**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION,
MAINE OSTEOPATHIC ASSOCIATION, MAINE ACADEMY OF PHYSICIAN ASSOCIATES,
MAINE PHARMACY ASSOCIATION, AND THE MAINE SOCIETY OF HEALTH SYSTEM PHARMACISTS**

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

Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Wednesday, March 25, 2026

Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance and Financial Services, my name is Garrett Fontaine, MD, and I am a family medicine physician and Co-Chair of the Legislative Committee for the Maine Medical Association. 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 on behalf of the Maine Medical Association, the Maine Osteopathic Association, the Maine Academy of Physician Associates, the Maine Pharmacy Association, and the Maine Society of Health System Pharmacists.[1]

I believe my unique background affords me a nuanced view on this issue. I split my time between five different roles. Namely, a college health clinic, a general primary care clinic, family medicine resident precepting, migrant farm worker clinics, and a free clinic for people who are homeless in Augusta. As a primary care provider in an underserved area and through my work at a free clinic, I see firsthand the urgent need for more healthcare workers. I also dedicate significant time to recruiting resident physicians to practice in Maine. Given the profound impact on our communities' health and safety, maintaining high-quality standards must remain a central priority.

Last year, MMA and MOA presented testimony opposing LD 1128[2] and shared that, since the Legislature first recognized and regulated naturopathy in Maine in 1996, NDs have continued to seek legislative approval to expand their scope of practice. We have opposed

[1] For background on each of these Associations, please see the final page of the testimony.
[2] https://legislature.maine.gov/legis/bills/getTestimonyDoc.asp?id=188076.

these efforts, not because we do not value our partnerships with NDs, but because their training differs significantly from the rigorous education physicians and advanced practice clinicians undergo.

After this Committee determined it was more appropriate to seek rulemaking changes, we engaged in a lengthy process to gather members' feedback, thoughts, and considerations about this proposed rule once its notice was printed. We partnered with the Maine Academy of Physician Associates, Maine Pharmacy Association, and Maine Society of Health System Pharmacists on the comments, and have attached the comments here.

We have not yet received a formal response to our comments, but comparing the proposed and provisionally adopted rules, it appears that none of our feedback was incorporated. The only actual change we could see between the two was replacing the word "offered" with "approved" in Section 4(C) around the eight-hour course that a naturopathic doctor must complete for chelation therapy.

Since the rules are essentially the same, we would request that our rulemaking comments be read in conjunction with the testimony.

For this public hearing, we want to raise two of our biggest concerns: first, the disparity in education and training standards between ND programs, and second, the proposed inclusion of IV Therapy.

As to the disparity in education and training standards, Naturopaths require no residency and must complete only 1200 hours of clinical training. Only 850 of those hours are required to be in direct patient care, per their accrediting body's Handbook on ND program curricula.[3] Notably, the ND accrediting Handbook does not set any requirements for training hours, safety competencies, or a cohesive pharmacology curriculum. Additionally, the printed curricula on the websites of the five ND programs accredited in North America vary widely in their pharmacology training. Some schools seem to offer no training, while others offer almost ten credits of pharmacology training.

Regardless of the listed pharmacological education, ND programs require tremendously less training than allopathic or osteopathic programs. This lack of standardization across ND programs puts patient health squarely at risk. And with such abbreviated and diverse in-school pharmacology training, it is unclear to our members whether NDs are adequately prepared to respond to prescribing events such as allergic reactions or emergent drug interactions. This is particularly concerning at a time when the Board is looking to expand ND prescribing to the entire AFHS formulary.

As to the IV therapy, our members are collectively very troubled that the Board seeks to expand its prescribing scope not only through its formulary but also through its routes of administration, allowing NDs to administer medications intravenously.

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[3] The Council on Naturopathic Medical Education (CNME) is the accrediting body for naturopathic programs in North America. CNME's 2025 Accreditation Handbook states they require naturopathic programs to have "[p]harmacology and pharmacognosy" as a component in their academic programs, but the Handbook expands **no further** on the requirements of this training. Council on Naturopathic Medical Education (CNME), *Handbook of Accreditation for Naturopathic Medicine Programs*, at 46, https://cnme.org/wp-content/uploads/2025/09/CNME-Handbook-of-Accreditation-September-2025-Edition.pdf (2025).

This proposed rule contradicts current regulatory efforts underway. The Board of Nursing, Board of Licensure in Medicine, and the Board of Osteopathic Licensure are in the process of joint rulemaking to regulate IV administration of medications and treatments in medspas and aesthetic businesses. This regulation will align the rules for medspa IV administration with current standards for "health care services provided in other health care settings."[4] Section 1(4) of the proposed rule states: "the diagnosis of a patient's condition and subsequent recommendation to administer IV therapy . . . can be performed only by licensed physicians, physician associates, and advanced practice registered nurses."

We have been advocating for the Boards to develop this joint rule for some time and are grateful they are taking this step to clarify who can provide what type of medical care. We recognize that this rule may apply only to licensees under their jurisdiction, but we believe that allowing only MD/DO/PA and APRNs demonstrates that a high level of training is needed for this type of healthcare and should not be extended to naturopathic doctors.

At a minimum, any expansion of prescriptive authority should include clear, enforceable guardrails, such as a defined formulary, standardized pharmacology training requirements, and robust oversight mechanisms, to ensure safe and high-quality care for Maine patients. If this rule is to continue, there should be a more diverse set of expertise on the Board, including pharmacists.

Thank you for considering the thoughts of Maine's physicians, and I am happy to answer any questions you may have.

Garrett Fontaine, MD

Maine Medical Association

The Maine Medical Association (MMA) is a professional organization representing more than 4,300 allopathic and osteopathic physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people.

MEAPA
MAINE ACADEMY OF PHYSICIAN ASSOCIATES

The Maine Academy of Physician Associates was incorporated on April 1, 1977, as a nonprofit organization. MEAPA is representative of the PAs employed within the State of Maine, and its primary objective is to enhance quality medical care to the people of Maine through a process of continuing medical education to the membership, other health care workers, and the general public. As a constituent organization of the American Academy of Physician Associates, MEAPA meets all provisions of the AAPA's bylaws and policies and upholds the principles, purposes, and philosophy for which the AAPA was founded.

Maine Osteopathic Association D.O.

The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose

[4] *See* "Brief Summary" to the proposed Rule.

mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

The Maine Pharmacy Association and the Maine Society of Health-System Pharmacists address the advocacy, continuing education, and professional needs of all licensed pharmacists, pharmacy technicians, and student pharmacists in Maine. Their mission is to promote public health by advocating for the profession of pharmacy. MSHP strives to provide an interactive statewide environment whereby pharmacists can strive to achieve their full potential in scope of knowledge and provide supportive expertise towards quality patient care

February 20, 2026

VIA ELECTRONIC MAIL TO KRISTIN.RACINE@MAINE.GOV
Kristin Racine
Maine Board of Complementary Health Care Providers
35 State House Station
Augusta, Maine 04333-0035

RE: COMMENTS ON PROPOSED AMENDMENTS TO BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS RULE CHAPTER 6, STANDARDS RELATING TO PRESCRIPTIVE AUTHORITIES AND COLLABORATIVE RELATIONSHIP FOR NATUROPATHIC DOCTORS

Dear Ms. Racine,

On behalf of the Maine Medical Association (MMA), the Maine Osteopathic Association (MOA), the Maine Academy of Physician Associates (MEAPA), the Maine Pharmacy Association (MPA), and the Maine Society of Health System Pharmacists (MSHP). I appreciate the opportunity to offer our comments to the Board of Complementary Health Care Providers ("Board") on the proposed amendments to Chapter 6, Standards Relating to Prescriptive Authorities and Collaborative Relationship for Naturopathic Doctors.

Please find our comments below on several of the amendments to subchapters of Chapter 6. Our comments include concerns about the scope of medical training and adverse event education provided to naturopathic doctors; the broad incorporation of the American Hospital Formulary Service Pharmacologic Therapeutic Classification System (AHFS) alongside reduced regulatory exclusions; and the specific, sanctioned medications and administrative routes. Please also note our appreciation for the collaborative model between newly licensed NDs and MDs/DOs as a sensible regulatory guardrail that allows for Expedited Partner Therapy (EPT) for STI treatment and bans prescriptions for controlled substances.

We submit these comments on behalf of our members today in service of the safety of Mainers who seek medical care in our state. Patient safety is of the utmost importance to our clinicians and is a foundational pillar of our Licensing Boards (*See* Board of Licensure in Medicine's

(BOLIM) mission to "safeguard the health, welfare, safety and lives of the people of Maine"[1]) and a through-line principle of the Hippocratic Oath. We know that the Board of Complementary Health Care Providers has a similar directive, "to protect the health, safety, and welfare of the public."[2]

While our members appreciate the contributions of naturopathy to the widening range of health care options for patients, they also care deeply about honoring the boundaries of education and training, and are concerned about practicing sensible regulatory restraint where education and training are unclear, all in service of the safety and well-being of patients in Maine. We hope these comments are not viewed as an attempt to restrict our colleagues' practices, but rather as an effort to ensure the people of Maine receive the best possible care. We would be happy to work with the Board to find a fair balance.

The training for Naturopathic Doctors (NDs) is too unclear and inconsistent across institutions to support such a broad grant of prescribing authority.

Current naturopathic training requirements do not clearly or consistently emphasize pharmacologic education and safety.

The Council on Naturopathic Medical Education (CNME) is the accrediting body for naturopathic programs in North America. CNME's 2025 Accreditation Handbook states that they require naturopathic programs to have "[p]harmacology and pharmacognosy" as a component in their academic programs, but the Handbook expands no further on the requirements of this training.[3]

The Handbook does not set any requirements for hours of training, safety competencies, or a cohesive curriculum for pharmacology. At the same time, in the Handbook's listing of clinical training requirements, pharmacology is not even listed as required content for the minimum 850 hours of clinical training required for a naturopathic doctor. Conversely, a medical student is expected to study pharmacology throughout their four-year education and complete multiple years of residency, equalling thousands of hours of formal and clinical training under strict mentorship and supervision before independent practice. PA students complete more than 600 hours of formal pharmacology instruction during their first year and over 2,000 hours of supervised clinical rotations in their second year, during which there is extensive hands-on involvement in pharmacologic assessment, prescribing, and medication monitoring.

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[1] Maine Board of Licensure in Medicine (BOLIM), *Mission Statement*, last accessed Feb. 15, 2026, https://www.maine.gov/md/about.
[2] 32 M.R.S. § 12503(1)(D) (2025).
[3] Council on Naturopathic Medical Education (CNME), *Handbook of Accreditation for Naturopathic Medicine Programs*, at 46, https://cnme.org/wp-content/uploads/2025/09/CNME-Handbook-of-Accreditation-September-2025-Edition.pdf (2025).

Pharmacists, naturally, have years of intensive didactic study of pharmacology, capped by thousands of supervised clinical hours of study and practice. If anything approaching this kind of rigor is required of NDs, it is not listed in CNME's requirements for naturopathic programs, nor in the programmatic curricula themselves as detailed below. Given that this type of study is not a requirement for all ND programs, there can be no assurance of competency for each ND who would be prescribing medications in Maine.

Perhaps most critically, the printed curricula on the websites of the five ND programs accredited in North America show vastly different levels of training in pharmacology,[4] further compounding this complicated issue—how well-trained is one ND versus another? One of the five programs does not mention pharmacology in its curriculum plan at all. One of the five offers only pharmacological training as an asynchronous online course. The other three have diverse levels of training, spanning from 4.5 credits to over 100 hours of classroom and clinical training. Therefore, the level of training and thus, knowledge of safety, of one ND over another can be vastly different. This lack of professional standardization puts patient health squarely at risk.

During the Board's public hearing held on February 11, 2026, testimony from NDs, themselves, suggested variation in pharmacological training. And, unfortunately, no testimony at this hearing provided any clarity regarding thresholds of ND training consistent across any naturopathic programs. One ND testified about the safety concerns of pairing herbs with pharmaceuticals when the herbs affect heart-rate regulation. This is an example of just one instance, among countless others, where the prescribing ND would need complex training in the actions and interactions of pharmaceuticals in order to safeguard a patient with a heart condition. Without sufficient assurance of uniform competency, it is extremely challenging for our members to trust that patients are *as adequately safe* when prescribed pharmaceuticals by NDs as they are by MDs, DOs, PAs, and NPs, professions whose competencies are more highly regulated and thus clearly standardized across training programs.

It is unclear whether NDs receive any education about how to manage drug interactions and adverse events.

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[4] **Canadian College of Naturopathic Medicine:** pharmacology unmentioned in curriculum. CCNM: Curriculum: https://ccnm.edu/sites/default/files/2021-09/CCNM_Viewbook_CDN-Nov2020.pdf; **National University of Health Sciences:** pharmacology only offered as an asynchronous online course. NUHS: ND Course Schedule: https://portal.nuhs.edu/documents/ND.pdf?_gl=1*1pghu4p_gcl_au*MTk1MTEzNTg2OC4xNzcwODI0MDM0; **Bastyr University:** 4.5 credits of pharmacological coursework and clinical credits. Bastyr University, ND Curriculum, https://bastyr.edu/academics/naturopathic-medicine/doctoral/naturopathic-doctorate; **National University of Natural Medicine:** 9.75 credits of pharmacological coursework with a full Curriculum Thread of Pharmacology. NUNM ND Curriculum: https://catalog.nunm.edu/preview_program.php?catoid=9&poid=233; **Sonoran University of Health Sciences:** 100 hours of pharmacology coursework and additional clinical training. Sonoran ND Program Overview: https://www.sonoran.edu/programs/college-of-naturopathic-medicine/doctor-of-naturopathic-medicine-degree.

With such abbreviated and diverse in-school pharmacology training, it is unclear to our members whether NDs are adequately prepared to respond to prescribing events such as allergic reactions or emergent drug interactions. Unlike the training available to NDs, our clinician members learn to recognize and respond to these events throughout their medical are well-prepared to see these events in their independent careers. Thus, patient safety is particularly of concern to our members when considering some of the classes of drugs that this regulation would allow NDs to prescribe. See below for our members' concerns related to lithium, unspecified medical devices, contrast dyes, and intravenous administration.

Incorporation of AHFS by reference is too broad.

This planned incorporation is broader than all states other than Oregon.

Other than Oregon, every state that allows licensure of NDs and incorporates reasonable restriction of NDs' prescribing power utilizes a state-regulated formulary rather than incorporating an entire legend such as AFHS.[5] Oregon, and now Maine, would become the *only* states in the nation to promulgate such a broad regulation related to prescribing allowance.

Incorporating AFHS creates broader prescription power, putting Maine out of line with most New England states as well.

Massachusetts, Connecticut, and Rhode Island prohibit outright any prescribing power by NDs.[6] Vermont allows broader prescribing with no specific formulary; however, it has multiple statutory safeguards in place that Maine does not. By Vermont statute, the state requires NDs to pass a state-approved pharmacology exam that tests NDs on drug interactions, adverse events, and clinical use before they are allowed to prescribe.[7] After passing this state exam, NDs must then take additional prescribing-related continuing education, and apply for and receive a special endorsement from the state in order to prescribe.[8] Further, NDs must complete 10 hours of prescription education biennially to continue prescribing in Vermont, in addition to the continuing education required by their licensing entities.

Meanwhile, New Hampshire has broader prescription rules for NDs than the proposed rule here in Maine, but it has a highly-regulated state-monitored formulary in place. New Hampshire's formulary is written and closely scrutinized by the NH Council on Doctors of Naturopathic Medicine Formulary, a multi-member body, which includes ND but also a

[5] Nicole Dube, Conn. Gen. Assemb. Off. of Legis. Rsch., Naturopath Licensing and Prescriptive Authority in Other States, 2023-R-0240, https://www.cga.ct.gov/2023/rpt/pdf/2023-R-0240.pdf (2023).
[6] *See* 273 Mass. Code Regs. 4.02(2)(b) (2025); Conn. Gen. Stat. § 20-34 (2025); R.I. Gen. Laws § 5-36.1-18 (2025).
[7] Vt. Stat. Ann. tit. 26, § 4125(d) (2025).
[8] *Idprescribing issues, trends, solutions, and safety recommendations.*

pharmacist, physician, and an expert in pharmacology, that reviews and updates the formulary at least twice a year by rule.[9]

As the two other New England states that grant prescription power to NDs, both Vermont and New Hampshire have regulatory controls in place that provide more guardrails than the rule currently under consideration here in Maine.

An inclusive formulary, like the regulation currently in force, is a more reasonable and safe structure.

Our members prefer the inclusive list process that Maine uses in its current rule. An inclusive list leaves far fewer questions as to the scope of prescribing allowances for NDs, and it allows the Board's Formulary sub-committee to monitor the list for safety and scope.

If, as an amelioration of these concerns, the Board considered creating a multidisciplinary committee, similar to NH's Council, to review and amend a specific formulary, our members would recommend including pharmacist representation on this committee as an additional safeguard and opportunity for integrated safety monitoring. Pharmacists are *acutely* aware of prescribing risks and have a pulse on current issues and trends in prescribing, solutions, and safety suggestions.

Lithium, unspecified medical devices, contrast dyes, and IV administration carry too many safety risks to be included in this broad formulary.

Our members have raised specific concerns with a few sections of the proposed rule, but these are not our only concerns. As noted above, the draft rule is written too broadly and it would not be possible to comment on all concerns.

(3)(c)(iii) Lithium, except that which is available over the counter, should be excluded for safety and educational reasons.

Our members recognize that there are some dosages of lithium that are available over the counter, and these dosages are safe for NDs to suggest, as long as NDs are sufficiently knowledgeable about possible interactions with other treatments and medications they prescribe. However, our clinicians are deeply concerned that the prescription-strength dosages of lithium can be very dangerous. They are concerned that these dosages of lithium require specific education to prescribe them, as above, there is no assurance that NDs have received. When there are OTC versions of a medication available, the chances of confusion are higher, and the risks of the prescription-level lithium may not be known to NDs who have not

[9] N.H. Code Admin. R. Nat 701.2(a) (2025).

received the proper education specific to lithium prescribing. Given this danger and the unclear nature of ND clinical pharmacological education, our members cannot support the inclusion of lithium in the regulation beyond the OTC strength and dosage.

(1)(E)-(F) "Contraceptive devices" & "Medical appliances and devices that do not require major surgical intervention" are too unspecific and risk patient safety.

An inclusive list of the actual devices sanctioned for ND prescriptions would better ensure patient safety. "Major surgical intervention" is an undefined term that invites individual interpretation. Naturally, different NDs will have vastly different reads on this term, and given the lack of clarity regarding required education for contraceptive device placement and other medical devices in the ND curricula, patient safety is at risk from clinicians who apply too loose a definition.

Furthermore, contraceptive devices such as an intrauterine device (IUD) or a contraceptive rod (e.g. Nexplanon, etc.) both require training for insertion, but also can require major surgical intervention when adverse events occur. Would that mean that those devices, as "contraceptive devices," sanctioned specifically by the statutory language, are also possibly *excluded* by the statutory language because they can require surgical intervention? Notably in fact, training for Nexplanon insertion and removal is specifically *only* authorized for MDs, DOs, NPs, PAs, or CNMs per the manufacturer.[10] While there may be many safe devices that an ND could prescribe, without a clearer definition, there is too much discretion allowed by this language. A regulatory list of the devices cleared for ND prescription and insertion/removal/placement would be far clearer for both the NDs and their patients' safety. Additionally, clearer language requiring specific education prior to being allowed to insert/remove/place/prescribe medical devices would strengthen this rule's language and center on patient safety.

Contrast dyes for diagnostic testing are unlimited in the regulatory language which presents a safety concern.

Our members question NDs' need for contrast dyes. Contrast dye, typically used for specialized diagnostic testing, seems fairly far afield from the typical scope of naturopathic practice in Maine. However, even if it were found that contrast dye was the norm in Maine ND practice, our members would prefer to see a restriction on injectable/intravenous contrast dyes.

While oral administration for an ordered diagnostic test is considered generally safe, if somewhat outside typical ideas of the ND scope, injectable/intravenous contrast dyes are concerning to our clinicians. The testing that requires injectable contrast dyes, e.g. brain or

[10] *See* Nexplanon Clinical Training Program, last accessed Feb. 18, 2026, https://nexplanontraining.com/request-clinical-training/#:~:text=The%20training%20is%20open%20only,usually%20within%203%2D6%20weeks.

spinal MRI or a CT scan of the chest, are typically ordered for complex medical issues, and it is unclear to our clinicians whether this is even within the scope of practice for NDs in Maine. In this way, our members are concerned that oversight and collaboration required for the complex medical issues implicated by such testing may not be present, which endangers patients. Ultimately, our members feel contrast dyes should be excluded from ND prescribing.

Section 4 does not require education regarding the management of the risks inherent to IV administration.

BOLIM is in the process of adopting a Joint Rule with the State Board of Nursing and the Board of Osteopathic Licensure that will restrict IV administration to MDs, DOs, PAs, and NPs, and will create uniformity across all IV administration consistent with all other health care environments in Maine.[11] BCHCP's proposed rule's language here should be stricken so it does not create a conflict.

Further, it remains unclear how well NDs are trained or educated at their respective schools to anticipate and address potential and dangerous risks related to IV administration. Moreover, intravenous risks are not always simple. While faulty IV administration can result in easily treatable issues like bruising or swelling, more serious complications can also arise, such as embolism, anaphylaxis, or systemic infection, and these can be much harder to identify and treat.

Without clear or obvious safety training for NDs engaged in IV administration, without any language in the rule requiring such education, and with the obvious clash between allowing NDs to administer IV medication while other Maine regulations would bar it, our members ask that pharmaceuticals requiring IV administration be excluded from ND prescribing to better match Maine's current regulatory requirements for the health care ecosystem.

Approved Rulemaking Components

Our members support the continued ban on NDs prescribing controlled substances.

Again, because of the complex and nuanced nature of the education required to confidently and safely prescribe controlled substances, our members appreciate and support the continued restriction of controlled substances from the ND formulary.

Our members support section (1)(H)'s Expedited Partner Therapy as good public health.

[11] State of Maine Board of Nursing, *Board Seeks Comments onto avoid Proposed Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas and Aesthetic Businesses*, last accessed Feb. 15, 2026, https://www.maine.gov/boardofnursing/lawupdates.html?id=13342556.

Our clinicians are keenly in support of NDs following the recommended public health protocol of EPT for treatment of sexually transmitted infections. There is ample guidance publicly available that details the best practices for this protocol, and the safety concerns are low.[12]

Our members support the year-long collaborative relationship between MDs/DOs and NDs as a very reasonable safeguard for newly-licensed NDs in Maine.

Vermont, even with its more lenient rules for ND prescribing, requires collaboration between providers for the first 100 prescriptions written.[13] Our clinicians, similarly, appreciate and support requiring collaboration between experienced clinicians and new NDs as it provides for patient safety.

In conclusion, we greatly appreciate your consideration of our comments and requests. Should you have any questions about this letter, please do not hesitate to contact Anne Sedlack, Director of Advocacy, at asedlack@mainephysicians.org.

Sincerely,

Anne Sedlack, Esq., M.S.W.
Ash Bliss, Maine Medical Association Legal Extern

[12] *See, e.g.*, American College of Obstetricians & Gynecologists (ACOG), Expedited Partner Therapy, last accessed Feb. 15, 2026, https://www.acog.org/clinical/clinical-guidance/committea public health measuree-opinion/articles/2018/06/expedited-partner-therapy; Centers for Disease Control (CDC), Expedited Partner Therapy, last accessed Feb. 15, 2026, https://www.cdc.gov/sti/hcp/clinical-guidance/expedited-the partner-therapy.html.
[13] 04-380 Vt. Code R. § 3.5(b) (2025).