



Federation of  
Naturopathic Medicine  
Regulatory Authorities

**Letter of Support for  
SB 193  
Prescriptive Authority for  
Licensed Naturopathic Doctors**

February 17, 2026

Senator Dunbar, Chair Senate Health and Social Services

Dear Chairperson Dunbar,

The **Federation of Naturopathic Medicine Regulatory Authorities (FNMRA)** strongly supports **SB 193**, which grants prescriptive authority to licensed naturopathic doctors (NDs) in Alaska under a structured and collaborative framework. Reasonable regulation of prescriptive authority is integral to the safe practice of naturopathic medicine and to protecting the public.

Our mission at FNMRA is to promote public safety by connecting regulatory authorities and advancing standards of excellence in naturopathic medicine regulation. We support jurisdictions in creating frameworks that allow qualified professionals to practice to the full extent of their education and training while ensuring accountability and consumer protection.

### **Why Prescriptive Authority Matters**

- **Alaska faces a statewide shortage of primary care providers<sup>1</sup>**

Alaska faces significant challenges in **access to primary care**, particularly in rural and underserved areas. Licensed NDs are trained as primary care providers and can help fill this gap. Prescriptive authority is essential for timely, effective care—without it, patients must seek additional providers for basic medications, delaying treatment and increasing costs.

The Pew Health Commission Taskforce on Health Care Workforce Regulation has called for ***jurisdictions to allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills.***<sup>2</sup>

Further, the Institute of Medicine (IOM) has reported on several occasions regarding the complexity of scope of practice issues across healthcare disciplines and ***urges regulators to***

---

<sup>1</sup> <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

<sup>2</sup> *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*, Report of the Pew Health Professions Commission's Taskforce on Health Care Workforce Regulation, December 1995, ix.

**allow for innovation and inclusiveness of all healthcare practitioner types in meeting patient needs.**<sup>3,4</sup> The IOM encourages the use of interdisciplinary teams to optimize patient care.

Ensuring that Alaska residents have access to comprehensive, quality healthcare services is imperative not only for their physical and mental health, but it improves access to preventive measures such as managing disease, which reduces unnecessary disability and premature death while improving overall quality of life.<sup>5</sup>

### **Licensed NDs Are Safe Healthcare Providers**

- **Licensed NDs have fewer disciplinary actions than MDs/DOs**

NDs have been safely practicing as primary care providers in other jurisdictions for decades, and for approximately a century in several more. Safe practice by NDs can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs (see addendum A).

- **Minimal disciplinary actions occur even when NDs have broad prescribing rights**

Alaska would benefit from the regulation of NDs to include broad prescribing rights because it would effectively improve access to qualified primary care providers. An important aspect of primary care is the ability to prescribe drugs at the time of care so that the patient does not need to delay treatment by being forced to seek care with a second provider. Primary care providers need broad prescribing authority to provide timely and effective treatment, improve access to care, and ensure patient safety. The FNMRA interprets “broad prescribing rights” to mean access to all major categories of prescription drugs required for primary care.

NDs have proven themselves to be safe prescribers. Currently, 11 of the 26 regulated jurisdictions allow NDs to have broad prescriptive authority. Disciplinary action was taken against NDs in only four of the 11 regulated jurisdictions with broad prescribing rights from 2010 to 2024. The vast majority of those actions involved opioid management, a challenging area for all licensed healthcare providers. *See the table on the next page.*

### **Collaborative Agreements and Safeguards**

**SB 193** includes collaborative agreements, mirroring existing models for Physician Assistants and other mid-level providers in Alaska. This ensures prescriptive authority is exercised responsibly and within defined limits.

---

<sup>3</sup> *Crossing the Quality Chasm: A New Health System for the 21st Century*, The Institute of Medicine, National Academy Press, 2001.

<sup>4</sup> *Health Professions Education: A Bridge to Quality*, The Institute of Medicine, Committee on Health Professions Education Summit, National Academies Press, 2003.

<sup>5</sup> Starfield, Barbara et al. “Contribution of primary care to health systems and health.” *The Milbank quarterly* 83,3 (2005): 457-502. doi:10.1111/j.1468-0009.2005.00409.x; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

## Disciplinary Actions Related to Naturopathic Doctor Prescribing

Disciplinary Actions Related to Prescribing from 2010 through 2024*				
Jurisdiction	Disciplinary Actions	Estimated Number of Licensees	Average Disciplinary Actions Per Year	Years since 2010 with Broad Prescribing Rights
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids				
Hawaii	0	150	0.0	14
Idaho	0	85	0.0	4
New Hampshire	0	75	0.0	14
New Mexico	0	30	0.0	5
Utah	0	90	0.0	14
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids				
Vermont	0	380	0.0	14
Montana	0	155	0.0	14
California	1	1100	0.1	14
Oregon	20	1500	1.4	14
Arizona	20	1600	1.4	14
Washington	33	1600	2.4	14
<b>TOTAL</b>	<b>74</b>	<b>6765</b>		
* Or since year of licensure if established after 2010.				
FNMRA interprets broad prescribing rights as access to all major categories of prescription drugs required for primary care.				

Source: FNMRA Disciplinary Action Tally by Type 2010-Present <sup>6</sup>

All categories of disciplinary actions can be seen in Addendum B.

- **Regulation provides consumer protection and accountability**

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

Naturopathic regulatory authorities consistently report to the FNMRA that there are many more consumer complaints against lay naturopaths than licensed naturopathic doctors. It is difficult to track this number, but we have a few examples. In 2013 in California, 6 actions were taken against licensed NDs and 51 were taken against lay naturopaths. More recently, California has reported that approximately 75% of investigations are related to lay naturopaths. In the past ten years in Utah, there has been one disciplinary action taken against a licensed ND and an average of one action taken per year against lay naturopaths. Lay naturopaths, because of their lack of training, can recommend dangerous or ineffectual treatments and prevent consumers from accessing appropriate care, leading to physical harm or death.

<sup>6</sup> <https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTXnpCiSkNy4Rd9s/edit?usp=sharing>

Prescriptive authority allows Alaskans to access qualified providers while maintaining strong regulatory safeguards. Without regulation, patients may turn to unlicensed or inadequately trained individuals, increasing risk of harm.

### **In Conclusion**

**SB 193** strikes the right balance between **expanding access to care** and **ensuring public safety**. It aligns with national best practices and the recommendations of health policy experts who advocate for allowing professionals to practice to the full extent of their training.

Thank you for your leadership on this important issue. Please feel free to contact me at **503-244-7189** or [ShannonBraden@fnmra.org](mailto:ShannonBraden@fnmra.org) with any questions.

If you have any questions, please call me at 503-244-7189 or email me at [ShannonBraden@fnmra.org](mailto:ShannonBraden@fnmra.org).

Sincerely,

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

Shannon Braden, ND  
Administrator In-Charge, FNMRA

Addendum A

**Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019**

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

- REFERENCES:** <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>  
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>  
<https://www.oregon.gov/obnm/Pages/Discipline.aspx>  
 ND #s provided by email - OR ND Board  
[https://store.aamc.org/downloadable/download/sample/sample\\_id/305/](https://store.aamc.org/downloadable/download/sample/sample_id/305/)  
<https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf>

**Disciplinary Actions Taken by States from 2010 through 2024  
(7,000 estimated licensees)**

**Physician Acts Related to the Administration of Naturopathic Medical Practice**

State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat
Alaska					
Arizona	1		1		
California			1		
Colorado	1				
Connecticut					
Dist. of Columbia					
Hawaii			1		
Idaho					
Kansas					
Maine		1			
Maryland	2				
Massachusetts					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon		6			1
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	1	1	3		
<b>TOTAL</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>0</b>	<b>1</b>

**Disciplinary Actions Taken by States from 2010 through 2024  
(7,000 estimated licensees)**

**Physician Acts Related to the Administration of Naturopathic Medical Practice**

State	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet CE requirements
Alaska						
Arizona	4			1	1	5
California						
Colorado						7
Connecticut						
Dist. of Columbia						
Hawaii						
Idaho						
Kansas						1
Maine						
Maryland						
Massachusetts						
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota	1					
Oregon	6	1			1	
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	4		3	1	
<b>TOTAL</b>	<b>12</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>13</b>

**Disciplinary Actions Taken by States from 2010 through 2024  
(7,000 estimated licensees)  
Physician Acts that Directly Harm Patients Physically or Emotionally**

State	Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)
Alaska									
Arizona	8	2			20	14	1	1	10
California	1				1				
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maine									
Maryland									
Massachusetts									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon	3		1	2	20	2	2	6	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont				1					
Virgin Islands									
Washington	10			1	33	10*	4	2	2
<b>TOTAL</b>	<b>24</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>74</b>	<b>16</b>	<b>7</b>	<b>9</b>	<b>14</b>

as of 2012 Cannabis is legal for recreational use in the State of WA\*

**Legend**

- States with broad prescribing rights INCLUDING opioids
- States with broad prescribing rights EXCLUDING opioids

**Disciplinary Actions Taken by States from 2010 through 2024  
(7,000 estimated licensees)  
Physician Acts that Potentially (Indirectly) Harm Patients**

State	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
Alaska				1
Arizona		5	2	2
California				
Colorado				3
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Massachusetts				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	1
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
<b>TOTAL</b>	<b>1</b>	<b>7</b>	<b>9</b>	<b>13</b>