

SB# 2274 Naturopathic Scope Bill
Dr. Terra Provost, ND
House Human Services Committee
March 22, 2021

Good morning Chairman Weisz and members of the committee, My name is Dr. Terra Provost and I am a licensed Doctor of Naturopathic Medicine (ND) in North Dakota. I am in my eighth year of practice as a licensed naturopathic doctor. I have practiced in Arizona, California and have now been licensed in North Dakota since 2017.

I would like to speak to you today in support of Senate Bill 2274 to expand the scope of practice for naturopathic doctors in North Dakota to include prescribing rights. My plan after medical school had been to open a practice in Fargo, North Dakota, as it is the largest city close to my family in rural Minnesota and at that time there were no naturopathic doctors in Fargo. After graduation however, I made the difficult decision to practice in Arizona and later California, because both were states that allowed me to prescribe, thus utilize a more comprehensive scope of the education I had received.

That scope allowed me the prescribing rights to work in both a multi-practitioner and a sole-provider setting where I regularly administered intravenous nutrition, wrote prescriptions for thyroid, hormone replacement, antibiotics and others. Thus I was able to address whatever the health care needs were of my patients walking through the door. In Arizona, I worked at The Riversource, which is a drug and alcohol rehabilitation in-patient facility. I held a DEA license for prescribing purposes where I managed not only prescriptions for incoming patients, but also managed detox reactions by writing prescriptions for benzodiazepines and tapering individuals from opiates, alcohol and other addictive substances.

When my husband was given active duty orders for the Marines, we decided I should move back to the midwest to be closer to family. We moved to North Dakota due to licensure being established and having a slightly better scope in North Dakota than Minnesota. This is an example of how an expanded scope of practice will open up opportunities for naturopathic doctors from the Midwest to practice closer to home.

Practicing in North Dakota over the past three years I have had many patients require either new prescriptions or alterations of ones they are taking. These individuals choose to see me as a naturopathic doctor, pay out of pocket for the expertise given, and often will drive hours for an initial visit. They then need to pay another office visit fee, wasting both time and money. Most often the health concerns I deal with as a naturopathic doctor are lifestyle related and affect endocrine issues such as thyroid, diabetes and blood sugar dysregulation, hormone imbalances such as polycystic ovarian syndrome (PCOS) and fertility concerns, among others. I am able to recommend diet and supplement support, but often also need to send the patient to a primary care provider or refer out in another way for a prescription, which I am unable to give. The concern is, that provider may then be unaware of supplement, herb and drug interactions.

Naturopathic doctors understand, as all trained medical professionals do, that there are several situations and medical conditions requiring occasional or consistent use of pharmaceuticals. For example, Group A Streptococcal pharyngitis, or "strep throat," and urinary tract infections (UTI) are both bacterial infections easily diagnosed in-office with a swab of the tonsils and throat for strep throat or a urine sample for a UTI. These infections can both have significant long term consequences if not treated promptly. The possibility of experiencing long term consequences

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is essentially negated if antibiotic therapy is initiated promptly upon diagnosis. This is why the standard of care, even as a naturopathic doctor, is to treat with antibiotics. My patients are at a disadvantage in this situation. If diagnosed in my office, my only option is to refer them to an urgent or emergency care facility, which steals time from our treatment window and creates an unnecessary financial burden on my patients and the conventional medical system.

Extending prescribing rights not only gives North Dakota residents options in their healthcare, but it also helps to address the physician shortage issue which the Association of American Medical Colleges (AAMC), published in “The Complexities of Physician Supply and Demand: Projections From 2018 to 2033”, is estimated to be between 21,400 and 55,200 primary care physicians according to the Key Findings of the report as seen in the AAMC handout. In North Dakota, we have an even greater urgency, as the majority of our state is rural, which is in higher demand of trained professionals. It takes between 12-15 years to train new primary care physicians, however North Dakota has a unique ability to implement a resolution starting today by giving qualified and trained naturopathic doctors the right to prescribe.

<https://blog.definitivehc.com/factors-lead-to-physician-shortage>

The baseline physician requirement per 100,000 people is 291 according to the US Department of Health and Human Services. That demand has risen since 2000 from 253 physicians and will continue to rise, due to an aging population. Since 2018, North Dakota has dropped from 232.1 to 221.5 physicians per 100,000 people, with a population of 672,591 and 1,490 active primary care physicians in 2020. This not only drops North Dakota well below the baseline requirement, but also below the national average of 271.6 physicians per 100,000 people as of 2018.

<https://blog.nomadhealth.com/complete-list-of-states-with-the-worst-physician-shortages/>
<https://healthprovidersdata.com/statistics/north%20dakota.aspx#PhysiciansbySpecialty>

Naturopathic doctors who want to work in rural areas of North Dakota have their hands tied with a lack of prescribing rights because they are unable to adequately care for the needs of their patients. A patient coming in to seek health care with a need for a prescription then needs to be referred to an already overworked and understaffed Primary Care or General Family Practice Provider. This is the case in all but 12 of 53 counties in North Dakota as you can see by the North Dakota Health Professional Shortage Areas: Primary Care map handout from the Center for Rural Health at University of North Dakota School of Medicine & Health Sciences.

Provided the information given to you today, I hope you can see how expanding the scope of naturopathic doctors to include prescriptive rights is not only safe and responsible, but is beneficial to the residents of North Dakota, by giving them options and accessibility when seeking quality healthcare.

Thank you for your time and attention. I am happy to discuss any questions you have.

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Supporting Documents:

1. Physician Supply and Demand: a 15-Year Outlook: Key Findings
2. North Dakota health Professional Shortage Areas: Primary Care Map