

Senate Bill 470 Written Testimony (1).pdf

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Position: FAV

ANTONIO HAYES

Annapolis, Maryland 21401

Legislative District 40



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Bill: Senate Bill 470

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

Committee: Finance

Sponsor: Senator Antonio Hayes

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

Madam Chair and members of the Finance Committee,

I am pleased to present SB 470, and I ask the Committee for a favorable vote. I am proud to serve on Senate Finance because we are a committee with a mission. Our goal is to improve health outcomes in all Maryland communities by ensuring we have an effective, efficient, and integrated healthcare system. With SB 470, the Committee has the opportunity to advance the work begun in 2014 with passage of legislation that established licensure for naturopathic doctors. Last year, the House took another step to improve health outcomes, by seriously considering Delegate Cullison's House Bill 867, which would have given prescription authority to naturopathic doctors. While HB 867 did not pass, Delegate Cullison followed the direction of then Chair Peña-Melnyk and convened an interim workgroup that included the naturopathic doctors, MedChi, and the Board of Physicians.

For this session, I worked with Delegate Cullison to craft a bill that addressed the questions raised in the workgroup. The bill before you today is already a compromise bill and reflects the in-depth discussions held by workgroup members. I am pleased to report that the Board of Physicians has moved from "neutral" last year to "support" for this year's bills. Despite our best efforts and the overwhelming evidence that naturopathic doctors can prescribe safely and effectively, MedChi remains opposed.

Now I want to describe the existing law and my proposal included in SB 470, including the compromises that have already been reached:

- Under the current law, naturopath doctors may prescribe medications and devices from a formulary, but statute restricts the formulary to just four items: – diaphragms, cervical caps, oxygen, and epinephrine. I am not sure what percentage of Marylanders could have their healthcare needs met by these items, but it's safe to assume that this list is too limited to help nearly anyone.
- Last year's bill eliminated the formality altogether and provided naturopathic doctors with prescriptive authority for medications within the scope of naturopathic medicine for medications and controlled dangerous substances, Schedules III through V. I just want to note that prescribing opioids is not what naturopathic doctors are seeking.
- SB 470 includes compromise language. The bill provides prescription authority for non-controlled medications within the scope of naturopathic medicine. But for Schedule III through V, the bill restricts prescriptive authority for only those medications approved by the Board of Physicians.
- Finally, SB 470 clarifies existing provisions regarding license renewals and professional liability insurance.

I would now like to tell the story about the origin of SB 470 with some background numbers:

- **10 Years of Safe Practice in Maryland:** Through the Board of Physicians, naturopathic doctors have been licensed for 10 years in Maryland. The Board reports that naturopathic doctors have nearly no disciplinary issues, demonstrating a very safe track record.
- **24 States License Naturopathic Doctors, with 14 States Recognizing Their Prescription Authority.** Over half of the states (including the District of Columbia) that licensure naturopathic doctors provide prescriptive authority in their laws. Maryland is behind other jurisdictions in recognizing the full benefit of naturopathic medicine for our residents.
- **Zero Disciplinary Actions for Naturopathic Doctors for Prescribing in Most 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. Their small number of cases primarily reflect opioid prescribing issues, and we would see similar issues for any type of health professional with prescribing authority.

- **Consistency with Maryland's Practice of Recognizing Prescriptive Authority of Other Advanced Practice Clinicians without a Residency Program:** I have frequently heard that Maryland should not provide prescribing authority to naturopathic doctors because they do not have the same residency program requirements as physicians. However, Maryland has a long history of recognizing the prescribing of other practitioners who have pharmacological education and experience but not a medical residence including nurse practitioners, nurse-midwives, licensed certified midwives, and clinical nurse specialists.
- **141.5 Hours in Didactic Pharmacological Education.** Naturopathic doctors go to four-year medical graduate programs. They must successfully complete 141.5 didactic hours in pharmacological education and at least 1,200 hours in supervised clinical practice. You may hear from opponents that naturopathic doctors do not have sufficient education, and I would ask the Committee to review the facts.
- **There are only 60 Naturopaths in Maryland today – after almost 10 years of licensure.** After nearly 10 years of licensure, there are only about 60 licensed naturopathic doctors in Maryland. There are about 8,000 naturopathic doctors nationwide. Naturopathic doctors do not want to practice in Maryland because of the restriction on prescribing. My panel will speak to this issue from their own personal experience; but in essence, naturopathic doctors only practice in Maryland if their families are from Maryland.

In closing, I am sponsoring this bill because I believe we are missing significant opportunities to ensure Marylanders to access seamless healthcare services. We will hear from some naturopathic doctors today. Each of these clinicians treats Maryland patients; and each and every day, their patients must navigate the complex healthcare system if they need a new medication or an adjustment to their existing prescriptions. Usually, they have to wait a long time for an appointment – sometimes even months. Sometimes it is an inconvenience, but other times, the wait causes actual harm to patients.

This Committee spends a great deal of time in addressing complex, multi-faceted problems with healthcare access. However, improving access to care for patients of naturopathic

doctors is actually very simple. We just need to change Maryland's law to recognize the education and experience of naturopathic doctors in prescribing.

I look forward to working with the Committee on SB 470.

Position: Favorable

2026 AANMC SB 470 Senate Side.pdf

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Position: FAV



February 11, 2026

The Honorable Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support for SB470 State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance

Dear Chair Beidle and Members of the Committee,

On behalf of the Association of Accredited Naturopathic Medical Colleges (AANMC), the international professional association representing accredited naturopathic medical programs in the United States and Canada, we strongly urge your support for SB470. This legislation modernizes the scope of practice for NDs in Maryland that is aligned with their rigorous education and training and commensurate with the broad scope of naturopathic medical practice.

Naturopathic Education: Rigorous & Comprehensive

NDs are educated and trained as primary care physicians, with a curriculum designed to diagnose and treat illness comprehensively. ND education occurs in four-year, full-time, in-residence, doctoral-level programs accredited by the Council on Naturopathic Medical Education (CNME)—the only accrediting body recognized by the U.S. Department of Education for naturopathic medical programs. NDs complete 4,100 hours of training in biomedical and clinical sciences, including extensive coursework in pharmacology and pharmacotherapeutics. Further, graduates meet expectations for clinical competency prior to completing psychometrically valid licensing examinations that account for safe entry into the practice of naturopathic medicine.

Pharmacology Education & Patient Safety

NDs receive extensive education in the mechanisms of action, adverse effects, and drug interactions of pharmaceuticals, providing a strong foundation for responsible prescribing and

administration of IV and intramuscular (IM) therapies. Their training uniquely prepares them to:


- Identify and mitigate drug-drug interactions
- Assess drug-herb and drug-nutrient interactions—a critical skill given the widespread use of dietary supplements alongside prescription medications
- Ensure patient safety by integrating and prescribing pharmacological and natural treatment approaches

SB470 will enhance patient care and access by allowing appropriately trained, regulated NDs to practice to the full extent of their education and licensure, supporting Maryland patients and strengthening the healthcare workforce.

We urge your strong support for SB470 to modernize naturopathic practice and ensure patients in Maryland receive the comprehensive, well-informed, and safe care they deserve.

Thank you for your time and consideration. Please feel free to contact me at (800) 345-7454 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "JoAnn Yanez". The signature is fluid and cursive, with the first name "JoAnn" and last name "Yanez" clearly distinguishable.

JoAnn Yanez, ND, MPH, CAE

Executive Director

Association of Accredited Naturopathic Medical Colleges

2026 AANP SB 470 Senate Side.pdf

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Position: FAV



February 11, 2026

The Honorable Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support SB470 and Maryland Naturopathic Doctors

Dear Chair Beidle and Members of the Committee,

On behalf of the American Association of Naturopathic Physicians (AANP), the national professional association representing more than 8,000 licensed naturopathic doctors across 26 U.S. jurisdictions, we respectfully urge the Health Committee to advance HB 520, legislation to modernize the scope of practice for naturopathic doctors in Maryland.

Naturopathic doctors (NDs) have been participating as licensed healthcare practitioners and serving their patients in Maryland since 2014. HB520 modernizes Maryland's naturopathic physician scope of practice by aligning statutory authority with the rigorous education, clinical training, and national board certification already required of licensed Naturopathic Doctors. The bill authorizes prescribing authority that is grounded in demonstrated competence, not expansion beyond training. HB520 strengthens public protection by clearly defining qualifications, reinforcing professional accountability, and ensuring that Maryland residents receive safe, regulated, and evidence-informed care from appropriately trained providers.

Allow me to provide you and members of the Committee the facts regarding the education, training, and safety of Maryland Naturopathic Doctors (NDs).

- Naturopathic doctors complete four-year, full-time doctoral programs accredited by the Council on Naturopathic Medical Education (CNME), totaling approximately 4,100 hours in basic and clinical sciences, diagnosis, clinical decision-making, and pharmacology.
- Naturopathic medical program curricula include comprehensive pharmaceutical training: Medical Pharmacology, Psychopathology, Approaches to Addiction, and Clinical Pharmacy courses covering organ systems, special populations, and major disease conditions
- All CNME accredited naturopathic medical programs prepare all graduates, without exception, to meet the clinical and prescribing standards required in every licensed jurisdiction - including those with the broadest prescribing authorities.

- Fifteen states authorize licensed naturopathic doctors to prescribe prescription medications. In nine of these states, naturopathic doctors are authorized under state law to prescribe controlled substances and may obtain DEA registration in accordance with federal regulations.

Naturopathic doctors receive comprehensive education and training in pharmacological principles, including mechanisms of action, adverse effects, and drug interactions. This training equips NDs to make informed clinical decisions, manage risk, and optimize patient outcomes.

Naturopathic doctors are also uniquely educated to identify and manage not only drug–drug interactions, but also drug–herb and drug–nutrient interactions. As a growing proportion of patients routinely use dietary supplements alongside prescription medications, this competency is increasingly critical to ensuring safe, coordinated, and patient-centered care.

NDs have proven themselves to be safe prescribers. Currently, NDs have prescriptive authority in 15 of the 26 regulated jurisdictions. From 2010 to the present, the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) has documented 74 prescribing-related disciplinary actions against NDs. The overwhelming majority of these actions are associated with opioid prescribing which is outside the scope of HB 520.

AANP wholeheartedly supports passage of HB520 which will serve Maryland by allowing Maryland Naturopathic Doctors the tools to effectively and safely treat their patients.

Thank you for your time and consideration. Please call me at 202-849-6306 if you have questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Farr", enclosed in a light blue rectangular border.

Laura Culberson Farr
Executive Director

2026 CNME SB 470 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



February 10, 2026

The Honorable Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support for SB470 Naturopathic Doctor Prescribing Authority

Dear Chair Beidle and Committee Members,

I am writing on behalf of the Council on Naturopathic Medical Education (CNME) to recommend that the Senate Finance Committee advance Maryland SB470, a bill to modernize Maryland's Naturopathic Doctor scope of practice.

The CNME is the only U.S. Department of Education-recognized accrediting agency for doctoral programs in naturopathic medicine (ND programs). Graduation from a CNME-accredited ND program qualifies an individual to take the NPLEX licensing exam and to become a licensed naturopathic doctor in the Canadian provinces and U.S. states and where naturopathic medicine is a regulated medical profession, including Maryland.

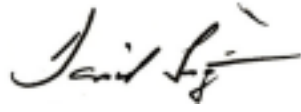
The CNME's rigorous accreditation process promotes high-quality naturopathic medical education and training with the goal of ensuring safe and effective practice. The following are elements of a CNME-accredited ND program relevant to the committee's consideration of this proposed legislation:

- NDs eligible for licensure in Maryland complete a four-year (4,100+ hour), full-time, primarily residential, doctoral degree program that comprises biomedical and clinical science coursework similar to what is found in MD programs, including substantial training relating to pharmacology and pharmacognosy. Programs include over 141 hours of didactic training in pharmacology.
- In addition to courses on pharmacology and pharmacognosy, the ND curriculum incorporates integrated training regarding various organ systems and how to effectively care for a wide range of conditions and patient populations using both natural approaches and standard medications, according to what is the least invasive, effective, and appropriate to the patient.
- In the third and fourth years of an ND program, student interns take on increasing responsibility for patient care in university clinics, ultimately managing and following a panel of patients for a year as well under the supervision of attending physicians..

Other states have already modernized the ND scope of practice based on their review of the CNME's naturopathic medical education standards and the curricula of accredited ND programs. Thus, if passed, SB470 will serve the residents of Maryland by enabling licensed NDs to utilize the full extent of their education and training to safely and effectively care for their patients.

Please feel free to contact me if you have any questions regarding CNME's accreditation standards and processes. Thank you for considering the Council's input on and support of HB520.

Sincerely,



Daniel Seitz, JD, EdD
Executive Director

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION



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2026 MNDA SB 470 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Naturopathic Doctors Association

info@marylandnd.org

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

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 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.***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 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://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

2026 N. Gustafson SB 470 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

February 1, 2026

The Honorable Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support for SB470 State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance

Dear Chair Beidle and Members of the Committee,

My name is Natalie Gustafson, PharmD, and I am a licensed pharmacist and independent pharmacy owner in Oregon. 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. 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. Please note that all statements in this letter reflect my personal experience and professional judgment, and not those of the Council or the Board.

One of the most common concerns raised when discussing ND prescriptive authority is patient safety. My experience in Oregon demonstrates that this concern is unfounded. Naturopathic doctors in multiple states have maintained an excellent safety record for many years, including with controlled substances. As a pharmacist, I have not observed any meaningful difference in safety or clinical appropriateness between prescriptions written by naturopathic doctors and those written by other licensed prescribers.

Most NDs tend to be conservative in their prescribing habits as their education emphasizes a natural, integrative approach to care. Another important dimension of patient safety is access to care. In Oregon, NDs have helped address practitioner shortages, especially in primary care and rural settings. By being able to prescribe, NDs ensure that their patients receive timely and complete care - without the unnecessary delays that occur when multiple providers must coordinate a single prescription.

Over the years, I have spoken with thousands of patients who have shared how much they value the care they receive from their naturopathic doctors. Supporting naturopathic doctors prescribing rights has simplified and improved patient care. Many have told me their health outcomes and quality of life improved dramatically thanks to treatments prescribed by their ND—care that would not have been possible without prescribing authority.

From my extensive experience, I strongly support SB470, in line with their scope of practice and training. I am happy to be a resource if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'N. Gustafson', with a long horizontal flourish extending to the right.

Natalie Gustafson, PharmD
Oregon Registered Pharmacist

2026 Sonoran Univ. SB 470 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



SONORAN
UNIVERSITY
OF HEALTH SCIENCES

College of
Naturopathic
Medicine

February 10, 2026

The Honorable Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support for SB 470 State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance

Dear Chair Beidle and Members of the Committee,

I am writing to express my strong support for SB 470 and urge you to advance this critical legislation. As the Dean of the College of Naturopathic Medicine at Sonoran University of Health Sciences, I have firsthand knowledge of the extensive training naturopathic doctors (NDs) undergo to become highly skilled primary care providers.

Naturopathic medical education is a rigorous, four-year, in-residence medical program that integrates conventional medicine with evidence-based natural therapies. The first two years focus on a strong biomedical foundation—including anatomy, biochemistry, physiology, and immunology—alongside clinical and laboratory diagnosis. Our therapeutic training emphasizes prevention and includes instruction in natural medicine modalities such as herbal medicine, lifestyle medicine, and nutrition, in addition to pharmaceuticals. This dual training allows NDs to safely prescribe and adjust medications while identifying potential interactions between conventional and naturopathic treatments. NDs are also uniquely trained to recognize drug-drug, drug-herb, and drug-nutrient interactions. Graduates must pass two national licensing examinations to demonstrate their competency as primary care providers.

Our program includes over 1,200 hours of direct patient care at our two on-site clinics—one specializing in non-opioid pain management—as well as seven community health clinics. With this level of education and clinical experience, naturopathic doctors are well-qualified to prescribe medications safely and effectively. Passing SB470 will ensure that trained, licensed, naturopathic doctors can

offer more effective care to Marylanders.

I appreciate your leadership and respectfully urge your support for SB470. Please feel free to contact me if I can provide additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jessica Mitchell". The signature is written in a cursive style with a large, stylized "M" at the end.

Jessica Mitchell, ND FABNP
Dean, College of Naturopathic Medicine
Sonoran University of Health Sciences

SB 470 - FIN - BOP - LOS.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

**2026 SESSION
POSITION PAPER**

BILL NO.: Senate Bill 470 - State Board of Physicians - Naturopathic Doctors -
Scope of Practice, Renewals, and Professional Liability Insurance
COMMITTEE: Finance
POSITION: Letter of Support

Position Note: The Maryland Board of Physicians' (the Board) support for this legislation is based solely on operational and fiscal feasibility. The Board does not take a position on scope-of-practice issues and is not opining on whether naturopathic doctors should be authorized to prescribe prescription medications.

The Board is respectfully submitting this Letter of Support for Senate Bill (SB) 470 - State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance. SB 470 would authorize naturopathic doctors licensed in the State to prescribe prescription medications, including any controlled dangerous substances (CDS) listed in the formulary. The formulary will be developed by recommendation of the Naturopathic Doctors Formulary Council on Controlled Dangerous Substances and approved by the Board. Additionally, it would permit naturopathic doctors to administer medications intramuscularly, subcutaneously, and intravenously.

SB 470 was drafted following a series of meetings convened during the interim and with input from stakeholders, including the Board, MedChi, and the American Association of Naturopathic Physicians. As currently drafted, the bill can be implemented with current resources and has no operational or fiscal impact.

The Board appreciates the collaboration during the drafting of this bill and looks forward to continued partnership.

Thank you for your consideration. For more information, please contact Madeline DelGreco, Manager of Policy and Legislation, at 410-764-5053.

Sincerely,

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

SB 470.pdf

Uploaded by: Ashley Clark

Position: UNF

MARYLAND PSYCHIATRIC SOCIETY



February 6, 2026

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The Honorable Pamela Beidle
Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

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

Dear Chairwoman Beidle & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

MPS/WPS strongly oppose Senate Bill 470, which would significantly expand the prescribing and drug administration authority of naturopathic doctors to include Schedule III, IV, and V controlled substances. This bill presents a clear risk to public health and safety by allowing individuals without adequate medical training to prescribe and administer powerful and potentially addictive medications.

Controlled substances in Schedules III-V include drugs with well-documented risks, including abuse potential, dependence, and significant psychiatric side effects. These include ketamine (Schedule III), a dissociative anesthetic with hallucinogenic properties that has gained popularity in unregulated wellness clinics; benzodiazepines such as Xanax and Valium (Schedule IV), which carry a high risk of dependence and overdose; and codeine-containing cough syrups (Schedule V), which are frequently misused. By granting prescribing privileges to naturopaths, this bill would create a proliferation of poorly regulated clinics administering these substances without the rigorous oversight and medical safeguards required to ensure patient safety.

Unlike medical doctors, psychiatrists, or even nurse practitioners, naturopaths do not receive the necessary pharmacological training to responsibly prescribe and monitor controlled substances. Their educational programs lack the extensive clinical training required to safely assess, diagnose, and treat patients with complex medical and psychiatric conditions. The absence of formal residency training further exacerbates concerns regarding their ability to appropriately manage medications with significant risks.

Maryland has already seen an influx of unregulated ketamine clinics operating with minimal oversight. By expanding naturopathic prescribing authority, SB 470 would open the door to even more such facilities, increasing the risk of inappropriate prescribing, misuse, and patient harm. Additionally, allowing naturopaths to administer these drugs by intravenous and subcutaneous injection—without the extensive medical training required for safe administration—further endangers patient safety.

At a time when Maryland is grappling with the opioid crisis, rising rates of benzodiazepine dependence, and increasing concerns about the commercialization of psychedelic treatments, it is irresponsible to lower prescribing standards and widen access to these substances outside of appropriately trained medical professionals. For these reasons, the Maryland Psychiatric Society urges an unfavorable report on SB 470.

For these reasons, we oppose SB 470. If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully Submitted,
The Maryland Psychiatric Society & Washington Psychiatric Society
Legislative Action Committee

testimony SB 470 naturopaths prescribing MDDCSAM U

Uploaded by: Joseph Adams, MD

Position: UNF



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 470 UNFAVORABLE

State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance

Senate Finance Committee Feb 17, 2026

Granting naturopaths authority to prescribe opioids can be predicted to worsen the epidemic of overdose deaths, which famously followed the rise of inappropriate prescribing by physicians and other prescribers. **Even when well-trained physicians prescribe opioids, a significant proportion of recipients will develop opioid use disorder, contributing to overdose death.**

Due to the inherent risk of prescribing full opioids **(1)** by any group of prescribers, the MD Dept of Health launched the "Talk to Your Doctor" public awareness campaign in 2018 to encourage patients to remind their doctors about opioid alternatives. Government agencies have also addressed inappropriate prescribing: "When the Prescription Becomes the Problem" (CDC), "Encourage Safer Opioid Prescribing" (NIH), and the "Over-Prescriber Support Strategy" (CMS). **Harmful over-use of prescription benzodiazepines is also a problem**, related to liberal prescribing of alprazolam (Xanax) and others.

Practitioners trained in unscientific therapies would exacerbate harmful use of various drugs. There can be pressures to prescribe controlled substances from patients, drug companies, etc.

The fact that naturopaths are trained in debunked therapies that are devoid of scientific merit casts doubt on their ability to critically evaluate medical information.

Bastyr University is a prominent accredited naturopathic university. In the overview of their Naturopathic Doctorate Degree Program, **homeopathic medicine** and herbal medicine are two of the seven integral areas of study. **(2)**

'The Natural Medicine Journal,' published by the American Association of Naturopathic Physicians, features articles such as "Tapping into Your Patient's Biofield to Optimize Healing," **(3)** and claims that "Naturopathic hydrotherapy works on the emunctories and vital force." . . . Hydrotherapy . . . stimulates the immune, nervous, and circulatory systems using . . . sine wave electrical stimulation, . . . boosts detoxification and treats chronic fatigue, infections... helps with digestive issues . . . chronic disease, immune support (colds/flu), anxiety, headaches, autoimmune disorders, and boost vitality."
(4)

(continued . . .)

(. . . continued)

Homeopathy, developed in the 1700s, has been debunked as “pseudoscience” in the scientific literature. “The assumptions underlying homeopathy violate fundamental laws of nature. It does not have any explanatory power and fails other criteria established for a scientific approach. Two large-scale efforts have recently documented that in spite of a plethora of clinical trials there is no evidence that homeopathic remedies have any therapeutic effect beyond that of a placebo.” (5)

“[Homeopathy’s] implausible basic assumptions ... contradict natural laws... There is no study or systematic review that reliably certifies homeopathy to have an effect beyond the placebo effect.

It displays clear characteristics of pseudoscience.” (6) “Any normative basis of medical ethics will make [Homeopathy] unethical, as a defense of homeopathic practice requires the rejection of modern natural sciences.” (7)

We urge an unfavorable report.

Respectfully,

Joseph A. Adams, MD, FASAM, Board certified in addiction medicine, internal medicine
Co-Chair, Public Policy Committee, MDDCSAM; Board of Directors: StopStigmaNow.org

REFERENCES:

1. Full opioids are typical prescription opioids, as opposed to the relatively safe partial opioid buprenorphine for treating addiction or pain.
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UNFAVORABLE.SB470.HB520.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: UNF



Request for Amendment

SB470/HB520– State Board of Physicians – Naturopathic Doctors – Scope of Practice

Laura Bogley-Knickman, JD
Executive Director, Maryland Right to Life

We Oppose Taxpayer Funded Abortion by Naturopathic Doctors

On behalf of the Board of Directors of Maryland Right to Life and our 200,000 followers across the state, we respectfully request your amendment of SB470/HB520 to exclude lethal abortion drugs from the type of drugs that can be prescribed by a naturopathic doctor. This bill would revise the Health Occupations Article to change the scope of practice for naturopathic doctors to allow them to prescribe, provide and administer both prescription and non-prescription drugs, not otherwise in the formulary – *which could include dangerous abortion drugs*.

To ensure the safety and efficacy of abortion drugs, a pregnant woman must obtain a physical examination by a licensed Doctor of Obstetrics. That safeguard was recently removed by the reckless deregulation of abortion drugs by the FDA and the Maryland General Assembly. Medical negligence or misuse can result in severe injury, infection, miscarriage, stillbirth, disability and even death.

The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs that must include an obstetrical examination and prescription by a licensed obstetrician.

Maryland Abortion Care Access Act

In 2022, the Maryland General Assembly repealed the final safeguard for women by enacting the Abortion Care Access Act, making it legal for non-physicians (**including any certified pharmacist**) to provide abortions and forcing taxpayers to pay to train abortion providers. The Act established the Abortion Clinical Care Training Program in the Maryland Department of Health (the Department), renamed as the Abortion and Reproductive Clinical Health Program, and established the Abortion Care Clinical Training Program Fund. In 2025, the State gave at least \$10.6 million in grants to abortion training providers.

Bill Language We Oppose

Under the FDA’s Risk Evaluation and Mitigation Strategy (REMS), abortion drug mifepristone and its generic counterpart should not be viewed as a "starter dose" (which usually implies the first of a long-term series of the same drug, like an antibiotic or a maintenance med). Instead, the FDA defines it as the **primary active agent** in a two-drug **regimen** that is ingested over a **48-hour period**.

However, states with more liberal abortion policies like Maryland, are using terms like "loading dose" as a legal workaround to the REMS, to allow those who are uncertified in the abortion pill regime, to administer abortion drugs. This bill could be interpreted to allow naturopathic doctors to prescribe or administer a “starting dose” of mifepristone or misoprostol.

The language that we oppose is as follows:

14-5F-01.

(L)(2) "Naturopathic medicine" includes: (V) PRESCRIBING OR ADMINISTERING: 1. **PRESCRIPTION DRUGS AND DEVICES THAT ARE NOT CONTROLLED DANGEROUS SUBSTANCES;** AND (VI) DISPENSING A **STARTER DOSAGE** OF A DRUG OR DEVICE DESCRIBED IN ITEM (V) OF THIS PARAGRAPH.

AND

14-5F-14.

(a) A license authorizes a licensee, consistent with naturopathic education and training and competence demonstrated by passing the naturopathic physician licensing examination, to:

(10) SUBJECT TO ITEM (11) OF THIS SUBSECTION, PRESCRIBE, DISPENSE A **STARTER DOSAGE** OF, AND ADMINISTER WITHIN THE SCOPE OF NATUROPATHIC MEDICINE A PRESCRIPTION DRUG OR DEVICE;

For the purposes of this bill as "starter dose" of a drug is defined as follows:

12-102

(2) For the purposes of paragraph (1) of this subsection, "starter dosage" means an amount of drug or device sufficient to begin therapy: (i) Of short duration of **72 hours or less; or ...**

Abortion Drugs Are Not "Safe"

Chemical abortion drugs are harmful to women's health, almost always result in the death of a fetal human being, and are often misused due to the reckless deregulation of these drugs by the Food and Drug Administration and State of Maryland. The incidence of abortion coercion and forced ingestion of abortion drugs against a woman's consent are increasing nationwide as men can now easily order and be prescribed these lethal drugs without sufficient oversight. This bill would put Maryland women at greater risk of harm.

The profit-minded abortion industry claims that chemical abortion is safe and easy. The truth is that chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. While the abortion industry falsely reports complications for only .5% of women, new reports prove that at least 11% of women experience serious complications from abortion pills. **The true risk is 22 times higher than reported.** This is willful medical negligence by the abortion industry and abortion drug manufacturers that would not be tolerated by the State in any other area of "healthcare" practice. This false reporting is meant to keep women in the dark about the true risks of abortion drugs, denying women their right to give informed consent.

Reducing the credentials of those who may perform or provide abortions, including reimbursing pharmacists who distribute abortion drugs, is increasing the number of preborn children being killed,

subjecting more women to injury and death, and straining emergency room providers who must provide emergency interventions for botched abortions as abortion drug providers who routinely deny their customers care for abortion complications. With the indiscriminate distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with botched abortion complications has increased 500%, exacerbating existing medical scarcity and undermining the conscience rights of medical providers. Maryland already has the longest emergency room wait times in the nation.

Adopt Reasonable Health and Safety Standards

Chemical abortions now account for as many as 75% of all abortions. The growing reliance on chemical abortion underscores the need for a state protocol for the use of abortion drugs including informed consent specific to the efficacy, complications and abortion pill reversal therapy. Strong informed consent requirements manifest both a trust in women and a justified concern for their welfare.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for failed chemical abortions.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, and any generic forms of these drugs, to be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

By authorizing naturopaths to prescribe lethal abortion drugs without examination by an obstetrician, the State will be putting women's lives at risk and promoting the mass destruction of preborn children. The inevitable harm to women includes underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. **Men can order and pick up abortion drugs from a pharmacist and administer them to women without their consent.** Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas. With the remote distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers. Maryland emergency rooms already have the longest wait times in the nation.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their

knowledge or consent, most often resulting in miscarriage. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive partners all take advantage of easily available chemical abortion drugs. (See Article: <https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html>)

The Public Opposes Funding for Abortions

A [2026 Marist poll](#) showed that 54% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion. Maryland taxpayers believe that the state only uses public funds for abortions that are deemed “medically necessary” in order to save the life or health of the mother. Taxpayers do not support the use of public funds for elective abortions, which make up the vast majority of abortions committed in Maryland.

Without amendment, this bill could allow additional public funds to be used as corporate welfare for the abortion industry and abortion drug manufacturers, further subsidizing these for-profit businesses and their non-profit partners. This is in direct conflict with the will of 88% of people who prefer funding for programs that protect the lives of both mothers and children.

Subsidizing Corporate Abortion

Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Public departments and programs subsidizing abortion and abortion providers include the Maryland State Department of Education, Maryland Department of Health, Abortion Care and Reproductive Clinical Health Program, Maryland Family Planning Program, Maternal and Child Health Bureau, the Children’s Cabinet, Maryland Council on School Based Health Centers, Maryland Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children’s Health Program (MCHP) and Maryland Stem Cell Research Fund.

Public Funding through Maryland Medicaid – The *Maryland Medical Assistance Program* and the *Maryland Children’s Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, taxpayers spent at least \$7.9 million for 12,727 abortions, with **less than 11 of those abortions due to rape, incest or to save the life of the mother.**

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon was required to certify that, based on his or her professional opinion, the

procedure is medically necessary. Similar language was attached to the appropriation for **MCHP** since its advent in fiscal 1999. However, this language was repealed in 2022.

Funding restrictions are constitutional

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

The Maryland General Assembly must put patient safety before abortion politics and profits. For these reasons, we respectfully urge you to amend or issue an unfavorable report on this bill in order to protect women's health against substandard medical care, dangerous abortion drugs and abortion coercion through forced ingestion.

We appeal to you to prioritize the state's interest in human life, healthy pregnancy outcomes and to restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

2026 SB0470 UNF.pdf

Uploaded by: Mathew Goldstein

Position: UNF



<https://docs.google.com/forms/d/e/1FAIpQLSfU0l1WSdNHoXUz2uYdt4zf-ztmwuTz-rdKJ59WbJstj1Ylw/viewform>

February 17 2026

SB 0470 - UNF

State Board of Physicians - Naturopathic Doctors - Scope of Practice, Renewals, and Professional Liability Insurance

Dear Chair [Senator Pamela Beidle](#), Vice Chair [Antonio Hayes](#), and Members of the Finance Committee,

This bill takes us in the wrong direction by allowing naturopathic physicians to prescribe controlled substances. Maryland licenses practitioners of homeotherapy and other bogus treatments as medical professionals [Health Occupations §14–5F–10]. A state sanctioned medical board licenses people to "DISPENSE, ORDER, OR ADMINISTER ... HOMEOPATHIC MEDICINES" and to "ADMINISTER OR PERFORM HOT OR COLD HYDROTHERAPY, NATUROPATHIC PHYSICAL MEDICINE, ELECTROMAGNETIC ENERGY, COLON HYDROTHERAPY... Three states, Florida, South Carolina, and Tennessee, ban the practice of naturopathy. Maryland, along with all other states, should do the same. About 15 states grant them some type of prescriptive authority. Many states prohibit naturopathic physicians from prescribing controlled substances but allow them to prescribe (1) non-legend (over-the-counter) medications; (2) certain legend medications, such as epinephrine and antibiotics; and (3) prescription and non-prescription natural therapeutic substances (e.g., vitamins, minerals, and animal glandulars). Only eight states, Arizona, California, New Hampshire, New Mexico, Oregon, Utah, Vermont, and Washington, allow naturopathic physicians to prescribe limited controlled substances.

Secular Maryland is opposed to government facilitating, enabling, or promoting the practice of so-called alternative "medicine". There is no alternative or complementary chemistry, plumbing, nursing, aviation piloting, law, etc.. This is because such professional services operate on the same underlying principle. The one and only reliable standard for such professional services is best fit with the available empirical evidence.

Naturopathy is a hodgepodge of beliefs and treatments and only some of these treatments are likely to be of any benefit. The naturopathy recommendations that are

good for health are also part of established scientific medicine. The other treatments promoted by naturopathy, such as homeopathy and colonic irrigation, are pseudoscientific nonsense that have been repeatedly disproven by clinical trials. Excessive fasting, dietary restrictions, or use of enemas, which are sometimes components of naturopathic treatment, can be dangerous. Naturopathic treatment may involve taking unregulated herbs, some of which may have impurities and/or harmful effects.

Naturopathic medicine is not based on widely accepted scientific principles of health, disease, and health care, yet it falsely self-appropriates for itself the "scientific" and "medicine" labels. Creating government licensing schemes for naturopathy gives a seal of approval to scam treatments that have been shown not to work. It also gives consumers the false impression that practitioners have specific and legitimate skills that the state could monitor and maintain, and that there are standards of care that naturopaths are required to meet. Alternative medicine aims to achieve the healing effects of medicine, but lacks biological plausibility, lacks empirical support, is untestable, or has been proven ineffective. Complementary medicine (CM), complementary and alternative medicine (CAM), integrated medicine or integrative medicine (IM), and holistic medicine are among many rebrandings of the same phenomenon. Research into alternative therapies often fails to follow proper research protocols (such as placebo-controlled trials, blind experiments and calculation of prior probability). In contrast, experimental medicine employs scientific methods to test plausible therapies by way of responsible and ethical clinical trials, producing evidence of either effect or of no effect.

The recommendations that we have good reason to consider good for health - nutrition, exercise (for endurance, strength, balance, flexibility), daily sleep in darkness, some exposure to sunlight during the day, social interaction, mental stimulation, stress reduction, etc. - are part of established scientific medicine. Alternatives to evidence based medicine are, by definition, at least partially not based on widely accepted scientific principles of health, disease, and health care, yet they self-appropriate for themselves the "scientific", "evidence based", and "medicine" labels. There is no flaw or weakness with current medical practice that is remediated or eliminated by alternatives to evidence based medicine.

Complementary medicine is based on prescientific or nonscientific mysticism; there is no clear standard of care to guide regulation; there is no clear standard of education for

practitioners; and the available scientific evidence is most consistent with its effects being all nonspecific or placebo effects, an expected finding given the scientific implausibility of the practice. For example, Homeopathy is a discredited form of treatment. In 2017, the Federal Trade Commission (FTC) warned homeopathy marketers that they may be found to be illegally misleading consumers unless they state clearly on homeopathy product labels that "1) there is no scientific evidence that the product works; and 2) the product's claims are based only on theories of homeopathy from the 1700s that are not accepted by most modern medical experts.

A 2018 study published in JAMA Oncology used data on 258 complementary medicine users with 1,032 people in a control group. Complementary therapies included herbs, vitamins, traditional Chinese medicine, homeopathy, naturopathy, yoga, acupuncture, and others. The cancer patients who used complementary treatments were more likely to refuse of surgery, chemotherapy, radiation, and hormone treatments. They had more than double the risk of death, including a lower five year survival rate.

Pseudoscientific medical treatments cause substantial harm to some patients. In some cases these treatments jeopardize patient health. But even when disproven treatments are merely ineffective, they waste valuable time that should be used to diagnose and treat a patient's ailments before they worsen. Research published in peer-reviewed medical journals has shown that even when "complementary" medical treatments are marketed for use in conjunction with science-based medicine, some consumers use these treatments as wholesale substitutes for science-based medicine, tragically leading to significantly higher mortality rates from treatable illnesses, most notably from various forms of cancer. In addition to the issue of state licensure conferring respectability to pseudoscience, a major problem with licensing a specialty that is not based in science is that it will be members of that specialty who form a board to oversee the practitioners of that specialty, which means that there will be no scientific standards regulating that specialty. Neither will be based in science, and, contrary to the intent of the bill, the public will not be protected from bad actors any more than they are by the present system. In addition, the reason practitioners of unconventional specialties so crave state licensure is that it is the first step to requiring insurers to pay for their services. This results in a diversion and waste of precious health care resources to pay for ineffective therapies.

There are many individuals and institutions profiting from promoting a hodgepodge of treatments that are likely to be of no benefit to anyone receiving those treatments.

Alternative medicine ruses, such as homeopathy, craniosacral therapy, osteopathic manipulation as a treatment for systemic disease, magnetic therapy, orthomolecular therapy, etc., have been repeatedly disproven by clinical trials. These treatments originated, and continue to be promoted, without first having been demonstrated to be effective. Government should be discouraging and cautioning against relying on alternative medicine.

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