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Date: April 3, 2025

Dear Members of the Committee On Health Coverage, Insurance and Financial Services;

My name is Morgan Titus Rau, and I am a Naturopathic Doctor and Certified Professional Midwife from Vassalboro, in my 20<sup>th</sup> year of practice in Maine. I currently provide Naturopathic care for over 1200 patients. I am here to **support LD 1128** because I feel that our current prescriptive formulary is outdated, confusing, inefficient, and therefore unsafe. Many people will speak today to these topics, so I will simply share some experiences I have had in my practice.

A 75yo male was seen at my office for a diet and nutrition consultation while planning for chemotherapy for cancer. His blood pressures at home had been increasing as the emotional stress was rising, and in the office his blood pressure was very high. There was no emergency, but it was not safe for him to be unmedicated. He had recently changed primary care doctors and was wait-listed for an appointment with them for almost two months. His oncology team was not willing to manage blood pressure medication and deferred to primary care. I am unable to prescribe blood pressure medications, so the patient had to go to the Emergency Room for benign hypertension management. This is an undue burden on emergency resources, another emotional hospital visit for the patient, and, financially, a very expensive way to get basic care.

A 9yo girl needed an inhaler for asthma attacks that only occurred after exercise or in cold air. She came to my office for her sports physical before soccer season, and I was unable to prescribe the inhaler for her. I made a referral to Pediatric Pulmonology for a child that has occasional, mild exertional asthma. Those appointments should be reserved for children with severe and life-threatening lung conditions. The family waited four months to be seen and the child was unable to participate in her favorite sport because the season was over by the time she was prescribed an inhaler. As a parent and a provider, I've seen how painful and scary an asthma attack can be for a child. We were all concerned that she might suffer an attack after recess or during gym class, and she had to wait until the following year to play soccer, which meant she missed the opportunity to join the travel team and play at a more advanced level.

A 68yo woman with type 2 diabetes came to the office to discuss her improved glucose readings because of dietary change, nutrition, medication, and exercise. She was struggling to get enough exercise because she was limping from a swollen toe. She had just been to ExpressCare and was told it was a sprain. After examination and labs, we determined that she was suffering from acute gout and needed Allopurinol, Colchicine (Probenecid), and/or Prednisone. I wasn't sure if I could prescribe Allopurinol, because it's not specifically on our formulary. I

know I can't prescribe Prednisone, though the PA at the walk-in clinic could have prescribed it with a 2-year degree. The vague wording in our formulary that allows us to prescribe substances that are "naturally derived" is difficult to interpret, even for pharmacists. Colchicine is derived from crocus flowers, so I could have made the argument that it was allowed, but I shouldn't have to. It should be clear, concise, and easy to understand for Naturopathic Doctors, Pharmacists, and patients. I am trained in the use of all of these medications. I am ready and able to safely manage care for these patients, as I have done for 20 years. She should not have had to wait until an appointment was available with her podiatrist or endocrinologist to manage this acutely painful condition.

I have dozens of stories like this; patients stopping medications "cold turkey" on their own because they can't get in to their PCP and I can't prescribe lower doses of the medication, pharmacists rejecting prescriptions until they can check to see if I'm allowed to prescribe them, patients waiting months and spending hundreds of dollars to been seen by someone that can prescribe a medicine that I could have ordered in seconds, patients that I can treat partially but not fully (for example: I can partially treat Lyme but not Babesia co-infections because I can prescribe antibiotics but not fluoroquinolones). It is frustratingly inefficient. I look forward to bringing the Naturopathic formulary into the 21<sup>st</sup> century, making it clear and concise, and improving efficiency and safety for Mainers that seek our excellent care.

Thank you, Madame Chair and Members of the Committee, for your thoughtful consideration in this matter, and for your support of LD 1128.

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Sincerely,



Handwritten signature of Dr. Morgan Titus Rau, followed by the text "MD, CPM" in a smaller, handwritten font.

Dr. Morgan Titus Rau  
Naturopathic Doctor & Certified Professional Midwife