



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #52

Meeting Materials - Part 2

March 25, 2026 (2025/26-06)

9:15 a.m. to 11:30 a.m.

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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.

Fax Cover Sheet

Recipient: College of Naturopaths of Ontario	From: _____
Attention:	Date: Feb 10, 2026
Office Location:	Office Location: 1
Fax Number: 416-583-6011	Phone Number:

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your information

Total Pages (including cover): 3

Comments:

02/10/2026 10:03AM

Item 6.3 - Appendix 4

February 10, 2026

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, ON M5C 3C3

Feedback re: inclusion of oral micronized progesterone (OMP) to Table 3 with no limitation.

As a licensed naturopathic doctor practising in Ontario, I strongly support the inclusion of oral micronized progesterone (OMP) within naturopathic prescribing regulations. This proposed amendment represents a necessary, evidence-informed, and patient-centred advancement in scope.

Within the existing framework, NDs have safely prescribed topical progesterone for many years. However, access to the oral route is clinically essential. Oral micronized progesterone is the gold standard for endometrial protection in menopausal hormone therapy and has well-established benefits for sleep and mood—therapeutic outcomes that topical formulations do not reliably achieve. These safeguards are consistent with those applied to other regulated prescribing professions in Ontario and provide a strong foundation for the safe and responsible prescribing of OMP by naturopathic doctors.

The clinical evidence, including the College's independent third-party review, supports the safety, efficacy, and broad therapeutic utility of oral micronized progesterone. While its monograph indication focuses on endometrial protection in patients using estrogen therapy, there is substantial guideline-supported evidence for off-label use in menopausal symptom management, sleep disturbances, fertility support, and early menopause-related bone and cardiovascular health. In my clinical practice, these are common and clinically appropriate indications. Across Ontario's health-care system, prescribers routinely use medications off-

02/10/2026 10:03AM

Item 6.3 - Appendix 4

label when supported by evidence, informed consent, and sound clinical judgment, and naturopathic doctors are well equipped to do the same within our regulatory obligations.

Restricting naturopathic doctors to on-label use alone would create unnecessary barriers to evidence-informed care, place naturopathic practice out of alignment with contemporary standards, and ultimately disadvantage patients. Regulations that rely solely on monograph indications risk undermining patient care, as regulatory processes cannot adapt quickly enough to reflect evolving clinical evidence and updated practice guidelines.

Approval of this regulatory amendment would meaningfully improve patient access to gold-standard hormonal care while reinforcing a forward-looking approach to scope modernization. It would strengthen primary care capacity, improve system efficiency, and ensure that Ontarians are able to fully benefit from the education, training, and clinical competencies of their naturopathic doctors.

Sincerely



Dr., ND

From:
To: [General](#)
Subject: Amendment to Designated Drugs
Date: February 9, 2026 10:39:29 PM

Dear College of Naturopathic Medicine Team,

I am writing to share feedback regarding expanding prescribing rights for naturopathic doctors to include oral micronised progesterone.

I have worked as a pharmacist alongside naturopathic doctors for many years, and through this experience I have seen firsthand the depth of NDs' training and their ability to prescribe and manage medications safely, thoughtfully, and effectively. In my view, NDs are well qualified to responsibly prescribe oral micronised progesterone as part of comprehensive menopausal care.

I also regularly observe the consequences of limited access to care. Many clients do not have a family doctor, and others report that their physicians feel under-equipped or hesitant to initiate and manage hormone replacement therapy. These gaps often result in prolonged symptoms, fragmented care, and reliance on less appropriate or less effective options.

Expanding prescribing authority in this area would improve continuity of care, reduce unnecessary barriers, and better support patients navigating perimenopause and menopause with evidence-based treatment.

Thank you for your consideration and for your continued work supporting both the profession and public health.

Kind regards,



From:
To: [General](#)
Subject: CONO Consultation on Oral Micronized Progesterone (OMP)
Date: January 29, 2026 9:56:29 AM

I am writing to express my strong support for the Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation – Removal of Limitation currently under consultation.

As a licensed naturopathic doctor practicing in Ontario, I fully endorse the Council’s thoughtful proposal to add Oral Micronized Progesterone (OMP) to Table 3 of the General Regulation without the existing limitation. Removing the indication restriction will better align naturopathic prescribing authority with contemporary clinical practice, research evidence, and the safety profile of the drug.

Key points of support:

1. Evidence-informed clinical use:

While the current Health Canada label for OMP is limited to prophylaxis of endometrial hyperplasia, international and peer-reviewed research supports the broader therapeutic use of oral micronized progesterone, including in managing vasomotor symptoms, sleep dysregulation, and fertility considerations. Off-label use is common clinical practice across many specialties when evidence supports safety and benefit, and physicians including fertility specialists and gynecologists routinely prescribe OMP off-label for these indications in Canada and internationally.

2. Alignment with interdisciplinary clinical practice:

Fertility specialists, gynecologists, and other prescribers regularly use OMP off-label to support reproductive endocrinology and symptom management. This reflects well-established practice patterns and decades of clinical experience across disciplines. Recognizing this within our regulatory framework supports integrative care and continuity for patients, while ensuring naturopathic doctors remain accountable for appropriate, evidence-based prescribing.

3. Safety profile and professional judgment:

As noted in the consultation materials and independent expert review, OMP has a favourable safety profile when used appropriately, and off-label prescribing is not inherently higher risk when clinicians exercise sound clinical judgment, obtain informed consent, and follow monitoring standards.

4. Patient access and quality of care:

Removing the restriction will improve patient access to evidence-supported hormone therapy options within the naturopathic scope of practice. This respects the clinical expertise of naturopathic doctors who have completed the required Therapeutic Prescribing standards and supports better patient outcomes by reducing barriers to care.

For these reasons, I encourage the College to adopt the proposed amendment without limitation and continue championing regulatory reform that reflects current clinical evidence and interdisciplinary standards of care.

Thank you for your consideration.

From:
To: [General](#)
Subject: CONO consultation on oral micronized progesterone.
Date: February 5, 2026 12:52:22 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr. , ND

From:
To: [General](#)
Subject: CONO consultation on oral micronized progesterone
Date: February 9, 2026 9:07:06 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr. , BScN, RN, ND
Located in Ontario

To: The College of Naturopaths of Ontario
Email: general@collegeofnaturopaths.on.ca

To Whom It May Concern,

I am writing to express my support for the proposed amendment to Table 3 of the General Regulation under the *Naturopathy Act, 2007*, specifically the removal of the current limitation associated with Oral Micronized Progesterone (OMP).

In my clinical practice, a significant portion of my work focuses on the care of women in perimenopause and menopause. I regularly see patients experiencing severe vasomotor symptoms, sleep disturbance, mood changes, and a meaningful decline in overall quality of life. I also spend a great deal of time helping women make informed, individualized decisions regarding hormone therapy. As is well established, any estrogen therapy requires appropriate endometrial protection, and the current evidence-based standard for this is oral micronized progesterone, most commonly prescribed as 100 mg continuously or 200 mg cyclically. While vaginal progesterone is sometimes considered, the evidence supporting its reliability for endometrial protection is limited, and OMP remains the accepted standard of care.

Under the current limitation, I am required to refer patients to either their family doctor or to the Nurse Practitioners on my team for the purpose of obtaining a prescription, even in situations where I have completed the assessment, determined the appropriate dosing, and am fully prepared to manage and monitor the patient's care. This creates unnecessary additional appointments and cost to the patient.

Although standard dosing guidelines exist, emerging evidence suggests that some patients may require individualized or off-label dosing to ensure adequate endometrial protection. This may include individuals with higher-risk profiles, such as those with obesity, diabetes, or a family history of endometrial cancer, who may benefit from adjustments beyond current product labeling. Removing the label-only limitation would allow Naturopathic Doctors to apply appropriate clinical judgment within our education, training, and scope of practice, rather than being restricted by a narrow interpretation of labeling. Allowing prescribing without this limitation would improve access to appropriate, evidence-based care from practitioners who are well trained in its use.

OMP has a well-established safety profile, and the Independent Expert Review has affirmed that it is not considered a high-risk medication. Ontario Naturopathic Doctors who meet the Therapeutic Prescribing Standard have the competency to prescribe and monitor this medication safely. In practice, we are already providing comprehensive care to these

patients, and this amendment would simply allow us to complete that care within the same circle of care, without unnecessary internal referrals.

Permitting NDs to prescribe oral micronized progesterone without limitation would bring our prescribing authority in line with that of Nurse Practitioners and Physicians, while improving timely access to evidence-based treatment. It would also support more efficient use of healthcare resources and enhance patient safety by allowing coordinated, accountable care to remain with the practitioner who is already overseeing the patient's hormonal management.

For these reasons, I strongly support the removal of the current limitation and the addition of Oral Micronized Progesterone to Table 3 without specified restrictions. This change would support continuity of care, allow for safe and individualized prescribing, and ultimately better serve the patients who depend on us.

Sincerely,

Dr. ND Naturopathic

Doctor

Hello,

February 5, 2026

RE: Oral Micronized Progesterone

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario IDs.

If this requires anything else please let me know.

Sincerely,

Dr. , Ontario ND

From:
To: [General](#)
Subject: Consultation feedback - OMP
Date: February 5, 2026 8:58:14 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs. OMP has a favourable safety profile and is not considered a high-risk medication. Off-label prescribing is common in OMP therapy and is commonly utilized by other prescribers in Ontario

If this requires anything else please let me know.

Sincerely,

Dr. , ND #

From:
To: [General](#)
Subject: Consultation for OMP prescribing rights for Ontario NDs
Date: February 5, 2026 2:10:35 PM

Good afternoon,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Kind Regards,

, ND#

From:
To: [General](#)
Subject: Consultation for OMP without limitation
Date: January 15, 2026 11:59:14 AM

Dear Mr. Parr and members of the Council of the College of Naturopaths of Ontario,

Thank you for the opportunity to provide feedback regarding the proposed addition of oral micronized progesterone (OMP) to Table 3 of the General Regulation with no limitation.

Thank you also for the thorough and informative document introducing this consultation which details the steps involved in and the general response to the previous consultation on the inclusion of OMP in Table 3. I appreciate the transparency of the process and am reassured to know there has been significant support for these changes.

I would like to express that I am in support of the addition of OMP to Table 3 to the General Regulation with no limitation. Removing the limitation on our access to this drug will allow many more women struggling with menopausal issues and sleep disturbances a safe, effective and evidence-based therapy that they may otherwise have difficulty acquiring due to their Family Doctor's lack of familiarity with menopausal hormone therapy or due to the barrier of paying an additional cost to visit a specializing nurse practitioner.

As such, I encourage the council to move forward with this proposal as quickly as possible in support of women's health and safety in Ontario.

In good health,

Dr.

From: [General](#)
To: Consultation for OMP
Subject: February 6, 2026 3:02:19 PM
Date:

[

Good Afternoon,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

This is a critical step in ensuring safety of use of transdermal estradiol to patients/the public.

If this requires anything else please let me know.

Sincerely,

Dr. , ND #
Ontario

From: [General](#)
To: Consultation of OMP
Subject: February 6, 2026 8:57:34 AM
Date:

Good morning,

I am writing in support of the consultation to add oral micronized progesterone, with no limitations to the scope of Ontario NDs.

Should you require anything further from me, please let me know.

Sincerely,

ND (Ontario) #

From:
To: [General](#)
Subject: Consultation on oral micronized progesterone
Date: February 5, 2026 12:22:46 PM

You don't often get email from hello@sarahgrammaticos.com. [Learn why this is important](#)

To whom it may concern,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs. This would benefit my patients who are currently facing 12 month+ wait times to see a gynecologist to safely prescribe menopause hormone therapy.

If this requires anything else please let me know.

Sincerely,

Dr. , Ontario (or other province) ND #

From:
To: [General](#)
Subject: Consultation on Oral Micronized Progesterone
Date: February 5, 2026 1:03:40 PM

Dear Council Members of the College of Naturopaths of Ontario,

I am writing to express my support for including oral micronized progesterone with no limitations to the scope of practice of Ontario Naturopathic Doctors.

Oral micronized progesterone has a long-standing safety profile and is often better tolerated than synthetic alternatives. Restricting its use would limit timely, individualized care and fragment treatment for those experiencing hormonal symptoms such as sleep disturbance, mood changes, and perimenopausal transitions.

Ontario NDs are fully trained to prescribe and monitor this therapy safely. Allowing full access respects patient needs and supports continuity of care.

Sincerely,
Dr. ND

ND #

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From:
To: [General](#)
Subject: Consultation on Oral Micronized Progesterone
Date: February 5, 2026 1:34:43 PM

Dear Council Members of the College of Naturopaths of Ontario,

I am writing to express my support for including oral micronized progesterone with no limitations to the scope of practice of Ontario Naturopathic Doctors.

Oral micronized progesterone has a long-standing safety profile and is often better tolerated than synthetic alternatives. Restricting its use would limit timely, individualized care and fragment treatment for those experiencing hormonal symptoms such as sleep disturbance, mood changes, and perimenopausal transitions.

Ontario NDs are fully trained to prescribe and monitor this therapy safely. Allowing full access respects patient needs and supports continuity of care.

Sincerely,
Dr. ND

ND #

From:
To: [General](#)
Subject: consultation on oral micronized progesterone
Date: February 6, 2026 10:46:11 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

Dr.
book an appointment.

From:
To: [General](#)
Subject: Consultation on oral micronized progesterone
Date: February 10, 2026 8:00:12 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

From:
To: [General](#)
Subject: Consultation on oral micronized progesterone
Date: February 5, 2026 10:25:55 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Consultation on progesterone
Date: February 5, 2026 10:58:45 AM

Dear registrar,

I am writing to voice my support for the proposed expansion of ND scope in Ontario to include the prescription of oral progesterone. This would greatly enhance my ability to provide safe and effective care to my patients. I further support the inclusion of oral progesterone for off label use, as many indications for progesterone use would be off label but have been shown to have a high level of safety.

Thank you for your consideration.

From:
To: [General](#)
Subject: Consultation re oral progesterone
Date: March 4, 2026 5:29:55 AM

Hi there,

I am emailing to support the consultation to add oral micronized progesterone with no limitations to Ontario NDs (with prescribing license) scope. If this requires any additional information from me, please let me know.

Kindly,



Designed with WiseStamp - [Get yours](#)

From:
To: [General](#)
Subject: consultation to add oral micronized progesterone
Date: February 5, 2026 4:39:02 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

From: [D General](#)
To: Feedback - OMP
Subject: January 17, 2026 12:42:39 PM
Date:

To Whom It May Concern,

I am writing to express my strong support for the proposed amendment that would allow qualified naturopathic doctors to prescribe oral micronized progesterone.

This change has the potential to meaningfully improve patient care, particularly for individuals navigating hormonal and reproductive health concerns. In my experience, many patients would benefit from timely access to bioidentical progesterone, especially in contexts such as menstrual irregularities, perimenopause, menopause, sleep disturbances, and hormone-related mood concerns. Allowing appropriately trained naturopathic doctors to prescribe oral micronized progesterone would help address these needs more efficiently and effectively.

From a systems perspective, this amendment would also contribute to reduced wait times and decreased reliance on family physicians and specialists, many of whom are already operating within an overextended healthcare system. Enabling naturopathic doctors to practice to the full scope of their training supports a more collaborative, integrative model of care and helps ensure continuity for patients who are already under naturopathic supervision for their hormonal health.

Naturopathic doctors receive extensive education in endocrinology, pharmacology, physiology, and evidence-informed hormone therapy. With the appropriate prescribing rights and regulatory oversight in place, naturopathic doctors are more than qualified to safely and responsibly prescribe oral micronized progesterone. This amendment aligns with both patient-centered care and responsible healthcare resource utilization.

I believe this proposed amendment is a thoughtful and necessary step toward improving access to care and optimizing the role of naturopathic doctors within the broader healthcare system.

Warmly,

ND

From:
To: [General](#)
Subject: Feedback – Oral Progesterone Consultation
Date: January 23, 2026 7:33:07 AM

Good morning,

I support and agree with this proposed amendment. Allowing oral micronized progesterone to be prescribed without limitation aligns well with current clinical practice and supports patient-centred, evidence-informed naturopathic care.

Thank you for the opportunity to provide feedback.

In health,

From:
To: [General](#)
Subject: Feedback for the use of OMP
Date: February 12, 2026 2:31:04 PM

Dear Members of the College,

I am writing to express strong support for expanding naturopathic prescribing rights to include oral micronized progesterone (OMP).

As naturopathic doctors in Ontario, we are permitted to prescribe estrogen therapies but are currently limited to vaginal progesterone for endometrial protection. This restriction presents both clinical and safety concerns, particularly when managing perimenopausal and menopausal patients receiving systemic estrogen.

Oral micronized progesterone offers well-established systemic endometrial protection when used in combination with estrogen therapy. The evidence supporting its use for prevention of endometrial hyperplasia in women receiving estrogen is robust and widely accepted in mainstream medical practice. Restricting access to oral formulations may inadvertently limit our ability to provide optimal endometrial protection, especially in patients who are not ideal candidates for vaginal administration or who require consistent systemic exposure.

Importantly, oral micronized progesterone also provides additional therapeutic benefits beyond vasomotor symptom management. There is substantial evidence supporting its role in:

- Improving sleep quality, particularly in perimenopausal women with insomnia
- Supporting mood stability
- Reducing nighttime awakenings
- Providing anxiolytic effects via its neuroactive metabolites
- Reduced vasomotor symptoms

In clinical practice, many perimenopausal patients experience significant sleep disruption before the onset of severe hot flashes. Restricting progesterone prescribing solely to vasomotor indications does not reflect the broader body of evidence or the real-world needs of patients.

Furthermore, oral micronized progesterone has a favorable safety profile when appropriately prescribed and monitored. Naturopathic doctors are trained extensively in hormone physiology, risk assessment, contraindication screening, and patient monitoring. Expanding access would not represent an expansion beyond our competence but rather alignment of our prescribing tools with our existing scope and education.

Preventing access to oral progesterone may paradoxically limit our ability to practice in the safest, most evidence-aligned manner. It may also result in fragmented care, where patients must seek prescriptions from multiple providers, potentially increasing risk and reducing

continuity.

For the sake of patient safety, continuity of care, and evidence-based practice, it is paramount that naturopathic doctors be granted access to prescribe oral micronized progesterone. Additionally, prescribing should not be limited solely to prevention of endometrial hyperplasia, but should reflect the broader evidence base, including vasomotor symptoms, sleep disturbance and perimenopausal neuroendocrine symptoms.

Expanding access would allow naturopathic doctors to provide comprehensive, integrated, and patient-centered hormonal care consistent with current clinical standards.

Thank you for the opportunity to provide feedback on this important matter.

Dr.

ND#

From:
To: [General](#)
Subject: Feedback for use of OMP
Date: February 12, 2026 1:59:24 PM

Dear Members of the College,

I am writing to express strong support for expanding naturopathic prescribing rights to include oral micronized progesterone (OMP).

As naturopathic doctors in Ontario, we are permitted to prescribe estrogen therapies but are currently limited to vaginal progesterone for endometrial protection. This restriction presents both clinical and safety concerns, particularly when managing perimenopausal and menopausal patients receiving systemic estrogen.

Oral micronized progesterone offers well-established systemic endometrial protection when used in combination with estrogen therapy. The evidence supporting its use for prevention of endometrial hyperplasia in women receiving estrogen is robust and widely accepted in mainstream medical practice. Restricting access to oral formulations may inadvertently limit our ability to provide optimal endometrial protection, especially in patients who are not ideal candidates for vaginal administration or who require consistent systemic exposure.

Importantly, oral micronized progesterone also provides additional therapeutic benefits beyond vasomotor symptom management. There is substantial evidence supporting its role in:

- Improving sleep quality, particularly in perimenopausal women with insomnia
- Supporting mood stability
- Reducing nighttime awakenings
- Providing anxiolytic effects via its neuroactive metabolites
- Reduced vasomotor symptoms

In clinical practice, many perimenopausal patients experience significant sleep disruption before the onset of severe hot flashes. Restricting progesterone prescribing solely to vasomotor indications does not reflect the broader body of evidence or the real-world needs of patients.

Furthermore, oral micronized progesterone has a favorable safety profile when appropriately prescribed and monitored. Naturopathic doctors are trained extensively in hormone physiology, risk assessment, contraindication screening, and patient monitoring. Expanding access would not represent an expansion beyond our competence but rather alignment of our prescribing tools with our existing scope and education.

Preventing access to oral progesterone may paradoxically limit our ability to practice in the safest, most evidence-aligned manner. It may also result in fragmented care, where patients must seek prescriptions from multiple providers, potentially increasing risk and reducing continuity.

For the sake of patient safety, continuity of care, and evidence-based practice, it is paramount that naturopathic doctors be granted access to prescribe oral micronized progesterone. Additionally, prescribing should not be limited solely to prevention of endometrial hyperplasia, but should reflect the broader evidence base, including vasomotor symptoms, sleep disturbance and perimenopausal neuroendocrine symptoms.

Expanding access would allow naturopathic doctors to provide comprehensive, integrated, and patient-centered hormonal care consistent with current clinical standards.

Thank you for the opportunity to provide feedback on this important matter.

Sincerely,

From:
To: [General](#)
Subject: Feedback OMP Consultation
Date: January 22, 2026 9:11:32 PM

Dear College of Naturopaths of Ontario Consultation Team,

I am writing to provide my strong support for the proposed amendment to remove the limitation of Oral Micronized Progesterone from "For use only in accordance with label indications approved by Health Canada" to "No limitations" allowing OMP to be prescribed off-label.

As a Naturopathic Doctor with my prescribing license, I see firsthand how important this change would be for continuity of care and patient outcomes. Oral micronized progesterone is already a well-established, widely used therapy with a strong safety profile, and its use extends far beyond strictly label-approved indications in real-world clinical practice.

Removing this limitation would allow naturopathic doctors to practice more consistently with evidence-informed care and clinical judgment, rather than being restricted by regulatory wording that does not reflect how progesterone is safely and appropriately used across healthcare professions. This change would reduce unnecessary barriers for patients, prevent care fragmentation, and support smoother transitions between providers when patients are already benefiting from OMP as part of their treatment plan.

From a patient perspective, this amendment improves access, reduces delays in care, and supports individualized treatment, particularly for those navigating hormonal concerns where progesterone plays a key role in symptom relief and quality of life. From a clinician perspective, it allows us to work within our scope more effectively and responsibly, while maintaining appropriate monitoring, documentation, and informed consent.

Overall, I believe this amendment supports patient-centred care, aligns with current clinical practice, and strengthens the role of naturopathic doctors as collaborative and competent primary healthcare providers.

Thank you for the opportunity to provide feedback on this proposed amendment!

Sincerely,

Dr.

From:
To: [General](#)
Subject: Feedback on addition of OMP without restrictions
Date: January 15, 2026 9:16:24 AM

Hello,

I am submitting feedback in response to the updated proposal for adding oral micronized progesterone to our scope of practice without limitations. I fully support this, and have no opposition. This will greatly enhance the care I am able to offer as an ND with therapeutic prescribing.

Please submit to the council my full support with this proposal, and I am optimistic it will become part of our scope of practice.

Thank you,
Dr.

From:
To: [General](#)
Subject: Feedback on changes to ND prescribing of progesterone
Date: February 18, 2026 11:27:28 AM

To Whom It May Concern,

I would like to offer my feedback in favour of the proposed changes in NDs prescribing progesterone. I have studied Dr Keller's expert report on the recommendation for oral progesterone prescribing without restriction, and I am in agreement with this report.

Considering the evidence supporting oral micronized progesterone for indications beyond prophylaxis of endometrial hyperplasia with concomitant estrogen use, the safety of this drug, and the competency of NDs having met the standard for therapeutic prescribing, the lifting of the current restrictions around prescribing progesterone line up very well with this knowledge.

Allowing NDs that have met the standard for prescribing more access to progesterone therapy for their patients ultimately will support better care of patients, allowing them access to the medicines that they need in a safe and well informed manner.

For these reasons, I strongly support the removal of the limitation on prescribing oral micronized progesterone by naturopathic doctors with prescribing authority. This amendment will better align the regulation with current evidence, professional standards and patient care realities, while maintaining safe practices.

Thank you for the opportunity to provide feedback.

Sincerely,

Dr ND
Naturopathic Doctor

From:
To: [General](#)
Subject: Feedback on Formal Consultation - OMP (Removal of Limitation)
Date: Tuesday, February 24, 2026 1:25:33 PM

Dear Council Members,

Thank you for the opportunity to provide feedback regarding the proposed amendment to remove the limitation on oral micronized progesterone (OMP) in Table 3 of the General Regulation.

I strongly support the removal of the limitation and am in agreement with Dr. Kellar's rationale and recommendations.

As a registered naturopath in Ontario with prescribing authority and a Menopause Society Certified Practitioner, I have been prescribing hormone therapy since 2015 and regularly manage perimenopausal and menopausal patients using evidence-based hormone therapy.

There is a growing body of peer-reviewed evidence supporting the safety and efficacy of oral micronized progesterone beyond strict on-label indications, including its use in perimenopausal management, sleep disturbance, and vasomotor symptom support. Off-label prescribing, when grounded in sound clinical judgment and evidence appraisal, is a routine and accepted aspect of regulated health professional practice in Ontario.

Removing the limitation would:

- Align naturopathic prescribing with real-world standards of care
- Improve access to timely hormone therapy
- Reduce system inefficiencies and in many cases, costs incurred by patients
- Support patient-centred, integrated care

I appreciate the College's thoughtful review and am advocating for Council to proceed with removing the limitation.

Sincerely,

From:
To: [General](#)
Subject: Feedback on OMP Re-Consultation
Date: Tuesday, February 24, 2026 11:36:40 AM

To Whom It May Concern,

I am writing in support of the proposed amendment to Table 3 of the General Regulation under the *Naturopathy Act, 2007*, specifically the removal of the current limitation applied to **oral micronized progesterone (OMP)**.

Progesterone, including oral micronized progesterone, is widely recognized by international menopause societies as the preferred progestogen to accompany estrogen therapy in individuals with an intact uterus, due to its proven role in reducing the risk of endometrial hyperplasia and carcinoma. While vaginal progesterone may be used in certain contexts, the evidence supporting its reliability for endometrial protection is inconsistent. Oral micronized progesterone remains the most thoroughly studied and evidence-supported option for this indication.

That said, restricting OMP exclusively to endometrial protection does not reflect current clinical evidence or contemporary hormone therapy practice. A growing body of research supports the safe and effective use of oral micronized progesterone for additional, well-established clinical indications.

Evidence-Based Clinical Applications Beyond Endometrial Protection

Vasomotor Symptoms

Randomized controlled trials demonstrate that oral micronized progesterone, when used alone, can significantly reduce the frequency and severity of vasomotor symptoms such as hot flashes and night sweats, particularly in perimenopausal women. These findings suggest that progesterone has an independent thermoregulatory effect and may be a viable option for individuals who are unable or unwilling to use estrogen therapy.

Sleep Disturbance in Midlife Women

Progesterone's metabolites—most notably allopregnanolone—modulate GABA-A receptors in the central nervous system, producing calming, anxiolytic, and sleep-promoting effects. Clinical studies have shown that nighttime administration of oral micronized progesterone improves sleep quality, reduces sleep latency, and enhances sleep continuity in midlife women.

Cycle Regulation and Heavy Menstrual Bleeding in Perimenopause

Oral micronized progesterone is commonly used to manage irregular cycles and heavy menstrual bleeding during the perimenopausal transition. Its ability to stabilize the endometrium in the setting of anovulatory cycles is well documented and represents standard practice in many clinical settings.

Safety Profile Compared to Synthetic Progestins

Oral micronized progesterone is biochemically identical to endogenous progesterone and differs meaningfully from synthetic progestins in its metabolic and safety profile. Observational and clinical data suggest that OMP is associated with:

- A more neutral effect on breast tissue compared to certain synthetic progestins
- Less adverse impact on lipid metabolism
- A potentially lower risk of thromboembolic events relative to some progestins

Scope of Practice and Evidence-Informed Prescribing

Off-label prescribing is a routine and accepted component of medical practice when supported by evidence, clinical judgment, and informed consent. Limiting oral micronized progesterone solely to endometrial protection unnecessarily constrains practitioners' ability to deliver individualized, patient-centred care aligned with current evidence.

Naturopathic doctors in Ontario who have successfully completed the Prescribing and Therapeutics Examination are trained in:

- Hormone physiology and pharmacology
- Risk assessment and contraindication screening
- Ongoing monitoring and follow-up
- Shared decision-making and informed consent

Conclusion

Removing the existing limitation and **listing oral micronized progesterone in Table 3 without restriction** would better reflect current evidence-based practice, improve continuity of care, and enhance clinicians' ability to safely tailor hormone therapy to individual patient needs. This amendment would support high-quality, patient-centred care while maintaining appropriate regulatory safeguards.

For these reasons, I strongly support the proposed change.

Sincerely,

Dr. , ND

From:
To: [General](#)
Subject: Feedback on proposed amendment for oral progesterone
Date: Thursday, February 26, 2026 5:43:50 PM

I fully support this amendment to remove restrictions for the prescription of oral micronized progesterone by qualified naturopathic doctors. As a MSCP practitioner, I know that oral progesterone is the standard of care for my patients in the prevention of endometrial hyperplasia, and allowing educated and qualified naturopathic doctors access to this medication will improve essential menopausal care for many patients.

Best,

Dr. ND



From:
To: [General](#)
Subject: Feedback on Proposed Amendment to Designated Drugs – Removal of Limitation
Date: January 22, 2026 11:21:23 PM
Attachments: [Outlook-2c5hmx2.png](#)

Dear College of Naturopaths of Ontario,

Thank you for the opportunity to provide feedback on the proposed amendment to the Designated Drugs Regulation regarding the removal of limitations on prescribing oral progesterone.

As a naturopathic doctor working in a community where many individuals do not have access to a family physician or consistent primary care, this amendment would meaningfully improve patient care. A significant portion of my practice involves supporting women in perimenopause and menopause who are seeking safe, evidence-informed options to manage their symptoms and support their long term health. For these patients, timely access to oral progesterone can be an important component of comprehensive care.

Allowing naturopathic doctors to prescribe oral progesterone within our training and scope would reduce barriers, improve continuity of care, and help address gaps in access that disproportionately affect underserved patients. This change would strengthen our ability to provide safe, effective, and integrated support to the communities we serve.

Thank you for considering this amendment and for your ongoing work to ensure naturopathic doctors can meet the evolving needs of Ontarians.

Sincerely,



From:
To: [General](#)
Subject: Feedback on Proposed Amendment to Designated Drugs that May Be Prescribed – Removal of Limitation for Oral Micronized Progesterone
Date: January 22, 2026 10:13:41 PM

Dear College of Naturopaths of Ontario Consultation Team,

I am writing to provide feedback on the **Proposed Amendment to Designated Drugs that May Be Prescribed: Formal Consultation – Removal of Limitation** regarding **Oral Micronized Progesterone (OMP)**.

I strongly support the proposed amendment to add OMP to **Table 3 of the General Regulation** and further encourage the removal of the limitation “for use only in accordance with label indications approved by Health Canada.”

Rationale for Full Prescriptive Rights for OMP:

1. **Evidence-based clinical use:** OMP is widely used in hormone therapy, including for menopausal symptoms and other therapeutic contexts where evidence supports safe and effective use, even if not covered by the current label. Off-label prescribing is a recognized and accepted practice among trained prescribers when supported by evidence, patient consent, and careful monitoring.
2. **Safety profile:** The Independent Expert Review and public consultation feedback noted that OMP has a favorable safety profile and is not considered a high-risk medication when prescribed appropriately.
3. **Scope of practice and training:** Naturopathic Doctors who have met the **Standard of Practice for Therapeutic Prescribing** possess the appropriate knowledge, skill, and judgment to prescribe OMP safely and competently.
4. **Aligning regulatory policy with clinical practice:** Restricting OMP prescribing only to Health Canada–approved label indications unnecessarily limits patient access to evidence-supported therapeutic options that are commonly and safely utilized in other prescriber communities. Allowing fully scoped prescribing supports better continuity of care and enhances patient outcomes.

For these reasons, I respectfully request the College amend **Table 3 of the General Regulation** to permit Naturopathic Doctors who meet the Standard of Practice for Therapeutic Prescribing to prescribe OMP **without the limitation tied exclusively to label indications**.

Thank you for the opportunity to provide feedback. I welcome the opportunity to support further dialogue or clarification as needed.

Thank you,

From:
To: [General](#)
Subject: Feedback on Proposed Amendment to Designated Drugs: Progesterone Prescribing Limitation
Date: January 23, 2026 2:46:55 PM

Dear College of Naturopaths of Ontario,

I am writing in my capacity as a registered naturopathic doctor practising in Ontario to submit feedback in support of the proposal to remove the current prescribing limitation on oral micronized progesterone (OMP).

I would like to acknowledge and commend the College for its thorough review process, including the use of independent expert consultation. I understand that the initial proposal to limit prescribing was intended to reflect approved Health Canada indications. However, in my clinical experience, eliminating this restriction would more effectively support evidence-informed naturopathic practice while continuing to uphold patient safety.

My support for this change is based on several key considerations:

Safety Profile and Established Clinical Use:

As noted in the independent expert review, oral micronized progesterone demonstrates a strong safety profile when prescribed appropriately and is commonly used in clinical settings beyond its labelled indications. This reflects accepted prescribing practices that emphasize individualized risk–benefit analysis, appropriate patient selection, and ongoing monitoring.

Appropriateness of Off-Label Prescribing:

Off-label prescribing is a well-recognized component of responsible practice across many regulated health professions when grounded in clinical evidence, professional judgment, and informed patient consent. Limiting OMP prescribing strictly to labelled indications restricts clinical decision-making and does not align with current evidence or the realities of patient care.

Improved Access and Continuity of Care:

Removing the prescribing limitation would enhance continuity of care for patients who depend on progesterone therapy as part of menopausal hormone management or other hormone-related concerns. Prescribing flexibility allows for individualized treatment and avoids unnecessary referrals to other providers solely due to regulatory constraints, provided prescribing competencies are met.

Prescribing Competence and Regulatory Oversight:

Naturopathic doctors who have successfully completed the College-approved prescribing education and examination are equipped with the necessary knowledge, skills, and clinical judgment to prescribe responsibly within scope. This framework provides appropriate safeguards to ensure prescribing decisions remain patient-centred, ethical, and evidence-based.

For these reasons, I support the proposed removal of the prescribing limitation on oral micronized progesterone. I believe this change is consistent with the College’s mandate to promote safe, competent, and ethical naturopathic practice, while better addressing the needs of patients who rely on naturopathic doctors for primary or collaborative care.

From:
To: [General](#)
Subject: Feedback on Proposed Amendment to Designated Drugs: Progesterone Prescribing Limitation
Date: January 22, 2026 9:27:18 PM

Dear Members of the College of Naturopaths of Ontario,

I am writing as a registered naturopathic doctor in Ontario to provide feedback **in support of the proposed removal of the prescribing limitation on Oral Micronized Progesterone (OMP)**.

I appreciate the College's comprehensive review process and the inclusion of independent expert analysis in this consultation. I recognize that the original limited proposal was intended to align prescribing with approved Health Canada indications. However, based on my clinical experience, **removing the prescribing limitation would better support evidence-informed naturopathic care while maintaining patient safety.**

My position is informed by the following considerations:

1. **Established Safety and Clinical Use:** The independent expert review confirms that oral micronized progesterone has a favourable safety profile when prescribed appropriately, and is widely utilized in clinical practice beyond label indications. This aligns with safe prescribing principles rooted in risk-benefit assessment, patient selection, and monitoring.
2. **Off-Label Prescribing is Acceptable Practice:** Off-label prescribing is recognized as part of responsible clinical practice in many regulated health professions when supported by evidence, sound clinical judgment, and informed consent. Restricting OMP to only label indications limits clinical flexibility and does not reflect contemporary evidence or patient needs.
3. **Patient Access and Continuity of Care:** Removing the limitation supports continuity of care for patients who rely on progesterone therapy as part of menopausal hormone management and other hormone-related conditions. Prescribing flexibility enables personalized care without necessitating referrals to other professionals solely based on the limitation, provided the ND has met prescribing competency standards.
4. **Competency and Regulation:** Naturopathic doctors who have completed the College-approved prescribing course and examination possess the knowledge, skill, and judgment required to prescribe within scope and to exercise sound therapeutic decision-making. This regulatory safeguard ensures that prescribing decisions remain evidence-based and patient-focused.

For these reasons, I **support the removal of the prescribing limitation for oral micronized progesterone**. I believe this amendment aligns with the College's mandate to enable safe, competent, and ethical naturopathic practice while better meeting the needs of patients who trust naturopathic doctors as their primary or collaborative care providers.

Thank you for the opportunity to provide feedback.

From:
To: [General](#)
Subject: Feedback on removing limitations on OMP
Date: Friday, February 27, 2026 10:32:30 AM

I'm writing to provide feedback on removing the limitations on OMP.

Oral micronized progesterone is well-studied and the standard of care for menopause hormone therapy used in conjunction with estrogen for endometrial protection.

However there is also evidence for OMP providing improvements of vasomotor symptoms in menopause without estrogen, sleep quality, luteal phase support, and endometrial hyperplasia prophylaxis.

Having access to this treatment will allow me to provide better and safer care to my patients. It will reduce the burden on the publicly funded healthcare system. It will reduce patient wait times; and it will provide more continuity of quality care.

Naturopathic Doctors with their prescribing licenses are well-suited to have informed care discussions with patients on the risks and benefits of oral micronized progesterone; and screen for contraindications.

Please consider moving this forward in a timely manner.

Sincerely,

From:
To: [General](#)
Subject: Feedback on the use of Progesterone
Date: January 22, 2026 10:48:40 PM

Dear Members of the Council,

I am writing as a practising Naturopathic Doctor to provide my feedback on the Proposed Amendment to Designated Drugs That May Be Prescribed: Formal Consultation – Removal of Limitation regarding Oral Micronized Progesterone (OMP).

I strongly support the amendment to include OMP on Table 3 of the General Regulation without limiting its use only to the Health Canada label indications, and I urge the College to adopt this change.

Progesterone is a bioidentical hormone that plays a critical therapeutic role in comprehensive women's health care, including but not limited to hormone balance, menstrual regulation, support of luteal phase insufficiency, perimenopausal and menopausal symptom management, and in collaborative care for infertility and other endocrine-related conditions. Many of these applications — while not currently listed on the Health Canada label — are supported by clinical evidence and decades of safe and effective prescribing in integrative practice.

The College's own consultation documents acknowledge that indications beyond the sole approved label use (prophylaxis of endometrial hyperplasia with estrogen therapy) are considered off-label — a practice that is both common and clinically justified when done with appropriate evidence-informed rationale, patient selection, monitoring, and informed consent.

Limiting OMP strictly to label indications would create barriers to safe, timely, and patient-centred care for patients who are already under the care of trained prescribing naturopathic doctors. It would often force patients to seek unnecessary duplicative care from other providers simply to access established and appropriate progesterone therapy. A number of professional respondents in the consultation process expressed support for removing this limitation on precisely these grounds.

As regulated health professionals who have completed the Canadian Therapeutic Prescribing Course and Examination, naturopathic doctors have the training and competence to prescribe and monitor OMP safely, including when used off-label. The College's independent expert reviewer has also highlighted that off-label prescribing, when grounded in evidence, accompanied by vigilant monitoring, informed consent, and appropriate documentation, is a recognized component of responsible prescribing practice.

For these reasons, I support the removal of the limitation on OMP and encourage the Council to adopt a regulation that allows naturopathic doctors to prescribe oral micronized progesterone without restrictive indication language — while maintaining the necessary professional standards for safe prescribing and patient care.

Thank you for considering this feedback.

Sincerely,

From: [General](#)
To: [al](#)
Subject: feedback oral micronized progesterone
Date: March 3, 2026 6:06:10 PM

Dear Members of the Council,

I am writing to respectfully request your favourable consideration for the addition of oral micronized progesterone (OMP) to the list of drugs that may be prescribed by naturopathic doctors under Table 3 of the General Regulation. I support this amendment based on both clinical evidence and the practical impact on patient care.

I have completed the Menopause Society Certification and am currently enrolled in the Canadian Menopause Society Masterclass, where family physicians and other specialists discuss the clinical preference and research regarding HT including supporting oral micronized progesterone as part of evidence-informed menopausal hormone therapy. In these discussions, OMP is frequently referenced for its role in endometrial protection in combination with estrogen, and for beneficial effects on sleep and patient-reported quality of life.

In my practice, I always inform patients' family physicians when I initiate hormone therapy, including progesterone. I have found that there is often a discrepancy in understanding—especially around the use of vaginal progesterone versus oral micronized progesterone—which contributes to confusion in co-management. This inconsistency can place patients in a difficult position and undermine trust when they receive mixed messaging from different regulated professionals. Aligning scope to permit OMP prescribing would improve continuity of care and patient confidence. My current practice and prescriptions provided to my patients are always aimed to be aligned with the current guidelines from the Canadian Menopause Society and Menopause Society.

I respectfully encourage the Council to consider not only adding OMP to the prescribing table, but also enabling clinically appropriate prescribing aligned with current evidence to reduce barriers in patient care, improve collaboration with other practitioners, and ensure that naturopathic doctors can deliver safe, evidence-informed hormone therapy as part of comprehensive women's health focused practice.

Thank you for your consideration.

From:
To: [General](#)
Subject: Feedback Oral Progesterone
Date: Friday, February 27, 2026 2:37:53 PM

To the Council of the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to add oral micronized progesterone (OMP) to Table 3 of Ontario Regulation 168/15 without the restriction limiting use to Health Canada–approved label indications.

The evidence presented in the Independent Expert Review clearly demonstrates that OMP has a favourable safety profile, and is widely used safely and effectively in hormone therapy, including for off-label indications such as vasomotor symptoms. The combination of transdermal estrogen and oral micronized progesterone is well supported by clinical evidence and represents the standard of care in menopausal hormone therapy for many patients.

Off-label prescribing is a routine and ethically accepted part of modern medical practice when supported by evidence, informed consent, and appropriate monitoring. Ontario naturopathic doctors who have completed the Therapeutic Prescribing Program are trained to meet these standards and to prescribe OMP safely within their scope of practice.

Maintaining the proposed limitation would unnecessarily restrict patient access to evidence-based care and place naturopathic prescribing out of alignment with other regulated prescribers in Ontario who are permitted to use OMP off-label.

For these reasons, I strongly support the Council’s proposal to add oral micronized progesterone to Table 3 without limitations.

Sincerely,
, ND

From:
To: [General](#)
Subject: Feedback re: oral micronized progesterone
Date: Monday, February 23, 2026 10:30:27 AM

To Whom it May Concern:

Removing the prescribing limitations to oral micronized progesterone would be of great benefit to the patients served by naturopathic doctors as well as reduce the burden on the OHIP system. At present, when an ND wants to prescribe transdermal estrogen safely in a person with a uterus, we must contact the patient's family doctor requesting that oral micronized progesterone first be prescribed. This requires the patient to book an appointment and the family doctor to incur an extra several steps (reading our letter, meeting with the patient, writing a prescription, booking follow-up visits with the patient) that could very easily be done by the ND if they were able to prescribe oral progesterone.

Thanks for your consideration to removing the limitations.

Sincerely,
Dr.

From:
To: [General](#)
Subject: Feedback re: Oral Micronized progesterone
Date: January 19, 2026 9:47:16 AM

To Whom It May Concern,

I previously submitted my feedback about NDs prescribing oral micronized progesterone according to label indications.

Please allow me to add feedback about off-label use.

While I have not had the ability to prescribe oral progesterone, having learned about its possible usefulness in PCOS, I asked my family doctor to prescribe it to me for that condition. He happens to be an open-minded person and was willing to prescribe based on the information I provided.

For nearly a decade now, it has been extremely meaningful for me to have access to the prescription because it keeps my periods regular and pain free.

I understand that this is not one of the indications being sought at this time, but I think it speaks to the safety and efficacy of progesterone outside of the indications approved by Health Canada.

I am fortunate enough to have a family doctor, and furthermore, one that is open to input from his patients. In my city, Kingston, there is a significant shortage of family doctors, and there is currently no fertility clinic at all. Naturopaths, if able to prescribe oral progesterone, could help increase access to evidence-based treatments.

Thank you,

From:
To: [General](#)
Subject: Feedback regarding Oral Micronized Progesterone prescribing
Date: January 22, 2026 11:03:15 PM

Good afternoon,

I'm writing to submit my feedback on the proposed indications sought by the College of Naturopaths of Ontario regarding oral progesterone. Increasing the prescribing abilities of NDs to include oral micronized progesterone would affect me greatly. I'm concerned about access to hormone replacement therapy options, should I need it, because I do not currently have a family doctor. I certainly place a great deal of trust in my ND and this approval would provide greater access to countless women who may require HRT.

Thank you,

From: [General](#)
To: Feedback
Subject: February 5, 2026 2:10:50 PM
Date:

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Final Call for Feedback: Oral Micronized Progesterone
Date: February 19, 2026 12:23:45 PM

I would like to provide feedback on the *"removal of prescribing limitations for Oral Micronized Progesterone in the proposed amendment to Table 3 of the General Regulation. Additional information is available via the Consultations page of the College website."*

I am currently registered to perform the controlled acts related to the Standard of Practice for Therapeutic Prescribing. I prescribe BHRT estrogen and progesterone to my clients based on the results of individualized comprehensive urine hormone testing (eg: DUTCH test). It will benefit my post menopausal women clients (who show below standard progesterone test results) to have access to oral micronized progesterone. This is because many of these clients present with memory loss, and sleep issues among other progesterone deficient symptoms. The progesterone BHRT topical creams do not cross the blood brain barrier (BBB). However oral progesterone crosses the BBB. Therefore these clients require micronized oral progesterone to address the progesterone related cognitive deficits and sleeplessness. Unfortunately for these clients need to be referred to another practitioner who is registered to prescribe oral micronized progesterone. This presents an added step which uses up more of the client's time and resources. It would make my practice much easier if we, Naturopathic doctors with therapeutic prescribing rights, had access to micronized progesterone.

Thank you,

from the office of,



From:
To: [General](#)
Subject: Formal Consultation – Off-Label OMP Prescribing-Feedback
Date: January 17, 2026 5:50:39 PM

Dear Members of the College of Naturopaths of Ontario,

I would like to express my sincere gratitude for considering the approval of the proposed amendment allowing Naturopathic Doctors in Ontario to prescribe Oral Micronized Progesterone (OMP) without restrictions or limitations.

This amendment represents a meaningful advancement in our prescribing rights and significantly enhances our ability to provide safe, evidence-informed, and effective care to female patients. Access to OMP will support timely, individualized management of women's health concerns and further strengthen the role of Naturopathic Doctors within the Ontario healthcare system.

Thank you for your continued commitment to advancing the profession in a way that prioritizes patient safety and high standards of care.

Respectfully,

Dr.

From:
To: [General](#)
Subject: In support of oral micronized progesterone
Date: February 5, 2026 10:47:24 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Increase to Scope of Practice ND
Date: February 5, 2026 2:16:21 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

RN, Ontario
Registration Number:
Sent from my iPhone

To: The College of Naturopaths of Ontario
Email: general@collegeofnaturopaths.on.ca

To Whom It May Concern,

I am writing to express my support for the proposed amendment to Table 3 of the General Regulation under the *Naturopathy Act, 2007*, specifically the proposal to remove the current limitation related to Oral Micronized Progesterone (OMP).

A large portion of my clinical practice involves caring for women in perimenopause and menopause. Many of the patients I see present with significant vasomotor symptoms, disrupted sleep, mood changes, and a substantial decline in their overall quality of life. Supporting women in making informed and individualized decisions about hormone therapy is a core component of this work.

When estrogen therapy is used, appropriate endometrial protection is required. Current evidence-based practice supports the use of oral micronized progesterone for this purpose, most commonly at 100 mg daily on a continuous basis or 200 mg cyclically. While vaginal progesterone is sometimes discussed as an option, the evidence supporting its reliability for endometrial protection remains limited. As such, oral micronized progesterone continues to be the widely accepted standard of care.

At present, the existing limitation requires me to refer patients to their family physician or to a Nurse Practitioner on our clinical team solely to obtain the prescription for OMP. This occurs even in situations where I have already completed the full clinical assessment, determined the appropriate dosing, and am prepared to oversee ongoing monitoring and management. These additional referrals create unnecessary steps in care and often result in added time, cost, and inconvenience for patients.

Although established dosing guidelines exist, emerging evidence suggests that some patients may require individualized or off-label dosing in order to ensure adequate endometrial protection. This may be particularly relevant for individuals with higher-risk profiles, such as those with obesity, diabetes, or a family history of endometrial cancer. In these cases, adjustments beyond the current product labeling may be clinically appropriate. Removing the “label-only” limitation would allow Naturopathic Doctors to exercise appropriate clinical judgment within the boundaries of our education, training, and scope of practice, rather than being constrained by a narrow interpretation of product labeling.

Oral micronized progesterone has a well-established safety profile, and the Independent Expert Review has confirmed that it is not classified as a high-risk medication. Naturopathic Doctors in Ontario who meet the Therapeutic Prescribing Standard possess the competencies required to prescribe and monitor this medication safely. In practice, we are already providing comprehensive care to these patients, and this amendment would simply allow us to complete that care without unnecessary internal referrals.

Allowing NDs to prescribe oral micronized progesterone without the current restriction would align our prescribing authority more closely with that of Nurse Practitioners and Physicians. More importantly, it would improve timely access to evidence-based treatment, support more efficient

use of healthcare resources, and enhance patient safety by allowing care to remain coordinated with the practitioner already responsible for managing the patient's hormone therapy.

For these reasons, I strongly support the removal of the existing limitation and the inclusion of Oral Micronized Progesterone in Table 3 without specified restrictions. This amendment would promote continuity of care, enable safe and individualized prescribing, and ultimately improve care for the patients who rely on us.

Sincerely,

Dr. , ND

Naturopathic Doctor

To: The College of Naturopaths of Ontario
Email: general@collegeofnaturopaths.on.ca

Dear College Members,

I am writing to you as a Nurse Practitioner who has had the privilege of working alongside dozens of Naturopathic Doctors in Ontario, particularly in the care of women navigating perimenopause and menopause. Over the past year, I have routinely collaborated with these practitioners, many of whom have pursued extensive additional training in menopause medicine and are providing a high level of clinical care in this area.

In my role, I have frequently written prescriptions for oral micronized progesterone (OMP) to complement estrogen therapy that has been assessed and recommended by these Naturopathic Doctors. In every case, I have found them to be highly competent in their understanding of hormone therapy, patient assessment, safety considerations, and current standards of care. Based on my professional experience, I am confident that appropriately trained Naturopathic Doctors are well equipped to prescribe and monitor OMP safely and effectively.

The current restriction requiring Naturopathic Doctors to involve a Nurse Practitioner or other authorized prescriber for OMP creates unnecessary barriers for patients. In many cases, the ND has already completed the full assessment, determined the treatment plan, and is managing the patient's hormonal care, yet an additional visit is required solely to issue the prescription. This leads to duplication of services, increased cost, and delays in treatment, without improving patient safety. In collaborative practice settings, this limitation often results in fragmented care rather than supporting the coordinated, team-based approach that patients benefit from.

In addition, while OMP has well-established standard dosing for endometrial protection, there are situations where off-label use or individualized dosing is clinically appropriate. This may include patients with higher-risk profiles, such as those with obesity, diabetes, or a family history of endometrial cancer, who may require adjusted dosing to ensure adequate endometrial protection while on estrogen therapy. There is also growing evidence supporting the off-label use of oral micronized progesterone for the management of vasomotor symptoms, sleep disturbance, and other menopausal concerns. The current label-only restriction limits the ability of Naturopathic Doctors to apply clinical judgment within their training and scope, even when the treatment plan is evidence-based and appropriate.

At a time when more women are seeking care from Naturopathic Doctors for expertise in perimenopause and menopause, these practitioners are often the providers most

experienced in managing hormone therapy in this population. Allowing them to prescribe oral micronized progesterone without limitation would reduce strain on the healthcare system, improve access to timely care, and allow patients to receive treatment from the practitioner who is already responsible for their ongoing management.

I strongly urge the College to consider expanding the prescribing scope of Naturopathic Doctors to include oral micronized progesterone without label-only restrictions. This change would support safe, individualized, and evidence-based care, while improving continuity of care for patients and allowing collaborative healthcare teams to function more efficiently.

Sincerely,

Nurse Practitioner

From:
To: [General](#)
Date: February 5, 2026 2:25:40 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

As a Menopause Society Certified Practitioner practicing in a rural area, having access to oral micronized progesterone would enhance the safety, accessibility and comprehensivity of healthcare for many patients in our area. This expanded access allows for more confidence in accessing personalized healthcare that is evidence-based.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Date: February 10, 2026 3:15:34 PM

Greetings,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

It would help to improve the quality and timeliness of care provided by NDs to patients in Ontario.

If this requires anything else please let me know.

Sincerely,
Dr.
Toronto, ON

From:
To: [General](#)
Date: February 5, 2026 11:16:25 AM

Y

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr. , ND, Ontario ND #

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From:
To: [General](#)
Subject: Micronized progesterone
Date: February 7, 2026 10:42:00 AM

Hi,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 5, 2026 11:14:37 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 7, 2026 10:43:39 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs as I believe this would be very beneficial to the patient population.

Sincerely,

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 5, 2026 10:56:26 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 7, 2026 5:09:02 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 5, 2026 10:40:48 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,
Dr.

|



From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 5, 2026 11:46:02 PM

"Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Regards.

Sent from my iPhone

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 7, 2026 10:23:08 AM

[You don't often get email from . Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

Sent from my iPhone

From:
To: [General](#)
Subject: micronized progesterone
Date: February 5, 2026 8:25:48 PM

Hello,

I am writing in support of the amendment to the limitations regarding oral micronized progesterone (OMP) for Ontario NDs. I am in support of adding OMP with no limitations to our scope as it will be of extreme value to many of us working in the women's health realm.

Thank you for opening this consultation.

Warmly,

From:
To: [General](#)
Subject: Micronized Progesterone
Date: February 5, 2026 12:40:55 PM

To Whom it May Concern;

I am writing to support the consultation to expand the scope of Ontario NDs to add oral micronized progesterone with no limitations.

Thank you,

Dr.

From: [General](#)
To: Micronized Progesterone
Subject: February 5, 2026 10:43:08 PM
Date:

"Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

From:
To: [General](#)
Subject: Naturopathic hormone care
Date: Tuesday, February 24, 2026 2:59:27 PM

Dear Council Members,

I am writing in support of the proposed amendment to remove the limitation on oral micronized progesterone (OMP) prescribing for naturopathic doctors in Ontario.

I understand that the College is considering whether NDs with prescribing authority should be able to prescribe OMP without restrictive limitations. As a patient, I believe this would improve access and continuity of care.

In my experience:

- I had to involve a second provider who was not managing my hormone care
- I incurred additional costs to obtain the oral progesterone through private or online care options
- There were delays in starting or adjusting treatment
- I had to repeat my history multiple times
- Care felt fragmented and confusing

My naturopathic doctor assessed me, reviewed the potential risks and benefits and is responsible for monitoring my hormone therapy. I feel confident that they are trained and equipped to prescribe oral progesterone directly as part of my care. In fact, I feel that they provide better diagnosis, more individually directed care, and more consistent supervision with easier access to care than my primary care physician or OB-GYN.

Removing unnecessary prescribing limitations would:

- Improve continuity
- Reduce delays and costs
- Reduce system burden
- Support patient-centred care

Thank you for time and consideration.

From: [General](#)
To: Naturopathic Scope February
Subject: 5, 2026 6:43:04 PM
Date:

Hi,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.
Naturopathic Doctor

From: [General](#)
To: OMP - Removal of Limitation
Subject: March 3, 2026 5:13:30 PM
Date:

Dear Council and other concerned parties,

I am writing as a naturopathic doctor who meets the standard of prescribing in Ontario to express my full support for the addition of Oral Micronized Progesterone (OMP) to Table 3 **without limitation** which would align our prescribing with established best practices and enhances timely, equitable access to care for patients.

The standards of practice for physicians, nurse practitioners, and pharmacists, prescribing for off-label uses is a normal, necessary, and evidence-driven part of clinical practice. Regulators across Ontario trust their registrants to use their knowledge, skill, and judgment to prescribe safely, supported by evidence and informed consent. This should be the case for NDs as well.

Thank you for your time and consideration.

Sincerely,

Confidentiality Warning: This e-mail, including any attachments, contains information intended only for the use of the individual or entity named above. If the reader of this e-mail is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, any dissemination, publication or copying of this e-mail is strictly prohibited. The sender does not accept any responsibility for any loss, disruption or damage to your data or computer system that may occur while using data contained in, or transmitted with, this e-mail. If you have received this e-mail in error, please immediately notify me by return e-mail.

From:
To: [General](#)
Subject: OMP
Date: March 3, 2026 4:52:06 PM

Hi there,

I am emailing to support the consultation to add oral micronized progesterone with no limitations to Ontario NDs (with prescribing license) scope, as this is essential for safety of & uterine protection. If this requires any additional information from me, please let me know.

Yours in Health,

From:
To: [General](#)
Subject: OMP and NDs
Date: March 4, 2026 5:04:10 PM

To Whom It May Concern,

I am writing to express my strong support for the proposed amendment to Table 3 of the General Regulation under the *Naturopathy Act, 2007*, specifically the removal of the current limitation associated with Oral Micronized Progesterone (OMP).

A significant part of my clinical practice is dedicated to supporting women through perimenopause and menopause. I regularly work with patients who are experiencing severe vasomotor symptoms, sleep disruption, mood changes, and a substantial decline in overall quality of life. Guiding women through informed, individualized decisions about hormone therapy is an important and meaningful part of my work.

As is well established, estrogen therapy requires appropriate endometrial protection. Oral micronized progesterone—most commonly prescribed as 100 mg continuously or 200 mg cyclically—remains the evidence-based standard of care. While vaginal progesterone is sometimes considered, the evidence supporting its reliability for endometrial protection is limited, and OMP continues to be the accepted standard.

Under the current limitation, I am required to refer patients to their family physician or to the Nurse Practitioners on my team to obtain a prescription, even when I have completed a thorough assessment, determined the appropriate dosing, and am fully prepared to manage and monitor their care. This creates unnecessary additional appointments, delays, and added costs for patients who are already navigating challenging symptoms.

While standard dosing guidelines are available, emerging evidence suggests that some patients require individualized or off-label dosing to ensure adequate endometrial protection. This is particularly relevant for individuals with higher-risk profiles, including those with obesity, diabetes, or a family history of endometrial cancer. In these cases, clinical judgment is essential.

Removing the label-only limitation would allow Naturopathic Doctors to apply our education, training, and clinical expertise more effectively within our scope of practice. Ultimately, this change would streamline care, reduce barriers for patients, and allow us to better serve the individuals who rely on us for comprehensive menopause support.

Thank you for considering this feedback and for your ongoing work in supporting safe, patient-centered care.

Sincerely,

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.



From: [General](#)
To: OMP Consideration
Subject: March 4, 2026 10:16:54 AM
Date:

Dear Members of the Council,

I am writing to respectfully request your favourable consideration for the inclusion of oral micronized progesterone (OMP) in Table 3 of the General Regulation, permitting its prescription by naturopathic doctors. I support this amendment based on established clinical evidence and its meaningful impact on patient care.

I have completed the Menopause Society Practitioner Certification. In this educational setting, oral micronized progesterone is consistently recognized as an evidence-informed component of menopausal hormone therapy, particularly for endometrial protection when used alongside estrogen, as well as for its benefits related to sleep and overall quality of life.

Expanding prescribing authority to include OMP would help promote consistency, strengthen continuity of care, and enhance patient confidence. My prescribing practices are guided by current recommendations from the Canadian Menopause Society and the Menopause Society to ensure alignment with established standards of care.

I respectfully urge the Council to consider adding OMP to the prescribing table and to support its clinically appropriate use in accordance with current evidence. Doing so would reduce barriers to care, foster interprofessional collaboration, and enable naturopathic doctors to continue providing safe, evidence-informed hormone therapy within comprehensive women's health practice.

Thank you for your time and consideration.

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From: [General](#)
To: OMP Consultation
Subject: March 3, 2026 5:05:39 PM
Date:

Hello,

I am emailing to express my support in adding oral micronized progesterone, without limitations to Table 3 in the scope of Ontario NDs with a prescribing license.

Please let me know if anything else is required,



From: [General](#)
To: OMP Consultation round 2
Subject: Wednesday, February 25, 2026 9:04:22 AM
Date:

I am writing to advocate for the appropriate and clinically justified off-label use of oral micronized progesterone (OMP) in naturopathic practice. Off-label prescribing is a well-established and accepted aspect of regulated healthcare, reflecting the reality that clinical practice often evolves ahead of formal labeling. When guided by credible research, individualized assessment, and careful risk–benefit evaluation, off-label use represents responsible, patient-focused care.

Oral micronized progesterone provides therapeutic effects that extend beyond endometrial protection. Evidence supports its use for reducing vasomotor symptoms and improving sleep and mood in individuals during perimenopause and menopause. Compared to synthetic progestins, OMP is associated in the literature with a more favorable cardiovascular and breast safety profile and does not appear to diminish the vascular benefits of estrogen therapy. Its neuroactive properties help support sleep architecture and emotional resilience, concerns that are central for many patients during hormonal transition.

A significant number of women in midlife continue to experience distressing symptoms that remain undertreated or insufficiently managed. Expanding access to well-supported hormonal options can meaningfully improve quality of life during this stage.

When prescribed carefully — using appropriate dosing strategies, cyclical protocols where indicated, informed consent, and regular monitoring — oral micronized progesterone demonstrates a strong record of safety. Side effects are typically mild, predictable, and dose-related, most commonly involving temporary drowsiness when taken at night.

Permitting evidence-based off-label prescribing enables individualized, physiologically aligned treatment choices and reduces reliance on alternatives that may be less suitable for some patients. With clear clinical rationale, proper documentation, and transparent patient communication, this approach remains consistent with both safety standards and professional responsibility.

Thank you,

In health,

Dr.

From:
To: [General](#)
Subject: OMP consultation support
Date: February 5, 2026 12:22:07 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP Consultation
Date: Tuesday, February 24, 2026 5:06:49 PM

To whom it may concern,

I am writing to support the responsible use of off-label prescribing in naturopathic practice, of oral micronized progesterone (OMP). Off-label use is common across regulated health professions and reflects evolving evidence, clinical judgment, and individualized patient care. Many standard therapies are used off-label when supported by research and sound risk-benefit assessment.

Oral micronized progesterone has demonstrated benefits beyond endometrial protection, including improvement in vasomotor symptoms, sleep quality, and mood during peri- and post-menopause. Unlike synthetic progestins, it has a favorable cardiovascular and breast safety profile in the available literature and does not appear to negate estrogen’s vascular benefits. Its neurosteroid effects contribute to improved sleep and emotional stability, which are highly relevant to patients in hormonal transition.

Many women in perimenopause and menopause are suffering because they are not getting the care they need.

When prescribed judiciously — with appropriate dosing (including sequential protocols where indicated), monitoring, and informed consent — OMP has a strong safety profile. The most common side effects are mild and dose-dependent, typically limited to transient sedation when taken at bedtime.

Allowing evidence-informed off-label prescribing supports patient-centered care, reduces reliance on less physiologic alternatives, and aligns naturopathic practice with broader medical standards. With proper documentation, clinical reasoning, and patient consent, this approach remains both safe and consistent with professional accountability.

Thank you.

Dr.

From:
To: [General](#)
Subject: OMP consultation
Date: February 5, 2026 1:18:36 PM

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Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

This will improve patient safety as we already have access to estrogen. Without oral progesterone, we are not practicing the safest form of MHT. There is also very little risk in the use of this oral medication.

I am happy to be reached at or by this email to discuss further. Sincerely,

Dr.

From: [General](#)
To: OMP consultation
Subject: February 5, 2026 1:33:46 PM
Date:

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP consultation
Date: February 6, 2026 8:56:36 AM

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Dear CONO,

I am writing to express my strong support for the proposed amendment to Table 3 of the General Regulation under the Naturopathy Act, 2007, specifically the removal of the limitation for Oral Micronized Progesterone (OMP).

I support the addition of OMP to Table 3 with no limitations specified, allowing Naturopathic Doctors (NDs) to prescribe this substance in accordance with clinical evidence and the current standard of care.

My support is based on the following considerations:

Reduction of Delays in Patient Care: In my practice, I have encountered numerous instances where patient care was significantly delayed because a prescription for progesterone required a referral to a primary care physician or specialist. In some cases, because there was not a physician available, this required considerable administrative work to write referrals to private practice nurse practitioners or a walk-in MD, who still needs to do their own assessment of the patient to prescribe. This is an additional and unnecessary delay in care and use of healthcare resources. These delays often occur while the patient is actively suffering from debilitating menopausal symptoms.

Safety: I note that the Independent Expert Review by Dr. Jamie Kellar confirms that OMP is not a high-risk medication and possesses a favorable safety profile. Furthermore, the review supports that Ontario NDs who have met the Standard of Practice for Therapeutic Prescribing are fully competent to prescribe and monitor OMP safely. In fact, as an ND, I have had several new patients come in with inappropriately prescribed estrogen only from another practitioner and I have had to tell them that they cannot continue their current prescription until someone else can prescribe them progesterone. The modern patient is accessing many different routes of healthcare. My patients come to me because they trust my assessment and care and reviewing medications and medication compliance is something NDs are regularly doing.

Clinical Necessity/Off-Label Use: While the label indication is limited to endometrial hyperplasia prophylaxis, OMP is widely recognized for its efficacy in managing vasomotor symptoms and sleep disturbances. Limiting NDs to label indications would prevent us from providing the evidence-based care that is already the standard for other regulated prescribers in Ontario.

Thank you for your consideration,



From: [General](#)
To: OMP Consultation
Subject: February 6, 2026 10:02:59 AM
Date:

You don't often get email from I. [Learn why this is important](#)

Dear College of Naturopaths of Ontario,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario Naturopathic Doctors.

If this requires any other supporting information, please let me know.

Kind Regards,

From:
To: [General](#)
Subject: OMP Consultation
Date: March 3, 2026 8:34:45 PM

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Dear CONO,

I am writing to support the consultation to **add oral micronized progesterone (OMP) to table 3, with no limitations, to enable evidence-based off-label prescribing when clinically appropriate** (and for those that have obtained their prescribing license). This is supported by the fact the OMP is **safe when used in an evidence-based manner with appropriate monitoring and informed consent.**

Being Menopause Society Certified, my patients are increasing disillusioned by NDs' inability to provide this valuable therapy, and are forced to incur additional costs, wait times, and consultations with other providers to obtain it, despite NDs having the knowledge, skill, and judgement to prescribe for those NDs who have sought out appropriate continuing education.

In health,

Dr



1.

From:
To: [General](#)
Subject: OMP Consultation
Date: March 4, 2026 3:09:41 PM

To Whom It May Concern,

I am writing in strong support of the proposed amendment to Table 3 of the General Regulation under the *Naturopathy Act, 2007*, specifically the removal of the current limitation associated with Oral Micronized Progesterone (OMP).

I practice alongside a team of ten Naturopathic Doctors, all menopause society certified practitioners who regularly prescribe hormone replacement therapy when clinically indicated. The majority of our work involves managing perimenopause and menopause, including initiating and monitoring estrogen therapy with appropriate endometrial protection. **Oral micronized progesterone remains the evidence-based standard for this purpose.**

Despite our training and clinical expertise, the current limitation requires patients to seek prescriptions elsewhere, even when we have completed the appropriate assessments and thoroughly understand the standard of care for treatment. This creates unnecessary **delays, added cost, and fragmented care.** We frequently see harm occur when patients experience prolonged delays accessing practitioners who are able to prescribe, however may experience to feel confident in the knowledge skills and judgement to do so effectively.

While our team continues to invest substantial time collaborating with and educating other prescribers on safe and effective hormone therapy, it is equally important to ensure patients can directly access standards of care from qualified practitioners already managing their treatment.

OMP has a well-established safety profile and is not considered high risk. Naturopathic Doctors who meet the Therapeutic Prescribing Standard are competent to prescribe and monitor this medication safely. **Removing the limitation would improve timely access, support continuity of care, and allow accountable, coordinated management within one circle of care.**

For these reasons, I strongly support removing the current restriction and adding Oral Micronized Progesterone to Table 3 without limitation.

Sincerely,
Dr. , ND



From: [General](#)
To: OMP expansion
Subject: February 5, 2026 10:37:36 AM
Date:

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Hello CONO,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP
Date: Tuesday, February 24, 2026 12:04:47 PM

You don't often get email from [Learn why this is important](#)

To whom it may concern,

I am a member of the Ontario wellness field and support the addition of Oral Micronized Progesterone (OMP) to Naturopathic Doctor's with an additional prescribing license.

Regards,

From: [General](#)
To: OMP Feedback
Subject: March 3, 2026 8:09:16 PM
Date: [Image.png](#)
Attachments: [Image.png](#)
[Image.png](#)
[Image.png](#)

[. Learn why this is important](#)

Dear Members of the Council,

I am writing to respectfully request your favourable consideration for the addition of oral micronized progesterone (OMP) to the list of drugs that may be prescribed by naturopathic doctors under Table 3 of the General Regulation. I support this amendment based on both clinical evidence and the practical impact on patient care.

I have completed the Menopause Society Certification. The menopause society is a recognized organization where family physicians and other specialists discuss the clinical preference and research regarding HT including supporting oral micronized progesterone as part of evidence-informed menopausal hormone therapy. In these discussions, OMP is frequently referenced for its role in endometrial protection in combination with estrogen, and for beneficial effects on sleep and patient-reported quality of life.

In my practice, I always inform patients' family physicians when I initiate hormone therapy, including progesterone. I have found that there is often a discrepancy in understanding—especially around the use of vaginal progesterone versus oral micronized progesterone—which contributes to confusion in co-management. This inconsistency can place patients in a difficult position and undermine trust when they receive mixed messaging from different regulated professionals. Aligning scope to permit OMP prescribing would improve continuity of care and patient confidence.

I respectfully encourage the Council to consider not only adding OMP to the prescribing table, but also enabling clinically appropriate prescribing aligned with current evidence to reduce barriers in patient care, improve collaboration with other practitioners, and ensure that naturopathic doctors can deliver safe, evidence-informed hormone therapy as part of comprehensive women's health focused practice.

Thank you for your consideration.

|

From:
To: [General](#)
Subject: OMP for ON ND's
Date: February 6, 2026 10:50:03 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

February 18, 2026

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, ON M5C 3C3

Re: Consultation Feedback - Oral Micronized Progesterone

Dear Members of Council,

I am writing to provide feedback regarding the proposed amendment to Table 3 to include oral micronized progesterone (OMP) without limitations.

I strongly support adding oral micronized progesterone to Table 3 with no restriction limiting its use to Health Canada label indications.

Oral micronized progesterone is a foundational component of evidence-based menopausal hormone therapy. While the current Canadian label indication is for prophylaxis of endometrial hyperplasia, its use within comprehensive menopausal care extends beyond this narrow framing in everyday clinical practice. Restricting prescribing to label indications would not reflect contemporary standards of care.

In clinical practice, progesterone is rarely considered in isolation. It is used as an adjunct to estrogen therapy for endometrial protection in individuals with an intact uterus, and it is also incorporated into treatment plans addressing vasomotor symptoms during perimenopause and menopause. In other clinical contexts, it may be used in the management of luteal phase defects contributing to infertility. These applications reflect established patterns of care across disciplines. Limiting its use strictly to label indications would not align with how progesterone is responsibly and evidence-informed delivered in practice.

I would also like to highlight the current access-to-care landscape in Ontario. Many patients do not have a primary care provider. Even in urban centres such as Toronto, patients face significant wait times and limited access to clinicians with menopause-specific expertise. Requiring individuals to seek an additional appointment with a nurse practitioner or physician solely to access therapy that could otherwise be integrated into a coordinated care plan adds financial, logistical, and emotional burden. It fragments care rather than supporting continuity.

Off-label prescribing, when evidence-informed and supported by appropriate assessment, documentation, monitoring, and informed consent, is a standard and accepted component of medical practice. These safeguards are already embedded within naturopathic therapeutic prescribing standards.

Removing the proposed limitation does not reduce safety. It supports responsible, regulated, and patient-centred access to care.

For these reasons, I support proceeding with the addition of oral micronized progesterone to Table 3 with no limitations specified.

From:
To: [General](#)
Cc:
Subject: OMP prescribing for Naturopathic Doctors
Date: Tuesday, February 24, 2026 2:12:23 PM

[Learn why this is important](#)

Dear Council Members,

I am writing in support of the proposed amendment to remove the limitation on oral micronized progesterone (OMP) prescribing for naturopathic doctors in Ontario.

I understand that the College is considering whether NDs with prescribing authority should be able to prescribe OMP without restrictive limitations. As a patient, I believe this would improve access and continuity of care.

In my experience:

- I had to wait for another appointment just to obtain oral progesterone
- I had to involve a second provider who was not managing my hormone care
- I incurred additional costs to obtain the oral progesterone through private or online care options
- There were delays in starting or adjusting treatment
- I had to repeat my history multiple times
- It felt fragmented and confusing

My naturopathic doctor assessed me, reviewed the potential risks and benefits and is responsible for monitoring my hormone therapy. I feel confident that they are trained and equipped to prescribe oral progesterone directly as part of my care.

Removing unnecessary prescribing limitations would:

- Improve continuity
- Reduce delays and costs
- Reduce system burden
- Support patient-centred care

Thank you for considering patient perspectives in this consultation. My naturopath has been absolutely fundamental to my health and wellness and managing my symptoms.

From:
To: [General](#)
Subject: OMP Proposal Feedback
Date: January 15, 2026 12:19:34 PM

Hi There,

YES!!!

Please support and fight for this proposal to modify our abilities as NDs with prescribing rights to be able to prescribe micronised progesterone orally because it's THE gold standard during MHT of topical estrogen to decrease the risk of endometrial hyperplasia.

This would be FANTASTIC news. Looking forward to hearing an update once this is OK'd so that we can fully support our MHT patients without delayed treatment times that our patients currently have to deal with because we have to loop in their other healthcare providers into the prescription.

EVEN better would be to somehow allow us to requisition imaging (TVUS), bone density and mammograms in addition to blood work for comorbidities of perimenopause/menopause. This is a HUGE ask but I just wanted to put it out there as something for CONO to work on moving forward into the future because these are things that should be monitored for patients on MHT.

Thank you,

From:
To: [General](#)
Subject: OMP Proposed Amendment
Date: February 18, 2026 10:09:39 AM

Hello again,

And while I'm doing my admin homework, I would also like to express my support of listing Oral Micronized Progesterone on our prescribing list without limitations. I believe this could be extremely useful for our menopausal patients and remove barriers to access given the burden on the Ontario healthcare system.

Thank you again!

From:
To: [General](#)
Subject: OMP Response
Date: February 12, 2026 2:09:51 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

As an ND in a rural area of Ontario, waitlists to see Gynecologists are beyond 1 year. The ability to prescribe progesterone without limitations will benefit my patient population greatly. The majority of patients I see are menopausal, actively trying to conceive or are experiencing hormonal concerns.

This would avoid delays in care are very common for menopausal women as they won't have to wait to see a health care provider who prescribes OMP. It will also avoid delays in care as patients will not have to be referred back to their GP (and subsequently referred to a gynecologist) regarding the use of oral progesterone for work up of concerns like primary amenorrhea. Having no limitations with progesterone would improve and expedite access to proper care for my patient population.

If this requires anything else please let me know.

Sincerely,
Dr.

Location:

From:
To: [General](#)
Subject: OMP Scope
Date: February 5, 2026 3:16:11 PM
Attachments: [For Signature.ipeg](#)

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.



From:
To: [General](#)
Subject: OMP support
Date: February 5, 2026 11:11:11 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.
With kindness,



From: [General](#)
To: OMP with no limitations
Subject: February 5, 2026 8:27:48 PM
Date:

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Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP without limitations
Date: February 5, 2026 12:38:01 PM
Attachments: [Screenshot 2025-07-10 at 12.07.29 PM.png](#)

You don't often get email from [Learn why this is important](#)

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP
Date: Monday, February 23, 2026 11:00:04 PM

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To whom it may concern,

I am a member of the public and I support the scope expansion of allowing Naturopathic Doctor's with a prescribing license to prescribe Oral Micronized Progesterone (OMP).

Regards,

From:
To: [General](#)
Subject: OMP
Date: February 7, 2026 10:33:31 AM

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Hi there,

I am writing in support of the consultation to add oral micronized progesterone with **no limitations** to the scope of Ontario NDs.

If you require additional rationale, please let me know.

Thanks,

|
□

From: [General](#)
To: OMP
Subject: February 5, 2026 10:35:16 AM
Date:

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP
Date: February 5, 2026 10:37:47 AM

You don't often get email from I. [Learn why this is important](#)

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.



From: [redacted]
To: [redacted]
Subject: [redacted]
Date: February 9, 2026 11:13:03 AM

[You don't often get email from . Learn why this is important at [https://aka.ms/](https://aka.ms/LearnAboutSenderIdentification)

[LearnAboutSenderIdentification](https://aka.ms/LearnAboutSenderIdentification)]

Hello,

I want to support the addition of Oral Micronized Progesterone with no limitations to the scope of Naturopathic Doctors in Ontario.

Thank you,

Dr. , ND in Ontario

From:
To: [General](#)
Subject: OMP
Date: February 5, 2026 8:44:32 PM

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Hi

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything further, please let me know

Dr



From:
To: [General](#)
Subject: OMP
Date: February 6, 2026 8:13:54 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone to the scope of practice for Ontario naturopathic doctors, without limitations.

Please let me know if any additional information is required.

Sincerely,

Dr.

From:
To: [General](#)
Subject: OMP
Date: February 6, 2026 4:10:29 PM

You don't often get email from [Learn why this is important](#)

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

From:
To: [General](#)
Subject: OMP
Date: February 5, 2026 11:21:47 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

From: [General](#)
To: OMP
Subject: January 16, 2026 12:11:37 PM
Date: [Untitled \(150 x 150 px\) \(150 x 100 px\).png](#)
Attachments:

You don't often get email from [Learn why this is important](#)

Dear CONO,

I am writing to express my strong support for the *Proposed Amendment to Designated Drugs that May Be Prescribed: Formal Consultation – Removal of Limitation*, specifically regarding the addition of **Oral Micronized Progesterone (OMP)** to Table 3 of Ontario Regulation 168/15 (General Regulation) with **no limitations on prescribing indications**.

I believe this amendment is an important and evidence-informed step that will enhance the ability of Naturopathic Doctors to provide high-quality, patient-centred care. Oral Micronized Progesterone is widely recognized as a safe and effective option in hormone therapy, including for the prophylaxis of endometrial hyperplasia in menopausal hormone therapy.

The independent expert review and consultation feedback demonstrated that OMP has a favourable safety profile and is not considered a high-risk medication when prescribed by trained professionals. Enabling naturopathic doctors who have met the Standard of Practice for Therapeutic Prescribing to prescribe OMP without limitation enhances access to safe, evidence-informed hormone therapy options for patients.

Thank you for the opportunity to provide feedback on this important consultation. I strongly encourage the Council to adopt the proposed amendment and remove the limitation on OMP prescribing in Table 3 of the General Regulation.

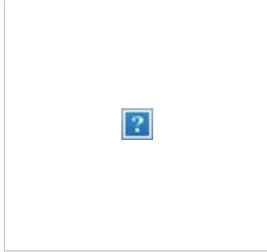
Sincerely,

Dr.

From: [General](#)
To: Oral Micronized Progesteron
Subject: March 3, 2026 8:07:16 PM
Date: [CONO OMP Feb 2026.docx](#)
Attachments:

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Please find attached my letter in support of OMP.
Thank you



From:
To: [General](#)
Subject: Oral Micronized Progesterone - without limitation
Date: February 18, 2026 9:51:52 AM

Hello,
I am writing in support of the amendment to allow NDs in Ontario (who have prescribing rights) to prescribe oral micronized progesterone without limitation. As a prescribing ND, I feel that this will strongly benefit my patients for fertility, in perimenopause and menopause.
Thanks,

From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: February 6, 2026 7:28:47 AM

Hello,

I am writing in support of the current consultation to add oral micronized progesterone with no limitations to the scope of Ontario Naturopathic Doctors.

Expanding access to oral micronized progesterone would meaningfully improve and protect patient care and allow NDs to practice in alignment with current evidence and clinical need.

If this requires any additional information, please let me know.

Thank you.

Sincerely,
Dr.

From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: Sunday, March 1, 2026 5:05:44 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs. This would greatly benefit my current patients as I feel it would make prescribing BHRT much safer.

If this requires anything else please let me know.

Sincerely,

Confidentiality Warning: This e-mail, including any attachments, contains information intended only for the use of the individual or entity named above. If the reader of this e-mail is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, any dissemination, publication or copying of this e-mail is strictly prohibited. The sender does not accept any responsibility for any loss, disruption or damage to your data or computer system that may occur while using data contained in, or transmitted with, this e-mail. If you have received this e-mail in error, please immediately notify me by return e-mail.

From: [General](#)
To: Oral micronized progesterone
Subject: February 5, 2026 3:27:19 PM
Date:

Hello to CONO,

In efforts to expand the scope of practice for Ontario NDs, I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

Thank you.

--

From: [General](#)
To: Oral micronized progesterone
Subject: February 8, 2026 12:23:24 PM
Date:

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Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

Sent from my iPhone

From:
To: [General](#)
Subject: Oral micronized progesterone Consultation Support
Date: February 5, 2026 12:17:19 PM

Good Afternoon,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of practice for Naturopaths in Ontario.

If this requires anything else please let me know.

Thank you for all that you do.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Oral micronized progesterone Consultation Support
Date: February 5, 2026 10:43:01 AM

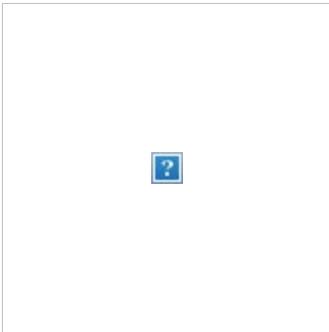
Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.





From:
To: [General](#)
Subject: Oral micronized progesterone consultation
Date: February 5, 2026 10:22:43 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

Dr. N.D.
Doctor of Naturopathic Medicine

Please Note:

From:
To: [General](#)
Subject: Oral Micronized Progesterone Consultation
Date: February 5, 2026 7:05:14 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

From:
To: [General](#)
Subject: Oral Micronized Progesterone Consultation
Date: February 9, 2026 2:03:29 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,
Dr.

--

In Health,
Dr. , ND

Office Hours (visits and email communication)
Tues 10-6pm
Wed 1:30-6pm
Fri 9-5pm
Sat 9-1pm



From:
To: [General](#)
Subject: Oral Micronized Progesterone Consultation
Date: February 18, 2026 1:38:06 PM

To Whom It May Concern,

I am writing to express my support for the proposed amendment to Table 3 of the General Regulation under the **Naturopathy Act, 2007**, specifically the removal of the current limitation attached to Oral Micronized Progesterone (OMP).

In my clinical practice, much of my work centers around perimenopause and menopause care. I regularly see women who are struggling with severe vasomotor symptoms, insomnia, mood disruption, and overall decline in quality of life. I also routinely consult with patients on making informed, individualized decisions about hormone therapy. As you know, any comprehensive estrogen prescription requires appropriate endometrial protection. The current standard of care for lining protection is oral micronized progesterone — typically 100 mg continuous or 200 mg cyclic. While vaginal progesterone is sometimes discussed, the evidence supporting it for reliable endometrial protection is weak and OMP remains the evidence-based standard.

Under the current limitation, I am required to refer patients back to a primary care provider solely for a prescription, even when I have completed the assessment, determined appropriate dosing, and am fully prepared to manage and monitor their care. This creates unnecessary fragmentation. The result is often weeks or months of delay while patients continue to suffer the consequences. It also requires them to revisit another practitioner whenever there is a dose adjustment or a clinical change.

Importantly, while standard dosing guidelines exist, emerging research suggests that some higher-risk patients may require individualized or off-label adjustments to ensure adequate endometrial protection (i.e., patients who are obese, have diabetes, and a family history of endometrial cancer may actually benefit from more than the current on-label recommendation. Removing the label-only limitation would allow Naturopathic Doctors to apply clinical judgment in these cases, well within our training, knowledge, and scope — rather than being restricted by a narrow interpretation of product labelling. Additionally, there is research on OMP for the treatment of hot flashes and sleep, amongst other things. Removing this limitation would allow the public to access the best care that they deserve from practitioners well-trained in its use.

As already presented, OMP has a well-established safety profile, and the Independent Expert Review affirms that it is not considered a high-risk medication. Ontario NDs who have met the Therapeutic Prescribing Standard are fully competent to prescribe and monitor this medication safely. In practice, we are already managing these patients comprehensively — this amendment simply allows us to complete the circle of care without unnecessary handoffs.

Allowing NDs to prescribe OMP without limitation aligns our prescribing authority with that of Nurse Practitioners and Physicians and improves access to timely, evidence-based care. It reduces strain on the primary care system and supports public safety

by allowing patients to receive coordinated, accountable treatment from the practitioner already overseeing their hormonal management.

For these reasons, I strongly support removing the limitation and adding Oral Micronized Progesterone to Table 3 without any specified restrictions. This change would improve continuity of care, support safe and individualized prescribing, and better serve the patients who rely on us.

Sincerely,

Dr. , ND

Naturopathic Doctor

From:
To: [General](#)
Subject: Oral Micronized Progesterone Consultation
Date: February 18, 2026 3:50:15 PM

To Whom It May Concern,

I am writing to express my **support** for the proposed amendment to Table 3 of the **General Regulation under the Naturopathy Act, 2007**, specifically the removal of the current limitation attached to **Oral Micronized Progesterone (OMP)**.

As you are aware, a progestogen, such as oral micronized progesterone, is the gold standard recommendation by all societies and organizations for all menopause hormone therapy prescriptions as an add-on to estrogen in women with an intact uterus to reduce the risk of endometrial hyperplasia and cancer. While vaginal progesterone can be used, the evidence supporting it for reliable endometrial protection is weak and OMP remains the evidence-based standard.

However, limiting OMP solely to endometrial protection does not reflect current evidence-based practice, nor does it align with the broader clinical applications supported in the literature.

Evidence-Based Uses Beyond Endometrial Protection

Vasomotor Symptom Management

There is emerging and growing evidence that oral micronized progesterone may independently reduce vasomotor symptoms (VMS), including hot flashes and night sweats, particularly in perimenopausal women. Randomized controlled trials have demonstrated that progesterone alone can significantly reduce the frequency and severity of vasomotor symptoms compared to placebo.

Sleep Disturbance in Midlife Women

Progesterone metabolites (notably allopregnanolone) act on GABA-A receptors in the central nervous system and are associated with sedative and anxiolytic effects. Clinical studies demonstrate improvement in sleep quality and sleep latency with nighttime administration of OMP.

Management of Perimenopausal Cycle Irregularity and Heavy Menstrual Bleeding

Oral micronized progesterone is commonly used in perimenopause to regulate cycles, reduce heavy menstrual bleeding, and stabilize the endometrium in women experiencing anovulatory cycles.

Oral micronized progesterone differs significantly from synthetic progestins in its metabolic, vascular, and breast safety profile. Observational data suggest that micronized progesterone may be associated with:

1. A more neutral effect on breast tissue compared to certain synthetic progestins
2. Less adverse impact on lipid profiles
3. Potentially lower thromboembolic risk compared to some progestins

Off-label prescribing is a standard and accepted component of medical practice when supported by clinical evidence and informed consent. Restricting OMP solely to endometrial protection unnecessarily limits practitioners' ability to provide patient-centered, evidence-informed care.

Naturopathic doctors in Ontario who have successfully completed the Prescribing and Therapeutics Exam are trained in:

1. Hormone physiology and pharmacology
2. Risk stratification and contraindications
3. Monitoring protocols
4. Shared decision-making and informed consent

For these reasons, I **strongly support removing the limitation and adding Oral Micronized Progesterone to Table 3** without any specified restrictions. This change would improve continuity of care, support safe and individualized prescribing, and better serve the patients who rely on us.

Sincerely,

Dr. , ND
Naturopathic Doctor

From:
To: [General](#)
Subject: Oral Micronized Progesterone Consultation
Date: February 20, 2026 9:56:23 AM

You don't often get email from

To whom it may concern,

I am reaching out to advocate for the proposed changes to Table 3 of the General Regulation under the Naturopathy Act, 2007, specifically regarding the removal of restrictions on Oral Micronized Progesterone (OMP).

My practice focuses extensively on supporting women through perimenopause and menopause. Many of my patients experience significant vasomotor symptoms, disrupted sleep, and mood changes. One of my main responsibilities is to guide patients through hormone therapy decisions with a personalized, evidence-based approach. As you are aware, estrogen therapy necessitates proper endometrial protection, and oral micronized progesterone is widely recognized as the gold standard for this purpose, whether used in a continuous (100 mg) or cyclic (200 mg) regimen. Although vaginal progesterone is sometimes considered, it lacks robust evidence for dependable endometrial protection, making OMP the preferred option.

Currently, the existing regulation requires me to refer patients to their primary care provider solely to obtain an OMP prescription, even after I have thoroughly assessed their needs, determined the appropriate dose, and am ready to manage their ongoing care. This requirement causes unnecessary disruption, often leading to prolonged wait times and continued patient distress. It also means that any adjustments or changes in therapy necessitate additional appointments with another provider, further complicating the patient experience.

Additionally, while standard dosing is well established, newer research indicates that certain patients—such as those with obesity, diabetes, or a family history of endometrial cancer—may need tailored, sometimes off-label, dosing to ensure adequate protection. Removing the restriction tied to product labeling would empower Naturopathic Doctors to exercise clinical judgment in these cases, drawing upon our training and expertise. There is also emerging evidence supporting OMP's use for hot flashes and sleep disturbances, further highlighting the need for flexible prescribing.

OMP is recognized for its strong safety profile, and the Independent Expert Review confirms it is not considered high-risk. Ontario NDs who have completed the Therapeutic Prescribing Standard are well-qualified to safely prescribe and monitor this medication. In reality, we are already providing comprehensive care for these patients; this amendment would simply enable us to offer seamless treatment without unnecessary referrals.

Granting NDs unrestricted prescribing authority for OMP would bring our scope in line with Nurse Practitioners and Physicians, improve access to timely and appropriate care, and ease the burden on primary care providers. Most importantly, it would allow patients to receive coordinated, accountable care from the practitioner who knows their case best.

For these reasons, I urge you to remove the current limitation and permit Oral Micronized Progesterone to be included in Table 3 without restriction. This adjustment would enhance continuity of care, support safe and individualized treatment, and ultimately benefit the

patients who depend on us.

Sincerely,

In Health,

From:
To: [General](#)
Subject: Oral Micronized Progesterone Consultation
Date: March 2, 2026 11:03:46 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs. This would make sense from a safety perspective as we already have access to topical estrogen, and progesterone in oral form is the best practice for safety in the current research. In addition, Naturopathic Doctors with their prescribing license have the skills, knowledge and training to safely determine both on and off label uses for oral progesterone.

If this requires anything else please let me know.

Sincerely,

Dr.

From: [redacted]
To: [redacted]
Subject: Our proposed progressive consultation
Date: February 4, 2026 12:24 PM

Hello,

I am writing in support of the recommendation to add OMP with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Thanks

From:
To: [General](#)
Subject: Oral Micronized Progesterone for Ontario NDs
Date: March 3, 2026 4:29:09 PM
Attachments: [Part 2.png](#)

To Whom it May Concern-

I am emailing in support of the consultation to add Oral Micronized Progesterone with no limitations for Ontario NDs carrying a valid prescribing license. I feel this is a very important part of practicing evidence informed care. If you require any further information from me, please don't hesitate to reach out.

In health,



From:
To: [General](#)
Subject: Oral Micronized Progesterone off label use CoNO Consultation
Date: Tuesday, February 24, 2026 4:52:43 PM

Hello,

I am writing to support the responsible use of off-label prescribing in naturopathic practice, of oral micronized progesterone (OMP). Off-label use is common across regulated health professions and reflects evolving evidence, clinical judgment, and individualized patient care. Many standard therapies are used off-label when supported by research and sound risk-benefit assessment.

Oral micronized progesterone has demonstrated benefits beyond endometrial protection, including improvement in vasomotor symptoms, sleep quality, and mood during peri- and post-menopause. Unlike synthetic progestins, it has a favorable cardiovascular and breast safety profile in the available literature and does not appear to negate estrogen’s vascular benefits. Its neurosteroid effects contribute to improved sleep and emotional stability, which are highly relevant to patients in hormonal transition.

Many women in perimenopause and menopause are suffering because they are not getting the care they need.

When prescribed judiciously — with appropriate dosing (including sequential protocols where indicated), monitoring, and informed consent — OMP has a strong safety profile. The most common side effects are mild and dose-dependent, typically limited to transient sedation when taken at bedtime.

Allowing evidence-informed off-label prescribing supports patient-centered care, reduces reliance on less physiologic alternatives, and aligns naturopathic practice with broader medical standards. With proper documentation, clinical reasoning, and patient consent, this approach remains both safe and consistent with professional accountability.

Thank you.



From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: February 5, 2026 3:52:02 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else, please let me know.

Sincerely,

3rd Year CCNM Naturopathic Medical Student

From:
To: info@oand.org; General
Subject: Oral Micronized Progesterone Support to Remove Prescribing limitations
Date: Tuesday, February 24, 2026 10:00:56 AM

Hello,

My name is Dr. xxxxxxxx ND, and I have been running an integrative health clinic in xxxxxxxxxxxxxxxx for over 20 years. A significant portion of my practice is dedicated to hormone support for women—a cornerstone of care that not only improves a woman’s quality of life, but also plays a critical role in reducing hormone related health risks.

There is a compelling and urgent need to grant licensed Naturopathic Doctors (NDs) prescribing authority for oral micronized progesterone (OMP). Midlife women are currently experiencing significant gaps in access to evidence-based hormonal care within the conventional medical system. Due to systemic pressures and limited training in menopause and hormone management, many primary care physicians are not adequately equipped to assess or treat progesterone deficiency and estrogen-dominant conditions using OMP.

The consequences of this gap in care are substantial. Women are frequently left symptomatic, undertreated, or unnecessarily exposed to alternative pharmacologic interventions that may carry greater risk profiles. Oral micronized progesterone is a well-established, bioidentical therapy with a strong safety record when appropriately prescribed and monitored.

Licensed Naturopathic Doctors receive focused education in endocrinology, hormonal physiology, and individualized therapeutic prescribing. They are trained to assess risk, interpret laboratory findings, monitor treatment response, and provide comprehensive follow-up care. Restricting access to OMP prescribing within naturopathic scope creates an avoidable barrier to safe, timely, and patient-centered treatment.

Expanding prescribing authority for OMP would directly improve access to care, reduce strain on primary care providers, and better serve the growing population of midlife women seeking evidence-informed hormonal support. This change is both clinically justified and aligned with public health priorities to enhance access, safety, and continuity of care.

Sincerely,

From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: January 21, 2026 9:04:03 PM

You don't often get email from . [Learn why this is important](#)

Dear College of Naturopaths of Ontario,

I am writing to express my strong support for expanding prescribing authority to include oral micronized progesterone (OMP) for naturopathic doctors.

Introduction

I have been in clinical practice since 2017, with a primary focus on supporting perimenopausal and menopausal patients. I am a Menopause Society Certified Practitioner, and a significant proportion of my practice is dedicated to evidence-based management of midlife and aging women's health. Approximately 70% of my patients are perimenopausal or menopausal, and roughly 80% of them would benefit from menopausal hormone therapy (MHT), with OMP frequently playing an important role.

Clinical Experience

OMP is well-established as the gold standard for endometrial protection when prescribing systemic estrogen, as well as for its additional benefits such as improving sleep. In contrast, topical progesterone is not sufficient for uterine protection, and while vaginal progesterone has some supporting evidence, it does not confer the same sleep benefits and is off-label for this purpose. For these reasons, OMP is a cornerstone of safe, effective, evidence-based MHT.

Challenges Under Current Rules

The current prescribing limitations create barriers to timely patient care.

For example, many family physicians I work with hold outdated views on MHT, such as waiting until a patient is one year past their final menstrual period before considering treatment. When I identify appropriate candidates for hormone therapy, I am often forced to refer patients back to their family doctor to obtain OMP, despite providing comprehensive evidence and consult notes. This disrupts care, delays treatment, and prolongs unnecessary suffering. Some patients have even had to pay privately for nurse practitioner consultations solely to access OMP, creating additional costs and inequities.

Safety and Professional Standards

My prescribing approach emphasizes patient safety and collaboration. I conduct thorough informed consent discussions, provide both written and verbal information, and establish baseline assessments including physical exam (blood pressure, heart rate), laboratory work (lipids, HbA1c, liver enzymes), and careful evaluation of personal and family history (clotting disorders, breast cancer risk, cardiovascular history). I encourage regular screening such as mammography and other age-appropriate tests. When I prescribe, I always communicate directly with the patient's family physician. This approach ensures continuity of care, minimizes risk, and maintains patient-centered safety standards.

Support for Amendment

Direct access to OMP would allow me to provide comprehensive, streamlined care to my patients without unnecessary delays or referrals. It would reduce patient burden, improve satisfaction, and enhance safety by ensuring consistent access to appropriate endometrial protection alongside estrogen therapy. Expanding prescribing authority to include OMP would align practice with current evidence-based guidelines, modernize patient care, and strengthen interprofessional collaboration.

Closing

Thank you for your consideration of this important amendment. As a clinician working daily with perimenopausal and menopausal patients, I see firsthand how essential OMP is for safe and effective care. Granting naturopathic doctors authority to prescribe it would meaningfully improve patient outcomes, access, and safety.

Sincerely,

Dr.

Menopause Society Certified Practitioner

From: [General](#)
To: oral micronized progesterone
Subject: January 20, 2026 11:17:10 AM
Date:

Hi there,
OMP would be a significant addition to ND practice, particularly for those (like myself) that primarily focus on menopause support and HRT. In order to safely provide estrogen therapy the patient needs OMP which we have to refer for. This significantly impacts continuity of care and contributes to accessibility and cost barriers for patients. I urge you to consider adding this to our list of approved substances.

Thank you,

--

*Naturopathic Doctor, Clinic Director
Menopause Society Certified Practitioner*



From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: February 6, 2026 7:50:39 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.
Ontario

Sent from my iPhone

From:
To: [General](#)
Subject: Oral micronized progesterone
Date: February 5, 2026 10:53:20 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To:
Subject: Oral micronized Progesterone
Date: February 5, 2026 10:37:32 AM

Hello, I am writing to lend my support to our profession in gaining access to oral micronized progesterone. The research is pretty clear, that oral is safe and has a larger therapeutic effect than topical Progesterone. The secondary metabolite of progesterone (which is only created after passing through the Liver with oral use), provides antagonistic tissue proliferative effects from estrogen, has anxiolytic as well as benefits women with sleep issues.

I currently refer out to a nurse practitioner for this prescription, and it would be much easier and less confusing for patients if I were able to prescribe this myself.

Regards,

--

From:
To: [General](#)
Subject: Oral micronized progesterone
Date: February 5, 2026 10:57:38 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Oral micronized progesterone
Date: February 5, 2026 10:24:34 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

Sincerely,

From: [redacted]
To: [redacted]
Subject: [redacted]
Date: [redacted]

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Hello,

I am writing in to voice my support of oral micronized progesterone access for patients, without limitations. This is such an important and life changing option for menopausal women, and with the access to care in Ontario ever limited it would fantastic to offer this to patients.

Kindly,

Dr.

Naturopathic Doctor

From: [General](#)
To: Oral Micronized Progesterone
Subject: February 5, 2026 11:38:15 PM
Date:

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

--

Sincerely,
Dr.

From:
To: [General](#)
Subject: oral micronized progesterone
Date: February 8, 2026 3:50:15 PM

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Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Oral micronized progesterone
Date: February 9, 2026 9:51:15 AM

Hello, I am writing in support of ND's being given access to oral micronized progesterone (OMP). As we know, it is required when giving estrogen, which NDs have access to (bi-est and topical estradiol). There is also a growing demand for safe prescribing of HRT and a large knowledge gap among MDs and family physicians, leaving patients to suffer without care. I have been referring patients to their MDs for OMP, but this severely limits my scope and ability to practice safely, as topical progesterone (which I, and other Ontario NDs, have access to) is not indicated and not safe for patients on estrogen.

Therefore, the ability for NDs to prescribe OMP is required to manage menopausal care safely and effectively.

Thank you for this consideration.

From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: February 9, 2026 2:00:39 PM

To Whom It May Concern,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else, please let me know.

Sincerely,

Dr.
Naturopathic Doctor #

From:
To: [General](#)
Subject: Oral Micronized Progesterone
Date: February 10, 2026 9:51:40 AM

Good morning,

I am writing in support of the consultation to add oral micronized progesterone without limitations to the scope of Ontario NDs. I feel that this expansion would be important in ensuring that BHRT can be prescribed safely.

Dr.

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From: [General](#)
To: Oral Micronized Progesterone
Subject: February 11, 2026 10:21:52 PM
Date:

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,
Dr.

From:
To: [General](#)
Subject: Oral Micronized progesterone
Date: February 12, 2026 8:32:11 PM

Dear CONO,

I am writing to express my strong support for the proposal to include oral micronized progesterone within the scope of NDs in Ontario, with no limitations. Removing current limitations is a vital step in improving patient access to safe HRT prescriptions

Sincerely,

From:
To: [General](#)
Subject: Oral Progesterone Consultation
Date: February 12, 2026 11:25:26 AM

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Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

ND



Practicing:

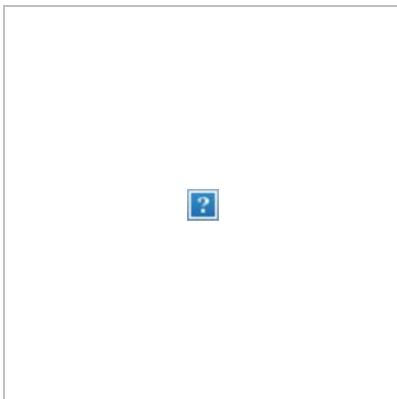
From:
To: [General](#)
Subject: Oral progesterone
Date: February 5, 2026 12:54:50 PM

Good afternoon,

I am writing to support the addition of oral micronized progesterone with no limitations to the scope of Ontario NDs. It would greatly benefit our patients in accessing safe and effective HRT options.

If you have any questions on my stance, please let me know.

Dr



From:
To: [General](#)
Subject: Permit Ontario naturopaths to prescribe Oral Micronized Progesterone without limitations
Date: February 5, 2026 10:37:37 AM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Pharmacist Support for Adding Oral Micronized Progesterone to Table 3 Prescribing Authority for NDs
Date: March 4, 2026 2:55:29 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

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Dear Members of Council,

I am writing in support of the proposal to add oral micronized progesterone (OMP) to Table 3 of the General Regulation, permitting prescribing by naturopathic doctors. I offer this perspective as a pharmacist, Designated Pharmacy Manager, and clinical collaborator who works closely with naturopathic doctors, family physicians, and specialists in the delivery of menopausal hormone therapy.

From a pharmacy and medication-safety standpoint, oral micronized progesterone is a well-characterized, widely used, and evidence-supported medication with a clearly defined role in menopausal hormone therapy, particularly for endometrial protection in patients using estrogen therapy, as well as for sleep and quality-of-life benefits. It is routinely prescribed across Canada and dispensed daily in community and compounding pharmacy settings with an established safety profile when used appropriately.

In my professional experience, one of the most common sources of friction in menopausal hormone care arises not from inappropriate prescribing, but from scope-driven workarounds that unintentionally fragment care. When naturopathic doctors are unable to prescribe oral micronized progesterone, patients are often redirected to alternate routes or formulations that may not reflect best clinical fit, or are sent back to other prescribers solely for administrative reasons rather than clinical necessity. This introduces delays, duplication, and confusion, particularly when multiple regulated professionals are otherwise aligned on the therapeutic plan.

As a pharmacist, I routinely see the downstream effects of these misalignments: increased clarification calls, inconsistent counseling messages, and patients caught between differing interpretations of progesterone therapy. Aligning prescribing authority for OMP with current evidence-based practice would meaningfully improve continuity of care, reduce unnecessary handoffs, and support clearer interprofessional collaboration without introducing new or unfamiliar medication risk.

Importantly, oral micronized progesterone is not a novel or high-risk drug class. Its dosing,

contraindications, and monitoring parameters are well established in both Canadian and international menopause guidelines, and it is already commonly managed in collaborative care environments involving naturopathic doctors. From a pharmacy governance perspective, permitting appropriately trained NDs to prescribe OMP represents a measured, low-risk, and patient-centred scope evolution.

I respectfully encourage the Council to consider the practical realities of medication management and patient experience alongside the clinical evidence. Adding oral micronized progesterone to Table 3 would support safer, more coherent care pathways, reduce avoidable barriers, and better reflect the realities of modern, team-based menopausal care in Ontario.

Thank you for your thoughtful consideration of this matter.

Sincerely,

Dr.



From:
To: [General](#)
Subject: Prescribing Rights: Oral Micronized Progesterone
Date: Friday, February 27, 2026 8:33:09 AM

To whom it may concern,

My name is Dr. Cristina Pearce, ND and I am writing to CONO regarding the proposal to add oral micronized progesterone (OMP) into the scope of Naturopathic Doctors in Ontario. Removing this limitation is crucial for optimal patient care for a variety of reasons:

- - This would enable licensed Naturopathic Doctors in Ontario to provide safe, effective hormone replacement therapy for their patients.
- - It would ensure strong continuity of care for patients already receiving naturopathic treatment.
- - It would bring our prescribing practices into alignment with those of other regulated health professionals.
- - It would support the evidence-based use of OMP in the treatment of menopause and related conditions—areas for which many patients actively seek naturopathic care.
- - It would reduce unnecessary referrals, helping to prevent delays in treatment and avoidable patient suffering.

I appreciate your consideration in this matter.

Kindest regards,

From:
To: [General](#)
Subject: Progesterone
Date: February 6, 2026 8:43:46 AM

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Hello!

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs. This would greatly improved the lives of some of the woman I treat as I have to keep referring them back to other health practitioners to get the proper progesterone they need. Oral progesterone is needed to provide safe care while prescribing HRT.

If this requires anything else please let me know.

Thank you for your time.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Progesterone for NDs
Date: February 5, 2026 11:21:07 AM

Hello,

I am writing in support of the consultation recommending the inclusion of oral micronized progesterone, without restrictions, within the scope of practice for Ontario naturopathic doctors.

Please let me know if any additional information is required.

Sincerely,

Dr.

--



From: [General](#)
To: Progesterone limitations
Subject: March 4, 2026 4:45:17 PM
Date:

[. Learn why this is important](#)

To: The College of Naturopaths of Ontario
Email: general@collegeofnaturopaths.on.ca

Dear Members of the College,

As a Nurse Practitioner working closely with multiple Naturopathic Doctors in Ontario, I have seen firsthand the important role they play in supporting women through perimenopause and menopause. In my practice, I am frequently asked to prescribe oral micronized progesterone (OMP) so that patients can safely continue estrogen therapy that has been recommended as part of their treatment plan. In many of these cases, the Naturopathic Doctor has already completed a thorough assessment, developed the treatment strategy, and is actively managing the patient's hormonal care.

What I have consistently observed is that these Naturopathic Doctors are highly skilled in the management of hormone therapy. They demonstrate strong knowledge of clinical guidelines, careful attention to patient safety, and a high level of competence in developing individualized care plans. Based on my experience working alongside them, I am confident that appropriately trained Naturopathic Doctors are fully capable of prescribing oral micronized progesterone responsibly and within the accepted standards of care.

The current limitation requiring a Nurse Practitioner or another authorized prescriber to be involved in every case of OMP prescribing is unnecessary and burdensome. It often results in additional appointments solely for the purpose of issuing a prescription, which delays care, increases costs for patients, and fragments what should otherwise be a cohesive treatment plan. In collaborative practice settings, this requirement does not enhance safety, but instead creates duplication and inefficiency within the circle of care. Women deserve to have their treatment streamlined under the provider who has completed the assessment, established the therapeutic relationship, and is already overseeing their menopause management.

In addition, while OMP has standard dosing recommendations for endometrial protection, there are clinical situations where individualized or off-label use is appropriate. Some patients with higher-risk profiles — such as those with obesity, diabetes, or a family history of endometrial cancer — may require adjusted dosing to ensure adequate endometrial protection while using estrogen therapy. There is also growing evidence supporting the off-label use of oral micronized progesterone for symptoms such as vasomotor instability, sleep disturbance, and other menopausal concerns. The current label-only restriction limits the ability of Naturopathic Doctors to apply appropriate clinical judgment within their training and scope, even when the treatment plan is evidence-based and consistent with current practice.

I also want to acknowledge the significant investment many Naturopathic Doctors have made in advanced training in menopause medicine. They are increasingly recognized as leaders in this field, with women actively seeking their expertise for guidance through this stage of life. Allowing them to prescribe oral micronized progesterone without label-only restrictions would better reflect their level of training and would help relieve pressure on the broader healthcare system by improving access, continuity, and efficiency of care.

Other provinces have already expanded the prescribing scope of Naturopathic Doctors to

include OMP. Ontario patients should not be left behind. I strongly encourage the College to adopt this change so that Naturopathic Doctors can fully support their patients with the comprehensive, coordinated, and evidence-based care they are trained to provide.

Sincerely,

Nurse Practitioner

From:
To: [General](#)
Subject: Proposal to remove limitation on OMP prescription.
Date: Wednesday, February 25, 2026 11:29:47 AM

To whom it may concern,

My name is Dr. Sydney Whitten, ND and I am writing to CONO regarding the proposal to remove the limitation on prescribing oral progesterone. Adding oral progesterone into the scope of Naturopathic doctors in Ontario and removing the limitations is not only important, but crucial for optimal patient care for a variety of reasons as shown below:

1. This allows Naturopathic Doctors of Ontario to provide safe and effective HRT support for our patients.
2. This would allow for strong continuity of care for patients already under Naturopathic management.
3. This would align our prescribing practices with other regulated health professionals.
4. This would directly follow evidence-based use of OMP for the treatment of Menopause and related indications.
5. This would reduce the need for referrals which often delay patient care and result in necessary suffering.

I appreciate your consideration in this matter.

Best,

From:
To: [General](#)
Subject: Proposed Amendment to Designated Drugs that May be Prescribed
Date: January 31, 2026 4:54:45 PM

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I am writing to provide an evidence-based clinical rationale in support of the responsible off-label use of oral micronized progesterone (OMP) in naturopathic practice, grounded in peer-reviewed research that demonstrates meaningful benefits for patient health outcomes beyond endometrial protection.

1. Vasomotor Symptoms & Sleep Improvement

- OMP at 300 mg nightly reduced vasomotor symptoms by 55% compared to placebo
- women with higher symptom burden experienced up to a 58.9% improvement in hot flush frequency and severity.
- mean VMS score decreased by 10.0 points with OMP vs. 4.4 points with placebos
- OMP was shown to significantly improve perceived night sweats and sleep quality
- OMP has been shown to improve deep sleep without causing depression,” attributed to neurosteroidic metabolites when administered at bedtime.

2. Cardiovascular & Metabolic Safety Profile

- unlike synthetic progestins, OMP does not counteract estrogen’s beneficial cardiovascular effects, which is an important safety consideration
- observational data suggest transdermal estradiol combined with OMP does not increase venous thromboembolism risk

3. Breast Cancer Risk Differentiation

- OMP prevented breast cancer in estrogen-treated women, in contrast to synthetic progestins which were associated with increased risk.
- evidence indicates that OMP decreases breast cell proliferation and modulates estrogen receptor signaling via progesterone receptor pathways — a biologically plausible protective mechanism.
- Recent endocrinology reviews reinforce that “OMP decreases breast cell proliferation and improves prognosis through progesterone receptor mediated alterations of estrogen receptor effects

4. Neurological & Mood Effects

- Progesterone acts centrally and has been shown to alleviate anxiety and depression symptoms, improve working memory in peri- and menopausal women,” and may have synergistic neuroregenerative effects when paired with estradiol

5. Safety, Limitations & Risk Mitigation

With any off-label use, documented safety considerations must be acknowledged and appropriately managed:

- A systematic review notes that continuous OMP at 200 mg/day has been associated with increased endometrial cancer risk, but that “sequential dosing (200 mg for 12–14 days/month) provides adequate endometrial protection for up to five years
- The most common side effects — mild drowsiness and dizziness — are minimized with bedtime dosing and are consistent with known pharmacodynamics.

Conclusion

The cumulative evidence supports that off-label use of oral micronized progesterone, when prescribed judiciously with appropriate dosing protocols and informed consent, aligns with research-supported clinical practice. It offers significant benefits for vasomotor symptoms, sleep quality, mood stabilization, and potentially improved cardiovascular and breast safety profiles relative to synthetic alternatives.

I respectfully submit this evidence for the College’s consideration when evaluating the scope and standards around off-label prescribing in naturopathic medicine.

--



From:
To: [General](#)
Subject: Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation – Removal of Limitation
Date: January 19, 2026 12:31:22 PM

Hello,

I am writing this email in favour of the proposed amendment to the removal of limitation on Oral micronized progesterone. I had outlined my reasoning in the previous consultation feedback request however can do so again if needed just let me know.

Thanks,

Naturopathic Doctor

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From:
To: [General](#)
Subject: Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation – Removal of Limitation
Date: January 19, 2026 12:54:26 PM

Hello,

I am writing this email in favour of the proposed amendment to the removal of limitation on Oral micronized progesterone. I had outlined my reasoning in the previous consultation feedback request however can do so again if needed just let me know.

Thanks,

Naturopathic Doctor

PLEASE NOTE:

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From:
To: [General](#)
Subject: Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation - Removal of Limitation
Date: February 6, 2026 11:43:41 AM

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To Whom it May Concern:

I am in **full support of the removal of limitations** in the prescribing of Oral Micronized Progesterone. The ability to off label prescribe progesterone is key in providing the care Ontario patients need. There are numerous off label uses for oral micronized progesterone including management of vasomotor symptoms, improvement of sleep and mood, regulation of menstrual cycle and abnormal uterine bleeding and for supporting luteal phase in ART.

Thank you for the opportunity to contribute.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation – Removal of Limitation
Date: January 15, 2026 9:19:08 AM

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Dear Council Members and Consultation Team,

I am writing to express my strong support for the Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation – Removal of Limitation currently under consultation.

As a licensed naturopathic doctor practicing in Ontario (and committed to evidence-informed, patient-centered clinical care), I fully endorse the Council's thoughtful proposal to add Oral Micronized Progesterone (OMP) to Table 3 of the General Regulation without the existing limitation. Removing the indication restriction will better align naturopathic prescribing authority with contemporary clinical practice, research evidence, and the safety profile of the drug.

Key points of support:

1. Evidence-informed clinical use:

While the current Health Canada label for OMP is limited to prophylaxis of endometrial hyperplasia, international and peer-reviewed research supports the broader therapeutic use of oral micronized progesterone, including in managing vasomotor symptoms, sleep dysregulation, and fertility considerations. Off-label use is common clinical practice across many specialties when evidence supports safety and benefit, and physicians including fertility specialists and gynecologists routinely prescribe OMP off-label for these indications in Canada and internationally.

2. Alignment with interdisciplinary clinical practice:

Fertility specialists, gynecologists, and other prescribers regularly use OMP off-label to support reproductive endocrinology and symptom management. This reflects well-established practice patterns and decades of clinical experience across disciplines. Recognizing this within our regulatory framework supports integrative care and continuity for patients, while ensuring naturopathic doctors remain accountable for appropriate, evidence-based prescribing.

3. Safety profile and professional judgment:

As noted in the consultation materials and independent expert review, OMP has a favourable safety profile when used appropriately, and off-label prescribing is not inherently higher risk when clinicians exercise sound clinical judgment, obtain informed consent, and follow monitoring standards.

4. Patient access and quality of care:

Removing the restriction will improve patient access to evidence-supported hormone therapy options within the naturopathic scope of practice. This respects the clinical expertise of naturopathic doctors who have completed the required Therapeutic Prescribing standards and supports better patient outcomes by reducing barriers to care.

For these reasons, I encourage the College to adopt the proposed amendment without limitation and continue championing regulatory reform that reflects current clinical evidence and interdisciplinary standards of care.

Thank you for your consideration.

From:
To: [General](#)
Subject: Proposed amendment to prescribing access to OMP
Date: February 19, 2026 5:54:39 AM

Hello, just putting my voice in the ring in support of NDs access to OMP without limitations. Even though OMP for endometrial protection is the most important potential use of OMP in my practice, having access to OMP for menopausal symptoms such as insomnia, anxiety and hot flashes would also be of benefit to my patients. Thank you.

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From:
To: [General](#)
Subject: Proposed amendment to progesterone (oral micronized)
Date: Thursday, February 26, 2026 5:03:37 PM

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Dear Council Members,

I am writing in support of the proposed amendment to remove the limitation on oral micronized progesterone (OMP) prescribing for naturopathic doctors in Ontario.

I understand that the College is considering whether NDs with prescribing authority should be able to prescribe OMP without restrictive limitations. As a patient, I believe this would improve access and continuity of care.

In my experience:

- I was dismissed by primary health care providers, including my family doctor, saying that I didn't have to worry about menopause for 10 years (I am 44 and have been in perimenopause for at least 5 years already)
- This caused delays in starting and staying on an appropriate treatment plan
- My symptoms were managed when using progesterone without estrogen. But I had stopped taking it for a while and my symptoms returned. The theory was I had a hormonal imbalance/disorder. Perimenopause was not discussed with me, nor what would happen if I came off progesterone. I am not back on progesterone, under the care of an adequately trained naturopath, and my symptoms are being managed better.
- It felt fragmented, confusing, and unsupported

My naturopathic doctor assessed me, reviewed the potential risks and benefits and is responsible for monitoring my hormone therapy. I feel confident that they are trained and equipped to prescribe oral progesterone directly as part of my care.

Removing unnecessary prescribing limitations would:

- Improve continuity
- Reduce delays and costs
- Reduce system burden
- Support patient-centred care

Thank you for considering patient perspectives in this consultation.

From:
To: [General](#)
Subject: Proposed Amendment to Progesterone Prescribing – Removal of Limitation
Date: March 3, 2026 10:17:34 AM

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Hi there,

I am emailing to support the consultation to add oral micronized progesterone with no limitations to Ontario NDs (with prescribing license) scope. If this requires any additional information from me, please let me know.

Kindly,

From:
To: [General](#)
Subject: Proposed Amendment to the General Regulation to Add Oral Micronized Progesterone Without Limitation
Date: February 11, 2026 10:05:06 AM

Hi There,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

--

Dr.

From:
To: [General](#)
Subject: Re: feedback to oral micronized progesterone use
Date: Tuesday, February 24, 2026 8:19:28 PM

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Dear CONO,

I support adding OMP to Table 3 without limitation. Off-label prescribing is well-supported by evidence and widely used in Ontario by other prescribers. This would help NDs and our patients cut cost and time for unnecessary referrals.

Dr.

From:
To: [General](#)
Subject: Re: OMP scope expansion
Date: February 5, 2026 10:53:59 AM
Attachments: [PastedGraphic-2.png](#)

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.
If this requires anything else please let me know.

In health,
Dr.
Ontario



From:
To:
Subject:
Date:

Hello,

I am writing to support the consultation to add oral micronized progesterone with no limitations to Ontario Naturopathic Doctor's scope (with a prescribing license).

Feel free to get in touch if you need any further clarification or information from me.

Best regards, Dr. S

From:
To: [General](#)
Subject: Re: Progesterone
Date: February 13, 2026 8:55:15 AM

You don't often get email from [Learn why this is important](#)

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else, please let me know. Thanks,

Dr.

From:
To: [General](#)
Subject: Re: Proposed Amendment to Designated Drugs that May be Prescribed: Formal Consultation – Removal of Limitation
Date: February 17, 2026 11:53:32 AM

Hello,

I support CONO’s updated proposal to remove the limitation on prescribing OMP. This change aligns ND prescribing with established best practices and enhances timely, equitable access to care for patients.

Combining transdermal estrogen with oral micronized progesterone is evidence-based, effective, and considered safe for most healthy women needing hormone therapy. It may even have advantages over the traditional oral estrogen + synthetic progestin combinations, particularly in terms of clotting risk, breast cancer risk, and metabolic effects. OMP is the gold standard for progesterone therapy in hormone replacement treatment plans. It is effective and safe when prescribed and monitored as per the guidelines and monograph recommendations.

Relying on a referral or physician co-management system for menopause hormone therapy reduces access to treatment, leads to delays, can add costs, and fragments care, which negatively impact patient outcomes. If Council were to impose an “on-label only” restriction for OMP, NDs would be the only prescribing profession in Ontario bound by such a limitation. This would create an unprecedented regulatory anomaly, disadvantage patients, and undermine interprofessional consistency.

Thank you for your consideration.

Dr.

From: [General](#)
To: Re:Oral Micronized Progesterone
Subject: February 18, 2026 9:29:52 AM
Date:

Dear CONO,

I wanted to express my gratitude for your seeking further education on off-label uses for oral micronized progesterone (OMP) in the form of a presentation by Dr. Jamie Kellar, BScHK, PharmD, PhD.

I fully support the proposed amendment to Table 3 of the General Regulation, Ontario Regulation 168/15 in which OMP would be added without limitations. This will allow NDs like myself to safely and effectively prescribe OMP in a variety of circumstances, always with the best evidence-based principles in mind, and always with full patient consent. This will be of great service to many of my patients, whom at present I am instead referring back to their general practitioners for this support, which creates significant delays in effective care being received.

Thank you for your diligence in this matter, and I look forward eagerly to the final outcome of these deliberations.

In health,
Dr.

CONFIDENTIALITY NOTICE



From:
To: [General](#)
Subject: Response to Consultation – Oral Micronized Progesterone
Date: February 15, 2026 12:19:36 PM

Dear Council Members,

Thank you for the opportunity to provide feedback on the proposed amendment regarding Oral Micronized Progesterone (OMP).

I strongly support the inclusion of OMP within Table 3 without an “on-label only” limitation.

OMP is the clinically appropriate and evidence-supported agent for safe and adequate endometrial opposition when prescribing systemic estrogen in patients with an intact uterus. Ensuring access to oral micronized progesterone is therefore directly aligned with patient safety and the prevention of estrogen-associated endometrial hyperplasia.

Beyond endometrial protection, OMP also plays an important therapeutic role in the management of menopausal symptoms, including vasomotor instability and sleep disturbance. These benefits are well described in the literature and reflected in contemporary menopause guidelines. Restricting prescribing solely to monograph indications does not reflect real-world clinical practice, where evidence-supported off-label prescribing is both common and necessary across regulated professions.

Importantly, this amendment would dramatically improve patient access to knowledgeable prescribers across Ontario. Expanding appropriate prescribing authority for OMP will significantly support the many millions of women currently navigating the menopausal transition. This life stage represents a substantial and growing healthcare need, and timely access to trained clinicians is essential for symptom management, endometrial safety, and overall quality of life.

From a professional standpoint, while I have extensive training and clinical knowledge in hormone therapy and its application, historical limitations surrounding OMP prescribing have influenced my decision not to yet pursue the prescribing designation. The previously restricted scope did not feel sufficiently aligned with evidence-based hormone management to justify completion of the designation. Inclusion of OMP without unnecessary limitations would better reflect contemporary clinical practice and may encourage more NDs to pursue the prescribing designation, thereby expanding the pool of qualified prescribers and improving access to care for Ontarians.

OMP has a favourable safety profile, particularly when compared with synthetic progestins, and can be prescribed responsibly within existing naturopathic standards requiring appropriate assessment, informed consent, documentation, monitoring, and referral or co-management where indicated.

Allowing full Table 3 inclusion without limitations supports:

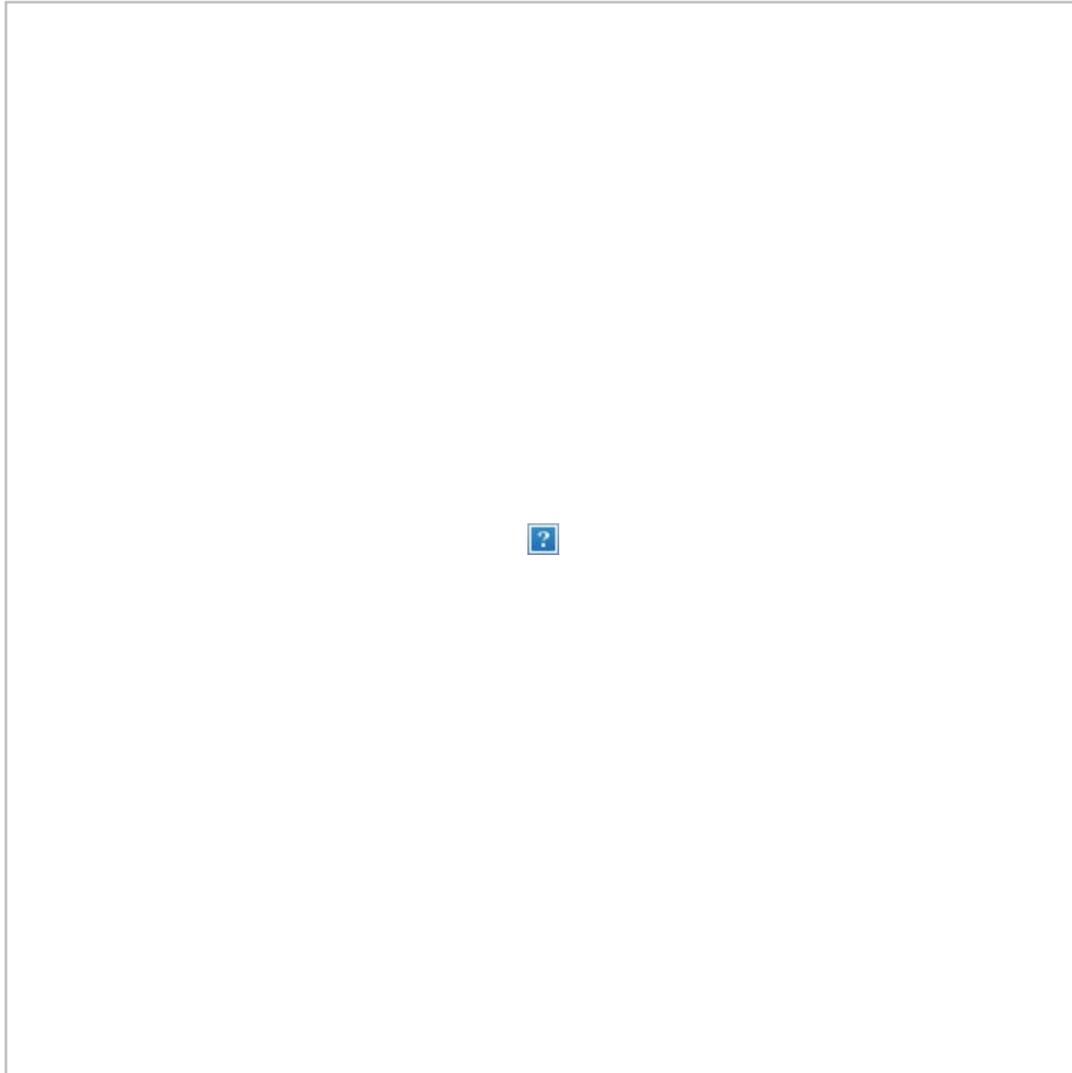
- Patient safety through access to gold-standard endometrial protection
- Evidence-informed management of menopausal symptoms
- Improved access to qualified prescribers in Ontario
- Regulatory consistency with other Ontario prescribers

- Reduced system inefficiencies and unnecessary referrals

For these reasons, I respectfully encourage Council to approve the addition of Oral Micronized Progesterone to Table 3 without prescribing limitations.

Sincerely,

Dr.



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From:
To: [General](#)
Subject: Support for Addition of Oral Micronized Progesterone to Table 3 Without Limitations
Date: January 15, 2026 10:22:57 AM

To the Council of the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to add oral micronized progesterone (OMP) to Table 3 of Ontario Regulation 168/15 without the restriction limiting use to Health Canada–approved label indications.

The evidence presented in the Independent Expert Review clearly demonstrates that OMP has a favourable safety profile, is not a high-risk medication, and is widely used safely and effectively in hormone therapy, including for off-label indications such as vasomotor symptoms. The combination of transdermal estrogen and oral micronized progesterone is well supported by clinical evidence and represents the standard of care in menopausal hormone therapy for many patients.

Off-label prescribing is a routine and ethically accepted part of modern medical practice when supported by evidence, informed consent, and appropriate monitoring. Ontario naturopathic doctors who have completed the Therapeutic Prescribing Program are trained to meet these standards and to prescribe OMP safely within their scope of practice.

Maintaining the proposed limitation would unnecessarily restrict patient access to evidence-based care and place naturopathic prescribing out of alignment with other regulated prescribers in Ontario who are permitted to use OMP off-label.

For these reasons, I strongly support the Council’s proposal to add oral micronized progesterone to Table 3 without limitations.

Sincerely,

From: [Gener](#)
To: [al](#)
Subject: Support for Consultation for OMP
Date: March 3, 2026 5:09:31 PM

Hi there,

I am emailing to support the consultation to add oral micronized progesterone with no limitations to Ontario NDs (with prescribing license) scope. If this requires any additional information from me, please let me know.

Kindly,
Dr.

From:
To: [General](#)
Subject: Support for Expanding Ontario ND Scope to Include Oral Micronized Progesterone
Date: February 5, 2026 10:50:36 AM

Hello,

I am writing in strong support of the College of Naturopaths of Ontario consultation to add oral micronized progesterone, without limitations, to the scope of practice for Ontario Naturopathic Doctors.

Oral micronized progesterone is a bioidentical hormone with a long-established safety profile and decades of clinical use. It is routinely prescribed across Canada by physicians and is already within the prescribing scope of NDs in other provinces. Expanding access in Ontario would better align our scope with national standards and reflect current evidence-based care.

From a clinical perspective, oral micronized progesterone is an essential and foundational therapy for many patients, particularly those experiencing perimenopause, menopause, luteal phase deficiency, cycle irregularities, sleep disturbance, and other hormone-related conditions. Allowing Ontario NDs to prescribe this medication supports safer, more comprehensive, and more cost-effective care—especially at a time when patients face significant barriers accessing primary and hormonal healthcare.

Ontario NDs are extensively trained in endocrinology, pharmacology, and hormone physiology, and are well positioned to prescribe and monitor this medication responsibly. Expanding this scope would improve patient access, reduce strain on the healthcare system, and support continuity of care within regulated naturopathic practice.

I strongly encourage the College to proceed with this expansion and appreciate the opportunity to provide input during this important consultation.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Support for NPs prescribing oral micronized progesterone
Date: February 9, 2026 2:06:37 PM

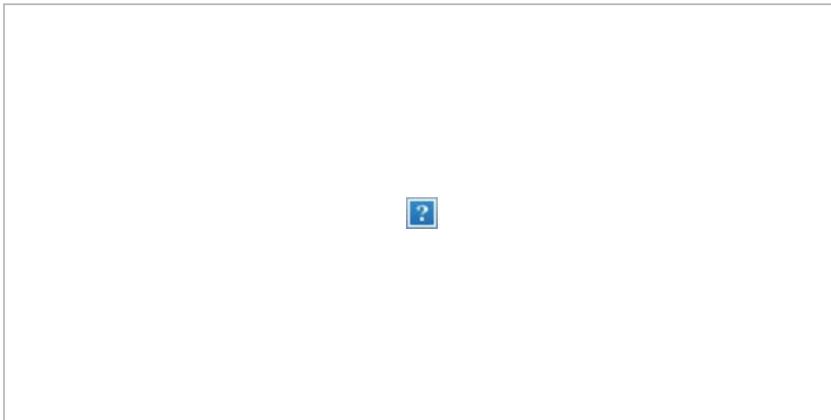
Hi there,

I am writing to show my support of NPs expanding their scope to be able to prescribe oral micronized progesterone.

I have worked with many women going through perimenopause and they often struggle to get adequate support from their family doctors. Based on my experience with a naturopath in my office, it seems naturopaths have significantly more training in this area and more time to review the risks and benefits of HRT with women. It would be great if they could provide this additional layer of treatment.

Thanks for your consideration!

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From:
To: [General](#)
Subject: Support for off-label use of OMP
Date: Wednesday, February 25, 2026 1:25:10 PM

Hello,

I am writing to support the responsible use of off-label prescribing in naturopathic practice, of oral micronized progesterone (OMP). Off-label use is common across regulated health professions and reflects evolving evidence, clinical judgment, and individualized patient care. Many standard therapies are used off-label when supported by research and sound risk-benefit assessment.

Oral micronized progesterone has demonstrated benefits beyond endometrial protection, including improvement in vasomotor symptoms, sleep quality, and mood during peri- and post-menopause. Unlike synthetic progestins, it has a favorable cardiovascular and breast safety profile in the available literature and does not appear to negate estrogen's vascular benefits. Its neurosteroid effects contribute to improved sleep and emotional stability, which are highly relevant to patients in hormonal transition.

Many women in perimenopause and menopause are suffering because they are not getting the care they need.

When prescribed judiciously — with appropriate dosing (including sequential protocols where indicated), monitoring, and informed consent — OMP has a strong safety profile. The most common side effects are mild and dose-dependent, typically limited to transient sedation when taken at bedtime.

Allowing evidence-informed off-label prescribing supports patient-centered care, reduces reliance on less physiologic alternatives, and aligns naturopathic practice with broader medical standards. With proper documentation, clinical reasoning, and patient consent, this approach remains both safe and consistent with professional accountability.

Thank you.

Dr.

From:
To: [General](#)
Subject: Support for OMP Off-Label Use in Naturopathic Care
Date: Friday, February 27, 2026 6:36:46 PM

Hello,

I am writing in support of the responsible use of off-label prescribing in naturopathic practice, of oral micronized progesterone (OMP).

Off-label use is common across regulated health professions and reflects evolving evidence, clinical experience, judgment, and individualized patient care. Many standard therapies are used off-label when supported by research and a risk-benefit assessment.

Oral micronized progesterone has demonstrated benefits beyond endometrial protection, including improvement in vasomotor symptoms, sleep quality, and mood during perimenopause and postmenopause. Its neurosteroid effects contribute to improved sleep and emotional stability, which are important health concerns for naturopathic patients in peri- and post-menopause.

Many women in perimenopause and menopause are suffering because they are not getting the comprehensive healthcare they need. Naturopathic Doctors with a prescribing license would greatly benefit from access to off-label prescribing of OMP in order to provide more effective, comprehensive healthcare to this segment of women.

Allowing evidence-informed off-label prescribing of OMP supports patient-centered care and aligns naturopathic practice with broader medical standards. With proper documentation, clinical judgement, and patient consent, OMP off-label use has both a strong safety profile, and allows for individualized, effective health care.

Thank you for your consideration.

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From:
To: [General](#)
Subject: Support for OMP
Date: February 11, 2026 2:20:43 PM

Hello,

I am writing in support of the consultation to add oral micronized progesterone with no limitations to the scope of Ontario NDs.

If this requires anything else please let me know.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Support for OMP
Date: January 15, 2026 9:13:53 AM

Hi,

I'd like give feedback on the Oral Micronized Progesterone consultation. I am in favour of allowing NDs to prescribe it with no limitations.

Thank you,

Dr.

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From:
To: [General](#)
Subject: Support for Proposed Amendment to Table 3 – Oral Micronized Progesterone
Date: March 4, 2026 4:08:35 PM

To Whom It May Concern,

I am writing in support of the proposed amendment to Table 3 of the General Regulation under the Naturopathy Act, 2007 — specifically, the removal of the existing limitation on Oral Micronized Progesterone (OMP).

A substantial part of my clinical practice is dedicated to supporting women through perimenopause and menopause. On a daily basis, I work with patients navigating vasomotor symptoms, disrupted sleep, mood disturbances, and a notable reduction in quality of life. A significant component of this work involves helping patients make informed, personalized decisions about hormone therapy.

As is well recognized, estrogen therapy must be accompanied by appropriate endometrial protection. The current evidence-based standard for achieving this is oral micronized progesterone — most commonly at 100 mg continuously or 200 mg cyclically. While vaginal progesterone is occasionally discussed, the evidence supporting its effectiveness for endometrial protection remains limited, and OMP continues to be the accepted standard of care.

Under the current restriction, I am required to refer patients to their family physician or a Nurse Practitioner on my team solely to obtain a prescription — even when I have conducted the full assessment, identified the appropriate treatment plan, and am prepared to manage the patient's ongoing care. This results in unnecessary appointments and added cost to patients who would otherwise receive seamless, coordinated care.

Furthermore, while standard dosing protocols exist, growing evidence supports the need for individualized or off-label dosing in certain patient populations. Those with higher-risk profiles — including individuals with obesity, diabetes, or a family history of endometrial cancer — may require dosing adjustments that go beyond current product labeling. Removing the label-only restriction would enable Naturopathic Doctors to exercise appropriate clinical judgment within our established scope of practice, training, and education.

OMP has a well-documented safety profile, and the Independent Expert Review has confirmed it is not classified as a high-risk medication. Ontario Naturopathic Doctors who meet the Therapeutic Prescribing Standard possess the competency to prescribe and monitor this medication safely and effectively. In many cases, we are already delivering comprehensive care to these patients — this amendment would simply allow us to complete that care within the same circle of care, without the need for internal referrals.

Aligning ND prescribing authority with that of Nurse Practitioners and Physicians in this area would improve timely access to evidence-based treatment, support more efficient use of healthcare resources, and strengthen patient safety by keeping coordinated, accountable care with the practitioner already overseeing the patient's hormonal health.

For these reasons, I strongly support removing the current limitation and adding Oral Micronized Progesterone to Table 3 without specified restrictions. This amendment would promote continuity of care, enable safe and individualized prescribing, and ultimately better serve the patients who rely on us.

Sincerely,
Dr.
Naturopathic Doctor

From:
To: [General](#)
Subject: Support for Removal of Limitation on Oral Micronized Progesterone (Table 3)
Date: February 10, 2026 8:55:40 AM

Dear Council of the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to Table 3 of Ontario Regulation 168/15 to add oral micronized progesterone (OMP) without limitations.

Oral micronized progesterone is a well-studied, evidence-based medication with a favourable safety profile and is widely recognized as the preferred and safest progesterone option for menopausal hormone therapy. Major menopause guidelines, including those from the North American Menopause Society, identify oral micronized progesterone as the standard of care for endometrial protection when estrogen therapy is used, due to its efficacy and lower risk profile compared to synthetic progestins.

As confirmed in the College's Independent Expert Review, OMP is not considered a high-risk medication and can be prescribed safely and competently by Ontario naturopathic doctors who meet the Standard of Practice for Therapeutic Prescribing. Restricting its use to Health Canada label indications would limit the ability of NDs to provide the safest evidence-based form of menopausal hormone therapy, without conferring any additional patient safety benefit.

Removing the proposed limitation aligns with current clinical evidence, established interprofessional prescribing norms, and the College's mandate to support safe, effective, and patient-centred naturopathic care. I strongly encourage the College to proceed with the amendment as proposed.

Thank you for the opportunity to provide feedback.

Sincerely,

Dr.

From:
To: [General](#)
Subject: Support for Removal of Limitation on Oral Micronized Progesterone Prescribing
Date: February 18, 2026 9:34:35 AM

To the Council of the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to Table 3 of Ontario Regulation 168/15 to include **oral micronized progesterone (OMP) with no limitations**, thereby permitting both on-label and off-label prescribing within naturopathic practice.

I strongly support this amendment for the following reasons.

1. On-label use: endometrial protection is foundational and necessary

Oral micronized progesterone is Health Canada–approved for the prophylaxis of endometrial hyperplasia and is widely recognized as the gold standard for endometrial protection in patients with an intact uterus receiving estrogen therapy. Preventing unopposed estrogen exposure is a core safety requirement in menopausal hormone therapy. Allowing naturopathic doctors with therapeutic prescribing authority to independently prescribe OMP for this indication is clinically appropriate, evidence-based, and well within the current scope of naturopathic practice.

2. Off-label use is evidence-informed, common, and safely managed across Ontario

Off-label prescribing is an established and accepted component of responsible clinical care across Ontario and Canada. As outlined in the Independent Expert Review and subsequent presentation to Council, OMP has a favourable safety profile, is not a high-risk medication, and is routinely prescribed off-label by physicians and nurse practitioners for indications such as sleep disturbance, anxiety, PMDD, and vasomotor symptoms.

There is a clear and growing evidence base supporting these uses, particularly related to progesterone’s neurosteroid effects, GABA-A receptor modulation, and impact on sleep architecture and mood regulation. When prescribed with appropriate patient selection, informed consent, documentation, and follow-up (all of which are already standard expectations for naturopathic doctors with therapeutic prescribing authority) off-label use of OMP is clinically safe and ethically sound.

3. Naturopathic doctors are appropriately trained to prescribe OMP safely

Ontario naturopathic doctors who have completed the Canadian Therapeutic Prescribing Course and Examination have demonstrated competency in pharmacology, prescribing, monitoring, contraindications, and patient education. As the Independent Expert Review clearly states, these practitioners can prescribe and manage OMP safely and effectively without mandatory physician or nurse practitioner co-management, except in specific higher-risk populations where referral is already appropriate.

4. Current referral requirements create unnecessary barriers to care

Requiring patients to be referred to a nurse practitioner solely for OMP prescribing introduces avoidable barriers, including:

- Additional out-of-pocket costs for patients

- Delays in initiating treatment
- Fragmentation of care
- Increased strain on already overburdened primary care providers

This is particularly impactful for patients seeking timely support for perimenopausal symptoms, PMDD, sleep disturbance, or anxiety - conditions where delays in treatment meaningfully affect quality of life and functioning.

Allowing qualified naturopathic doctors to prescribe OMP without restriction improves access, continuity of care, and patient-centred decision-making, while maintaining appropriate safeguards through existing standards of practice.

5. The proposed amendment aligns with evidence, interprofessional norms, and public interest

The Independent Expert Review, Working Group feedback, and initial public consultation responses all support the safety and appropriateness of OMP prescribing by naturopathic doctors. The absence of opposition during the initial consultation further reflects professional and public confidence in this amendment.

Removing the limitation aligns naturopathic prescribing authority with current clinical realities, interprofessional norms, and the best available evidence, while supporting timely, cost-effective, and safe patient care.

Conclusion

For these reasons, I fully support the proposed amendment to add oral micronized progesterone to Table 3 of the General Regulation **with no limitations**. This change appropriately recognizes the training and competence of Ontario naturopathic doctors, improves patient access to care, and reflects evidence-informed, modern prescribing practice.

Thank you for the opportunity to provide feedback and for your ongoing work to support safe, effective, and patient-centred naturopathic care in Ontario.

Sincerely,

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From:
To: [General](#)
Subject: Support for Unrestricted Prescribing of Oral Micronized Progesterone
Date: February 16, 2026 2:33:39 PM

Dear Members of Council,

I am writing to express my support for the College of Naturopaths of Ontario's (CoNO) proposal to add Oral Micronized Progesterone (OMP) to Table 3 of the General Regulation and to authorize Naturopathic Doctors to prescribe it without restrictions.

Patient safety should be the primary consideration in this decision. Allowing qualified, regulated NDs to prescribe OMP within their scope ensures timely access to care, reduces unnecessary referrals, and supports continuity and appropriate monitoring. Restrictive prescribing can create delays, fragmentation, and potential safety risks for patients.

OMP is already used by other Ontario prescribers, including for off-label but evidence-supported indications. Aligning ND prescribing authority accordingly promotes consistency in care and helps ensure patients receive safe, coordinated treatment from the provider managing their overall plan.

For these reasons, I strongly support authorizing unrestricted ND prescribing of OMP in the interest of patient safety and high-quality care.

Sincerely,

From:
To: [General](#)
Subject: Support of oral micronize progesterone
Date: January 15, 2026 12:26:03 PM

To Whom It May Concern,

I am writing to confirm that being able to provide oral micronized progesterone to my HRT patients would allow me to perform best practice support to my patients and help to protect them against uterine hyperplasia. That is definitely in the interest of public safety, and particularly for women using estradiol for hormone replacement.

I recently had a patient who had unexplained spotting after nearly six months using Estradiol patches combined with topical progesterone. I recommended she stop hormone therapy and have referred her to her medical doctor for transvaginal ultrasound to rule out endometrial hyperplasia. While her condition is not yet confirmed, her risk for that side effect would have been far less if I had access to prescribing OMP. Her care would also be better managed if we had access to ultrasound referral. Right now, she is waiting to get in to see her doctor, which has delayed her care for over a month. If I had been able to refer for ultrasound, she would already be getting the follow up testing she needs. This is another major lack and limitation in the current regulations surrounding our use of HRT.

The safety profile of oral micronized progesterone has been well established and allowing us to access it helps to support our safe use of our other prescribing abilities - namely estradiol. While that will improve the safety of our prescribing, we also need access to ultrasound to be able to monitor for any symptoms or potential problems that arise. Having to refer to the medical system creates delays in care which can have serious consequences. Having an ultrasound report to bring to their MD would allow them to access treatment and care much more quickly.

Thank you so much for this consultation and for working to better protect the public by giving us access to the tools we need to provide best care.

Yours in health,

-

From: [Gener](#)
To: [al](#)
Subject: Support of oral micronized progesterone
Date: January 16, 2026 1:08:00 PM

I whole heartedly support the proposal to add oral micronized progesterone prescribing rights for NDs (without limitations).

From:
To:
Cc:
Subject: Urgent Request to Include Oral Micronized Progesterone in the Naturopathic Scope of Practice
Date: February 20, 2026 11:47:31 AM

Dear Members of Council and Regulatory Affairs Committee,

I am writing to formally request an urgent review of the current naturopathic prescribing scope to include oral micronized progesterone.

As you know, the mandate of the College of Naturopaths of Ontario is to protect the public by ensuring safe, ethical, and competent practice. I respectfully submit that the exclusion of oral progesterone from our prescribing scope creates avoidable risks for patients—particularly individuals assigned female at birth—while simultaneously disrupting continuity, safety, and quality of care.

Currently, naturopathic doctors in Ontario are permitted to prescribe estrogen therapy. However, oral micronized progesterone is widely recognized in the literature as the most physiologically appropriate and chemoprotective form of progesterone for endometrial protection in patients with a uterus receiving systemic estrogen therapy. When estrogen is prescribed without adequate progesterone opposition, there is a well-established increased risk of endometrial hyperplasia and carcinoma.

Restricting NDs to topical progesterone preparations is clinically limiting and potentially problematic. Transdermal progesterone absorption can be variable and unpredictable, depending on the formulation and patient-specific factors. In contrast, oral micronized progesterone has robust evidence supporting its bioavailability, endometrial protection, and systemic benefits, including favorable effects on sleep and mood in perimenopausal and menopausal populations.

The current restriction results in several unintended consequences that directly impact patient safety and public protection:

1. Delayed or Fragmented Care

When prescribing estrogen, NDs must instruct patients to seek a separate appointment with a medical doctor to obtain oral progesterone. This introduces delays in initiating balanced hormone therapy. In some cases, patients—out of desperation or misunderstanding—may initiate estrogen therapy without adequate progesterone coverage, thereby increasing endometrial risk.

2. Continuity of Care Disruption

Requiring multiple providers for one therapeutic protocol interrupts continuity of care and increases the likelihood of miscommunication, inconsistent dosing strategies, and patient confusion.

3. Barriers During Physician Shortage

Ontario is currently facing significant physician shortages. Many patients do not have a primary care physician. For these individuals, access to progesterone becomes

unnecessarily difficult, inequitable, and delayed.

4. Increased Financial and Time Burden

Additional appointments increase missed workdays, financial cost, and emotional stress for patients.

5. Professional Credibility and Public Confidence

The discrepancy in prescribing authority creates confusion for patients and may unintentionally undermine confidence in naturopathic medicine. When MDs are permitted to prescribe oral progesterone but NDs are not—despite being trained in hormone physiology and prescribing estrogen—it conveys inconsistency in regulatory standards. This inconsistency may foster professional tension and erode public trust in coordinated care models.

6. Inequity Across Practice Settings

Some NDs work alongside nurse practitioners or MDs and can collaborate for progesterone prescribing, while others practice independently. Patients should receive consistent standards of care regardless of clinic structure or geography.

Naturopathic doctors in Ontario are trained as primary care practitioners with specific education in endocrinology, hormone therapy, and risk mitigation. Including oral micronized progesterone within our scope would:

- Enhance patient safety by ensuring proper endometrial protection when estrogen is prescribed
- Improve continuity and efficiency of care
- Reduce systemic health care burden
- Support equitable access during physician shortages
- Align regulatory standards with current evidence-based menopausal care

The request is not an expansion beyond competency, but rather a logical and necessary alignment of prescribing authority with existing training and responsibilities.

In summary, the inclusion of oral micronized progesterone within the naturopathic scope of practice is a patient safety issue, a continuity of care issue, and a public protection issue. Its absence creates unnecessary barriers and risk. Its inclusion would strengthen regulatory integrity and improve health outcomes for a large and vulnerable patient population.

Thank you for your time and thoughtful consideration of this matter. I would welcome the opportunity to participate in further discussion or provide supporting literature if helpful.

Respectfully,

From:
To: [General](#)
Subject: Yes to hormone therapy RX!
Date: Friday, February 27, 2026 11:47:28 AM

Dear Council Members,

I am writing in support of the proposed amendment to remove the limitation on oral micronized progesterone (OMP) prescribing for naturopathic doctors in Ontario.

I understand that the College is considering whether NDs with prescribing authority should be able to prescribe OMP without restrictive limitations. As a patient, I believe this would improve access and continuity of care.

In my experience:

- I had to fight with family doctor and Telus health to be able to consider hormone therapy. I was prescribed GABAPENTIN instead. Frustrating
- I had to involve a second provider who was not managing my hormone care
- I was able to talk to a naturopath to HELP with how I was feeling. This person understand and agreed to consider helping me, BUt
- There were delays in starting or adjusting treatment, due to having to consult vs just prescribing care to me!
- MOST of my symptoms of perimenopause were fixed after about three weeks!! This needs to be considered, as pills of other kind weren't helping me, HRT did

L

My naturopathic doctor assessed me, reviewed the potential risks and benefits and is responsible for monitoring my hormone therapy. I feel confident that they are trained and equipped to prescribe oral progesterone directly as part of my care.

Removing unnecessary prescribing limitations would:

- Improve continuity
- Reduce delays and costs
- Reduce system burden
- Support patient-centred care

Thank you for considering patient perspectives in this consultation.