



# New England Naturopathic Health

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March 25th, 2026

Co-Chairs Mathiesen and Bailey, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services (HCIFS)  
Maine Legislature

RE: Support for the Resolve Regarding Legislative Review of Chapter 6, Naturopathic Prescriptive Authority Rules

Submitted by: Corrie Marinaro, ND —  
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Good afternoon Co-Chairs Mathiesen and Bailey and members of the committee,

My name is Corrie Marinaro, and I am a licensed naturopathic doctor practicing in Hallowell, Maine. I am testifying in strong support of the Resolve before you regarding Chapter 6 of the naturopathic prescriptive authority rules — specifically to explain why a formulary of exclusion is the right structure for Maine's ND formulary.

You will hear testimony from the opposition in support of a formulary of inclusion — an enumerated list of drugs NDs may prescribe - as the more safe option for public safety. Allow me to dispel this myth with one patient story from one of my first days in practice in the state and a family that I saw in my practice with 5 children, under-employed parents and had no insurance or Primary Care Doctor. One day they brought one of their sons into my office with a sore throat and an ear ache. I examined the child and saw classic signs of strep, which I then confirmed with a rapid strep test. The child also had a bulging ear drum with a classic presentation of an otitis media, or ear infection. Having completed much of my clinical training in primary care, I knew that the right antibiotic to prescribe was Augmentin, or amoxicillin clavulanate. I also knew that I would not be able to prescribe this antibiotic under my Maine license, for the following arbitrary reason: while the amoxicillin is naturally derived and therefore a feature of the current formulary, clavulanate is synthetic and therefore excluded. I explained this to the family and offered them a choice of amoxicillin alone or going to urgent care for the more effective antibiotic. They chose the first option. I was practicing in Waterville at the time and this was before there were many NDs in the area, so pharmacists were not acquainted with our practitioners. I called in the script to the family's preferred pharmacy and was told by the pharmacist that I was not allowed to prescribe amoxicillin, or any medications for that matter. The pharmacist had reviewed the licensing statute for NDs, not the formulary, and concluded that NDs were only allowed to prescribe herbal antibiotics. Though I implored the family to take the child to urgent care as I knew it would be a bit before I could secure the script, they preferred to take the child home and wait. By the time the script was filled and started the next day, the patient's ear drum had ruptured. Fortunately he made an excellent recovery with the amoxicillin, but this example demonstrates how an imprecise formulary of inclusion that is not clearly defined creates confusion for pharmacists, leads to inability to follow correct standards of care and, in this instance, led to unnecessary patient suffering.



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Maine's current inclusion-based formulary has not been updated in 30 years. It became outdated the moment it was passed in 1996 and has not been updated since that time. Senator David Rochefort of New Hampshire — a practicing pharmacist who helped create the NH formulary — strongly advises against the inclusionary approach to regulation, saying inclusion formularies lack clarity and are “almost immediately out of date.” Maine pharmacists are living this problem daily. Cassi Brooks, Andrew Gray, PharmD, and Justin Levesque, PharmD — owners of Coastal Pharmacy and Wellness in Portland — wrote that the current formulary places pharmacists “in the position of informally ‘policing’ prescriptions without a clear regulatory framework to reference” and that “given the pace and demands of community pharmacy practice, this is not a realistic or appropriate role for pharmacists.” A 2025 MAND survey confirms it: 82.6% of Maine NDs report a pharmacist has found the current formulary too unclear to fill a prescription with confidence. That is a formulary design failure, and it directly delays patient care.

A formulary of exclusion inverts this. It clearly defines what NDs cannot prescribe — the categories prohibited by statute, including controlled substances, psychotherapeutic agents, and most anti-neoplastics — and authorizes all other legend drugs. The rule is unambiguous, durable, and self-updating as new drugs enter the market. Every state that has created a naturopathic formulary in the past decade has used this structure. To anchor those exclusions clearly, the Board tied the formulary to the American Hospital Formulary Service (AHFS) classification system — the universal drug classification language used by Medicare, Medicaid, and hospital systems nationwide — because Maine's own pharmacists recommended it. Natalie Gustafson, PharmD, who chairs the prescribing advisory committee for the Oregon Board of Naturopathic Medicine and has filled hundreds of thousands of ND prescriptions over 17 years, wrote that she has “not observed any meaningful difference in safety or clinical appropriateness between... prescriptions written by naturopathic doctors and those written by other licensed prescribers.” She confirmed that AHFS is working well in Oregon and specifically endorsed Maine's approach.

You will also hear the opposition call into question whether NDs are adequately trained to prescribe from the proposed formulary of exclusion. As Dr Ackerly has or will testify, the Task Force on Naturopathic Medicine, assembled in 1996 to determine the recommended formulary for NDs, found that graduates of 4-year, accredited ND programs were qualified to prescribe all non-controlled legend drugs with some Class V controlled substances, given the 12-month oversight for the first year of prescribing and continued oversight from the Board of Complementary Healthcare Providers. The requested update does not even rise to this standard and maintains the statutory exclusions.

ND programs include over 4,100 hours of education and medical training, with more than 141 didactic pharmacology hours integrated system by system — the same model used in MD programs. NDs must pass the NPLEX, a national licensing exam comparable to USMLE Step 1, which tests drug interactions, adverse reactions, and polypharmacy management. Maine additionally requires a full supervisory year with an MD or DO before independent practice, and 7 mandatory hours of pharmacology continuing education every year. Most tellingly, Maine NDs have been prescribing medications — including insulin and IV therapies — for over 30 years, with no disciplinary actions due to prescribing errors. The safety record from three decades of practice is the most honest answer to that concern.



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These rules were developed through formal rulemaking by the Board of Complementary Health Care Providers, reviewed by the Board of Pharmacy, and cleared by the Office of the Attorney General. Jennifer Reed, PharmD — a Maine pharmacist who also receives care from an ND — put it plainly: “A modern, well-defined formulary benefits everyone — especially patients — by improving transparency, supporting safer verification practices, and strengthening collaborative relationships between pharmacists and NDs.” They are not a practitioner wish list — these rules are the product of the oversight process this Legislative process created. I respectfully urge this Committee to support the Resolve as written. Thank you.

Respectfully submitted,

Corrie Marinaro, ND