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Oral Testimony in Support of LD1128

Submitted by Dr. Katy Morrison, ND, LAc

Good afternoon Madame Chair and Committee Members,

My name is Dr. Katy Morrison, and I'm a licensed naturopathic doctor and acupuncturist practicing in Rockland. I'm here today in strong support of LD1128.

When we talk about modernizing the naturopathic formulary, I understand this committee needs confidence in our training and prescribing ability. There are often misconceptions about our education, and I'd like to offer clarity.

Naturopathic doctors complete accredited, four-year, doctoral-level programs with training in biomedical sciences, clinical care, and pharmacology—substantially similar to MDs and DOs. We must pass national board exams that include pharmacology to become licensed in Maine. These are the same exams required in states with broader prescribing authority, like Washington and Arizona.

After graduation, many of us pursue residencies or work closely with experienced naturopathic and medical doctors. Our profession is growing, with positions at places like the Cleveland Clinic and Seattle Children's Hospital, and board certifications in areas like oncology and pediatrics.

Despite this, Maine's formulary hasn't been updated in nearly 30 years. It puts us in the uncomfortable position of being trained to follow standards of care but legally restricted from doing so. This creates difficult conversations and real delays in care.

For example, I can prescribe insulin—but not metformin, the first-line treatment for type 2 diabetes. I can prescribe an EpiPen—but not a simple inhaler for the same patient who is more likely to also have asthma. These inconsistencies don't reflect modern standards and create barriers for patients.

I recently worked with a woman with Stage 1 hypertension who wanted to avoid medication. We tried natural therapies and lifestyle interventions for 3 months, which is consistent with the standard of care for hypertension. When they didn't help, I recommended a prescription. She

agreed—but had to wait eight months to get in with a PCP. Her care was delayed, not because I wasn't trained to prescribe it, but because I wasn't allowed to.

We practice evidence-based medicine. We understand standards of care, refer when appropriate, and spend time helping patients make informed decisions. Modernizing the formulary won't expand our scope—it will allow us to use the tools we're trained in to provide timely, safe care to Mainers who already trust us.

Thank you for your time and consideration. I respectfully urge you to support LD1128.