



VIRTUAL/TELECONFERENCE
NATUROPATHIC MEDICINE EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
February 3, 2026

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of December 12, 2025 (4)**
- C. Introductions, Announcements and Recognition
- D. Reminder: Conflicts of Interest, Scheduling Concerns
- E. Administrative Matters – Discussion and Consideration (5-28)**
 - 1. Department, Staff and Board Updates
 - 2. **2026 Meeting Dates (5)**
 - 3. **Annual Policy Review (6-9)**
 - 4. **Election of Officers, Liaison Appointments and Alternates, Delegation of Authorities (10-28)**
 - 5. Board Members – Board Member Status
 - a. Becker, Allison R. – 7/1/2029
 - b. Doege-Brennan, Robyn R. – 7/1/2027
 - c. Kiefer, David S. – 7/1/2029
 - d. Kiel, Kristi J. – 7/1/2028
 - e. Meister, Katarina M. – 7/1/2027
 - f. Nichols, Kristine J. – 7/1/2028
 - g. Ratte, Paul J. – 7/1/2027
- F. Administrative Rule Matters – Discussion and Consideration (29)**
 - 1. Pending and Possible Rulemaking Projects
- G. Legislation and Policy Matters – Discussion and Consideration (30-121)**
 - 1. 2025 WI AB 692

H. Credentialing Matters – Discussion and Consideration

1. License Counts
- I. Discussion and Consideration of Items Added After Preparation of Agenda:
 1. Introductions, Announcements and Recognition
 2. Nominations, Elections, and Appointments
 3. Administrative Matters
 4. Election of Officers
 5. Appointment of Liaisons and Alternates
 6. Delegation of Authorities
 7. Education and Examination Matters
 8. Credentialing Matters
 9. Practice Matters
 10. Legislative and Policy Matters
 11. Administrative Rule Matters
 12. Liaison Reports
 13. Public Health Emergencies
 14. Board Liaison Training and Appointment of Mentors
 15. Informational Items
 16. Division of Legal Services and Compliance (DLSC) Matters
 17. Presentations of Petitions for Summary Suspension
 18. Petitions for Designation of Hearing Examiner
 19. Presentation of Stipulations, Final Decisions and Orders
 20. Presentation of Proposed Final Decisions and Orders
 21. Presentation of Interim Orders
 22. Petitions for Re-Hearing
 23. Petitions for Assessments
 24. Petitions to Vacate Orders
 25. Requests for Disciplinary Proceeding Presentations
 26. Motions
 27. Petitions
 28. Appearances from Requests Received or Renewed
 29. Speaking Engagements, Travel, or Public Relation Requests, and Reports

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

- K. Deliberation of Items Added After Preparation of the Agenda
 1. Education and Examination Matters
 2. Credentialing Matters
 3. DLSC Matters
 4. Monitoring Matters
 5. Professional Assistance Procedure (PAP) Matters
 6. Petitions for Summary Suspensions
 7. Petitions for Designation of Hearing Examiner
 8. Proposed Stipulations, Final Decisions and Order

9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

L. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

M. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

N. Open Session Items Noticed Above Not Completed in the Initial Open Session

ADJOURNMENT

NEXT MEETING: MAY 12, 2026

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialled by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
NATUROPATHIC MEDICINE EXAMINING BOARD
MEETING MINUTES
DECEMBER 12, 2025

PRESENT: Allison Becker, Robyn Doege-Brennan, David Kiefer, Kristi Kiel, Katarina Meister, Kristine Nichols, Paul Ratte

STAFF: Brad Wojciechowski, Executive Director; Joseph Ricker, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Tracy Drinkwater, Board Administration Specialist; and other Department Staff

CALL TO ORDER

Katarina Meister, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF OCTOBER 10, 2025

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to approve the Minutes of October 10, 2025, as published. Motion carried unanimously.

PUBLIC HEARING: CLEARINGHOUSE RULE 25-081 NAT MED 1, 2, AND 6, RELATING TO SCOPE OF PRACTICE

Review Public Hearing comments and Clearninghouse Report

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to accept all Clearninghouse comments for Clearninghouse Rule 25-081 (Nat Med 1, 2, and 6), relating to scope of practice. Motion carried unanimously.

MOTION: Paul Ratte moved, seconded by Allison Becker, to authorize the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to approve the Legislative Notice and Final Rule Draft for Clearninghouse Rule 25-081 (Nat Med 1, 2, and 6), relating to scope of practice, for submission to the Governor's Office for approval. Once Approval is received, DSPS is authorized to submit Final Rule Draft to LRB for Publication and provide the Legislature with required notice. Motion carried unanimously.

ADJOURNMENT

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:43 a.m.

NATUROPATHC MEDICINE EXAMINING BOARD
2026 MEETING DATES

Meeting Date	Start time	Location	Agenda Item Deadline
Tuesday, February 3, 2026	9:00 AM	Virtual	1/22/2026
Tuesday, May 12, 2026	9:30 AM	Hybrid	4/30/2026
Tuesday, August 11, 2026	9:00 AM	Virtual	7/30/2026
Tuesday, December 8, 2026	9:00 AM	Virtual	11/26/2026

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

- 1) Name and title of person submitting the request: Audra Cohen-Plata, DPD Division Administrator
- 2) Date When Request Submitted: 12/11/2025
- 3) Name of Board, Committee, Council, Section: **All Boards**
- 4) Meeting Date: **First Meeting of 2026**

- 5) Attachments: **Yes**
- 6) How should the item be titled on the agenda page? **Administrative Matters: Annual Policy Review**
- 7) Place Item in: **Open Session**
- 8) Is an appearance before the Board being scheduled? No
- 9) Name of Case Advisor(s), if applicable: N/A

- 10) Describe the issue and action that should be addressed:

Please be advised of the following policy item attachments:

- 1) 2026 Annual Policy Review Memo
- 2) Timeline of a Meeting
- 3) Sample Per Diem Report



DATE: January 1, 2026

TO: DSPS Board, Council, and Committee Members

FROM: Division of Policy Development

SUBJECT: 2026 Administrative Policy Reminders

Please be advised of the following policy items:

1. **In-Person and Virtual Meetings:** Depending on the frequency of scheduled meetings, discussion topics, and member availability, DSPS may host one or more in-person meetings. Virtual connection options are available for all board meetings. If you are traveling internationally, please see item 9 below.
2. **Attendance/Quorum:** Thank you for your service and commitment to meeting attendance. If you cannot attend a meeting or have scheduling conflicts impacting your attendance, please let us know as soon as possible. A quorum is required for Boards, Sections, and Councils to meet pursuant to Open Meetings Law. Connect to / arrive at meetings 10 minutes before posted start time to allow for audio/connection testing, and timely Call to Order and Roll Call. Virtual meetings include viewable onscreen materials and A/V (speaker/microphone/video) connections.
3. **Walking Quorum:** Board/Section/Council members must not collectively discuss the body's business outside a properly noticed meeting. If several members of a body do so, they could be violating the open meetings law.
4. **Mandatory Training:** All Board Members must complete Public Records and Ethics Training, annually. [Register to set up an account](#) in the Cornerstone LearnCenter online portal or [Log in](#) to an existing account.
5. **Agenda Deadlines:** Please communicate agenda topics to your Executive Director before the agenda submission deadline at 12:00 p.m., eight business days before a meeting. (Attachment: Timeline of a Meeting)
6. **Travel Voucher and Per Diem Submissions:** Please submit all Per Diem and Reimbursement claims to DSPS within 30 days of the close of each month in which expenses are incurred. (Attachment: Per Diem Form) Travel Vouchers are distributed on travel approval.
7. **Lodging Accommodations/Hotel Cancellation Policy:** Lodging accommodations are available to eligible members for in-person meetings. Standard eligibility: the member must leave home before 6:00 a.m. to attend an in-person meeting by the scheduled start time.
 - a. If a member cannot attend a meeting, they must cancel their reservation with the hotel within the applicable cancellation timeframe.
 - b. If a meeting is changed to occur remotely, is canceled, or rescheduled, DSPS staff will cancel or modify reservations as appropriate.
8. **Inclement Weather Policy:** In inclement weather, the DSPS may change a meeting from an in-person venue to a virtual/teleconference only.
9. **International Travel:** Use of State-managed IT resources and access of State data outside the United States are strictly prohibited, as they cause an unacceptable level of cybersecurity risk. This prohibition includes all State-provided or State-managed IT resources housed on personal devices. Please advise your Executive Director of any planned international travel commitments that may coincide with board meetings or other board business in advance of your departure.

Timeline of a Meeting

At least 2 weeks (10 business days) prior to the meeting

Submit Agenda Item suggestions to the Board's Executive Director. Include background materials. Copyright-protected materials must be accompanied by written permission from the publisher to share documents.

8 business days prior to the meeting

The Agenda is drafted. (All agenda materials are due to the Department by 12:00 p.m.)

7 business days prior to the meeting

The draft agenda is submitted to the Executive Director; the Executive Director transmits it to the Chair for review and approval.

5 business days prior to the meeting

The approved agenda is returned to the Board Administration Specialist (BA) for agenda packet production and compilation.

4 business days prior to the meeting

Agenda packets are posted on the DSPS Board SharePoint site and on the Board webpage.

Agenda Item Examples:

- Open Session Items
 - Public Hearings and Administrative Rules Matters
 - Administrative Matters
 - Legislation and Policy Matters
 - Credentialing Matters
 - Education and Exam Issues
 - Public Agenda Requests
 - Current Issues Affecting the Profession
- Closed Session items
 - Deliberations on Proposed Disciplinary Actions
 - Monitoring Matters
 - Professional Assistance Procedure (PAP) Issues
 - Proposed Final Decisions and Orders
 - Orders Fixing Costs/Matters Relating to Costs
 - Credentialing Matters
 - Education and Exam Issues

Thursday of the Week Prior to the Meeting

Agendas are published for public notice on the Wisconsin Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

1 business day after the Meeting

"Action" lists are distributed to Department staff detailing board actions on closed session business.

5 business days after the Meeting

"To Do" lists are distributed to staff to ensure that board open session decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the Wisconsin Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

Department of Safety and Professional Services

PER DIEM REPORT

INSTRUCTIONS: Record board-related activities by date, indicate relevant purpose code, the duration of time spent in B-code activities, location, and activity description. Only one \$25.00 per diem payment will be issued on any given calendar day. Submit one form per month and within 60 days of the last activity being reported. Send completed forms to your Board's Administrative Specialist.

Purpose Codes:

A CODE Official meetings including Board Meetings, Hearings and Examinations and Test Development Sessions

(automatic day of per diem) Examples: board, committee, board training or screening panels; Senate Confirmation hearings, legislative and disciplinary hearings, or informal settlement conferences; test administration, test review or analysis events, national testing events, tour of test facilities, etc.

B CODE **Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work, e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations

CLAIMANT'S CERTIFICATION The Board/Council member named above, certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law. (Rev.04/24)

(Rev.04/24)

Board Member Approval & Date: _____

TOTAL DAYS CLAIMED: _____ @ \$25.00 = _____

Supervisor Approval & Date: _____

NATUROPATHIC MEDICINE EXAMINING BOARD
2025 Elections and Liaisons

Election of Officers

ELECTION RESULTS	
Chairperson	Katarina Meister
Vice Chairperson	Kristine Nichols
Secretary	Allison Becker

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Allison Becker <i>Alternate:</i> Paul Ratte
Education and Examinations Liaison(s)	Katarina Meister <i>Alternate:</i> Allison Becker
Monitoring Liaison(s)	Kristine Nichols <i>Alternate:</i> Katarina Meister
Professional Assistance Procedure (PAP) Liaison(s)	David Kiefer <i>Alternate:</i> Kristine Nichols
Legislative Liaison(s)	Katarina Meister <i>Alternate:</i> Allison Becker
Travel Authorization Liaison(s)	Kristine Nichols <i>Alternate:</i> Paul Ratte
Website Liaison(s)	Robyn Doege-Brennan <i>Alternate:</i> Paul Ratte
Screening Panel	Paul Ratte, Katarina Meister <i>Alternate:</i> David Kiefer

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Paralegal Richanda Turner, on behalf of Attorney Joseph Ricker		2) Date when request submitted: 01/15/26 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Naturopathic Medicine Examining Board			
4) Meeting Date: 02/03/2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Reaffirming 2025 delegations and new 2026 delegations	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A
10) Describe the issue and action that should be addressed: The Board members need to review and consider reaffirming 2025 delegations and new delegations for 2026.			
11) Authorization <u>Richanda Turner</u> 01/15/26 Signature of person making this request Date			
Supervisor (Only required for post agenda deadline items) Date			
Executive Director signature (Indicates approval for post agenda deadline items) Date			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



State of Wisconsin
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
CORRESPONDENCE / MEMORANDUM

DATE: January 1, 2026

TO: Board, Council, and Committee Members

FROM: Legal Counsel

SUBJECT: Liaison Definitions and Delegations Explanations

Executive Summary

This memorandum provides an overview of the liaison roles and common delegation authorities that enable DSPS Boards, Sections, and Committees to efficiently fulfill their statutory responsibilities. It explains the function of each liaison position, such as, Credentialing, Monitoring, PAP, Education and Examination, Legislative, Travel Authorization, and Communication Liaisons, as well as Screening Panel Members, and outlines how these roles support Board operations between meetings. This memorandum also includes model motions for liaisons, Department staff, and Department attorneys to ensure timely processing of credential applications, monitoring requests, disciplinary matters, and administrative tasks. The delegations promote consistency, reduce delays, and allow the Department and Boards to respond promptly to legal and operational needs while maintaining their responsibility to protect public health, safety, and welfare.

Overall Purpose of Liaison Appointments

Each Board/Section (Board) has inherent authority that is established in our Wisconsin Statutes. This authority may change from Board to Board. Further information on your Board's authority can be found in Wis. Stat. ch. 15. Generally, each Board has authority to grant credentials, discipline credential holders, and set standards for education and examinations and unprofessional conduct. In order to efficiently accomplish these tasks, Boards may appoint Liaisons. Liaisons assist with the operations of the Boards' purpose by weighing in on legislative matters, traveling to national conferences, or communicating with stakeholders.

At the first Board meeting of each year, the Department asks the Boards to make Liaison appointments. Your practical knowledge and experience as an appointed member of a professional board are essential in making determinations regularly. The Liaison positions listed below assist

the Department to complete operations between Board meetings. In most cases, Liaisons can make decisions for the full Board in their designated area. However, these areas are determined through the delegation process. Please note a Liaison may also decide to send the delegated matter to the full Board for consideration as appropriate. Delegations assist the Board in defining the roles and authorities of each Liaison and other Board functions.

Liaison Definitions

Credentialing Liaison: The Credentialing Liaison is empowered by the Board to review and make determinations regarding certain credential applications. The Credentialing Liaison may be called on by Department staff to answer questions that pertain to qualifications for licensure, which may include whether a particular degree is suitable for the application requirements, whether an applicant's specific work experience satisfies the requirements in statute or rule for licensure, or whether an applicant's criminal or disciplinary history is substantially related to the practice of the profession in such a way that granting the applicant a credential would create a risk of harm to the public. The Credentialing Liaison serves a very important role in the credentialing process. If the Credentialing Liaison has a question on a request, it is advisable for the Liaison to consult further with Department staff or bring the matter to the full Board for consideration.

Monitoring Liaison: The Monitoring Liaison is empowered by the Board to make decisions on any credential that is subject to Monitoring either through a disciplinary order or initial licensure. The Department Monitors will send requests from credential holders to the Monitoring Liaison. A common request could be to remove a limitation that has been placed on a credential or to petition for full licensure. The Monitoring Liaison can review these requests and make decisions on behalf of the Board. If the Monitoring Liaison has a question on a request, it is advisable for the Liaison to consult further with Department staff or bring the matter to the full Board for consideration.

Professional Assistance Procedure (PAP) Liaison: PAP is a voluntary program open to credential holders with substance abuse issues who wish to seek help by being held accountable through treatment and monitoring by the Department and Board. As part of PAP, the credential holder enters into an agreement with the Department to undergo testing, counseling, or other rehabilitation. The PAP Liaison's role includes responding to credential holders' requests for modifications and terminations of provisions of the agreement. Similar to the Monitoring Liaison, the Department Monitors will send requests from credential holders to the PAP Liaison for further review.

Education and Examination Liaison: Some Boards are required by statute or rule to approve qualifying education and examinations. The Education and Examination Liaison provides guidance to Department staff to exercise authority of the Board to approve or decline examinations and educational programs and related requests. This determination requires a level of professional expertise and should be performed by a professional member of the Board. For some Boards, the Education and Examination Liaison will also be tasked with approving continuing education programs and courses.

Legislative Liaison: The Legislative Liaison is not the Board's designated lobbyist and should exercise their delegated authority carefully. The Legislative Liaison is permitted to act and speak

on the Board's behalf regarding pending and enacted legislation or actions being considered by the legislature outside of Board meetings. Please review Wis. Stat. ch. 13 for important reminders on lobbying.

Travel Authorization Liaison: The Travel Authorization Liaison is authorized to approve a Board member to travel to events and speak or act on the Board's behalf between Board meetings. The Travel Authorization Liaison is called upon to make decisions when sufficient notice was not received, and the full Board could not determine a representative to travel. The Travel Authorization Liaison is tasked with making determinations if the Board appointed representative is not able to attend or if the Board becomes authorized to send additional members as scholarship and funding streams can be unpredictable.

Communication Liaison: The Communication Liaison responds to questions that arise on behalf of the Board. The Communication Liaison works with the Department to cultivate an appropriate response which will be sent by the Executive Director or Board Counsel. The Communication Liaison **can** be responsible for all types of communication on behalf of the Board. However, the Board can appoint a separate **Website Liaison** to work with DSPS staff to make changes and ensure the Board webpage contains updated and accurate information. Additionally, for the Boards that are required by statute to produce a newsletter or digest, the Board can appoint a separate **Newsletter/Digest Liaison** to assemble and approve content for those communications.

Screening Panel Members: Screening Panel Members review incoming complaints against credential holders and determine which complaints should be opened for investigation and which complaints should be closed without further action. The complexity and amount of work in this role depends substantially on your Board. As a member of the Screening Panel, you are asked to apply your professional expertise to determine if a complaint alleges unprofessional conduct.

Delegations Explanations

CREDENTIALING DELEGATIONS

The overall purpose of credentialing delegations is to allow the credentialing process to proceed as efficiently and effectively as possible.

Delegation of Authority to Credentialing Liaison (Generic)

MOTION EXAMPLE: to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications.

PURPOSE: To allow a representative of the Board to assist Department staff with credentialing applications and eliminate the need for the entire Board to convene to consider credential application content or questions. Additionally, it is most efficient to have the designated liaison

who has assisted with the credentialing process be able to effectuate decisions which require a signature.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION EXAMPLE: to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review.

PURPOSE: To permit Department staff to efficiently issue credentials and eliminate the need for Board/Section/Liaison review when all credentialing legal requirements are met in an application. This delegation greatly decreases the workload of Board members and cuts down processing time on applications.

Delegation of Authority for Predetermination Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f).

PURPOSE: In general, the Wisconsin Fair Employment Act (codified in Wis. Stat. Ch. 111) prohibits licensing agencies from discriminating against applicants because of their arrest and/or conviction record. However, there are exceptions which permit denial of a license in certain circumstances. Individuals who do not possess a license have a legal right to apply for a determination of whether they are disqualified from obtaining a license due to their conviction record. This process is called “Predetermination.” Predetermination reviews must be completed within 30 days. This delegation allows Department attorneys to conduct predetermination reviews and efficiently make these legal determinations without need for Board/Section/Liaison review.

Delegation of Authority for Conviction Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to review and approve applications with convictions which are not substantially related to the relevant professional practice.

PURPOSE: As used here, “substantially related” is a legal standard that is used in the Wisconsin Fair Employment Act. The concept of what is “substantially related” is informed by case law. This delegation permits Department attorneys to independently conduct conviction reviews and efficiently approve applications if convictions are not substantially related to the practice of the profession. Applications that contain conviction records that may be substantially related to the practice of a profession will still be submitted to the Credentialing Liaison for input.

Delegation to DSPS When Applicant's Disciplinary History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where Applicant's prior discipline has been approved for a previous credential and there is no new discipline.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison for a lower-level credential.

Delegation to DSPS When Applicant's Conviction History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous credential and there is no new conviction record.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of conviction history that has already been reviewed and approved for a lower-level credential.

Delegation of Authority for Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to review and approve reciprocity applications in which the out-of-state license requirements meet Wisconsin license requirements. (Specific legal standards are referenced in the motion depending on credential/profession type.)

PURPOSE: Applications via reciprocity or endorsement require comparison of Wisconsin licensing requirements to the licensing requirements of another jurisdiction. These reviews consider the legal standard for reciprocity, which varies by profession, as well as the specified legal requirements to obtain licensure in the profession. This delegation permits Department attorneys to independently conduct reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Military Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09.

PURPOSE: The law permits service members, former service members, and their spouses to be licensed if they hold licensure in other jurisdictions that qualify them to perform acts authorized by the credential they are seeking in Wisconsin. This is a shortened path to licensure that does not require meeting the specific requirements/standards for licensure/reciprocity in a profession. By law, the Department/Board must expedite the issuance of a reciprocal license via military

reciprocity. This delegation permits Department attorneys to independently conduct military reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Application Denial Reviews

MOTION EXAMPLE: to delegate authority to the Department's attorney supervisors to serve as the Board designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential.

PURPOSE: When an application is denied, the applicant has a legal right to appeal the denial determination. Applicants must meet a specified legal standard in order to have an appeal granted. Additionally, Wisconsin law sets specific time frames for appeal decisions. This delegation permits Department attorney supervisors to independently review and efficiently act on requests for hearing as a result of a denial of a credential.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION EXAMPLE: to delegate authority to Department attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues for that credential holder.

PURPOSE: The intent of this delegation is to be able to approve prior discipline by the Board for the renewal applicant. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION EXAMPLE: to delegate authority to Department attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing.

PURPOSE: In order to continue improving processing application legal reviews in a timely matter, this delegation gives Department attorneys authority to approve prior professional discipline which meets all of the following criteria: (1) it is at least ten years old; (2) it resulted in a monetary penalty, remedial education, and/or reprimand; and (3) the previously disciplined credential is currently in good standing.

MONITORING DELEGATIONS

The overall purpose of monitoring delegations is to be able to enforce the Boards orders and limited licenses as efficiently and effectively as possible. Monitoring delegations have two categories: delegations to the Monitoring Liaison and delegations to the Department Monitor.

Delegation of Authority to Department Monitor

MOTION EXAMPLE: to delegate authority to the Department Monitor:

- a. to grant full reinstatement of licensure if education is the only limitation and credential holder has submitted the required proof of course completion.
- b. to suspend the credential if the credential holder has not completed Board ordered education, paid costs, paid forfeitures, within the time specified by the Board Order.
- c. to lift a suspension when compliance with education and costs provisions have been met.

PURPOSE: These delegations allow for the Department Monitor to automatically act on requests when certain criteria are met or not met without needing to burden the Monitoring Liaison. The Board can set their own criteria for what actions they would like to be handled by the Department, the Monitoring Liaison, and the full Board.

Delegation of Authority to Monitoring Liaison

MOTION EXAMPLE: to delegate authority to the Monitoring Liaison to approve or deny all requests received from the credential holder.

PURPOSE: These delegations allow the Board to set criteria for what decisions can be made by the Board member(s) serving as the Monitoring Liaison and what matters should be decided by the full Board.

Education and Examination Delegations

MOTION EXAMPLE: to delegate authority to the Education and Examination Liaison(s) to address all issues related to qualifying education, continuing education and examinations. Motion carried unanimously. (Differs by Board.)

PURPOSE: Some Boards are responsible for approving qualifying educational programs or continuing education courses. A delegation is executed in order for an Education and Examination Liaison to make these determinations on behalf of the Board and with assistance of the Department. Additionally, some Boards review examinations and individual scores to qualify for a credential.

MISCELLANEOUS DELEGATIONS

Document Signature

MOTION EXAMPLE: to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION EXAMPLE: in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the

Executive Director, Board Counsel, or DPD Division Administrator, the authority to sign on behalf of a Board member as necessary. Motion carried unanimously.

PURPOSE: To take the action approved at Board meetings, the Department may need to draft correspondence and/or Orders after the meetings have adjourned. These actions then need to be signed by a Board Member. This interaction usually takes place over email and a Board member can authorize the use of their signature that is kept on file.

Urgent Matters

MOTION EXAMPLE: in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

PURPOSE: Allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

Delegation to Chief Legal Counsel-Due to Loss of Quorum

MOTION EXAMPLE: to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

PURPOSE: Sometimes Boards can struggle to meet quorum necessary to conduct business. This happens for a multitude of reasons, but this delegation allows for the Boards to have disciplinary cases decided by Chief Legal Counsel if the Board fails to meet quorum for two consecutive meetings.

Delegation to Chief Legal Counsel-Stipulated Resolutions

MOTION EXAMPLE: to delegate to the Department's Chief Legal Counsel the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that Chief Legal Counsel only act on such matters when the best interests of the Board, Department, and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

PURPOSE: For matters of public safety, it may be necessary to take immediate action on a stipulated agreement rather than allowing a credential holder to continue practicing unencumbered until the next scheduled meeting. This delegation allows Chief Legal Counsel to act on behalf of the Board when there is a stipulated agreement. A stipulated agreement is an agreement to which all relevant parties have consented to the terms.

Voluntary Surrenders

MOTION EXAMPLE: to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter.

MOTION EXAMPLE: to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19.

PURPOSE: Credential holders can ask the Boards to accept surrender of their credentials at any time. These delegations are in place for the different situations that arise from those requests. If a credential holder is seeking to surrender their credential because they wish to leave the profession, that can be processed with this delegation by the Department if they have no pending disciplinary complaints. If the credential holder wishes to surrender while they have a pending disciplinary complaint, that request is reviewed by the individual Board member assigned to the case.

DLSC Pre-screening

MOTION EXAMPLE: to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases where the credential holder has failed to respond to allegations contained in the complaint when requested by intake (case will be opened on failure to respond and the merits of the complaint).

PURPOSE: Pre-screening delegations exist so the Board can define specific parameters where the Department can review disciplinary complaints and open those cases if they meet certain criteria. Boards also have the authority to set certain criteria that would allow the Department to review and close a case if the criteria is met.

Delegation to Handle Administrative Rule Matters

MOTION EXAMPLE: to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

PURPOSE: In order to advance the administrative rules process, action may need to occur between meetings. This allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

**NATUROPATHIC MEDICINE EXAMINING BOARD
2025 DELEGATIONS
FEBRUARY 14, 2025**

New Delegations for 2025

Delegation to Department Attorneys to Approve Prior Discipline

MOTION: Kristine Nichols moved, seconded by Robyn Doege-Brennan, to delegate authority to Department Attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing. Motion carried unanimously.

Delegation to Handle Administrative Rule Matters

MOTION: Kristine Nichols moved, seconded by Robyn Doege-Brennan, to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

Review and Approval of 2024 Delegations including new modifications

MOTION: Kristine Nichols moved, seconded by Robyn Doege-Brennan, to reaffirm all delegation motions made in 2024, as reflected in the February 14, 2025, agenda materials, which were not otherwise modified or amended during the February 14, 2025, meeting. Motion carried unanimously.

All Combined Delegations for 2025

Review and Approval of 2024 Delegations including new modifications

MOTION: Kristine Nichols moved, seconded by Robyn Doege-Brennan, to reaffirm all delegation motions made in 2024, as reflected in the February 14, 2025, agenda materials, which were not otherwise modified or amended during the February 14, 2025, meeting. Motion carried unanimously.

Document Signature Delegations

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Kristine Nichols moved, seconded by Paul Ratte, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director, Board Counsel or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Kristine Nichols moved, seconded by Paul Ratte, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Delegation to Chief Legal Counsel for Stipulated Resolutions

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate to DSPS Chief Legal Counsel (CLC) the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such matters when the best interests of the Board, Department and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

Monitoring Delegations

Delegation to Monitoring Liaison

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Monitoring Liaison(s) to make any determination on Orders under monitoring and to refer to the Full Board any matter the Monitoring Liaison deems appropriate. Motion carried unanimously.

Delegation to Department Monitor

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Department Monitor as outlined below:

1. to grant reinstatement of licensure if education and/or costs are the sole condition of the order and the credential holder has submitted the required proof of completion for approved courses and paid the costs.
2. to suspend the license if the credential holder has not completed Board ordered education and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof of completion and/or payment has been received.
3. to suspend the license (or remove stay of suspension) if a credential holder fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if credential holder ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. to grant or deny approval when a credential holder proposes treatment providers, mentors, and supervisors unless the Order specifically requires full-Board or Board designee approval.
5. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete Board ordered continuing, disciplinary, or remedial education.
6. to grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by a credential holder.
7. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete a Board ordered evaluation or exam.

Motion carried unanimously.

Delegation to Legal Counsel to Sign Monitoring Orders

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION: Kristine Nichols moved, seconded by Robyn Doege-Brennan, to delegate authority to Department Attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing. Motion carried unanimously.

Delegation of Authority for Conviction Reviews

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of naturopathic medicine. Motion carried unanimously.

Delegation to DSPS When Applicant's Discipline History Has Been Previously Reviewed

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to Department staff to approve applications where Applicant's prior discipline has been approved for a previous naturopathic medicine credential and there is no new discipline. Motion carried unanimously.

Delegation to DSPS When Applicant's Conviction History Has Been Previously Reviewed

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous naturopathic medicine

credential and there is no new conviction record. Motion carried unanimously.

Delegation of Authority for Military Reciprocity Reviews

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Department's Attorney Supervisors to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to Department Attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues. Motion carried unanimously.

Conflict of Interest

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate credentialing authority to the Department to act on applications where the credentialing liaisons and alternate credentialing liaison have expressed a conflict of interest. Motion carried unanimously.

Voluntary Surrenders

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19. Motion carried unanimously.

Education and Examination Liaison(s) Delegation

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Education and Examination Liaison(s) to address all issues related to education and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to authorize the Department staff to provide national regulatory related bodies with all board member contact information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Authorization Liaison Delegation

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

Website Liaison(s) Delegation

MOTION: Kristine Nichols moved, seconded by Paul Ratte, to authorize to the Website Liaison(s) to act on behalf of the Board in working with Department staff to identify and execute website updates. Motion carried unanimously.

Delegation to Handle Administrative Rule Matters

MOTION: Kristine Nichols moved, seconded by Robyn Doege-Brennan, to delegate authority to the Chairperson (or, in the absence of the Chairperson, the

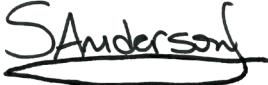
highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

Review and Approval of 2025 Delegations including new modifications

MOTION: [Board member name] moved, seconded by [Board member name], to reaffirm all delegation motions made in 2025, as reflected in the February 3, 2026 agenda materials, which were not otherwise modified or amended during the February 3, 2026 meeting. Motion carried [].

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson – Administrative Rules Coordinator		2) Date when request submitted: 01/22/2026 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Naturopathic Medicine Examining Board			
4) Meeting Date: February 3, 2026	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration. 1. Pending and possible rulemaking projects.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9) Name of Case Advisor(s), if required: N/A
10) Describe the issue and action that should be addressed: Attachments:			
11) Authorization  01/22/2026			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 1/21/2025 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Choose an item. Naturopathic Medicine Examining Board			
4) Meeting Date: 2/3/2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Policy Matters – Discussion and Consideration 1) 2025 WI AB 692	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>
10) Describe the issue and action that should be addressed: Discussion on 2025 WI AB 639 relating to the Assembly Committee on Health, Aging, and Long-Term Care public hearing held on January 7, 2026.			
11) 		Authorization 1/21/2025	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



JESSIE RODRIGUEZ

STATE REPRESENTATIVE ★ 21st ASSEMBLY DISTRICT

AB 639: Limited Prescribing Authority for Naturopathic Doctors

Testimony of State Representative Jessie Rodriguez

Assembly Committee on Health, Aging and Long-Term Care

January 7, 2026

Thank you, Chairman Moses, Ranking Member Subeck, and members of the Assembly Committee on Health, Aging and Long-Term Care for the opportunity to testify on Assembly Bill 639 (AB 639), legislation that will grant limiting prescribing authority to naturopathic doctors (NDs).

In Wisconsin, licensed naturopathic doctors are recognized in statute as primary care providers. They complete extensive education and clinical training through accredited, four-year naturopathic medical programs. Yet under current law, their scope of practice is limited to recommending or administering *nonprescription* medications. This restriction prevents them from providing the whole-person care their training prepares them for.

This inhibits the continuum of care. Patients are often forced to make additional appointments, duplicate services, or seek prescriptions from other providers – adding unnecessary cost, delay, and frustration. These barriers are especially burdensome in rural and underserved communities, where access to conventional care can already be limited.

Assembly Bill 639 addresses this gap by allowing naturopathic doctors to:

- Prescribe, dispense, and administer prescription medications consistent with their training, while explicitly prohibiting Schedule I and II controlled substances.
- Be included in relevant drug-related statutes, such as those exempting licensed health professionals from limitations on purchasing pseudoephedrine products.
- Carry malpractice insurance as a statutory requirement; strengthening accountability and patient protection.

13 other states (Arizona, California, Hawaii, Idaho, Kansas, Maine, Montana, New Mexico, North Dakota, Oregon, Utah, Vermont, and Washington) already grant prescribing authority to naturopathic doctors. In those states, NDs prescribe safely under the oversight of professional boards comparable to Wisconsin's Naturopathic Medicine Examining Board. A 2020 analysis of disciplinary records found no increased rate of malpractice or prescribing-related infractions among naturopathic doctors compared to other licensed healthcare professionals. Many naturopathic doctors practicing in Wisconsin carry licenses in other states, too. With that said, many of our NDs are already prescribing under their licenses in other states.

By passing AB 639, Wisconsin can both expand access to care and enhance patient safety through clear standards and accountability. The bill has the full support of the Wisconsin Naturopathic Doctors Association, and I respectfully urge your support as well.

Thank you for your time and consideration. I would be happy to answer any questions.



PATRICK TESTIN

STATE SENATOR

DATE: January 7, 2026
RE: **Testimony on Assembly Bill 639**
TO: The Assembly Committee on Health and Long-Term Aging
FROM: Senator Patrick Testin

Thank you Chairman Moses and members of the committee for accepting my testimony on AB 639.

In Wisconsin, licensed naturopathic doctors (NDs) are recognized by statute as primary care providers and undergo extensive education and clinical training through accredited four-year naturopathic medical programs. However, current law only allows them to recommend or administer nonprescription medications, preventing them from offering the full scope of care expected of a primary care provider that they are fully trained for.

Wisconsin continues to face a serious provider shortage and this disconnect forces patients to navigate additional appointments, duplicate care, or seek prescriptions from other providers — adding cost, delay, and frustration, especially in rural or underserved communities where access to conventional care may be limited.

AB 639 would address this issue by allowing naturopathic doctors to prescribe, dispense, and administer prescription medications consistent with their training, while prohibiting Schedule I and II controlled substances. In doing so, Wisconsin would join 12 other states that already grant prescribing authority to NDs, including Arizona, Colorado, Oregon, Washington, New Hampshire, and Utah.

AB 639 would remove unnecessary limitations on these providers from doing the job they are trained to do while removing barriers to access for patients.



WISCONSIN ACADEMY of FAMILY PHYSICIANS

TO: Members of the Assembly Committee on Health, Aging and Long-Term Care

FROM: Wisconsin Academy of Family Physicians

DATE: January 7, 2026

RE: Please Oppose Assembly Bill 639 – Allowing Naturopathic Doctors to Prescribe Prescription Drugs

The Wisconsin Academy of Family Physicians (WAFP) appreciates the opportunity to submit written testimony addressing one of the bills on today's hearing agenda – Assembly Bill 639, a bill that would allow naturopathic doctors to prescribe, dispense, and administer prescription drugs. WAFP respectfully opposes this legislation.

The WAFP – a chapter of the American Academy of Family Physicians – represents nearly 2,800 members, making the WAFP the single largest physician specialty group in Wisconsin. The mission of the WAFP is to promote excellence in health care and to improve the health of the people of Wisconsin through the advancement of the art and science of family medicine, the specialty of family medicine and the professional growth of family physicians.

WAFP does not believe that enabling an entirely new class of unqualified practitioners to prescribe medication – Schedule III, IV and V controlled substances – is in the best interest of patient safety. In that regard, it's important to note that naturopathic doctors are required to meet a substantially less stringent regime of education and hands-on training than family physicians must meet in order to treat patients independently.

According to data from the American Academy of Family Physicians (AAFP) or the Association of Accredited Naturopathic Medical Colleges (AANMC), a prospective family physician must receive a bachelor's degree, pass the Medical College Admissions Test (MCAT) to be admitted to medical school, complete four years of medical school, and then undergo three years of hands-on residency training before being able to practice independently.

In contrast, prospective naturopathic doctors must earn a bachelor's degree and complete four years of naturopathic school before having the ability to practice independently. Prospective naturopathic doctors are not required to take a naturopathic school entrance exam. Further, only one state – Utah – requires naturopathic doctors to complete residency training. Overall, family physicians must complete 20,700 – 21,700 combined hours of medical school and residency training, while naturopathic doctors must complete 5,505 – 6,485 hours of schooling and

training. Such a significant difference in education and training makes clear why naturopathic doctors should not have the authority to prescribe pharmaceuticals to patients.

Several years ago, there was another attempt to provide naturopaths with prescribing authority. In 2022, the Governor signed legislation – 2021 Assembly Bill 529 – that created an occupational license for naturopathic doctors. As originally introduced, this legislation included a provision that would have allowed naturopathic doctors to prescribe controlled substances, including non-narcotic schedule III drugs, such as ketamine and anabolic steroids. In a compromise at the time with WAFP and other statewide physician organizations, the bill authors wisely removed a very concerning provision allowing naturopaths to prescribe pharmaceuticals from the version of the bill that became law.

Additionally, naturopathic practitioners typically do not prescribe medication as a cornerstone of their practice. In fact, the Wisconsin Naturopathic Doctors Association website states that “A Naturopathic Doctor (ND) is a primary care practitioner trained as an expert in natural medicine.” WAFP feels that this philosophy calls into question this bill’s intent in enabling naturopathic doctors to prescribe controlled substances to patients.

In closing, WAFP underscores our significant patient safety concerns regarding this legislation. As such, we respectfully request your opposition to Assembly Bill 639.

If you have any questions, please contact WAFP’s government affairs team Tim Hoven at (414) 305-2011 or Nathan Butzlaff at (608) 310-8833.



TO: Assembly Committee on Health, Aging and Long-Term Care
Representative Clint Moses, Chair

FROM: Mark Grapentine, JD
Chief Policy and Advocacy Officer

DATE: January 7, 2026

RE: **Opposition** – Assembly Bill 639

On behalf of the largest association of medical doctors in Wisconsin, the Wisconsin Medical Society (WisMed) thanks you for this opportunity to share our opposition to Assembly Bill 639, which would allow Wisconsin naturopaths to prescribe a broad array of scheduled drugs. Contrary to how AB 639 has been portrayed by some advocates, the bill is a dramatic lurch in scope for a profession that Wisconsin started regulating less than four years ago (via 2021 Act 130). As drafted, AB 639 would allow naturopaths to prescribe a broad range of controlled substances, which is different than most other states.

Controlled Substances are Controlled for a Reason

The U.S. Drug Enforcement Administration (DEA) separates drugs, substances, and certain chemicals into five different categories based on the drug's acceptable medical use and the drug's abuse or dependency potential¹. Schedule I drugs are considered to have no currently accepted medical use and a high potential for abuse (such as heroin), while Schedule II drugs can have a high potential for abuse with use potentially leading to severe psychological or physical dependence. Thankfully, AB 639 does not seek prescriptive authority for Schedule II drugs, recognizing the significant education and experience that is necessary to safely prescribe such substances.

The bill **does** seek broad authority for naturopaths to prescribe the remainder of the DEA's drug schedules: Schedule III, IV, and V drugs. While drugs in these categories are considered to be a lower safety risk than those in Schedule II, those risks are not zero. Here's how the DEA describes them:

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone.

Schedule IV

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol.

¹ See the US DEA's webpage on drug scheduling: <https://www.dea.gov/drug-information/drug-scheduling>

Schedule V

Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.

Allowing Naturopaths to Prescribe Schedule III-V Drugs Would Make Wisconsin an Outlier

While the cosponsor memo for AB 639 states that the legislation as drafted “would not be breaking new ground” by “joining 12 other states which already grant prescribing authority to [naturopaths],” a quick examination of the other 49 states reveals a more complex situation. First of all, 23 states don’t even recognize the practice of naturopathy, therefore not allowing any kind of prescribing. And in the states that allow some kind of prescribing power, most of those states either explicitly do **not** allow prescribing of controlled substances, allow for very limited prescribing (for substances such as codeine or testosterone), allow prescribing based on a specific formulary that often includes physicians (those with an MD or DO medical degree), or requires physician supervision or a collaborative agreement when prescribing.

The American Medical Association (AMA) has a tremendous resource which is included as part of this testimony: a state-by-state summary of naturopath licensure and scope of practice. Let’s look at just a couple of the states cited in the cosponsor memo (Colorado and Utah) and compare those states’ current naturopath prescribing powers to AB 639.

Current Colorado law allows some kind of prescribing – for medicines in that state’s “naturopathic formulary” such as epinephrine to treat anaphylaxis, oxygen (but only for emergency use) and vitamins B6 and B12. The statutes **then specifically deny prescribing of controlled substances**:

- (2) A naturopathic doctor shall not:
 - (a) Prescribe, dispense, administer, or inject a controlled substance or device identified in the federal "Controlled Substances Act", 21 U.S.C. sec. 801 et seq., as amended,²

Passing AB 639 would allow far more prescriptive authority than is allowed in Colorado.

According to the Utah statutes, the practice of “naturopathic medicine” includes “prescribing or administering natural medicine.”³ The definition of “natural medicine” is certainly very different than what is allowed under AB 639 (emphasis supplied):

- (8) "Natural medicine" means any:
 - (a) food, food extract, dietary supplement as defined by the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. Sec. 301 et seq., homeopathic remedy, or plant substance that is **not designated a prescription drug or controlled substance**;
 - (b) over-the-counter medication;
 - (c) other nonprescription substance, the prescription or administration of which is not otherwise prohibited or restricted under federal or state law; or
 - (d) prescription drug:
 - (i) the prescription of which is consistent with the competent practice of naturopathic medicine;
 - (ii) **that is not a controlled substance except for testosterone**; and

² See <https://law.justia.com/codes/colorado/title-12/health-care-professions-and-occupations/article-250/section-12-250-106/>

³ See <https://le.utah.gov/xcode/Title58/Chapter71/58-71-S102.html>

(iii) that is not any of the following as determined by the federal Food and Drug Administration's general drug category list:

- (A) an anticoagulant for the management of a bleeding disorder;
- (B) an anticonvulsant;
- (C) an antineoplastic;
- (D) an antipsychotic;
- (E) a barbiturate;
- (F) a cytotoxic;
- (G) a sedative;
- (H) a sleeping drug;
- (I) a tranquilizer; or
- (J) any drug category added after April 1, 2022, unless the division determines the drug category to be consistent with the practice of naturopathic medicine under Section 58-71-203.

So other than the explicit exception of testosterone, Utah's naturopaths cannot prescribe any other scheduled drug. AB 639, in comparison, allows naturopaths to prescribe **all Schedule III, IV, and V drugs.**

Please review the AMA summary for further distinctions between other states' laws and what AB 639 would allow.

Naturopathic Education is Not Equivalent to Medical Education

Learning how to prescribe controlled substances safely (which also includes learning when **not** to prescribe prescription drugs) requires extensive education, training, and experience. A September 2024 letter from the AMA to the Connecticut Department of Public Health does an excellent job laying out the basics:

Naturopathic educational programs may claim to be comparable or even equivalent to medical school, but they are not. Medical education is built on science and evidence-based practice. The curriculum content for medical schools is rigorous, highly standardized, and has its foundation in evidence-based medicine. By contrast, the naturopathic curriculum, as set forth by the Council on Naturopathic Medical Education (CNME), lacks a high degree of standardization and is not rooted in the medical model. Naturopathic educational programs consist of some basic sciences combined with naturopathic theory and therapeutics but focus much of their attention on non-medical content. Naturopathic educational programs often claim to teach all the substance of allopathic medical programs in addition to all naturopathic principles and therapeutics in the same four-year timeframe as medical school; however, this is not possible. Moreover, there is no assurance that a naturopathic graduate receives a comprehensive, evidence-based medical education in their naturopathic program. As such one can only conclude that naturopathic graduates do not have the underlying education necessary to support the scope expansions sought in the application.⁴

Thank you again for the opportunity to provide reasoning for our opposition to AB 639. Please feel free to reach out at any time with questions about this or other health care-related legislation.

⁴ Letter from AMA CEO James L. Madara, MD to Connecticut Dept. of Health (Sept. 16, 2024)



Advocacy Resource Center

Advocating on behalf
of physicians and patients
at the state level

State law chart: Naturopath licensure and scope of practice

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Alabama	Not regulated				
Alaska	The use of hydrotherapy, dietetics, electrotherapy, sanitation, suggestion, mechanical and manual manipulation for the stimulation of physiological and psychological action to establish a normal condition of mind and body; in this paragraph, "dietetics" includes herbal and homeopathic remedies. A.S. § 08.45.200	No. A person who practices naturopathy may not (1) give, prescribe, or recommend in the practice (A) a prescription drug, except as provided in (b) of this section; (B) a controlled substance; (C) a poison; (2) engage in surgery; (3) use the word "physician" in the person's title. (b) Notwithstanding (a)(1)(A) of this section, a person who practices naturopathy may give, prescribe, or recommend in the practice a device or homeopathic remedy. A.S. § 08.45.050	Prohibited. A.S. § 08.45.050.	Silent	No. Use of the term "physician" is expressly prohibited. A.S. § 45.08.45.050 See also disclosure/transparency requirements at A.S. § 12 AAC 42.900.
Arizona	A medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body, including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures and all forms of physical agents and modalities. A.R.S. § 32-1501	Yes. A doctor of naturopathy may dispense a natural substance, drug, or device to a patient... A.R.S. § 32-1581	Silent	Silent	Yes. A.R.S. §32-1501.27.
Arizona (cont.)					
Arkansas	Not regulated				

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
California	A distinct and comprehensive system of primary health care practiced by a naturopathic doctor for the diagnosis, treatment, and prevention of human health conditions, injuries, and disease. Cal. Bus. & Prof. Code § 3613 [Effective January 1, 2023]	A naturopathic doctor may dispense, administer, order, and prescribe or perform the following: (1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, consistent with the routes of administration identified in subdivision (d). (2) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise. (3) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment. (4) Health education and health counseling. [...] Cal. Bus. & Prof. Code § 3640 (c)	A naturopathic doctor may dispense, administer, order, and prescribe or perform the following: [...] (5) Repair and care incidental to superficial lacerations and abrasions, except suturing. (6) Removal of foreign bodies located in the superficial tissues. (d) A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular. Cal. Bus. & Prof. Code § 3640 (c)	A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests. A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the committee, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results. Cal. Bus. & Prof. Code § 3640	Naturopaths allowed to call themselves "naturopaths" "naturopathic practitioners" or "traditional naturopathic practitioners" (Cal. Bus. & Prof. Code § 3645). Licensed naturopaths may call themselves "naturopathic doctors," "licensed naturopathic doctor," "doctor of naturopathic medicine," "doctor of naturopathy," or "naturopathic medical doctor." The use of the professional designation "N.D." or other titles, words, letters, or symbols with the intent to represent that he or she practices, is authorized to practice, or is able to practice naturopathic medicine as a naturopathic doctor. (Cal. Bus. & Prof. Code § 3660).

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
California (cont.)				<p>hormones, as specified in Section 3640.7 of the Code.</p> <p>(b) A licensee may order the studies and tests specified in subdivision (b) of Section 3640 of the Code and other diagnostic tests provided that the licensee is clinically competent in this area. A licensee may not interpret the results of the tests or studies so ordered unless the licensee holds an appropriate license.</p> <p>16 CCR § 4234</p>	
Colorado	<p>"Naturopathic medicine", as performed by a naturopathic doctor, means a system of health care for the prevention, diagnosis, evaluation, and treatment of injuries, diseases, and conditions of the human body through the use of education, nutrition, naturopathic preparations, natural medicines and other therapies, and other modalities that are designed to support or supplement the human body's own natural self-healing processes.</p> <p>(b) "Naturopathic medicine" includes naturopathic physical medicine, which consists of naturopathic manual therapy, the therapeutic use of the physical agents of air, water, heat, cold, sound, light, touch, and electromagnetic nonionizing radiation, and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise. C.R.S. 12-250-103</p> <p>(1) The practice of naturopathic medicine by a naturopathic doctor includes the following:</p>	<p>(I) Obtaining, dispensing, administering, ordering, or prescribing, as specified, medicines listed in the naturopathic formulary, which includes:</p> <ul style="list-style-type: none"> (A) Epinephrine to treat anaphylaxis; (B) Barrier contraceptives, excluding intrauterine devices; (C) Oxygen, but only for emergency use; (D) Vitamins B6 and B12; (E) Substances that are regulated by the federal food and drug administration but that do not require a prescription order to be dispensed; (F) Vaccines, in accordance with the ACIP guidelines, for patients who are at least eighteen years of age; and (G) Any additions to the naturopathic formulary as determined by the director by rule, limited to biological substances 	<p>(2) A naturopathic doctor shall not: [...]</p> <ul style="list-style-type: none"> (b) Perform surgical procedures, including surgical procedures using a laser device; (c) Use general or spinal anesthetics, other than topical anesthetics; <p>(8) "Minor office procedures" means:</p> <ul style="list-style-type: none"> (a) The repair, care, and suturing of superficial lacerations and abrasions; (b) The removal of foreign bodies located in superficial tissue, excluding the ear or eye; and 	<p>The practice of naturopathic medicine by a naturopathic doctor includes: (b) the use of physical examinations and the ordering of clinical, laboratory, and radiological diagnostic procedures from licensed or certified health care facilities or laboratories for the purpose of diagnosing and evaluating and evaluating injuries, diseases, and conditions in the human body.</p>	<p>(3) A naturopathic doctor shall not use (a) the term "physician," (b) the abbreviations "NMD" or "N.M.D."; (c) the term "naturopathic medical doctor."</p> <p>A naturopathic doctor may use the title "naturopathic doctor," "doctor of naturopathy," or the initials "N.D."</p> <p>C.R.S. 12-250-111</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Colorado (cont.)	<p>(a) The prevention and treatment of human injury, disease, or conditions through education or dietary or nutritional advice, and the promotion of healthy ways of living;</p> <p>(b) The use of physical examinations and the ordering of clinical, laboratory, and radiological diagnostic procedures from licensed or certified health-care facilities or laboratories for the purpose of diagnosing and evaluating injuries, diseases, and conditions in the human body; C.R.S. 12-250-106</p> <p>(2) A naturopathic doctor shall not:</p> <p>(a) Prescribe, dispense, administer, or inject a controlled substance or device identified in the federal "Controlled Substances Act", 21 U.S.C. sec. 801 et seq., as amended;</p> <p>(b) Perform surgical procedures, including surgical procedures using a laser device;</p> <p>(c) Use general or spinal anesthetics, other than topical anesthetics;</p> <p>(d) Administer ionizing radioactive substances for therapeutic purposes;</p> <p>(e) Treat a child who is less than two years of age, [unless the naturopathic doctor...]</p> <p>C.R.S. 12-250-106</p>	<p>including vitamins, minerals, nutritive substances, extracts, and their products and residues.</p> <p>(2) A naturopathic doctor shall not:</p> <p>(a) Prescribe, dispense, administer, or inject a controlled substance or device identified in the federal "Controlled Substances Act", 21 U.S.C. sec. 801 et seq.; [..] (c) use general or spinal anesthetics, other than topical anesthetics;</p> <p>(d) administer ionizing radioactive substances for therapeutic purposes.</p> <p>C.R.S. 12-250-106</p>	<p>(c) The use of antiseptics and local anesthetics in connection with a procedure described in paragraph (a) or (b) of this subsection (8).</p>		
Connecticut	<p>(a) The practice of naturopathy means the science, art and practice of healing by natural methods as recognized by the Council of Naturopathic Medical Education and that comprises diagnosis, prevention and treatment of disease and health optimization by stimulation and support of the body's natural healing processes, as approved by the State Board of Naturopathic Examiners, with the consent of the Commissioner of Public Health, and shall include (1) counseling; (2) the practice of the mechanical and material sciences of healing as follows: The mechanical sciences such</p>	<p>No. "Natural substances" means substances that are not narcotic substances, do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.</p>	<p>Silent</p>	<p>(3) ordering diagnostic tests and other diagnostic procedures as such tests and procedures relate to the practice of mechanical and material sciences of healing as described in subdivision (2) of this subsection</p> <p>Conn. Gen. Stat. § 20-34</p>	<p>Unclear. Authority to use the term is neither expressly granted nor prohibited. The term "naturopathic physician" is used in state statute (373 § 20-37b).</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Connecticut (cont.)	<p>as mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, treatment by natural substances and external applications; (3) ordering diagnostic tests and other diagnostic procedures as such tests and procedures relate to the practice of mechanical and material sciences of healing as described in subdivision (2) of this subsection; (4) ordering medical devices and durable medical equipment; and (5) removing ear wax, spirometry, tuberculosis testing and venipuncture for blood testing.</p> <p>(b) For purposes of subsection (a) of this section, "natural substances" means substances that are not narcotic substances, as defined in subdivision (30) of section 21a-240, do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.</p> <p>Conn. Gen. Stat. § 20-34</p>				
Delaware	Not regulated				
District of Columbia	<p>(A) "Practice of naturopathic medicine" means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose, and treat human conditions and injuries.</p> <p>(B) The term "practice of naturopathic medicine" does not include the practices of physical therapy, physical rehabilitation, acupuncture, or chiropractic.</p> <p>D.C. Code § 3-1201.02</p> <p>[A]n individual licensed to practice naturopathic medicine under this subchapter may:</p> <p>(1) Administer or provide for preventive and therapeutic purposes natural medicines by their appropriate route of</p>	<p>No. An individual licensed to practice naturopathic medicine shall not prescribe, dispense, or administer any controlled substances, except those natural medicines authorized by this chapter.</p> <p>D.C. Code § 3-1206.21</p> <p>(c) Nothing in this section shall be construed to prohibit the use, practice, or administration of nutritional supplements, iridology, herbs, vitamins, foods, food extracts, homeopathic preparations, natural therapies and remedies, and such</p>	<p>An individual licensed to practice naturopathic medicine under this chapter shall not: Perform surgical procedures, except for minor office procedures, as defined by rule; Use for therapeutic purposes, any device regulated by the United States Food and Drug Administration ("FDA") that has not been approved by the FDA.</p>	<p>An individual licensed to practice naturopathic medicine may:</p> <p>(b) Order, perform, review and interpret the results of diagnostic procedures commonly used by physicians in general practice, including:</p> <p>(1) Physical and orificial examinations;</p> <p>(2) Electrocardiograms;</p> <p>(3) Diagnostic imaging techniques;</p> <p>(4) Phlebotomy;</p>	<p>Yes. An individual licensed to practice naturopathic medicine under this chapter may use the titles "Doctor of Naturopathic Medicine", "Naturopathic Physician", "Licensed Naturopath", "Naturopathic Doctor", "Doctor of Naturopathy", "Naturopath", or the initials "ND" or an</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
District of Columbia (cont.)	administration, natural therapies, topical medicines, counseling, hypnotherapy, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception. For the purposes of this paragraph, the term "naturopathic physical medicine" means the use of the physical agents of air, water, heat, cold, sound, and light, and the physical modalities of electrotherapy, biofeedback, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise, and includes naturopathic manipulation and mobilization therapy; and (2) Review and interpret the results of diagnostic procedures commonly used by physicians in general practice, including physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. D.C. Code § 3-1206.21	physical forces as heat, cold, touch, and light, as permitted by law, by persons not licensed to practice naturopathic medicine under this chapter. D.C. Code § 3-1206.21	It shall be unlawful for a naturopath practicing in the District of Columbia to: (b) Use x-rays, perform surgical procedures, inject any substance into another person by needle, or perform any invasive procedure on another person CDCR § 17-5003.4	(5) Clinical laboratory test and examinations; and (6) Physiological function tests CDCR § 17-5210	"NMD". D.C. Code § 3-1206.21
Florida	It is unlawful to practice naturopathy without a license in FL (Fla. Stat. § 462.17), and FL does not issue naturopathy licenses.				
Georgia	Not regulated				
Hawaii	The practice of the art and science of diagnosis, prevention, and treatment of disorders of the body by support, stimulation, or both, of the natural processes of the human body. The practice of naturopathic medicine includes the prescription, administration, dispensing, and use of nutrition and food science, physical modalities, manual manipulation, parental therapy, minor office procedures, naturopathic formulary, hygiene and immunization, contraceptive devices, common diagnostic procedures, and behavioral medicine of the type taught in education and training at naturopathic medical colleges; provided that the use of parenteral therapy and performance of minor office procedures shall not be allowed until the board adopts rules in accordance with	Yes. Naturopaths in HI may prescribe in accordance with a board-approved formulary. Haw. Rev. Stat. § 455-6	Authorization to perform minor office procedures required. §16-88-70 "Minor office procedure" means care and procedures relative to superficial lacerations, lesions, and abrasions, and the removal of foreign bodies located in superficial structures not including the eye; and the topical and parenteral use of substances consistent with	Authority to order tests is not explicit, however a naturopathic treatment plan shall be "based on proper assessment, including: (A) Ruling out or identifying life-threatening or hidden conditions with appropriate history, examination and testing , including referral for specialized evaluation, when appropriate[....]" HAR § 16-88-81	Yes. (2) May use the titles "natureopath", "naturopath", "doctor of naturopathy", "doctor of naturopathic medicine", "naturopathic healthcare", "naturopathic physician", "naturopathic medicine", "naturopathy", "naturopathic doctor", and "N.D." HAR §16-88-7.5

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Hawaii (cont.)	chapter 91 pursuant to section 455-6. Haw. Rev. Stat. §455-1		the practice of naturopathic medicine, in accordance with rules established by the board. Haw. Rev. Stat. §455-1		
Idaho	"Naturopathic medicine" means a distinct and comprehensive system of primary health care practiced by a naturopathic medical doctor. Idaho Code § 54-5101	Yes. (b) Naturopathic medical doctors are authorized to dispense, administer, and prescribe prescription drugs and medical devices as authorized by the naturopathic medical formulary as set forth in rule. Idaho Code § 54-5102	Naturopathic doctors may perform minor office procedures. "Minor office procedures" means the use of operative, electrical, or other methods for the repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the removal of foreign bodies located in the superficial tissues and the use of antiseptics and local topical anesthetics in connection with such methods. Idaho Code § 54-5101	(a) Naturopathic medical doctors may use physical and laboratory examinations consistent with naturopathic medical education and training for diagnostic purposes. Naturopathic medical doctors may order and perform diagnostic and imaging tests consistent with naturopathic medical education and training. All diagnostic and imaging tests not consistent with naturopathic medical education and training must be referred to an appropriately licensed health care professional for treatment and interpretation. Idaho Code § 54-5102	Yes. Licensed naturopaths may use the title "licensed naturopathic physician," "physician of naturopathic medicine," "naturopathic medical doctor," or "NMD". The use of the term "naturopath," "naturopathic doctor," or "ND" by persons not licensed under this chapter shall not be restricted.
Illinois	Not regulated				
Indiana	Not regulated				
Iowa	Not regulated				
Kansas	(1) "Naturopathic medicine," or "naturopathy" means a system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes, and includes: (A) Prescribing, recommending or administering: (i) Food,	Naturopaths may prescribe certain substances approved by the Board on the Naturopathic Formulary, pursuant to a written protocol with a physician. K.S.A. § 65-7202, K.A.R. § 100-72-8	A naturopathic doctor may not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense or administer any controlled substances as defined in	A naturopath may order diagnostic imaging studies, including, but not limited to, x-ray, ultrasound, mammogram, bone densitometry, computed tomography, magnetic resonance imaging and electrocardiograms,	No. "Physician" means a person licensed to practice medicine and surgery. K.S.A. §65-7272(10).

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"	
Kansas (cont.)	food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (i); (ii) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; (iii) substances on the naturopathic formulary that are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor licensed under the naturopathic doctor licensure act; (iv) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and orofacial examinations, excluding endoscopies; (v) minor office procedures; and (vi) naturopathic acupuncture; and (B) ordering diagnostic imaging studies, including, but not limited to, x-ray, ultrasound, mammogram, bone densitometry, computed tomography, magnetic resonance imaging and electrocardiograms, except that naturopathic doctors shall refer patients to an appropriately licensed and qualified healthcare professional to conduct diagnostic imaging studies and interpret the results of such studies. K.S.A. § 65-7202		K.S.A. 65-4101, and amendments thereto, or any prescription-only drugs except those listed on the naturopathic formulary adopted by the board pursuant to this act."	May perform "noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and orofacial examinations, excluding endoscopies; (E) minor office procedures; and (F) naturopathic acupuncture. K.A.R. § 65-7202 (f)	except that naturopathic doctors shall refer patients to an appropriately licensed and qualified healthcare professional to conduct diagnostic imaging studies and interpret the results of such studies. K.S.A. § 65-7202	

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Kansas (cont.)			anesthesia. Minor office procedures does not include anesthetics or surgery. K.S.A. § 65-7202		
Kentucky	Not regulated				
Louisiana	Not regulated				
Maine	<p>"Naturopathic medicine" means a system of health care for the prevention, diagnosis and treatment of human health conditions, injuries and diseases that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes. 32 M.R.S. § 12501</p> <p>A naturopathic doctor may use and order for preventative and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid and other natural hormones, plant substances, all homeopathic preparations, immunizations, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic manipulative therapy, naturopathic physical medicine, therapeutic devices, barrier devices for contraception and office procedures. Naturopathic doctors may also prescribe medications, including natural antibiotics and topical medicines, within the limitations set forth in subsection 4. This subsection may not be construed to prevent an individual other than a naturopathic doctor from using, ordering or recommending any of the above listed items as long as the individual is not prohibited from doing so by any other federal or state statute or regulation. 32 M.R.S. § 12522</p>	<p>Yes.</p> <p>4. Prescriptive authority. Naturopathic doctors have a limited scope of prescriptive authority.</p> <p>A. A naturopathic doctor may prescribe nonprescription medications without limitation.</p> <p>B. A naturopathic doctor may only prescribe noncontrolled legend drugs from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia and immunizations that are designated by rule by a subcommittee of the board consisting of the naturopathic members, the pharmacist member and the allopathic or osteopathic physician member, as consistent with a naturopathic doctor's education and training. A naturopathic doctor may not prescribe psychotropic medications.</p> <p>C. Prior to independently prescribing noncontrolled legend drugs, a naturopathic doctor shall establish and complete a 12-month collaborative relationship with a licensed allopathic or</p>	<p>A naturopathic doctor may not</p> <p>B. Perform surgical procedures except those office procedures authorized by this chapter; 32 M.R.S. § 12522</p> <p>13. Office procedures. "Office procedures" means methods for the repair and care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in the superficial tissues. The use of antiseptics and local anesthetics in connection with these methods is permitted. The use of general, regional or spinal anesthetics, major surgery, surgery of the body cavities or specialized surgeries such as plastic surgery, surgery involving</p>	<p>A naturopathic doctor may use physical examinations for diagnostic purposes including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests, excluding all endoscopies and physiological function tests requiring infusion, injection, inhalation or ingestion of medications to perform tests. A naturopathic doctor may order ultrasound, x-ray and electrocardiogram tests but must refer to an appropriate licensed health care professional for conducting and interpreting the tests.</p> <p>A naturopathic doctor may prescribe therapeutic devices or use noninvasive diagnostic procedures commonly used by allopathic or osteopathic physicians in general practice. 32 M.R.S. § 12522</p>	<p>No. Use of the title "physician" by naturopathic licensees is prohibited. 32 M.R.S. §12521</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Maine (cont.)	<p>“Naturopathic medicine” means the prevention, diagnosis, and treatment of human health conditions, injury, and disease using only patient education and naturopathic therapies and therapeutic substances recognized by the Council of Naturopathic Medical Education.</p> <p>(2) “Naturopathic medicine” includes:</p> <ul style="list-style-type: none"> (i) Counseling; (ii) The practice of the mechanical sciences of healing, including mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, hydrotherapy, electrotherapy, and phototherapy; (iii) The practice of the material sciences of healing, including nutrition, phytotherapy, treatment by natural substances, and external applications; and (iv) Prescribing, dispensing, or administering nonprescription and prescription drugs and devices listed in 	<p>osteopathic physician to review the naturopathic doctor's prescribing practices. The board shall further define the terms of the collaborative relationship by rule. 32 M.R.S. § 12522</p> <p>A naturopathic doctor may not prescribe, dispense, or administer any substance or device identified in Schedule I, II, III, IV, or V as described in the federal Controlled Substances Act; 32 M.R.S. § 12522(5)(A)</p>	<p>the eye or surgery when tendons are involved is not permitted. 32 M.R.S. § 12501</p>	<p>Order and perform physical and laboratory examinations for diagnostic purposes consistent with the education and training of naturopathic doctors, including:</p> <ul style="list-style-type: none"> (1) Phlebotomy; (2) Clinical laboratory tests; (3) Orificial examinations; (4) Electrocardiograms with or without read by a cardiologist; and (5) Physiological function tests; <p>B. Order diagnostic imaging studies, interpret the diagnostic imaging reports and have access to the images from these studies.</p>	
Maryland	<p>(1) “Naturopathic medicine” means the prevention, diagnosis, and treatment of human health conditions, injury, and disease using only patient education and naturopathic therapies and therapeutic substances recognized by the Council of Naturopathic Medical Education.</p> <p>(2) “Naturopathic medicine” includes:</p> <ul style="list-style-type: none"> (i) Counseling; (ii) The practice of the mechanical sciences of healing, including mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, hydrotherapy, electrotherapy, and phototherapy; (iii) The practice of the material sciences of healing, including nutrition, phytotherapy, treatment by natural substances, and external applications; and (iv) Prescribing, dispensing, or administering nonprescription and prescription drugs and devices listed in 	<p>An individual who is solely licensed as a naturopathic doctor may not:</p> <p>A. Prescribe, dispense, or administer any prescription drug; COMAR 10.32.21.09</p> <p>However naturopaths may prescribe drugs listed in the formulary.</p> <p>(1) The formulary adopted by the Board shall include:</p> <ul style="list-style-type: none"> (i) Nonprescription drugs and devices; (ii) Prescription oxygen and auto-injectable epinephrine; and (iii) Prescription diaphragms and cervical caps for contraception. <p>(2) The formulary may not include:</p>	<p>Prohibited. COMAR § 10.32.21.09</p>	<p>A license authorizes a naturopath to:</p> <p>A. Order and perform physical and laboratory examinations for diagnostic purposes consistent with the education and training of naturopathic doctors, including:</p> <ul style="list-style-type: none"> (1) Phlebotomy; (2) Clinical laboratory tests; (3) Orificial examinations; (4) Electrocardiograms with or without read by a cardiologist; and (5) Physiological function tests; <p>B. Order diagnostic imaging studies, interpret the diagnostic imaging reports and have access to the images from these studies.</p>	<p>Prohibited. Md. Health Occupations Code Ann. § 14-5F-30</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Maryland (cont.)	the formulary. Md. Health Occupations Code Ann. § 14-5F-01	(i) Except as provided in paragraph (1)(ii) and (iii) of this subsection, prescription drugs or devices; or (ii) Controlled substances. Md. Health Occupations Code Ann. § 14-5F-04.1		Naturopathic doctors shall not perform the imaging procedures nor directly interpret the images themselves; COMAR § 10.32.21.08	
Massachusetts	<p>"Naturopathic health care", a system of health care practices for the prevention, evaluation and treatment of illnesses, injuries and conditions of the human body through the use of education, nutrition, natural medicines and therapies and other modalities which are designed to support, stimulate or supplement the human body's own natural self-healing processes.</p> <p>"Naturopathic manipulative therapy", the manually-administered mechanical treatment of body structures or tissues in accordance with naturopathic principles to restore the normal physiological function of the human body.</p> <p>"Naturopathic physical medicine", the therapeutic use of the physical agents of air, water, heat, cold, sound, light and the physical modalities of electrotherapy, diathermy, ultraviolet light, hydrotherapy, naturopathic manipulative therapy and therapeutic exercise. ALM GL ch. 112, § 266</p>	<p>The practice of naturopathic health care shall include dispensing, administering, ordering and prescribing natural medicines of mineral, animal or botanical origin, including food products or extracts, vitamins, minerals, enzymes, digestive aids, natural hormones, plant substances, homeopathic preparations, natural antibiotics, topical medicines and nonprescription drugs, therapeutic devices and barrier contraceptives to prevent or treat illnesses, injuries and conditions of the human body.</p> <p>The practice of naturopathic health care <u>shall not include</u> prescribing, dispensing or administering a drug classified as a controlled substance or prescription drug under chapter 94C. ALM GL ch. 112, § 267</p>	<p>The practice of naturopathic health care shall include the use of <u>non-invasive physical examinations</u> and the ordering of clinical and laboratory procedures from licensed clinics or laboratories to evaluate injuries, illnesses and conditions in the human body; the use of manual mechanical manipulation of body structures or tissues, in accordance with naturopathic principles.</p> <p>The practice of naturopathic health care <u>shall not include</u> performing surgery or invasive procedures or examinations, abortions or the use of radiation, radioactive substances or local, general or spinal anesthesia; the practice of acupuncture and traditional Chinese medicine. ALM GL ch. 112, § 267</p>	<p>The practice of naturopathic health care shall include, the use of non-invasive physical examinations and the <u>ordering of clinical and laboratory procedures from licensed clinics or laboratories</u> to evaluate injuries, illnesses and conditions in the human body. ALM GL ch. 112, § 267</p>	(b) A licensed naturopathic doctor shall not use the term physician nor assume the character or appearance of a primary care provider. ALM GL ch. 112, § 273
Michigan	Not regulated				

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Minnesota	<p>Naturopathic medicine "means a system of primary health care for the prevention, assessment, and treatment of human health conditions, injuries, and diseases that uses: services, procedures, and treatments as described in section 147E.05, and (2) natural health procedures and treatments in section 146A.01, subdivision 4. Minn. Stat. § 147E.01(10)</p> <p>Subdivision 1. Practice parameters.</p> <p>(a) The practice of naturopathic medicine includes, but is not limited to, the following services:</p> <p>(1) ordering, administering, prescribing, or dispensing for preventive and therapeutic purposes: food, extracts of food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, botanical medicines, herbal remedies, homeopathic medicines, dietary supplements and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act, glandulars, protomorphogens, lifestyle counseling, hypnotherapy, biofeedback, dietary therapy, electrotherapy, galvanic therapy, oxygen, therapeutic devices, barrier devices for contraception, and minor office procedures, including obtaining specimens to assess and treat disease;</p> <p>(2) performing or ordering physical examinations and physiological function tests;</p> <p>(3) ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA);</p> <p>(4) referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results;</p>	<p>No. Prescribing, dispensing, or administering legend drugs or controlled substances including chemotherapeutic substances is prohibited. Minn. Stat. § 147E.05</p>	<p>(b) A naturopathic doctor registered under this chapter shall not perform surgical procedures using a laser device or perform surgical procedures beyond superficial tissue. Minn. Stat. § 147E.05 (2)(b)</p>	<p>The practice of naturopathic medicine includes (2) Performing or ordering physical examinations and physiological function tests; (3) ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA); (4) referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results; (5) prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic procedures commonly used by physicians in general practice</p>	<p>Unclear. Not expressly endorsed or prohibited.</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Minnesota (cont.)	<p>(5) prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic procedures commonly used by physicians in general practice; and</p> <p>(6) prescribing or performing naturopathic physical medicine.</p> <p>(b) A registered naturopathic doctor may admit patients to a hospital if the naturopathic doctor meets the hospital's governing body requirements regarding credentialing and privileging process.</p> <p>Subd. 2. Prohibitions on practice.</p> <p>(a) The practice of naturopathic medicine does not include:</p> <ul style="list-style-type: none"> (1) administering therapeutic ionizing radiation or radioactive substances; (2) administering general or spinal anesthesia; (3) prescribing, dispensing, or administering legend drugs or controlled substances including chemotherapeutic substances; or (4) performing or inducing abortions. <p>Minn. Stat. § 147E.05</p>				
Mississippi	Not regulated				
Missouri	Not regulated				
Montana	<p>"Naturopathic medicine", "naturopathic health care", or "naturopathy" means a system of primary health care practiced by naturopathic physicians for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. Its purpose is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopathic physician and through the use of therapies and therapeutic substances.</p> <p>M.C.A. 37-26-103(7)</p>	<p>A naturopathic physician may not, prescribe, dispense, or administer any legend drug, as defined in 50-31-301, except for whole gland thyroid; homeopathic preparations; the therapeutic substances, drugs, and therapies described in subsection (2); and oxytocin (pitocin), provided that the naturopathic physician may administer but may not prescribe or dispense oxytocin (pitocin); [...]</p>	<p>A naturopathic physician may not: perform surgical procedures except those minor surgery procedures authorized by this chapter.</p> <p>M.C.A. § 37-26-301</p> <p>(a) "Minor surgery" means the use of: (i) operative, electrical, or other methods for the surgical repair and care incidental to superficial</p>	<p>Naturopathic physicians may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by 37-26-201(2). M.C.A. § 37-26-101 (4)</p>	<p>A naturopath may use the term "naturopathic physician." M.C.A. § 37-26-401</p>

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State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Montana (cont.)		<p>(2) Naturopathic physicians may prescribe and administer for preventive and therapeutic purposes the following therapeutic substances, drugs, and therapies, as well as drugs as specified by the formulary list provided for in subsection (3): (a) food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and oxytocin (pitocin); (b) topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, therapeutic devices, and nonprescription drugs; and (c) barrier devices for contraception, naturopathic childbirth attendance, and minor surgery.</p> <p>(3) A five-member alternative health care formulary committee appointed by the board shall establish a formulary list. The committee consists of a licensed pharmacist plus four members of the board, two of whom must be licensed naturopathic physicians, one who must be a licensed medical doctor, and one who must be a public member. The list may not go beyond the scope of substances covered by approved naturopathic college curricula or continuing education and must be reviewed annually by the committee. Changes to the list that are recommended by the committee and accepted by the board must be published as administrative rules.</p>	<p>lacerations and abrasions, superficial lesions, and the removal of foreign bodies located in the superficial tissues; and (ii) antiseptics and local anesthetics in connection with the methods.</p> <p>(b) Minor surgery does not include general or spinal anesthetics, major surgery, surgery of the body cavities, or specialized surgeries, such as plastic surgery, surgery involving the eyes, or surgery involving tendons, ligaments, nerves, or blood vessels.</p> <p>M.C.A. § 37-26-103(5)</p>		

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Montana (cont.)		M.C.A. § 37-26-301			
Nebraska	Not regulated				
Nevada	Not regulated				
New Hampshire	<p>"Naturopathic medicine" means a system of primary health care practiced by doctors of naturopathic medicine for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes.</p> <p>Naturopathic physical medicine is the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic non-ionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.</p> <p>RSA § 328-E:2</p> <p>Doctors of naturopathic medicine shall be authorized to use for preventive and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid, plant substances, all homeopathic preparations, topical medicines, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception.</p> <p>RSA § 328-E:4</p>	<p>Naturopaths are authorized to prescribe based on a formulary determined by the Council on Doctors of Naturopathic Medicine. RSA § 328-E:16; N.H. Admin. Rules Nat 406.01</p> <p>Doctors of naturopathic medicine with specialty certification in naturopathic childbirth, shall be authorized to use oxytocin and pitocin.</p> <p>RSA. § 328-E:4(V)</p>	<p>Doctors of naturopathic medicine are not authorized to perform surgical procedures. RSA § 328-E:4 VI.</p>	<p>Doctors of naturopathic medicine may use for diagnostic purposes physical and orificial examinations, X-rays, electrocardiograms, ultrasound, phlebotomy, clinical laboratory tests and examinations, and physiological function tests.</p> <p>Doctors of naturopathic medicine may prescribe nonprescription medications and therapeutic devices or use noninvasive diagnostic procedures commonly used by medical practitioners in general practice.</p> <p>RSA § 328-E:4</p>	<p>Likely not. Naturopathic licensees shall use the title ""doctor of naturopathic medicine" and the recognized abbreviation "N.D." RSA § 328-E:3.</p>
New Jersey	Not regulated				
New Mexico	<p>"naturopathic medicine" means:</p> <p>(1) a system of health care for the prevention, diagnosis and treatment of human health conditions, injury and disease;</p> <p>(2) the promotion or restoration of health; and</p>	<p>A naturopath may: f) prescribe, administer, dispense and order the class of drugs that excludes the natural derivatives of opium, which are morphine and codeine, and related synthetic and</p>	<p>Naturopathic therapy includes minor office procedures. "minor office procedure" means minor surgical care and procedures, including:</p>	<p>A naturopath may: (b) order laboratory examinations;</p> <p>(c) order diagnostic imaging studies;</p>	<p>Prohibited. A licensee shall not represent the licensee's self as a "naturopathic physician"; provided that representing that the</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
New Mexico (cont.)	(3) the support and stimulation of a patient's inherent self-healing processes through patient education and the use of naturopathic therapies and therapeutic substances; N.M. Stat. Ann. § 61-12G-2	semi-synthetic compounds that act upon opioid receptors; (g) after passing a pharmacy examination authorized by rules of the board, prescribe, administer, dispense and order: 1) all legend drugs; and 2) testosterone products and all drugs within Schedules III, IV and V of the Controlled Substances Act [Chapter 30, Article 31 NMSA 1978], excluding all benzodiazapines, opioids and opioid derivatives; N.M. Stat. Ann. § 61-12G-6	(1) surgical care incidental to superficial laceration, lesion or abrasion, excluding surgical care to treat a lesion suspected of malignancy; (2) the removal of foreign bodies located in superficial structures, excluding the globe of the eye; (3) trigger point therapy; (4) dermal stimulation; (5) allergy testing and treatment; and (6) the use of antiseptics and topical or local anesthetics; N.M. Stat. Ann. § 61-12G-2	(d) interpret the results of laboratory examinations for diagnostic purposes; (e) order and, based on a radiologist's report, take action on diagnostic imaging studies in a manner consistent with naturopathic training; N.M. Stat. Ann. § 61-12G-6	licensee is a member of an organization that uses the term "naturopathic physicians" in the organization's name shall not be construed to be a violation of the provisions of this subsection. N.M. Stat. Ann. § 61-12G-10
New York	Not regulated				
North Carolina	Not regulated				
North Dakota	"Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances. N.D. Cent. Code § 43-58-01	2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies: a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations; b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and c. Barrier devices for contraception. 3. A naturopath:	Naturopaths are prohibited from performing surgical procedures. N.D. Cent. Code § 43-58-08	A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board. N.D. Cent. Code § 43-58-08	Prohibited. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." N.D. Cent. Code § 43-58-03

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
North Dakota (cont.)		<p>a. May prescribe, dispense, administer, and procure drugs and medical devices as authorized under this chapter.</p> <p>b. May plan and initiate a therapeutic regimen of ordering and prescribing nonpharmacological interventions.</p> <p>c. May not prescribe or dispense schedule I through V substances as designated by the federal drug enforcement administration except for testosterone and may prescribe and dispense all other legend drugs authorized by a formulary approved by the board and set forth in rule.</p> <p>d. May not dispense a drug as authorized under this chapter unless pharmacy services are not available or if an emergency exists.</p> <p>e. May request, receive, and sign for a professional sample of a drug authorized to be prescribed under this chapter and may distribute the sample to a patient.</p> <p>f. If prescribing or dispensing a drug as authorized by this chapter, shall register, if appropriate, with the federal drug enforcement administration and shall comply with appropriate state and federal laws, including participating in the prescription drug monitoring program under chapter 19-03.5.</p> <p><u>N.D. Cent. Code, § 43-58-08</u></p> <p>Endorsement for prescribing authority.</p>			

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
North Dakota (cont.)		<p>1. A naturopath may not prescribe, dispense, or administer a prescription medication without first obtaining an endorsement for licensure.</p> <p>2. The naturopath first must apply for a limited endorsement with the board in which the naturopath enters a written collaborative agreement with a supervising physician licensed under chapter 43-17, who will review the first one hundred prescriptions issued by the naturopath or twelve months of prescribing, whichever occurs first. The supervising physician shall possess an unencumbered license and have been prescribing and administering prescription drugs without limitation for at least five years in the state. The supervising physician shall evaluate the naturopath's ability to safely prescribe and administer prescription drugs within the naturopath's scope of practice and to comply with federal and state laws. The written collaborative agreement must address the requirements of this subsection and be provided to the board along with the application for endorsement. The board, by rule, further shall define the terms of the supervising physician's role in reviewing the naturopath's prescribing practices.</p> <p>3. A naturopath who satisfies the requirements of subsection 2 shall notify the board in writing with verification</p>			

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
North Dakota (cont.)		<p>from the supervising physician that this requirement has been met. Upon verification subsection 2 has been met, and the naturopath successfully completed the pharmacology elective examination approved by the board, the board shall issue the naturopath an endorsement to prescribe independently.</p> <p>4. The board may waive the requirements of subsection 2 and examination under subsection 3 if a naturopath shows the naturopath has substantial experience in prescribing prescription medications under the laws of another jurisdiction that has standards and qualifications for a naturopath to prescribe prescription medications at least equal to those required under this chapter.</p> <p>5. To maintain the endorsements provided under this section, the naturopath shall obtain five hours of continuing education hours annually regarding pharmacology of testosterone and legend drugs.</p>			
Ohio	Not regulated				
Oklahoma	Not regulated				
Oregon	(4) "Naturopathic medicine" means the discipline that includes physiotherapy, natural healing processes and minor surgery and has as its objective the maintaining of the body in, or of restoring it to, a state of normal health. ORS § 685.010	<p>Yes. Naturopaths may prescribe from an approved formulary.</p> <p>Licensees may perform health maintenance and restoration measures consistent with generally recognized and accepted principles of naturopathic</p>	<p>Naturopaths may perform minor surgery. (3) "Minor surgery" means the use of electrical or other methods for the surgical repair and care incident thereto of</p>	<p>Licensees may perform health maintenance and restoration measures consistent with generally recognized and accepted principles of naturopathic</p>	<p>Yes. Only licensees under this chapter may use any or all of the following terms, consistent with academic degrees earned: "Doctor</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Oregon (cont.)		medicine, including but not limited to (a) administering, dispensing or writing prescriptions for drugs; (b) recommending the use of specific and appropriate over-the-counter pharmaceuticals; (c) administering anesthetics or antiseptics in connection with minor surgery as defined in ORS 685.010; (d) ordering diagnostic tests; (e) using radiopaque substances administered by mouth or rectum necessary for Roentgen diagnostic purposes; (f) administering substances by penetration of the skin or mucous membrane of the human body for diagnostic, preventative or therapeutic purposes. The Board of Naturopathic Examiners may adopt by rule appropriate procedures for administering substances under this paragraph. O.R.S. § 685.030	superficial lacerations and abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics and local anesthetics in connection therewith. O.R.S. § 685.010	but not limited to (d) Ordering diagnostic tests O.R.S. § 685.030	of Naturopathy" or its abbreviation, "N.D.," "Naturopath" or "Naturopathic Physician." However, none of these terms, or any combination of them, shall be so used as to convey the idea that the physician who uses them practices anything other than naturopathic medicine. O.R.S. §685.020
Pennsylvania	"Naturopathic doctor." An individual who holds an active registration issued under this act. 63 P.S. § 272.102 It shall be unlawful for an individual to use the title of "naturopathic doctor" or "doctor of naturopathic medicine" unless that person is registered as a naturopathic doctor with the board. (63 P.S. § 272.201) However, the Board of Medicine has not issued rules related to registration of naturopaths.	Silent.	Silent.	Silent.	Unclear.
Rhode Island	"Naturopathic health care" or "the practice of naturopathic health care" means a system of health care that utilizes education, natural substances and natural therapies to support and stimulate a patient's intrinsic self-healing processes and to prevent, and treat human health conditions and injuries. RI Gen. Laws 5-36.1-2(8)	No. A person licensed under this chapter shall <u>not</u> perform any of the following acts: (1) Prescribe, dispense, or administer any legend medications or substances controlled pursuant to the federal	A person licensed under this chapter shall <u>not</u> perform any of the following acts: (1) Order and perform physical and laboratory examinations for diagnostic purposes; (3) Perform surgical procedures; R.I. Gen. Laws § 5-36.1-5	(a) A license authorizes a licensee to (1) Order and perform physical and laboratory examinations for diagnostic purposes; (3) Perform surgical procedures; R.I. Gen. Laws § 5-36.1-5	May use the title "doctor of naturopathy" but may not claim to practice as a medical doctor or physician, a doctor of osteopathic medicine, a

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Rhode Island (cont.)		<p>Controlled Substances Act 21 U.S.C. §812 and chapter 28 of title 21;</p> <p>(2) Use for therapeutic purposes, any device regulated by the United States Food and Drug Administration (FDA) that has not been approved by the FDA;</p> <p>(5) Use general regional or spinal anesthetics or procedural sedation;</p> <p>(6) Administer ionizing radioactive substances for therapeutic or diagnostic purposes;</p> <p>(9) Advise patients regarding prescription drugs beyond possible dietary supplement/herb - prescription drug interactions;</p> <p>A naturopath may:</p> <p>(2) Dispense or order natural substances of mineral, animal, or botanical origin, including food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical substances, homeopathic substances, and all dietary supplements and nonprescription drugs as defined by the FDCA that use various routes of administration, including oral, nasal, auricular, ocular, rectal, vaginal, transdermal;</p> <p>(3) Administer natural substances of mineral, animal, or botanical origin, including food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their</p>			<p>primary care doctor, a primary care practitioner, a primary care provider, a primary care naturopath, a dentist, a podiatrist, an optometrist, a psychologist, an ANR, a PA, a chiropractor, a physical therapist, an acupuncturist, or any other health care professional. R.I. Gen. Laws § 5-36.1-5</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Rhode Island (cont.)		extracts, botanical substances, homeopathic substances, and all dietary supplements and nonprescription drugs as defined by the FDCA using transdermal routes of administration; (4) Administer or perform hot or cold hydrotherapy, electromagnetic energy, and therapeutic exercise for the purpose of providing basic therapeutic care services, except that if a referral to another licensed provider is appropriate for ongoing rehabilitation or habilitation services, the doctor of naturopathy shall make the referral R.I. Gen. Laws § 5-36.1-3			
South Carolina	Not licensed. State law explicitly prohibits the practice of naturopathy. S.C. Code Ann § 40-31-10	N/A	N/A	N/A	N/A
South Dakota	Not regulated				
Tennessee	It is unlawful for any person to practice naturopathy in this state. Tenn. Code Ann. § 63-6-205(A) "Naturopathy" means nature cure or health by natural methods and is defined as the prevention, diagnosis and treatment of human injuries, ailments and disease by the use of such physical forces as air, light, water, vibration, heat, electricity, hydrotherapy, psychotherapy, dietetics or massage and the administration of botanical and biological drugs. Tenn. Code Ann. § 63-6-205	N/A	N/A	N/A	N/A
Texas	Not regulated				
Utah	"Practice of naturopathic medicine" means a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support	Yes. (9) "Natural medicine" means any: (a) food, food extract, dietary supplement as defined by the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. Sec. 301 et	"Minor office procedures" means: (i) the use of operative, electrical, or other methods	Yes. Practice of naturopathic medicine" includes: (vi) prescribing medical equipment and devices, diagnosing by the	Yes. Naturopathic licensees can use the designation "naturopathic physician," "naturopathic

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Utah (cont.)	<p>and stimulate the individual's intrinsic self-healing processes by using naturopathic childbirth (if specified requirements are met), naturopathic mobilization therapy, physical medicine, minor office procedures, prescribing or administering natural medicine, prescribing medical equipment and devices, diagnosing by using medical equipment and devices, and administering therapy or treatment by the use of medical devices, prescribing barrier devices for contraception, dietary therapy, taking and using diagnostic x-rays, electrocardiograms, ultrasound, and physiological function tests, taking body fluids for clinical laboratory tests and using the results in diagnosis, taking a history from and conducting a physical examination upon a human patient and prescribing and administering natural medicines and medical devices. U.C.A. § 58-71-102</p>	<p>seq., homeopathic remedy, or plant substance that is not designated a prescription drug or controlled substance;</p> <ul style="list-style-type: none"> (b) over-the-counter medication; (c) other nonprescription substance, the prescription or administration of which is not otherwise prohibited or restricted under federal or state law; or (d) prescription drug: <ul style="list-style-type: none"> (i) the prescription of which is consistent with the competent practice of naturopathic medicine; (ii) that is not a controlled substance except for testosterone; and (iii) that is not any of the following as determined by the federal Food and Drug Administration's general drug category list: <ul style="list-style-type: none"> (A) an anticoagulant for the management of a bleeding disorder; (B) an anticonvulsant; (C) an antineoplastic; (D) an antipsychotic; (E) a barbiturate; (F) a cytotoxic; (G) a sedative; (H) a sleeping drug; (I) a tranquilizer; or (J) any drug category added after April 1, 2022, unless the division determines the drug category to be consistent with the practice of naturopathic medicine under Section 58-71-203. Utah Code Ann. § 58-71-102 	<p>for repair and care of superficial lacerations, abrasions, and benign lesions;</p> <ul style="list-style-type: none"> (ii) removal of foreign bodies located in the superficial tissues, excluding the eye or ear; and (iii) the use of antiseptics and local anesthetics in connection with minor office surgical procedures. <p>(b) "Minor office procedures" does not include:</p> <ul style="list-style-type: none"> (i) general or spinal anesthesia; (ii) office procedures more complicated or extensive than those set forth in Subsection (7)(a); (iii) procedures involving the eye; or (iv) any office procedure involving tendons, nerves, veins, or arteries. U.C.A. § 58-71-102 (7) (a) 	<p>use of medical equipment and devices, and administering therapy or treatment by the use of medical devices necessary and consistent with the competent practice of naturopathic medicine and (ix) taking and using diagnostic x-rays, electrocardiograms, ultrasound, and physiological function testsU.C.A. § 58-71-102(12)(A)(vi)</p>	<p>doctor," "naturopath," "doctor of naturopathic medicine," "doctor of naturopathy," "naturopathic medical doctor," "naturopathic medicine," "naturopathic health care," "naturopathy," "N.D.," "N.M.D." U.C.A. § 58-71-102.</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Vermont	<p>(8) "Naturopathic medicine" or "the practice of naturopathic medicine" means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing processes and to prevent, diagnose, and treat human health conditions, injuries, and pain. In connection with such system of health care, an individual licensed under this chapter may:</p> <p>(A) Administer or provide for preventative and therapeutic purposes nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and prescription medicines authorized by this chapter.</p> <p>(B) Use diagnostic procedures commonly used by physicians in general practice, including physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests.</p> <p>(9) "Naturopathic physical medicine" means the use of the physical agents of air, water, heat, cold, sound, and light, and the physical modalities of electrotherapy, biofeedback, acupuncture, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise. "Naturopathic physical medicine" also includes naturopathic manipulation and mobilization therapy if, in the opinion of the director, the naturopathic physician's education emphasized the importance of the neuromusculoskeletal structure and manipulative therapy in the maintenance and restoration of health. Naturopathic medicine does not include the practice of physical therapy, physical rehabilitation, or chiropractic.. V.S.A. § 4121, V.C.R. § 04-030-380.-3.7</p>	<p>Yes, with a special license.</p> <p>A person licensed under this chapter shall <u>not</u> perform any of the following acts: Prescribe, dispense, or administer any prescription medicines without obtaining from the director the special license endorsement under subsection 4125(d) of this chapter. 26 VSA § 4122 (b)</p> <p>26 VSA § 4125 (d): The Director, in consultation with the Commissioner of Health, shall adopt rules consistent with the Commissioner's recommendations regulating a special license endorsement that shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines. These rules shall require a naturopathic physician to pass a naturopathic pharmacology examination in order to obtain this special license endorsement. The naturopathic pharmacology examination shall be administered by the Director or the Director's designee and shall test an applicant's knowledge of the pharmacology, clinical use, side effects, and drug interactions of prescription medicines, including substances in the Vermont Department of Health's regulated drugs rule.</p>	<p>No person shall perform the following acts: "(2) Perform surgical procedures, except for episiotomy and perineal repair associated with naturopathic childbirth."</p> <p>V.S.A. § 4122(b)(2)</p>	<p>Licensed Naturopath may "(B) Use diagnostic procedures commonly used by physicians in general practice, including physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests."</p> <p>V.S.A. § 4121(8)(b)</p>	<p>Yes. V.S.A. §26-81-4122</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"	
Vermont (cont.)		3.5 SPECIAL LICENSE ENDORSEMENT FOR PRESCRIPTION MEDICATIONS (a) The naturopathic pharmacology examination, defined at 26 V.S.A. §4121(13), the passage of which is required for the special prescriptive license endorsement pursuant to 26 V.S.A. §4125(d), shall be the National Board of Medical Examiners ("NBME") subject matter examination in pharmacology, or the examination(s) given in the Medical Pharmacology course taught within the Department of Pharmacology through Continuing Medical Education at the University of Vermont's College of Medicine, or a substantially equivalent examination approved by the Director after consultation with the Commissioner of Health. In order to obtain the special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines, an otherwise qualified naturopathic physician will be required to pass the NBME pharmacology examination, or the Medical Pharmacology course examination(s) at the University of Vermont, or a substantially equivalent examination approved by the Director, after consultation with the Commissioner of Health. Approval for a substantially				

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Vermont (cont.)		<p>equivalent examination may be obtained by applying to the Office at anytime but no later than 90 days before the alternate course begins.</p> <p>(b) For no less than one year after receiving the special license endorsement, and until the first one hundred (100) drug prescriptions are issued, prescriptions shall be reviewed by an objective and independent supervising physician licensed under Chapter 23 or 33 of Title 26, or a naturopathic physician licensed under Chapter 81 of Title 26. The supervising physician shall possess an unencumbered license and have been prescribing and administering prescription drugs without limitation for five years or more in Vermont. The supervising physician shall evaluate the naturopathic physician's ability to: (1) safely prescribe and administer prescription drugs within the naturopath's scope of practice; (2) comply with federal and state statutes; and (3) comply with the applicable administrative rules of the Vermont Board of Pharmacy. (c) The naturopathic and supervising physicians shall have a formal written agreement. The agreement shall address the requirements of subsection (b) of this rule. The agreement shall be available for inspection upon request by the Office.</p> <p>CVR § 04-030-380</p>			
Virginia	Not regulated				

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Washington	<p>Naturopathic medicine is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. A naturopath is responsible and accountable to the consumer for the quality of naturopathic care rendered.</p> <p>The practice of naturopathic medicine includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies, of nutrition and food science, physical modalities, minor office procedures, homeopathy, naturopathic medicines, hygiene and immunization, contraceptive devices, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 R.C.W. (<i>osteopathic medicine provisions</i>). No person licensed under this chapter may employ the term "chiropractic" to describe any services provided by a naturopath. R.C.W. § 18.36A.040</p>	<p>Yes. "Naturopathic medicines" means vitamins, minerals, botanical medicines, homeopathic medicines, hormones, and those legend drugs and controlled substances consistent with naturopathic medical practice in accordance with rules established by the Secretary. Controlled substances are limited to codeine and testosterone products that are contained in Schedules III, IV, and V in Chapter 69.10 RCW. R.C.W. § 18.36A.020</p> <p>(1) Naturopathic medical practice includes the prescription, administration, dispensing, and use of:</p> <ul style="list-style-type: none"> (a) [...] immunizations/vaccinations; (b) Contraceptive devices; (c) [...] (d) Legend drugs as defined under RCW 69.41.010 with the exception of Botulinum Toxin (commonly known as, among other names, Botox, Vistabel, Dysport, or Neurobloc) and inert substances used for cosmetic purposes; and (e) Codeine and testosterone products that are contained within Schedules III, IV, and V in chapters 69.50 RCW and 246-887 WAC. WAC § 246-836-210 <p>Authorization regarding controlled substances: (1) Upon approval by the board, naturopathic physicians may obtain a current Federal Drug Enforcement Administration registration. WAC § 246-836-211</p>	<p>Yes. "Minor office procedures" means care and procedures incident thereto of superficial lacerations, lesions, and abrasions, and the removal of foreign bodies located in superficial structures, not to include the eye; and the use of antiseptics and topical or local anesthetics in connection therewith. "Minor office procedures" also includes intramuscular, intravenous, subcutaneous, and intradermal injections of substances consistent with the practice of naturopathic medicine and in accordance with rules established by the secretary. R.C.W. § 18.36A.020</p>	Silent	<p>Yes. A person represents himself or herself as a naturopath when that person adopts or uses any title or any description of services that incorporates one or more of the following terms or designations: Naturopath, naturopathy, naturopathic, naturopathic physician, ND, or doctor of naturopathic medicine. Rev. Code Wash. (RCW) § 18.36A.030."</p>

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
West Virginia	Not regulated				
Wisconsin	<p>(a) "Naturopathic medicine" means [...] a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injury, and disease; the promotion or restoration of health; and the support and stimulation of a patient's inherent self-healing processes through patient education and the use of naturopathic therapies and therapeutic substances, including all of the following:</p> <ol style="list-style-type: none"> 1. Ordering and performing physical and laboratory examinations, for diagnostic purposes, consistent with naturopathic education and training, including all of the following: <ol style="list-style-type: none"> a. Diagnostic or evaluation methods. b. Physical examinations. c. Clinical laboratory tests. d. Diagnostic sonography. e. Electrocardiography. f. Phlebotomy. 2. Ordering diagnostic imaging studies. 3. Dispensing, administering, ordering, or performing any of the following: <ol style="list-style-type: none"> a. Health education and health counseling. b. Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanical medicines, homeopathic medicines, and dietary supplements. c. Hot or cold hydrotherapy, naturopathic physical medicine, the use of therapeutic medical equipment, and therapeutic exercise. d. Devices, including therapeutic devices, barrier contraception, and durable medical equipment. 4. Recommending, dispensing, and administering nonprescription drug products. 5. Performing minor office procedures. 	<p>No.</p>	<p>(c) "Naturopathic medicine" does not include any of the following:</p> <ol style="list-style-type: none"> 1. Performing any surgical procedure other than a minor office procedure. 2. Using general or spinal anesthetics. 3. Administering ionizing radioactive substances for therapeutic purposes. 4. Performing surgical procedures involving the eye, ear, tendons, nerves, veins, or arteries that extend beyond superficial tissue. <p>(4) "Minor office procedure" includes the methods for the repair and care incidental to superficial lacerations, superficial abrasions, and superficial lesions and the removal of foreign bodies located in the superficial tissues.</p> <p>Wis. Stat. § 466.01</p>	<p>Naturopathic medicine includes:</p> <p>Ordering and performing physical and laboratory examinations, for diagnostic purposes, consistent with naturopathic education and training, including all of the following: [...]</p> <ol style="list-style-type: none"> c. Clinical laboratory tests. d. Diagnostic sonography. e. Electrocardiography. f. Phlebotomy. <p>2. Ordering diagnostic imaging studies.</p> <p>Wis. Stat. § 466.01</p>	

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State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Wisconsin (cont.)	<p>6. Signing and attesting to any certificates, cards, forms or other required documentation that a physician may sign, so long as it is within the naturopathic doctor's scope of practice. This subdivision does not supersede any federal or state statute, rule, or regulation. Wis. Stat. § 466.01</p> <p>(a) "Naturopathic physical medicine" includes, except as provided in par. (b), manually administering mechanical treatment of body structures or tissues for the purpose of restoring normal physiological function to the body by normalizing and balancing the musculoskeletal system of the body, such as massage, stretching, resistance, or joint play examination. Wis. Stat. § 466.01</p>				
Wyoming	Not regulated				

Updated February 2025



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BRYAN M. ROESSLER
EXECUTIVE DIRECTOR

Amend AB-639/SB-632 to Protect Patients

Under Chapter 655 of the Wisconsin Statutes, health care providers are required to maintain medical malpractice insurance featuring at least \$1 million in coverage per occurrence/claim. Any economic damages above that amount are then covered by the Injured Patients and Families Compensation Fund (IPFCF). This regime serves to protect medical professionals and injured patients. Medical professionals then pay a fee to participate in the IPFCF to obtain this vital extension in insurance coverage.

All health care providers who practice in Wisconsin for more than 240 hours annually are required to participate in the IPFCF under Wis. Stat. § 655.002.

This Bill Creates Loopholes that Should be Closed. This bill opens space for Naturopathic Doctors to prescribe medication that can have serious interactions and side-effects. Medical professionals who are entrusted with such great responsibility should be required to maintain the same level of insurance coverage across the board—regardless of title or training. Instead, this bill creates a regime in which these professionals would only be required to maintain the underlying levels of insurance coverage required by Wis. Stat. § 655.23(4) without the benefit of excess coverage provided by the Injured Patients and Families Compensation Fund. A patient who becomes the victim of medical negligence or mistake by a professional licensed under this bill would be treated worse under the law than a patient who faced the same situation with an M.D. or an APRN. This would leave victims exposed to the potential cost of lifetime care beyond the amounts required under section 655.23(4) and potentially result in professionals being exposed to an obligation to pay excess damages in the same amounts. Ch. 655 was created to prevent this—for the protection of patients and medical professionals.

Follow the Example set by AB-257, now 2025 Wisconsin Act 17. Act 17 adapted the Ch. 655 insurance coverage regime to extend vital protection to medical professionals and patients to the new types of providers facilitated by the bill. This committee should do the same and mandate fund coverage for expanded scope Naturopathic Doctors being created by this bill.

Chair Moses and Committee Members,

My name is Rebecca Georgia, and I have been a licensed naturopathic doctor for the past 15½ years. I practice at the Family Clinic of Natural Medicine in Deerfield, Wisconsin.

Passing this bill would improve access to healthcare across our state and allow for more efficient, thorough, and patient-centered care. In my daily practice, I frequently manage conditions such as metabolic syndrome, which includes elevated cholesterol, high blood pressure, and elevated blood sugar. Through diet, lifestyle modification, and weight loss, many of my patients are able to reduce or even eliminate the need for prescription medications. However, under current law, I must refer patients back to medical doctors simply to adjust medication dosages—an unnecessary barrier that delays care and inconveniences patients.

I also treat a significant number of women's health concerns. At times, conditions such as urinary tract infections or vaginal infections do not respond adequately to herbal or supportive therapies, and an antibiotic is clinically appropriate. While I can test and diagnose these conditions in my office, I am required to refer patients elsewhere solely for a prescription. This often leads to delays, added costs, and prolonged patient suffering. Many of my patients have a strong relationship with and trust in my care and would prefer to receive comprehensive treatment—from lifestyle counseling and supplements to medications when necessary—within one setting rather than visiting urgent care.

Under current Wisconsin law, naturopathic doctors are licensed and regulated by the Naturopathic Medicine Examining Board, yet we are prohibited from prescribing pharmaceuticals despite being trained to do so. This restriction is inconsistent with the majority of U.S. jurisdictions that regulate naturopathic doctors, where limited prescribing authority is already granted.

Naturopathic doctors receive extensive medical education, and research demonstrates that NDs prescribe as safely as MDs and DOs when practicing within their scope.

I would like to briefly highlight key provisions of Assembly Bill 639.

This bill grants limited prescribing authority to licensed naturopathic doctors, allowing us to prescribe, dispense, and administer certain medications independently and within the scope of our training.

While naturopathic doctors are trained in the safe prescribing of all medications, we are not seeking authority to prescribe opioids, which are Schedule II medications. Although we often help patients reduce or discontinue opioid use and have many effective tools for pain management, there is no need to add another group of opioid prescribers in Wisconsin at this time.

AB 639 also responsibly establishes a malpractice insurance requirement consistent with other prescribing providers in the state—at a minimum of \$1 million per occurrence and \$3 million aggregate. Importantly, the bill does not place naturopathic doctors into the Patient Compensation Fund and therefore does not add to the state budget.

One of my colleagues will speak shortly about malpractice data and safety outcomes, which further demonstrates why inclusion in the Patient Compensation Fund is unnecessary.

By modernizing the scope of practice for naturopathic doctors to include limited prescription rights, AB 639 will help address Wisconsin's provider shortage and expand patient access to safe, effective, and affordable primary care.

I respectfully request your continued support of naturopathic medicine and a "yes" vote on AB 639.

Thank you for your time and consideration.

Sincerely,

Rebecca Georgia, ND

Family Clinic of Natural Medicine

Deerfield, Wisconsin

Thank you, Chair Moses and respected Committee members. I am here today in support of Assembly Bill 639.

I am Dr. Tricia Paulson naturopathic doctor. I am the treasurer for the Wisconsin Naturopathic Doctors Association and sit on our legislative committee.

I was born, raised, completed all of my education in Ontario, Canada. My undergraduate degree is from McMaster University, and my Doctor of Naturopathic Medicine diploma is from the Canadian College of Naturopathic Medicine, one of the 8 accredited naturopathic schools in North America. In Canada Naturopathic Doctors can prescribe pharmaceuticals in 5 provinces and one territory. I've been in practice since 2005, moved to Wisconsin in 2009, became an American Citizen in 2017 and moved to the Northwoods of Wisconsin, Boulder Junction in 2019 where I currently live and practice.

What initially drew me to naturopathic medicine was its approach to treating the root causes of disease, with the ultimate goal of disease resolution. Rather than just managing symptoms, we work with our patients to identify and treat the underlying factors that contribute to illness. However, there are certainly times when pharmaceuticals are necessary—especially when first starting care—the end goal is to reduce need for those medications as the root cause is addressed.

A major challenge I face in my practice is that I cannot prescribe or adjust medications, even when a patient is improving. For example, when someone's blood pressure is improving through lifestyle changes and natural therapies, they may need a lower dose of their medication. But currently, I am unable to adjust or de-prescribe that medication myself, and must refer the patient back to their prescribing doctor. This extra step not only takes more time and costs more money for my patients, but it also adds additional strain on an already overburdened healthcare system.

It would be a great service to my patients—and to my community—for me to have the ability to safely integrate conventional medications with naturopathic treatments. This integration would provide better, more efficient care that saves both time and money.

Naturopathic medicine is not new. It has been licensed in the United States since 1919 in Washington State. Currently, naturopathic doctors are able to prescribe in 14 states, and there are 2 main reasons why there are not more states with licensure and prescribing rights.

First is opposition from influential medical organizations, such as the American Medical Association, who have actively fought against scope expansion for non-MD providers. The American Medical Association has a well-publicized "Stop Scope Creep" campaign which actively strives to block the development of most other healthcare professions. Despite the clear need for expanded primary care access, especially in the face of a growing shortage of medical doctors these organizations continue to block efforts to give licensed naturopathic doctors the ability to prescribe medications or practice fully within their training.

The second reason for opposition comes from individuals who continue to call themselves naturopathic doctors in unlicensed states, but have not graduated from an accredited naturopathic medical school or passed the required board exams. Before licensure was established in Wisconsin, anyone could claim to be a naturopathic doctor without any standard of training. There are many programs that offer certificates or degrees as naturopaths that may be on-line or weekend courses. These may be weeks or months long requiring no pre-degree or pre-requisites, so very different from a 4 year graduate school program. This

group opposes licensure of naturopathic doctors fearing that they would lose the ability to call themselves a "doctor" without the rigorous training required by the naturopathic profession.

With licensure in Wisconsin, there is now a well-established, crucial distinction between a naturopath and a Naturopathic Doctor. Naturopathic Doctors are trained in accredited, four-year graduate schools and must pass board exams to demonstrate their competency in diagnosing, treating, and managing health conditions. We are trained to understand the interactions between pharmaceuticals and natural therapies, and we are held to strict standards of practice. Naturopaths are not.

In Wisconsin, we have five grandfathered "limited scope" Naturopathic Doctors who through Act 130 have met tight parameters of strict education requirements and have been practicing safely and effectively in Wisconsin for over ten years. We are not seeking prescriptive rights for these individuals, as they have not yet met the full credentials to be licensed under full scope and the window to be grandfathered in as limited scope is now closed.

Thank you for your time, and I welcome any questions you may have.

Chair Moses, Members of the Committee,

My name is Dr. Jessica Mitchell, and I serve as the Associate Vice President and Dean of the College of Naturopathic Medicine at Sonoran University of Health Sciences in Tempe, Arizona.

I am here to express my strong support for Senate Bill 632 and Assembly Bill 639, which grant prescription rights to naturopathic doctors. In my role as Dean, I am an expert in naturopathic medical education, and I want to demonstrate why our training fully supports this legislation.

Naturopathic medical schools are accredited by the Council on Naturopathic Medical Education, a body that is recognized by the Department of Education. Our education is a rigorous, 4,100-hour, in-person 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 botanical medicine, hydrotherapy, and nutrition, in addition to over a hundred of hours specifically dedicated to pharmaceuticals. Advanced practice courses, such as rheumatology and cardiology, review both natural and pharmaceutical treatments for disease.

All accredited programs include comprehensive pharmacology coursework, training students on mechanisms of action, adverse effects, drug interactions and addiction management. NDs are uniquely prepared to recognize drug-herb and drug-nutrient interactions—an increasingly critical skill as most patients use dietary supplements alongside prescription medications. We are trained to determine when holistic treatment is appropriate and when pharmaceuticals are necessary or urgently needed. This dual training allows NDs to safely prescribe and adjust medications while identifying potential interactions between conventional and naturopathic treatments.

Upon completion of their biomedical sciences training, naturopathic medical students enter their clinical training years where they assess a patient's current medications and determine when additional prescriptions are appropriate. Students gain hands-on experience prescribing medications through clinical rotations with diverse patient populations. While naturopathic doctors prioritize natural therapies, we recognize that patients sometimes require pharmaceuticals for acute or chronic conditions. Prescriptive authority allows NDs to integrate natural and conventional medicine seamlessly, providing patients with comprehensive, evidence-based care tailored to their needs.

Graduates must pass national licensing examinations to demonstrate competency as primary care providers, including a 3-day clinical exam of which 10% is dedicated to pharmacology.

In short, naturopathic doctors are highly trained to prescribe safely and responsibly. Granting prescription rights will improve patient care and allow NDs to practice to the full extent of their education.

I urge you to support this legislation. Thank you for your time and consideration.

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In short, naturopathic doctors are highly trained to prescribe safely and responsibly. Granting prescription rights will improve patient care and allow NDs to practice to the full extent of their education.

I urge you to support this legislation. Thank you for your time and consideration.

Good morning Chairman Moses and Committee Members,

My name is Dr. Chloe Scheel. I am a naturopathic doctor and I am here to express my strong support for AB 639 which would grant limited prescribing authority to licensed Naturopathic Doctors in Wisconsin.

I have been practicing naturopathic medicine for over ten years and have held full prescribing authority in Oregon throughout that time. It is a common misconception that naturopathic doctors are opposed to medications. In fact, naturopathic doctors focus on understanding the whole patient—their socioeconomic circumstances, lifestyle, diet, goals, and priorities—to determine the most appropriate treatment.

Prescribing authority allows me to put decision-making power back into patients' hands. I am able to clearly explain all evidence-based options while keeping safety as the highest priority. Together, we can decide whether a pharmaceutical approach, a non-pharmaceutical approach such as diet and lifestyle modifications, or a thoughtful combination is the best fit. For example, in prediabetes care, one patient may prioritize dietary changes and exercise, while another may appropriately use medication given their life circumstances, while still working toward long-term lifestyle improvements. Limited prescribing authority enables care that is personalized, practical, and truly patient-centered.

My ability to prescribe safely and appropriately is rooted in my four-year naturopathic medical education, national board examinations, and years of clinical practice. While I did complete a postgraduate residency, I do not believe residency training is necessary to develop safe prescribing competence. My residency primarily supported my confidence as a new provider, while the foundational knowledge and skills required for prescribing were established during school.

Beginning in the second year of naturopathic medical school, students receive hands-on prescribing experience through supervised clinical rotations. Our national board examinations already assess pharmacology, clinical medicine, and prescribing competency. Because AB 639 limits prescribing to medications already included in our education and training, requiring an additional exam would be unnecessary and inconsistent with how prescribing authority is granted to other licensed healthcare professions.

Residencies for Naturopathic Doctors are limited in availability because they are privately funded, unlike other professions that receive federal support. However, this does not translate to reduced safety in practice. Most Naturopathic Doctors begin their careers in primary care settings with lower patient volumes and longer appointment times, allowing for careful evaluation and appropriate use of evidence-based clinical resources. The medications most commonly prescribed are well-established, low-risk medications such as thyroid hormone, blood pressure medications, diabetes medications, and appropriate antibiotics—similar to those prescribed by Nurse Practitioners and Physician Assistants, who are not required to complete residencies yet are often placed into high-demand clinical roles immediately upon licensure.

Limited prescribing authority is not about expanding scope beyond training—it is about continuity of care. Being able to initiate, manage, and refill common medications reduces delays, prevents unnecessary referrals, and ensures patients do not fall through the cracks.

I recently relocated to Eau Claire, where the closure of two hospitals has significantly limited access to timely primary care. Granting Naturopathic Doctors limited prescribing authority would help relieve pressure on an overburdened system while maintaining high standards of safety and accountability, ultimately improving outcomes and lowering healthcare costs.

Naturopathic Doctors are trained in both prescribing and deprescribing and are held to the same ethical obligation as all medical providers: to prioritize patient safety above all else. AB 639 does not replace or compete with other healthcare professionals—it strengthens a collaborative healthcare model in which MDs, DOs, NPs, PAs, and NDs work together to meet the needs of Wisconsin residents.

I respectfully urge you to support AB 639 and vote yes to expand access to safe, coordinated, and patient-centered care in Wisconsin.

Chair Moses and Committee Members,

My name is Dr. Sarah Axtell. I've been practicing as a naturopathic doctor in Milwaukee for 14 years. I'm a clinic owner, where we employ 9 people, including 3 naturopathic doctors and 2 nurse practitioners. In my practice, I primarily focus on chronic health conditions, such as obesity, diabetes, hypothyroidism, high cholesterol, and IBS.

I'm here today to express my strong support for AB 639 and to discuss naturopathic medical education and our qualifications for prescription authority.

To become a licensed ND in Wisconsin, we undergo rigorous training: four years of postgraduate medical school education, including the same biomedical sciences as MDs and DOs; we pass two sets of board examinations; and complete over 1,200 clinical hours of training, and 4,100 contact hours of in-person instruction. Our pharmacology training mirrors that of medical doctors, with 141 hours covering all medication categories and body systems.

Naturopathic pharmacology training hours exceed the number of pharmacology training hours that both NPs and PAs receive, yet both of those professions can prescribe. An NP in Wisconsin may be prescribing with 10.5 less credit hours in pharmacology training as compared to an ND. This is not to discredit the expertise of our NP colleagues, whom we work alongside and hold in high esteem. This exemplifies that naturopathic doctors have more training and clinical experience (based on years of training) than an NP and a PA.

I'd like to share excerpts of a letter from my colleague in Milwaukee, Dr. Alysandra Lal, a surgeon specializing in cancer care, who supports our efforts but could not be here today. She writes, 'When I trained at the University of Washington School of Medicine, my ND colleagues trained at a school nearby called Bastyr and we had similar curriculum in the first two years of study. I can personally attest that naturopathic medical education includes rigorous coursework in pharmacology, clinical therapeutics, and patient safety. NDs graduate from accredited programs with training in pharmacology comparable to other prescribing providers, such as physician assistants and nurse practitioners.'

Dr. Lal's personal experience with her mother's breast cancer treatment also highlights the value of integrated care. She shares, 'When my mother had breast cancer, she was treated by a team of physicians but she also had a naturopathic oncologist who prescribed her complementary treatment... Not only did she benefit from the medicines, but had she not had the encouragement of her ND to have surgery, I think she would have declined all Western treatments.' This powerful example illustrates the impact that naturopathic doctors can have in collaborative care settings.

Granting naturopathic doctors in Wisconsin prescription authority isn't just about recognizing our qualifications – it's about improving patient care. It means we can provide comprehensive, whole-person care without unnecessary referrals or delays in an already overburdened health

care system. Our patients will have access to the treatments they need, when they need them, from a provider they trust.

I urge you to support our efforts to gain prescription authority and increase patient access to safe, effective, and affordable health care in Wisconsin. Thank you.

Letter of Support for AB 639- Naturopathic Doctor (ND) Prescribing Bill

Dear Members of the Wisconsin Legislature,

As a licensed physician practicing in Wisconsin, I am writing in support of the bill introduced in 2025 that would grant prescribing rights to licensed naturopathic doctors (NDs) in our state. Both personally and professionally, I have benefited from NDs with these rights when I lived in Seattle WA and I would strongly encourage you to advocate for them in Wisconsin.

When I trained at the University of Washington School of Medicine, my ND colleagues trained at a school called Bastyr and we often had similar curriculum in the first two years of study. I can personally attest that naturopathic medical education includes rigorous coursework in pharmacology, clinical therapeutics, and patient safety. NDs graduate from accredited programs with training in pharmacology comparable to other prescribing providers, such as physician assistants and nurse practitioners. Many already practice in collaboration with medical doctors, pharmacists, and other health professionals, ensuring safe and coordinated care for patients.

When my mother had breast cancer, she was treated by a team of physicians but she also had a naturopathic oncologist who prescribed her complementary treatment, but oral and IV, as part of her care. Not only did she benefit from the medicines, but had she not had the encouragement of her ND to have surgery, I think she would have declined all Western treatments.

NDs are not competing with MDs, we are approaching the same diseases from different perspectives together. Allowing licensed naturopathic doctors to prescribe pharmaceuticals will:

- Improve patient access to safe, timely, and integrated care,
- Reduce unnecessary referrals and delays in treatment, and
- Acknowledge the rigorous training that NDs receive in evidence-based pharmacology.

As a physician, I believe this bill maintains appropriate safeguards while expanding patient care options. I strongly urge you to pass this legislation and recognize the valuable contributions that naturopathic doctors can provide within Wisconsin's healthcare system.

Respectfully,

Alysandra Lal, MD, MPH, FACS

Chairman Moses and respected Committee Members,

I am here today in support of Assembly Bill 639. My name is Kevin Hoey, and I am a licensed pharmacist practicing in Madison, WI, serving patients across Wisconsin.

I am the co-owner of Hoey Apothecary, a compounding pharmacy located in Madison. We provide custom medications when there are not commercially available products. We prepare medications for autism, pain management, hospice, bio identical hormone replacement therapy for both men and women, pediatric medicine and veterinary medicine. Our pharmacy has been in business since 1996.

I want to be very clear: I trust the medical training and clinical experience of Naturopathic Doctors. Based on their education, scope, and how they practice, I have no safety concerns with NDs issuing prescriptions within a defined and regulated formulary.

Naturopathic Doctors are medically trained, licensed professionals who complete rigorous graduate-level education, including pharmacology, diagnostics, and supervised clinical care. Their training prepares them to prescribe safely and appropriately, just as other licensed healthcare providers do.

There is nothing about NDs prescribing that gives me pause. In fact, denying prescriptive authority creates more risk—not less—by fragmenting care, delaying treatment, and forcing patients to navigate unnecessary referrals simply to obtain medications that NDs are already trained to manage.

Granting prescriptive authority to NDs is a commonsense update that improves access to care, especially for patients managing chronic conditions or living in underserved areas. It allows NDs to practice to the full extent of their education while maintaining appropriate oversight and patient protections.

In summary, I trust Naturopathic Doctors. I believe they practice safely. I have no concerns about them prescribing within a regulated scope. I urge you to support this legislation for the benefit of patients and the healthcare system as a whole.

Thank you for your time and consideration.

Chair Moses and Members of the Committee,

My name is Dr. Joanne Aponte. I am a naturopathic doctor practicing in the Milwaukee area since 2010. I support Assembly Bill 639 and I'm here today to share evidence of our profession's excellent safety record in prescribing medications

Data collected by the Federation of Naturopathic Medical Regulatory Agencies (FNMRA) shows naturopathic doctors have less than half the annual disciplinary rate of medical doctors—just 2.2 actions per 1,000 NDs per year compared to 6 actions per 1,000 MDs. That means 99.7% of NDs practice clean and safe records.

Over an eleven-year period – from 2010 to 2021—there were only 208 total disciplinary actions among approximately 8,000 licensed naturopathic doctors practicing across 26 states and U.S. territories.

State-by-state data confirms this pattern:

In Washington State, where NDs have been prescribing since 1930, over a ten-year period from 2013 to 2023, there were only 25 disciplinary actions against NDs—that's just 5 actions per thousand practitioners over the entire decade. Medical doctors in Washington had 6.4 actions per thousand over the same period, and osteopathic doctors had 9.5 per thousand—nearly double the rate of naturopathic doctors.

In California, since their state licensing board was created in 2004, there have been only three disciplinary actions against NDs.

In Oregon, over a 6 year period from 2013 to 2019, naturopathic doctors had just 0.6 disciplinary actions per thousand practitioners. Osteopathic doctors had 1.4 per thousand, and medical doctors had 7.4 per thousand—more than twelve times the rate of naturopathic doctors.

These statistics are not intended to highlight any concerns with medical doctors safety, the vast majority of MDs prescribe and practice safely. What these facts reveal is that ND training is effective and safe related to prescribing.

Malpractice insurance data also supports a track record of safety. According to NCMIC, the largest malpractice insurer of naturopathic doctors since 2001, in Oregon—a state where naturopathic doctors have had full prescription rights —the average malpractice premium is very low, only \$3,800 annually.

Keith Henaman, Vice President of Claims at NCMIC, stated in 2025: "NCMIC has observed that malpractice claims involving Naturopathic Doctors remain relatively infrequent compared to many other healthcare professions. Overall, both the frequency and severity of claims within naturopathic medicine continue to be considerably lower than what is typically seen in other areas of medical practice."

Further data on malpractice from The National Practitioner Databank, a database maintained by the US Department of Health and Human Services, contains no records of malpractice claims against naturopathic doctors in the United States. A 2013 nationwide search by Verdict-Search also found no records of malpractice suits against naturopathic doctors.

Why are we safer prescribers? Naturopathic medicine emphasizes prevention, lifestyle, diet and natural therapies first. We're trained to know when medication is necessary and when it's not. This conservative approach to prescribing is what protects patients.

The evidence is clear across multiple states and decades of prescribing: naturopathic doctors prescribe safely and responsibly. I urge you to support Assembly Bill 639. Thank you for the opportunity to testify before you today.

Hello Chairman Moses and Members of the Committee,

I am Nima Novak, and I am a patient of a naturopathic doctor licensed in Wisconsin. I am here to speak in support of Assembly Bill 639 for prescription rights for Naturopathic Doctors. I greatly appreciate your time and respectfully ask for your support of this legislation. I believe AB 639 will improve access to safe, holistic and preventive healthcare across our state by allowing licensed naturopathic doctors to prescribe, dispense and administer certain prescription medications as part of a coordinated plan of care consistent with their training.

I am writing not only in support of this bill, but from personal experience. Several years ago, I became seriously ill with what felt like a mystery illness. I saw multiple providers and underwent countless tests, yet my health continued to decline. I later learned that, on average, it can take seven to ten years for mold exposure to be correctly identified and diagnosed. Because I worked with a naturopathic doctor who looked at my whole health picture and environmental factors, I was able to identify my mold toxicity in less than half that time.

My naturopathic doctor took the time to connect my symptoms to my living environment and guided me through a recovery plan that ultimately helped me regain my health and quality of life. Early identification made a meaningful difference in my recovery and helped prevent further decline.

In my experience my Naturopathic Doctor is just as well trained in medicine as other providers I have seen. I have greatly benefited from adding an ND as part of my medical team. It would have benefited me to have my ND be able to prescribe pharmaceuticals when I needed it. Luckily my naturopathic doctor works alongside other doctors so I was able to get a prescription.

As a licensed clinician and speech-language pathologist, I later learned that my mold toxicity was the result of prolonged exposure while working in public school settings. Because mold-related illness is often poorly recognized under current medical and legislative frameworks, my symptoms were dismissed and effective treatment was delayed, allowing my health to deteriorate. As a public health worker, I was exposed to an environmental illness that was difficult to identify and treat in part because current legislation limits clinical recognition, treatment options, and timely access to appropriate care. This delay had real consequences for my health, my ability to work, and my quality of life. That direct cause-and-effect is why I am here today to speak in strong support of AB 639 and the need to expand prescription rights for Naturopathic Doctors.

Through this experience, I saw firsthand how fragmented our healthcare system can be. Even when my naturopathic doctor knew exactly what I needed, limitations around prescribing basic medications created delays and unnecessary obstacles during an already difficult time. AB 639 would help reduce these gaps in care by allowing patients to receive timely and comprehensive treatment from the provider who knows their health history best.

Allowing Naturopathic Doctors limited prescribing authority will reduce delays, unnecessary referrals and additional appointments, while also helping control healthcare costs for patients across Wisconsin. I respectfully urge you to vote YES on AB 639 to expand patient choice and improve access to qualified, coordinated healthcare.

Thank you for your time, consideration and service to our state.
With gratitude, Nima Novak, M.S., CCC-SLP

Chair Moses, Members of the Committee,

I am Kathy Messier, and for roughly the last 17 years I have been a patient of a naturopathic doctor licensed in Wisconsin. I am here to speak in support of Assembly Bill 639 for prescription rights for Naturopathic Doctors.

Knowing how beneficial naturopathic medicine is for me, I didn't hesitate to call my naturopathic doctor when my PCP (an NP) ignored a large spike in my liver enzymes. The PCP insisted it was due to my gall bladder and that I needed surgery to remove it. This diagnosis was given to me even though the PCP knew I had no gallbladder symptoms and had familial high cholesterol. I had been on statin medications for nearly 30 years. I had told the PCP that I was not having surgery unless it was to save my life, partly because I have allergies to multiple prescription medications and typically have bad reactions to anesthesia. All of this feedback continued to be ignored by the PCP, and she gave me no other option than to have surgery to remove my gallbladder. That was when I reached my limit of frustration and began working with my naturopathic doctor to find the root cause of the problem while using supplements to support the liver and bring the elevated enzyme levels back down to a normal range. Eventually, we determined the statin was part of the issue. We knew I couldn't stop taking it all together but that the dosage would need to be reduced in order to see further reduction in enzyme levels.

In my experience my naturopathic doctor is just as well trained in medicine as other providers I have seen. At this point in my treatment, my naturopathic doctor was unable to prescribe a new statin prescription for me. Because my old PCP was not someone I was willing to work with again, this meant that I had to find a new PCP, schedule an appointment, see the new PCP, and get the new prescription. This process took months and cost me extra money in office visits and lab testing costs. Then we had to wait for three months and retest to see if the lower statin dosage had worked to lower my liver enzymes. It would have benefited me to have my naturopathic doctor be able to prescribe pharmaceuticals when I needed it and not almost a year later when the PCP was able to prescribe it.

I truly believe that having good quality healthcare options is important and that this bill would give patients the ability to choose a naturopathic doctor who can fully service their needs.

Thank you for your time,
Kathy Messier

Greetings Chairperson Moses and Members of the Committee,

My name is Dr Kerry Niebrzydowski. I am a naturopathic doctor, licensed acupuncturist and the president of the Wisconsin Naturopathic Doctors Association.

My practice is in Niagara Wisconsin, 100 miles north of Green Bay. I am here today on the behalf of my patients who greatly rely on my services for their well being. I have a high volume practice where I see around 120 people per week. My practice is cash based and affordable. I service gas station workers, saw mill workers, retail employees, people in jobs with fairly low wages. Many uninsured.

At least three times per week I see patients that could be best treated with a pharmaceutical. Common examples are my cases of acute lymes disease that are best treated with antibiotics. Many times patients refuse to go to a conventional provider due to cost or philosophy of medical care and thus are not treated effectively. I treat them with herbs, yet it is not the best option.

Another example is a scabies case I had. Scabies is best treated with premetherin cream, as no herbal treatment is effective. This is a highly contagious infectious mite that burrows in the skin. The last thing you want to do as a doctor is refer this patient to another clinic and expose others.

Last week I had a 5 year old girl with lyme's disease. Due to the severity of her complaints, I needed to refer her to another provider to receive antibiotics. This is very inefficient. The patient had to see 2 providers. NDs not being able to prescribe some pharmaceuticals burdens the healthcare system even more.

People regularly visit my practice for chronic pain management. I routinely need the ability to prescribe a medrodoce pack of steroids for an acute herniated disc in the back or neck. Once again, I need to send the patient to another provider for this basic prescription.

By giving NDs the tools to best care for patients, we broaden the access to healthcare. We are in a healthcare crisis in many rural areas in Wisconsin with reduced access to primary care services. Wisconsinites deserve the opportunity to get the appropriate care. NDs are trained and already in place to fill this need. Additionally, by broadening our scope of practice, we increase the likelihood of attracting other NDs to the state of Wisconsin to practice.

Our license should reflect our training. As we strive for an integrated health care model, access to pharmaceuticals is a necessary component .

Thank you for your time.

Chairman Moses and Committee Members,

My name is Charlotte Litjens and I have been practicing as a licensed naturopathic doctor for a year and a few months in Deerfield, WI. I am here to express my strong support for AB 639 granting limited prescribing authority to licensed Naturopathic Doctors in Wisconsin.

I trained at Canadian College of Naturopathic Medicine in Vancouver, Canada and Toronto, Ontario and where pharmacology coursework was taught by a Medical doctor and a naturopathic doctor with a Masters in pharmacology, respectively. We were tested rigorously on the use of the medications proposed in Assembly Bill 639 before both graduation and licensing. In both provinces where I studied, NDs have limited prescribing rights, so during clinical training hours we were exposed to the use of pharmaceuticals by our supervisors.

I also received elective training in adjunctive cancer care-- or how to help patients manage side effects of cancer treatment with lifestyle changes, vitamins, and supplements without interfering with the effectiveness of these therapies. Patient demand in this area is very high, the knowledge is complex and specialized, and Naturopathic doctors are uniquely prepared to meet this demand.

While many cancer patients will complete conventional oncological care with no evidence of disease, some will have a moderate to high likelihood of recurrence, and during the surveillance period they may only have access to oncologists once or twice per year. Naturopathic doctors can provide increased patient evaluation during these gaps; for example, bone pain can be a sign of new metastases that should be investigated immediately.

Naturopathic doctors with adjunctive oncology training such as myself encourage hesitant patients to engage in conventional oncological care along with supportive naturopathic therapies that we provide in our clinic. We help them understand the treatments provided by their oncologists. My intention is never to replace conventional medical care but to help patients maintain quality of life while using the oncology modalities as an integrated part of the care team. Overall, collaboration and integration is good for cancer patients and good for Wisconsin's population; we can reach more patients more quickly and provide more thorough care.

For patients who struggle dramatically with the side effects of chemotherapy, radiotherapy, endocrine therapy, or target drugs, certain IV therapies delivered by qualified professionals can allow one to continue these therapies. A large clinical trial published last year showed that high dose intravenous vitamin C IVs three times a week double survivor time in pancreatic cancer, and some oncologists in Wisconsin have begun seeking locations to deliver this service. Naturopaths are currently unable to administer these IVs as we cannot keep epinephrine on hand as part of the established safety protocol. With the prescribing rights proposed and Assembly Bill 639 naturopaths would be enabled to provide this resource safely.

Each year, after graduating and completing naturopathic oncology residencies, new NDs will evaluate which states or provinces have the best scope of practice. Prescribing rights will make Wisconsin a more attractive place for these and all new NDs to practice, which will better serve our state's population.

Thank you for your time.

Greetings, Chair Moses and Members of the Committee.

My name is Dr. Robert Edward Coleman, Jr. ND, LMT. I serve as a naturopathic doctor and pain management specialist in Madison, WI and the surrounding areas being in practice for almost 15 years. I am the previous Chair of the Wisconsin Naturopathic Doctor's Association (WNDA) and Massage & Bodywork Therapy State Board.

I am here today to testify in **strong support of Senate Bill 632 and Assembly Bill 639**. As an expert in naturopathic and holistic medical treatments, I want to clarify how our rigorous training standards justify and validate the granting of prescriptive authority to ensure patient safety and comprehensive care.

Rigorous Educational Standards

Naturopathic medical education is not "alternative" in its foundation; it is **integrative**. Our programs are accredited by the Council on Naturopathic Medical Education (CNME), a body recognized by the U.S. Department of Education.

- **Foundation:** Our students complete a minimum **4,100-hour, in-person medical curriculum**. The first two years are rooted in the same biomedical sciences as MD and DO programs—including anatomy, biochemistry, physiology, and immunology.
- **Pharmaceutical Expertise:** Beyond the natural modalities like botanical medicine and nutrition, our curriculum includes hundreds of hours specifically dedicated to **pharmacology and pharmacognosy**.
- **Specialized Integration:** In advanced courses such as cardiology, oncology, endocrinology and rheumatology, students are taught to manage disease using a "best-of-both-worlds" approach, evaluating when a pharmaceutical intervention is the most responsible clinical choice.

Excellence in Patient Safety

A critical advantage of the Naturopathic Doctor (ND) is our unique ability to manage **drug-herb and drug-nutrient interactions**.

In an era where a majority of patients use dietary supplements alongside prescription medications, NDs are the only providers specifically trained to navigate these complexities. Our students are trained extensively in:

- Mechanisms of action and adverse effects.
- Addiction management and tapering protocols.
- Identifying when a holistic approach is sufficient and when a pharmaceutical is **urgently necessary**.

Clinical Competency and Accountability

Naturopathic students do not just learn from textbooks and lecture materials. During their clinical years, they manage diverse patient populations under supervision, assessing current medications and determining where prescriptions are required for acute or chronic conditions. To enter the workforce, our graduates must pass the **NPLEX national licensing examinations**. This includes a rigorous three-day clinical exam where pharmacology competency is a mandatory requirement for state licensure.

Conclusion: Closing the Care Gap

Granting prescriptive authority is about **patient-centered care**. It allows NDs to practice to the full extent of their education, preventing fragmented care where a patient must visit multiple providers for a single condition.

By supporting SB 632 and HB 639, you are ensuring that patients have access to highly trained primary care providers who can safely and responsibly bridge the gap between conventional and natural medicine.

I encourage you to vote in favor of this legislation. Thank you for your time and your commitment to the health of our citizens.

Dr. Robert E. Coleman, Jr. ND, LMT

Good morning Chair Moses and Committee Members,

My name is Dr. Jannine Krause, and I am a licensed Naturopathic Doctor. I am here today to express my strong support for Assembly Bill 639, which would grant limited prescribing authority to licensed naturopathic doctors in Wisconsin.

I grew up just south of Kenosha, Wisconsin, graduated from Carthage College in Racine with a pre-med biology degree, and completed my medical education at Bastyr University in Seattle, Washington, an accredited, federally recognized medical institution for naturopathic medicine. I have been practicing naturopathic medicine for over 18 years and have held prescribing authority in both Washington State and Montana, where I've practiced for approximately 15 of those years.

Following the licensure of naturopathic doctors in Wisconsin in 2022, I returned to the state to be closer to my family and, in December of 2024, joined a practice in Crandon, Wisconsin. Practicing in the Northwoods has given me firsthand experience with the unique health care challenges faced by rural communities; particularly access, timeliness of care, and provider shortages.

You may hear concerns today suggesting that naturopathic doctors are not adequately trained to prescribe medications. I understand where this concern comes from. Prior to licensure in Wisconsin, the title "naturopathic doctor" was unregulated and could be used by individuals without accredited medical training. However, AB 639 provides an important opportunity to clearly distinguish licensed naturopathic doctors from unlicensed practitioners.

Many of us here today have practiced safely and collaboratively in states where we have held prescribing authority for years. I personally have prescribed medications in Washington State and Montana for over 15 years, specializing in men's and women's health and hormone replacement therapy. I currently have a DEA license, allowing me to prescribe testosterone in Washington State and Schedule II–V medications in Montana. You will also find a letter submitted by compounding pharmacist Dr. Gina Gilsoul, with whom I have collaborated for more than a decade, attesting to the safety, professionalism, and clinical appropriateness of our prescribing practices.

Currently, 14 states grant naturopathic doctors prescribing authority, and nine of those states allow prescribing of certain controlled substances. The broadest scope of practice for naturopathic medicine in the United States is in Arizona. In Arizona, NDs may perform many of the same activities performed by MDs or DOs, including prescribing controlled substances from the formulary. Between 2019 and 2024 alone, four states enacted or corrected statutes to allow naturopathic doctors to practice to the full extent of their education and training. These changes were made thoughtfully, with patient safety, oversight, and collaboration at the forefront.

Our request for limited prescribing authority is not about expanding beyond our scope it is about continuity of care, patient access, and reducing unnecessary strain on Wisconsin's health care system.

In my practice in Crandon, I have seen patients present shortly after tick bites, testing positive for Lyme disease and requiring prompt treatment. Having to send a patient elsewhere simply to obtain a prescription for doxycycline delays care, increases cost, and raises the risk of long-term complications.

I have also seen patients with simple cuts or splinters that progressed to skin infections requiring antibiotics. In these situations, I have had to refer patients to urgent care solely for a prescription, an unnecessary burden on both the patient and an already overextended emergency care system.

Granting licensed naturopathic doctors limited prescribing authority would allow us to manage and refill common medications, reduce avoidable referrals, and help relieve pressure on urgent and emergency

care while maintaining appropriate standards of safety, accountability, and oversight. AB 639 is not intended to infringe upon the scope of practice of other health care professionals, but rather to support a collaborative, patient-centered model of care.

Licensed naturopathic doctors are trained, qualified, and ready to help address Wisconsin's growing physician shortage particularly in rural and underserved areas. I respectfully urge you to support AB 639 and expand patient access to safe, effective, and timely health care.

Thank you for your time and consideration.

Sincerely,

Dr. Jannine Krause, ND

Chair Moses and Members of the Committee,

Thank you for the opportunity to speak today. My name is Kirke Plank, and I'm here as a patient to speak in support of AB 639. From my perspective this bill is about whether patients can get prompt and consistent care from the doctors who already know and have a history with them.

One of the challenges I have faced is access. It can take weeks, sometimes longer, just to get an appointment to see my primary care physician. When that happens, the only other choice is often urgent care or the emergency room. In addition to costing more, it's not a suitable usage of those services, and it usually means starting over with a provider who doesn't know my history.

If my naturopathic doctor were able to manage and refill certain medications, it would avoid those delays. It would mean fewer urgent care visits and fewer gaps in my care.

I imagine this matters even more for people in rural areas, or for anyone who must travel a long distance to see a provider. Time and distance are real barriers, and this would help reduce them.

Cost is another major issue. Healthcare is already expensive, and it often feels inefficient. When care becomes fragmented between multiple providers for things that could be addressed in one place, it leads to added appointments, duplication, and additional expense.

This change would also let naturopathic doctors use the training they already have, while still practicing within clear rules and oversight. From my perspective I believe it will enhance patient care safely and effectively.

What I honestly don't understand is why this proposed change would find any opposition. From my viewpoint, it doesn't seem controversial at all, rather it feels like a reasonable and practical update that aligns well with how care is already provided in many other states.

Naturopathic medicine isn't new or experimental. Many states that license naturopathic doctors already allow some level of prescribing. Wisconsin is the exception, not the rule.

One of the reasons I trust my naturopathic doctor is her understanding of how medications, supplements, and nutrients interact. That attention to detail matters.

As an example, when my medical doctor recommended I start taking a statin, my naturopathic doctor also recommended CoQ10, because statins are known to deplete it. I believe that helped prevent muscle ache and pain and allowed me to stay on a medication that was important for my long-term health.

Again, from my perspective, it makes no sense to limit my doctor's ability to care for me when the training, safeguards, and experience are already there. I'm here today because I believe this change would make access to healthcare more efficient, accessible and safer for patients like me. I respectfully ask you to support AB 639.

Thank you for your time.

Kirke Plank

Janesville, Wisconsin

Chair Moses and members of the committee, thank you for the opportunity to testify today.

My name is Jill Crista. I am a licensed naturopathic doctor here in Wisconsin, as well as in the state of Oregon.

Some of you may already know me. I had the honor of serving as the first Chair of the Wisconsin Naturopathic Medicine Examining Board, where I worked alongside a dedicated group of colleagues to draft and pass our administrative rules. I'm grateful for your support in approving those rules.

A little background: I founded two integrative medical clinics here in Wisconsin - one in Janesville and one in Middleton. These clinics brought medical doctors, naturopathic doctors, acupuncturists, physical therapists, massage therapists, and counselors together under one roof.

This collaborative model benefitted patients by allowing multiple perspectives on their case, and it also deeply enriched our work as clinicians.

For more than 20 years, I have also worked remotely with patients in Oregon, where I hold full prescriptive authority and a DEA license. Due to the complexity of the cases in my specialty of autoimmune and neuroinflammatory conditions, the ability to prescribe (and de-prescribe) medications has been essential to safe, effective care.

Even though I am licensed in Wisconsin, I cannot currently accept new Wisconsin patients in my specialty practice, because I am unable to provide the level of care required without limited prescribing authority.

For the past 5 years, I have co-led a physician mentorship program with my MD colleague, Dr. Neil Nathan, providing both the MD and ND perspective. We help practitioners navigate particularly complex cases involving polypharmacy, as well as the safe integration of herbs and nutrients. I encourage you to review Dr. Nathan's letter of support submitted to this committee.

Dr. Nathan and I have also collaborated on an IRB-approved study, which is currently undergoing peer review and is slated for publication in a well-respected medical journal. In addition, our next study has been accepted by an academic institution and will involve MDs, NDs, NPs, and PAs across multiple clinical sites conducting pharmaceutical-based clinical trials.

I share this background to underscore an important point.

Despite the WI Med Society's position on this bill, many MDs who work day-to-day with naturopathic doctors have strong, respectful, collaborative relationships with us. And in fact, many rely on NDs to safely manage the combination of natural medicine with the pharmaceuticals they're prescribing. These collaborations are embedded in our daily work lives and professional relationships, none of which changes with the passing of this bill.

Thank you for your time. I'm happy to answer any questions.

Dr. Jill Crista

Thank you, Chairman Moses and respected Committee Members,

I am here today in support of Assembly Bill 639.

My name is Dr. Sara Norris. I am a naturopathic doctor in Wisconsin, practicing in the Green Bay area. I am the legislative chair for the Wisconsin Naturopathic Doctor's Association, the WNDA. The WNDA is the only association in the state representing licensed naturopathic doctors.

I grew up in the Green Bay area, got my undergraduate degree from UW-Eau Claire, and finished my pre-med requirements for medical school at UW-Madison. I went to a Naturopathic Medical school in Portland, Oregon. I chose to become an ND because I was drawn to the training that embraces natural and holistic medicine with conventional medicine, which includes training to use pharmaceuticals.

Naturopathic medicine is the type of care I was looking for when I dealt with my medical issues at a young age. I wanted choices beyond birth control, antibiotics, and other medications for my own medical conditions, but I also wanted to be the type of doctor who could prescribe these when it was the right choice. Then, and now, the only medical schools teaching this style of medicine are naturopathic medical schools, so I went to one of the now 8 naturopathic medical schools in North America. These schools are all accredited and recognized by the Department of Education. I took out over \$200,000 in federal student loans to cover my medical training. I found my experience training in primary care to be similar to my friends who were attending med school at UW Madison. You will see, in the letters provided there are licensed MDs in Wisconsin who agree that ND pharmacology training mirrors that of an MD.

I have now been licensed as an ND for 15 years and I didn't return to Wisconsin until licensure was passed here in early 2022. During my 12 years away from Wisconsin I have been prescribing medication, under those state laws. In addition to being licensed here in Wisconsin, I continue to be licensed in California, seeing these patients remotely, and prescribing to those patients. It is frustrating that I can prescribe for a person living in California, but not for patients I am seeing in person here at my clinic in Green Bay.

We have seen an increase in Naturopathic Doctors in the state since passage of licensure, with roughly 24 here prior to licensure and now 92 licensed NDs since licenses were available in Feb 2024. There are roughly 8000 NDs in the country, 26 states or jurisdictions that license NDs, and 14 states that allow NDs to prescribe.

Today you may hear from the Wisconsin Medical Society, other state medical associations, or other healthcare providers that Naturopathic Doctors are not trained well enough to prescribe medication. I am here to tell you that they are wrong, either because they have never worked with an ND or because they were exposed to someone calling themselves a Naturopathic Doctor prior to licensure in the state. Prior to licensure here in Wisconsin anyone could (and did) call themselves an ND without any evidence about their medical training. We have one example

here in the state where a chiropractor lost his license to practice and then moved to a new city and called himself a Naturopathic Doctor. Since licensure, he has been reported to DSPS and no longer refers to himself as a licensed provider or doctor. This is a win for Wisconsinites who are looking for trained medical professionals with a track record of safety.

Because NDs cannot currently prescribe in the state, nor never have been able to, most medical professionals are ignorant of our training or knowledge in prescriptions.

You will see in the written materials we have provided that pharmacists, medical doctors, and other licensed providers out of state have positive experiences with NDs who prescribe. They find our prescribing to align with other healthcare providers. We also have independent safety data from other states and from the malpractice companies showing this safety. Our opposition will tell you that NDs are not trained enough to be safe. We'll show you this is hyperbole and each ND testifying today will outline the supporting facts that show NDs are safe prescribers.

We had hoped to have a MD here to testify to this point today, but the medical doctors who committed to be here and cancel their patients were unfortunately not able to attend on this specific date.

Thank you for the opportunity to testify before you today. I would be happy to answer any questions.



WNDA is advocating for limited prescribing authority for Wisconsin's licensed Naturopathic Doctors, in line with their training and qualifications.

Granting Naturopathic Doctors prescribing authority aligns with the holistic and patient-centered approach they bring to healthcare. As licensed healthcare professionals, Naturopathic Doctors in Wisconsin are equipped with **comprehensive education**, including training in pharmaceuticals, biochemistry, and drug interactions. Allowing Naturopathic Doctors in Wisconsin to seamlessly integrate conventional medications when necessary would provide a more complete spectrum of treatment options for patients. As **23 states** now license Naturopathic Doctors, Wisconsin has the **opportunity to enhance healthcare accessibility, empower patient choice, and foster collaborative, integrative care** by permitting Naturopathic Doctors to prescribe medications within the scope of their expertise.

Wisconsin Naturopathic Doctors are seeking support for prescribing Schedule III, IV, and V drugs.

Schedule	Description	Examples	ND Prescribing
I	drugs with no currently accepted medical use and a high potential for abuse	heroin, LSD, marijuana, etc.	No
II	drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence	fentanyl, oxycodone, vicodin, adderall	Only to treat opioid use disorder
III	drugs with a moderate to low potential for physical and psychological dependence	ketamine, anabolic steroids	Yes
IV	drugs with a low potential for abuse and low risk of dependence	Xanax, Valium, Ambien	Yes
V	drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics	Robitussin, Lomotil, Parepectolin	Yes

*taken from the Drug Enforcement Administration, dear.gov/drug-information/drug-scheduling



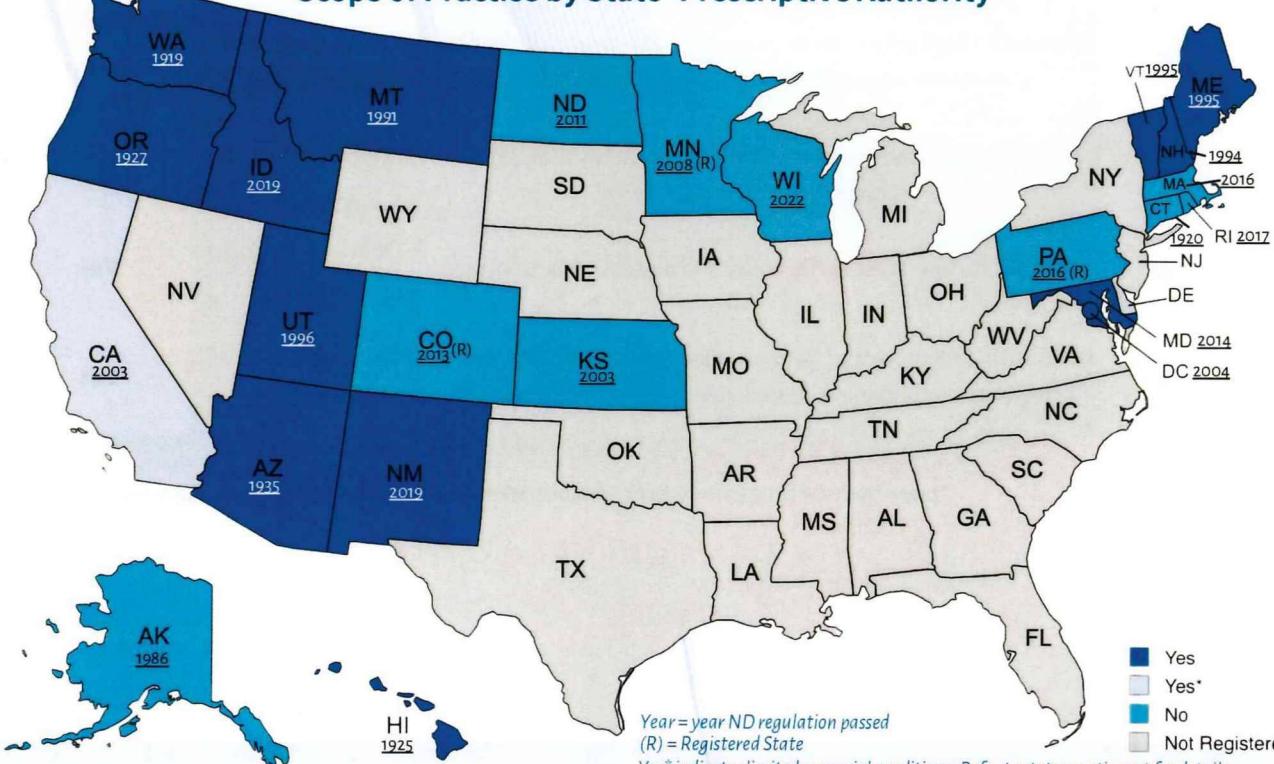
Wisconsin Naturopathic Doctors seek support for prescribing Schedule III, IV, and V drugs and, specifically in opioid abuse cases, Schedule II drugs. By empowering naturopathic doctors with this authority, they can actively contribute to combating Wisconsin's opioid crisis and provide holistic care for their patients.

Schedule	Description	Examples	ND Prescribing
I	drugs with no currently accepted medical use and a high potential for abuse	heroin, LSD, marijuana, etc.	No
II	drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence	fentanyl, oxycodone, vicodin, adderall	Only to treat opioid use disorder
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*taken from the Drug Enforcement Administration, dear.gov/drug-information/drug-scheduling

Thirteen states (including D.C.) already grant Naturopathic Doctors prescribing rights, with varied degrees of required supervision. NDs exhibit nearly five times lower malpractice rates than conventionally trained counterparts, indicating lower risk and enhanced safety of naturopathic medicine.

Scope of Practice by State- Prescriptive Authority



PHARMACOLOGY TRAINING COMPARISON

This table compares the amount of formal pharmacology education completed by healthcare providers authorized to prescribe in Wisconsin. Naturopathic Doctors **receive extensive pharmacology training as part of their medical education and may also complete an optional postgraduate residency** lasting one to three years to further develop clinical and prescribing expertise.

Provider Type	Program Length	Pharmacology Credits	Approx. Pharmacology Hours	Can Prescribe in WI
Naturopathic Doctor (ND)	4 years	12.65–13.5	140+ hours	No (current law)
Medical Doctor (MD)	4 years + residency	~10*	Integrated	Yes
Osteopathic Doctor (DO)	4 years + residency	~10*	Integrated	Yes
Advanced Practice Nurse Prescriber (APNP)	2–3 years	~3	~45 hours	Yes
Physician Assistant (PA)	~2 years	~6	~90 hours	Yes
Optometrist (OD)	4 years	~5	~75 hours	Yes
Dentist (DDS/DMD)	4 years	~1	~15 hours	Yes

*MD/DO pharmacology is often embedded within systems-based coursework and not reported as standalone credits.

For more information regarding WNDA, scan here:



Letter of Support for AB 639- Naturopathic Doctor (ND) Prescribing Bill

Dear Members of the Wisconsin Legislature,

As a licensed physician practicing in Wisconsin, I am writing in support of the bill introduced in 2025 that would grant prescribing rights to licensed naturopathic doctors (NDs) in our state. Naturopathic medical education includes rigorous coursework in pharmacology, clinical therapeutics, and patient safety. NDs graduate from accredited programs with training in pharmacology comparable to other prescribing providers, such as physician assistants and nurse practitioners. Many already practice in collaboration with medical doctors, pharmacists, and other health professionals, ensuring safe and coordinated care for patients.

Allowing licensed naturopathic doctors to prescribe pharmaceuticals will:

- Improve patient access to safe, timely, and integrated care,
- Reduce unnecessary referrals and delays in treatment, and
- Acknowledge the rigorous training that NDs receive in evidence-based pharmacology.

On a personal note, I first began visiting with a Naturopathic Doctor in 2019 out of medical curiosity. My background is that of a prior paramedic, former Military Flight Surgeon, and Board Certified Emergency Medicine physician that also happens to enjoy daily exercise and works to employ a healthy lifestyle. I attended an osteopathic medical school, embracing their tenets of the person is a unit of body, mind, and spirit; capable of self-healing; with structure and function interrelated; and treatment based on these principles. However, osteopathic medicine drifted away from this years ago towards the allopathic view of treating disease with medications and surgeries. I have come to associate 'conventional medicine' as a band-aid approach as it classically addresses symptoms but fails to identify and treat the underlying illness so cure is rarely obtained but instead a perpetual life-long disease requiring therapies that often have significant adverse effects. Furthermore, it does not encourage health and wellness by addressing poor lifestyle choices because MD/DOs are not taught about health but instead how to treat disease. So, I was immediately fascinated and intrigued by the philosophy of Naturopathic Medicine with its' holistic focus on health to treat the whole person, educate the patient, identify and treat the cause, embrace the healing power of nature, and truly focus on prevention of illness. I presently visit with Dr Kerry Niebrzydowski, ND monthly for my own healing journey. I am so very grateful for her as when I faced my own personal challenges, I knew how conventional medicine would handle it with pharmaceuticals that never addressed the underlying issues. I am continually impressed by her incredible breadth of knowledge and multiple tools she possesses to help her patients.

Whereas 'conventional medicine' immediately turns to a medication or surgery for care, she will incorporate many other factors (vitamins, herbal therapies, mind-body medicine, acupuncture, craniosacral therapy, to name a few) before turning to a prescription therapy. As a Naturopathic Doctor, she would not make that decision lightly and fully inform the patient of the risks, benefits, and alternatives, perhaps more so than my colleagues as I was trained. I know that she would not prescribe a medication unless it was truly needed.

Given the ability to prescribe medications, Naturopathic Doctors such as Dr Kerry, would now have the ability to fully treat their patients without delays in care with an unnecessary referral to an MD/DO plus greater continuity of care as she is more knowledgeable about any herbal or supplement treatments the patient may be also using. I absolutely and fully support NDs such as Dr. Kerry to have Rx rights to fully care for their patients.

As an experienced physician, I believe this bill maintains appropriate safeguards while expanding patient care options. I strongly urge you to pass this legislation and recognize the valuable contributions that naturopathic doctors can provide within Wisconsin's healthcare system.

Very Respectfully,

Miss Jamie S Johnson, DO ABEM ABOIM
US Navy – US Air Force Reserves, LtCol (Ret)

Family Clinic of Natural Medicine
51 North Main Street
Deerfield, Wisconsin 53531
(608) 222-2700

January 4, 2026

Dear Esteemed Colleagues:

I support Assembly Bill 639 and Senate Bill 632 which would provide Naturopathic Doctors limited prescription ability. Thank you very much for the honor and privilege of offering this brief testimony on my appreciation for naturopathic medicine. I wish to respectfully recommend that expanding clinical privileges, to activate some of the tremendous therapeutic skills of our naturopathic colleagues, is an important and highly effective way of improving access to health care, and of optimizing the use of precious medical services across the spectrum of medical disciplines.

I have had the privilege of serving as collaborating MD at the Family Clinic of Natural Medicine for about a decade. I first met these excellent colleagues when I stopped in to visit during one of many trips for follow-up appointments to the University of Wisconsin University Hospital, where brilliant clinicians saved my life after a car accident in which I incurred injuries which were felt to "not be compatible with life". I received spectacular, world-class care at the University of Wisconsin to survive a brain bleed, aortic transaction, and multiple complicated orthopedic injuries. I remain tremendously grateful for the superb care that I received at my alma mater, (I am very proud to say)! Yet it was primarily by applying methodologies of naturopathic medicine that I was able to build on those life-saving measures to continue to heal after resuscitation and rescue.

My medical license had been placed on suspension on the basis of severe memory loss, and it was through my extra-MD studies in acupuncture and functional medicine, my personal tutelage under TBI expert Dr Moore Gordon, and some of the adjunctive clinical therapies, including HBOT, PEMF, and clinical nutrition, that I was able to build on the lifesaving work of our medical specialists. Initially offered life-long disability on the basis of brain injury, I was subsequently told that I tested out in the top percent of the world on neuropsych testing. I regained the ability to walk, and entered back into clinical practice, specializing in integrative neuropsychiatry to build on what I have been learning. I attribute what was felt by the experts at UW to be a "miraculous" recovery on being able to augment excellent conventional medical therapy with naturopathic treatment... (not to underestimate the luck of the Irish!)

At the time of this life-changing experience, I had been working as an Emergency Room physician, and after 11 months of not being able to walk, I knew I would not be ready to return to the vigor and intensity of working in the Emergency Room. Because augmentative naturalistic therapies had been so helpful to me, I joined the naturopathic team at Family Clinic of Natural Medicine, which continues to be a wonderful experience. Not only have I greatly amplified my understanding of clinical nutrition, but our team has been able to treat many

patients in our region who are having difficulty finding clinicians who could apply a variety of therapeutic options in a balanced and well-integrated manner. We are honored to receive referrals from University specialists, and from regional psychiatrists and clinicians, and many patients have thanked us for being able to tackle health issues for which they had not found relief in the past, despite exhaustive effort.

We have been told consistently that this very effective and stimulating interaction, intimately integrating allopathic and naturopathic therapies by combining my privileges as an MD (e.g. prescriptions, etc.) with our colleagues' expertise in clinical nutrition and preventative medicine, is extremely hard to find. Many of our patients tell us they could not attain comparable therapeutic benefits anywhere else because of the inability of the naturopaths to augment their nutritional recommendations with prescriptive support when needed. (For example, one of our naturopathic doctors is a highly accomplished specialist in Lyme disease, and is empowered to weave antibiotics into our treatment plans as needed, but only allowable, currently, on the basis of my clinical oversight as our team MD).

I continue to be inspired and invigorated by the deep insights that my colleagues offer in their clinical work. In my experience, our naturopathic doctors not only are highly gifted and very well-trained, but also deeply conscientious in terms of having a precise awareness of each clinical discipline's relative strengths and weaknesses, as is the case with each medical discipline, respectfully submitted. I am very pleased to say that we have consistently offered excellent clinical work, and obtained very good results. At this point, Family Clinic of Natural Medicine has about a one-year waiting list to get in to see one of four NDs and one part-time medical physician, in itself a testimony to the excellence in which I am honored to participate. Thank you for taking your valuable time to consider this humble submission.

Jonathan Cotter MD
Board-certified, Family Medicine

To the Honorable Members of the Wisconsin Legislature,

My name is Dr. Lynn K. Wagner, MD, and I am a Wisconsin-licensed physician, board certified in Emergency Medicine. I practiced as an emergency medicine physician for over fifteen years, caring for patients across the full spectrum of acuity—from minor complaints to life-threatening emergencies—before transitioning into integrative and functional medicine. I am writing in strong support of Senate Bill 632 and Assembly Bill 639, which expand prescriptive authority for licensed Naturopathic Doctors (NDs) in Wisconsin, with appropriate safeguards.

My medical training and early career were grounded firmly in conventional, mainstream medicine. As an emergency physician, I was responsible for rapid clinical decision-making, medication management, and patient safety under high-pressure conditions. That background has shaped how I evaluate clinical competence, prescribing judgment, and risk.

Over the course of my career, I have worked closely with a wide range of healthcare professionals, including nurse practitioners, physician assistants, specialists, and—most relevant to this testimony—licensed Naturopathic Doctors.

I want to be very clear: my support for this legislation is based on firsthand clinical experience, not theory. I currently work alongside a Naturopathic Doctor in my medical practice. Through daily collaboration, shared patient care, and clinical discussion, I have directly observed the depth of an ND's training in diagnostics, pharmacology, and clinical reasoning. Based on my experience, I trust this provider's prescribing judgment in the same way I trust other licensed prescribers functioning in primary care settings.

In my opinion, the education and clinical preparation of licensed NDs is frequently misunderstood. Accredited naturopathic medical programs include rigorous biomedical coursework, extensive clinical training, and formal education in pharmacology. The ND I work with demonstrates thoughtful, conservative, and evidence-informed prescribing practices, along with a strong emphasis on patient safety—qualities I value highly given my background in emergency medicine.

I respect the Wisconsin Medical Society and appreciate the role organized medicine plays in advocacy and standards of care. However, I believe opposition to this legislation is largely rooted in a lack of familiarity with naturopathic medical training rather than in evidence of patient harm. Expanding prescriptive authority for NDs is not about “scope creep”; it is about recognizing existing education, improving access to care, and allowing qualified clinicians to practice to the full extent of their training. From my perspective as a physician with over fifteen years of frontline emergency medicine experience, preventing well-trained NDs from prescribing within their scope does not enhance patient safety. Instead, it creates unnecessary barriers to timely, effective care.

I strongly urge you to support SB 632 and AB 639. This legislation reflects the realities of modern healthcare delivery, respects professional training, and ultimately serves the best interests of Wisconsin patients.

Thank you for your time and consideration.

Respectfully,
Dr. Lynn K. Wagner, MD

To Whom It May Concern,

My name is Dr. Thomas Hesselink and I am an Illinois medical doctor in support of Naturopathic doctors having Rx prescribing access. I have had the pleasure of working in the same office with qualified Naturopathic Doctors for many years, and have seen the benefit that they offer to my patients. We are able to discuss patient's labs, medications, and treatment plans collaboratively, and it is clear they are highly trained in these areas of healthcare. I believe it would be extremely safe for NDs to have Rx access as they already do in many states across the US.

Everyday I see NDs ability to properly prescribe, but there is a hurdle where they then have to run each Rx by me, and honestly it only causes delays in the patients healthcare because their decision making process is on point every time. The naturopathic doctors I have worked with know exactly when to refer to myself or other medical doctors for conditions outside their scope of practice, and triage patients appropriately. The Naturopathic Doctor that I work with not only has completed these education and licensing board requirements but also holds a physician license in the state of Vermont, has a DEA number and ability to prescribe in other states. If this provider is good enough to be a licensed as a physician in another state, obtain a DEA (Drug Enforcement Administration) from the federal government, and teach medical skills to our conventional medical providers in their schooling, they should be licensed to practice to the full extent of their training in the midwest. Continuing not to license NDs to their fullest abilities will simply lead to NDs leaving the midwest to work in the many states where they are licensed as physicians, which results in this area of the country losing more highly trained medical providers, and our citizens receiving less access to care.

Thomas Hesselink MD
IL Physician and Surgeon License number: 036.055735

To Whom It May Concern,

I am writing this letter in support of granting access to prescription drug prescribing rights for Naturopathic Doctors in Wisconsin. My name is Dr. Sophia Bodnar, and I am an emergency medicine physician at Rush University in Chicago. As someone who went to medical school in the midwest and practices medicine in the midwest, I know the type of care our citizens are looking for and need. We have raging issues with chronic disease, much of which is amenable to lifestyle modification, and Naturopathic Doctors are the experts at this type of medicine, but sometimes there are prescription drugs that need to accompany these lifestyle medications that NDs are perfectly trained to prescribe.

I have co-managed many patient cases with naturopathic doctors when patients do not have a primary care physician who can Rx, and thus the patient seeks out emergency room care. If the ND managing the patient's case would be able to write for simple medications such as diabetes management meds, thyroid meds, etc. it would save patients trips to the ER who really do not have to be in the ER. Not only would these increase access to more complete care, NDs are experts in weaning patients off of medications, which in order to properly ween a drug, you need to be able to prescribe and dose control that drug. When I put a patient on pain killers in the ER, I want my patients to be able to ween off of it safely and NDs are experts at doing so. When a diabetic is prescribed metformin for their blood sugar, conventionally they are to take that drug for life, but if with the help of an ND, if that patient is able to change their lifestyle to the point that the patient is able to reduce their drug usage, it is in everyone's best interest.

Professionally, seeing the benefits they bring is clear, but I have also seen their help from the patient's perspective. I have sought healthcare for myself from a naturopathic doctor, as well as for my family and can vouch for the high level of healthcare they provide and the expertise in their field. While I am an expert in emergency medicine and patching patients up when they are injured, Their understanding of physiology is on par with my own, and their knowledge in nutritional biochemistry and herb drug interaction astounds me each time we meet. When my mother was diagnosed with cancer, I quickly had her schedule an appointment with both her medical oncologist, and a Naturopathic Doctor with specialty training in oncology. Every appointment it is clear they have advanced training in medicine, pharmacology, and we speak at the same level of healthcare expertise. Allowing Rx access for Naturopathic Doctors will improve patient care, reduce healthcare hurdles, dependance on addictive medications, and lower chronic disease cost.

Sophia Bodnar, DO
Rush University Medical Group - Emergency Medicine Department
IL Physician and Surgeon License number: 036148891

10/17/2025

Dear Wisconsin Legislators,

I am a practicing physician licensed in Pennsylvania and have collaborated with Naturopathic Doctors (NDs) in clinical care.

In my experience, NDs prescribe responsibly and appropriately within their scope, and I have observed no catastrophic outcomes from their prescriptive practices.

Naturopathic Doctors tend to emphasize conservative approaches and are less likely to rely solely on pharmaceuticals, only prescribing when indicated. When they do prescribe, their choices are generally aligned with what I would have prescribed in similar situations. Based on this experience, I strongly support granting NDs in Wisconsin prescriptive authority consistent with their education and training. This will improve patient access and care coordination without compromising safety.

Sincerely,

Lindsay Ledwich ,DO, FCMP-M

Pennsylvania

Dear Committee Members,

My name is Gina Gilsoul. I received my PharmD from the University of WI in 2004. I worked as a pharmacist in WI for 11 years until I moved to WA, where I am now the PIC of a compounding pharmacy. I have worked in retail, long term care, and compounding pharmacies.

I'm writing this in support of adding Naturopathic Physicians to the list of prescribing providers in the state of WI. I recollect when working as a pharmacist in WI the frustration of not having NDs be allowed to prescribe. Many patients prefer their care in the hands of functional medicine doctors or Naturopathic doctors and due to them not being able to prescribe, they could only use them for a portion of their care, which then would require the patients to have multiple physicians. This has its own set of potential risks/errors in care.

I have worked as a pharmacist in WA for 10 years now, and NDs are allowed to prescribe here. They can prescribe all non controlled medications as well as Testosterone and Codeine containing cough syrups from the controlled list.

I have had the pleasure of working with Janine Krause, ND for the last 8 years and to be honest I trust her prescribing more than the MDs, DOs, NPs, and PAs I've worked with. In my professional opinion, NDs receive equal to or potentially better health education than any of the other providers who are currently allowed to prescribe. Dr Krause is one of the few providers who actually doses hormones accurately based on sex/age/levels.

I have noticed less errors in prescribing with the NDs than any other providers. I believe patients should have the option to choose the healthcare they desire, not a cookie cutter, one size fits all approach that is offered from traditional healthcare in America, including WI. Allowing NDs to prescribe would open the door for patients to access that other option of Healthcare.

As a pharmacist who has worked in both environments, I prefer the ability for NDs to prescribe and would highly recommend this be allowed.

Thank you,

Gina Gilsoul, PharmD, RPh
PIC/QAQC officer
Union Avenue Compounding Pharmacy
2302 S Union Ave B10
Tacoma, WA 98405
Pharmacist Lic # PH60477436

Dear Wisconsin Legislators,

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 fourteen 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. Giving 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 granting licensed NDs in Wisconsin the ability to prescribe medications, which is in line with their scope of practice and training.

Sincerely,
Natalie Gustafson, PharmD
Oregon Registered Pharmacist

Dear Wisconsin Legislators,

I am a pharmacist licensed in California and have reviewed prescriptions written by Naturopathic Doctors with prescriptive authority. From my observations, their prescribing practices are responsible, clinically appropriate, and safe.

NDs generally use conservative approaches and prescribe medications judiciously. Their prescribing aligns closely with what other healthcare providers would recommend in comparable situations, and I have observed no safety issues.

I encourage Wisconsin to grant licensed Naturopathic Doctors prescriptive authority, trusting that this will maintain patient safety while improving access to integrative care.

Sincerely,

Helen Kizler Pharm.D
California Licensed Pharmacist

Dear Wisconsin Legislators,

As a Physician Assistant practicing in Wisconsin, I see firsthand how essential team-based care is to achieve the best patient outcomes. When healthcare professionals—including physicians, physician assistants, nurse practitioners, pharmacists, and naturopathic doctors—work together, patients receive more comprehensive, coordinated, and effective Care.

Licensed Naturopathic Doctors are highly trained professionals with four-year, graduate-level education focused on medical sciences, pharmacology, and clinical diagnosis. Granting them prescriptive authority would empower them to fully implement the treatment plans they design, improving patient follow-through and reducing fragmentation of care.

In my own practice, I recently treated a young woman newly diagnosed with polycystic ovary syndrome (PCOS). Through close collaboration with our clinic's Naturopathic Doctor, we developed an integrative treatment plan that led to complete resolution of her symptoms and normalization of her labs and menstrual cycles. Without that collaboration and expertise, her diagnosis and recovery would likely have been delayed.

From a systems perspective, this change would also help alleviate provider shortages and improve access to care across Wisconsin, particularly in underserved areas.

I urge you to support granting prescription authority to licensed Naturopathic Doctors as a safe, practical, and evidence-based way to enhance our healthcare workforce and benefit patients statewide.

Sincerely,
Sarah Syndergaard, PA-C

Letter Supporting ND Prescriptive Authority

Dear Wisconsin Legislators,

As a Nurse Practitioner practicing in Wisconsin, I want to thank you for recognizing the education, training, and capability of Nurse Practitioners by granting independent prescriptive authority. This has greatly improved access to timely care for patients throughout our state.

I am writing today to ask that the same opportunity for independent prescriptive authority be extended to licensed Naturopathic Doctors (NDs). Like NPs, NDs complete rigorous graduate-level medical training—typically longer in duration than nurse practitioner programs—and must pass national board examinations. They are well-qualified to prescribe safely and appropriately within their scope of practice.

Naturopathic Doctors already play an important role in preventive and integrative care. Extending prescribing rights to them would ensure patients can receive seamless, coordinated care from the providers they trust, without unnecessary handoffs or delays. My personal experience working with a naturopathic doctor has been exceptional. It provides patients with another option for holistic medicine while still working on a root cause approach. They are knowledgeable with herbals and alternative treatments while still keeping the whole body in mind.

Thank you for your continued commitment to improving access and efficiency in Wisconsin's healthcare system. Supporting prescriptive authority for NDs is a logical next step toward parity and patient-centered care.

Sincerely,

Tanya Jensen APNP, Green Bay WI

Dear Wisconsin Legislators,

As a Nurse Practitioner practicing in Wisconsin, I want to thank you for recognizing the education, training, and capability of Nurse Practitioners by granting independent prescriptive authority. This has greatly improved access to timely care for patients throughout our state.

I am writing today to ask that the same opportunity for independent prescriptive authority be extended to licensed Naturopathic Doctors (NDs). Like NPs, NDs complete rigorous graduate-level medical training—typically longer in duration than nurse practitioner programs—and must pass national board examinations. They are well-qualified to prescribe safely and appropriately within their scope of practice.

Naturopathic Doctors already play an important role in preventive and integrative care. Extending prescribing rights to them would ensure patients can receive seamless, coordinated care from the providers they trust, without unnecessary handoffs or delays. I had the pleasure of working with Dr. Sara Norris, ND, for two years. I was continually impressed by her exceptional knowledge of both naturopathic and conventional medicine. She seamlessly integrated holistic treatment options with evidence-based conventional therapies, ensuring comprehensive and balanced care.

Thank you for your continued commitment to improving access and efficiency in Wisconsin's healthcare system. Supporting prescriptive authority for NDs is a logical next step toward parity and patient-centered care.

Sincerely,

Ivy Leasum, APNP
De Pere, WI

Dear Members of the Wisconsin Legislature,

As a licensed Nurse Practitioner practicing in Wisconsin, I write in support of the bill before you to grant prescribing rights to licensed naturopathic doctors (NDs).

In clinical practice, collaboration is central to high-quality care. Nurse practitioners and physician assistants have demonstrated that with appropriate education and licensing, advanced healthcare providers can prescribe safely and effectively. Naturopathic doctors complete accredited training that includes pharmacology, clinical decision-making, and patient safety measures consistent with other prescribers in our state.

In my professional experience, I work closely with naturopathic doctors who are highly knowledgeable and responsible in their approach to prescription recommendations. While they do not prescribe directly, they routinely identify the need for medications and either refer patients to me for prescription management or communicate with the patient's primary care provider through detailed recommendation letters. I regularly collaborate with them in clinic and have observed that they carefully consider appropriate dosing, potential side effects, and overall patient safety when making these recommendations. I have seen firsthand how NDs manage complex patient care—recognizing when medication adjustments are needed, advocating for changes, and integrating therapies in a way that improves patient outcomes.

Granting NDs prescribing authority will:

- Expand access to care, especially in underserved areas,
- Allow for more efficient patient-centered treatment, and
- Enhance the collaborative, team-based model that is increasingly necessary in healthcare.

I strongly support this bill and urge its passage so that NDs can fully contribute to Wisconsin's healthcare workforce while maintaining the highest standards of safety and professionalism.

Sincerely,

Mackenzie Prentice, DNP, APNP

Lakeside Natural Medicine

RE: Dr. Jannine Krause

To All Concerned:

I was introduced to Dr. Jannine socially through our mutual fitness coach. Several years later, after following her practice, podcasts and education, I needed her expertise personally. The care she provided was thorough and effective, concentrating on lifestyle first (which is important to me and all who may need health support) and then providing recommendations for what to ask my primary practitioner was invaluable. As a fitness professional and one who coached women and men; that time with Dr. Jannine was life changing.

I can say that she has knowledge and in depth insight that some primary providers just don't have; or don't feel qualified to treat. She is comprehensive in her protocol of care; not just able to help with one thing but takes all into consideration to 'sleuth' out what practical lifestyle factors can be adjusted first and foremost and then what possible medical/drug interventions may be needed. At this point however, as her patient I would then need to get a primary practitioner on board to understand and believe in what I wanted as my path of care.

If Dr. Jannine and other Naturopathic Doctors like her could prescribe; the level of care and personal autonomy would be connected; something that doesn't work as well as it could now. My experience with her has been holistic in its approach of me as a whole person, a relationship that has extreme trust, a whole body lifestyle lens, and I would have remained in her care into any medical drugs or prescriptions she suggested instead of restarting and finding a medical doctor that supported the path I wanted with lifestyle addressed first, and interventions after. I believe that those in need of help with their health would be served even better if Naturopathic Doctors were approved to prescribe, completing the doctor.-patient relationship.

Sincerely,
Becky Peterson
Owner, Master Trainer
Peterson & Company Fitness
petersoncompanyfitness@gmail.com

FROM THE DESK OF

Dr. Neil Nathan

November 4, 2025

Dear Wisconsin Legislators,

I am a medical physician licensed in the state of California, and have been practicing medicine for over 50 years. During that time I have had the opportunity and privilege of working with and collaborating with Naturopathic Doctors (NDs). In my experience NDs prescribe responsibly and appropriately within their scope of practice and I have been impressed with their results. I have observed no catastrophic outcome from their prescriptive practices.

I am aware that Naturopathic Doctors tend to emphasize conservative approaches and are less likely to rely solely on pharmaceuticals, using pharmaceuticals only when indicated. Having had NDs in my office, I have had extensive opportunity to observe their practice and outcomes, so I can comfortably state that when they do prescribe, their choices are generally aligned with what I would have prescribed in similar situations.

Based on this experience, I strongly support granting NDs in Wisconsin prescriptive authority consistent with their education and training. This will improve patient access and care without compromising safety.

Sincerely yours,

Neil Nathan MD

Neil Nathan MD
California license G-23996
Author of *Toxic: Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities and Chronic Environmental Illness*, and *The Sensitive Patient's Healing guide*.



VYTAL HEALTH

www.vytalhealth.com

Wisconsin State Legislature
2 E Main Street
Madison, WI 53702

Dear Members of the Wisconsin Legislature,

As a licensed physician practicing in Wisconsin, I am writing in support of the bill introduced in 2025 that would grant prescribing rights to licensed naturopathic doctors (NDs) in our state. Naturopathic medical education includes rigorous coursework in pharmacology, clinical therapeutics, and patient safety. NDs graduate from accredited programs with training in pharmacology comparable to other prescribing providers, such as physician assistants and nurse practitioners. Many already practice in collaboration with medical doctors, pharmacists, and other health professionals, ensuring safe and coordinated care for patients.

Allowing licensed naturopathic doctors to prescribe pharmaceuticals will:

- Improve patient access to safe, timely, and integrated care,
- Reduce unnecessary referrals and delays in treatment, and
- Acknowledge the rigorous training that NDs receive in evidence-based pharmacology.

As a physician, I believe this bill maintains appropriate safeguards while expanding patient care options. I strongly urge you to pass this legislation and recognize the valuable contributions that naturopathic doctors can provide within Wisconsin's healthcare system.

Respectfully,

Tiffany Mullen, D.O.
Family Physician

10-23-25

Letter of Support for Naturopathic Doctor (ND) Prescribing Bill

Wisconsin State Legislature
2 E Main Street
Madison, WI 53702

Dear Members of the Wisconsin Legislature,

As a licensed chiropractor practicing in Wisconsin, I am writing to express my support for the 2025 bill to grant prescribing rights to licensed naturopathic doctors (NDs).

Chiropractors often work collaboratively with naturopathic doctors to care for patients seeking holistic and integrative healthcare. While chiropractors provide structural and musculoskeletal expertise, naturopathic doctors bring training that includes pharmacology, clinical diagnosis, and whole-person treatment strategies. Their medical education prepares them to prescribe safely and effectively, on par with other providers in Wisconsin such as nurse practitioners and physician assistants.

This legislation would:

- Expand patient access to comprehensive care,
- Reduce delays caused by unnecessary referrals, and
- Strengthen collaboration among healthcare professionals to serve patients more efficiently.

As a provider who values patient-centered, coordinated care, I believe this bill will improve the quality and accessibility of healthcare in our state. I urge you to support its passage.

Respectfully,



Dr. Laura Connor, DC DCBCN

The Center For Human Restoration

503 W. Jefferson Street

Crandon WI 54520



Move Right Injury Prevention & Ergonomics LLC
709 Munes Street, Athens, WI 54411
715-574-4864

Tanya Schaer, Occupational Therapist

709 Munes Street
Athens, WI 54411
tanya@moveright-ipe.com

10/13/2025

To the Honorable Members of the Wisconsin State Legislature:

Subject: Support for Naturopathic Doctors' Prescriptive Authority

Dear Members of the Legislature,

I am writing as a concerned citizen and advocate for comprehensive healthcare access in Wisconsin to urge your support for legislation granting licensed naturopathic doctors (NDs) the ability to prescribe medications within their scope of practice.

Naturopathic doctors undergo rigorous medical training, often comparable to that of conventional physicians, including studies in pharmacology, clinical medicine, and patient care. Allowing NDs prescriptive authority ensures that patients seeking naturopathic care can receive timely, integrated treatment under a single provider, improving continuity of care and reducing barriers to effective healthcare.

As an occupational therapist, I work directly with the employees at local manufacturing facilities in rural Wisconsin. I have seen first hand how the lack of healthcare access has negatively impacted the health of local factory workers. Many of the employees I work with do not have a primary care provider and when health issues are identified on the job, they struggle to establish care with a provider in a timely manner. I have also seen many employees refuse the healthcare recommendations that I have made due to distrust of larger healthcare organizations, which are often the only option, in the areas that I work.

States that currently recognize the prescriptive authority of licensed naturopathic doctors report positive outcomes, including enhanced patient satisfaction, reduced healthcare costs, and safe prescribing practices under standardized regulations. By enabling Wisconsin NDs to prescribe, we can expand patient choice, improve access to care—especially in underserved areas—and recognize the full scope of professional training NDs receive.

I respectfully urge you to support legislation that grants naturopathic doctors in Wisconsin the ability to prescribe medications within their legally defined scope. This change is an important step toward a more inclusive, patient-centered healthcare system in our state.

Thank you for your time, attention, and commitment to improving healthcare access for all Wisconsinites.

Sincerely,

Tanya M Schaer, OTR/L

Tanya Schaer, MA, OTR/L

January 6, 2026

Chair Moses and members of the committee

I am here to express my support for AB 639, which would grant limited prescribing authority to licensed Naturopathic Doctors in Wisconsin. My name is Sheri Schmeling and I would like to share my perspective on how the thoughtful inclusion of prescription medications could enhance and nuance the care experience within a Naturopathic Medical clinic, based on both personal experience and my family's medical journey.

Naturopathic medicine offers an invaluable, patient-centered approach that prioritizes prevention, root-cause healing, and whole-person wellness. These principles have profoundly benefited both myself and my son.

My son was diagnosed with Autoimmune Encephalitis, a serious and life-altering condition that required timely, comprehensive care. Under the guidance of Dr. Coleman, my son received compassionate, informed treatment that respected both natural healing principles and the realities of his medical condition. Dr. Coleman's knowledge, dedication, and willingness to consider all appropriate therapeutic options played a crucial role in my son's recovery and overall well-being. There were moments when prescription medications were not an alternative to natural care, but rather an essential complement.

From my own experience as a patient, I have found naturopathic medicine to be empowering and transformative. Yet, knowing that prescription support could be utilized when clinically appropriate would have added an additional layer of safety and confidence. True patient-centered care recognizes that healing is not one-size-fits-all, and that flexibility can be lifesaving in complex cases.

Allowing prescriptions within a Naturopathic Medical clinic does not mean abandoning natural principles. Rather, it reflects a mature, nuanced model of care—one that honors natural therapies while responsibly acknowledging the role of modern medicine when needed. This integration ultimately serves patients more fully, especially those facing serious or chronic conditions.

I am deeply grateful for Dr. Coleman's care and advocacy, and for the philosophy of naturopathic medicine that values listening, partnership, and individualized treatment. My hope is that future patients and families will benefit from an even more comprehensive model—one that bridges naturopathic and conventional medicine for the greatest possible outcomes.

Thank you for your time, consideration, and commitment to patient-centered care.

Sincerely,



Sheri Schmeling

January 6, 2026

Chair Moses and Members of the Committee,

My name is Nicollette Ames, and I am writing to express my support for AB-639, which would grant limited prescribing authority to licensed Naturopathic Doctors in Wisconsin.

I have been a patient at the Family Clinic of Natural Medicine in Deerfield, Wisconsin, for a little over two years. I live with Hashimoto's thyroiditis, along with other autoimmune conditions, and the care I have received there has significantly improved my quality of life. Because of the trust and positive outcomes I have experienced, I have also brought my son and my husband to the clinic to support their own wellness journeys.

As a busy, full-time working mother with a child involved in sports, coordinating healthcare appointments for myself and my family can be challenging. While we are generally healthy, there are times—especially during cold and flu season—when prompt care is necessary. Having the ability to receive a simple prescription, such as an antibiotic for my son when appropriate, directly through our trusted clinic would be extremely beneficial. Additionally, limited prescribing authority would greatly assist in the ongoing management of my thyroid medication.

Granting prescribing rights to the Naturopathic Doctors at the clinic we rely on would allow our family to receive more comprehensive care in one location, rather than navigating multiple facilities. This change would not only benefit my family, but many others who depend on naturopathic care as an integral part of their healthcare.

Thank you for your time and consideration. I sincerely hope you will support AB-639 and the patients who would benefit from its passage.

Kind regards,



Nicollette Ames