



**Letter of Support for
HB 867
To Allow Prescriptive Authority
for Naturopathic Doctors in Maryland**

Federation of
Naturopathic Medicine
Regulatory Authorities

February 21, 2025

Delegate Joseline Pena-Melnyk, Chair
Delegate Bonnie Cullison, Vice Chair
Health and Government Operations Committee

Dear Madame Chair Pena-Melnyk and Vice Chair Cullison,

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) supports modernized regulation of naturopathic medicine in Maryland. 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 prescriptive authority for qualified naturopathic doctors (NDs) in Maryland. Passage of HB 867 will improve access to healthcare for all residents of Maryland.

Need for Prescriptive Authority for NDs in Maryland

- **HB 867 addresses Maryland's statewide shortage of healthcare providers**

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

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.***¹

¹ *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.

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.***^{2,3} The IOM encourages the use of interdisciplinary teams to optimize patient care.

Prescribing Rights for NDs Would Improve 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 Maryland.

Limiting access to independent prescribing healthcare providers causes a significant delay in obtaining timely health and wellness services, resulting in barriers that are directly linked to negative health outcomes.

Ensuring that Maryland 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, which reduces unnecessary disability and premature death while improving overall quality of life.⁴

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 in other jurisdictions. 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 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.

² *Crossing the Quality Chasm: A New Health System for the 21 st Century*, The Institute of Medicine, National Academy Press, 2001.

³ *Health Professions Education: A Bridge to Quality*, The Institute of Medicine, Committee on Health Professions Education Summit, National Academies Press, 2003.

⁴ 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/>

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.

Accountability & Liability Issues Related to Prescribing Rights

- **Regulation provides consumer protection and accountability**

Maryland has an established regulatory structure that allows consumer protection and accountability of licensed NDs. Modernizing Maryland NDs independent prescribing authority will help educate the public on the difference between qualified naturopathic doctors and lay naturopaths.

Naturopathic doctors have been regulated for decades in many states for the purpose of public protection. This protection is provided in part by the use of proper title (Naturopathic Doctor (ND), Doctor of Naturopathic Medicine, Naturopathic Medical Doctor (NMD)), by excluding unqualified persons from practicing naturopathic medicine, and by creating a structure through which the public can report complaints where both licensees and lay practitioners can be investigated.

The current naturopathic medicine regulatory structure in Maryland will allow enforcement of the state's rules by monitoring licensee activity and implementing disciplinary actions.

In Conclusion

Supporting HB 867 will allow:

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

⁵ <https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTxnpCiSkNy4Rd9s/edit?usp=sharing>

As a member of this committee, we know you are a champion of public safety. Your support of HB 867 will effectively increase the number of safe healthcare prescribers.

We thank you for the opportunity to share our comments and hope this information, and any future dialogue between the Federation of Naturopathic Medicine Regulatory Authorities and the Maryland Health and Government Operations Committee will lead to reasonable regulations that promote the safe practice of naturopathic medicine in Maryland.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Braden' followed by a long horizontal line and the letters 'ND'.

Shannon Braden, ND
Administrator In-Charge, FNMRA

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					
Maryland	2				
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	7	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	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			1	1	5
California					
Colorado					7
Connecticut					
Dist. of Columbia					
Hawaii					
Idaho					
Kansas					1
Maryland					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon	1			1	
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	4		3	1	
TOTAL	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									
Maryland									
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
Maryland				
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