

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 Jane Pringle, MD and I live in Windham.

I am here to submit 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 worked as a primary care physician (General Internal Medicine) for 36 years, including serving as Program Director for an Internal Medicine Residency program. I, along with other faculty, had to assess resident competency and certify that residents were competent to practice and perform procedures upon completion of residency. This was in addition to their passing specialty Board Certification examinations.

Also, to maintain their licenses, physicians are required to complete continuing education from approved institutions or organizations that are qualified to provide this training. Also, to add a procedure such as bedside ultrasound to my clinical practice, my professional organization, The American College of Physicians (ACP) offers courses that allow me to become competent in this procedure

I recognize that the healthcare landscape has changed significantly. I fully appreciate that naturopathic doctors have helped fill gaps for our shared patients. I fully recognize that it is much harder to access healthcare, but I do not believe lowering standards is the appropriate path forward.

A good model to support team-based care across specialties is the working group to improve rural Obstetric care. They have convened representatives from the various provider organizations (Obstetrics and Gynecology, Family Medicine, Midwives, Nurse Practitioners, and EMS). They are looking at systems, including telehealth, to improve outcomes for pregnant women.

I will share an example to illustrate my points.

Allowing NDs to “use, prescribe, dispense, and order via any route of administration ... Medical appliances and devices that do not require major surgical intervention.” This could include contraceptive devices like IUDs, which have recently gained important recognition for being a device that might require general anesthesia, given the pain that it can cause women when inserted. But the vagueness of this line means that it can include much more,

and I believe the rule should be limited to procedures that they can match to universal training in their programs.

Thank you for listening, and I would be happy to answer any questions that you might have.