LD 2242 – Resolve, Regarding Legislative Review of Portions of Chapter 6: Standards Relating to Prescriptive Authorities and Collaborative Relationship for Naturopathic Doctors, a Late-filed Major Substantive Rule of the Department of Professional and Financial Regulation

Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
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Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance, and Financial Services, my name is Dr. Amanda Cardella, and I am an osteopathic physician practicing in Maine. I am submitting this testimony in opposition to LD 2242 – Resolve, Regarding Legislative Review of Portions of Chapter 6: Standards Relating to Prescriptive Authorities and Collaborative Relationship for Naturopathic Doctors, a Late-filed Major Substantive Rule of the Department of Professional and Financial Regulation.

I want to acknowledge that many clinicians, including myself, value the role naturopathic providers can play in patient care. This testimony is not about limiting access or diminishing that role. Rather, it is about ensuring that the scope of practice aligns with education and training, and that regulatory frameworks prioritize patient safety above all else.

At its core, this proposal raises serious patient safety concerns. Naturopathic training in pharmacology is not standardized enough to support such a broad expansion of prescribing authority. The accrediting body for naturopathic programs requires only general exposure to pharmacology, without clear expectations for hours, clinical competency, or adverse event management. By contrast, I underwent thousands of hours of structured pharmacologic education and supervised clinical training before independently prescribing medications. This gap matters when patients' safety is at stake.

I want to flag a piece of language that may be easy to overlook but is especially concerning: the specific reference to lithium and the inclusion of "peptides and amino acids."

In practice, "peptides" often refers to substances like GLP-1 agonists or compounds such as BPC-157. Many of these are marketed through alternative or "longevity" practices and are not FDA-approved. Some are explicitly labeled "for research purposes only," yet patients are accessing and using them as if they were standard medications.

This is a rapidly growing, largely unregulated market. I have had patients bring in these products, purchased online or administered through infusion clinics, believing they are safe because they are being offered in a clinical setting. In reality, many of these substances have not undergone the scientific rigor required to establish safety, efficacy, dosing, or interactions.

As a physician, I was trained to critically evaluate scientific evidence and to be cautious about adopting therapies that have not been adequately studied. For example, recent

warnings from manufacturers have highlighted risks in compounding practices involving GLP-1 medications and additives such as vitamin B12, which can alter the drug's chemical properties. These are not theoretical concerns - they are emerging safety issues in real time, and I have made a deliberate decision not to prescribe research-grade or non–FDA-approved substances because of these risks. I am concerned that this proposal creates an opening for expansion of this market without the training, oversight, or evidence base needed to protect patients.

I also want to question what type of lithium is referenced. I would suggest clarifying terminology with a specific type of lithium. While this isn't necessarily my area of expertise, one of my physician colleagues pointed out that there are two types of lithium. One is available over the counter, and the other is a prescription, which has many safety concerns and must be monitored very closely. Most PCPs won't even prescribe or monitor lithium even in stable-dosed patients. Prescribing of lithium carbonate/citrate is generally referred to specialists in the psychiatry or neurology fields. As a PCP for 10 years, I have only prescribed it once in a very special circumstance where delay would have caused harm. I only did so after discussing the plan with a psychiatrist in consultation with an appointment in place for follow up and coordination of care.

Thank you, and I am happy to answer any questions you may have.

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