



## Maryland Naturopathic Doctors Association

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Annapolis, MD

**To: Senate Finance Committee**

**Bill: SB 470 - State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance**

**Date: February 17, 2026**

**Position: Favorable**

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The Maryland Association of Naturopathic Doctors (MNDA) strongly supports *SB 470 - State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance*. The bill provides for prescriptive authority to naturopathic doctors for medications and devices, including Schedule III through V, that fall within the scope of practice of naturopathic medicine. For Schedule III through V medications, naturopathic doctors could only prescribe from a formulary approved by the Maryland Board of Physicians. The bill also provides clarifying language for the dispensing and administering of natural substances. The bill does not change the requirement that naturopathic doctors have a collaborative agreement with a physician.

MNDA appreciates the strong support of our bill sponsors. After last year's bill, our bill sponsors convened a workgroup consisting of MNDA, the Maryland Board of Physicians, and MedChi. The workgroup was productive in building an understanding of naturopathic medicine, including our education and experience in prescribing. Senate Bill 470 represents a compromise bill that we fully support. The bill provides some much-needed relief for our patients in seeking continuity of care and basic healthcare services. The bill also will help attract new naturopathic doctors to our state, as our numbers have been very limited because of Maryland's restrictions on prescribing.

### **Overview of Naturopathic Doctors and Naturopathic Medicine**

Naturopathic medicine focuses on whole patient wellness through health promotion and disease prevention. Naturopathic doctors diagnose, treat, and manage patients by addressing the root causes of illness. Naturopathic doctors provide individualized, evidence-informed therapies that balance the least harmful and most effective approaches to support optimal health in patients. There is

often a misconception that naturopathic doctors do not believe in or prescribe medication. In fact, the practice of naturopathic medicine includes prescribed medication if that is the optimal form of treatment.

### **After 10 Years of Licensure, Maryland's Law about Naturopathic Doctors Should Be Updated**

In 2014, the Maryland General Assembly enacted HB 402 to establish the licensure framework for naturopathic doctors under the Board of Physicians, and licensure began in 2016. After ten years of licensure, it is time to examine if Maryland's law should be updated. Naturopathic doctors may diagnose and treat patients for a wide range of health conditions. However, Maryland's law prevents naturopathic doctors from prescribing medication, even though it is within their scope of practice.

Senate Bill 470 updates Maryland's law to recognize that prescribing medication is within the scope of practice of a naturopathic doctor. Senate Bill 470 reflects the education of naturopathic doctors as well as the experience of other states:

- **Maryland's Rigorous Education Requirements:** Maryland law requires naturopathic doctors to complete a 4-year graduate education program that is nationally accredited. Naturopathic medical education includes 141.5 hours of didactic pharmacological education which is then integrated into a minimum of 1,200 hours of supervised clinical education with a focus on primary and preventative care.
- **Maryland's Competency-Based Examination Requirements:** Maryland's law requires naturopathic doctors to pass Part I and II of the competency-based exam administered by the North American Board of Naturopathic Examiners. Part I is taken after completing the first two years of clinical science coursework to assess the student for entry into their clinical internship rotations throughout their third and fourth years. NPLEX Part II is completed after graduation and consists of clinical case scenarios, followed by several questions that challenge candidates to provide differential diagnoses, select appropriate diagnostic tests, prescribe safe and effective treatments, manage acute-care emergencies, and critically interpret research findings.
- **Pharmacology Competency:** The 400-question case-based NPLEX II exam requires that students describe primary actions, adverse effects, indications, contraindications, and potential interactions of pharmaceutical medicines with botanical medicines, nutritional supplements, and other drugs. They must demonstrate the ability to identify and manage polypharmacy issues, monitor and assess for therapeutic drug levels and toxicity, and identify the abuse potential of prescription and street drugs.
- **How Maryland's Law Compares to Other States:** Twenty-four states, including the District of Columbia, license naturopathic doctors. Fourteen states provide a statutory framework for naturopathic doctors to prescribe medication. Maryland's law only provides for naturopathic doctors to prescribe four medications: 1) diaphragms; 2)

cervical caps; 3) oxygen; and 4) epinephrine. Otherwise, Maryland's law provides for a formulary for which all other prescribed medications are prohibited.

- **Recognizing the Strong Evidence of Safe Prescribing in Other States:** According to the Federation of Naturopathic Medicine Regulatory Authorities, most states that recognize prescribing rights for naturopathic doctors have **zero** disciplinary actions for prescribing. These states are Hawaii, Idaho, New Hampshire, New Mexico, Utah, Vermont, and Montana. There are several other states with very high numbers of naturopathic doctors that report between an average of 0.1 to 2.1 disciplinary actions a year related to prescribing. These states are California, Oregon, Arizona, and Washington states. These rates are well below average of other prescribing professions.

### **Senate Bill 470 Will Increase Health Care Access for Marylanders**

Senate Bill 470 will significantly increase access to healthcare for Marylanders seeking treatment from a naturopathic doctor:

- **Only 60 Naturopathic Doctors Practice in Maryland Because of Prescribing Restrictions:** There are over 8,000 naturopathic doctors in the U.S. However after nearly 10-years of licensure, there are only 60 naturopathic doctors practicing in Maryland. Unless a naturopathic doctor has family ties to Maryland, they are unlikely to relocate to our state. Senate Bill 470 is essential to helping Maryland recruit and retain naturopathic doctors.
- **Avoiding Harmful Disruptions to Care:** Patients in the care of naturopathic doctors face harmful disruptions in care. Despite Maryland's best efforts, our healthcare system is far from seamless. When patients need to see an existing provider, they must often wait weeks to months for an appointment. Appointments with a new provider often take months. Since naturopathic doctors do not have prescribing authority, they cannot:
  - Treat conditions for which patients commonly turn to naturopathic doctors. These conditions include menopause and perimenopause, thyroid disorders, cardiometabolic disorders, and acute and chronic infections.
  - Adjust dosages of prescribed medication. Naturopathic doctors can monitor a patient's conditions, including ordering tests, but they cannot adjust medications when clinically indicated. This restriction presents a problem when patients do not have a current relationship with a prescribing provider or cannot be seen in a timely fashion.

- Address urgent conditions which jeopardize a patient's health. Last year, the patient of a Maryland naturopathic doctor suffered a miscarriage. The naturopathic doctor had identified that a pregnant patient was suffering from low progesterone and needed medication immediately to save the pregnancy. However, the patient was turned down by her other provider, and she suffered a miscarriage.

### **Conclusion**

We appreciate the opportunity to submit this testimony in support of Senate Bill 470. We request a favorable report to recognize that prescribing medication is within the scope of practice of a naturopathic doctor. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

Attachments: Federation of Naturopathic Medicine Regulatory Authorities



**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.***<sup>1</sup>

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<sup>1</sup> *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.***<sup>2,3</sup> 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.***<sup>4</sup>

### **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.

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

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

<sup>4</sup> 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
<b>Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids</b>				
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
<b>Jurisdictions with Broad Prescribing Rights INCLUDING Opioids</b>				
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
<b>TOTAL</b>	<b>74</b>	<b>6765</b>		
* 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 <sup>5</sup>

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.

<sup>5</sup> <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](mailto:ShannonBraden@fnmra.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Braden ND', with a horizontal line extending to the right.

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://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		
<b>TOTAL</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>1</b>

**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	
<b>TOTAL</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>13</b>

**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
<b>TOTAL</b>	<b>24</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>74</b>	<b>16</b>	<b>7</b>	<b>9</b>	<b>14</b>

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
<b>TOTAL</b>	<b>1</b>	<b>7</b>	<b>9</b>	<b>13</b>