

Cayford, Edna

From: Nicole Egenberger <dr.e@remedenaturopathics.com>
Sent: Tuesday, March 24, 2026 4:54 PM
To: Cayford, Edna
Subject: In support of the Major Substantive Rules provisionally adopted by the Board of Complementary Healthcare Providers - LD2242 - MAND testimony
Attachments: 2026 Committee Packet—FINAL.pdf

This message originates from outside the Maine Legislature.

Hello Ms Cayford,

We are back to see you again!

This is the committee packet for the HCIFS committee. It contains our position papers as well key testimony and documentation provided by naturopathic medical colleges answering some of the key questions raised in opposing arguments.

I will be sure to bring 20 copies for you.

Thanks so much for all your hard work, I know it's been busy up in Augusta!

See you tomorrow,

Nicole Egenberger, ND

Legislative Co-chair Maine Association of Naturopathic Doctors

**MAND Testimony for HCIFS
Committee Hearing in
Support of the Major
Substantive Rules for the
Naturopathic Formulary
(LD2242)**

MARCH 2026

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1. Executive Summary: Committee Hearing

The Maine Association of Naturopathic Doctors (MAND) supports the rules as written and thanks the HCIFS committee for holding a public hearing on the proposed rules.

Overview of rule changes

1. Modernize the current formulary medications NDs may prescribe, without overstepping statutory limitations. The current rules do not allow Naturopathic doctors to prescribe most anti-neoplastics (cancer drugs), psychotherapeutic agents, general anesthesia or controlled substances (including testosterone, opiates and hallucinogens).
2. Authorize effective use of IV therapy, by modernizing medications and nutrients that can be administered. (Note: IV therapy has been part of the formulary for 30 years - that is not new). Safeguards are in place to ensure adequate training in chelation and ozone therapy. Testimony was received by physicians attesting to these courses providing adequate training and competency in these therapies.
3. Clarify that NDs may order advanced imaging, including CT and MRI with contrast. (Imaging has been part of the formulary for 30 years but wording created confusion).

Why the rule changes support Mainers

1. The proposed formulary will allow Mainers to access better, safer, more effective treatment options under the care of their Naturopathic doctor by ensuring alignment with current standards of care. It also prevents delays in care and additional costly visits to overburdened ERs.
 - *91.3% of NDs report diagnosing acute conditions that required pharmaceutical management, but were unable to provide comprehensive care because many essential medications are not part of the formulary. These situations generally result in delays in care or a referral to an urgent care facility. (MAND survey 2025)*
2. A formulary of exclusion creates clarity for practitioners, pharmacists, and collaborating providers.
 - *82.6% of Naturopathic Doctors report having had difficulty prescribing medications because a pharmacist found the current formulary to be unclear. (MAND survey 2025)*
 - *Most modern formularies use a formulary of exclusion.*
3. Naturopathic doctors have had the ability to administer IV's for 30 yrs. Modernizing the formulary to include the delivery of nutrients and medications by IV allows NDs to better serve patients with chronic illnesses like tick-borne illness, long-Covid and malabsorption syndromes. It also clarifies that NDs can order IV therapies like iron infusions.

These rules were drafted with input from stakeholders

1. The formulary committee that drafted the rules includes a medical doctor

2. The formulary committee consulted the Maine board of pharmacy
3. A public hearing was held with testimony from pharmacists, medical doctors and allied health professionals.

Naturopathic Doctors are safe prescribers

1. Naturopathic doctors are conservative prescribers. The profession is self-regulating, as are other professions granted broad prescribing rights, including MDs, NPs, and PAs. Implicit in any formulary is a level of trust in the practitioner to prescribe within their competency and experience.
2. Maine NDs have maintained this trust: in over 30 years of prescribing medications including insulin and IV therapies, there has been only one disciplinary action related to the collaborative review process. To our knowledge, there have been no disciplinary actions due to errors in prescribing.
3. NDs collaborate with other medical providers. Refer to testimony by medical doctors on the safe and competent prescribing practices of the naturopathic doctors they've worked with or shared patients with.
4. In surrounding states like New Hampshire, naturopathic doctors have been safely practicing with a similar scope for over 10 years. In Vermont, Naturopathic doctors have a much broader scope including controlled substances and have been practicing safely.
5. This formulary modernization is appropriate given the education, examination, and supervised clinical training required of Naturopathic doctors. Maine NDs complete:
 - a. Clinical training in prescribing and managing medications with diverse patient populations.
 - b. Assessment through board examinations in order to qualify for licensing: NPLEX examination.
 - c. In Maine, NDs are further required to complete a supervisory year with an MD or DO, before independent practice, resulting in a minimum of two years of supervised prescriptions (including the final year of medical school).
 - d. Every year Maine NDs must complete 7 hours of pharmacological education as part of their mandatory continuing education requirements.

Why a formulary of exclusion?

1. A formulary of exclusion is a formulary that clearly lists what NDs cannot prescribe. It is the best way to have pharmacists and NDs understand what they can and cannot prescribe. States that have created a naturopathic formulary in the past 10 years have all used formularies of exclusion.
2. The board heard from pharmacists supporting a formulary of exclusion. MAND presented a recommendation from Senator David Rochefort of New Hampshire. He is a practicing pharmacist who helped create the formulary in NH ten years ago. He strongly recommends not using a formulary of inclusion as it lacks clarity and is almost immediately "out of date".

3. Refer to pharmacist letters of support.

The proposed rules will ensure greater public safety and will allow Naturopathic doctors to be part of the solution to the rural healthcare crisis in Maine.

Thank you for your consideration,
The Maine Association of Naturopathic Doctors

Many states allow for more expanded formularies for naturopathic doctors including controlled substances. Most of these have been in place for 10+ years. In these states, naturopathic doctors have a record of safe prescribing.

CONTROLLED MEDICATIONS — STATE SCOPE COMPARISON (NATUROPATHIC DOCTORS)

State	Legend Drugs	Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V	Testosterone
WA	✓	×	×	♣ Codeine only	♣ Codeine only	♣ Codeine only	✓
OR	✓	×	×	✓ *	✓ *	✓ *	✓
AZ	✓	×	♣ Very limited	✓	✓	✓	✓
NM	✓	×	×	✓ *	✓ *	✓ *	✓
UT	✓	×	✓ *	✓ *	✓ *	✓ *	✓
CA	✓	×	×	♣ With MD/DO supervision	♣ With MD/DO supervision	♣ With MD/DO supervision	✓ (independent)
NH	✓	×	♣ Formulary-based	✓ *	✓ *	✓ *	✓ (on formulary)
VT	✓ *	×	×	✓ *	✓ *	✓ *	✓ *

✓ Permitted × Not permitted ♣ Permitted with restrictions * Requires NPLEX pharmacology exam or equivalent

Legend drugs = prescription drugs that are not controlled substances (e.g. antibiotics, antifungals, hormones)

VT = Sch. III-V + legend drugs unlocked after NPLEX pharmacology exam; 1-year physician supervision

Reference: Appendix - Practice Safety Data: Federation of Naturopathic Regulatory Authorities.pdf

2. LD 1128 updates: How did we get here?

A history of ND prescriptive authority in Maine: 1996 - present

A brief historic context

- **LD 1852 (1996)** emerged from a **report (Resolve 1995)** conducted by the Task Force on Naturopathy and was advanced by the **Business and Economic Development Committee**. This bill licensed Naturopathic Doctors in the State of Maine.
- The Legislative Task Force on Naturopathic Medicine convened, in Maine, in 1996 concluded that graduates of accredited, four-year naturopathic medical programs were qualified to prescribe non-controlled legend drugs consistent with their training, with a 12-month collaborative physician relationship and board oversight through rulemaking.
- During legislative debate, the broader competency-based prescribing model recommended by the task force was ignored and professional opposition resulted in a narrowed, category-based formulary embedded in statute.
- **The formulary subcommittee specified in statutory law never convened**, leaving Naturopathic Doctors with an outdated formulary that lacks clarity and prohibits Naturopathic Doctors from practicing to their full education and competency.
- The Maine Association of Naturopathic Doctors and several pharmacists sought clarity on the formulary via the licensing board over the past several decades, finally culminating in LD1128.
- Thirty years later, the current proposal would update the formulary through board rulemaking to include all non-controlled legend substances, while continuing to exclude psychotropic medications and other statutorily prohibited medications
- The current proposal represents a return to the original intent of the Legislative Task Force: aligning scope of practice with education and training while utilizing an established board-driven rulemaking process to ensure the formulary remains current and responsive to modern clinical practice.

Current day: LD 1128

- LD 1128 was sent to the Board of Complimentary Healthcare providers through unanimous vote in April of 2025 and instructed the Board to modernize the formulary via rule-making.
 - The directive was assigned to the Formulary Subcommittee of the Board
 - The subcommittee includes an MD
 - The Subcommittee consulted with the Pharmacy board
 - These rules have been drafted with input from stakeholders
 - The subcommittee returned proposed draft rules to the larger Board for review and discussion
 - A public hearing was held and testimony gathered

- Testimony includes support from MDs, DOs, Pharmacists and other medical professional who are familiar with Naturopathic medical proscribing
 - Support for drafted rules changes included a recommendation from NH Senator and Pharmacist David Rochefort, who helped create the formulary of inclusion for NH Naturopaths 10 years ago. He strongly recommends not using a formula of inclusion (the old language), as it lacks clarity and is almost immediately “out of date”
- The Board of Complimentary Healthcare providers, which includes an MD and NPs, voted unanimously in favor of the rules changes as drafted
 - The drafted rules changes were submitted to the AG for review
 - Because the rules changes are major substantive changes the, AG has returned the proposed rules changes to the HCIFS committee for final review and voting

3. MAND's Response to Feedback From the MMA

The Maine Association of Naturopathic Doctors (MAND) appreciates the detailed feedback submitted by the Maine Medical Association, Maine Osteopathic Association, Maine Academy of Physician Associates, Maine Pharmacy Association, and Maine Society of Health System Pharmacists. We share a commitment to patient safety and welcome engaged review of these rules.

The submitted feedback misrepresents the requirements of naturopathic medical education, calls into question rules that have governed safe practice in Maine for 30 years, and questions safeguards that both the Legislature and the Board of Complementary Healthcare Providers have deliberately put in place. MAND categorically rejects these characterizations.

MAND submits these comments on behalf of our members, to address the MMA's concerns and provide legislators with accurate, well-referenced information. As we demonstrate below, accreditation standards for naturopathic and allopathic medical colleges are closely aligned. Naturopathic doctors have maintained a 30-year record of safe prescribing in Maine. The current formulary is outdated and prevents naturopathic doctors from providing the highest level of care to their patients. The provisional formulary modernization does not include controlled substances, psychotherapeutic agents, general anesthesia and most anti-neoplastics (cancer medications). Given the training and safety record of NDs in Maine, the provisional formulary is a limited, reasonable and carefully considered step forward that ensures patient safety.

MAND welcomes the opportunity to address any concerns legislators may have. Please reach out to Dr. Nicole Egenberger Co-chair of the MAND legislative committee (ph: 917.734.5778)

Thank you for your consideration,

The Maine Association of Naturopathic Doctors

Concern 1

The CNME (accrediting agency for ND schools) handbook does not set requirements for hours of pharmacology training, safety competencies, or a cohesive curriculum for pharmacology. And, pharmacology hours vary between schools.

This is misleading.

While the CNME (the accrediting body for naturopathic medical colleges) does not mandate specific pharmacology hours or a uniform pharmacology curriculum, the LCME, which accredits MD programs, sets no such requirements either. Accrediting bodies do not typically set course hours or curricula, they set **outcome and competency standards**. They define what a graduate must be able to *do*, not how many hours were spent getting there. Curriculum design, course structure, and contact hours are left to the faculty of each institution.

The rationale is deliberate: accreditors trust that faculty are the experts in how to teach their field, and they hold institutions accountable through student performance on standardized board exams, clinical outcomes, and periodic site reviews.

Notably, the CNME is actually *more* prescriptive than the LCME in several respects, including a detailed list of required subject areas that specifically includes pharmacology. If NDs' pharmacology training were genuinely inadequate, we would expect to see poor outcomes in the many states where NDs already prescribe from broader formularies — including controlled substances. The safety record shows otherwise.

Apparent variation in pharmacology hours across ND programs reflects the same integrated curriculum approach used in modern MD education, where pharmacology is woven into clinical subject matter rather than being taught in a standalone pharmacology course. In fact, a 2021 peer-reviewed study found wide variation across seven accredited MD programs — ranging from 10 to 85 dedicated pharmacology sessions — without suggesting that this represented a deficiency in training. Medical schools and naturopathic medical colleges both use integrated curricula to obtain the best trained physicians. That is a strength of both curriculums, not a weakness.

Comparison of LCME and CNME accreditation standards

Standard	CNME (naturopathic)	LCME (allopathic MD)
Pharmacology required	✓ Explicitly listed as required subject	— Not explicitly named in curriculum standards
Specific hours mandated	— Not specified (left to colleges)	— Not specified (left to colleges)
Integrated curriculum model	✓ Required; pharmacology woven throughout	✓ Standard approach; varies by school
Clinical training hours	✓ Minimum 1,200 hours required	— No minimum hour requirement stated
Specific clinical subject areas listed	✓ Extensive list including oncology, cardiology, etc.	— General competency outcomes; faculty-defined
Competency-based framework	✓ Explicitly required	✓ Explicitly required
Board exam as performance metric	✓ NPLEX (tests pharmacology, drug interactions, adverse reactions)	✓ USMLE
Prescription drug training required	✓ "Emergency and pharmaceutical drugs" listed	— Implied through diagnosis/treatment standards

References

A 2021 peer-reviewed study published in *Pharmacology Research & Perspectives* surveyed seven US allopathic (LCME-accredited) MD programs specifically on this question of how pharmacology is taught at medical schools in the US. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8112301/>

AANMC Support to the Maj Substantive Rules Provisions

Appendix: FNMRA letter outlines the safety of prescribing practices for NDs in states with broad scopes of practice.

Appendix: relevant LCME accreditation standards. Complete standards can be found at <https://lcme.org/standards-and-rules/>

Appendix: relevant CNME accreditation standards. Complete standards can be found at <https://cnme.org/publications-links/>

Appendix: Letter from the Director of the American Association of Naturopathic Colleges (AANMC)

Concern 2

What is the assurance of competency for an ND prescribing in Maine? Are Naturopathic doctors trained in adverse reactions to pharmaceutical medications?

In order to become licensed, an ND must pass the NPLEX board examination. Similar to the USMLE for MDs, this NPLEX Part II Core Clinical Science Exam assesses clinical knowledge, including safe prescribing, drug interactions, adverse reactions, and polypharmacy management. This is an objective assurance of competency.

As highlighted in Appendix 3, the naturopathic medical curriculum *must* include emergency management as well as training in medications used to manage medical emergencies such as severe drug reactions. Additionally, with their training in the mechanisms of action of botanical medicine and the biochemistry of vitamins, minerals, and other nutrients, NDs have a unique understanding of drug-nutrient and drug-herb interactions. This is a critical area of expertise in healthcare as the majority of Americans are currently using one or more nutritional supplements.

Maine also mandates a collaborative review of prescriptions made by an ND in the first year of practice. If an MD is alarmed by the prescriptions they are reviewing, they can report their concerns as a summary of the review is submitted to the board. To the MAND's knowledge, this has not occurred in 30 years of professional licensure in Maine. This is another objective assessment to assure that NDs are competent prescribers.

As a final safeguard, Maine has mandated that naturopathic doctors stay current in their knowledge of pharmaceutical medications. NDs must complete 7 hours of continuing education in pharmacology each year (out of a total of 25 required credits). Importantly, the AMA itself has accredited some of the typical courses an ND might take to satisfy this requirement. For example, many of the courses taught by Dr. Paul Anderson, ND <https://www.consultdranderson.com/ama-cat-1-cme/> are approved by the AMA. Because they are AMA-approved, they would be acceptable as a continuing education credit for a medical doctor.

References

Appendix 3: CNME standards

Concern 3

Why do NDs need contrast dyes?

Ultrasounds, X-rays, MRIs, and CT scans have been part of the naturopathic doctor's scope of practice in Maine for 30 yrs. There is no change in scope proposed; simply a clarification that NDs can order an MRI *with contrast*. There have been no disciplinary actions related to imaging or to missed diagnoses. This serves as a data point that NDs do understand how to order and use imaging.

Contrast is a dye that is injected by a radiologist before imaging is done—it allows better visualization. Contrast studies are necessary for evaluation of vascular issues (perfusion and emboli), infection, inflammation and tumors; being limited to non-contrast studies handicaps the provider from being able to use this imaging tool meaningfully.

As there seems to be some confusion on this point, it is important to note that the rules DO NOT allow NDs to perform CT or MRI scans themselves or administer contrast dye. The wording says “order”, not “administer”. MAND acknowledges that this kind of imaging must be done by a radiologist. The rules allow an ND to send a patient to a radiology clinic to have imaging done *by a radiologist*. The ND would then read the report issued by the radiologist and follow their recommendations, including referring to a specialist, where appropriate.

Concern 4

Lithium, Contraceptive Devices, Medical Devices and IV

Lithium is a mineral, and minerals have been part of the naturopathic formulary for 30 years. Lithium can be a supplement and is also available in higher doses as a drug. There has been a lack of clarity as to NDs’ ability to prescribe lithium: It is often used in psychiatry, and psychiatric medications are prohibited by statute. There are, however, other evidence-based uses for this mineral, including newer research in cognitive decline and neuroprotection. Lithium does have a narrow therapeutic window, and patients do need to be monitored carefully to prevent renal impairment.

The current formulary contains other medications (e.g., insulin) that must also be carefully managed and can be potentially lethal when prescribed inappropriately. Over the past 30 years, NDs have demonstrated their capacity to manage medications that require careful monitoring. They are competent, safe prescribers.

“Contraceptive devices” & “Medical appliances and devices that do not require major surgical intervention” are too unspecific and risk patient safety.

Contraceptive devices are part of the current rules. The medical appliance language is directly drawn from the naturopathic formulary in OR and the suggestion of the MD on the Board of Complementary Health Care Providers. It allows for the placement of a continuous glucose monitor or a long-acting birth control device subcutaneously (just below the skin).

IV therapy has been part of the scope of a naturopathic doctor for 30 years. The rules modernize what can be administered by IV to include treatments that will benefit patients with tick-borne illness and long-Covid and malabsorption syndromes. To our knowledge, there have been no disciplinary actions related to IV therapy.

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

IV therapy is part of the curriculum in naturopathic medical school and part of an ND’s clinical training. This includes risk management, adverse effects, and emergency procedures. Educators providing the IV certification courses outlined in the rules provided testimony that these courses *do* provide training in emergency management for IV therapy. Furthermore, Dr. Faulkingham, a medical doctor practicing in Portland, provided oral testimony at the board’s public hearing attesting to having attended one such IV training course and being impressed with the level of training in emergency management.

With regard to the concern regarding rules the BOLIM is adopting, MAND supports their efforts for tighter regulation of IV therapy in their professions however naturopathic doctors are not regulated by BOLIM.

Concern 5

Vermont and NH have more guardrails in their formularies

In VT, NDs are primary care physicians with the authority to prescribe controlled substances. This is a very different scope of practice than the HCIFS committee is considering with the proposed rules. The comparison to Vermont would be applicable if major statutory changes were being considered.

Typically, additional examinations in pharmacology are requested by states when controlled substances are added to the formulary. Eg: Oregon, Vermont. The state examination mandated by VT only went into effect with the scope expansion to full primary care status and authority to prescribe controlled substances. Additionally, the requirement of supervision for the first 100 prescriptions went into effect when controlled substances (including opiates) were made part of their scope of practice. Notably, in order to make this feasible, VT allows supervision of these prescriptions to be done by a more experienced ND. Our VT colleagues confirm that most supervision is done by NDs. Maine statute does not allow for an ND to do this supervision which effectively prohibits this option, given that Maine NDs already find it challenging to find an MD willing to do a 1-year collaborative review. This would also require a statute change.

Concern 6

An inclusive formulary is a more reasonable, safe structure.

MAND agrees that pharmacists, who are familiar with the prescribing practices of naturopathic doctors, are “acutely aware of prescribing risks and have a pulse on current issues and trends in prescribing, solutions, and safety suggestions”.

Senator David Rochefort of NH, a pharmacist who helped create the NH formulary, strongly advised against continuing with a formulary of inclusion. He strongly recommended the use of a formulary of exclusion in Maine because it creates more clarity for both naturopathic doctors and pharmacists. It also protects public safety because it does not become outdated as soon as it is created. Similarly Dr. Clyde Jensen, a PhD in physiology and pharmacology and a past professor of pharmacology at NUNM, echoed this recommendation.

Formularies of exclusion become outdated quickly and are therefore burdensome for oversight boards due to the need for constant updating to include newer medications that are generally safer and more effective. A formulary of inclusion is also vulnerable to changing board structures. Notably, the current naturopathic formulary has not been updated in 30 years due to administrative challenges and changes to the structure of the board. For these reasons, MAND argues strongly that a formulary of inclusion is not a better guard rail—our experience in Maine has shown it is a worse mechanism and undermines public safety.

As you will see there are several more letters of support in the testimony to the board from pharmacists who regularly fill prescriptions for naturopathic doctors and are familiar with the current formulary of inclusion. They all support the move to a formulary of exclusion.

References

(Senator Rochefort can be reached at DRochefort@revelationpharma.com)

Concern 7

Why use the AHFS formulary as a reference?

The AHFS is a formulary created by pharmacists. It provides a therapeutic drug classification system (AHFS Pharmacologic-Therapeutic Classification) that organizes drugs by their mechanism of action and therapeutic use.

States do have their own formularies in the form of medicaid formularies like MaineCare but NDs have been excluded from participating. More importantly, these formularies do not include all medications because they only include the drugs that are covered. For example, medicare plans must only provide coverage for 2 drugs per AHFS category but there may be many more in that category. If we used this type of formulary it would omit many drug options and create a lack of clarity.

The AHFS has been used in Oregon statute and has been working well per the testimony of Natalie Gustafson PharmD. Other state statutes don't refer to a formulary at all but most don't exclude specific classes of legend drugs so that level of clarification is not needed.

This formulary will assist the board's decision making: AHFS monographs provide clinical evidence, dosing, safety, and comparative effectiveness data. It will facilitate decision making about whether a new drug can become part of the formulary.

Concern 8

Proposal for a multidisciplinary committee to review the formulary

This was a great suggestion that was implemented during this rule-making process, as mandated by the HCIFS committee. The Complementary health care board has a formulary committee. It met to review the formulary. An MD sits on the committee and was present at the formulary review.

In the past, a pharmacist was part of this formulary committee, however, the HCIFS committee passed LD 1128 to remove the pharmacist position on the committee because the statute licensing midwifery removed the pharmacist position from the board. To remedy this change, the HCIFS committee instructed the formulary committee to receive input from the Maine board of pharmacy on the proposed rules. Furthermore, the board, consisting of a multidisciplinary group of an MD, NPs, CNMs, and NDs, approved the proposed rules.

Lastly, the public hearing provided an additional avenue for input, and many pharmacists and MDs testified in support of the rules changes. Going forward, the board can call the formulary committee to convene whenever a formulary review is required. An MD will be involved in the review. The board can also consult with the Board of Pharmacy for their expertise.



March 23, 2026

Maine Legislature - Health Coverage, Insurance and Financial Services Committee

Re: Support to the Maj Substantive rules provisionally adopted by the complementary healthcare providers

Dear Ms. Edna Cayford and Members of the Committee:

On behalf of the **Association of Accredited Naturopathic Medical Colleges (AANMC)**, we write in strong support of the Maine Board of Naturopathic Doctors' proposed rules related to prescriptive authority. AANMC represents the accredited institutions responsible for educating naturopathic physicians across North America and works closely with accrediting, regulatory, and academic partners to educate stakeholders regarding the quality and consistency of naturopathic medical education.

We appreciate the importance of patient safety and share the Legislature's interest in ensuring that any expansion of prescriptive authority is grounded in appropriate education, training, and oversight. However, several assertions raised in opposition mischaracterize both the structure and rigor of naturopathic medical education, particularly as it relates to pharmacology.

Naturopathic medical education includes robust and standardized pharmacology training.

All programs accredited by the Council on Naturopathic Medical Education (CNME)—recognized by the U.S. Department of Education—are required to provide comprehensive instruction in pharmacology, pharmacognosy, clinical therapeutics, and patient safety. While CNME standards are competency-based rather than prescriptively hour-based, this reflects modern accreditation practices across health professions, which prioritize demonstrated clinical competence over fixed seat-time requirements. Further, graduates must satisfy licensing examination requirements and state scope requirements for prescriptive authority.

Across accredited programs, students receive extensive training in:

- Pharmacologic mechanisms of action
- Drug–drug and drug–nutrient interactions
- Adverse event recognition and management
- Clinical decision-making related to prescribing
- Patient monitoring and safety protocols

This training is integrated throughout both didactic and supervised clinical education, where students apply pharmacologic knowledge in real-world patient care settings under faculty oversight.

Variation in curricular structure does not equate to lack of standardization.

Opposition letters point to differences in how pharmacology is presented across programs. This is not unique to naturopathic medical education. For example, accreditation standards for medical schools (LCME)



similarly do not prescribe a fixed number of pharmacology hours, and there is well-documented variation across institutions in how pharmacology is taught. What is consistent across professions is the expectation that graduates meet defined competencies for safe and effective clinical practice.

CNME-accredited programs meet these expectations, and graduates must also pass national board examinations (NPLEX) that include pharmacology and clinical decision-making components before entering practice in regulated jurisdictions.

Prescriptive authority is tied to licensure, regulation, and ongoing oversight.

In jurisdictions where naturopathic doctors are licensed with prescriptive authority, that authority is defined in statute and rule, and is subject to:

- Scope limitations
- Continuing education requirements
- Board oversight and discipline
- Collaboration and referral expectations where appropriate

Maine's proposed rules reflect this same regulatory framework and are consistent with approaches already implemented in other states.

Patient safety is strengthened—not compromised—by clear, regulated authority.

Providing a defined, regulated pathway for prescriptive authority ensures that care is delivered within a structured and accountable system. It is preferable to ambiguity, which can create inconsistency and risk. Naturopathic doctors are trained specifically in integrative care, including the safe use of both natural and pharmaceutical therapies, and are well-positioned to manage the types of interactions cited in opposition testimony.

Finally, we would note that naturopathic medicine is an established and growing profession with accredited educational programs, national licensing examinations, and licensure in multiple jurisdictions. The proposed rules in Maine represent a continuation of this evolution and alignment with contemporary healthcare delivery.

For these reasons, AANMC respectfully urges your support of the Maine Board's rulemaking.

Thank you for your consideration.

Sincerely,

Dr. JoAnn Yáñez, ND, MPH, CAE
Executive Director
Association of Accredited Naturopathic Medical Colleges



AANMC SCHOOL PHARMACOLOGY EDUCATION BRIEF

The Association of Accredited Naturopathic Medical Colleges (AANMC) and our Council of Chief Academic Clinical Officers (CCACO) work in partnership to advance the naturopathic medical profession by actively supporting the academic efforts of accredited and recognized schools of naturopathic medicine. AANMC member schools collectively deliver high-quality, innovative, and accessible naturopathic medical education and research.

Naturopathic Doctors (NDs) are trained as primary care physicians and complete over 4,100 hours of rigorous education and medical training, including a minimum of 1,200 supervised outpatient clinical hours. The naturopathic medical curriculum includes over 141 didactic hours dedicated specifically to pharmacology, ranging from medical pharmacology, addiction management, and drug/supplement interactions with medications used in clinical procedures.

Naturopathic Medical Education and Training

Doctor of Naturopathic Medicine programs prepare graduates to practice to the full scope of state regulations. Across six accredited naturopathic medical institutions in the United States and Canada, credit hours reflect time spent in didactic instruction, laboratory work, clinical practice, and self-directed study. Below is an overview of pharmacology education and clinical training at Bastyr University and the National University of Natural Medicine (NUNM), which are representative of accredited ND programs.

Bastyr University Pharmacology Curriculum

Bastyr students complete a comprehensive sequence of courses specifically designed to ensure safe and effective pharmaceutical prescribing:

- **Clinical Pharmacology Courses:** These courses focus on prescribing and managing pharmaceuticals across multiple systems:
 - Clinical Pharmacology 1-5: Total 27.5 hours covering musculoskeletal, nervous, endocrine, cardiovascular, digestive, and other systems.
- **Competency-Based Courses:**
 - BC 6112 Medical Pharmacology (33 hours): Mechanisms of action, safety, and adverse effects of pharmaceuticals.
 - BP 6200 Psychopathology (22 hours): Diagnosis and management of mental health conditions.
 - BP 7300 Naturopathic Approaches to Addictions (22 hours): Treatment and management of substance use disorders
 - NM 7326/8310 Medical Procedures (8.25 hours): Medications used in clinical procedures.
 - NM 7355-8319 Clinical Therapeutics Courses (29 hours): Pharmaceutical management across various systems and specialties.

- **Clinical Training:** 1,204 supervised clinical hours where NDs manage medications, including the diagnosis, treatment, and referral for substance use disorders. Students demonstrate competency in:
 - Professional ethics, counseling, mental status examination.
 - Diagnosis and management of nervous system, musculoskeletal, and mental health conditions

National University of Natural Medicine (NUNM) Pharmacology Curriculum

Similar to Bastyr, NUNM students complete 141.5 hours of dedicated pharmacology training integrated throughout their coursework:

Educational Timing	Pharmacology Hours
First Year	
Introduction to Therapeutic Modalities II	32
Second Year	
Musculoskeletal	3
Neurology	9
Cardiology & Pulmonology	9
Hematology & Oncology	4
Gastroenterology	5.5
Urology & Nephrology	5
Metabolic & Endocrinology	10
Third Year	
Reproductive (Andrology, Gynecology & Natural Childbirth)	14
Rheumatology & Clinical Immunology	6
EENT	8.5
Dermatology & Minor Surgery	4.5
Psychology & Mental Health	6
Pediatrics & Geriatrics	9
Parenteral Therapy & Environmental Medicine	6
Fourth Year	
Grand Rounds	5

Case Integration Mentor Course	5
Didactic Curriculum Totals	141.5

Clinical Training: NUNM students complete 1,254 supervised clinical hours, managing prescriptions across diverse specialties and patient populations. Students demonstrate competency in:

- Indications, contraindications, mechanisms of action, side effects, drug interactions, dosage, and prescriptive duration.
- Evidence-based justification for prescriptions, informed consent, and patient communication.

National Licensing Exams (NPLEX):

To obtain licensure, Naturopathic Doctors must pass comprehensive national exams:

- **NPLEX Part I:** Tests biomedical sciences, including pharmacology, similar to the USMLE Step 1 for MDs and DOs.
- **NPLEX Part II Core Clinical Science Exam:** Assesses clinical knowledge, including safe prescribing, drug interactions, and polypharmacy management.

Doctor of Naturopathic Medicine programs provide robust pharmacology education, integrating dedicated didactic coursework and extensive clinical training to ensure safe, evidence-based prescribing practices. Naturopathic graduates are well-prepared to manage pharmaceuticals, including controlled substances, as demonstrated by their training, success in national licensing exams, and clinical safety metrics. Supporting prescriptive authority for NDs allows them to fully utilize their expertise to deliver comprehensive, patient-centered care and address healthcare gaps.

Thank you for your consideration.



Sincerely,
JoAnn Yanez, ND, MPH, CAE
Executive Director - Association of Accredited Naturopathic Medical Colleges
director@aanmc.org | 800-345-7454

2/20/26

Dear Board members:

My name is Natalie Gustafson, PharmD, and I am a licensed pharmacist and independent pharmacy owner in Oregon. I'm writing regarding Chapter 6: Standards relating to prescriptive authorities and collaborate relationship for naturopathic doctors. It's a great advancement and step for patient safety by improving patient access and care in your state. Thank you for all your hard work on drafting this rule language.

I have worked closely with naturopathic doctors (NDs) who hold prescribing rights in Oregon for more than seventeen years. During this time, I have filled hundreds of thousands of prescriptions written by thousands of naturopathic doctors—both from Oregon and from other states with similar authority. As a pharmacist, I have not observed any meaningful difference in safety or clinical appropriateness between controlled or non-controlled prescriptions written by naturopathic doctors and those written by other licensed prescribers.

In addition, I chair an advisory committee on prescribing for the Oregon Board of Naturopathic Medicine and have been a member for the past fifteen years so have firsthand experience with evaluating prescribing rule language for NDs. Please note that all statements in my comment letter reflect my personal experience and professional judgment, and not those of the Council or the Board. For reference, in Oregon, NDs have extensive independent prescribing rights that include controlled substances, with only a few statutory limitations and no collaborative requirements.

From my perspective, the rule language as written is clear for the prescribing authority for NDs in your state and expectations, and falls well within their scope of education and training. My understanding is there may be statutory limitations, but if allowed, it would be of benefit to consider at this point adding on testosterone and antidepressants. Testosterone is commonly used as part of hormone balancing, has a low abuse potential, and is not a sedative or opiate, despite being a controlled substance. Many patients are already on antidepressants, and are frequently managed at a primary care level. Creating cohesive patient care under one prescriber is often safer than coordinating across multiple for medications such as these. It may be beneficial as well to update the reference for the AHFS formulary to 2026, as that is now published.

I'm excited for the positive impact on patient care this rule will have for your state, and hope it's the first step in expanding prescriptive authority, especially as I imagine you might struggle with similar rural medical access issues as we do. Our NDs have been pivotal for us increasing that access, especially over the last few years. If you have any questions, please don't hesitate to reach out.

Sincerely,

Natalie Gustafson, PharmD

APPENDIXES

APPENDIX 1: CNME Accreditation Standards

The CNME (accrediting body for naturopathic medical schools) requires the following program of study for accreditation for naturopathic medical colleges. Below are relevant excerpts from the CNME handbook. The complete accreditation standards can be found at <https://cnme.org/publications-links/>

Note: MAND has added emphasis and notes to draw attention to relevant information.

EXCERPT 1

“The program of study, including the academic and clinical components, is competency based. A naturopathic medicine program clearly articulates the required competencies/learning outcomes of individual courses, consistent with its program mission and program outcomes, which it considers necessary for a student to graduate as a competent doctor of naturopathic medicine. The program also incorporates any competencies formally adopted by CNME.

The academic component provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:

- a. Biomedical sciences, including: anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program
- b. Environmental and public health, including epidemiology, immunology and infectious diseases
- c. **Pharmacology and pharmacognosy**
- d. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, **diagnostic imaging**, and differential diagnoses
- e. Therapeutic subject matter/courses, including as required subject areas: botanical medicine, **emergency and pharmaceutical drugs**, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and traditional Chinese/Asian medicine theory, homeopathy, **medical procedures/emergencies, and minor surgery.**
- f. **Clinical subject matter/courses, including as required subject areas:** body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology, and hematology”

EXCERPT 2

C. Clinical Education Component

1. **The clinical education component of the program is competency based** and integrated with the academic component of the program of study. It provides an opportunity for students to develop competence in applying naturopathic principles, philosophy and clinical theory to clinical practice, as well as for further development and application of the knowledge, skills, attitudes, behaviors and values introduced in the academic component.
2. The clinical educational component enables students to develop the clinical competence, skills, professionalism and confidence necessary for successful clinical practice. The clinical component also enables students to become integral members of the health care profession and active

participants in the community, to collaborate effectively with providers in other health care fields, and to work in integrative/multidisciplinary health care settings.

3. Student achievement standards, competencies, policies, and evaluation procedures in the clinical education component are consistent with the principle of gradually ascending student responsibility: the level of clinical responsibility accorded student clinicians is gradually increased in accordance with their level of competence.
4. The following are among the elements that characterize the clinical education component:
 - a. A clinical experience that integrates naturopathic principles, philosophy, clinical theory and clinical practice into every clinical interaction;
 - b. **A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as a primary care naturopathic physician/doctor, including as required subject areas: patient counseling on health promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;" (emphasis here is MAND's)**
5. The program's clinical education component provides at least 1,200 clock hours of clinical training involving patient contact in residential clinical settings. The following requirements pertain to the clinical education component:
 - a. Of the 1,200 hours, student clinicians must spend a minimum of 850 hours involved in patient care, in either a primary or secondary capacity, under direct supervision of clinical faculty members, in a naturopathic clinic where clinical competencies are evaluated by the program.
 - b. The 1,200 hours of clinical experience may include the time students spend in preceptorship and field observation experiences in practicing naturopathic physicians' offices or in other clinical settings; however, no more than 100 hours spent in preceptorship and field observation may count towards the fulfillment of the 850 hours requirement stated in the previous section, and students may only receive credit for secondary patient interactions.

(emphasis is MAND's to highlight error made in feedback - 850hrs must be supervised by clinic faculty, but there are at least 1200 mandated clinical hours, the remainder of which may be completed under a licensed naturopathic doctor or MD at a different site)

APPENDIX 2: LCNME Standards

The LCME (accrediting body for medical schools) requires the following program of study for accreditation for medical colleges: (below are relevant excerpts from the LCME standards. The complete accreditation standards can be found at <https://lcme.org/standards-and-rules/>).

Note: MAND has added emphasis and notes to draw attention to relevant information.

Excerpt 1

“Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

6.1 Program and Learning Objectives

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

MAND comment: There is no mention of pharmacology as required content in clinical training nor do there appear to be a required number of patient-facing hours nor number of patients treated. MAND acknowledges any medical school curriculum will include rigorous pharmacology training and many clinical training hours but there may be variation as that is left up to each school to decide. The CNME does specify minimum clinical training hours and minimum number of patient interactions.

(6.3 ** there is no 6.3 in the document)

6.4 Inpatient/Outpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.”

6.5 Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

6.6 Service-Learning/Community Service

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities.

6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

6.8 Education Program Duration

A medical education program includes at least 130 weeks of instruction.

Excerpt 2

Standard 7: Curricular Content

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum provides content and experiences of sufficient breadth and depth to prepare medical students for entry into any graduate medical education program, for the subsequent practice of contemporary medicine, and for applying self-directed learning and critical thinking across the educational program competencies.

7.1 Foundational Medical Knowledge

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum *includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of the knowledge and concepts of contemporary medical science knowledge and includes the scientific principles of basic biomedical, clinical, and translational research and how such research is conducted, evaluated, and applied to patient care.*

MAND comment: There is no specific mention of the number of pharmacology hours required or a pharmacology curriculum. MAND again acknowledges the depth of pharmacological training an MD receives. How that training is provided is decided by the individual schools.

7.2 Patient Care

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes content and clinical experiences related to the diagnosis and treatment of disease. This content and these clinical experiences include education and experiential learning in the areas of acute and chronic care, end-of-life care, continuity of care, and rehabilitative care; in understanding the appropriate use of artificial intelligence and other emerging technologies in diagnosis and patient management; and in the development and effective application of the skills of evidence-based critical judgment to solving clinical problems.

7.3 Health Promotion and Health Maintenance

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes content focused on factors that affect the ability to promote and maintain health across the life cycle, including the challenges to wellness caused by common societal problems.

This content includes the role of nutrition and other health maintenance activities in preventing and managing disease.”



Federation of
Naturopathic Medicine
Regulatory Authorities

Letter of Support for
LD1128
To Modernize the Formulary for
Naturopathic Doctors in Maine

March 31, 2025

Dear Madame Chair Senator Donna Bailey and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services,

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) supports modernized regulation of naturopathic medicine in Maine. Reasonable regulation is integral to the safe practice of naturopathic medicine and protection of the public.

The FNMRA's mission is to protect the public by connecting regulatory authorities and promoting standards of excellence in the regulation of naturopathic medicine. The Federation supports new and existing regulatory organizations in fulfilling their statutory obligations to regulate the profession in the interest of public protection. The FNMRA supports a coordinated regulatory system for naturopathic medicine throughout the United States.

The FNMRA appreciates this opportunity to illustrate the need for a modernized formulary for qualified naturopathic doctors (NDs) in Maine. Passage of LD1128 will improve access to healthcare for all residents of Maine.

Modernizing the Prescribing Rights for NDs in Maine Improves Public Health and Safety

- The current regulation prevents NDs from practicing as trained, effectively limiting public access to qualified healthcare providers. This delay in vital care delivery is contrary to the public health and safety goals as mandated by the state of Maine.

Currently, the ND formulary falls woefully short of the modern standards of care. NDs can prescribe insulin but not metformin, which is the first-line treatment. NDs can prescribe epi-pens but not an inhaler, which is critical for basic management of asthma. Limiting access to the list of medications an ND can prescribe in Maine causes a significant delay in obtaining timely health and wellness services, which is directly linked to negative health outcomes.

***In Maine, NDs have been safely prescribing from the ND formulary since 1996
with no disciplinary action related to prescribing practices.***

Ensuring that Maine residents have access to comprehensive, quality healthcare services is imperative not only for their physical and mental health, but it improves access to preventive measures such as managing disease. This reduces unnecessary disability and premature death while improving overall quality of life.¹

Need for Modernized Prescriptive Authority for NDs in Maine

- **LD1128 addresses Maine’s statewide shortage of healthcare providers**

Although Maine currently licenses NDs, NDs are not allowed to practice as trained with regards to broad and modernized prescribing rights. This fact severely limits an appropriately trained ND from providing high-quality care to the people of Maine.

The Pew Health Commission Taskforce on Health Care Workforce Regulation has called for *jurisdictions to allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills.*²

Further, the Institute of Medicine (IOM) has reported on several occasions regarding the complexity of scope of practice issues across healthcare disciplines and *urges regulators to allow for innovation and inclusiveness of all healthcare practitioner types in meeting patient needs.*^{3,4} The IOM encourages the use of interdisciplinary teams to optimize patient care.

Licensed NDs Are Safe Healthcare Providers

- **Licensed NDs have fewer disciplinary actions than MDs/DOs**

NDs have been practicing as independent prescribing providers safely for decades. This can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs, even in a state where NDs have broad prescribing authority (see addendum A).

- **Minimal disciplinary actions occur even when NDs have broad, modernized prescribing rights**

NDs have proven themselves to be safe prescribers. Currently, 11 of the 26 regulated jurisdictions allow NDs to have broad prescriptive authority. Disciplinary action was taken against NDs in only four of the 11 regulated jurisdictions with broad prescribing rights from 2010 to 2024. The vast majority of those actions involved opioid management, a challenging area for all licensed healthcare providers. See table on the next page.

¹ Starfield, Barbara et al. “Contribution of primary care to health systems and health.” *The Milbank quarterly* 83,3 (2005): 457-502. doi:10.1111/j.1468-0009.2005.00409.x; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

² *Reforming Health Care Workforce Regulation: Policy Considerations for the 21 st Century*, Report of the Pew Health Professions Commission’s Taskforce on Health Care Workforce Regulation, December 1995, ix.

³ *Crossing the Quality Chasm: A New Health System for the 21 st Century*, The Institute of Medicine, National Academy Press, 2001.

⁴ *Health Professions Education: A Bridge to Quality*, The Institute of Medicine, Committee on Health Professions Education Summit, National Academies Press, 2003.

Disciplinary Actions Related to Naturopathic Doctor Prescribing

Disciplinary Actions Related to Prescribing from 2010 through 2024*				
Jurisdiction	Disciplinary Actions	Estimated Number of Licensees	Average Disciplinary Actions Per Year	Years since 2010 with Broad Prescribing Rights
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids				
Hawaii	0	150	0.0	14
Idaho	0	85	0.0	4
New Hampshire	0	75	0.0	14
New Mexico	0	30	0.0	5
Utah	0	90	0.0	14
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids				
Vermont	0	380	0.0	14
Montana	0	155	0.0	14
California	1	1100	0.1	14
Oregon	20	1500	1.4	14
Arizona	20	1600	1.4	14
Washington	33	1600	2.4	14
TOTAL	74	6765		
* Or since year of licensure if established after 2010.				
FNMRA interprets broad prescribing rights as access to all major categories of prescription drugs required for primary care.				

Source: FNMRA Disciplinary Action Tally by Type 2010-Present ⁵
 All categories of disciplinary actions can be seen in Addendum B.

In Conclusion

Supporting LD1128 will allow:

- Naturopathic doctors to practice as trained with a modernized formulary;
- Ensure that Maine residents have access to comprehensive, quality healthcare services; and
- Improve the healthcare provider shortage in Maine.

As a member of this committee, we know you are a champion of public safety. Your support of LD1128 will effectively increase the number of safe healthcare prescribers.

We thank you for the opportunity to share our comments. The FNMRA hopes that this information, and any future dialogue between the Federation of Naturopathic Medicine Regulatory Authorities and the Maine Joint Standing Committee on Health Coverage, Insurance and Financial Services will lead to reasonable regulations that promote the safe practice of naturopathic medicine in Maine.

If you have any questions, please call me at 503-244-7189 or email me at ShannonBraden@fnmra.org.

Sincerely,



Shannon Braden, ND
 Administrator In-Charge, FNMRA

⁵ <https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTXnpCiSkNy4Rd9s/edit?usp=sharing>

Addendum A

Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

- REFERENCES:** <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>
<https://www.oregon.gov/obnm/Pages/Discipline.aspx>
 ND #s provided by email - OR ND Board
https://store.aamc.org/downloadable/download/sample/sample_id/305/
<https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf>

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)**

Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat
Alaska					
Arizona	1		1		
California			1		
Colorado	1				
Connecticut					
Dist. of Columbia					
Hawaii			1		
Idaho					
Kansas					
Maine		1			
Maryland	2				
Massachusetts					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon		6			1
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	1	1	3		
TOTAL	5	8	6	0	1

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)
Physician Acts Related to the Administration of Naturopathic Medical Practice**

State	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet CE requirements
Alaska						
Arizona	4			1	1	5
California						
Colorado						7
Connecticut						
Dist. of Columbia						
Hawaii						
Idaho						
Kansas						1
Maine						
Maryland						
Massachusetts						
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota	1					
Oregon	6	1			1	
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	4		3	1	
TOTAL	12	5	0	4	3	13

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)
Physician Acts that Directly Harm Patients Physically or Emotionally**

State	Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)
Alaska									
Arizona	8	2			20	14	1	1	10
California	1				1				
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maine									
Maryland									
Massachusetts									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon	3		1	2	20	2	2	6	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont				1					
Virgin Islands									
Washington	10			1	33	10*	4	2	2
TOTAL	24	3	1	4	74	16	7	9	14

as of 2012 Cannabis is legal for recreational use in the State of WA*

Legend

- States with broad prescribing rights INCLUDING opioids
- States with broad prescribing rights EXCLUDING opioids

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)
Physician Acts that Potentially (Indirectly) Harm Patients**

State	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
Alaska				1
Arizona		5	2	2
California				
Colorado				3
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Massachusetts				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	1
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
TOTAL	1	7	9	13

APPENDIX 4: Clinical Training of a Naturopathic Doctor

In addition to didactic (in-class) training in pharmacology, naturopathic doctors receive practical clinical training in prescribing in their 3rd and 4th year. The third year of training involves observing direct patient care and engaging in clinical mentorship on patient management.

Naturopathic medical schools are not training hospitalists. As such, the 4th year of clinical training is focused almost exclusively on providing direct patient care, in an outpatient setting. This clinical training provides a strong understanding of how prescription medications fit into overall patient management.

During this clinical year, student clinicians actively practice prescribing under the supervision of an experienced naturopathic doctor. This training allows student clinicians to manage patient care over time, including proper choice of medication and dose, IV and IM administration of medications, identifying and managing adverse effects and managing issues of polypharmacy. This clinical experience ensures naturopathic doctors understand how to prescribe safely and to refer appropriately to a medical specialist.

Fourth-year student clinicians have rotations in community health centers. This variety of clinical settings ensures student clinicians gain experience providing care across the lifespan for a wide variety of people and pathologies including underserved and special populations

Some examples include:

- Assisted living facilities
- Community health centers for unhoused people
- Health centers providing care for Indigenous people.
- Community clinics serving patients with HIV/AIDS

Student clinicians engage in a minimum of 1200 hours of clinical education. 4th year grand rounds, skills classes and lectures do not count towards the fulfillment of these hours. While residencies are not required due to the absence of federal funding for this type of program, many ND's do complete 1- to 2-year residencies and choose further training and examinations provided by naturopathic specialty organizations.

Some examples include:

- Endocrinology Association of Naturopathic Physicians
- Gastroenterology Association of Naturopathic Physicians <https://endoanp.org/>
- Pediatric Association of Naturopathic Physicians <https://pedanp.org/>
- Oncology Association of Naturopathic Physicians <https://www.oncanp.org/>
- Psychiatric Association of Naturopathic Physicians <https://psychanp.org/>
- Naturopathic Association of Primary Care Physicians <https://www.ndprimarycare.org/>

Furthermore, in the state of Maine, an additional year of review of prescriptive practices will occur in an ND's first year of practice, providing an additional year of supervision.

AANMC Core Competencies of the Graduating Naturopathic Student (Excerpt)

(Source: the Association of Accredited Naturopathic Medical Colleges)

Medical Assessment and Diagnosis

Naturopathic medical graduates conduct a complete and accurate history, physical exam and objective assessment, to arrive at a diagnosis. They demonstrate the knowledge, skills, abilities and attitudes expected of an ND within the context of a patient-centered model. They consider the impact of personal and institutional biases and stereotypes on health care and clinical decision-making.

The naturopathic medical graduate:

- Elicits a complete and accurate medical and biopsychosocial history
- Establishes a therapeutic doctor-patient relationship
- Demonstrates active listening when taking a history and performing a physical exam
- Assesses the determinants of health, as defined by the World Health Organization
- Documents the medical record consistent with legal, institutional, and ethical requirements
- Performs a complete and accurate health examination, including pathological and functional assessment
- Honors and respects gender and cross-cultural concerns when performing a physical exam
- Selects assessments and performs diagnostic procedures based on a risk/benefit analysis
- Performs appropriate system-specific or hypothesis-driven examination, based on patient presentation
- Performs health screenings for disease prevention and early diagnosis

- Performs and/or orders appropriate diagnostic tests and imaging studies
- Identifies emergent and life-threatening situations and diagnoses
- Performs assessments mindful of personal biases including, but not limited to, age, sex, race, ethnicity, disability, religion, social status, gender identity, and sexual orientation
- Formulates an accurate medical diagnosis
- Interprets diagnostics tests, physical examination, and imaging reports/studies
- Integrates the medical history, physical examination and diagnostic testing with naturopathic principles in formulating a diagnosis
- Applies critical thinking and clinical reasoning in the determination of a medical diagnosis
- Recognizes the limitations of medical literature and technology in the formulation of a diagnosis
- Assesses, manages and triages emergent situations
- Communicates assessment findings and diagnosis with the patient as appropriate

Patient Management

Naturopathic medical graduates provide personalized, compassionate, ethical, holistic patient care. They employ appropriate management strategies to promote health and prevention of disease. They take into account each intervention's risk of harm, efficacy, and level of evidence. Patient values and priorities are addressed through an informed consent process in the development of a management plan and throughout treatment.

The naturopathic medical graduate:

- Establishes therapeutic relationships with patients
- Establishes rapport by exercising conditions for cultural safety, empathy, active listening, and a conscientious approach to care
- Builds and maintains patient-centered interactions appropriate to the clinical situation

- Understands and respects the doctor/patient roles and responsibilities
- Actively collaborates with patients in shared decision-making
- Develops an individualized treatment plan consistent with naturopathic principles
- Uses best practices and best available evidence
- Emphasizes health promotion and illness prevention
- Considers the safety, efficacy, contraindications, actions and interactions of therapies, predicted outcomes, alternatives, and costs
- Assesses the impact of cultural and psychosocial issues, health disparities and community factors
- Addresses physical, spiritual, mental and emotional aspects of the patient
- Considers patients' circumstances and ability to implement and adhere to recommendations, and adjusts management based on patient needs and goals
- Recommends strategies that individualize patient care and reflect the principles of naturopathic medicine. Therapies are those consistent with the offerings at CNME recognized institutions.
- Facilitates patient decision-making processes by presenting evidence informed therapeutic and wellness options including risks, benefits, costs and alternatives to therapies
- Engages patients in establishing a long-term focus for their personal health management with an emphasis on prevention and wellness
- Considers Therapeutic Order in assessing patients and developing treatment plans (1)
- Provides counseling and support for patients and significant others related to acute and chronic illness, and end-of-life issues
- Recommends plan follow-up care
- Reassesses treatment plans considering clinical outcomes, best practices and patient needs
- Documents plan of care and all revisions to plan of care

- Recognizes personal limitations, adheres to scope of practice and makes referrals when appropriate
- Intervenes and/or refers in urgent and emergent care situations

1. Zeff, J., Snider, P., Myers, S., & DeGrandpre, Z. (2012). A Hierarchy of Healing: The Therapeutic Order. V: Pizzorno J, Murray M, editors. Textbook of Natural Medicine, 4, 18-33.

Immunization Education

Naturopathic medical graduates demonstrate comprehensive clinical knowledge regarding immunization and vaccine preventable diseases.

The naturopathic medical graduate:

- Demonstrates knowledge of etiology, pathophysiology and epidemiology of vaccine preventable diseases
- Demonstrates knowledge of mechanism of action of vaccines
- Demonstrates knowledge of the risk involved to self and others of being under vaccinated or unvaccinated
- Demonstrates knowledge of the immunization schedule within the parameters of regulatory jurisdictions
- Demonstrates knowledge of indications and contraindications of vaccines
- Demonstrates ability to manage side effects and adverse reactions to vaccines
- Demonstrates knowledge of jurisdictional reporting requirements regarding adverse reactions
- Demonstrates the ability to educate the vaccine-hesitant individual
- Demonstrates knowledge of vaccine administration and maintenance requirements

A SURVEY OF NATUROPATHIC DOCTORS IN MAINE

Effects of the Current Formulary on Maine Patients

In March 2025, the Maine Association of Naturopathic Doctors (MAND) conducted a survey of its members to gather data about how the current formulary impacts their patients. 59.0% of members responded.

Here are the findings from the survey:

1. Naturopathic Doctors Can Help Ease the Healthcare Shortage in Maine

There are an estimated 34,422 Mainers currently under the care of a Naturopathic Doctor (ND).

2. Delays in Care and Increased Costs

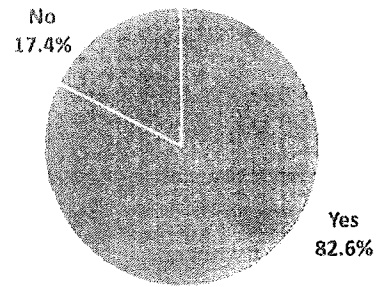
Naturopathic practices vary in focus and patient base, with some practices focusing on family medicine and others focusing on women's health or chronic conditions like Lyme disease and long COVID.

Naturopathic doctors report that **22% of patients have experienced a delay in care** because they could not prescribe a medication their patient needed. All NDs are reporting some delays in care, however, some practices report as **high as 75% of patients experience delays**.

NDs report that, after improving their state of health, **33.3% of patients have had to see another provider** in order to have their medications adjusted. When NDs are unable to lower the dose of medications, patients incur additional expenses from redundant doctors visits and time off work. These redundancies add burden to an already overtaxed healthcare system.

3. Lack of Clarity in Current Formulary

82.6% of Naturopathic Doctors report having had **difficulty prescribing medications because a pharmacist found the current formulary to be unclear.**



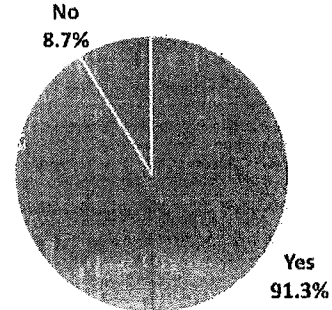
Q: "Have you had difficulty prescribing a medication because a pharmacist was confused about our formulary?"

4. Improving Patient Outcomes

95.7% of NDs report treating conditions that commonly require medications outside the current formulary. This substantially limits NDs' ability to offer comprehensive care:

91.3% of NDs report diagnosing acute conditions that require pharmaceutical management, but were unable to provide comprehensive care because many essential medications are not part of the formulary. These situations generally result in a referral to an urgent care facility.

Naturopathic doctors are often the providers their patients trust. **95.7% of NDs believe their patients would be more compliant with essential pharmaceutical medications** if the ND were able to prescribe and manage those medications.



Q: "Have you ever diagnosed an acute condition that needed pharmaceutical management but the appropriate medication was not within your formulary?"

APPENDIX 7: Sample of Letters of Support

Support from Medical Doctors

1. Dr. Patrick Boland MD — oncologist at New England Cancer Specialists
2. Dr. Alyssa Finn MD — Director of Integrative Medicine Maine Dartmouth Family Medicine Residency
3. Dr. Dan Einstein MD
4. Dr. Mary Ashmore DO
5. Dr. Meagan Kingman DO
6. Dr. Allison Faulkingham MD — Mercy Hospital Portland ME

Support from Pharmacists

1. Natalie Gustafson Pharm D (included in main documents at front of this packet)
2. Jennifer Reed Pharm D
3. Justin Levesque PharmD
4. Senator David Rochefort PharmD (can be reached at DRochefort@revelationpharma.com)

Support from Nurses and Nurse Practitioners

1. Kerri Vacher FNP
2. Stephanie Baker RN
3. S Willow Hall RN
4. Sarah Laurie RN
5. Wendy Sincyr RN

Support from Senators

1. Senator Pinny Beebe-Center

E-mail correspondence from Patrick Boland, MD, New England Cancer Specialists
(found in basis statement from the Board of Complementary Health Providers)

I am a hematology-oncologist (physician) practicing in Maine. I am writing today to express my support of the proposed new rules, as written, governing the naturopathic formulary. First, I'd like to thank the Formulary Subcommittee and the Board for their work to modernize the formulary. I have read the proposed rules and find them to be clear and consistent. The formulary of exclusion will allow NDs to work more seamlessly with pharmacists and diagnostic imaging providers, preventing delays in patient care. It will also create much more clarity for NDs new to practice in the state of Maine. Modernization of the types IV therapy NDs are able to provide is also a critical step in helping to address many chronic health care conditions that are prevalent in Maine. As they provide critical assistance to many of my patients, as an adjunct to or in lieu of traditional therapies, they fill a critical niche in the healthcare ecosystem.

I fully support this modernization as NDs are trained to provide this level of care.

Areas of Concern: While I recognize there are statutory limitations on the proposed rules, I wish to raise the following concerns.

1. The word administer is the most medically appropriate term when referring to injections and IV therapy. The word "use" is not medically specific or appropriate and is likely to create confusion as to whether an ND can administer an injection or IV themselves.
2. Physiologic function testing is a basic and critical part of proper diagnosis and monitoring of common illnesses. Currently physiologic function tests are prohibited by statute. For example, a glucose tolerance test is commonly run physiologic function test to assess diabetes and other disorders related to blood sugar.
3. Psychotropic medications include some of the most frequently prescribed medications like antidepressants. NDs are trained to prescribe these medications and would of course refer to a psychiatrist should a patient present with a more complex disorder. Prohibiting this class of medication severely restricts NDs ability to assist with the mental health crisis we are facing, something I have seen demonstrated in friends and family members.
4. In surrounding states like VT and NH, NDs are able to prescribe commonly used controlled substances and have done so safely. Access to controlled substances would allow NDs to be part of the solution to the widespread problem of addiction in Maine.
5. The role of supervising clinician in the collaborative relationship should include NDs with 5 or more years of experience prescribing in Maine. NDs would be a logical choice as they can more clearly identify the potential for drug nutrient and drug herb interactions that can commonly come up in a typical plan of naturopathic care.

I respectfully request that you approve the rules as written and ask that you inform the legislature about these statutory issues.

March 25, 2025

Dear Committee Chair Senator Bailey, Co-chair Representative Gramlich and honorable members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services,

Thank you for the opportunity to submit testimony in support of LD 1128.

My name is Dr Alyssa Finn MD. I reside in Bath, ME and work at the Maine-Dartmouth Family Medicine Residency in Augusta, ME. I am a board certified family physician and fellowship-trained integrative medicine physician. I am the Director of Integrative Medicine for Maine-Dartmouth Family Medicine Residency.

I have worked professionally with Dr. Nicole Egenberger ND for the past 3 years. She has taught our family medicine resident physicians about Naturopathic Medicine, and also been part of case conference panel discussions. She is a conscientious physician who considers the whole person and all parameters of their health prior to and while responsibly prescribing medications, including herbal and homeopathic medications. As a Naturopathic Doctor, Dr. Egenberger is aware of and researches the drug-drug interactions and drug-herb interactions when prescribing medications.

I have confidence that in updating and expanding the Naturopathic drug formulary, our patients will benefit from the broader scope of medical care that NDs can provide to patients. With the shortage of MD and DO primary care physicians, it makes sense to expand our workforce to its greatest capacity and allow NDs to prescribe all the medications they are trained to prescribe.

Thank you for the opportunity to testify in support of LD1128, and I hope you will vote "Ought to Pass".

Sincerely,

Alyssa Finn, MD

Family Physician
Director of Integrative Medicine
Maine Dartmouth Family Medicine Residency
15 E Chestnut Street
Augusta, ME 04330
O: 207-626-1900 or 626-1561
C: 508-330-8585

Alyssa Finn
Bath
LD 1128

March 25, 2025

Dear Committee Chair Senator Bailey, Co-chair Representative Gramlich and honorable members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services,

Thank you for the opportunity to submit testimony in support of LD 1128.

My name is Dr Alyssa Finn MD. I reside in Bath, ME and work at the Maine-Dartmouth Family Medicine Residency in Augusta, ME. I am a board certified family physician and fellowship-trained integrative medicine physician. I am the Director of Integrative Medicine for Maine-Dartmouth Family Medicine Residency. I have worked professionally with Dr. Nicole Egenberger ND for the past 3 years. She has taught our family medicine resident physicians about Naturopathic Medicine, and also been part of case conference panel discussions. She is a conscientious physician who considers the whole person and all parameters of their health prior to and while responsibly prescribing medications, including herbal and homeopathic medications. As a Naturopathic Doctor, Dr. Egenberger is aware of and researches the drug-drug interactions and drug-herb interactions when prescribing medications.

I have confidence that in updating and expanding the Naturopathic drug formulary, our patients will benefit from the broader scope of medical care that NDs can provide to patients. With the shortage of MD and DO primary care physicians, it makes sense to expand our workforce to its greatest capacity and allow NDs to prescribe all the medications they are trained to prescribe.

Thank you for the opportunity to testify in support of LD1128, and I hope you will vote "Ought to Pass".

Sincerely,
Alyssa Finn, MD
Family Physician
Director of Integrative Medicine
Maine Dartmouth Family Medicine Residency
15 E Chestnut Street
Augusta, ME 04330
O: 207-626-1900 or 626-1561
C: 508-330-8585

Daniel Einstein
Freeport
LD 1128

I am writing in support of the expanded and updated formulary for Naturopathic Doctors. As a physician, I frequently interact with NDs collaborating on the care of patients and am continually impressed with their professionalism and dedication to patients. Many of their patients prefer not to use pharmaceuticals and are thus primarily on a regimen of supplements. That said, it is not uncommon that they also need some pharmaceutical support, which results in them being sent to me. I am happy to work with these patients, but it results in unnecessary delays and duplication of care. I work with many supplements as well, but many MDs and DOs are not as well equipped to understand the interactions between the pharmaceuticals and supplements being given. As a result, I strongly encourage you to vote "Ought to Pass" on LD 1128.

Dan Einstein, MD

Midcoast Medicine and Wellness

March 25th, 2025

Re: L.D.1128

To whom it may concern:

I have shared many patients with Dr. Barbara MacDonald, ND, LAC and find her to be well trained, professional and knowledgeable about medication safety, prescribing, drug: herb/nutrient interactions and without reservation, support the modernization of the naturopathic formulary and L.D. 1128.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary L. Ashmore, D.O.", with a stylized flourish at the end.

Mary L. Ashmore, D.O.

Meagan Kingman
Portland
LD 1128

I am writing in support of expanding NDs prescription practices to align with those of our neighboring states. I have had frequent medical interactions with my sister-in-law, Dr. Rebecca Morrell, ND and I have always been extremely impressed with her level of medical knowledge. As a family physician, I am acutely aware of the shortage of primary care providers. Allowing NDs to broaden their scope would help increase Mainer's access to care. Additionally, I have patients who prefer to see their NDs over anyone in the traditional 'western' field of medicine - if NDs were able to prescribe similarly to MD/DO/PA/NPs that would likely increase medical compliance of those patients as they typically trust their ND providers more.

Dr. Meagan Kingman, DO
Family Medicine Physician
Portland, Maine

(Testimony from February 11, 2026 public hearing] **Dr. Allison Falkingham**

I am a medical doctor at Mercy Hospital in Portland. I received my MD in 1999 in Vermont and trained at Georgetown for Pediatrics and then have had a main medical license since for 24 years. So I am here just to say I support the rules that are being proposed for the naturopathic physician colleagues of mine and I have a bit of experience that I'd like to share. I do believe that the NDs should have a broader perspective of rights to prescribe and that they will practice within their spectrum of their training and practice professionally. In my experience, I feel that I have a larger perspective of naturopathic physician colleagues than some of my allopathic colleagues do, so I'd like to just share that here to support what I'm saying. I have attended an IV nutrition course in San Diego, CA in 2016 with a naturopathic colleague of mine who's here, Doctor Deb and I was it was taught by naturopathic physicians. It was attended with naturopathic physicians. And I was blown away by the breadth of knowledge that was given, especially around safety and treatment and professional relationship with the patients. And that is absolutely in coherence with my experience with my naturopathic colleagues. I just share a little bit about what my experience is. In 2014, I did receive an integrative Medicine board certification and joined the office with Doctor Moskowitz and Doctor McDonald to hopefully practice integrative medicine. And that is where I also received my IV nutrition certification that I was blown away with the knowledge and professionalism of my naturopathic physician colleagues and really felt that I needed to leave it to them because their training and breadth of knowledge is what serves our patients, especially when our patients like was said before, have difficulty with access to physicians and also when our breadth of knowledge as allopathic physicians has its limitations. And I also am a patient as well as my daughter is a patient of Doctor Moskowitz. And not only are we colleagues and we're professionally together, but when my medical treatment had exhausted its limits for a visual lost migraine and I had seen a neurologist, I had an MRI and the only answers for me were Prednisone and staying on a chronic medication. I did not want to accept that and I have been helped by both Doctor Moskowitz and Doctor McDonald in finding alternative ways to treat my inflammation, to treat my vitamin deficiencies, as well as a time when I had Lyme. I was treated, thank goodness, with a naturopathic physician as well as being able to be prescribed antibiotics. But there are limits to what a naturopathic physician can prescribe, and I feel like this is limiting the care that our patients are able to provide. This is not about allopathic physicians protecting our patients from physicians who can't won't practice within their training. I have had all experiences of naturopathic physicians practicing very professionally and within their scope of practice. And I'm, I'm actually blown away that you guys aren't able to prescribe testosterone or psychotropic medication because this is something that is in your wheelhouse and you're not being

able to serve patients unless you are able to prescribe these things. So I just wanted to give my experience for that. I wanted to share my support and say that I wholeheartedly believe that in all my experience and I've also experienced with Doctor Ackerley, that we will provide better care to our patients should we approve the rules for you to practice. –

Dr. Allison Falkingham

From: mailagent@thesoftedge.com on behalf of Jennifer Reed

To: Racine, Kristin

Subject: Testimony in support of proposed rules for the Naturopathic Formulary

Date: Friday, February 20, 2026 5:12:18 PM

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Ms.:

My name is Jennifer Reed and I'm a licensed pharmacist practicing in Maine. I am writing to express my strong support for the proposed naturopathic formulary rules. Expanding prescriptive authority for naturopathic doctors is essential for patients like me who rely on them for comprehensive healthcare. The modernized formulary will enable my ND to more effectively manage my medications and prescribe what I need going forward. I trust my naturopathic doctor with prescriptive authority because they have extensive knowledge of both natural remedies and pharmaceutical medications, including potential interactions between them.

The proposed rules will also authorize NDs to administer therapeutic substances intravenously. This type of care has been available to patients in neighboring states for some time. Maine residents deserve the same access to these therapeutic options without having to travel out of state.

From a pharmacist's perspective, clarity in prescriptive authority is essential for patient safety, workflow efficiency, and collaborative care. The proposed modernization appears clear, organized, and easy to interpret. Standardization of the formulary would allow pharmacists to quickly and confidently determine what medications may be prescribed by a licensed naturopathic doctor (ND), reducing ambiguity and unnecessary delays in patient care.

When scope language is outdated or difficult to interpret, pharmacists are placed in a challenging position. We must verify prescriptive authority before dispensing, which can create confusion for patients and additional administrative burden for both the pharmacy and the prescribing clinician. A modern, well-defined formulary benefits everyone — especially patients -- by improving transparency, supporting safer verification practices, and strengthening collaborative relationships between pharmacists and NDs.

I would also like to offer my perspective as a patient. I personally receive care from a licensed naturopathic doctor. My ND treats the whole patient -- not just isolated symptoms -- and takes the time to fully assess lifestyle factors, root causes, and comprehensive treatment planning. Because of current formulary limitations, I must maintain care with a separate provider solely to obtain medications that my ND is unable to prescribe. This fragmentation of care is inefficient and unnecessary. The level of comprehensive care I receive from my ND exceeds what I experience through this secondary provider relationship. Expanding prescriptive authority would reduce duplication of care, improve continuity, and allow me — and patients like me -- to receive more coordinated treatment under one qualified, regulated clinician.

These proposed updates do not remove safeguards; rather, they improve clarity, oversight, functionality, and access within Maine's existing regulatory framework. From both a pharmacist's and a patient's perspective, modernization of the formulary is a reasonable and constructive step forward. I respectfully urge approval of the proposed rules as written.

Thank you for your time and consideration.

Sincerely, Jennifer Reed
1004 Finntown RD
Waldoboro, ME 04572-6309

"We are writing as owners of a community pharmacy expressing our support for the proposed update to Maine Board of Complementary Health Care Providers Chapter 6, which governs prescriptive authority and the naturopathic formulary for licensed naturopathic doctors in Maine.

We appreciate the Board's efforts to modernize and clarify these rules through the current rulemaking process, particularly as they relate to defining prescriptive scope and improving regulatory transparency for both prescribers and pharmacists. We practice as community-based compounding pharmacists and business owners regularly collaborating with naturopathic doctors in the care of shared patients. Through this professional collaboration, we have had direct, first-hand experience with naturopathic prescribers' clinical judgment, attention to patient-specific needs, and commitment to patient safety. In our experience, these providers take their prescribing responsibilities seriously and are engaged partners in patient care. From a pharmacy practice standpoint, however, the current naturopathic formulary in Maine lacks sufficient clarity.

It is often unclear what naturopathic doctors may or may not prescribe, which places pharmacists in the position of informally "policing" prescriptions without a clear regulatory framework to reference. Given the pace and demands of community pharmacy practice, this is not a realistic or appropriate role for pharmacists. Clear, standardized prescribing authority is essential so that dispensing decisions can be made consistently, efficiently, and safely. We support expanded prescribing authority for naturopathic doctors when paired with appropriate regulatory oversight, defined exclusions, and training requirements. A clearer formulary, particularly one grounded in a recognized pharmacologic classification system, would reduce ambiguity at the pharmacy level and allow pharmacists to focus on core responsibilities of medication safety, patient counseling, and interprofessional collaboration rather than interpreting grey areas of scope on a prescription-by-prescription basis. More broadly, Maine faces ongoing challenges related to healthcare access, an aging population, and difficulty attracting and retaining medical providers. Expanding and clarifying prescriptive authority for qualified providers may help improve access to care and make Maine a more attractive environment for clinicians considering where to practice.

A well- defined formulary supports both patient safety and a more sustainable healthcare workforce. For context, several other states have already adopted clearer and, in many cases, broader naturopathic formularies than Maine currently maintains.

Examples include:

Oregon – Utilizes a formulary structure tied to the American Hospital Formulary Service

(AHFS) classification system, allowing naturopathic physicians to prescribe broadly with defined exclusions and additional training requirements for injections and IV therapies.
<https://www.oregon.gov/obnm/Pages/Statutes-and-Rules.aspx>

New Hampshire – Operates under a statutory and regulatory formulary framework in which permitted prescribing substances are explicitly listed and adopted by rule. The administrative rules enumerate formulary categories and substances that naturopathic doctors may prescribe or use, providing clear scope boundaries and regulatory transparency.

<https://regulations.justia.com/states/new-hampshire/nat/chapter-nat-400/part-nat-406/section-nat-406-01/>

Utah – Maintains a naturopathic physician formulary adopted by administrative rule, with permitted non-controlled legend medications approved through a formal process involving a formulary peer committee. The rule ties prescribing authority to recognized pharmacologic classifications, providing pharmacists and regulators with a clear, identifiable formulary.

[https://utrules.elaws.us/uac/r156-71-202\(2\)/](https://utrules.elaws.us/uac/r156-71-202(2)/)

California – The California Board of Naturopathic Medicine publishes an exclusionary drug formulary that explicitly identifies classes of pharmaceutical agents that are excluded from routine naturopathic prescribing unless otherwise authorized. This approach clarifies scope boundaries through defined exclusions and provides transparency for pharmacists and other healthcare professionals.

https://www.naturopathic.ca.gov/meetings/materials/20251117_item_3.pdf

These examples demonstrate that Maine's proposed approach is not unprecedented, but rather aligns with regulatory models already in use in other states seeking to balance access to care, patient safety, and professional clarity.

Finally, the evolution of healthcare delivery has repeatedly shown that thoughtfully modernizing scope of practice for allied health professionals improves access to care without compromising safety when appropriate oversight is in place. Physician assistants, nurse practitioners, and pharmacists have all experienced expanded roles over time—whether through independent prescribing authority, collaborative practice agreements, or pharmacists administering vaccines—often in response to workforce shortages and unmet patient needs. These changes are now widely accepted as necessary components of a modern healthcare system.

The healthcare “pie” is large, and Maine’s current and future needs justify allowing more practitioners at all levels to contribute meaningfully within clear regulatory boundaries. In that context, the proposed Maine Chapter 6 naturopathic formulary update represents a reasonable, measured, and forward-looking approach.”

– **Cassi Brooks, Andrew Gray, PharmD, Justin Levesque MS, MBA, PharmD,**
Principle Owners, Coastal Pharmacy and Wellness
Portland, ME

From: Kerri Vacher
To: Racine, Kristin
Subject: Letter in support of proposed rules for Naturopathic doctors
Date: Wednesday, February 11, 2026 11:43:50 PM

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dr. Kerri Vacher, ND, FNPC
186 Congress St
Belfast, ME 04915
drkerrivachernd@gmail.com
207-322-8922
February 11, 2026

Dear Member of the Board of Complementary Health Care Providers,
I am writing to express my strong support for full modernization of the prescribing rights of Naturopathic Doctors (NDs) in the state of Maine. This is critical to improving healthcare access, lowering costs, and ensuring that Mainers can receive the most comprehensive and efficient care possible.

As you know, Naturopathic Doctors are highly trained professionals who complete extensive education and clinical training, including rigorous coursework in pharmacology, psychopharmacology, and the medical sciences. However, despite this robust training, NDs are currently restricted in their ability to prescribe certain medications. The proposed rules will correct this disparity and ensure that the scope of prescribing rights for NDs is aligned with the training they receive in school, greatly enhancing their ability to care for patients. I can personally attest to the robust nature of naturopathic medical training, as I was originally trained as an ND and later returned to school to complete additional training as a Family Nurse Practitioner due to my frustration with the limited scope of practice and insurance barriers of being an ND. This required a tremendous investment of time and personal financial resources, and I remain in debt from that decision. It also kept me away from caring for my community for three years while I was in school. Nurse Practitioners, who have less comprehensive foundational training than NDs, appropriately enjoy a full and robust prescriptive scope. NDs should be granted comparable prescriptive authority consistent with their education and clinical training.

There are several compelling reasons why modernization of ND prescribing rights is essential:

Access to Life-Saving Medications:

NDs in Maine would be empowered to prescribe life-saving medications such as rescue inhalers, blood pressure medications, blood sugar management drugs, and other essential therapies. This would allow patients to receive timely prescriptions from their trusted healthcare provider, preventing unnecessary delays and gaps in treatment.

Psychotropic Medications and Controlled Substances:

Mental health conditions such as anxiety, depression, ADHD, insomnia, and substance use

disorders are increasingly prevalent across Maine. Naturopathic Doctors receive formal training in psychopharmacology and are well-equipped to responsibly prescribe and manage psychotropic medications when clinically indicated. Granting appropriate authority to prescribe and manage controlled substances would allow NDs to provide comprehensive, coordinated care rather than fragmenting treatment between multiple providers. This would improve continuity of care, reduce delays in mental health treatment, and ensure safe monitoring, appropriate dosing, and careful tapering when needed. NDs can responsibly manage these medications in alignment with state and federal guidelines.

Cost Reduction for Patients:

Currently, many patients are required to visit multiple healthcare providers to manage their medications, leading to higher healthcare costs, increased time spent in appointments, and potential confusion about treatment plans. By allowing NDs to prescribe medications consistent with their training, patients would benefit from more streamlined care, reducing the need for duplicate visits and lowering overall healthcare expenses.

Preventive Care and Medication Management:

NDs specialize in preventive medicine and holistic health approaches. These proposed rules will enable NDs to help patients better manage their medications, including initiating treatment when necessary and safely tapering medications when appropriate under professional supervision. This integrative approach contributes to improved patient outcomes and healthier communities.

I strongly urge you to support the proposed rules to modernize the scope of practice for Naturopathic Doctors. This is an important step toward strengthening healthcare delivery in Maine, expanding access to essential and mental health medications, and reducing unnecessary costs for patients. Allowing NDs to fully utilize their training and expertise would be a win for patients, providers, and the healthcare system as a whole.

Thank you for your consideration, and I look forward to your support for this important initiative.

Sincerely,

Kerri A. Vacher

Kerri Vacher, ND, FNPC
Family Nurse Practitioner

Dear Members of the Maine Legislature,

I am writing in strong support of expanding the scope of practice for Naturopathic Doctors (NDs) in Maine to include the prescribing and administration of nutritional intravenous (IV) therapy.

As a registered nurse, I have seen firsthand the significant impact that delayed access to appropriate nutritional support can have on patient outcomes. Many patients suffer from conditions that impair their ability to adequately absorb nutrients through oral intake. These include but are not limited to gastrointestinal disorders such as Crohn's disease, irritable bowel syndrome (IBS), and other malabsorption syndromes. In these cases, oral supplementation is often insufficient, leaving patients nutritionally depleted for extended periods. The same goes for post-Chemo patients and Diabetics and others with infections that go awry quickly.

Currently, Maine restricts NDs to administering IV therapy for hydration only, despite their extensive education and clinical training in phlebotomy and IV therapy. Expanding their scope to include nutritional IV therapy would allow these qualified providers to deliver timely, evidence-informed care that directly addresses patients' needs.

In my experience, delays in receiving appropriate care—often due to limited access to primary care physicians—can lead to worsening conditions, unnecessary suffering, and increased healthcare utilization. Many patients wait weeks or months to see a medical doctor, during which time their nutritional deficiencies deepen, and their overall health declines. This often results in avoidable emergency department visits and hospitalizations.

Earlier intervention with IV nutritional therapy could significantly improve outcomes. For patients with chronic gastrointestinal conditions, timely replenishment of essential nutrients may reduce disease exacerbations, support healing, and in some cases help prevent the need for surgical interventions. Surgery, while sometimes necessary, often provides only temporary relief and may further compromise nutrient absorption in the long term.

Allowing NDs to provide nutritional IV therapy would improve access to care, reduce strain on the healthcare system, and offer patients a proactive approach to maintaining and restoring their health. It is a practical, patient-centered solution that aligns with the realities of our current provider shortages and the growing demand for accessible, effective care.

I respectfully urge you to support this expansion in scope of practice for Naturopathic Doctors in Maine. Doing so will empower qualified providers to better serve their patients and contribute to a more responsive and efficient healthcare system.

Thank you for your time and thoughtful consideration.

Sincerely,
Stephanie Baker
Registered Nurse Maine License # 18961

From: Willow Hall
To: Racine, Kristin
Subject: Exp dling prescription rights for Naturopathic physicians
Date: Tuesday, February 10, 2026 7:02:33 AM

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Board of Complementary Members,

I am a patient of Dr. Barbara MacDonald, ND, in Rockport. I fully support the modernization of the naturopathic Formulary as written.

Thank you for establishing legislature which reflects the wishes of Maine residents.

Respectfully,
S. Willow Hall, RN

Sent from Yahoo Mail for iPhone

From: Sarah Laurie
To: Racine, Kristin
Subject: How an ND saved my life
Date: Wednesday, January 28, 2026 11:25:39 AM

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

My name is Sarah Laurie. In 2020 I lived in Fredericksburg, VA, I was an RN in the Recovery Room at Mary Washington Hospital. I was having neurological changes. It was suggested by an NP in Maine to get myself tested for Lyme disease and how to do that. The Dr I was seeing in VA had no idea what to do with the results and could only prescribe 12 days of doxycycline. We were moving to Maine anyway and did so. I went to see an ND in Bath, ME. She knew what the results meant and exactly what to do. I had 4 different tick borne diseases. After 2 years of her care and surveillance I am now clear. Without her I hate to think of what would have become of me, my mind, and my life. Please do what you can for MAND.

Sincerely, Sarah H Laurie RN

From: Wendy Sincyr
To: Racine, Kristin
Subject: Naturopathic Rules Update
Date: Wednesday, February 11, 2026 9:11:04 AM

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dr. Ackerly,
I support the proposed rules as written.

There have been many instances in the last 10 years since I began seeing my Naturopath that I have had to see multiple providers to get or to adjust the medications I've needed. This has caused delays in my treatment, as it takes considerable time to get appointments with multiple providers and coordinate them all.

I experienced acute arsenic exposure a couple of years ago. My naturopathic provider was instrumental in diagnosing and beginning treatment. I feel that she literally saved my life while I was waiting for my primary care provider to "fit me in". During that time, I had at least two locum providers in my primary care office. People who did not know me at all. I experienced high out of pocket costs, I had to travel from Embden to Portland to receive IV therapy prescribed by my naturopathic provider.

It is very important to me that my naturopathic provider be able to prescribe my medications along with natural treatments. I feel my naturopathic provider has exceptional knowledge of how all medications and treatments work in the body and synergistically with each other. As an RN myself, I can truly appreciate the depth and breadth of my naturopathics providers knowledge and training. I look forward to the day that my naturopathic provider, who knows me and my medical issues best, can provide the full scope of care that I need.

Respectfully,

Wendy Sincyr, RN

132nd Legislature
Senate of
Maine
Senate District 12

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Good afternoon Senator Bailey, Representative Mathieson, and esteemed members of the Health Coverage, Insurance and Financial Services Committee, I am Senator Pinny Beebe-Center from Senate District 12, which includes all of Knox County except for the towns of Washington and Isle Au Haut. I am writing today in support of LD 1128, "An Act to Modernize the Formulary for Naturopathic Doctors," which I have cosponsored.

Naturopathic doctors are trained, certified and licensed doctors who have been practicing in Maine since 1996. They are trained as primary care doctors and have been licensed in Maine under the Board of Complimentary Health Care Providers as complimentary care providers.

Naturopathic doctors have had prescriptive rights in Maine since licensure in 1996. Since that time, there have been no safety or disciplinary infractions brought against Naturopathic doctors for their prescriptions; they have been safely prescribing pharmaceuticals constant with their training for nearly 30 years. There have also been reviews of this formulary since then.

The goal of LD 1128 is to correct that and provide a mechanism by which the ND formulary can undergo routine review.

Every day, NDs work with patients who are medications for preventable and treatable diseases like diabetes, high blood pressure and elevated cholesterol. When patients work with Naturopaths, they often have improving health outcomes and need to lower or discontinue these medicines. The current structure of the formulary means that patients would have to go back to the prescriber to have their medication changed, resulting in redundant visits and increased cost to the patient, the insurance provider. This also leads to more visits to the PCP's office, having to use up patient time to change a medication, putting more strain on an already overtaxed health care system. Naturopathic doctors are trained in the use and management of these medicines and how to safely titrate patients off, if needed.

This situation can also result in patient's being over-medicated while they are waiting for an appointment or they all too often will stop or change medications without supervision, which can be a big safety issue. Additionally, lack of prescriptive access to these medications results in patient trips to Urgent Care or Emergency medicine for acute conditions that are most often handled in out-patient offices when NDs cannot appropriately treat the presenting disease.

The current formulary is confusing to partitioners and pharmacists and is illogical in some cases. Under the current law, Naturopathic doctors can prescribe injectable insulin for a patient, but not oral Metformin, the most common and most well-tolerated treatment for Diabetes. NDs in

Maine can prescribe injectable epinephrine for allergies (EpiPen is an example), but not an albuterol inhaler to help manage a patient's asthma.

For nearly 30 years, Naturopathic doctors have been licensed to practice medicine in Maine with limited prescriptive authority. In that time they have had no complaints or punitive action taken against them for their use of pharmaceuticals. In that time, medicines and treatments have continued to expand and evolve, but the ND formulary has not. It is time to fix this and stop tying the hands of Naturopathic doctors in Maine.

I strongly support LD 1128, and encourage you to do so, too.