

Workforce Development Committee

Senate Bill No. 2041

Thursday, January 9, 2025

Chair Wobbema and committee members,

My name is Erik Heitkamp, MD. I am a board-certified internal medicine physician and have been practicing medicine as a hospitalist in Fargo for the past five years. I was raised in North Dakota and received my education, including medical training and residency, in our great state. I received my undergraduate degree at NDSU and received an MD at the UND School of Medicine. I also assist in training the next generation of medical physicians.

I stand in opposition of the current draft of Senate Bill 2041.

It is my understanding that to date we have 28 naturopathic providers in North Dakota and only three who have prescriptive authority. It concerns me that we would look to expand the pathways to prescriptive authority for naturopathic doctors (ND) *without having allowed time for the existing process to further unfold and determine if the current standards work for safe health practices for North Dakotans.*

The current law states that a Naturopathic Doctor (ND) can obtain prescriptive authority by completing 100 scripts or 12 months (whichever occurs first) with physician oversight.

It is concerning to me that NDs are only required to prescribe 100 scripts IN TOTAL, rather than requiring 100 scripts in EACH OF THE FORMULARY LIST'S MEDICATION CLASSES, which is the approved safe prescribing practice standard outlined for physicians.

This means an ND only needs to prescribe ANY medication for the first 100 scripts to get approved as a safe prescriber.

This is concerning since a prescriber needs to demonstrate competency in the use and indication of medical therapy and be able to show how to manage the medication longer term, adjusting the dose and weaning off safely if needed. I do not know how a physician can sign off on someone else prescribing a medication safely if they haven't seen the person prescribe and manage said medication. I certainly would not do so with the medical students and residents I train. This provision seems insufficient.

This is why medical doctors complete 3-5 years of residency—to have oversight and proper training in safe prescribing practices for all medications, not just a few (ie. CCC, PD, ACGME, UND, ABIM).

Another concern pertains to the language on page 2, lines 13-14, subsection C., stating, “Substantial experience in prescribing prescription medications for three years without discipline in another jurisdiction as verified by a physician or facility.”

This qualifying line item seems overly vague and holds the potential for many applicants to apply for prescription authority in North Dakota from other states. While I understand that the Board of Medicine has the final say for licensing an ND, this statement seems to be a dangerous leap forward in broadening the applicant pool with little guard rails in place.

For example, as a medical doctor, if I were to leave the practice of medicine (say I'd been practicing for 20 years) for just 2 or more years, I would then need to re-apply for a license to restart practicing again. It would require me to provide a re-entry to practice application, sit before the Board of Medicine, and prove my level of prescriptive competency. This may require me to complete additional training, mentoring with another physician, or a CPEP program (an in-person assessment program requiring travel or cost to the applicant).

In the bill's above-outlined subsection C, there is no time limit between the "substantial experience" in prescribing for only 3 years with NDs and meeting that line item to apply for prescribing; thus, in theory a ND could have been out of practice for 10 plus years, move to North Dakota, get a limited license, have physician oversight for 100 scripts (any medication), apply for prescriptive authority (even if the practice of medicine has changed during that time) and begin working.

This bill offers a more simplistic pathway to Westernized medication prescriptive authority than any pathway offered to classically trained physicians (MD/DO) who completed a minimum of 3 additional years of training to prescribe the same medications.

This is unsafe and dismissive of the current requirements needed by MD/DOs to prescribe. I feel strongly that there are limited guardrails in place with this bill that may not have been seen or considered at that time of construction.

Naturopathic Doctors are trained to assist the body in healing "naturally" with supportive therapy such as clinical nutrition, botanical medicines, constitutional hydrotherapy, homeopathy, and acupuncture. The goal of NDs would be to limit or eliminate the need for Westernized medications. Thus, the need for NDs to have less vetted pathways to prescriptive authority appears unsafe. I fear this bill threatens the delivery of safe medical care for patients.

Suggested amendments:

Page 1, line 12, add "of each drug class" following prescriptions, this would ensure that the Naturopathic doctor demonstrated appropriate knowledge and prescriptive skill in each of the drug classes they wish to prescribe.

Page 1, line 17, add "of each drug class" following drugs, again, this would ensure that the ND demonstrates appropriate knowledge and prescriptive skill in each of the drug classes they wish to prescribe in accordance with federal and state laws

Page 2, line 12, remove the word "or"

Page 2, lines 13-14, remove subsection c.

These amendments will strengthen the safety of granting prescriptive authority.

Thank you,

Erik Heitkamp, MD

Internal Medicine/Hospitalist