](#): cost-effectiveness of a pragmatic multi-worksite randomized clinical trial. *J Occup Environ Med.* 2014; 56(2):171-76; Link BK, Lafferty WE, Tyree PT, Diehr PK. [Comparison of health care expenditures among insured users and nonusers of complementary and alternative medicine in Washington State](#): a cost minimization analysis. *J Altern Complement Med* 2010; 16(4):411-17.

<sup>13</sup> Letter from Department of Health and Human Services to Representative Mark Pocan, dated October 19, 2016.

1. **Improve access to a currently underutilized health care work force of licensed Naturopathic Doctors by:**
  - a. **Modernizing the definition of “physician” in §1861 (42 U.S.C. 1395(r)(1)) of the Social Security Act to include licensed Naturopathic Doctors.**
  - b. **Encouraging the prioritization of the creation of a Qualification Standard and Employment Code for Naturopathic Doctors in the Veterans Health Administration and Department of Defense.**
  - c. **Directing HHS to authorize CMS to require that states receiving federal Medicaid funding credential NDs and cover services provided by them for Medicaid patients, in jurisdictions where NDs are licensed.**
2. **Appoint Naturopathic Doctors to relevant task forces, committees and advisory panels charged with incorporating innovation into Medicare, and improving nutrition or “food as medicine” programs.**
3. **Support changes to Medicare Quality Measures that incentivize successfully treating or reversing disease through lifestyle and behavior interventions.**
4. **Encourage CBO modeling methods to evaluate preventive measures and lifestyle changes with a framework that recognizes that maximum ROI is likely 20 or 30 years away from the point(s) of intervention.**

Please let us know if you have questions about the provided information, and recommendations. As experts in preventive medicine who use evidence-based approaches proven to reduce costs and improve outcomes, we stand ready to work with the Ways & Means Subcommittee on Health to develop additional policy recommendations to invest in a healthier America.

Sincerely,



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#### **About the AANP**

The [AANP](#) is the national professional association representing 8,000 Naturopathic Doctors (NDs) who are licensed, licenseable or regulated in 26 states and territories. The AANP's physician members are graduates of naturopathic medical schools accredited by the Council on Naturopathic Medical Education. CNME is recognized by the US Department of Education as the national accrediting agency for programs leading to the Doctorate of Naturopathic Medicine (ND or NMD) or Doctor of Naturopathy (ND) degree.