

Letter of Support for LD1128 To Modernize the Formulary for Naturopathic Doctors in Maine

March 31, 2025

Dear Madame Chair Senator Donna Bailey and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services,

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) supports modernized regulation of naturopathic medicine in Maine. Reasonable regulation is integral to the safe practice of naturopathic medicine and protection of the public.

The FMNRA's mission is to protect the public by connecting regulatory authorities and promoting standards of excellence in the regulation of naturopathic medicine. The Federation supports new and existing regulatory organizations in fulfilling their statutory obligations to regulate the profession in the interest of public protection. The FNMRA supports a coordinated regulatory system for naturopathic medicine throughout the United States.

The FNMRA appreciates this opportunity to illustrate the need for a modernized formulary for qualified naturopathic doctors (NDs) in Maine. Passage of LD1128 will improve access to healthcare for all residents of Maine.

Modernizing the Prescribing Rights for NDs in Maine Improves Public Health and Safety

• The current regulation prevents NDs from practicing as trained, effectively limiting public access to qualified healthcare providers. This delay in vital care delivery is contrary to the public health and safety goals as mandated by the state of Maine.

Currently, the ND formulary falls woefully short of the modern standards of care. NDs can prescribe insulin but not metformin, which is the first-line treatment. NDs can prescribe epi-pens but not an inhaler, which is critical for basic management of asthma. Limiting access to the list of medications an ND can prescribe in Maine causes a significant delay in obtaining timely health and wellness services, which is directly linked to negative health outcomes.

In Maine, NDs have been safely prescribing from the ND formulary since 1996 with no disciplinary action related to prescribing practices.

Ensuring that Maine residents have access to comprehensive, quality healthcare services is imperative not only for their physical and mental health, but it improves access to preventive measures such as managing disease. This reduces unnecessary disability and premature death while improving overall quality of life.¹

Need for Modernized Prescriptive Authority for NDs in Maine

LD1128 addresses Maine's statewide shortage of healthcare providers

Although Maine currently licenses NDs, NDs are not allowed to practice as trained with regards to broad and modernized prescribing rights. This fact severely limits an appropriately trained ND from providing high-quality care to the people of Maine.

The Pew Health Commission Taskforce on Health Care Workforce Regulation has called for *jurisdictions to allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills.*²

Further, the Institute of Medicine (IOM) has reported on several occasions regarding the complexity of scope of practice issues across healthcare disciplines and *urges regulators to allow for innovation and inclusiveness of all healthcare practitioner types in meeting patient needs*.^{3,4} The IOM encourages the use of interdisciplinary teams to optimize patient care.

Licensed NDs Are Safe Healthcare Providers

Licensed NDs have fewer disciplinary actions than MDs/DOs

NDs have been practicing as independent prescribing providers safely for decades. This can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs, even in a state where NDs have broad prescribing authority (see addendum A).

Minimal disciplinary actions occur even when NDs have broad, modernized prescribing rights

NDs have proven themselves to be safe prescribers. Currently, 11 of the 26 regulated jurisdictions allow NDs to have broad prescriptive authority. Disciplinary action was taken against NDs in only four of the 11 regulated jurisdictions with broad prescribing rights from 2010 to 2024. The vast majority of those actions involved opioid management, a challenging area for all licensed healthcare providers. See table on the next page.

¹ Starfield, Barbara et al. "Contribution of primary care to health systems and health." *The Milbank quarterly* 83,3 (2005): 457-502. doi:10.1111/j.1468-0009.2005.00409.x; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/

² Reforming Health Care Workforce Regulation: Policy Considerations for the 21 st Century, Report of the Pew Health Professions Commission's Taskforce on Health Care Workforce Regulation, December 1995, ix.

³ Crossing the Quality Chasm: A New Health System for the 21 st Century, The Institute of Medicine, National Academy Press, 2001.

⁴ Health Professions Education: A Bridge to Quality, The Institute of Medicine, Committee on Health Professions Education Summit, National Academies Press, 2003.

Disciplinary Actions Related to Naturopathic Doctor Prescribing

Disciplinary Actions Related to Prescribing from 2010 through 2024*							
Jurisdiction	Disciplinary Actions	Estimated Number of Licensees	Average Disciplinary Actions Per Year	Years since 2010 with Broad Prescribing Rights			
Jurisdictions wit							
Hawaii	0	150	0.0	14			
Idaho	0	85	0.0	4			
New Hampshire	0	75	0.0	14			
New Mexico	0	30	0.0	5			
Utah	0	90	0.0	14			
Jurisdictions wit							
Vermont	0	380	0.0	14			
Montana	0	155	0.0	14			
California	1	1100	0.1	14			
Oregon	20	1500	1.4	14			
Arizona	20	1600	1.4	14			
Washington	33	1600	2.4	14			
TOTAL	74	6765					
* Or since year of licensure if established after 2010.							
FNMRA interprets broad prescribing rights as access to all major categories of prescription drugs required for primary care.							

Source: FNMRA Disciplinary Action Tally by Type 2010-Present ⁵ All categories of disciplinary actions can be seen in Addendum B.

In Conclusion

Supporting LD1128 will allow:

- Naturopathic doctors to practice as trained with a modernized formulary;
- Ensure that Maine residents have access to comprehensive, quality healthcare services; and
- Improve the healthcare provider shortage in Maine.

As a member of this committee, we know you are a champion of public safety. Your support of LD1128 will effectively increase the number of safe healthcare prescribers.

We thank you for the opportunity to share our comments. The FNMRA hopes that this information, and any future dialogue between the Federation of Naturopathic Medicine Regulatory Authorities and the Maine Joint Standing Committee on Health Coverage, Insurance and Financial Services will lead to reasonable regulations that promote the safe practice of naturopathic medicine in Maine.

If you have any questions, please call me at 503-244-7189 or email me at ShannonBraden@fnmra.org.

Sincerely,

Shannon Braden, ND

Administrator In-Charge, FNMRA

https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTxnpCiSkNy4Rd9s/edit?usp=sharing

Addendum A

Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

REFERENCES: http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx

http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx

https://www.oregon.gov/obnm/Pages/Discipline.aspx

ND #s provided by email - OR ND Board

https://store.aamc.org/downloadable/download/sample/sample_id/305/https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf

Disciplinary Actions Taken by States from 2010 through 2024 (7,000 estimated licensees) Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat
Alaska		,			
Arizona	1		1		
California			1		
Colorado	1				
Connecticut					
Dist. of Columbia					
Hawaii			1		
Idaho					
Kansas					
Maine		1			
Maryland	2				
Massachusetts					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon		6			1
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	1	1	3		
TOTAL	5	8	6	0	1

Disciplinary Actions Taken by States from 2010 through 2024 (7,000 estimated licensees) Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards	Engaging in fraudulent insurance/billin g procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet CE requirements
Alaska					,	
Arizona	4			1	1	5
California	-			-	-	
Colorado						7
Connecticut						-
Dist. of Columbia						
Hawaii						
Idaho						
Kansas						1
Maine						
Maryland						
Massachusetts						
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota	1					
Oregon	6	1			1	
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	4		3	1	
TOTAL	12	5	0	4	3	13

Addendum B - page 3

Disciplinary Actions Taken by States from 2010 through 2024 (7,000 estimated licensees) Physician Acts that Directly Harm Patients Physically or Emotionally

	Providing substandard patient care (e.g., misdiagnosing , failing to use standard care	Performing an inappropriate procedure that is not in the jurisdiction's scope of	Failing to report	Neglecting or abandoning	Inappropriat ely prescribing drugs (opioids and other legend	Providing substandard care in the	Engaging in sexual contact with	Violating appropriate doctor- patient	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotion
State	protocols)	practice	abuse	the patient	drugs)	of Cannabis	a patient	boundaries	al impairment)
Alaska	,								,
Arizona	8	2			20	14	1	1	10
California	1				1				
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maine									
Maryland									
Massachusetts									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon	3		1	2	20	2	2	6	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont				1					
Virgin Islands									
Washington	10			1	33	10*	4	2	2
TOTAL	24	3	1	4	74	16	7	9	14

as of 2012 Cannabis is legal for recreational use in the State of WA*

Legend
States with broad prescribing rights INCLUDING opioids
States with broad prescribing rights EXCLUDING opioids

Disciplinary Actions Taken by States from 2010 through 2024 (7,000 estimated licensees) Physician Acts that Potentially (Indirectly) Harm Patients

State	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
Alaska				1
Arizona		5	2	2
California				
Colorado				3
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Massachusetts				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	1
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
TOTAL	1	7	9	13