



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION,
THE MAINE OSTEOPATHIC ASSOCIATION
AND THE MAINE CHAPTER, AMERICAN ACADEMY OF PEDIATRICS**

In Opposition Of

LD 1128- An Act to Modernize the Formulary for Naturopathic Doctors

Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Tuesday, March 25th, 2025

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Joel Kase, DO. I am a Past President of the Maine Osteopathic Association and a current member of the Board of Trustees of the American Osteopathic Association. I am submitting this testimony in opposition to LD 1128- An Act to Modernize the Formulary for Naturopathic Doctors on behalf of the Maine Medical Association, Maine Osteopathic Association and Maine Chapter, American Academy of Pediatrics.

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 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. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose 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 Chapter, American Academy of Pediatrics (Maine AAP) is a membership organization of 300 pediatricians and subspecialists across the state who are dedicated to improving the health and lives of children and adolescents in Maine.

Naturopaths achieved licensure in Maine in 1996 with the passage of legislation that officially recognized and regulated naturopathic medicine. In the years since 1996, naturopaths in Maine have continued to seek legislative approval to expand their scope of practice. We have opposed these efforts, not because we do not value our partnerships with naturopaths, but because their training differs significantly from the rigorous education our profession undergoes.

Naturopaths require no residency and must only complete 1200 hours of clinical training, while physicians must complete a three to seven-year residency and 12,000 to 16,000 hours of clinical training. This means by the time a family physician enters independent practice, they will have at least 12,000 hours of patient care hours under their belt,

including hundreds (if not thousands) of hours spent treating patients of varying ages across the life span and presenting with different disease states, including within many different practice settings such as emergency, outpatient, and inpatient settings.

If this were to pass, expanding the formulary for naturopathic clinicians might involve practices or substances not adequately tested or proven effective by the same rigorous standards as conventional medical treatments. Allowing naturopaths to prescribe certain treatments, particularly pharmaceuticals, could lead to patient harm if the treatments are not scientifically proven or monitored properly. Additionally, it could be harmful to patients by enabling people with significantly less expertise and training to manage medications, which could lead to dangerous drug interactions.

For example, LD 1128 would allow naturopaths to prescribe testosterone, which is classified as a Schedule III controlled substance. The Federal Food and Drug Administration categorizes drugs, substances, and certain chemicals into five distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential.¹ Testosterone has a high rate of abuse, especially by athletes and bodybuilders, and has adverse outcomes, including heart attack, heart failure, stroke, depression, hostility, aggression, liver toxicity, and male infertility. Individuals abusing high doses of testosterone have also reported withdrawal symptoms, such as depression, fatigue, irritability, loss of appetite, decreased libido, and insomnia.²

Prescribing testosterone should only be permitted to be done by trained clinicians who understand the benefits and drawbacks for a patient.

As a final note, we want to stress our appreciation for our naturopathic colleagues who help provide care for our shared patients. However, allowing naturopaths to prescribe a Schedule III drug goes too far, and we urge you to oppose it.

Thank you,

Joel A. Kase, D.O., MPH

Past President of the Maine Osteopathic Association

¹ <https://www.dea.gov/drug-information/drug-scheduling>

² <https://www.fda.gov/drugs/drug-safety-and-availability/fda-approves-new-changes-testosterone-labeling-regarding-risks-associated-abuse-and-dependence>

Protect physician-led care

Naturopaths lack the evidence-based medical knowledge and clinical expertise necessary to safely perform surgical procedures, prescribe legend drugs, including controlled substances, and order and interpret diagnostic tests. The best way to support high-quality care is to keep physicians as the leader of the health care team.

PHYSICIANS ARE TRAINED TO LEAD

Family physicians (MD, DO)

4 years

3–4 years

12,000–16,000 hours

Postgraduate education

Residency

Clinical training

Naturopaths (ND)

4 years

None required

1,200 hours (only 850 must involve patient care)

MEDICAL EDUCATION SHOULD BE BASED ON SCIENTIFIC EVIDENCE

The accreditation standards for naturopathic curriculum **do not**:

- Require the curriculum be rooted in the medical model or on evidence-based medicine.
- Specify a required number of pharmacology course hours or required subject matter.
- Include a required number of course hours on diagnostic subject matter.

MEDICAL TRAINING SHOULD BE COMPREHENSIVE & STANDARDIZED

Clinical training requires treating ...

Patients who are ill

Patients experiencing a range of health conditions

Hospitalized patients

Infants

Children and adolescents

Elderly patients

Family Physicians

Naturopaths

✓

x

✓

x

✓

x

✓

x

✓

x

✓

x

Simply put, patient safety is threatened when:

- Prescribing of legend drugs, including controlled substances, is in the hands of someone who is not adequately trained in pharmacology.
- Surgery is allowed to be performed by practitioners who have not completed a rigorous or standardized education or clinical training in surgery.
- Medical diagnoses are determined by a provider who did not receive the appropriate training in diagnostic subject matter.
- Patient care is led by a provider whose training may not have covered the patient population or illness the provider purports to treat.

MYTH

Allowing naturopaths to prescribe medications and perform surgeries will improve access to care.

Allowing naturopaths to prescribe medications will reduce duplicative appointments.

FACT

The limited number of practicing naturopaths tend to practice in the same locations as allopathic or osteopathic primary care physicians. A patient is likely to live as near to a naturopathic doctor as they do to a physician. Even if they do, major insurers including Medicare often do not cover visits to naturopaths. Expanding the scope of practice of naturopaths will not meaningfully increase access to care.

States should not risk patient safety for the sake of mere convenience.

Safely prescribing medications, performing surgery and interpreting diagnostic tests, depends on the robust standardized education and years of clinical training received in medical or osteopathic school by physicians. Licensing naturopaths to prescribe medications, perform surgeries, or order and interpret diagnostic tests **risks patient safety and does NOT improve access to care.**