

March 4, 2026

## OAND RESPONSE TO THE PROPOSED AMENDMENT TO DESIGNATED DRUGS THAT MAY BE PRESCRIBED: FORMAL CONSULTATION – REMOVAL OF LIMITATION

### EXECUTIVE SUMMARY

The Ontario Association of Naturopathic Doctors (OAND) appreciates the College of Naturopaths of Ontario's (CoNO) decision to consult on the proposed amendment to the designated drugs that Naturopathic Doctors (NDs) may prescribe, particularly the removal of existing limitations and the inclusion of Oral Micronized Progesterone (OMP) within multiple regulatory tables. OAND strongly supports this regulatory amendment; this proposal reflects a longstanding request to update the General Regulation (O. Reg. 168/15) under the *Naturopathy Act*, 2007 and reflects both patient need and the demonstrated capacity of NDs who have met the Standard for Prescribing to safely and effectively prescribe this medication.

### INTRODUCTION AND CONTEXT

The Ontario Association of Naturopathic Doctors (OAND) represents Ontario's licensed naturopathic professional, highly trained, evidence-informed practitioners dedicated to providing safe, ethical, and accessible patient care. Through its unwavering commitment to transparent, accountable, and effective governance, the OAND upholds the integrity of the profession and strengthens public confidence in naturopathic medicine across Canada.

This consultation follows several years of sustained advocacy by the OAND to modernize the regulatory framework governing naturopathic prescribing, including submissions in 2019 and 2025 requesting the addition of OMP and the removal of unnecessary prescribing limitations. Throughout this process, OAND has consistently provided comprehensive evidence reviews, legal analysis, and member data demonstrating both the safety and the clinical necessity of enabling qualified NDs to prescribe OMP in alignment with contemporary standards of care.

Earlier consultations established important groundwork; they also revealed regulatory gaps particularly the restrictive on-label limitation that continue to impede access to safe, evidence-based hormone therapy and place Naturopathic Doctors out of step with provincial norms for all other prescribing professions. This second consultation represents a crucial opportunity to resolve those gaps, fully align regulation with established evidence and CoNO's own independent review, and ensure that the regulatory framework supports rather than constrains high-quality, patient-centred care.

OMP is a well-studied, bioidentical form of progesterone and the gold-standard agent for endometrial protection when used alongside estrogen in menopausal hormone therapy. It is also supported by a substantial evidence

base for improving vasomotor symptoms, sleep quality, and other aspects of midlife health. Qualified Naturopathic Doctors, who have met Ontario's rigorous Standard for Prescribing, already manage hormone-related conditions safely within established monitoring and referral pathways. Ensuring full prescribing access to OMP aligns regulation with contemporary clinical evidence, reflects the realities of patient need across the province, and strengthens continuity of care for thousands of Ontarians seeking safe, effective, evidence-aligned menopausal and hormone-related support.

## SUPPORT FOR THE PROPOSED AMENDMENT

OAND fully supports CONO's proposal to amend the regulation and remove prescribing limitations that currently restrict Naturopathic Doctors' use of OMP.

CoNO's independent review of OMP confirms its safety, efficacy, and appropriateness within the Naturopathic practice. As such, allowing NDs to prescribe OMP without limitations is a logical and necessary step that:

- Strengthens continuity of care for patients already under ND management
- Reduces unnecessary referrals and delays
- Aligns ND prescribing practices with other regulated health professionals
- Supports evidence-based use of OMP for menopausal health and related indications

## RATIONALE FOR REMOVING LIMITATIONS

### Alignment with Ontario Regulatory Norms

All other prescribing professions in Ontario: physicians, nurse practitioners, pharmacists, midwives, and optometrists are permitted to prescribe medications off-label when supported by evidence, clinical judgment, and informed consent.

If NDs were restricted to on-label prescribing only, this would create an unprecedented and unjustified regulatory inconsistency. NDs who are authorized to prescribe have already demonstrated the required knowledge, skill, and judgment to do so safely, and the reason for prescribing—on- or off-label—does not alter their competency.

### Patient-Centered Access and System Efficiency

Removing prescribing limitations:

- Improves access to timely, appropriate care
- Reduces strain on an overburdened primary care system
- Eliminates unnecessary interprofessional transfers

- Ensures patients can receive guideline-aligned therapy from the practitioner who is already managing their care

This consultation comes at a time when millions of Ontarians lack regular access to primary care, and when the landscape of women’s health is rapidly evolving. Women are experiencing more complex perimenopausal and menopausal transitions and seeking care that reflects emerging understandings of hormonal health across all life stages. As reproductive, perimenopausal, and menstrual-related conditions become better recognized and more frequently addressed, the demand for timely, integrated, and patient-centered support continues to grow. Restricting NDs in ways that no other prescribing profession is restricted would not only exacerbate wait times and redirect patients unnecessarily but would also hinder the system’s ability to meet the expanding and increasingly nuanced needs of women+ throughout their lifespan. Removing unnecessary limitations is essential to supporting system-level efficiency, improving continuity of care, and ensuring that Ontarians can access the full breadth of safe, modern, and responsive hormonal healthcare.

In a recent survey to OAND members, OMP emerged as a clear, high-impact modernization priority, tightly connected to the survey’s biggest themes: restricted scope, delayed access, inequities in women’s health, avoidable referrals, lost continuity of care, and patient safety. Many practitioners stated that they “cannot adequately do HRT” without OMP, that OMP’s exclusion “puts patients at risk,” and that they are “unable to prescribe Menopausal Hormone Therapy (MHT) safely” without access to it. These limitations force frequent referrals to family physicians, nurse practitioners, or gynecologists, often resulting in significant care delays, increased costs, fragmentation in continuity, and, in some cases, patients dropping out of care altogether.

### **Integrated Rationale: Clinical Evidence and Patient Preference**

The current body of evidence provides strong justification for removing all remaining limitations on the use of OMP, consistently demonstrating that OMP is a safe, effective, and physiologically coherent hormone therapy across menopausal, perimenopausal, and broader reproductive-endocrine applications. Comprehensive analyses by Memi et al. (2024) confirm that OMP preserves the biological activity of endogenous progesterone and offers a more favorable safety profile than synthetic progestins, including reduced risks of metabolic complications, venous thromboembolism, and breast cancer, along with improved tolerability when administered nocturnally. Clinician consensus findings from Wagh et al. (2025) further reinforce these conclusions, indicating strong agreement that both standard and sustained-release formulations of OMP support treatment adherence through once-daily dosing, 24-hour hormonal coverage, and minimal treatment burden. Collectively, this evidence indicates that existing prescribing restrictions, such as dosage caps, formulary limitations, or requirements for medical doctor involvement, are not aligned with contemporary scientific understanding and may unnecessarily hinder the delivery of evidence-based care. These conclusions are consistent with the CoNO’s 2025 Drug List Review, which explicitly recognizes OMP as a bioidentical hormone with established clinical relevance and appropriate use within the naturopathic practice.

For OMP, which is often taken nightly over months to years, continuity with a trusted practitioner is critical for adherence, dose optimization, and managing potential side effects; administrative hand-offs to MDs for access or renewals create unnecessary barriers that can reduce adherence to a therapy where consistency matters (Wagh et al., 2025; Memi et al., 2024). Moreover, qualitative evidence shows that when patients who prefer natural or holistic approaches feel respected and heard by their clinicians, trust and engagement improve, whereas dismissiveness or gatekeeping leads to mistrust and disengagement (Gagnon et al., 2025). Medical mistrust is further associated with care avoidance, delayed diagnosis, and poorer outcomes, meaning that policy-driven provider switching for OMP can be counter-therapeutic (Shukla et al., 2025).

### **Health Equity Considerations for Marginalized and Racialized Patients**

The impact of prescribing limitations is disproportionately harmful to marginalized and racialized communities, who already face systemic barriers and discrimination in conventional healthcare settings. While much of the available research originates from the United States, its findings are highly relevant to the Canadian context, where similar patterns of inequity and mistrust have been extensively documented. For example, a 2024 Pew survey found that Black Americans report significantly higher rates of negative clinical experiences, such as not being listened to or having symptoms dismissed, and more than half believe the healthcare system was designed to disadvantage them (Pew Research Center, 2024). Likewise, polling from the Harvard T.H. Chan School of Public Health shows that ethnic minorities, LGBTQ+ individuals, women, and people with disabilities disproportionately experience medical mistrust resulting from structural and interpersonal biases (Harvard T.H. Chan School of Public Health, 2023). These patterns closely mirror emerging evidence in Canada. A 2024 qualitative study of Black adults in Montreal found widespread experiences of overt and covert racism in clinical encounters, including the dismissal of concerns, stereotyping, and perceptions of systemic discrimination within Canadian healthcare institutions (Williams et al., 2024). National data from Statistics Canada further demonstrate the scope of the issue, with over half of racialized people in Canada reporting discrimination or unfair treatment in the past five years, including in healthcare settings (Statistics Canada, 2024).

These inequities are especially pronounced in reproductive and gynecologic care. In the United States, a 2024 ACOG Committee Statement confirms that structural and interpersonal racism continue to shape inequitable outcomes and reinforce mistrust in reproductive health services (ACOG, 2024). Comparable findings exist in Canada, where research highlights persistent disparities in sexual and reproductive healthcare for Black, Indigenous, and other racialized women, including delayed diagnoses, mismanagement of symptoms, and limited access to respectful, culturally safe care (Berthelot-Raffard et al., 2023; Maxwell et al., 2024). Adekunle's (2025) analysis further emphasizes that medical mistrust among racialized communities is not irrational but rather a protective response to historical and ongoing violations of bodily autonomy within reproductive care systems (Adekunle, 2025). Taken together, both Canadian and American evidence demonstrate that policies introducing unnecessary access barriers, such as prescribing limitations, risk reinforcing inequities, eroding trust, and delaying essential care for communities already disproportionately affected by systemic discrimination.

The administration of OMP is central to managing menopausal symptoms, reproductive endocrine disorders, and mental health-related sequelae of hormonal transition, restricting access through MD gatekeeping disproportionately impacts those who already avoid conventional settings due to discrimination. For many marginalized individuals who intentionally seek culturally safer naturopathic care, requiring MD re-entry for OMP prescribing risks re-traumatization and renewed disengagement from essential hormonal treatment. Additionally, limiting OMP access in this way undermines patient autonomy by disregarding their informed choice of provider and care model. Such restrictions can contribute to feelings of disempowerment, particularly among those who have deliberately sought out a therapeutic relationship where their experiences, identities, and preferences are respected. Ensuring uninterrupted access through their chosen ND is therefore critical not only for clinical continuity but also for preserving patient agency, dignity, and trust in their care.

Together, the clinical evidence, patient preference data, and equity considerations clearly support the full removal of all prescribing limitations for NDs in Ontario regarding OMP. Doing so aligns regulatory practice with current scientific evidence, protects therapeutic continuity, strengthens trust, and reduces preventable barriers to care for populations most impacted by systemic inequities.

## OAND RECOMMENDATIONS

OAND respectfully submits the following recommendations:

1. Proceed with the proposed amendment to remove prescribing limitations for OMP.
2. Maintain alignment with prescribing norms across Ontario's health professions, allowing NDs to prescribe based on current guidelines, evidence, and their professional judgment.
3. Continue to rely on the existing ND prescribing standards, which already provide robust protections through training, monitoring, documentation, and referral requirements to support consistency, clarity, and equitable access across the healthcare system.
4. Affirm ND authority to prescribe OMP as part of evidence-based care, ensuring that patients receive timely, integrated, and safe treatment within their chosen setting.
5. Recognize that removing prescribing limitations supports health equity by reducing barriers to care for marginalized and racialized communities.

## CONCLUSION

The proposed amendments to the College of Naturopaths of Ontario's by-laws represent a defining moment in the evolution of professional governance for naturopathic medicine in Ontario. OAND strongly supports CoNO's proposed amendment. Removing outdated prescribing limitations is a necessary and evidence-based modernization that will improve patient care, strengthen regulatory coherence, and enable Naturopathic Doctors

to meet the growing healthcare needs of Ontarians safely and effectively. This change will help ensure that the regulatory environment keeps pace with current clinical evidence and aligns with the prescribing norms applied across other Ontario health professions. This scope optimization not only reflects current clinical evidence but also promotes more equitable access to care, particularly for marginalized and racialized communities who often face systemic barriers and report higher levels of medical mistrust within conventional healthcare settings.

OAND welcomes continued collaboration with CoNO to ensure the regulatory framework remains aligned with emerging evidence, system priorities, and the public interest. By approving this regulatory amendment, the Ministry of Health and the Council of the College of Naturopaths of Ontario would not only advance access to gold-standard care for patients today, but also reinforce the foundation for future scope modernization that will continue to improve system efficiency, enhance primary care capacity, and ensure Ontarians benefit from the full training and skills of their Naturopathic Doctors.

Sincerely,

Ontario Association of Naturopathic Doctors

---

Jennifer Joseph, CEO

Ontario Association of Naturopathic Doctors

## REFERENCES

- ACOG Committee on Advancing Equity in Obstetric and Gynecologic Health Care. *Racial and Ethnic Inequities in Obstetrics and Gynecology*. 2024
- American Association of Naturopathic Physicians. *AANP 2024 Year in Review*. 2024
- Berthelot-Raffard, Agnès, et al. "Research Shines Light on Health-Care Inequalities for Black Women." YFile, York University, 22 Nov. 2023
- Cénat, Jude Mary. "Racial Discrimination in Healthcare Services Among Black Individuals in Canada as a Major Threat for Public Health: Its Association with COVID-19 Vaccine Mistrust and Uptake, Conspiracy Beliefs, Depression, Anxiety, Stress, and Community Resilience." *Public Health*, vol. 230, 2024, pp. 207–215.
- College of Naturopaths of Ontario. *Drug Review: Oral Micronized Progesterone*. May 2025.
- Gagnon, Kelly W., et al. "Characteristics of Healthcare Providers, Healthcare Systems, and Patient Strategies Related to Medical Mistrust Among Black and African Americans." *BMC Primary Care*, 2025.
- Maxwell, Cynthia, Modupe Tunde-Byass, and Karline Wilson-Mitchell. "Achieving Equity in Reproductive Care and Birth Outcomes for Black People in Canada." *CMAJ*, vol. 196, no. 10, 2024, pp. E343–E345.
- Memi, Eleni, et al. "Diagnostic and Therapeutic Use of Oral Micronized Progesterone in Endocrinology." *Reviews in Endocrine and Metabolic Disorders*, 2024.
- Shukla, Meghna, Marvin Schilt-Solberg, and Wanda Gibson-Scipio. "Medical Mistrust: A Concept Analysis." *Nursing Reports*, vol. 15, no. 3, 2025, Article 103
- Statistics Canada. "Half of Racialized People Have Experienced Discrimination or Unfair Treatment in the Past Five Years." *The Daily*, 16 May 2024.
- Wagh, Girija, et al. "EDGE Consensus on Oral Natural Micronized Progesterone SR: Mapping Clinical Adoption and Expert Perceptions." *Fertility and Sterility*, 2025.
- Williams, Khandideh K. A., et al. "Anti-Black Racism in Canadian Health Care: A Qualitative Study of Diverse Perceptions of Racism and Racial Discrimination Among Black Adults in Montreal, Quebec." *BMC Public Health*, vol. 24, 2024, article 3152.