Nurse Practitioners' Association of Ontario

Submission Regarding Oral Micronized Progesterone and Naturopathic Prescribing
Date: August 28, 2025

To:
Council of the College of Naturopaths of Ontario
Ministry of Health, Health Workforce Regulatory Oversight Branch

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On behalf of the Nurse Practitioners' Association of Ontario (NPAO), we are pleased to provide input on the proposal to add oral micronized progesterone (OMP) to the naturopathic prescribing list. We support this change as a measured and evidence-based way to improve access to care and strengthen women's health services across the province.

Patient Need and Evidence
OMP is widely recognized as the safest and most effective form of progesterone for endometrial protection in hormone therapy, and it is also used in guideline-based care for menopause management, sleep disturbance, and fertility support. Patients are already seeking care for these issues from Naturopathic Doctors (NDs). Allowing NDs to prescribe OMP will reduce delays and avoid unnecessary referrals for straightforward, low-risk treatments.

Consistency Across Professions re: Off-Label Use
Nurse practitioners and physicians can already prescribe OMP, including for off-label uses supported by clinical evidence. Extending this authority to NDs aligns them with the broader system and avoids inequities in patient access.

Safety and Oversight
Naturopathic doctors who prescribe must complete additional pharmacology training, pass an examination, and meet professional standards for competence, informed consent, documentation, and referral. These requirements ensure safe prescribing and integration with other providers.

System Benefits
Expanding ND prescribing authority will help ease pressures on primary care while maintaining patient safety. It supports team-based, collaborative care and reflects how Ontarians are already navigating the health system.

NPAO urges the College and the Ministry of Health to approve the addition of oral micronized progesterone to the naturopathic prescribing list. This policy change will improve access, advance equity, and strengthen the overall health system.

Sincerely,
Dr. NP Michelle Acorn

Chief Executive Officer
Nurse Practitioners' Association of Ontario

[redacted]

From: Jennifer Joseph <JJoseph@oand.org>
Sent: September 8, 2025 2:26 PM
To: General
Subject: OAND - OMP Consultation Response - Submission
Attachments: OAND - OMP Consultation Response - FINAL - 09.08.2025.pdf

Dear College of Naturopaths of Ontario,

On behalf of the Ontario Association of Naturopathic Doctors (OAND), thank you for the opportunity to provide feedback on the recent consultation regarding the inclusion of Oral Micronized Progesterone (OMP) within the prescribing authority of registered Naturopathic Doctors in Ontario.

OAND supports the proposed expansion to authorize Naturopathic Doctors to prescribe OMP. This change reflects both the current standards of naturopathic medical education and the evolving needs of Ontario patients.

We believe this regulatory update is a critical and timely step forward, ensuring Naturopathic Doctors can continue to practice to the full extent of their training and meet the growing demand for accessible, patient-centered care.

OAND appreciates the College's leadership in advancing this consultation and we welcome continued dialogue as the regulatory process moves forward. Please do not hesitate to reach out should you require further information or supporting evidence from our association.

Regards,

Jennifer Joseph
Chief Executive Officer

Ontario Association of Naturopathic Doctors
www.oand.org

Executive Summary

The Ontario Association of Naturopathic Doctors (OAND) strongly supports the addition of oral micronized progesterone (OMP) to the Naturopathy Act, 2007, Table 3. This request reflects both patient need and the demonstrated capacity of NDs who have met the Standard for Prescribing to safely and effectively prescribe this medication.

Why this matters:

- **Improved access to care** – reduces delays, unnecessary referrals, and duplicate appointments.
- **System efficiency** – frees MD/NP time for higher-acuity care, easing primary care wait times.
- **Critical gaps in women's health** – provides gold-standard endometrial protection, and evidence-supported care for menopause, sleep, fertility, and other indications.
- **Safety and accountability** – OMP is well-studied with a favourable safety profile; NDs already prescribe topical progesterone safely under robust regulatory standards.
- **Consistency with Ontario norms** – aligns ND prescribing with evidence-based practices across regulated professions.

In addition to supporting the addition of OMP, the association also strongly recommends the council remove the restriction of on-label indications. Naturopathic doctors in Ontario already prescribe topical progesterone safely, but the oral route is the gold standard in menopausal hormone therapy. Ensuring access to this additional route of administration is critical to align with practices that prioritize patient safety and clinical efficacy, particularly as oral micronized progesterone has demonstrated efficacy in areas such as mood and sleep where topical forms are not effective.

While this request is specifically focused on oral micronized progesterone, it also highlights a broader principle. Naturopathic doctors are well-positioned, by virtue of their training, regulatory standards, and demonstrated commitment to patient safety, to responsibly incorporate additional primary care medications into practice when supported by evidence, patient need, and system priorities. Ensuring flexibility in scope not only addresses today's critical gaps in women's health but also establishes a framework for scope modernization—one that adapts as best practices evolve and supports a more efficient, sustainable, and patient-centred health system.

Membership Profile and Representation

The Ontario Association of Naturopathic Doctors (OAND) represents over 1,300 practicing Naturopathic Doctors (NDs), which is more than 70% of the NDs currently in practice in Ontario. Our members serve patients in diverse clinical settings, including underserviced northern and rural communities, where they are often a critical access point to care.

Survey data gathered during this consultation process reflects the breadth of their clinical practice and training: a substantial majority of respondents reported having completed advanced education in prescribing and pharmacology, as well as advanced training in hormone replacement therapy. Importantly, nearly all respondents highlighted the value of having access to oral micronized progesterone (OMP) as a safe, evidence-informed option to improve continuity of care and patient outcomes.

Introduction

The proposed inclusion of oral micronized progesterone (OMP) in the ND scope of practice represents a constructive and evidence-based step forward. Expanding access to OMP will enhance patient care, improve continuity of treatment, and bring naturopathic prescribing into closer alignment with current clinical evidence and competencies.

OMP is a safe, well-studied therapy with a favourable safety profile, recognized internationally for its role in endometrial protection, and with additional evidence-supported benefits in managing menopausal symptoms, sleep, and fertility concerns. The College's third-party review confirmed not only its safety but also that NDs can manage it responsibly within existing standards, supported by established referral and co-management pathways for high-risk patients (Kellar 2025).

While the current consultation proposes limiting prescribing to the Health Canada monograph indication, best practice frequently extends beyond monograph language. Many guideline-supported uses remain "off-label" simply due to regulatory lag. Even if limited to monograph use, OMP's inclusion is meaningful progress. However, broader evidence-supported prescribing authority is consistent with Ontario's regulatory norms and best serves patients.

Naturopathic doctors in Ontario already prescribe topical progesterone safely, and the addition of oral micronized progesterone reflects the profession's commitment to aligning with the gold standard of care. The oral route is essential for uterine protection during menopausal hormone therapy and has demonstrated efficacy for symptoms such as sleep and mood, where topical forms are not effective. Restricting prescribing by indication or route risks patient safety by slowing adaptation to evolving best practices, as illustrated by the very need for this consultation.

Permitting evidence-supported off-label prescribing enables NDs to provide comprehensive care without requiring repeated consultations each time best practices evolve. This ensures patients continue to have timely access to safe and effective treatment, while maintaining safeguards of competence, informed consent, monitoring, and referral. Far from weakening public protection, this strengthens it by embedding adaptability and responsiveness into regulation.

Taken together with the breadth of prescribing education and clinical training among Ontario NDs, this consultation represents not only an important step forward for OMP prescribing, but also a broader principle: NDs are well-positioned, by training and regulatory standards, to responsibly incorporate additional primary care medications where supported by evidence, patient need, and system benefit. Ensuring flexibility in scope not only addresses current gaps in women's health but sets the foundation for a sustainable, patient-centred health system.

Key Considerations

1. Table Limitations

The OAND supports the proposal to add Oral Micronized Progesterone (OMP) to Table 3 of the Naturopathy Act prescribing regulation. In reviewing the consultation, we considered whether OMP could also be appropriately placed in Tables 4–6. Ultimately, we agree with the proposal to limit its inclusion to Table 3 at this stage, for the following reasons:

- **Patient Safety and Appropriate Use**: Placement in Table 3 ensures OMP is prescribed by NDs who have met the Standard for Prescribing, providing a controlled framework consistent with other hormone therapies.
- **Clarity in Clinical Pathways**: Restricting OMP to Table 3 maintains clear prescribing and co-management pathways, avoiding duplication or unnecessary complexity across the other tables.
- **Alignment with Regulatory Intent**: The College's rationale to begin with Table 3 is consistent with the best practices for prescribing scope expansion while maintaining safeguards.

This approach provides NDs with prescribing authority while maintaining patient safety and consistency with other regulated health professions.

- **Dispensing (Table 4):** Excluding OMP from ND dispensing is aligned with regulatory practice in other professions and ensures an additional layer of pharmacy oversight. This maintains safeguards around drug storage, inventory, and patient counseling, which are critical for controlled access medications.
- **Compounding (Table 5):** Since OMP is widely available in both brand-name (Prometrium®) and generic forms, routine compounding is unnecessary. In rare cases

where compounding may be required (e.g., excipient intolerance), NDs can prescribe and direct patients to a licensed compounding pharmacy, ensuring both access and safety.

- **Selling (Table 6):** Excluding OMP from ND sales reinforces the rationale for dispensing restrictions and maintains consistency with other professions. This approach also supports interprofessional collaboration with pharmacists, who play an important role in patient education and monitoring.

Member Input: Feedback from the member survey confirms broad support for this approach. Fewer than 5% of respondents raised concerns about excluding OMP from Tables 4–6, primarily related to compounded formulations. These concerns are addressed through established collaboration with compounding pharmacies.

By focusing on Table 3, NDs gain prescribing authority that addresses a critical access point in patient care, while maintaining safeguards and consistency across the healthcare system.

2. Off-Label Prescribing of Oral Micronized Progesterone (OMP)

The Council's proposal to restrict naturopathic doctors (NDs) from prescribing OMP for off-label uses requires serious reconsideration. Restricting off-label prescribing is not the norm in healthcare regulation. As our legal opinion confirms, all prescribers in Ontario are permitted to prescribe medications off-label so long as they demonstrate the knowledge, skill, and judgment to do so safely, supported by clinical evidence and patient consent.[1] The restriction under consideration would make Ontario NDs an exception among regulated prescribers, rather than aligning with the accepted standard of practice for off-label prescribing in the province.

Regulatory Context for Off-Label Prescribing

Off-label prescribing is common, evidence-driven, and necessary**.**

- **Prevalence in practice:** Approximately 1 in 5 outpatient prescriptions are written for an off-label use. In some specialties and understudied populations, including women, the rates are much higher — over 30% in psychiatry, nearly 50% in oncology, and in pediatrics and intensive care settings, where therapeutic options are limited, off-label use can exceed 90% (Jain and Nair, 2020).
- **Why it happens:** Off-label prescribing bridges the gap between evolving clinical evidence and the slower pace of Health Canada label changes. Many well-established, guideline-supported uses remain "off-label" simply due to regulatory lag rather than any lack of safety or efficacy. It is important to note that, despite the well-recognized limitations of having access only to topical progesterone, it was the association itself that initiated the process to add oral micronized progesterone to the ND scope. This step

[1] Controlled drugs and a few other drugs are excepted where specifically set out in profession specific regulations.

reflects both the realities of current practice and the profession's proactive commitment to ensuring patients have access to safe, evidence-based, gold-standard care.

Legal and regulatory framework in Ontario:

- The legal opinion obtained by OAND confirms that no prescribing profession in Ontario is prohibited from off-label use.
- Physicians, nurse practitioners, pharmacists, midwives, and optometrists all prescribe off-label where clinically appropriate. Their standards emphasize:
    - Demonstrating knowledge, skill, and judgment
    - Documenting rationale and treatment plan
    - Obtaining informed consent, including disclosure that the use is off-label
    - Following available evidence and guidelines
- Importantly, regulators focus on safeguards rather than prohibition. The College of Nurses, for example, explicitly confirmed that nurse practitioners may prescribe off-label provided they meet the standards of practice and Code of Conduct requirements. Similarly, physicians and pharmacists are expected to follow evidence-based protocols, but not restricted to labels.

Best-practice expectations across professions:

1. Transparency — Document that the use is off-label, including rationale and evidence.
2. Informed Consent — Discuss risks, benefits, and alternatives with the patient.
3. Evidence Alignment — Follow the strongest available guidelines and clinical data.
4. Ongoing Review — Reassess and adjust as necessary, particularly in high-risk patients.
5. Monitoring — Use appropriate follow-up and referral pathways.

Implication for NDs:
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.

Clinical Guidelines and Safety Evidence

A central consideration in this consultation is not only whether naturopathic doctors can safely prescribe oral micronized progesterone (OMP), but whether its use—both on-label and guideline-supported off-label—aligns with best practices in primary and women's health care. The College's third-party review, alongside national and international guidelines, provides a strong evidence base demonstrating OMP's safety, tolerability, and established role across multiple clinical indications.

The College's independent review concludes that OMP is well-tolerated with a favourable safety profile when used according to evidence-based protocols, and identifies it as the preferred agent for endometrial protection within menopausal hormone therapy (MHT) regimens (Kellar, 2025). This aligns with Canadian guideline positions, which consistently recognize OMP as the standard for endometrial protection in women using systemic estrogen and as a component in several common midlife care pathways (Society of Obstetricians and Gynaecologists of Canada [SOGC], 2021, 2023a, 2023b).

Endometrial protection (on-label).
Across randomized and observational evidence synthesized in the third-party review, OMP effectively prevents endometrial hyperplasia when co-prescribed with systemic estrogen in women with an intact uterus (Kellar, 2025). The commonly used regimens—OMP 200 mg nightly for 12–14 days per 28-day cycle (sequential MHT) or 100 mg nightly continuously in fully post-menopausal patients—are consistent with product monograph recommendations and Canadian practice guidance and are associated with low rates of unscheduled bleeding once an appropriate regimen is established (Kellar, 2025; SOGC, 2021). Continuous use of OMP within standard dosing ranges demonstrated reassuring safety signals over periods up to three years, with no unexpected safety trends when appropriate screening and follow-up were in place (Kellar, 2025).

Comparative safety vs synthetic progestins.
The third-party review notes that estradiol combined with micronized progesterone shows a more favourable cardiometabolic and thromboembolic risk profile than older regimens using conjugated estrogens with medroxyprogesterone acetate (MPA) (Kellar, 2025). Observational data cited in the review associate micronized progesterone–based regimens with lower venous thromboembolism risk and potentially more neutral effects on breast and metabolic endpoints than certain synthetic progestins when used at typical menopausal doses (Kellar, 2025; SOGC, 2021). While head-to-head randomized trials are limited, the directionally consistent safety advantages reported across large cohorts and pharmacologic plausibility (bioidentical structure;

different receptor and hepatic effects) support the conclusion that OMP is an appropriate first-line progestogen for endometrial protection (Kellar, 2025).

Vasomotor symptoms and sleep (off-label, guideline-supported).
The College's review and Canadian guidelines acknowledge that OMP can ameliorate vasomotor symptoms (VMS) and improve sleep quality for midlife women, including when used at bedtime (e.g., 300 mg QHS), leveraging progesterone's anxiolytic and GABA-ergic neurosteroid pathways (Kellar, 2025; SOGC, 2023a, 2023b) - which are not available with a topical route of administration. Randomized and controlled data summarized in these sources show clinically meaningful reductions in hot-flash frequency/severity and improvements in sleep parameters compared with placebo or non-progestin comparators, without signal for serious harm when standard monitoring is applied (Kellar, 2025; SOGC, 2023b). These uses are widely adopted in clinical practice; their "off-label" status reflects regulatory lag rather than a lack of safety signal, and they are routinely managed under the same safeguards used for on-label MHT (SOGC, 2023a, 2023b; Van Norman, 2019).

Fertility and luteal support (off-label, common practice).
OMP is a longstanding component of luteal-phase support and early pregnancy support in reproductive endocrinology. The College review and our submission summarize its safety and tolerability in these contexts when used within accepted dosing ranges and under appropriate obstetric/gynecologic monitoring (Kellar, 2025; OAND, 2024, Appendix B). Adverse effects are typically mild (e.g., somnolence, dizziness, breast tenderness), with serious events uncommon when contraindications are respected and high-risk patients are co-managed (Kellar, 2025). While pregnancy research has historically faced ethical and methodological constraints, current practice standards and post-market experience support the cautious, evidence-aligned use of progesterone for luteal support under informed consent (Zur, 2023; Kellar, 2025).

Practical safety considerations and monitoring.
Across indications, safety is optimized by (a) appropriate patient selection and baseline risk assessment (e.g., thromboembolism history, active liver disease, undiagnosed bleeding, current or recent hormone-sensitive malignancy), (b) clear documentation of indication and rationale, (c) informed consent that includes discussion of off-label status where applicable, (d) dose timing to minimize sedation (e.g., bedtime dosing), (e) attention to drug–drug interactions that may affect progesterone metabolism or CNS effects, and (f) planned follow-up to assess efficacy and adverse events (Kellar, 2025; SOGC, 2021, 2023a, 2023b; OAND, 2024, Appendix B). These measures mirror the safeguards that Ontario regulators expect for all prescribers using off-label therapies and are embedded within ND prescribing standards (OAND Legal Counsel, 2025; Van Norman, 2019). A detailed summary of the evidence base, regulatory impacts, and implications for naturopathic scope expansion is provided in Appendix A. This table consolidates the key findings from the College's third-party review, clinical guidelines, and stakeholder input.

The College's own review, corroborated by major Canadian guidelines, supports that OMP is safe and appropriate for on-label endometrial protection and for common, guideline-supported off-label uses (sleep/VMS, fertility) when prescribed within established protocols and oversight. A regulatory approach that recognizes these realities—and relies on standards of competence, consent, documentation, monitoring, and co-management—aligns with Ontario's system norms and avoids creating a profession-specific barrier unsupported by the evidence.

Conclusion and Recommendations

The Ontario Association of Naturopathic Doctors (OAND) strongly supports the addition of oral micronized progesterone (OMP) to the naturopathic prescribing regulations. This regulatory change represents an evidence-informed, patient-centered advancement that will improve access to safe and effective care, reduce system bottlenecks, and ensure patients benefit from the full scope of their naturopathic providers as part of Ontario's broader efforts towards scope modernization.

Ontario's naturopathic doctors already operate under a rigorous regulatory framework that ensures patient safety and professional accountability. Only NDs who have completed advanced pharmacology training and passed a prescribing examination are authorized to prescribe. They are further bound by standards of practice that require documentation, informed consent, monitoring, and referral or co-management for high-risk patients. NDs have been safely prescribing topical progesterone within this framework for years, but the oral route is essential because it is the gold standard for endometrial protection in menopausal hormone therapy and uniquely effective for mood and sleep, where topical forms do not provide benefit. These safeguards mirror those applied across other prescribing professions in Ontario and provide a strong foundation for safe prescribing of OMP.

The evidence base, including the College's independent third-party review, confirms OMP's safety, efficacy, and broad clinical utility. While its on-label indication relates to endometrial protection during estrogen therapy, guideline-supported off-label uses include menopausal symptom management, sleep, fertility, and early menopause bone and cardiovascular support. Other Ontario prescribers routinely rely on off-label prescribing when supported by evidence, informed consent, and sound clinical judgment.

Restricting NDs to on-label use alone would create unnecessary barriers to evidence-informed care, misalign with best practice standards, and ultimately disadvantage patients. Regulations that rely on rigid on-label restrictions risk harming the public, as legislative and regulatory processes cannot adapt quickly enough to keep pace with evolving clinical evidence and guideline updates.

General Recommendations:

1. Support the addition of OMP to ND scope as a safe, evidence-based, and patient-centred advancement that will improve access to care and system efficiency.
2. Present the evidence supporting broader use of OMP beyond the current monograph indication, noting that other Ontario health professionals prescribe off-label when supported by evidence, informed consent, and sound clinical judgment.
3. Request that Council consider including broader, evidence-based indications at this stage—before recommending the policy to the Ministry of Health for proclamation—to ensure alignment with current clinical practice standards.
4. Reaffirm ND readiness to prescribe OMP responsibly, supported by existing regulatory safeguards, informed consent processes, and established co-management pathways for high-risk patients.

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.

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Memorandum

To: Dr. Tracy-Lynn Reside ND

From: Julia Martin, legal counsel

Date: August 14, 2025

Re: Off-label prescribing

You asked me to consider how other health professions address the off-label prescribing of drugs to see whether a comparison can be made to naturopathic doctors in order to convince CoNO that NDs ought to be permitted to prescribe Oral Micronized Progesterone off-label.

Although we discussed that nurse practitioners were likely the most similar profession to look to for comparison purposes, I determined that it would be useful to review this issue for all regulated professions that have the ability to prescribe drugs namely: physicians, dentists, pharmacists, optometrists and nurse practitioners. Interestingly, none of these professions has a regulation or standard that says anything about the off-label prescription of drugs and whether or not it is permissible.

What all of the professions with the right to perform the controlled act of prescribing do have is a requirement that registrants always adhere to the standards of practice regarding prescribing drugs. Therefore, these same standards apply when registrants decide to prescribe a drug off-label. These standards for most of the professions include the following:

- **Using their knowledge, skill and judgment;**
- **Obtaining informed consent including informing the patient of the possible risks and side effects;**
- **Only prescribing where appropriate or where it is supported by evidence; and**
- **Documenting appropriately**

Some of the professions, include state the prescribing standards within their regulations. Pharmacy, for example, has articulated this standard in its regulations under the *Pharmacy Act, 1991*, in O. Reg. 256/24 as follows:

51(4) A Part A pharmacist, an intern or a registered pharmacy student may only prescribe a drug under this section if they,

(a) possess sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) have considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) give the prescription to the patient or the patient's authorized agent;

(d) advise the patient or the patient's authorized agent, at the time of giving the prescription, that they may elect to take it to a pharmacy of their choosing for dispensing;

(e) notify the patient's primary care provider, if any, within a reasonable time, that the Part A pharmacist, intern or registered pharmacy student prescribed a drug for the patient and provide details respecting the prescription;

(f) comply with the additional **requirements under sections 53 and 54; and**

(g) have determined, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's condition. O. Reg. 385/23, s. 2.

I contacted the College of Nurses of Ontario directly to ask about this. The following is their response:

CNO does not have specific guidance on off-label prescribing, nor do we maintain a list of specific medications that NPs can prescribe and how they are used - including off-label uses (except for narcotics/controlled substances, opium, coca leaves and anabolic steroids). For more information please see our NP Resource page. Please consider the following to assist you with your inquiry:

- ***NPs must ensure they have the knowledge, skill, and judgment to prescribe a particular medication and be able to manage possible outcomes of prescribing a medication.***
- ***On page 5 of the Nurse Practitioner practice standard under Therapeutic Management it states "NPs, on the basis of assessment and diagnosis, formulate the most appropriate plan of care for the client and implement evidence-informed therapeutic interventions in partnership with the client to optimize health". And, on page 9 there is a chart that outlines legal requirements and restrictions related to medication practices of NPs.***

- ***If the medication must be obtained through Health Canada's Special Access Programs (SAP), NPs may request special access to medications that they are legally authorized to prescribe. NPs should consider the additional risks associated with prescribing SAP medications and discuss these risks with the client. Our expectation is that NPs would comply with any requirement from Health Canada related to Special Access Program. For more information please see our NP Resource page webpage, under the Practice Resources tab.***
- ***NPs are accountable to all the standards of practice including:***
    - ***The Medication practice standard where it states nurses meet the standard in part by:***
        - ***ensuring their medication practices are evidence- informed.***
        - ***assessing the appropriateness of the medication practice by considering the client, the medication and the environment.***

In addition, in the Code of Conduct practice standard it states:

- ***3.4 Nurses seek and use the best available evidence to inform their practice.***

Therefore, other than for controlled drugs, nurse practitioners can legally prescribe drugs for uses other than those stipulated on the product monograph provided they adhere to the standards of practice and the Code of Conduct.

The College of Optometrists, similarly includes some of the prescribing standards in O. Reg. 112/11 made under the Optometry Act, 1991. This regulation also restricts the manner of administration of some drugs that optometrists are permitted to prescribe. This implicitly allows the administration of some drugs off-label by requiring that certain drugs, as set out in the schedule to the regulation, can only be administered and/or used in the manner specified in the schedule.

In my opinion, an argument can and should be made that, similar to the other professions with authority to perform the controlled act of prescribing, NDs ought to be permitted to similarly prescribe off-label. If CoNO does not allow this, NDs would be the only profession with the authority to perform this controlled act that is not able to prescribe off-label. In my view, the manner in which the other professions have addressed this (as can be seen precisely by the response I received from the CNO) is to say that you can prescribe however you determine to be appropriate, which would include off-label, if you comply with the standards that apply to every prescription of drugs. If the college determines that its registrant is qualified to prescribe drugs, then the manner in which or reason for which the drug is being prescribed should not change the fact that the registrant is qualified to do so.

Further, of the practitioners permitted to prescribe Oral Micronized Progesterone (physicians, nurse practitioners and naturopaths), NDs would be the only ones not to be able to prescribe it off-label. This does the Ontario public a disservice as well as unnecessarily burdening the health system because these patients will be required to seek the prescription from a doctor or NP. Finally, are NDs not at least equivalently qualified with respect to these prescriptions as NPs?

Appendix A

Summary of Evidence, Regulatory Impacts and Considerations

Regulatory Impact Theme	Evidence	Implications for ND Scope Expansion
Patient Safety	- Favourable safety profile compared to synthetic progestins (e.g., lower VTE and breast cancer risk when combined with transdermal estrogen). - Not a high-risk medication, controlled substance, or biologic. - Safety demonstrated in trials up to 3 years. - Existing contraindications (liver disease, hormone-sensitive cancers, unexplained vaginal bleeding, VTE history) can be screened by NDs. - Monitoring requirements (lipids, LFTs, breast/CVD risk, follow-up) align with ND competencies.	- Risks are manageable within existing ND prescribing standards. - Patient screening, monitoring, and referral pathways already in place for similar therapies. - No new infrastructure needed to ensure safe prescribing.
Evidence-Based Efficacy	- Approved indication: endometrial hyperplasia prophylaxis with estrogen (Health Canada). - Supported off-label uses: infertility (luteal phase defects), vasomotor symptoms (RCT evidence, NAMS endorsement). - NAMS and IMS recommend OMP for endometrial protection with estrogen, and recognize benefits for vasomotor symptoms and sleep.	- Strong alignment with evidence-based care. - Allows NDs to apply best practice guidelines without unnecessary referrals. - Supports safe comprehensive management for menopausal and fertility-related care.
Access to Care	- Current primary care shortages limit timely access to prescriptions. - Review notes reliance on physician co-management would delay treatment, add costs, and fragment care. - NDs with prescribing rights can	- Expanding scope reduces bottlenecks, ensuring faster treatment initiation. - Improves continuity of care for patients already managed by their ND.

	independently manage low-risk patients. Many NDs work in rural and remote locations, or with marginalized populations, increase critical access to primary care for these underserved communities	
Alignment with Other Jurisdictions	- OMP prescribable by NDs in BC. - Pharmacists with authority can prescribe in AB. - MDs and NPs can prescribe nationally.	- Brings Ontario in line with national prescribing practices. - Avoids jurisdictional inequities and unnecessary interprofessional transfers.
Consistency with Current ND Competencies	- Monitoring and follow-up protocols for OMP mirror those for topical/vaginal progesterone already in ND scope. - Similar patient safety parameters to existing hormone prescribing.	- NDs are already trained and regulated to handle equivalent prescribing responsibilities. - Minimal additional training required (limited to OMP-specific pharmacology).
Physician Co-Management for High-Risk Patients	- Review recommends referral/co-management for patients with liver dysfunction, undiagnosed vaginal bleeding, hormone-sensitive cancers, VTE/arterial disease, certain allergies, pregnancy, or abnormal labs (LFTs, lipids). - These recommendations mirror current ND standards for managing high-risk hormonal therapy patients.	- Ensures safe care for complex cases by embedding clear referral triggers. - Maintains collaborative care for higher-risk patients while allowing NDs to independently manage straightforward cases within their scope.
System Efficiency & Cost-Effectiveness	- Reduces burden on overextended primary care system. - Prevents unnecessary specialist referrals for low-risk cases. - Supports patient self-management and continuity of care.	- Expanding ND prescribing for OMP optimizes healthcare resources. - Aligns with Ontario's priorities to improve access and reduce system strain.

Restriction to Monograph-Only Use	- Health Canada monograph indication: "For use in women with an intact uterus, in combination with estrogen therapy, for the prevention of endometrial hyperplasia." - Third-party review supported broader evidence-based uses, including vasomotor symptoms, sleep disturbance, and luteal support, consistent with national and international guidelines. - Off-label prescribing is routine for MDs/NPs when supported by evidence.	- College's proposed restriction would exclude the majority of common, evidence-supported uses for OMP. - Creates inequity between NDs and other prescribers, limiting patient choice and continuity of care. - Would require unnecessary physician referrals for safe, well-studied uses, increasing wait times and system burden.

Appendix B: Content of the OAND Submission to the College of Naturopaths of Ontario Standing Consultation for Consideration of the Addition of Drugs and Substances to the Naturopathy Act (2007)

2. ABOUT YOUR SUBMISSION

2.1 Type of Submission*

Please indicate whether you are suggesting a new substance be added to the table, an existing substance or drug be removed or amended or if the limitations on use in the table to altered.

Alter stated limitations of substance or drug

2.2 Table in Regulation Affected*

On which table in the General Regulation does or should this drug appear. Please note, if you are submitted a drug that would be prescribed, dispensed, compounded and sold, please select the last choice in the list below.

Tables 3, 4, 5 & 6 - Drugs to be prescribed, dispensed, compounded AND sold

2.4 Please identify the routes of administration for this drug to be prescribed.*

Check all that apply.

Oral

Suppository (authority previously granted)

Topical (authority previously granted)

NOTE: Oral micronized progesterone (OMP) is bioidentical, meaning its molecular structure is identical to the natural progesterone produced by the human body. This bioidentical nature allows it to interact with progesterone receptors in a way that closely mimics the body's natural hormone, resulting in fewer side effects and better overall tolerance.

In contrast, progestin**s** are synthetic compounds designed to mimic the effects of progesterone but differ in their chemical structure. These structural differences mean that progestins can act differently in the body and may bind to various hormone receptors, leading to a different profile of side effects

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3. ABOUT THE DRUG OR SUBSTANCE

3.1 Name of the Drug or Substance*

Please indicate the name of the drug or substance, including both its trade name and generic name, where applicable.

Active Drug Ingredient: 0106327002

Oral Micronized Progesterone (Prometrium)

3.2 Is this drug or substance approved for use in Canada by Health Canada?*

Yes

3.3 Drug Identification Number / Natural Health Product Drug Identification Number

Please provide the Drug Identification Number (DIN) or the Natural Health Product Drug Identification Number (NH-DIN).

Active Ingredient Number: 0106327002

3.4 Is the drug or substance currently approved for use by NDs in British Columbia?*

Yes

3.5 Was the drug or substance previously publicly available in Ontario and now restricted due to Provincial or Federal Legislation?*

No

3.6 Is this a controlled drug as defined by the Controlled Drugs and Substances Act (Canada)?*

No

3.7 If applicable, please indicate on which National Association of Pharmacy Regulatory Authorities (NAPRA) the drug appears.

NAPRA Schedule I

3.8 Does the drug appear on Health Canada's Prescription Drug List (PDL)?*

Yes

3.9 Does the drug listing on the PDL include restrictions relating to dosage or routes of administration?*

No

3.10 To the best of your knowledge, does this drug require physician co-management?*

To the best of our knowledge, physician co-management is not an inherent requirement for all patients prescribed oral micronized progesterone. This bioidentical progesterone, approved as Prometrium in Canada, has demonstrated safety and efficacy in menopausal populations and as an adjunct to estrogen for endometrial protection in non-hysterectomized women.

While oral micronized progesterone does require some baseline monitoring (such as physical exams, vital signs, and relevant lab work), these can be independently managed by naturopathic

doctors (NDs) within their existing scope and training. Importantly, any patient with a high-risk profile or who may benefit from further investigation is promptly referred to a collaborating healthcare provider. NDs are also well-equipped to monitor ongoing treatment, adjusting care as needed and ensuring timely referrals if a patient's condition warrants it.

NDs have effectively and safely prescribed topical and vaginal progesterone for nearly a decade, with only a small percentage of investigations or complaints relating to any prescribing within the profession. Extending prescribing authority to oral micronized progesterone aligns with our profession's demonstrated commitment to patient safety and clinical efficacy. For patients with complex or high-risk profiles, NDs will continue to engage in co-management or referral as part of our established policies and standards of practice.

3.11 Please explain why an inter-professional collaboration or referral system will not provide patients with the necessary access to the drug?*

An inter-professional collaboration or referral system for oral micronized progesterone would limit necessary patient access to this safe, evidence-based hormone therapy, posing challenges to the College’s mandate to protect the public and support safe, timely, and ethical naturopathic care. Currently, Ontario’s healthcare system faces significant resource limitations, with millions of residents lacking regular access to family doctors or nurse practitioners. Relying on referrals for this essential therapy could lead to delays, added costs, and fragmented care, contradicting the College’s goal of ensuring patients' right to safe, competent, and accessible care.

Independent prescribing authority allows NDs to provide uninterrupted and well-monitored care. NDs are trained and regulated to assess, prescribe, and monitor therapies within their scope, and their standards of practice already require referral for higher-risk cases or complex health profiles. This model promotes efficient, patient-centered care without burdening an already strained healthcare system. Independent access to oral micronized progesterone would, therefore, align with Ontario Ministry of Health’s goals of faster, more accessible care while also supporting the College’s commitment to competency, safety, and accountability in naturopathic practice.

Best practices and recent research emphasize that oral micronized progesterone (OMP) offers optimal protection against endometrial hyperplasia without the need for routine endometrial monitoring, significantly reducing the need for specialist referrals and diagnostic delays. Oral micronized progesterone is the standard of care. Granting NDs prescribing authority for oral progesterone will align with current best practices for the SOGC and eliminate redundancies in care, enhancing both patient safety and timely access to effective hormone menopausal therapy.

In sum, permitting NDs to independently prescribe oral micronized progesterone ensures the right care at the right time, meeting both the College’s regulatory standards and the Ministry of Health’s objectives for a responsive, patient-centered system.

4. INDICATIONS AND CONTRAINDICATIONS

4.1 Indications*

Please list the diseases, disorders or dysfunctions for which the drug or substance is an indicated treatment. Please include whether this is an off-label use of the drug or substance.

Oral micronized progesterone is indicated for several key health conditions:

1. **Menopausal Hormone Therapy (MHT)**
    - **Indicated Use**: Oral micronized progesterone is approved as part of MHT for menopausal women with an intact uterus, primarily to reduce the risk of endometrial hyperplasia when estrogen therapy is used. This protective role helps reduce the risk of endometrial cancer associated with unopposed estrogen.
    - **Status**: Approved and indicated use.
2. **Menopausal Symptoms**
    - **Indicated Use**: Progesterone is used to help manage menopausal symptoms, including vasomotor symptoms, as part of a combined hormone therapy regimen.
    - **Status**: Approved and indicated use within the context of MHT.

4.2 Are the diseases, disorders or dysfunctions for which this drug or substance is indicated currently within the scope of practice of the profession?*

Yes

4.3 Please explain why you believe the diseases, disorders or dysfunctions for which this drug or substance is indicated are within the scope of practice of the profession or why they should be in the future.*

The indications for oral micronized progesterone (OMP), including its role in menopausal hormone therapy (MHT), for endometrial hyperplasia prophylaxis and in managing menopausal symptoms, are fully within the naturopathic scope of practice for Naturopathic Doctors (NDs) who have met the Standard for Prescribing. NDs are trained extensively in managing hormonal health and non-communicable diseases (NCDs), including providing evidence-based care for menopausal symptoms and supporting hormone balance in women. This training enables qualified NDs to competently assess, prescribe, and monitor MHT, including the safe use of bioidentical hormones like OMP.

As NDs regularly support patients through menopausal transitions, OMP provides an important, evidence-based option for reducing endometrial cancer risk in patients undergoing estrogen therapy. Allowing qualified NDs to prescribe OMP aligns with best practices for MHT, enabling

NDs to meet the demand for safe, comprehensive care options that improve quality of life and reduce unnecessary referrals.

4.3(a) - How is the disease, disorder or dysfunction diagnosed by an ND?*

Please indicate the manner in which an ND would diagnose this disease, disorder or dysfunction including any diagnostic tools such as laboratory or other testing.

Naturopathic Doctors (NDs) who have met the Standard for Prescribing diagnose menopausal symptoms and assess the need for hormone therapy, including oral micronized progesterone (OMP), through a combination of patient history, physical examination, and appropriate laboratory testing. This process aligns with NDs' training in integrative health assessment and non-communicable disease (NCD) management.

1. **Clinical History and Symptom Assessment**: NDs take a detailed health history, focusing on symptoms associated with perimenopause and menopause, such as hot flashes, night sweats, and mood disturbances. This assessment helps to identify whether hormone fluctuations are contributing to the patient's symptoms.
2. **Physical Examination**: A physical exam is conducted, which may include a cardiovascular assessment, breast exam, and gynecological exam as indicated, to rule out other health conditions and to ensure that the patient is a suitable candidate for hormone therapy.
3. **Laboratory Testing**: NDs utilize laboratory tests as part of their diagnostic process, including:
    - **Hormone Panels**: Baseline levels of hormones, such as estradiol, progesterone, and FSH (follicle-stimulating hormone), may be measured to confirm menopausal status and assess hormone balance.
    - **Thyroid and Metabolic Panels**: Additional testing, including thyroid function and metabolic panels, helps to rule out other conditions that may mimic menopausal symptoms.

    Ongoing Monitoring: For patients prescribed OMP, NDs conduct regular follow-ups that may include:

    - **Physical Exams**: Periodic cardiovascular, breast, and gynecological exams to monitor overall health and detect any adverse effects.
    - **Symptom Tracking**: Continuous evaluation of menopausal symptoms to ensure that OMP is effectively managing the patient's symptoms.
    - **Laboratory Testing**: Reassessment of hormone levels and other relevant markers as necessary to confirm that hormone levels remain within safe and effective ranges. This includes screening for cardiovascular risk, thyroid and other potential risk.

- **Patient Education and Self-Monitoring**: NDs educate patients on self-monitoring for any unusual symptoms and encourage reporting any concerns promptly, ensuring proactive and responsive care.

Through these diagnostic steps and ongoing monitoring, NDs provide safe, competent, and patient-centered management for conditions appropriate for OMP, aligning with regulatory standards and evidence-based practices.

4.4 Is the drug or substance used for emergency situations?*

No

4.5 What are the indications for this drug or substance for emergency use? N/A

4.6 Relying on the evidence supporting the use of this drug or substance, please indicate the dosage, duration of treatment and dosing schedule.*

Dosage, Duration of Treatment, and Dosing Schedule for Oral Micronized Progesterone (OMP)

Based on evidence and clinical guidelines, the recommended dosage and schedule for oral micronized progesterone (OMP) in menopausal hormone therapy (MHT) are as follows:

1. **Dosage**
   - The standard dose of OMP for endometrial protection in women undergoing estrogen therapy is **100 mg daily** or **200 mg daily**, depending on the MHT protocol.
2. **Dosing Schedule**
   - **Continuous Combined Therapy**: For women on continuous combined MHT (estrogen every day), the dose is typically **100 mg of OMP taken once daily at bedtime**. This is suitable for women who prefer a daily, continuous regimen.
   - **Sequential Therapy**: For sequential MHT, where estrogen is used daily and progesterone is added for part of the cycle, the recommended dose is **200 mg taken once daily at bedtime for 12-14 days each month**. This schedule is commonly used in perimenopausal women or those who still experience some menstrual cycling.
3. **Duration of Treatment**
   - The duration of OMP therapy varies based on the patient's menopausal symptoms, health status, and personal preferences, as well as clinical guidelines for MHT.
   - Typical treatment durations range from a few years for symptom relief to longer if clinically indicated, with annual reviews to assess the need for continued therapy.

These dosage guidelines are based on established protocols for endometrial protection and menopausal symptom management and allow for individualized treatment adjustments based on patient response and tolerance.

4.7 Is the drug or substance required to be used at dosages above the allowable daily dosage?*

Except for rare instances, oral micronized progesterone (OMP) does not need to be used at dosages above the allowable daily limits for its indicated uses. The typical doses—100 mg daily for continuous use or 200 mg daily for cyclic use—are both within the recommended and allowable safe dosage range. These dosages provide effective endometrial protection and symptom relief in menopausal hormone therapy (MHT) without exceeding safe levels. Thus, OMP can be prescribed effectively for its intended purposes within the established daily dosage guidelines.

4.8 Please describe the rationale for using dosages that are above the allowable daily dose, referring to any supporting evidence that is available. Remember to upload copies of relevant evidence below.*

Please See Reference list, NAMS and SOGC guidelines

4.9 Provide any known potential contraindications or precautions for the drug/substance.*

Contraindications and Precautions for Oral Micronized Progesterone (OMP)

Oral micronized progesterone (OMP) is contraindicated in patients with the following conditions:

- **Allergic Reactions**: Hypersensitivity to progesterone or any other ingredient in the formulation.
- **Liver Dysfunction or Disease**: Including any active liver disease where liver function tests have not returned to normal.
- **Hormone-Dependent Cancer**: Known or suspected estrogen-dependent or progestin-dependent cancers, such as breast or endometrial cancer.
- **Endometrial Cancer**: ***Untreated*** endometrial hyperplasia is a contraindication.
- **Undiagnosed Abnormal Genital Bleeding**: Abnormal bleeding should be investigated before starting treatment.
- **Pregnancy**: Known or suspected pregnancy.
- **Ophthalmic Vascular Disease**: Partial or complete loss of vision due to blood vessel disease in the eyes.

Precautions:

- **Breast Cancer and Cardiovascular Risks**: According to the Women's Health Initiative (WHI) study, combined hormone therapy may increase the risk of breast cancer, cardiovascular disease, and thromboembolic events, particularly in older women. Please note that this study was with Progestins and not micronized progesterone. Data from WHI and meta-analyses indicate this risk rises with duration and is higher for combined therapies, though micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024).

- **Monitoring Requirements**: Regular monitoring, including physical exams, mammography, and blood pressure checks, is recommended, especially for patients with a family history of breast cancer or other significant risk factors.

4.10 Are there warnings about the use of this drug from Health Canada or the Food and Drug Administration in the United States?

Yes

4.11 Please provide a brief explanation of the applicable warnings.

Both Health Canada and the U.S. FDA have issued warnings related to hormone therapy, particularly for combined estrogen and progestogen therapies. These warnings emphasize potential increased risks, including cardiovascular events, breast cancer, blood clots, and dementia, especially for women over age 60 or more than ten years menopause. (Health Canada, 2023; FDA, 2023). Micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024).

Recent best practice recommendations, such as those from the North American Menopause Society (NAMS) 2022 Position Statement, reaffirm that hormone therapy, including oral micronized progesterone (OMP), remains the most effective treatment for menopausal symptoms and bone health. NAMS emphasizes individualized treatment based on factors like age, health status, and timing relative to menopause onset, as these impact the benefit-risk ratio of hormone therapy (Faubion et al., 2022).

The 2024 systematic review further supports the use of OMP as an effective means of endometrial protection in combined menopausal hormone therapy (MHT). It highlights that OMP provides superior endometrial safety compared to other progestogens, minimizing the need for invasive monitoring and enhancing patient safety (Stute et al., 2024).

4.12 Does the profession have necessary tools to monitor the results?*

Yes

4.13 List tools necessary for monitoring.*

1. **Clinical Monitoring**: Regular physical exams, including cardiovascular assessments, blood pressure checks, and breast health monitoring, are essential (Hamoda et al., 2022; Stute et al., 2024).
2. **Laboratory Testing**:
    - **Hormone Panels**: Estradiol and progesterone levels help gauge therapeutic effectiveness (NAMS, 2022).
    - **Metabolic Panels**: Includes glucose and lipid profiles to monitor metabolic health and detect therapy-related changes (Hamoda et al., 2022).
    - **Thyroid Function**: TSH and thyroid hormones should be checked periodically due to potential impacts of hormone therapy (Stute et al., 2024).
3. **Patient Self-Monitoring**: Educating patients to monitor for symptoms like abnormal bleeding, cardiovascular changes, and breast health ensures early detection of adverse effects (Hamoda et al., 2022; NAMS, 2022).

Note: Referral for Endometrial Monitoring: For patients with Persistent abnormal bleeding or changes in bleeding patterns, referrals for endometrial assessment (e.g., ultrasound) may be necessary to ensure safety and prevent complications (Hamoda et al., 2022; Stute et al., 2024).

4.14 Please list all known or suspected adverse reactions for the drug or substance as set out in the evidence and literature.

Based on the available literature and key studies, here is a comprehensive list of known or suspected adverse reactions associated with oral micronized progesterone (OMP):

- **Cardiovascular Risks**:
    - Evidence from the Women's Health Initiative (WHI) studies and other large trials indicates a potential increase in cardiovascular events, such as blood clots, venous thromboembolism (VTE), and stroke, particularly in older women or those using combined hormone therapy (WHI, 2002; NICE Guidelines, 2015). Data from WHI and meta-analyses indicate this risk rises with duration and is higher for combined therapies, though micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024).
    - Some studies suggest that while OMP might have a lower cardiovascular risk profile compared to synthetic progestins, the risk still warrants regular monitoring of cardiovascular health (NAMS, 2022; Stute et al., 2024).
- **Breast Cancer**:

  - Long-term use of combined estrogen-progestogen therapy has been linked to an increased risk of breast cancer. Data from WHI and meta-analyses indicate this risk rises with duration and is higher for combined therapies, though micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024).

- **Endometrial Effects and Vaginal Bleeding**:
  - Persistent abnormal bleeding or spotting can occur with OMP, especially in the initial months of hormone therapy. Persistent abnormal bleeding warrants evaluation for endometrial pathology (Hamoda et al., 2022; Stute et al., 2024).
  - Studies like the PEPI trial emphasize OMP's protective effect on the endometrium when taken continuously with estrogen, reducing the risk of hyperplasia and endometrial cancer compared to estrogen-only therapies (PEPI Trial, 1995; NAMS, 2022).
- **Gastrointestinal Issues**:
  - Nausea, bloating, and abdominal discomfort can sometimes occur at higher doses. These are noted in both patient-reported data and in clinical observations across hormone therapy studies (Prometrium Monograph, Health Canada).
- **Dizziness and Fatigue**:
  - Dizziness and fatigue are generally mild but can impact daily functioning. These effects are especially noted when OMP is taken at bedtime, as recommended, and are reported across clinical trials and monographs (NAMS, 2022; Prometrium Monograph, Health Canada).
- **Potential Metabolic Effects**:
  - Some studies note changes in glucose metabolism or lipid profiles, though these risks appear lower with OMP compared to synthetic progestins. Monitoring metabolic health may still be beneficial, particularly for at-risk populations (Oliver-Williams et al., 2019).

These adverse reactions underscore the importance of individualized monitoring and careful dose management, aligning with evidence from key studies and best practice guidelines for hormone therapy.

4.15 Please list all known or suspected interactions with drugs or substances or natural health products that are set out in the evidence or literature.

Activated Charcoal

- **Interaction**: Activated charcoal can significantly reduce the systemic availability of OMP by adsorbing the drug, thereby reducing its absorption and half-life.
- **Severity**: High
- **Occurrence**: Probable
- **Level of Evidence**: B

Grapefruit Juice

- **Interaction**: Grapefruit juice inhibits CYP3A4, increasing levels of drugs metabolized by this enzyme, including OMP, which may heighten the risk of adverse effects.
- **Severity**: Moderate
- **Occurrence**: Likely
- **Level of Evidence**: B

St. John's Wort

- **Interaction**: St. John's Wort induces CYP3A4, increasing the metabolism of OMP and potentially reducing its efficacy. This interaction is well-documented and clinically significant.
- **Severity**: High
- **Occurrence**: Probable
- **Level of Evidence**: B

Cytochrome P450 Enzyme Inducers and Inhibitors

- **Inducers** (e.g., rifampin, phenytoin) increase OMP metabolism, reducing efficacy, while **inhibitors** (e.g., ketoconazole) reduce metabolism, increasing levels and the risk of side effects.
- **Severity**: Varies (Inducers: Reduced efficacy; Inhibitors: Increased side effects)
- **Occurrence**: Likely
- **Level of Evidence**: B

Anticoagulants (e.g., warfarin)

- **Interaction**: Progesterone may interfere with anticoagulants, affecting blood clotting times. Monitoring of coagulation parameters is recommended.
- **Severity**: Moderate
- **Occurrence**: Possible

- **Level of Evidence**: B

Antidepressants (e.g., SSRIs like fluoxetine, paroxetine)

- **Interaction**: SSRIs, especially fluoxetine and paroxetine, can inhibit CYP enzymes, potentially increasing progesterone levels and side effects. Close monitoring and possible dose adjustments may be necessary for symptom control.
- **Severity**: Moderate
- **Occurrence**: Possible
- **Level of Evidence**: C

Natural Health Products (General Statement)

- **Interaction**: Many drugs and natural health products interact through CYP enzymes (e.g., CYP3A4 and CYP2C19).
- **Severity**: Moderate
- **Occurrence**: Possible
- **Level of Evidence**: C

4.16 Does the profession have access to and the knowledge of the tools necessary to manage adverse events.*

Yes, Naturopathic Doctors (NDs) in Ontario are equipped with the tools and knowledge necessary to manage adverse events related to natural health products (NHPs) and drug interactions. As the most extensively trained regulated health professionals in Ontario on NHPs and their interactions with pharmaceuticals, NDs receive in-depth education in pharmacology, including pharmacokinetics, pharmacodynamics, and clinical risk management. This training prepares them to anticipate, recognize, and address adverse events effectively.

1. **Access to Monitoring Tools**: NDs have access to laboratory testing for essential health markers, hormone levels, and metabolic panels, allowing them to monitor for signs of adverse reactions. They can conduct clinical assessments and use diagnostic tools (such as lab work for liver, kidney, and thyroid function) to manage potential side effects of treatments, including hormone therapy.
2. **Knowledge of NHP and Drug Interactions**: NDs receive rigorous training on interactions between NHPs and pharmaceuticals, covering both direct and theoretical interactions (e.g., those mediated by cytochrome P450 enzymes). This expertise enables them to identify potential risks in patients using both prescription medications and NHPs like St. John’s Wort, which is known to interact with many pharmaceuticals.
3. **Continuing Competence**: Ontario’s regulatory requirements for NDs include continuing education focused on pharmacology and interaction management, ensuring that NDs

remain current with best practices and emerging evidence regarding drug and NHP interactions.

4. **Collaborative Referral Network**: In cases where complex adverse events occur, NDs are trained to collaborate with other healthcare providers to co-manage patient care, ensuring patient safety through interdisciplinary approaches.

4.17 Please list the Tools necessary to manage adverse events to which the profession will require access.*

Laboratory Testing:

- **Hormone Panels**: Essential for monitoring estradiol, progesterone, and other hormone levels to assess therapeutic efficacy and detect hormone-related side effects.
- **Metabolic and Lipid Panels**: Used to monitor glucose levels, lipid profiles, and other markers that can signal metabolic side effects of hormone therapy.
- **Liver and Kidney Function Tests**: Important for identifying potential organ-related side effects, especially when interactions with other drugs are suspected.

Physical Assessment Tools:

- **Blood Pressure Monitors**: To regularly check for hypertension, which can occur as a side effect of hormone therapy.
- **Body Mass Index (BMI) and Waist Circumference Measurements**: Tools to track changes in body composition and assess cardiovascular risks associated with hormone therapy.

Patient Self-Monitoring and Education:

- Providing patients with information on symptoms like abnormal bleeding, mood changes, or other adverse effects encourages early reporting of potential side effects and aids in timely intervention.

Access to Drug Interaction Databases:

- Databases like the Natural Medicines Database or Micromedex are crucial for verifying known and theoretical interactions between OMP, NHPs, and other drugs, particularly those affecting CYP pathways.

Referral Networks and Collaborative Agreements:

- For adverse events that require specialized care (e.g., advanced imaging for endometrial monitoring or co-management with a cardiologist), access to a network of collaborating healthcare providers ensures comprehensive patient support.

4.18 Please list all of the evidence, including its source, date and level (see handbook).

See Reference List

4.20 General Explanation*

Please provide an explanation of how the drug or substance may be used in naturopathic practice, whether it is different from allopathic use, what is the impact of the drug or substance on patient care and whether the profession possesses the knowledge, skill and judgement to administer the drug or substance.

In naturopathic practice, oral micronized progesterone (OMP) is primarily used as part of hormone replacement therapy (HRT) to manage menopausal symptoms, support endometrial health, and improve overall quality of life for patients with hormone-related concerns. While the therapeutic goals are similar to allopathic use, naturopathic practice emphasizes individualized, integrative care, which often includes addressing lifestyle factors, diet, and complementary therapies alongside OMP to support holistic health.

1) Clinical Use

- **Individualized Protocols**: In naturopathic practice, OMP may be used in a personalized approach, where dosages and treatment durations are tailored based on individual hormonal profiles and lifestyle factors. Naturopathic Doctors (NDs) may also integrate dietary and lifestyle modifications to address hormone balance holistically. NDs often combine OMP with other natural health products (NHPs) that support hormone metabolism and adrenal health, such as adaptogenic herbs. This integrative approach aims to optimize OMP's effects and support overall hormone health. These are approved use for OMP and is the standard of care. NDs focus on educating patients about monitoring and self-awareness of symptoms, empowering them to participate actively in managing their health, which is a distinctive feature of naturopathic care.

2. Impact on Patient Care

- **Reduced Monitoring Requirements**: Compared to other routes (e.g., vaginal or topical progesterone), OMP is associated with better endometrial protection when combined with estrogen therapy. This can minimize the need for additional monitoring, reducing patient burden and improving access to effective therapy.
- **Improved Quality of Life**: OMP is highly effective in alleviating menopausal symptoms like hot flashes, night sweats, and mood disturbances. In naturopathic practice, where the focus is often on supporting long-term wellness, OMP can be a pivotal tool for improving patient quality of life during menopause.

3. Knowledge, Skill, and Judgment in Administration

- **Extensive Pharmacology Training**: NDs are trained in pharmacology, including hormone therapy, through rigorous education in both natural health products and pharmaceuticals. This prepares them to assess and monitor hormone-related side effects and adjust dosages as needed.

- **Expertise in Drug and NHP Interactions**: As Ontario's most extensively trained regulated health professionals on NHP and drug interactions, NDs possess the skills to recognize potential interactions and adjust treatment plans accordingly, ensuring patient safety.
- **Standardized Prescribing Competence**: For those who have met the Standard for Prescribing, NDs are equipped with the clinical judgment required to administer OMP, perform regular monitoring, and address any adverse events or contraindications effectively.

In summary, NDs in Ontario have the necessary knowledge, skill, and judgment to administer OMP safely and effectively. Their training in both conventional and natural therapies allows them to use OMP within an integrative framework that prioritizes patient-centered care, optimizing outcomes and enhancing quality of life for patients in need of hormone therapy.

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Association of Ontario Midwives
Delivering what matters.

September 8, 2025

College of Naturopaths of Ontario
10 King Street East, Suite 1000
Toronto, ON M5C 1C3

Dear Council Members,

Re: Consultation on Proposed Amendment to the General Regulation – Addition of Oral Micronized Progesterone

On behalf of the Association of Ontario Midwives (AOM), thank you for the opportunity to provide input on the College of Naturopaths of Ontario proposal to add oral micronized progesterone (OMP) to Table 3 of the General Regulation under the *Naturopathy Act, 2007*.

The AOM is the professional organization representing more than 1000 Indigenous and registered midwives and the practice of midwifery in the province of Ontario. We work to promote the profession of midwifery and midwives as primary care providers based on the principles of choice of birthplace, continuity of care, and informed choice.

The AOM is supportive of this amendment. Oral micronized progesterone is recognized in the evidence as the safest and most effective form of progesterone therapy within menopausal hormone treatment plans, with a favourable safety profile when prescribed in accordance with Health Canada–approved indications. Authorizing naturopathic doctors who have completed the Standard of Practice for Therapeutic Prescribing to prescribe OMP reflects a responsible, evidence-informed, and patient-centred approach.

We commend the College for its robust review process, including commissioning independent expert evaluations. The resulting proposal demonstrates careful attention to public safety through several important safeguards. From the perspective of Ontario midwives, expanding access to OMP through regulated prescribing by naturopathic doctors also supports timely, integrated, and coordinated care. This amendment will reduce unnecessary delays, support continuity, and align prescribing practices with current clinical evidence, ultimately benefiting patients and families.

This change reflects values that midwives and naturopathic doctors share: equitable access, client-centred decision-making, and safe, evidence-based care. The AOM therefore supports the addition of oral micronized progesterone to Table 3 of the General Regulation.

Sincerely,

Althea Jones

Althea Jones, RM
President, Association of Ontario Midwives

365 Bloor St. E., Suite 800 | Toronto, ON M4W 3L4 | T. 416.425.9974 1.866.418.3773 | F. 416.425.6905 | AOM.on.ca

ONTARIO PHARMACISTS ASSOCIATION

Via Email: general@collegeofnaturopaths.on.ca

September 5, 2025

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

Re: Submission on Oral Micronized Progesterone and Naturopathic Prescribing

The Ontario Pharmacists Association (OPA) is pleased to support the addition of oral micronized progesterone (OMP) to the prescribing list for Naturopathic Doctors (ND).

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With over 8,500 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

Pharmacists across Ontario see first-hand the challenges patients face in accessing timely and convenient care. As such, OPA supports maximizing and leveraging the skills, knowledge and judgement of all regulated healthcare professionals by enabling them to prescribe to scope and increase access to care for patients. Enabling Naturopathic Doctors to prescribe OMP is a meaningful advancement towards this goal as it ensures continuity of care, reduces delays, and helps avoid unnecessary referrals to other healthcare providers.

OMP is safe and effective when prescribed and monitored in accordance with guidelines and monograph recommendations.[1] It is the gold standard for progesterone therapy in hormone replacement treatment plans, and is endorsed in national and international clinical guidelines.[1] Nurse practitioners and physicians are authorized to prescribe it. Extending this authority to Naturopathic Doctors aligns them with the broader health system and eliminates unnecessary roadblocks to patient access.

[1] Kellar J and Tilli T. Independent Expert Review – Oral Micronized Progesterone. College of Naturopaths of Ontario. Published May 2025. Accessed September 4, 2025. https://www.collegeofnaturopaths.on.ca/wp-content/uploads/2025/06/Drug-Review-Oral-Micronized-Progesterone-May2025.pdf

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ONTARIO PHARMACISTS ASSOCIATION

Naturopathic Doctors who prescribe are subject to education, examination, and regulatory oversight comparable to other professions. With clear standards for competence, monitoring, and referral, patients will remain well-protected when receiving an OMP prescription from a Naturopathic Doctor.

Additionally, prescriptions for OMP that are written by Naturopathic Doctors will be dispensed by trained and regulated pharmacists in Ontario. As medication experts, Ontario pharmacists are well-equipped to serve as a final check-and-balance before a patient is given OMP on the direction of their Naturopathic Doctor.

For these reasons, OPA supports the addition of oral micronized progesterone to the naturopathic prescribing list and encourages the Council and the Ministry to move forward with this regulatory update.

Sincerely,

Angeline Ng
Vice President, Professional Affairs
Ontario Pharmacists Association

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[redacted]

From: [redacted]
Sent: July 23, 2025 9:33 AM
To: [redacted]
Subject: Re: Consultation with CONO regarding OMP
Attachments: EBM Submission to CONO - Prescribing Oral Micronized Progesterone (OMP) for Endometrial Protection in Postmenopausal Women (PMW) Jul7 2025.docx

This is actually an urgent issue and so I drafted the submission attached.
Please review and send as soon as possible.

Warm regards,

Dr. [redacted] MD
[redacted]

[redacted]

Hi [redacted]

Would you be willing to support us NDs for our cause to be able to prescribe Oral Micronized Progesterone. There is currently a consultation taking place.
https://www.collegeofnaturopaths.on.ca/news/consultations/current-consultations/oral-micronized-progesterone-formal-consultation/

> ## Oral Micronized Progesterone – Formal Consultation
>
> All feedback is carefully considered, even that which is not reflected in the College's final recommendations or documents. Timeframe This is a formal consultation being undertaken on the part of the Council of the College of Naturopaths of Ontario. The consultation opened on or about June 30, 2025, and will close at 5:00 pm on September 8, 2025.
>
> www.collegeofnaturopaths.on.ca

Our colleagues are stressing the importance of the ability to prescribe OMP from a safety perspective with respect to it being protective against endometrial hyperplasia while on estradiol, while transdermal progesterone is not protective and should be avoided for endometrial safety. The goal of CONO is to protect the public, therefore, we need access to OMP.

The link will lead to the CONO site with more info.

Thank you in advance.

EBM Submission to CONO: Prescribing Oral Micronized Progesterone (OMP) for Endometrial Protection in Postmenopausal Women (PMW)

Submitted by:
[redacted]
Date: July 23, 2025
[redacted]

Executive Summary

We urge CONO to permit Naturopathic Doctors who meet prescribing standards to prescribe **oral micronized progesterone (OMP)** as part of **menopausal hormone therapy (MHT)**. The current regulatory gap poses a **systemic risk to women's health**. Specifically:

- Transdermal progesterone is **ineffective** for endometrial protection and can be **dangerous** when combined with transdermal estradiol.
- The inability to prescribe OMP forces substandard or unsafe prescribing workarounds.
- OMP is **Health Canada-approved** for **endometrial protection** and has superior safety and efficacy profiles supported by high-quality EBM literature.
- Endometrial hyperplasia and cancer are **preventable** harms when OMP is properly prescribed.

Clinical Imperative

For **PMW with an intact uterus**, unopposed estrogen therapy (e.g., estradiol patches, gels) increases the risk of **endometrial hyperplasia and cancer**.
OMP is the **only Health Canada-approved** agent for endometrial protection in this context. It is the **gold standard** cited in major guidelines and widely used in integrative menopause care.

Transdermal progesterone is not a viable alternative:

- It has **no approval** for this indication.

- Studies show it fails to reach endometrial tissue at protective levels.
- Use of TD estrogen with TD progesterone has led to documented **cases of endometrial hyperplasia and cancer**.

Evidence-Based Medicine Review

1. OMP Effectiveness and Safety

- **Hale et al., 2007**: Demonstrated that 200 mg/day of oral micronized progesterone for 12 days/month effectively prevents endometrial hyperplasia in PMW on estradiol therapy.

Hale GE, Robertson DM, Burger HG. "The perimenopausal woman: Endocrinology and management." J Steroid Biochem Mol Biol. 2007.

- **Fournier et al., 2007** (E3N Cohort Study): Found that estrogen + OMP **did not increase breast cancer risk**, unlike estrogen + synthetic progestins.

Fournier A, et al. "Breast cancer risk in relation to different types of hormone replacement therapy." Breast Cancer Res Treat. 2007.

- **L'Hermite et al., 2008**: Advocated for bioidentical hormones, especially OMP, due to **favorable risk-benefit ratio** and **cardiometabolic neutrality**.

L'Hermite M, et al. "Bioidentical hormones: Physiological and safe hormone therapy." J Steroid Biochem Mol Biol. 2008.

- **Panay et al., 2020 (IMS Guidelines)**: International Menopause Society recognizes oral micronized progesterone as the **preferred** progestogen for endometrial protection due to its safety profile.

Panay N, et al. "Global consensus statement on menopausal hormone therapy." Climacteric. 2020.

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2. Dangers of Using Transdermal Progesterone

- **Wren et al., 2000**: Transdermal progesterone does not achieve adequate endometrial exposure; results in insufficient protection.

Wren BG, et al. "Endometrial effects of sequential progesterone therapy in postmenopausal women." Climacteric. 2000.

- **Stanczyk et al., 2005**: Serum levels of progesterone from transdermal routes are inadequate for suppressing endometrial proliferation.

Stanczyk FZ, et al. "Transdermal progesterone: Myth and reality." Climacteric. 2005.

- **L'Hermite (2010)**: Strong warning against TD progesterone in MHT regimens.

L'Hermite M. "Bioidentical menopausal hormone therapy: Registered hormones (non-oral estradiol ± progesterone) are optimal." Climacteric. 2010.

Systemic Risk and Professional Competence

The current exclusion of OMP from prescribing tables may inadvertently push NDs to:

- Recommend **compounded transdermal progesterone**, which lacks robust data.
- Rely on **external prescribers** or **informal arrangements**, fragmenting care.
- Undertreat women with **estrogen-only therapy**, creating a known risk for cancer.

Conversely, NDs with prescribing authority have:

- Completed the **Canadian Therapeutic Prescribing Course and Examination**.
- Demonstrated competency in managing **low-risk pharmacotherapy**.
- Already prescribe bioidentical estradiol (TD), creating an **incomplete and unsafe** prescribing pattern if OMP is not concurrently permitted.

Regulatory Alignment and Precedent

- OMP is **widely available commercially** (e.g., Prometrium®, generics).
- Its addition to **Table 3** (prescribe) without inclusion in **Tables 4–6** (dispense/sell/compound) ensures:
    - **Pharmacist involvement**
    - **Patient safety safeguards**
    - **Avoidance of unnecessary compounding**

Conclusion and Call to Action

We strongly support the CONO Council's proposal to add **oral micronized progesterone (OMP)** to **Table 3** of the General Regulation. Given the **magnitude of risk to endometrial health**, this regulatory change is not only clinically justified, but **ethically and legally imperative** to uphold standards of care in Ontario.

We recommend that CONO:

1. Finalize approval for OMP on **Table 3** with current labeling restrictions.
2. Encourage educational resources to support safe MHT prescribing.
3. Monitor outcomes and audit prescribing patterns periodically.

References

1. Hale GE, Robertson DM, Burger HG. *The perimenopausal woman: Endocrinology and management*. J Steroid Biochem Mol Biol. 2007.
2. Fournier A, et al. *Breast cancer risk in relation to different types of hormone replacement therapy*. Breast Cancer Res Treat. 2007.
3. L'Hermite M, et al. *Bioidentical hormones: Physiological and safe hormone therapy*. J Steroid Biochem Mol Biol. 2008.
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6. Stanczyk FZ, et al. *Transdermal progesterone: Myth and reality*. Climacteric. 2005.
7. L'Hermite M. *Bioidentical menopausal hormone therapy: Registered hormones (non-oral estradiol ± progesterone) are optimal*. Climacteric. 2010.

[redacted]

The College of Naturopaths of Ontario
10 King St E, Suite 1001
Toronto, ON M5C 3C3
By email: general@collegeofnaturopaths.on.ca

August 21, 2025

Re: Oral Micronized Progesterone Consultation

I am writing this letter to explain my support of adding Oral Micronized Progesterone (OMP) to the Table of Prescribed Substances, and my concern around the potential limitation of On-Label Use only.

In my practice I see many women in perimenopause and menopause looking for treatment and support with perimenopausal and menopausal symptoms. Currently being unable to prescribe OMP has been a barrier to effective and timely care in some women, as we know the safest combination of hormone replacement therapy is transdermal estrogen and OMP (lowers clot and stroke risk, protects against endometrial hyperplasia). I therefore wholeheartedly support the addition of OMP to the Table of Prescribed Substances.

My concern is around the proposed limitation of On-Label Use only. The only On-Label use in Canada is "in women with an intact uterus, as an adjunct to postmenopausal estrogen therapy to reduce the risk of endometrial hyperplasia and carcinoma". This would restrict the usage and prevent NDs from prescribing it for other indications which are supported by evidence and guidelines, by not specifically mentioned in the product monograph.

There are many examples, but one that comes to mind is a post-menopausal patient, who had a hysterectomy, but previously suffered from endometriosis, and experiences severe vasomotor symptoms and insomnia. The use of transdermal estrogen improved her vasomotor symptoms, but not her insomnia, and she began to notice residual endometriosis pain. We know the addition of a progestogen can benefit women with previous endometriosis, and OMP can have better results for insomnia than transdermal progesterone. Therefore, the best treatment option would be adding OMP to her

[redacted]

transdermal estrogen, but would be considered "Off Label" as she does not have an intact uterus.

Another very common example would be a perimenopausal woman, who has been 6 months without a period, and experiencing vasomotor symptoms, insomnia, mood swings, vaginal dryness and painful intercourse. The preferred treatment option would be transdermal estrogen and OMP, however again this would be considered Off-Label as she has not been a full year without a period and not yet considered Post Menopausal.

Therefore, my concern is that many women would still face barriers to the best treatment options and most efficient care. NDs undergo additional training and examinations to ensure they have the knowledge to allow them to safely prescribe, and use their clinical judgement to determine when off label prescribing is safe and justified by guidelines and evidence. I believe the best solution would be to recommend that OMP is added to the Table of Prescribed Substances without the limitation of On Label Use.

Sincerely,

[redacted]

Dr. [redacted] Naturopathic Doctor

[redacted]

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Date: August 29, 2025
RE: Feedback on the Addition of Oral Micronized Progesterone to Prescribed Drugs

Andrew Parr, CAE
Chief Executive Officer
College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, ON M5C 3C3

Dear Mr. Parr,

Thank you for this opportunity to provide feedback regarding the consideration of Oral Micronized Progesterone (OMP) as a drug that may be prescribed by naturopathic doctors (NDs). While I commend the College of Naturopaths of Ontario (CONO) for its efforts in evaluating OMP, I would like to highlight **five key concerns** which I believe merit further consideration to ensure the most comprehensive and effective approach.

(1) Representation of Naturopathic and Integrative Medical Expertise

My first concern revolves around the engagement of independent experts by CONO in forming the report and opinion regarding OMP. Although the experts consulted possess strong academic credentials in pharmacology, we believe that the report would have benefitted from the inclusion of professionals with direct clinical experience in the use of OMP, particularly in women's health. For example, CONO could have consulted additional experts in this field, such as Dr. Tori Hudson, ND (https://drtorihudson.com/about/), an internationally recognized authority on bio-identical hormone replacement therapy, or Dr. Cara Flamer, MD (https://torontobioidentical.com/bioidentical-hormone-doctor-toronto/),a leading educator in the application of bio-identical hormone therapies. If CONO had consulted professionals with real-world experience in the clinical uses of OMP, the feedback provided to CONO would have been more robust and reflective of its broader therapeutic potential. This would have contributed to a more thorough understanding of OMP's clinical indications, which extend beyond endometrial hyperplasia protection.

(2) Differences Between Synthetic Progesterone Derivatives and Bioidentical Progesterone

The report mistakenly conflates synthetic progesterone derivatives with bioidentical progesterone, despite their distinct safety profiles. Bioidentical progesterone does not negatively affect blood lipids or vasculature like synthetic progestins and may

pose a lower breast cancer risk.[1] Studies show bioidentical progesterone differs significantly in pharmacodynamics, safety, and efficacy, with no class effect between the two.[2] It binds to nuclear receptors and influences gene expression, regulating menstrual cycles and preparing the uterus for pregnancy. Its impact on the central nervous system varies by administration route—oral forms are influenced by gut bacteria and enzymes, while vaginal forms bypass this. Bioidentical progesterone and its metabolites, like allopregnanolone, have neuroprotective effects, promoting anxiolytic, antidepressant, and analgesic outcomes. The structural differences between bioidentical progesterone and synthetic derivatives lead to distinct safety profiles, especially during the menstrual cycle, pregnancy, and menopause, with bioidentical progesterone proving safer overall.

(3) Restriction on Off-Label Use of OMP

My third concern pertains to the limitation on OMP prescribing to only those indications approved by Health Canada, excluding the use of OMP for off-label purposes. This policy is inconsistent with the general practices of other healthcare professionals, such as physicians, who are permitted to prescribe medications off-label based on clinical need. There is a growing body of evidence supporting the use of OMP for several important off-label indications, including insomnia, premenstrual syndrome (PMS), perimenopausal and early postmenopausal depression, and vasomotor symptoms (VMS). The following studies illustrate the clinical efficacy of OMP in these areas:

- A study on sleep disturbances in postmenopausal women showed that OMP significantly improved sleep quality, particularly when disturbed, by reducing wakefulness and increasing slow-wave sleep, positioning OMP as a promising alternative to traditional hypnotic drugs.[3]
- In the treatment of PMS, OMP has been shown to alleviate mood disturbances and physical symptoms, including anxiety, depression, and swelling, with minimal side effects.[4]
- A study on VMS in postmenopausal women demonstrated that OMP significantly reduced hot flushes and night sweats, offering a safe and effective alternative to other treatments.[5]
- Additional research indicates that OMP, when combined with transdermal estradiol, may also help prevent the onset of clinically significant depressive symptoms in perimenopausal and early postmenopausal women.[6]
- This double-blind, randomized trial found that 300 mg oral micronized progesterone significantly reduced night sweats, improved sleep quality, and minimized perimenopausal symptom interference in daily life, with a

favorable safety profile and no serious adverse events or increased depression.[7]

The evidence supporting these off-label uses is compelling, and it would be beneficial for CONO to consider expanding the scope of OMP prescribing to include off-label indications. This would align the regulatory practices of NDs with those of other licensed healthcare providers, empowering NDs to prescribe OMP when clinically indicated.

(4) Public Need

Insomnia, vasomotor symptoms (VMS), postmenopausal depression, and premenstrual syndrome (PMS) impose significant burdens on individuals and society alike. These conditions not only affect the quality of life but also generate substantial economic costs. Consider the following:

- A 2021 study estimated that insomnia alone contributed $1.9 billion in direct healthcare costs, along with an additional $12.6 million in lost productivity in Canada.[8]
- Menopause-related symptoms contribute to an annual economic burden of $3.5 billion in Canada, including reduced productivity, lost income for women, and increased healthcare expenses.[9]
- PMS is associated with modest direct medical costs but a much larger economic impact due to lost work and reduced productivity, totaling $4333 in indirect costs per patient annually.[10]

These conditions are frequently managed with medications like sedative-hypnotics, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and oral contraceptives. However, these treatments often come with significant adverse effects that render them unsuitable for many patients. Notable risks include:

- **Sedative-hypnotics**, particularly zolpidem, have been shown to increase mortality risk in a dose-dependent manner, with higher doses or combinations of these drugs presenting the greatest dangers, including cognitive impairment, respiratory issues, and accidents.[11]
- **SSRIs and SNRIs** commonly cause mild to moderate side effects such as nausea, dizziness, insomnia, and gastrointestinal problems when used to manage menopausal symptoms.[12]
- **Oral contraceptives**, especially those containing ethinylestradiol and certain progestogens, can contribute to mood changes and depression, with progestogen-only contraceptives showing a higher risk for depressive disorders.[13]

Given these concerns, many patients are turning to natural, holistic alternatives. Bio-identical hormone replacement therapy (BHRT) is gaining popularity for its safety and effectiveness in addressing conditions such as insomnia, VMS, postmenopausal depression, and PMS. With its exceptional safety profile, OMP presents a viable alternative to conventional treatments, underscoring the growing, urgent need for safer, more holistic treatment options. As public demand for such alternatives increases, it is imperative that we explore and regulate these options to ensure that the healthcare system meets the evolving needs of patients in a safe and effective manner.

(5) CONO's Formal Consultation Process of Medication Approval

Lastly, the volume of feedback, documentation, and re-evaluations demanded simply to have OMP considered for approval is not only onerous, but also reflects a systemic inefficiency that undermines our ability to meet the therapeutic needs of patients. This prolonged process serves as a significant obstacle, hindering NDs from providing the necessary medications their patients rely on. If the current regulatory framework persists, it risks becoming an impediment to the very purpose it was designed to serve—ensuring the public's access to safe and effective treatments. This time-consuming approval process is not only counterproductive but also exemplifies an unnecessary barrier in a system that should be facilitating, rather than obstructing, access to essential medications.

Conclusion

I recognize and applaud the College for its thoughtful consideration of OMP's potential as a prescribed drug. In closing, I strongly recommend that CONO seek additional expert input, particularly from those with hands-on experience in the clinical use of OMP, to provide a more comprehensive perspective on its off-label applications. I believe the public should have access to OMP for clinical applications beyond endometrial hyperplasia protection, particularly given the potential adverse effects of widely used conventional treatments and the growing need for safe and alternative approaches, such as OMP. Furthermore, I believe that NDs are well-equipped, by virtue of their education and training, to prescribe OMP safely and ethically for off-label purposes when appropriate.

Thank you for considering this feedback. I look forward to further discussions on this important matter.

Sincerely,

References

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2. Piette PCM. The pharmacodynamics and safety of progesterone. *Best Pract Res Clin Obstet Gynaecol*. 2020;69:13-29. doi:10.1016/j.bpobgyn.2020.06.002
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[redacted]

From: [redacted]
Sent: July 25, 2025 5:19 PM
To: General
Subject: Expanding Access to Oral Micronized Progesterone For Naturopathic Doctors

[redacted]

Hello,

My name is [redacted], and I have been running an integrative health clinic in [redacted] for almost 20 years. A significant portion of my practice is dedicated to hormone support for women—a cornerstone of care that not only brings symptom relief and improves quality of life, but also plays a critical role in reducing long-term health risks for women.

There is an undeniable and growing need for licensed Naturopathic Doctors (NDs) to be able to prescribe oral micronized progesterone (OMP). This is especially true in light of the widespread and well-documented gaps in conventional medical care for midlife women. Many general medical physicians do not have the time to pursue continuing education in this field, leaving their patients underserved, suffering and unsure how to access safe and evidence based guidance.

In contrast, NDs who are requesting access to prescribe OMP are typically among the most knowledgeable and committed professionals when it comes to hormone health. These practitioners provide comprehensive intake assessments, ongoing testing, individualized protocols, and long-term follow-up—an integrative model that aligns with best practices in evidence-based functional and preventive medicine.

Oral micronized progesterone is a safe, well-researched option that provides several critical benefits for women:

- Endometrial protection in patients using estrogen therapy
- Improved sleep and mood via GABA-receptor modulation
- Relief from perimenopausal and menopausal symptoms
- Reduced cardiovascular and thrombotic risk compared to synthetic progestins
- No increased breast cancer risk when appropriately prescribed
- Better metabolic and neuroprotective profile than synthetic alternatives

The use of OMP, especially in combination with transdermal estrogen, reflects current clinical guidelines and the most up-to-date understanding of women's hormone care. This route is also frequently better tolerated than synthetic options, providing a safer, more effective solution for many patients.

Allowing qualified Naturopathic Doctors to prescribe OMP is not only consistent with the evolving standard of care—it is essential for ensuring that women have access and proper monitoring to the individualized and evidence-based hormone care they deserve.

Sincerely,

Dr. [redacted] **ND**
Naturopathic Doctor, Clinic Director

[redacted]

From: [redacted]
Sent: September 8, 2025 2:36 PM
To: General
Subject: Feedback for Consultation on Oral Micronized Progesterone

To the College of Naturopaths of Ontario,

I am writing to express my strong support for the proposal to add oral micronized progesterone (OMP) to the list of substances that Naturopathic Doctors in Ontario are authorized to prescribe.

As a Naturopathic Doctor practicing in Ontario for the past 12 years, I obtained my prescribing authority as soon as it became available and have used this ability responsibly to support patient care. In my practice, I work extensively with women in perimenopause and menopause who are exploring evidence-based options for symptom management, including hormone therapy.

Currently, when OMP is clinically indicated, I must refer patients back to their family physician, to a nurse practitioner on my team, or to virtual care platforms in order to access a prescription. This creates unnecessary delays in treatment, added costs for patients, and additional burden on the health-care system. In almost every case, I am the clinician who has already:

- Conducted the comprehensive assessment
- Reviewed the patient's indication and eligibility for hormone therapy
- Discussed the potential benefits and risks
- Explained dosing instructions and monitoring considerations

Patients expect and want this continuity of care from a single provider. Requiring them to navigate multiple prescribers for a straightforward and guideline-supported therapy like OMP undermines efficiency, creates frustration, and fragments their care. It is in the highest interest of patient safety if we are able to co-prescribe oral progesterone with transdermal estrogen therapy, when clinically indicated and appropriate.

As the independent review has highlighted, OMP is recognized internationally as the preferred progestogen for use in hormone therapy because of its well-established safety profile, endometrial protection, and additional benefits for sleep and mood. NDs are highly trained in prescribing principles, pharmacology, and hormone therapy assessment, and expanding our prescribing rights to include OMP is both logical and necessary to meet the growing needs of midlife women.

For these reasons, I strongly support this regulatory change and expect it will enhance patient care, improve access, and alleviate unnecessary pressure on our already overburdened public healthcare system.

Sincerely,
Dr. [redacted]

--

[redacted]

[redacted]

From: [redacted]
Sent: July 16, 2025 12:23 PM
To: General
Subject: Feedback for OMP

Hello,

I would like to state that oral micronized progesterone is best practice for protection against estrogens' effect on the endometrium. If Naturopaths are allowed to prescribe estrogens, at minimum oral micronized progesterone is a necessity to protect the patient's endometrium. So far we are limited to vaginal and topical delivery, where there is insufficient evidence comparing vaginal versus oral for endometrial protection. Topical is not sufficient. It is a disservice to the patient by allowing vaginal and topical deliveries of progesterone but not oral. Please seriously consider adding oral micronized progesterone, especially when estrogen is allowed to be prescribed. It is an absolute must for proper practice.

Thank you for your time,
[redacted] ND[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: July 2, 2025 8:24 PM
To: General
Subject: Feedback for Oral Progesterone

[redacted]

Dear our regulatory body, the College of Naturopaths of Ontario,

I hope this message finds you well. I am writing to share feedback regarding the current limitations around progesterone prescribing within our scope, particularly the restriction to topical creams and vaginal suppositories. I am very much in favour of the addition of oral micronized progesterone to the list of substances we can prescribe.

In my clinical experience, I have found oral micronized progesterone to be an essential option for supporting patients, especially when combined with topical estrogen therapy. The oral form offers a broader therapeutic benefit profile, not only does it more reliably provide endometrial protection when used alongside estrogen, but it also supports improved sleep, calms anxiety, and enhances overall quality of life for many perimenopausal and menopausal patients.

While topical and vaginal forms have their place, I feel limited by the inability to prescribe oral progesterone, as it prevents me from offering the full spectrum of evidence-informed care. I strongly support the responsible use of oral micronized progesterone for practitioners who hold our prescribing authority, and advocate for its inclusion to better serve patients' needs.

Thank you for your ongoing work and for considering this feedback. I would be happy to provide further clinical insights or discuss this topic in more detail if that would be helpful.

Warm regards,

Dr. [redacted], ND #[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 11:16 AM
To: General
Subject: Feedback in Support of Adding Oral Micronized Progesterone

[redacted]

Dear College of Naturopaths of Ontario,

I am writing in support of adding oral micronized progesterone (OMP) to Table 3 of the ND prescribing schedule.

OMP is a bioidentical hormone with a strong safety profile and clear evidence for endometrial protection and management of menopausal symptoms. In my practice, this would greatly benefit both infertility and menopause patients, providing them with timely, evidence-based care.

Allowing therapeutics-certified NDs to prescribe OMP—while maintaining safeguards through pharmacist dispensing—will improve access to safe and effective treatment without unnecessary barriers.

Thank you for considering my feedback.

Sincerely,

Dr. [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: June 30, 2025 10:41 AM
To: General
Subject: feedback in support of oral micronized progesterone

[redacted]

I would like to show my support for this route of administration for progesterone. (oral micronized)

oral micronized progesterone is superior for endometrial protection and insomnia in menopausal women.

This is proven by many studies, and having limited use via transdermal application is inferior for the patient and population we are trying to serve.

Thank you

Dr. [redacted], N.D.

[redacted]

[redacted]

From: [redacted]
Sent: June 30, 2025 3:19 PM
To: General
Subject: Feedback on Consultation for Oral Micronized Progesterone

[redacted]

Hi,

As a CONO registered Naturopathic Doctor I would like to give feedback on the Consultation for Oral Micronized Progesterone.

Due to public safety, I agree with the proposed amendment to the General Regulation to add Oral Micronized Progesterone (OMP) to Tables 3 of the Regulation.

The approval of oral micronized progesterone for prophylaxis of endometrial hyperplasia is very important in the support of women's health.
It has been found that combining transdermal estrogen with oral micronized progesterone is evidence-based, effective, and safe for most healthy women needing hormone therapy.
Also, OMP is considered the gold standard for progesterone therapy in hormone replacement treatment plans and has a favourable safety profile for most individuals when used as prescribed.

Thank you,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 1:21 PM
To: General
Subject: Feedback on OMP consultation

[redacted]

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

Re: Support for adding Oral Micronized Progesterone (OMP) to Table 3 of Ontario Regulation 168/15 (General Regulation) – Formal Consultation

Dear Council and Staff,

I am a registrant of the College of Naturopaths of Ontario practicing in reproductive and women's health. I am writing in strong support of the proposal to add oral micronized progesterone (OMP) to Table 3 (Drugs that may be prescribed), limited to label indications, as outlined in the College's current formal consultation. This approach is clinically appropriate, aligned with Canadian labeling, and supports safe, timely patient care.

Clinical rationale and patient safety
OMP is the Health Canada–approved option for prophylaxis of endometrial hyperplasia in postmenopausal individuals with an intact uterus receiving estrogen therapy. In routine menopausal care, OMP is the evidence-based agent to protect the endometrial lining when estrogen is prescribed, thereby mitigating the risk of unopposed estrogen and reducing future morbidity. Enabling competent NDs to prescribe OMP on-label supports guideline-concordant care and ensures timely access for patients.

Alignment with the College's expert review
The independent review commissioned by the College confirms that the only approved Canadian label indication for OMP is endometrial hyperplasia prophylaxis, and that combining transdermal estrogen with oral micronized progesterone is effective and safe for appropriate patients. Ontario NDs who meet the Standard of Practice for Therapeutic Prescribing can prescribe and monitor OMP safely and effectively when used on-label.

Appropriate scope and safeguards
I support adding OMP only to Table 3 (prescribe), and not to Tables 4–6 (dispense/compound/sell). Keeping dispensing with pharmacists and excluding compounding preserves inter-professional checks and reflects current market availability (Prometrium® and generics). The proposed wording—"Progesterone (oral micronized): For use only in accordance with label indications approved by Health Canada."—is clear, enforceable, and patient-centred.

Implementation notes from clinical practice
To support consistent, safe adoption, I recommend the College emphasize the following in its guidance:
1) Documentation of on-label indication, endometrial protection rationale, and screening for contraindications (e.g., nut/soya allergy, thromboembolic disease, pregnancy).
2) Inter-professional co-management or referral for higher-risk patients while recognizing that OMP is not a high-risk medication in typical use.
3) Use of transdermal estrogen with oral micronized progesterone as a preferred, evidence-supported combination

when estrogen is indicated, with dosing aligned to Canadian label schedules.

In summary, adding OMP to Table 3 on-label will meaningfully advance safe, integrated menopausal care in Ontario. It aligns with Health Canada authorization, the College's independent review, and prudent regulatory safeguards—while directly supporting patient safety by protecting the endometrial lining and reducing future morbidity.

Thank you for the opportunity to comment. I would be pleased to provide any further information from the perspective of a clinician working in reproductive and women's health.

Sincerely,

Dr. [redacted], ND

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 6:17 PM
To: General
Subject: Feedback on OMP Consultation

[redacted]

Dear CONO,

I was pleased to learn of the proposed amendment to the Table of Prescribed Substances under the General Regulation to include oral micronized progesterone (OMP). I strongly support this change, as it stands to significantly improve care for many of my patients.

As a naturopathic doctor with prescribing authority since [redacted] and a [redacted], I have invested deeply in advanced hormone therapy training to ensure I can prescribe hormones safely and effectively, including past courses with LP3 and all evidence-based hormone therapy, perimenopause and menopause courses offered by The Confident Clinician. As part of my ongoing professional development, I also stay current with menopause and hormone therapy research which allows me to achieve the continuing education credits required to maintain Menopause Society.

This amendment would meaningfully impact the care I provide, particularly to my perimenopausal and postmenopausal patients—many of whom are racialized women. These patients frequently seek my guidance specifically because of my expertise in hormonal care. Unfortunately, they often report a lack of support or information from their family physicians, which significantly limits their access to timely education and hormone therapy. This aligns with broader evidence that racialized women have disproportionately limited access to menopausal and reproductive health care.

Additionally, some of my patients have experienced racial microaggressions from primary care providers and specialists. This understandably complicates the referral process and delays care further—delays that are especially harmful for women experiencing mood disorders, sleep disruption, or elevated risks such as osteoporosis. Many of these women come to me specifically because I provide an inclusive and equitable care environment. And while they understand when I explain the limits of our current scope of practice, they are understandably frustrated with the need to return to their primary care provider whom they may not have a trusting therapeutic relationship – again, compromising their quality of care and putting them at risk. In every case I have had to write a referral letter for co-prescribing, my patients (both racialized and non-racialized) have voiced their preference that I could prescribe both parts of hormone therapy myself - and I understand their frustration.

At present, my role in prescribing menopausal hormone therapy involves writing referral letters to MDs to co-manage prescriptions—typically with me prescribing estrogen and the physician prescribing progesterone. In the best-case scenario, this collaborative approach works well. However, in practice, this often results in treatment delays of 3 to 6 months, depending on physician availability and the need for additional testing. These delays are significant, particularly for women struggling with acute symptoms that threaten to worsen their mental health and well-being.

I hope you will take into account not only my qualifications and clinical experience, but also the lived experiences of my patients—especially those from underserved communities—who face barriers to equitable and timely menopausal care. Expanding prescribing rights to include OMP would enable me to offer more comprehensive, efficient, and patient-centred support, ultimately benefiting not just individual patients, but also their families, workplaces, and broader communities.

Thank you for your time and consideration.

Warm regards,

Dr. [redacted] ND
Naturopathic Doctor

[redacted]

[redacted]

From: [redacted]
Sent: June 30, 2025 11:50 AM
To: General
Subject: feedback on OMP report

> [redacted]

The addition of OMP to the standards of practise for those of us who prescribe would be in the best interest of the patient. We understand that ORAL micronized progesterone is the gold standard recommendation by NAMS for patient safety when using Estradiol for menopausal symptoms. This is an issue of patient safety and something prescribing ND's would very much appreciate to do our job effectively and safely. Thank you.

Dr. [redacted] ND
[redacted]

[redacted]

From: [redacted]
Sent: July 15, 2025 2:27 PM
To: General
Subject: Feedback re OMP

Hello,

I am emailing to provide my feedback about Oral Micronized Progesterone and the proposed changes.

Overall, I am in support of adding OMP to our prescribing list however, I do have concerns about its restriction to only being used in accordance with the Health Canada approved indications. This does not allow naturopathic doctors to use it for vasomotor symptoms, insomnia, menopause related issues or fertility support. These are areas that naturopathic doctors frequently treat and would be considered "off-label use". An ND would not be able to safely and effectively treat these symptoms, and thus, it would be a great disservice to our patients.

Please reconsider the restriction on table 3 so that we can safely and effectively treat the ever-growing number of perimenopausal women in Ontario.

Thank you for your consideration.

Referrals are the kindest form of compliment

[redacted]

[redacted]

From: [redacted]
Sent: August 29, 2025 4:36 PM
To: General
Cc: Sarah Vadeboncoeur
Subject: Feedback re OMP Formal Consultation

[redacted]

To Whom It May Concern,

I'm writing regarding the consultation on naturopathic doctors' (NDs) authority to prescribe oral micronized progesterone (OMP). I strongly support permitting NDs to prescribe OMP for both on-label and off-label indications, consistent with how medical doctors, nurse practitioners, and midwives practise in Ontario within established safeguards (competence, informed consent, monitoring, and documentation).

Patient safety: OMP is essential to safe estrogen therapy

OMP is a cornerstone of endometrial protection for patients using systemic estrogen therapy. North American Menopause Society (NAMS) guidance specifies clinically accepted endometrial-protection regimens—e.g., 200 mg/day for 12–14 days per month (cyclic) or 100 mg/day (continuous)—and emphasizes adequate dosing to prevent hyperplasia.

Given that we currently have access to transdermal estrogen therapy and that the vast majority of our patients have an intact uterus, the current prescribing guidelines essentially make it that we can't prescribe estrogen safely or ND's are resorting to using transdermal progesterone for endometrial protection which puts our patients at risk. It feels like we lose either way: either we can't prescribe HRT or we do so in a way that may cause harm.

Evidence for guideline-supported (off-label) uses

Restricting NDs to label-only use would prevent us from practising in line with contemporary evidence and guidelines:

- **Vasomotor symptoms (VMS):** Randomized trials show OMP 300 mg at bedtime reduces hot flashes/night sweats versus placebo; NAMS also notes progestogens can reduce VMS (while recognizing that using progesterone without estrogen for VMS is off-label).
- **Sleep and mood:** Progesterone's neuroactive metabolites have sleep-promoting effects (when given orally); clinical and meta-analytic data show hormone therapy—particularly regimens including micronized progesterone—improves subjective sleep quality in midlife women.
- **Bone health:** NAMS concludes systemic hormone therapy prevents bone loss and fractures; enabling safe access to estrogen plus adequate progestogen is therefore also a bone-health intervention when clinically indicated. ND's are so well positioned to offer this kind of preventative care to our patients.

Off-label prescribing: accepted in Ontario when done safely

Expectations for other Ontario based prescribers under the RHPA are competence, diagnosis/clinical indication, valid consent, robust documentation, and appropriate monitoring—a framework that supports safe, ethical off-label use when evidence and patient context warrant it. ND's have the knowledge, training and experience to meet these expectations.

Equity, access, and duplication of services

Ontario faces a well-documented shortage of family physicians. It's estimated that up to 2.5 million Ontarians are currently unattached. For many of my patients, forcing a separate visit solely to obtain OMP (despite my training and ongoing care relationship) creates costly duplication and delays, and pushes some toward online services without comprehensive assessment. Allowing qualified NDs to prescribe OMP closes an access gap and improves continuity and safety.

Limiting OMP to label-only use also risks nudging patients toward suboptimal alternatives (e.g., compounded/transdermal progesterone) that do not reliably protect the endometrium, a point emphasized in Canadian prescribing resources.

Women's health equity

Major Canadian organizations have documented persistent care gaps for women, reinforcing the need to remove unnecessary barriers to appropriate menopause care. Empowering trained NDs to prescribe OMP within standards helps address these inequities.

Proposed guardrails (already routine in my practice)

- Prescribe within demonstrated competence (I have met the standard for prescribing, have taken several HRT training courses and recently completed my NAMS certification).
- Informed consent that clearly explains on-label vs off-label use, expected benefits/risks, and alternatives.
- Monitoring & documentation aligned with guideline-based dosing, endometrial-protection schedules, and follow-up.
- Safety considerations: screen for contraindications (e.g., peanut allergy with certain brands), leverage bedtime dosing for somnolence, coordinate with pharmacists/other providers as needed.

Request

For patient safety, equitable access, and alignment with contemporary guidelines, I urge the College to authorize naturopathic doctors to prescribe oral micronized progesterone for both on-label and off-label indications, subject to the same competency, consent, and monitoring-based standards applied to other Ontario prescribers.

Thank you for considering this submission.

Sincerely,

[redacted]

[redacted]

From: [redacted]
Sent: July 11, 2025 3:35 PM
To: General
Subject: Feedback Re OMP

[redacted]

Hi there,

I'd like to provide feedback about Oral Micronized Progesterone.

My only concern is the restriction of only being able to use it in accordance with Health Canada approved indications. It would not allow naturopathic doctors to use it for vasomotor symptoms, insomnia, menopause related issues or fertility support. These are areas that naturopathic doctors frequently treat and would be considered "off-label use". An ND would not be able to safely and effectively treat these symptoms, and thus, it would be a great disservice to our patients.

Please reconsider the restriction on table 3 so that we can safely and effectively treat the ever-growing number of perimenopausal women in Ontario.

Thank you for your consideration.

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 4:33 PM
To: General
Subject: Feedback re: Including Oral Micronized Progesterone in Table 3

[redacted]

Dear College of Naturopaths of Ontario,

I'm writing to support the inclusion of oral micronized progesterone (OMP), Prometrium, in Table 3 for prescribing by NDs.

OMP is a well-studied, evidence-based therapy with a favourable safety profile when used appropriately and monitored.

Allowing NDs to prescribe it will improve timely, equitable patient access, streamline continuity of care, and reduce unnecessary referrals and delays.

This change aligns with best practices and supports safe, patient-centred care within our scope.

Thank you for considering this feedback.

Sincerely,
Dr. [redacted]**, ND**

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: September 4, 2025 1:08 PM
To: General
Subject: Feedback re: Oral Micronized Progesterone Consultation

[redacted]

Hello,

My name is Dr. [redacted], ND. I have been practicing in Ontario since [redacted] and have had my prescribing license since [redacted] I am writing this letter to voice my support for ND access to Oral Micronized Progesterone (OMP) prescriptions.

My practice is primarily a women's health based practice. As a result, I see many patients for care during their perimenopausal and postmenopausal years. Menopause hormone therapy is an essential treatment for many women and can make a marked difference in their quality of life as well as play a role in disease prevention to keep them healthy as they continue to age.

Many of my patients come seeking hormone therapy to support their menopause transition. The safest way to use hormone therapy is to combine topical estrogen with oral progesterone so that the uterus is protected against endometrial hyperplasia. It is a public safety issue that NDs can prescribe the estrogen part of this protocol but not the progesterone part. Many patients do not have a family doctor, and are therefore not able to access oral progesterone. As a ND, it only makes sense that we have access to oral progesterone if we are allowed to access topical estrogen.

I had a 52 year old patient in my office last week presenting with debilitating hot flashes and brain fog. After assessing her, I determined that she was a good candidate for menopause hormone therapy. I had to explain to her that she would need to see her family doctor to access oral progesterone in order to be able to use topical estrogen safely. This means that the patient now has to go and make an appointment to see her family doctor, which will cost our public health care system, so that she can access the oral micronized progesterone. This current set-up results in delays in care and extra, unneeded appointments.

To best support patient/public safety, please consider allowing ND's to access OMP so that we can provide the gold standard treatment for menopause symptoms. Without this access, our patients are put at risk and the public health care system is stressed even further.

Thank you,
Dr. [redacted] ND
[redacted]

[redacted]

[redacted]

From: [redacted]
[redacted] August 29, 2025 3:00 PM
To: General
Subject: Feedback re: oral micronized progesterone

[redacted]

To Whom it May Concern,

Please accept my feedback about introducing prescribing access to oral micronized progesterone for CONO registrants.

I support granting prescribing access to NDs.

In [redacted] a large proportion of residents do not have primary care doctors. Many times, I have wanted to refer my patients to discuss hormone replacement therapy prescriptions with their family doctors, but have been unable to do so.

If I were able to prescribe oral progesterone, I could prescribe HRT to a larger set of patients, beyond those who have had hysterectomies and hormonal IUDs.

In addition to taking the CONO prescribing course, I have completed many hours of education, as well as a mentoring course to understand HRT, even though I can rarely make full use of the knowledge I have gained.

New patients frequently seek me out for more information about HRT, even though for most of them I cannot prescribe it, and the best I can offer them is a letter to their family doctors. They are seeking the thorough informed consent process that naturopaths are able to offer.

Thank you
[redacted]

[redacted]

[redacted]

[redacted] [redacted]

From: [redacted]
Sent: September 7, 2025 3:33 PM
To: General
Subject: Feedback: Oral Micronized Progesterone

[redacted]

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.

OMP is a safe, evidence-informed medication that addresses a critical gap in women's health. As an ND with a patient population that weekly includes those with PCOS (which is associated with the highest rate of endometrial hyperplasia in premenopausal menstruators) and in perimenopause, this treatment would significantly improve access to care and ensure continuity of treatment.This especially holds true for those without family doctors (of which are are increasing numbers in Ontario) and it would help lessen the burden on our taxed healthcare system. For patients who have primary care providers (PCPs), I routinely refer patients back to those PCPs leading to delays (and frustration) in care for OMP prescriptions due to my lack of access to this safe and effective therapy.

However, I urge Council to reconsider the proposed restriction that would limit prescribing to Health Canada-approved indications only. This limitation would create an unprecedented regulatory anomaly within Ontario's healthcare system, making naturopathic doctors the only prescribing profession bound by such a rule. Moreover, the College's own third-party review and major Canadian guidelines already confirm that OMP is safe and effective for on-label and common, guideline-supported off-label uses. Restricting NDs to on-label use alone would not be consistent with current clinical best practices and would ultimately disadvantage patients by limiting access to evidence-based care, especially for perimenopausal insomnia and anxiety (and especially when estrogen-based therapies) might be contraindicated due to VTEs.

As per the legal opinion obtained by the OAND, and as demonstrated by 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. Restricting NDs to on-label use alone would not be consistent with current clinical best practices and would ultimately disadvantage patients by limiting access to evidence-based care.

I am confident that NDs are well-equipped to prescribe OMP responsibly and safely. Approving its addition to our scope without the restrictive on-label-only clause would be a critical step toward ensuring regulatory consistency across professions and reinforcing our role as a key part of Ontario's primary care landscape.

Thank you for your time and consideration.

Sincerely,

[redacted]

--

[redacted]

From: [redacted]
Sent: July 1, 2025 8:24 AM
To: General
Subject: Formal Consultation - OMP

[redacted]

To Whom It May Concern,

The inclusion of OMP within the prescribing scope for NDs in Ontario is long overdue. This change not only reflects best practices for managing menopausal hormone therapy (MHT) but also helps alleviate pressure on the conventional healthcare system by improving patient access to appropriate care. Many naturopathic doctors are already highly knowledgeable and up to date in the field of MHT—often more so than their conventional counterparts.

Best regards,

Dr. [redacted], ND
Doctor of Naturopathic Medicine
[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
[redacted] 7, 2025 5:53 PM
To: General
Subject: Formal Consultation on Oral Micronized Progesterone (OMP)

[redacted]

I am writing in support of adding oral micronized progesterone (OMP; Prometrium and generics) to Table 3 of Ontario Regulation 168/15.

OMP is well established as the safest and most effective form of progesterone in menopausal hormone therapy, with a strong evidence base and favourable safety profile compared to synthetic progestins. It is already widely prescribed in other jurisdictions and is recognized internationally as the gold standard.

Ontario naturopathic doctors who complete the Therapeutic Prescribing Course and Examination are fully trained in pharmacology, drug interactions, and hormone prescribing. We already manage other forms of progesterone and are competent to prescribe OMP within Health Canada-approved indications.

Allowing NDs to prescribe OMP will improve patient access, reduce delays and fragmentation of care, and ease pressure on family physicians, while pharmacists will continue to dispense the medication to ensure safeguards remain in place.

I strongly support this addition to Table 3 and encourage the College to move forward with its approval.

Yours in Good Health,

[redacted]

[redacted]

From: [redacted]
Sent: July 2, 2025 3:42 PM
To: General
Subject: Fwd: Formal Consultation - Oral Micronized Progesterone

[redacted]

I think this is a great addition to our practice. While I do wish the limitation could be removed, since it has such a good safety profile, and there is good quality research supporting its use in off-label cases, our profession and patients would greatly appreciate the addition of this to our scope.

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 2:55 PM
To: General
Subject: inclusion of oral micronized progesterone (Prometrium) in Table 3.

[redacted]

Dear College of Naturopaths of Ontario,

I wanted to share my feedback about including oral micronized progesterone (Prometrium) in Table 3.

I support NDs being able to prescribe OMP. I believe that it is evidence-based, and will improve patient access. It supports safe, patient-centred care that is within our scope.

Thank you,

Kind Regards,

Dr. [redacted], BA, MA, ND
Doctor of Naturopathic Medicine
[redacted]

[redacted]

From: [redacted]
Sent: June 30, 2025 1:16 PM
To: General
Subject: Letter of Support: Oral Micronized Progesterone Prescribing Rights for Naturopathic Doctors

[redacted]

To Whom It May Concern,

I am writing in strong support of expanding prescribing rights for naturopathic doctors (NDs) to include *oral micronized progesterone* (OMP), a bioidentical hormone with well-documented safety and efficacy for a range of women's health concerns, including menopausal symptom management and the prevention of endometrial hyperplasia.

As regulated health professionals with extensive training in endocrine physiology, clinical nutrition, and integrative approaches to hormone health, NDs are uniquely positioned to offer individualized care for women navigating the hormonal transitions of midlife. Oral micronized progesterone is a well-tolerated and evidence-based therapy that aligns with the principles of naturopathic medicine, utilizing the least invasive and most effective interventions to support the body's natural processes.

Including OMP in our prescribing scope would enhance our ability to safely manage conditions such as perimenopausal insomnia, hot flashes, mood dysregulation, and the unopposed estrogen risks associated with menopausal hormone therapy. Furthermore, the protective effects of OMP against endometrial proliferation make it a critical component of comprehensive care for patients using estrogen therapy.

Incorporating this safe and effective therapeutic tool into the naturopathic formulary would support collaborative, patient-centred care while maintaining high standards of safety and accountability.

Sincerely,

Dr. [redacted], ND

[redacted]

[redacted]

From: [redacted]
Sent: July 15, 2025 7:53 PM
To: General
Subject: Support for Including Oral Progesterone in Naturopathic Prescribing Rights

[redacted]

Hi

I am writing as a licensed naturopathic doctor in Ontario to express my support for expanding the prescribing authority of naturopathic doctors to include oral micronized progesterone for use in menopause hormone therapy.

Oral progesterone is a critical component of safe estrogen therapy when the uterus is present, and its current exclusion from our prescribing scope creates unnecessary gaps in patient care. As it stands, patients often need to seek prescriptions from multiple providers to complete a treatment plan that aligns with current clinical guidelines, resulting in fragmented care and avoidable delays, especially for those without regular access to a primary care provider.

Naturopathic doctors in Ontario are already trained and authorized to prescribe transdermal estrogen and manage hormone therapy needs. Expanding our scope to include oral progesterone would be a practical and clinically appropriate next step, allowing us to provide more comprehensive and streamlined support for our patients navigating menopause.

I hope the College will consider advocating for this change as part of its continued commitment to safe, and patient-centered care in Ontario.

Sincerely,

Dr. [redacted] ND #[redacted]

[redacted]

From: [redacted] >
Sent: September 5, 2025 11:53 AM
To: General
Subject: Support for Amendment to Authorize Prescribing of Oral Micronized Progesterone (OMP)

[redacted]

Dear Council Members,

I am writing to express my strong support for the proposed amendment to authorize Naturopathic Doctors to prescribe oral micronized progesterone (OMP).

I have been a practicing Naturopathic Doctor since [redacted] with a clinical focus on perimenopause and menopausal health. I am a [redacted] (since [redacted] and I have completed advanced training in hormone therapy prescribing through the Confident Clinician Club (and evidence based Integrative medicine continuing education provider), as well as a two-year menopause focused fellowship under [redacted]

My practice protocols emphasize safety: I provide thorough informed consent about risks and benefits (breast cancer, cardiovascular risks, osteoporosis prevention, etc), order baseline and follow-up labs when relevant, and collaborate with pharmacists and medical doctors regularly to ensure continuity of care. I dedicate time to answer patients' questions, dispel myths, and help them make evidence-based, informed decisions.

Despite this training and experience, current prescribing restrictions force me to refer patients elsewhere for OMP—often creating delays, added costs, and patient frustration. I see women every day who could benefit from OMP, yet without prescribing authority, I am unable to provide them with the gold standard of care. Oral micronized progesterone is widely recognized in clinical guidelines, including those from the Menopause Society and the Society of Obstetricians and Gynaecologists of Canada, as the safest and most effective form of progesterone for endometrial protection when estrogen is prescribed. Topical or vaginal progesterone does not provide this same level of assurance, and yet despite prescription access to transdermal estrogen, those are currently the only forms of progesterone I can prescribe.

The impact of this gap is significant. For example:

- **A patient in her late 40s**, experiencing severe sleep disruption and night sweats, would benefit significantly from transdermal estrogen but required OMP for uterine protection. I had to refer her to her family physician, who was hesitant because of her age, so she was referred on to a gynecologist. After months of waiting, she finally received care—at the cost of prolonged suffering and system strain.
- **Another patient in her early 50s** was eager and well-informed about menopause hormone therapy after our consult. She left motivated to begin treatment, only to face months of delay waiting for another prescriber to provide OMP. She told me she felt "back at square one" despite being ready to move forward.
- **A third patient with osteoporosis risk** was prescribed estrogen with topical progesterone from a different prescriber, despite clear evidence that oral micronized progesterone is the safer, more effective choice, and the gold standard. I had to intervene, correct misinformation, and send her away to secure OMP through another provider—delaying access to the standard of care.

These stories represent what I encounter every day in practice. The inability for NDs to prescribe OMP creates fragmented care, unnecessary referrals, and patient harm. It also places undue burden on family doctors and

gynecologists, many of whom may not have the time to provide thorough informed consent or training to discuss up-to-date menopause care. The system is buckling, and already struggles to provide women specifically with timely gynecological care. We need specialists (like gynecologist) to focus on surgeries and complex cases, not routine hormone therapy initiation that trained NDs are well-equipped to manage.

Allowing Naturopathic Doctors to prescribe OMP would:

- Improve **patient safety** by ensuring proper endometrial protection when estrogen is prescribed.
- Enhance **continuity of care**, allowing patients to receive comprehensive menopause management in one setting.
- Reduce **delays, costs, and unnecessary referrals**, lightening the load on overburdened family physicians and specialists.
- Increase **patient satisfaction and outcomes**, as patients would have access to timely, evidence-based, guideline-supported therapy.

This amendment represents a necessary and meaningful step forward in patient-centered, evidence-based care. I urge you to approve the inclusion of OMP on the prescribing list for Naturopathic Doctors who meet the Standard for Prescribing.

Thank you for your consideration.

Sincerely,
Dr. [redacted] ND
[redacted]

[redacted]

Dear CONO,

September 4, 2025

To Whom it May Concern,

I am writing this letter in favour of the addition of Oral Micronized Progesterone (OMP) to the Table of Prescribed Substances of Naturopathic Doctors in Ontario.

I am a prescribing Naturopathic Doctor, who is currently studying to write the MSCP Certification Exam through The Menopause Society. I have taken many additional courses beyond the Therapeutics for Prescribing Course to ensure I am up-to-date with the most relevant and accurate research on MHT, as well as the steps needed to monitor hormone therapy (including bloodwork, screening for bleeding and other concerning symptoms, as well as referring for ultrasound or biopsy when needed).

A large proportion of my practice is perimenopausal and postmenopausal women looking for support with symptoms related to menopause, including but not limited to insomnia, hot flashes, mood disturbances and prevention of osteoporosis and/or reduced fracture risk.

Reasons for in favour of on-label use: Our current access to be able to prescribe topical estrogen and topical progesterone is not in the best interest of patient safety. Topical progesterone has not been studied to be effective in preventing endometrial hyperplasia in those with an intact uterus and so when prescribing topical estrogen for a patient, I must then refer them back to their GP or Nurse Practitioner to obtain OMP. This has several flaws and concerns including, delayed patient care, some doctor's are not comfortable prescribing OMP and so the patient is unable to receive treatment, as well as the chance that the patient will not think it is necessary or beneficial to take the OMP and/or have discontinuity of progesterone support while on estrogen if being provided by two different healthcare providers. I have had patient's who have delayed or no access MHT support as their family doctor will not prescribe the OMP, and the waitlist to see a gynecologist can be 4-6 months on average in my experience. The patient is then left without access to the gold standard of care for vasomotor symptoms that also provides them with the safest protection from endometrial cancer.

ND's having access to OMP will reduce the burden on the healthcare system, as we will not need to refer patient's back to their GP or gynecologist for the safest and most effective treatment option for their concerns.

I currently am working with a team of gynecologists in the Oakville area to help improve access and care for menopausal women. Patients have been on their waitlist for 4 months to receive MHT support as their primary care provider will not prescribe MHT for various reasons and were referred out. The patient then sees us for the majority of their menopausal symptom care, but has to also meet with the gynecologist in order to access the OMP support.

I also would like to provide my support in favour of consideration of use for off-label prescribing of OMP. OMP is commonly used for symptomatic support of perimenopausal patients, and has well established benefit in these areas, including insomnia and mood support. I have seen patient's have tremendous success in these areas when we refer them back to their MD for this support. It often can be a good first line option for women who are cycling regularly and we do not want to extend the estrogen exposure duration due to MHT-related risks increasing with the length a patient has been taking it.

If you have any further questions, please feel free to contact me by email at [redacted] or by phone or fax at the numbers provided above.

Best Wishes,

[redacted]

To Whom it may Concern,

Thank you for the work you have done so far in consultation on the proposed amendment to add Oral Micronized Progesterone (OMP) under NDs scope of practice in Ontario. Increasing our scope to include oral progesterone will create fewer complications in prescribing and ultimately reduce risk of endometrial cancer and ensure patient safety remains top priority for patients in Ontario.

My primary practice is focused primarily on the menopause transition, as well as women's hormone concerns, fertility, infertility. Prescribing HRT is considered in about 70% of my patient population.

Safety:

I spend time in visits educating patients about the risks, benefits, cost and adverse effects of HRT. I educate about the evidence and importance of adhering to screening exams and guidelines in relevant populations. I follow through with relevant bloodwork ahead of prescribing HRT to ensure safety. In visits, I conduct Framingham CVD risk calculations, breast cancer risks calculations, FRAX calculations (where relevant) ahead of prescribing. I monitor patients every 3-6 months when initiating treatment, and annually with relevant bloodwork to re-assess CVD risk, as well as ensure patients are obtaining mammograms as per public guidelines. I follow the NAMS guidelines for prescribing. I also refer to GPs, NPs and MDs with letters when symptoms warrant imaging or when next step considerations are out of my scope of practice.

Every patient with a uterus seeking HRT is provided informed consent by educating on the approved progesterone/progestogin medication that can be used in combination with estrogen. They are made aware that the purpose of progesterone is to provide endometrial protection and that vaginal progesterone does not have enough data to be used for this and can be referred to another healthcare professional for consideration of prescribing oral progesterone.

Limitations to using only topical/vaginal progesterone:

1. Neither vaginal or topical progesterone provides enough protection to reduce the risk of endometrial hyperplasia. In each visit, I review risks of the HRT within my scope of practice, which means 100% of the time I am offering to refer to a GP or NP for OMP prescriptions.
2. Vaginal progesterone does reduce moderate to severe VMS or improve the sleep of perimenopausal or menopausal women. OMP is approved for this use.
3. Adverse effects – outside of the lack of evidence for reducing hyperplasia risk, the majority of patients do not want to insert a tablet vaginally, ongoing. Adverse effects like discharge with every insertion have been reported to be a main reason for discontinuing treatment.

4. Increase in delays in care either through delays in appointments or referrals to gynecologists with wait lists. This also results in potential increased fees through referral to private practice NPs either due to patient preference or to avoid long wait times to see a gynecologist. This also increases my unpaid work load to organize and request referrals.

5. Currently, women who have conditions that are negatively affected by adding estrogen (ie: perimenopausal women with adenomyosis or endometriosis) have to be referred to another healthcare provider for OMP. OMP alone (off-label use) can be valuable in these patients for moderate to severe VMS in perimenopause.
6. Inability to treat those with primary or secondary amenorrhea with a withdrawal bleed (off-label use).
7. Increasing progesterone and improving integrity of uterine lining in luteal phase for women with infertility (off-label use).

Adding OMP would reducing timelines and external referrals:

Currently, every patient I see who meets the criteria to receive HRT is referred to their GP or NP for OMP prescription. Wait times often cause a delay in care. Often, GPs refer to gynecology which can result in waits over 1 year. In these cases, a referral to a private practice NP is offered. This increases costs to the patient. There are also potential treatment gaps as GPs are not experts in menopause or HRT.

Being able to prescribe OMP would reduce timelines to care and result in less patient frustration and more positive treatment outcomes.

For patients who have received informed consent and prefer to go forward with vaginal progesterone require more interventions like pelvic ultrasounds to assess endometrial growth.

Dr. [redacted] [redacted] ND

[redacted]

From: [redacted]
Sent: September 8, 2025 5:00 PM
To: General
Subject: Respond to consultation on OMP for NDs

[redacted]

Dear Council Members,

I am writing in support of the proposed amendment to the *Table of Prescribed Substances* under the General Regulation of Naturopathic Doctors in Ontario to add oral micronized progesterone (OMP).

I am a naturopathic doctor and a certified Menopause Society Certified Practitioner (MSCP).

Clinical Context

In my practice, I focus on women's health, fertility, and menopause. I frequently see patients struggling with perimenopausal and menopausal symptoms such as night sweats, hot flashes, insomnia, mood changes, irregular cycles, and heavy bleeding, as well as patients seeking support for fertility concerns, including luteal phase support and miscarriage prevention.

For many of these patients, OMP is not only evidence-based but often the most practical, tolerable, and effective option.

Why OMP Matters in Practice

Topical or vaginal progesterone can be helpful, but many patients find them uncomfortable, messy, or difficult to use consistently. Adherence drops quickly, especially with long-term use.

OMP offers unique advantages:

- **Endometrial protection (on-label use):** OMP is superior to vaginal or topical progesterone when estrogen therapy is prescribed.
- **Symptom management (on- and off-label use):** Evidence supports its role in reducing vasomotor symptoms, improving sleep quality, stabilizing mood, and supporting bone health.
- **Patient preference:** Oral dosing is strongly preferred when available, improving both comfort and compliance.

Impact of Current Restrictions

Currently, I must refer patients to nurse practitioners or family doctors for OMP prescriptions. While many are supportive, these providers often have less specialized training in menopause care, and the transfer of care creates delays, confusion, and unnecessary fragmentation. It also adds unnecessary cost for the patient.

- **Example (on-label):** Menopausal patients suited for combined MHT can obtain transdermal estradiol from me, but if they have a uterus, I must refer them for OMP. In one case, the NP in our clinic was available only once a week, meaning the patient waited over two weeks for her OMP prescription. The NP fees were $70–130 per visit, an added and avoidable cost when I could have provided this directly.
- **Example (compounded/off-label):** A patient with **severe progesterone intolerance** could not tolerate 200 mg OMP, but 100 mg was insufficient. She required a 150 mg compounded dose, only available after referral. Having direct access would have allowed me to titrate and monitor her safely without delay.
- **Example (off-label):** A perimenopausal patient with **heavy menstrual bleeding** benefited from cyclical OMP, which is an evidence-based option, but still required referral for the prescription.
- **Example (off-label):** A patient with **sleep disturbance and mild vasomotor symptoms** could not tolerate estrogen due to headaches but improved significantly on OMP alone. Current restrictions required referral for this evidence-informed approach.

These scenarios are not the majority, but when they arise, patient outcomes are directly affected by my inability to prescribe OMP — especially when other providers within scope already use these approaches safely.

Training and Safety

I am a Menopause Society Certified Practitioner (MSCP) with advanced training in evidence-informed hormone prescribing. My approach emphasizes safety and collaboration:

- **Informed consent:** Every patient receives counseling on risks, benefits, and alternatives.
- **Baseline evaluation:** Prior to prescribing, patients undergo lab testing (e.g., metabolic and cardiovascular markers), blood pressure assessment, and breast cancer risk evaluation using validated calculators. I discuss their baseline risk and how hormone use may alter this over time.
- **Evidence-based dosing:** I align with international guidelines (NAMS, Endocrine Society, SOGC).
- **Ongoing monitoring:** I follow patients at 3 months, then every 6 months, with at least annual labs. I evaluate for unscheduled or postmenopausal bleeding and refer for imaging or specialist care as needed.
- **Collaboration:** I regularly communicate with patients' primary care providers and specialists to ensure continuity and safety.

Why This Change Matters

- **Streamlined care:** Allowing NDs to prescribe OMP directly would improve safety and continuity, ensuring patients are not left unprotected or untreated while waiting for external prescriptions.
- **Equitable access:** Patients under ND care deserve the same evidence-based prescribing options as those under MD or NP care. Other professions are not restricted to on-label use; holding NDs to this limitation is inconsistent with modern practice and ultimately harms patients.
- **Patient-centered flexibility:**
    - Higher OMP doses may be required for adequate endometrial protection with higher estrogen therapy.
    - OMP alone can benefit sleep and mood, and may be appropriate for patients with contraindications to estrogen.

- Progesterone intolerance is common, and compounded dosing allows for safe titration and improved tolerability.

Closing

Expanding prescribing to include oral micronized progesterone is essential to meet the needs of the women I care for. I have the training, protocols, and experience to prescribe it safely. More importantly, my patients deserve timely, individualized, and compassionate access to this therapy without unnecessary delays or referrals.

--
Dr. [redacted] BSc, ND
[redacted]

[redacted]

From: [redacted]
Sent: July 3, 2025 4:54 PM
To: OAND; General
Subject: Re: Oral Micronized Progesterone Consultation - Now Open

I agree with the proposed addition of OMP as indicated in the formal consultation. This will enhance qualified NDs ability to help woman in a timely manner, in our burdened medical system.

Yours Truly,

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: June 30, 2025 2:48 PM
To: General
Cc: [redacted]
Subject: RE: ORAL MICRONIZED PROGESTERONE – FORMAL CONSULTATION

[redacted]

Submission to the College of Naturopaths of Ontario
Public Consultation – Proposed Amendment to Table 3 (General Regulation 168/15)
Re: Addition of "Progesterone (oral micronized)" with limitations

To the Council of the College of Naturopaths of Ontario,

As a regulated health professional, I write in support of the addition of oral micronized progesterone (OMP) to Table 3 of Ontario Regulation 168/15, but I respectfully urge the College Council to reconsider the proposed restriction limiting its use to "label indications approved by Health Canada."

This limitation undermines both public protection and access to safe, timely, and integrative care. It imposes a barrier to patients who are already under the care of trained, prescribing Naturopathic Doctors (NDs), and who would otherwise need to seek duplicative care from a second provider — typically a functional medicine medical provider — simply to access a well-established and safe therapy.

1. Public Protection and the Safe Use of Progesterone

Patient safety is the cornerstone of regulatory decision-making. OMP is a low-risk, bioidentical hormone with a well-established safety profile, especially when compared to synthetic progestins. It has been used for decades in the treatment of a range of conditions across the menopausal and perimenopausal spectrum, including uses that fall outside of its formal label indications. These include off-label uses such as:

- Vasomotor symptom relief
- Insomnia associated with hormonal transition
- Premenstrual dysphoria or perimenopausal mood instability

These uses are not only common in medical practice, but are supported by evidence and widely accepted among specialists in integrative, reproductive, and women's health.

NDs in Ontario undergo comprehensive pharmacological training and must pass a standardized Therapeutics Prescribing Examination, including content on endocrine pharmacotherapy, risk mitigation, drug–nutrient and drug–drug interactions, and adverse event recognition. The public is best protected when providers trained in hormone therapy are allowed to practice within their competencies and scope, with clinical discretion and responsibility.

To restrict NDs to label-only prescribing of progesterone is inconsistent with the reality of evidence-based clinical practice and would result in inferior patient care, not enhanced safety.

2. Access to Care and Equity in the Healthcare System

Requiring a second provider to prescribe a drug that an ND is otherwise qualified to initiate and manage creates unnecessary barriers and inequities in care. Patients often turn to NDs for their holistic approach and continuity of care, particularly in managing menopausal transitions, hormonal imbalances, and chronic fatigue — areas where progesterone is commonly used.

This limitation will:

- Delay treatment for patients seeking integrative care
- Increase healthcare system inefficiencies by creating duplication of care
- Impose financial and logistical burdens on patients who already experience marginalization in the conventional system

Access to care is a cornerstone of public protection. Restricting an ND's ability to prescribe OMP in the same evidence-informed, risk-aware manner as physicians creates an unjustified double standard that ultimately disadvantages patients — particularly those in rural areas or those seeking alternatives to conventional hormone replacement protocols.

3. Jurisdictional Consistency and Regulatory Precedent

The College is not being asked to move into uncharted territory. British Columbia has long permitted NDs to prescribe oral and transdermal progesterone without restriction to label indications. Their regulator has identified no pattern of safety concerns or complaints, reinforcing that trained NDs are fully capable of using this tool safely and responsibly.

In the United States, over 20 states — including Oregon, Arizona, and Washington — permit licensed naturopathic physicians to prescribe OMP across a wide range of clinical contexts. This has expanded access, improved outcomes, and reduced fragmentation of care, all without evidence of increased harm.

These regulatory precedents demonstrate that such prescribing is both safe and feasible within a responsible and accountable framework.

4. Preserving the Integrity of Scope and Public Trust

NDs are not medical doctors — and do not claim to be — but they are accountable, regulated professionals with focused training in preventive, functional, and integrative care. Limiting progesterone prescribing to label indications undermines the clinical discretion of NDs and erodes public trust in the profession's ability to offer full-spectrum, evidence-based care within its scope.

Allowing NDs to use OMP for appropriate, safe, off-label uses does not expand their scope — it supports the full and responsible use of an existing therapeutic tool within their legislated authority.

5. Recommendation

To fulfill the College's public protection mandate while honouring the principles of access, continuity, and interprofessional respect, I strongly recommend that the Council:

- Approve oral micronized progesterone on Table 3 without the limitation to "label indications approved by Health Canada"; and
- Ensure that all prescribing remains subject to existing training requirements, scope boundaries, and professional accountability under the RHPA and Naturopathy Act.

This approach will protect the public, reduce unnecessary care duplication, and ensure that patients can access safe, integrative therapies from the regulated providers they trust.

Thank you,

[redacted]

[redacted] [redacted]

From: [redacted]
Sent: July 9, 2025 8:45 AM
To: DONOTREPLY; General
Subject: Re: Formal Consultation - Oral Micronized Progesterone

[redacted]

Good morning!
I have read the information on the website and to be honest am not entirely sure how to give feedback but I am thrilled that OMP is being considered to be a drug naturopathic doctors can prescribe.
It is crucial to the safe treatment of menopause for women needing estrogen therapy with an intact uterus.
I am hopeful that this is incorporated into our scope as soon as possible
Thank you
Wendy

Dr [redacted] ND
[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: June 30, 2025 2:26 PM
To: General
Subject: RE: Feedback for Oral Micronized Progesterone

[redacted]

To Whom it May Concern (CONO):

I am writing to express my strong support for the inclusion of **oral micronized progesterone** on the list of substances that Ontario Naturopathic Doctors (NDs) are authorized to prescribe.

Currently, NDs in Ontario can prescribe topical estrogen, which is an important component of hormone therapy for many patients. However, oral micronized progesterone—widely recognized as the gold standard for endometrial protection during estrogen therapy—is not currently within our scope. This regulatory gap creates a significant clinical limitation.

Oral progesterone is not only essential for protecting the uterus when systemic estrogen is used, but it also offers therapeutic benefits in its own right. These include:

- Improved **vasomotor symptom** control (especially night sweats and hot flashes),
- Enhanced **sleep quality** through GABA-modulating effects,
- Support for **mood** and overall quality of life during menopause and perimenopause.

Oral micronized progesterone is well studied, well tolerated, and widely used in conventional medical practice. Its inclusion in the ND prescribing formulary would support evidence-based, patient-centered care and align Ontario's scope of naturopathic practice more closely with what is permitted in other jurisdictions across Canada.

I urge the College to move forward with this change and allow licensed Naturopathic Doctors to prescribe oral micronized progesterone as part of comprehensive and responsible hormonal care.

Thank you for your time and consideration of this important matter.

Warm regards,
Dr. [redacted] **ND**

[redacted]

[redacted] [redacted]

From: [redacted]
[redacted]
To: General
Subject: Proposed Addition of OMP to Table 3

September 8, 2025 1:28 PM

[redacted]

Dear College of Ontario Naturopaths,

I am writing to respectfully advocate for the inclusion of oral micronized progesterone (OMP) within the prescriptive authority of naturopathic doctors, alongside existing access to transdermal and transvaginal formulations.

The primary reason that I think it should be included is that all the current evidence favours oral use over transdermal or transvaginal for endometrial protection during systemic estrogen therapy. Unfortunately, at this time vaginal progesterone has far less published evidence supporting its use for long-term endometrial safety in menopausal hormone therapy. Clinical guidelines, including those from the North American Menopause Society (NAMS) and the Endocrine Society, primarily cite oral dosing regimens when outlining evidence-based protocols for safe estrogen–progesterone combinations.

Secondly, giving progesterone orally provides systemic effects that are not achieved with transdermal or vaginal delivery. Allopregnanolone, a metabolite of progesterone, has impressive effects on improving sleep and reducing anxiety which are both very common and serious concerns during perimenopause and menopause. Oral progesterone administration also ensures systemic exposure and receptor engagement beyond the endometrium, including bone, breast, cardiovascular, and central nervous system tissues. These broader systemic benefits are not reliably obtained from vaginal administration.

Thirdly, most patients prefer oral dosing compared to vaginal suppositories or capsules. I have found that patients find the suppositories and capsules used intravaginally to be inconvenient, cumbersome in insert and messy. I believe that they would have better adherence to an oral dosing schedule.

The inclusion of oral micronized progesterone would harmonize naturopathic practice with the protocols outlined in evidence-based clinical guidelines for menopausal hormone therapy, which overwhelmingly reference oral dosing regimens. Without access to oral formulations, naturopathic doctors are unable to fully implement these standards of care.

Given the robust evidence for endometrial protection, the unique systemic benefits of oral administration, and the central role of OMP in evidence-based menopausal hormone therapy, I strongly urge CONO to expand prescribing rights to include oral micronized progesterone in addition to transdermal and vaginal preparations.

Thank you for considering this request in the spirit of advancing patient-centered, evidence-based naturopathic care.

Respectfully,
[redacted] [redacted] ND
Registration #[redacted]

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[redacted] [redacted]

From: [redacted]
[redacted]
June 30, 2025 2:18 PM
To: General
Subject: Oral micronized progesterone

I'm very happy to see the proposed changes to oral micronized progesterone prescribing. I think this is a move that very much is in line with patient safety especially in regard to prescribing MHT. Allowing transdermal estrogen prescribing without allowing the corresponding oral progesterone to allow safer prescribing of estrogen has seemed like an odd decision that didn't have patient safety at the forefront.
In the future it would be beneficial if there was the opportunity to explore adding oral progesterone as a stand alone treatment for other perimenopausal conditions before estrogen therapy is indicated such as perimenopausal luteal phase insomnia. However, I agree that prescribing in the context of MHT is the priority.

[redacted]

[redacted]

From: [redacted]
Sent: July 5, 2025 9:20 PM
To: General
Subject: Oral Micronized Progesterone Formal Consultation: Feedback

[redacted]

To Whom It May Concern,

For NDs to have prescribing rights of OMP for the approved label indication is an incredible step forward. However, being able to prescribe for the off-label use of vasomotor symptoms should be strongly reconsidered.

With many women in Ontario not having a medical doctor, there is a void in the system for prescribing for menopausal symptoms that can be filled by NDs with their prescribing rights. We are trained, we are competent, and we are needed.

Thanks for your consideration,

[redacted]

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[redacted]

[redacted]

From: [redacted]
Sent: July 2, 2025 3:09 PM
To: General
Subject: Oral Micronized Progesterone Formal Consultation

[redacted]

To Whom It May Concern,

Adding oral micronized progesterone to our list of prescribed substances, for indications consistent with Health Canada guidelines is evidence-based, in the best interest of the public, and arguably one of the most important substances for ND's to prescribe (given the fact we can currently prescribe transdermal estrogen).

Oral progesterone is recognized by all menopause societies globally as the most evidence-based treatment to prescribe alongside transdermal estrogen in women with intact uterus.

Transdermal and vaginal progesterone (which we currently can prescribe) do not have the same level of protection against endometrial proliferation and do not have the same level of evidence to support their use in combined menopause hormone therapy.

Allowing ND's to prescribe oral progesterone will allow more comprehensive, convenient and evidence-based care for women in midlife.

Thank you for recognizing this

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted] Toporowska <anna@drannatnd.com>
Sent: July 15, 2025 11:45 AM
To: General
Subject: Oral micronized progesterone Feedback

To whom it may concern,

I believe it is excellent that the College is proposing to change the table of drugs to include oral use of micronized progesterone. This will allow ND's to safely and effectively support their patient using MHT.

Take good care,
Dr. [redacted] ND
[redacted]

[redacted]

From: [redacted]
Sent: July 23, 2025 1:29 PM
To: General
Subject: Oral Micronized Progesterone Feedback

[redacted]

Hello,

Please accept this email as my feedback for adding oral micronized progesterone to the scope of Naturopathic Doctors in Ontario.

I believe that this is a great addition to our scope for efficacy, safety and patient tolerance.
OMP is the gold standard for care and it is extremely important for adequate protection of the uterine lining.

Thank you!
Dr. [redacted] ND
Naturopathic Doctor
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 2:28 PM
To: General
Subject: Oral Micronized Progesterone Feedback

[redacted]

Hello College of Naturopaths of Ontario,

I am writing to provide feedback regarding the potential addition of oral micronized progesterone (OMP) to our prescribing list.

In my practice, I have observed that a significant number of premenopausal and menopausal patients could benefit from OMP but face considerable challenges in accessing it. It is disheartening for them to know that a treatment exists for their vasomotor symptoms or insomnia, yet they must navigate multiple medical hurdles to receive this care. I have completed numerous hormonal replacement courses and feel well-qualified to determine which patients require this prescription, as well as how to properly dose and manage it.

I sincerely hope that my feedback, combined with input from other NDs, will highlight the significant benefits this change could bring to our patients.

Thank you for your time.
--

[redacted]

[redacted]

From: [redacted]
Sent: July 2, 2025 9:24 PM
To: General
Subject: Oral micronized progesterone consultation

[redacted]

Hello,

I just wanted to voice my support for this change in our prescription rights! It would be so helpful to be able to rx this ourselves alongside any bioidentical estrogen prescriptions, as this is the most evidence based way to support a patient while using hormone therapy and decrease any associated risk factors.

[redacted]

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[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
[redacted] 1, 2025 8:13 PM
To: General
Subject: Oral Micronized Progesterone Consultation Feedback

[redacted]

Hello,

I have read through the consultation process and documents attached and I am strongly in favour of this being approved.

It is vital to naturopathic practice to be order to prescribe oral micronized progesterone for menopause hormone therapy, and this has been a major limitation of practice. It is necessary to provide safe, effective, and comprehensive care to patients, and I am pleased to see that this consultation is in process.

As a prescriber of menopause hormone therapy in my practice, this will immensely help with providing safe care for patients, instead of requiring them to receive the prescription from their primary care physician.

I am strongly in favour of this, thank you for your efforts with putting this into motion.

If you need anything else from me, please let me know.

Thank you,
Dr. [redacted] ND, BSc. (she/her)
Naturopathic Doctor
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 3:36 PM
To: General
Subject: Oral Micronized Progesterone Consultation

[redacted]

To Whom It May Concern,

I am a Naturopathic Doctor practicing in Ontario, and I regularly see patients seeking support for perimenopausal and menopausal symptoms. Having access to prescribe oral micronized progesterone (OMP) would improve patient care in several key ways:

- **Expedite care** for patients seeking menopausal hormone therapy (MHT) where it is clinically appropriate and safe to prescribe.
- **Reduce burden on an already overtaxed healthcare system** by eliminating the need for referrals to primary care providers solely for the OMP component of MHT.
- **Streamline ongoing care**, especially in cases where dose adjustments are needed. Currently, patients often face long wait times to see their MD or NP for changes to the OMP portion of their prescription.
- **Simplify pharmacy renewals**, allowing the ND to renew the full MHT prescription instead of requiring separate renewals from multiple providers.

Regarding the **on-label indication**:
"**For women with an intact uterus, as an adjunct to postmenopausal estrogen therapy to significantly reduce the risk of endometrial hyperplasia and carcinoma**" — I have concerns about the restriction to **postmenopausal** women.

It is both **evidence-based and guideline-endorsed** that treatment can and should begin during **perimenopause**, if clinically indicated, when symptoms often begin to significantly affect quality of life. Denying access to MHT for women with an intact uterus until after menopause is, in effect, unjust—particularly when women with a hysterectomy or those with a Mirena IUD inserted within the past five years (who do not require OMP) can begin treatment from their ND at any time.

Furthermore, NDs appear to be the **only profession in Ontario subject to a proposed "on-label only" prescribing restriction**. In contrast, **off-label prescribing is common and accepted practice** for MDs, NPs, midwives, chiropractors, and dentists—when based on evidence and in the patient's best interest. The same standard should apply to naturopathic doctors, who are also trained to evaluate and apply evidence-based care within their scope of practice.

Kind Regards,

Dr. [redacted] ND

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 4:01 PM
To: General
Subject: Oral Micronized Progesterone Consultation

[redacted]

Dear College of Naturopaths of Ontario,

I am writing to strongly advocate for naturopathic doctors in Ontario to be granted the ability to prescribe **oral micronized progesterone** as part of comprehensive menopause and hormone therapy care.

Currently, naturopathic doctors are restricted to prescribing only topical progesterone, which is **not adequate for endometrial protection** when estrogen therapy is prescribed. This creates several concerns:

1. **Patient Safety:** Having access to only topical progesterone is not in the patient's best interest from a safety perspective as it is not the form that is studied to protect the uterus from endometrial hyperplasia while on topical estrogen for hormone therapy purposes.
2. **Access to Care:** Referrals to external prescribers for their oral progesterone when needed add barriers—delays in treatment, increased costs, and in some cases, patients abandoning appropriate therapy altogether. Granting prescribing rights would improve access and continuity of care for thousands of Ontario women navigating perimenopause and menopause.
3. **Evidence-Based Standard of Care:** Oral micronized progesterone is a well-studied, safe, and effective option recommended internationally for endometrial protection and symptom management. NDs already have the knowledge, skills, and clinical judgment to determine when this therapy is indicated, and expanding the scope aligns with best practices in women's health.
4. **System Efficiency:** Empowering NDs to prescribe oral progesterone reduces strain on the healthcare system by eliminating unnecessary referrals and duplicate visits, allowing physicians to focus on patients with more complex needs. I work in an office with gynecologists who currently have 9-12-month waitlists for their referrals. It is not serving the public's interest to need to wait this long for referral for basic hormone therapy prescriptions, a lot can change for the quality of life and health of the patient in a year. NDs are serving a valuable role in patient care and interprofessional care for this patient population.

Ontario women deserve timely, evidence-based, and streamlined access to hormone therapy. Granting prescribing rights for oral micronized progesterone is an essential step toward improving patient outcomes, safety, and equity of care.

Thank you for your consideration and commitment to protecting the public.

Sincerely,
Dr. [redacted] [redacted] ND #[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 4:11 PM
To: General
Subject: Oral Micronized Progesterone Consultation

[redacted]

Dear College of Naturopaths of Ontario,

I am writing to strongly advocate for naturopathic doctors in Ontario to be granted the ability to prescribe **oral micronized progesterone** as part of menopause and hormone therapy care.

Currently, naturopathic doctors are restricted to prescribing only topical progesterone, which is **not adequate for endometrial protection** when estrogen therapy is prescribed. This creates several concerns:

1. **Patient Safety:** Having access to only topical progesterone is not in the patient's best interest from a safety perspective as it is not the form that is studied to protect the uterus from endometrial hyperplasia while on topical estrogen for hormone therapy purposes.
2. **Access to Care:** Referrals to external prescribers for their oral progesterone when needed add barriers—delays in treatment, increased costs, and in some cases, patients abandoning appropriate therapy altogether. Granting prescribing rights would improve access and continuity of care for thousands of Ontario women navigating perimenopause and menopause.
3. **Evidence-Based Standard of Care:** Oral micronized progesterone is a well-studied, safe, and effective option recommended internationally for endometrial protection and symptom management. NDs already have the knowledge, skills, and clinical judgment to determine when this therapy is indicated, and expanding the scope aligns with best practices in women's health.
4. **System Efficiency:** Empowering NDs to prescribe oral progesterone reduces strain on the healthcare system by eliminating unnecessary referrals and duplicate visits, allowing physicians to focus on patients with more complex needs. I work in an office with gynecologists who currently have 9-12-month waitlists for their referrals. It is not serving the public's interest to need to wait this long for referral for basic hormone therapy prescriptions, a lot can change for the quality of life and health of the patient in a year. NDs are serving a valuable role in patient care and interprofessional care for this patient population.

Ontario women deserve timely, evidence-based, and streamlined access to hormone therapy. Granting prescribing rights for oral micronized progesterone is an essential step toward improving patient outcomes, safety, and equity of care.

Thank you for your consideration and commitment to protecting the public.

Sincerely,
Dr. [redacted] [redacted] ND #[redacted]

[redacted]

From: [redacted]
Sent: September 6, 2025 7:02 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

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 [redacted] with a primary focus on supporting perimenopausal and menopausal patients. I am a [redacted], 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. [redacted] [redacted] ND #[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 2:46 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

Hi there,

I'm writing as a Naturopathic Doctor in Ontario with a prescribing license to urge the College to approve the proposal to allow NDs to prescribe Oral Micronized Progesterone (OMP). As we know, it is the gold standard of care to prescribe OMP to patients using ET with a uterus for endometrial hyperplasia prophylaxis. Not having access to OMP has caused a disruption in care, requiring more coordination with health care professionals, and increases wait times for patients who need ET to improve quality of life in menopause in a health care system that is already strained.

Please move forward with this change!

Sincerely,

Dr. [redacted] **ND**
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: July 21, 2025 11:04 AM
To: General
Subject: Oral Micronized Progesterone

Dear SSRC,

Based on the evidenced-based review conducted by Dr. Kellar, I support the CONO initiative to add oral micronized progesterone to Table 3 of the Naturopathy Act - Regulations.

I support the reasons enumerated on the CONO website outlined here: https://www.collegeofnaturopaths.on.ca/news/consultations/current-consultations/oral-micronized-progesterone-formal-consultation/

[redacted]

[redacted]

From: [redacted]
Sent: July 20, 2025 5:05 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

Oral Micronized Progesterone

To Whom it May Concern

As a CONO registered Naturopathic Doctor I would like to give feedback on the Consultation for Oral Micronized Progesterone.

Due to public safety, agree with the proposed amendment to the General Regulation to add Oral Micronized Progesterone (OMP) to Table 3 of the Regulation.

Oral Micronized Progesterone is a valuable option for patient hormonal health needs. Unlike synthetic progestins, micronized progesterone is molecularly identical to the hormone naturally produced by the body, which can result in better tolerance and fewer side effects. It is most commonly prescribed to help manage symptoms related to perimenopause, menopause, or conditions like irregular menstrual cycles and endometrial hyperplasia.
One of the key advantages of Oral Micronized Progesterone is its positive effect on sleep and mood due to its calming effect on the central nervous system. It also offers protective benefits for the uterus when taken alongside estrogen therapy, significantly reducing the risk of endometrial cancer in women undergoing hormone replacement therapy (HRT).
Additionally, oral progesterone has been shown to have a favourable impact on cardiovascular health markers and often reduces the frequency of hot flashes and night sweats. Because it is taken orally, it’s convenient and easy to use, making adherence to treatment more manageable. Oral Micronized Progesterone represents the gold standard for progesterone therapy as a safe and effective part of a comprehensive hormonal health plan for most women requiring hormone therapy.

Thank you

[redacted]

[redacted]

From: [redacted]
Sent: July 11, 2025 7:00 AM
To: General
Subject: Oral Micronized Progesterone – Formal Consultation FEEDBACK

Hi there, just giving my two very enthusiastic thumbs up to this amendment to our progesterone prescribing scope. This allows us to provide our patients with evidence based therapy that has been up to now limited in such a way that our patients were not able to benefit from the safest hormonal therapy option. Thank you for your efforts to help us provide the best possible care to our patients, in a region where their primary physicians are not well informed about MHT and therefore have no other avenue to access this (often essential) health care.

--
Dr. [redacted] ND | she/her
Naturopathic Doctor | [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: July 2, 2025 1:53 PM
To: General
Subject: OMP

[redacted]

I am writing in response to the oral micronized progesterone consultation. As a Naturopath who is currently practicing in Ontario and has competency in prescribing, i feel it is in the best interest of the public that this item be added to the schedule allowed for Naturopaths. It can be safely administered and Naturopaths who would be prescribing are already competent in the use of progesterone, this just adds a new delivery method that may enhance compliance or tolerance of the medication.

[redacted]

[redacted]

From: [redacted]
Sent: July 17, 2025 10:54 AM
To: General
Subject: OMP question and feedback

[redacted]

Hi [redacted]

Question regarding OMP feedback -

Would prescribing of bio-identical progesterone be off the table completely if Prometrium is added to our scope of practice? I ask because some patients do have contraindications to Prometrium due to nut allergies and a bio-identical option could be very helpful. Regardless having OMP added to our scope of practice would be very helpful in terms of safety and comfort for many patients in my practice, especially those without family doctors and/or those family doctors not comfortable with hormonal prescribing.

Best,
[redacted]

[redacted]

To Whom It May Concern,

As licensed naturopathic doctors (NDs), we are committed to delivering safe, effective, and evidence-based care to our patients. In the management of menopausal symptoms, hormone replacement therapy (HRT)—particularly the combination of estradiol with progesterone in patients with an intact uterus—remains the gold standard of care when appropriately administered.

I write today to urge the inclusion of **oral micronized progesterone** (OMP) within the scope of naturopathic prescribing authority. OMP has proven efficacy to protect the endometrial lining from hyperplasia and subsequent progression to endometrial cancer and would be a critical prescription to provide alongside transdermal estradiol when a woman doesn't have a progestogen IUD or willing to insert progesterone vaginally on a daily basis.

Evidence Supporting Oral Micronized Progesterone for Endometrial Protection

Both the **North American Menopause Society (NAMS)** and **The Endocrine Society** clearly recommend that when systemic estrogen is prescribed to a woman with an intact uterus, a progestogen must be added to prevent estrogen-induced endometrial proliferation.

Specifically, the **NAMS 2022 Position Statement** emphasizes:

"When systemic estrogen therapy is given to a woman with a uterus, an adequate progestogen must be added to reduce the risk of endometrial cancer. Oral micronized progesterone at a dose of 200 mg for 12 days per 28-day cycle or 100 mg daily is the most commonly recommended regimen due to its proven safety and efficacy." (NAMS, 2022)

This position is echoed by the **Society of Obstetricians and Gynaecologists of Canada (SOGC)** in their clinical practice guidelines, which confirm the critical role of OMP in endometrial protection in patients using oral estradiol.

Limitations of Vaginal Progesterone

While vaginal progesterone suppositories are currently within our prescriptive scope, vaginal administration is associated with significant issues in patient adherence and acceptability, due to discomfort, messiness, and sexual interference. These factors increase the risk of noncompliance, potentially leaving patients unprotected while continuing systemic estrogen—thereby creating a predictable and preventable risk of endometrial hyperplasia and cancer.

Implications for Public Safety

This limitation creates a public safety issue by preventing us from aligning with best-practice guidelines and exposes patients to potential harm that is both known and preventable.

Call to Action: Align Scope with Standards of Care

The inclusion of oral micronized progesterone within our prescribing authority is not an expansion for convenience—it is a **critical correction to ensure alignment with national and international standards of care**. It will enable naturopathic doctors to:

- Prescribe HRT regimens that are consistent with best evidence;
- Protect patients from endometrial complications associated with unopposed estradiol;
- Improve adherence and outcomes through better-tolerated administration routes;
- Enhance patient trust and safety in integrative menopausal care.

We respectfully urge the regulatory body to prioritize this addition in the interest of public health, safety, and evidence-aligned practice. Expanding access to oral micronized progesterone is a necessary step toward ensuring naturopathic doctors are fully equipped to provide HRT safely, responsibly, and in line with current medical consensus.

Thank you sincerely for taking the time to review this letter to emphasize the weight this has on not only naturopathic doctors, but most importantly the health of the public.

Sincerely,
Dr. [redacted] ND

[redacted]

From: [redacted]
[redacted]
To: General
Subject: OMP Feedback

[redacted]

To whom it may concern,

I am emailing to provide my feedback about Oral Micronized Progesterone and the proposed changes.

Overall, I am in support of adding OMP to our prescribing list however, I do have concerns about its restriction to only being used in accordance with the Health Canada approved indications. This does not allow naturopathic doctors to use it for vasomotor symptoms, insomnia, menopause related issues or fertility support. These are areas that naturopathic doctors frequently treat and would be considered "off-label use". An ND would not be able to safely and effectively treat these symptoms, and thus, it would be a great disservice to our patients.

Please reconsider the restriction on table 3 so that we can safely and effectively treat the ever-growing number of perimenopausal women in Ontario.

Thank you in advance,
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]
September 8, 2025

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, ON M5C 3C3
general@collegeofnaturopaths.on.ca

Re: Feedback on Oral Micronized Progesterone (OMP) Consultation

Dear College Of Naturopaths of Ontario,

I am writing to express my strong support for the proposed amendment to the Table of Prescribed Substances under the *General Regulation*, which would authorize naturopathic doctors (NDs) in Ontario to prescribe oral micronized progesterone (OMP) within the Health Canada–approved indications.

From 2014 to 2024, I was a practicing naturopathic doctor in British Columbia, where NDs have broader prescribing rights, including the authority to prescribe OMP. During that time, I prescribed OMP regularly and safely to my patients, following established clinical guidelines, conducting comprehensive assessments, providing informed consent, and monitoring outcomes closely. My experience has shown me that OMP, when prescribed responsibly and within evidence-based protocols, is both safe and effective for appropriate patients.

Since relocating my practice to Ontario, I've witnessed firsthand how the current restriction on OMP prescribing creates barriers to optimal patient care. In my clinical work, I frequently support patients navigating perimenopause, menopause, and other hormone-related conditions where OMP would be the most appropriate choice based on guidelines from the Society of Obstetricians and Gynaecologists of Canada (SOGC) and other evidence-based authorities.

Unfortunately, the lack of OMP prescribing authority for NDs in Ontario has caused significant delays and fragmented care for many of my patients. For example:

- Case Example 1 – Delayed Access to Care
  A 49-year-old perimenopausal patient experiencing significant sleep disruption, anxiety, and hot flashes was an excellent candidate for OMP. I was able to manage her estrogen therapy safely but had to refer her back to her family physician for OMP. This resulted in an eight-week delay before she received treatment, during which time her symptoms

worsened and her quality of life declined. Additionally, many family physicians still believe that hormones cause cancer and patient access has been difficult.

- Case Example 2 – Increased Patient Burden
  A 55-year-old postmenopausal patient with an intact uterus sought hormone replacement therapy to address severe bone loss and mood instability. Although I was able to manage her estrogen dosing, she required OMP for endometrial protection. Without a family physician, I was able to connect the patient with an NP, adding time, cost, and stress, while fragmenting her care between multiple providers.
- Case Example 3 – Referral Barriers
  In another case, a 52-year-old patient with a strong family history of cardiovascular disease and metabolic syndrome required careful monitoring while initiating hormone therapy. Without direct access to OMP prescribing, I had to coordinate across multiple providers, leading to duplicated testing and delayed treatment initiation.

These are not isolated scenarios — they represent a consistent challenge in providing timely, patient-centered care. Allowing NDs to prescribe OMP would:

- Improve continuity of care and reduce treatment delays
- Align naturopathic prescribing practices with current evidence-based guidelines
- Reduce unnecessary referrals and pressure on the broader healthcare system
- Enhance patient safety by ensuring comprehensive hormone management under one provider

As a regulated health professional, I remain committed to safe, evidence-based prescribing. I follow strict protocols, including full patient assessments, informed consent, collaboration with pharmacists and other providers when needed, and ongoing monitoring of therapy outcomes.

I strongly encourage the College to move forward with this amendment. Authorizing OMP prescribing for naturopathic doctors will improve patient outcomes, reduce healthcare inefficiencies, and bring Ontario's regulatory framework in line with best practices already successfully implemented in other provinces, such as British Columbia.

Thank you for considering my feedback.

Sincerely,
Dr. [redacted] ND [redacted]
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 2:17 PM
To: General
Subject: OMP Consultation

[redacted]

To Whom It May Concern,

I am writing in strong support of the proposed prescribing amendment for oral micronized progesterone (OMP). As a Naturopathic Doctor with 13 years of clinical experience, I have successfully completed the Canadian Therapeutic Prescribing Course and Examination and hold certification as a Menopause Society Certified Practitioner, with a practice focused on supporting women in midlife with hormonal and metabolic health concerns.

On a weekly basis, I see patients who would significantly benefit from access to OMP, particularly those navigating perimenopause and menopause. Current prescribing restrictions limit my ability to provide evidence-based care. Topical or vaginal progesterone is not considered standard of care for endometrial protection when prescribing transdermal estrogen, nor are these routes appropriate for the management of vasomotor symptoms. As a result, patients are left without timely access to therapies that align with established clinical guidelines.

The impact of this gap in care is significant. Many of my patients either lack a family physician or are placed on lengthy wait lists to see a gynecologist for consideration of hormone therapy. This often leads to delays of several months before treatment can be initiated, during which time patients continue to struggle unnecessarily. For some, these symptoms affect not only their personal well-being but also their professional lives. I regularly hear from women who feel embarrassed and impaired in workplace settings — whether presenting in front of colleagues while visibly flushed and sweating, or struggling with fatigue and sleep disruption. These are real, preventable consequences of limited prescribing access.

In my practice, we take safety seriously. Before recommending hormone therapy, we conduct a thorough screening to ensure no contraindications are present, order appropriate lab testing, and provide patients with clear information on risks and benefits. We also use Menopause Society educational handouts to support informed decision-making. At present, our role is often reduced to helping patients advocate for treatment with their family doctor, even when Menopause Hormone Therapy would clearly improve quality of life and aligns with best practices.

Granting prescribing authority for OMP to naturopathic doctors would reduce unnecessary delays, improve continuity of care, and allow patients access to timely, evidence-based treatment. It would enhance safety by ensuring that prescribing follows appropriate screening and monitoring protocols, while relieving unnecessary burden on patients and the healthcare system.

I urge you to support this amendment in order to advance equitable, patient-centered care for women in perimenopause and menopause. Thank you for considering this important change.

Sincerely,

Dr. [redacted] ND, MSCP

[redacted]

From: [redacted]
Sent: July 2, 2025 11:00 AM
To: General
Subject: OMP CONSULTATION

[redacted]

YES!
Please add this to our scope of practice. It's so important for patients to have access to the safest possible care. OMP has the best evidence available, and many of my patients do not have access to a primary care physician. Not being able to prescribe it is such an obstacle for their care.

Kindly,
Dr. [redacted]
Naturopathic Doctor
[redacted]

College of Naturopaths of Ontario
10 King St E Suite 1001
Toronto, ON M5C 1C3

September 4, 2025

To Whom It May Concern,

I have been practicing as a Naturopathic Doctor for over 10 years. I am writing this in favor of adding oral micronized progesterone (OMP) to the Table of Prescribed Substances for those Naturopathic Doctors who have met have met the College of Naturopaths Of Ontario (CONO) Standard of Practice for Prescribing.

With a special focus in women's health, I often see women who would benefit from the use of OMP. With regards to the use of OMP there are many limitations to just using only topical/vaginal progesterone.

- Topical/vaginal progesterone should not be used when prescribing topical estrogen (which we have prescribing rights for, as it does not protect the endometrial lining and is a risk for endometrial hyperplasia/endometrial cancer risk).
- Topical progesterone/vaginal does not have effects on mood, anxiety and sleep as OMP does as its active metabolite doesn't bind to receptors in the brain to support these symptoms. Many women we see are coming in for support for mood, anxiety and sleep and have low levels of progesterone.
- OMP can also be a great support for women who are cycling regularly for symptom management as we do not want to extend the estrogen exposure as we want to reduce the length of time they are taking estrogen to reduce MHT related risks associated with the length a patient has been on estrogen support.

Before prescribing progesterone, we get updated blood work, complete risk assessments and perform physical exams to ensure it is safe for the patient to begin. We also stay up to date with current research to ensure we understand new protocols and are up to date on all current research. We then monitor the patient closely once they begin hormone support and ensure they have regular follow ups and blood test assessments.

When having to refer a patient to another practitioner to start OMP when prescribing estrogen or for an off-label use, it will increase the time the patient gets support significantly which leads to delayed care and women not getting the support they need. Allowing Naturopathic Doctors access to OMP will increase patient care and reduce the strain on our health care system.

I had a 51-year-old woman come to me who was not cycling regularly, was having hot flashes at night that kept her awake and was experiencing new-onset anxiety. We did blood work and all the appropriate risk assessments, and she was a perfect candidate for estrogen support. She was referred to her medical doctor, who didn't feel comfortable prescribing hormones, so they then referred her to a gynecologist, and she wasn't able to get an appointment for another three months. This greatly impacted this patient's care, and the patient was left to deal with these symptoms until her appointment.

Our clinic has also been working with a Gynecologist and we have seen first-hand the burden on our health care system, where medical doctors don't have enough time to see the influx of patients with hormonal concerns. Patients who have been referred may have to wait 3-5 months before they get an appointment. Therefore, any patient referred for OMP will have delayed care.

I have referred many patients for off-label use of OMP. As mentioned above, I see many women in my practice and a common symptom during perimenopause and menopause are mood changes, anxiety and sleep changes. When the patients get the right support and are prescribed OMP they feel better, they let me know that they have slept well for the first time in months, and they begin to feel more balanced and like themselves again.

It is my job as a regulated primary health care provider to give my patients the best, up-to-date and evidence-based treatment options to support their symptoms. If Naturopathic Doctors are not able to prescribe OMP to their patients, it puts their patients at a disadvantage, delays care, gives suboptimal symptom relief, provides the potential for patients to abandon care and is disruptive to their care.

If you have any questions, you can contact me at [redacted]

Thank you!

[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 1:13 PM
To: General
Subject: ND prescribing OMP

[redacted]

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, specifically in the care of women navigating perimenopause and menopause. Over the past few years, I have routinely collaborated with these practitioners, many of whom have undergone extensive additional training in menopause medicine and are providing exemplary care in this area.

In my role, I have frequently written prescriptions for oral micronized progesterone (OMP) to complement the estrogen therapy 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 standard of care guidelines. Based on my professional experience, I am confident that they are well equipped to prescribe OMP safely and effectively.

The current restriction requiring Naturopathic Doctors to involve a Nurse Practitioner or other prescriber for OMP creates unnecessary barriers for patients. It is both cumbersome and costly, fragmenting care and preventing women from receiving streamlined, coordinated treatment from the practitioner they have chosen to guide them through this stage of life.

At a time when more and more women are turning to Naturopathic Doctors for expertise in perimenopause and menopause, it is clear that these practitioners are uniquely positioned to provide comprehensive, evidence-based support. Granting them prescribing authority for oral micronized progesterone would relieve strain on the healthcare system, improve patient access, and align Ontario with the standard already adopted in other provinces.

I strongly urge the College to consider expanding the prescribing scope of Naturopathic Doctors to include oral micronized progesterone. This change would not only empower highly qualified professionals but would also significantly improve the quality, accessibility, and continuity of care for women in Ontario.

Sincerely,

[redacted]
Nurse Practitioner, MSCP
[redacted]

[redacted] [redacted]

From: [redacted]
Sent: September 8, 2025 10:21 AM
To: General
Subject: ND prescribing to include OMD

[redacted]

Dear Members of the College,

As a Nurse Practitioner working closely with multiple Naturopathic Doctors in Ontario, I have witnessed 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 women can safely continue with estrogen therapy recommended as part of their treatment plan.

It is clear to me that these Naturopathic Doctors are exceptionally skilled in the management of hormone therapy. They consistently demonstrate thorough knowledge of clinical guidelines, careful assessment of patient safety, and a high level of competence in developing individualized care plans. It is evident that they are fully capable of prescribing OMP responsibly and within the standards of care.

The current limitation requiring a Nurse Practitioner or another prescriber to be involved in every OMP prescription is unnecessary and burdensome. This delays care, increases costs for patients, and fragments what should be a cohesive treatment plan. Women deserve to have their care streamlined under one provider, especially when that provider has developed a trusted therapeutic relationship and is already leading their menopause care.

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 them out for support during this stage of life. Allowing them to prescribe oral micronized progesterone would not only reflect their expertise but also relieve pressure on our broader healthcare system by improving access and continuity of care.

Other provinces have already expanded the prescribing scope of Naturopathic Doctors to include OMP. Ontario women 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, integrated care they are trained to deliver.

Sincerely,
[redacted]
Nurse Practitioner
[redacted]

[redacted]

From: [redacted]
Sent: August 18, 2025 11:02 AM
To: General
Subject: Support for progesterone

[redacted]

To whom it may concern,

Naturopathic doctors (NDs) in Ontario who hold prescribing authority are trained and competent in the safe and evidence-informed use of hormone therapy, including oral micronized progesterone (OMP).

OMP is the standard of care for endometrial protection in patients using systemic estrogen therapy and is widely used in clinical practice for perimenopausal and menopausal symptoms such as insomnia and vasomotor instability. Compared to transdermal progesterone, OMP is the only option that provides adequate endometrial protection.

In current practice, NDs often initiate hormone therapy plans and work under medical directives with nurse practitioners or physicians to facilitate access to OMP, clearly demonstrating their competency. However, these arrangements frequently result in added administrative burden, delays in patient care, and increased cost to patients. As a nurse practitioner, I see so much benefit for the safety of patients, to be able to directly receive care/prescriptions for OMP from their ND. To me, it is concerning that a ND can prescribe estrogen but not have access to prescribe OMP alongside, which is considered a requirement for safety in most women receiving hormone replacement therapy.

Granting prescribing access to OMP for qualified NDs would improve patient care, reduce unnecessary healthcare system strain, and support timely access to standard therapy.

This proposal is fully supported and represents a logical and necessary extension of existing ND prescribing privileges.

Yours in Health,
[redacted], NP, IFMCP
Please note, emails may take up to 72 hours for response. I try to keep my weekends and holidays screen free to be present and I encourage you to do the same.

[redacted]

From: [redacted]
[redacted]
To: General
Subject: Support for Amendment to Add Oral Micronized Progesterone (OMP)

[redacted]

To the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to the Table of Prescribed Substances under the General Regulation of Naturopathic Doctors in Ontario to add oral micronized progesterone (OMP).

I trust ND training, prescribing safety, and collaboration because in my practice as a pharmacist, I work directly with NDs who consistently demonstrate thorough knowledge of evidence-based prescribing, prioritize patient safety, and collaborate effectively with both pharmacists and physicians to ensure continuity of care.

Evidence-based science clearly supports the use of oral micronized progesterone to ensure endometrial health in patients prescribed estrogen. The current restriction on ND prescribing means patients are at risk of incomplete treatment, which undermines the safe and effective delivery of guideline-based menopause care. As a direct result of NDs' inability to prescribe OMP, patients experience care gaps such as delays in accessing appropriate hormone therapy, unnecessary referrals to physicians or specialists, and interruptions in treatment plans. These delays cause patient frustration and place avoidable strain on the healthcare system.

In conclusion, I fully support NDs in Ontario being able to prescribe OMP because it would improve continuity of care, enhance patient safety, and ensure timely access to comprehensive hormone therapy for patients.

Thank you,
[redacted], RPh.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: September 5, 2025 10:43 AM
To: General
Subject: Support for Naturopathic Doctors Prescribing Oral Micronized Progesterone (OMP)

[redacted]

To the College of Naturopaths of Ontario,

I am writing to formally and strongly support including oral micronized progesterone (OMP) within the prescribing authority of qualified Naturopathic Doctors (NDs) in Ontario.

As a hospital and community pharmacist, compounding pharmacist, and founder of initiatives in collaborative pharmacy practice, I have observed the significance of prompt, patient-centred access to therapies such as OMP. In my capacity as both a frontline pharmacist and healthcare leader, I frequently observe the difficulties patients encounter when care is fragmented or delayed due to unwarranted prescribing limitations.

OMP is an evidence-based, safe, and well-tolerated therapy that plays a vital role in hormone replacement protocols, menopausal care, sleep management, and other well-established clinical uses. Its safety and efficacy are supported by extensive literature, and when prescribed by appropriately trained professionals, it provides patients with significant improvements in quality of life.

Naturopathic Doctors in Ontario already possess rigorous training in pharmacology, endocrinology, gynecology, and primary care. They meet high prescribing standards, and many already prescribe other hormone therapies. The current inability to prescribe OMP creates a gap in best-practice care, resulting in avoidable referrals, treatment delays, and patient frustration.

As a pharmacist specializing in compounding, I also recognize the clinical importance of individualized dosing and delivery forms of OMP, which are often required for optimal patient care. Granting NDs prescribing authority for OMP will enhance collaborative, interdisciplinary care models that prioritize patients, reduce systemic inefficiencies, and ensure the safe and effective access to treatment.

For these reasons, I fully endorse this proposed scope expansion and urge the College to acknowledge the demonstrated competence of NDs in safely managing OMP therapy.

Sincerely,

[redacted], **PharmD, MBA, RPh (he/him)**
[redacted]

[redacted]

From: [redacted]
[redacted]
September 8, 2025 3:40 PM
To: General
Subject: In Support of NDs Prescribing Oral Progesterone

[redacted]

Good day,

I'm writing to share my personal experience and strongly urge the College to approve the proposal to allow NDs to prescribe oral micronized progesterone.

My ND thoroughly discussed oral micronized progesterone with me as a potential treatment for my anxiety and sleep issues, explaining how it works and what the risks and benefits were. I was confident that it was the right choice for me.

Unfortunately, she couldn't prescribe it because it's not currently in their scope and ultimately I had to wait for my family doctor's referral to an OBGYN. The whole process was long, I was suffering, and it was frustrating.

Now that I'm on oral micronized progesterone, I've seen a huge improvement in my anxiety and sleep. I believe my Naturopathic Doctor, who first identified the need for it, should have been able to prescribe it from the start.

Please move forward with this change.

Warm regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 10, 2025 10:26 PM
To: General
Subject: ND access to prescribing OMP

[redacted]

To whom it may concern,

I believe it would be beneficial for the patients to be able to access oral micronized progesterone alongside estrogen, from their naturopathic doctors. It makes little sense to have to go to an additional practitioner for two treatments that go hand-in-hand.

I am at the point where I may need this treatment option in the very near future, and as someone that values naturopathic care enough to pay for it out of pocket, I would not want the additional hassle of finding a secondary practitioner, in addition to the costs involved.

My NDs have helped me through many issues over the last 12+ years, and I look forward to them seeing me through menopause as well.

Please expand access for NDs to be able to prescribe the treatments that can help their patients, and reduce the friction and stress for them.

Sincerely,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 11:22 AM
To: General
Subject: NDs and OMP

[redacted]]

To the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to the Table of Prescribed Substances under the General Regulation of Naturopathic Doctors in Ontario to add oral micronized progesterone (OMP).

My ND is an important part of my healthcare team and has provided valuable support by helping me find my way through my very challenging stage perimenopause.

As a direct result of my ND's inability to prescribe OMP I have experienced delays in getting the hormones I need, as well as extra fees and appointments with a medical doctor. This is highly inconvenient, as my GP is not nearly as available to me as my ND, and does not possess the specialized Menopause Society education. Long wait times for appointments have had a negative impact on my health

I fully support NDs in Ontario being able to prescribe OMP because I fully trust my ND, and need her to have a full range of authority over my health care.

Thank you,
[redacted]
Sent from my iPhone

[redacted]

From: [redacted]
[redacted] September 8, 2025 11:20 AM
To: General
Subject: OMP prescriptions by ND's

[redacted]

Good day,
I'm writing to let you know that I was disappointed to hear recently that my ND is not able to prescribe me Oral Progesterone (OMP).

After reading up on it myself, I went to my ND in hopes of being able to receive a prescription. She was able to send me literature and agreed with me that I would be a candidate.
My GP will not talk with me about it as I have. Gynaecologist.
My gynaecologist did not prescribe me with progesterone but instead suggested a book called 'Why we sleep'.

I'm so disheartened as I have someone who agrees I should be on progesterone as it would likely improve my quality of life, yet they are not able to provide me with the prescription when there are other prescriptions they can write.

I trust my ND; she has spent so much more time with me reviewing my list of symptoms, reviewing and suggesting blood work and working with me to find beneficial methods aside from surgical routes than what either my GP or gynae has. While vitamins have helped some, I still suffer with extreme insomnia that is very clearly hormonal related. I've now been suffering insomnia for 7 years and feeling the effects that it has on my life.

Please reconsider ND prescribing rights for OMP.

Thank you very much for your consideration.

[redacted]

[redacted] [redacted]

From: [redacted]
Sent: September 8, 2025 2:28 PM
To: General
Subject: Oral micronized progesterone

[redacted]

I hope this email is not too late past the February 8 request to contact you with regards to naturopathic's ability to prescribe progesterone. In my experience it has been very difficult to get a good standard of care from family medical doctors in Ontario with regards to perimenopause and menopause. When I was suffering in my 40s I turned to the naturopathic field. However once I decided to go with a non compounded solution I had to find an MD that knew something about progesterone usage for perimenopause women and would be willing to prescribe it.

I support NDs being able to prescribe this form of progesterone as it pulls w been much easier to have all my hormonal care with one practitioner

[redacted]

Get Outlook for iOS

[redacted]

From: [redacted]
Sent: September 7, 2025 9:36 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Formal Consultation

[redacted]

Hello, My name is [redacted] I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. This amendment would benefit patient care and patient safety. I understand the impact this could have for menopausal hormone therapy and reducing the risk of endometrial cancer. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you in advance for our support.

Sent from my iPhone

[redacted] [redacted]

From: [redacted]@[redacted]
[redacted] September 7, 2025 9:38 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Formal Consultation

[redacted]

Hello,

My name is [redacted] I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. This amendment would benefit patient care and patient safety. I understand the impact this could have for menopausal hormone therapy and reducing the risk of endometrial cancer. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you in advance for our support.

[redacted]

Get Outlook for iOS

[redacted]

From: [redacted]
Sent: September 8, 2025 6:52 AM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Formal Consultation

[redacted]

Hello, My name is [redacted] . I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone.This amendment would benefit patient care and patient safety. I understand the impact this could have for menopausal hormone therapy and reducing the risk of endometrial cancer. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you in advance for our support.

Sent from my iPhone

[redacted] [redacted]

From: [redacted]
Sent: September 8, 2025 8:10 AM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Formal Consultation

[redacted]

Hello, My name is [redacted] I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. This amendment would benefit patient care and patient safety. I understand the impact this could have for menopausal hormone therapy and reducing the risk of endometrial cancer. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you in advance for our support.

[redacted] [redacted]

From: [redacted]
Sent: September 8, 2025 11:58 AM
To: General
Subject: ORAL PROGESTERONE PRESCRIBING ACCESS FOR NDs

[redacted]

To the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to the Table of Prescribed Substances under the General Regulation of Naturopathic Doctors in Ontario to add oral micronized progesterone (OMP).

My ND is an important part of my healthcare team and has provided valuable support by *providing* complete menopause support with access to the most up to date clinical information. My GP barely acknowledges that menopause exists. My ND is my lifeline during this transition.

As a direct result of my ND's inability to prescribe OMP I have experienced delays in treatment while waiting for an unknown MD to review my files and properly prescribe. It is frustrating that my ND cannot prescribe and it personally COSTS ME $175 for a 10 minute virtual visit with a doctor that doesn't know me to prescribe progesterone. It is frustrating, a complete time suck and is the very model of health care that I moved away from due to the inefficiencies and lack of personal support.

I fully support NDs in Ontario being able to prescribe OMP. With the shortage of GPs, why would we quagmire the system when our NDs are more than capable of prescribing meds related to menopause.

Thank you,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 10:22 PM
To: General
Subject: Patient Feedback on Oral Micronized Progesterone

[redacted]

Hello,

I'm writing to share my personal experience and strongly urge the College to approve the proposal to allow naturopathic doctors to prescribe oral micronized progesterone (OMP).

My naturopath thoroughly discussed OMP with me as a potential treatment for my sleep issues and various other symptoms, explaining how it works and what the risks and benefits were. I was confident that it was the right choice for me.

Unfortunately, she couldn't prescribe it because it's not currently in their scope and my GP won’t prescribe it. I’m still struggling with my symptoms. My naturopathic doctor should have been able to prescribe it.

Please move forward with this change.

[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 10:59 PM
To: General
Subject: Patient Feedback on Oral Micronized Progesterone

[redacted]

Hi there,

I'm writing to share my personal experience and strongly urge the College to approve the proposal to allow NDs to prescribe oral micronized progesterone (OMP).

My ND thoroughly discussed OMP with me as a potential treatment for my perimenopausal symptoms, explaining how it works and what the risks and benefits were. I was confident that it was the right choice for me.

Unfortunately, she couldn't prescribe it because it's not currently in their scope and my family doctor will not prescribe it. I ended up seeing a nurse practitioner. The whole process was long, I was suffering, and it was frustrating.

Now that I'm on OMP, I've seen a huge improvement in my perimenopausal symptoms that affected my quality of life. I believe my ND, who first identified the need for it, should have been able to prescribe it from the start.

Please move forward with this change.

Thank you,

[redacted]

A grateful patient of an Ontario ND

[redacted]

From: [redacted]
Sent: September 8, 2025 7:01 AM
To: General
Subject: Patient Feedback on Oral Micronized Progesterone

[redacted]

Hi there,
I'm writing to share my personal experience and strongly urge the College to approve the proposal to allow NDs to prescribe oral micronized progesterone (OMP).
My ND thoroughly discussed OMP with me as a potential treatment for my early menopause, I went 5 years trying to find out what was causing my hot flashes at 32-37 and finally with the help of an ND got a diagnosis. It also helps with anxiety and sleep issues, explaining how it works and what the risks and benefits were. I was confident that it was the right choice for me.
Unfortunately, she couldn't prescribe it because it's not currently in their scope and my GP wouldn't prescribe it. I ended up seeing a nurse practitioner. The whole process was long, I was suffering, and it was frustrating. Now that I'm on OMP, I've seen a huge improvement in my anxiety and sleep. I believe my ND, who first identified the need for it, should have been able to prescribe it from the start.
Please move forward with this change. It's essential.

[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 6:33 PM
To: General
Subject: Patient Feedback on Oral Micronized Progesterone

[redacted]

Hi,

I'm writing to share my personal experience and strongly encourage the College to approve the proposal to allow NDs to prescribe oral micronized progesterone (OMP).

My ND thoroughly discussed OMP with me as a potential treatment for my anxiety and sleep issues, explaining how it works and what the risks and benefits were. I was confident that it was the right choice for me.

Unfortunately, she couldn't prescribe it because it's not currently in their scope and my GP wouldn't prescribe it. After a lot of coercion, he did, but then failed to precribe me the accurate one. So I ended up seeing a nurse practitioner and paying out of pocker. The whole process was long, I was suffering, and it was frustrating.

Now that I'm on OMP, I've seen a huge improvement in my anxiety and sleep. I believe my ND, who first identified the need for it, should have been able to prescribe it from the start.

Please move forward with this change.

Thank you,
[redacted]
A grateful patient of an Ontario ND

[redacted]

From: [redacted]
Sent: September 5, 2025 9:22 PM
To: General
Subject: Progesterone

[redacted]

To Whom it May Concern;
I am writing to encourage you to consider Naturopathic Doctors to be able to prescribe progesterone. My Naturopath has provided more thorough sound care than my medical doctor, in particular perimenopause care. She has been thorough in diagnostics and a very thorough assessment and I feel 100% confident in her ability to safely cautiously prescribe progesterone.

Thank you,

[redacted]

[redacted]

From: [redacted]
[redacted]
To: General
Subject: Proposal to all NP to prescribe oral micronized progesterone

September 8, 2025 2:43 PM

[redacted]

Dear College of Naturopaths

I'm writing to share my personal experience and strongly urge the College to approve the proposal to allow NDs to prescribe oral micronized progesterone.
My ND thoroughly discussed oral micronized progesterone with me as a potential treatment for my sleep issues, and night sweats explaining how it works and what the risks and benefits were. I was confident that it was the right choice for me.
She perscribed to me last year but after only a few months taking it at my next visit she explained that unfortunately, she couldn't prescribe it any longer because it's no longer currently in their scope. I ended up seeing a nurse practitioner. The whole process was long, I was suffering, and it was frustrating as my ND is certified by the (North American) Menopause Society.
Now that I'm on oral micronized progesterone, I've seen a huge improvement in my symptoms specifically night sweats and my sleep improved. I believe my Naturopathic Doctor, should have been able to prescribe it.
Please move forward with this change.
Sincerely,
[redacted] [redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 7:23 PM
To: General
Subject: Supporting Naturopaths

[redacted]

Hello,

I am writing in support of ND's to be able to prescribe progesterone to their patients.

I have been on MHT for just over a year and my naturopath has been life changing for me.

If my ND wound be able to prescribe progesterone it would reduce a barrier of me reducing it. It would also be more affordable for me as I do not have insurance and have to pay for my medications. Currently, because my naturopath had to bring in a nurse practioner for this prescription it is costing me even more money.

Progesterone had been a game changer for my perimenopause support and I'm grateful for the care I receive from my ND!

[redacted]

[redacted]

From: [redacted]
Sent: July 23, 2025 5:39 PM
To: General
Subject: I support oral progestérone prescription in NDs scoop of practice

[redacted]

I have myself been in this predicament as hace many acquaintances and female patients of mine (I am an osteopathic manual practitioner).

This would not only make NDs practice more effective and logical and allow them to practice evidence based medicine, but it would reduce the need to consult family practitioners who are already so overstretched, and thus help with the accessibility issue.

Thank you,

[redacted]

Sent from my iPhone

[redacted]

From: [redacted]
Sent: September 5, 2025 3:47 PM
To: General
Subject: Support for expanding the prescribing scope of Naturopathic Doctors (NDs) in Ontario

[redacted]

Good Afternoon,

Hope this email finds you well.

I'm writing to express my support for expanding the prescribing scope of Naturopathic Doctors (NDs) in Ontario to include oral micronized progesterone (OMP).

OMP is approved by Health Canada and commonly used to support fertility, manage menopausal symptoms, and reduce risks associated with estrogen therapy.

It's a safe and effective option that should be within reach for patients working with qualified NDs.

As a patient, I've experienced firsthand the challenges of accessing hormone therapy.

While I'm grateful to have received the care I needed, the process was stressful and time-consuming.

Had my ND been able to prescribe OMP directly, it would have been a much more positive and streamlined experience.

NDs play a vital role in women's health, offering personalized, holistic, and evidence-informed care.

Expanding their prescribing rights to include OMP would:

- Improve continuity of care
- Reduce delays and stress for patients
- Enhance safety through better hormone balancing
- Empower women with more accessible options for managing their health

Please consider this change as part of your ongoing review of prescribing regulations. It would make a meaningful difference in the lives of many women across Ontario.

Regards

[redacted]

[redacted]

From: [redacted]
Sent: September 2, 2025 12:03 PM
To: General
Subject: Oral Progesterone Prescribing Access for NDs

[redacted]

To the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to the Table of Prescribed Substances under the General Regulation of Naturopathic Doctors in Ontario to add oral micronized progesterone (OMP).

My ND is an important part of my healthcare team and has provided valuable support by empowering me to understand my health, look deeper than surface level symptoms and results, and really provide me the tools to live my best life.

As someone who has been on their trying to conceive journey for around a year now, I see the importance of things like OMP to support fertility treatments. Having my naturopath have access to this would help in the delays of seeing my general practitioner and the back and forth that puts a lot of strain on my time. Women's health care is so important and I only see the benefits of having naturopaths have access to this.

I fully support NDs in Ontario being able to prescribe OMP because women's health for many years has been undervalued and this would be an important step to show we are seen and cared for. My ND has provided more support than any doctor I have seen and I feel more comfortable going to her than my general practitioner.

Thank you,
[redacted]

[redacted]

From: [redacted]
Sent: September 2, 2025 10:56 AM
To: General
Subject: ND's to prescribe progesterone

[redacted]

I would love the option to see a naturopath for all of my menopausal issues. The percentage of medical doctors have not had the proper training in menopause and even though they have the capability to prescribe hrt, they often don't.
NDs should absolutely be allowed to prescribe these hormones!

[redacted]

[redacted]

From: [redacted]
Sent: September 2, 2025 5:58 PM
To: General
Subject: NDs prescribing oral micronized progesterone

[redacted]

I think that NDs with a specialty in women's health should be able to prescribe the oral progesterone if they are trained specifically to treat all hormonal/ endocrinological issues.

[redacted]

[redacted]

Sent from my iPhoneq

CCNM | CANADIAN COLLEGE OF NATUROPATHIC MEDICINE

September 3 2025

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, Ontario
M5C 1C3

Attn: Andrew Parr, CAE - Chief Executive Officer

Re: Oral Micronized Progesterone (OMP) – Formal Consultation

The Canadian College of Naturopathic Medicine (CCNM) appreciates the opportunity to participate in the Oral Micronized Progesterone Consultation. CCNM has reviewed the documents provided and other relevant material carefully and recommends that CoNO allow Naturopathic Doctors, that meet the standard, to prescribe oral micronized progesterone (OMP) for the indications of:

1. Endometrial hyperplasia prophylaxis (as adjunct to estrogen replacement therapy in women, trans men, or non-binary people registered female at birth, with an intact uterus), and
2. Menopausal symptom relief (vasomotor symptoms).

NDs with prescribing authority must already meet best practices in prescribing. This includes documenting rationale, ensuring informed consent, and ongoing monitoring. The above, recommended approach addresses a clear public need with safe, effective options supported by peer-reviewed evidence[1-5] and aligns ND practice with the existing prescribing norms in Ontario of other regulated health professions, including nurses and allopathic physicians.[13,14,15]

This response will support the suggestion that NDs may prescribe OMP for off-label uses by setting out: 1. the high public need; 2. the evidence-base for its use in menopause; 3. aligning naturopathic practice with the norms of off-label prescribing in Ontario and 4. suggestions for expert consultations in the future.

1. Public Need

Insomnia, vasomotor symptoms (VMS), postmenopausal depression, and premenstrual syndrome (PMS) impose significant burdens on individuals and society alike. These conditions not only affect quality of life but also generate substantial economic costs. Consider the following:

- A 2021 study estimated that insomnia alone contributed $1.9 billion in direct healthcare costs, along with an additional $12.6 million in lost productivity in Canada.[6]

- Menopause-related symptoms contribute to an annual economic burden of $3.5 billion in Canada, including reduced productivity, lost income for women, and increased healthcare expenses.[7,13]

- PMS is associated with modest direct medical costs but a much larger economic impact due to lost work and reduced productivity, totaling $4333 in indirect costs per patient annually.[8]

These conditions are frequently managed with medications like sedative-hypnotics, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and oral contraceptives. However, these treatments often come with significant adverse effects that render them unsuitable for many patients. Notable risks include:

- **Sedative-hypnotics**, particularly zolpidem, have been shown to increase mortality risk in a dose-dependent manner, with higher doses or combinations of these drugs presenting the greatest dangers, including cognitive impairment, respiratory issues, and accidents.[9]

- **SSRIs and SNRIs** commonly cause mild to moderate side effects such as nausea, dizziness, insomnia, and gastrointestinal problems when used to manage menopausal symptoms.[10]

- **Oral contraceptives**, especially those containing ethinylestradiol and certain progestogens, can contribute to mood changes and depression, with progestogen-only contraceptives showing a higher risk for depressive disorders.[11]

As public demand for alternatives increases, it is imperative that we explore options so that care remains patient-centered, evidence informed, consent driven, accountable under Ontario standards.

2. Evidence for off-label use

There is a growing body of evidence supporting the use of OMP for several important off-label indications, including insomnia, premenstrual syndrome (PMS), perimenopausal and early postmenopausal depression, and vasomotor symptoms (VMS). The following studies illustrate the clinical efficacy of OMP in these areas:

- A study on sleep disturbances in postmenopausal women showed that OMP significantly improved sleep quality, particularly when disturbed, by reducing wakefulness and increasing slow-wave sleep, positioning OMP as a promising alternative to traditional hypnotic drugs.[1]
- In the treatment of PMS, OMP has been shown to alleviate mood disturbances and physical symptoms, including anxiety, depression, and swelling, with minimal side effects.[2]
- A study on VMS in postmenopausal women demonstrated that OMP significantly reduced hot flushes and night sweats, offering a safe and effective alternative to other treatments.[3]
- Additional research indicates that OMP, when combined with transdermal estradiol, may also help prevent the onset of clinically significant depressive symptoms in perimenopausal and early postmenopausal women.[4]
- A double-blind, randomized trial found that 300 mg oral micronized progesterone significantly reduced night sweats, improved sleep quality, and minimized perimenopausal symptom interference in daily life, with a favorable safety profile and no serious adverse events or increased depression.[5]

The evidence supporting these off-label uses is compelling, and suggests that expanding the scope of OMP prescribing to include off-label indications is in the patients' best interest.

3. Off-Label Prescribing is a Widely Accepted and Safe Practice

In Ontario, physicians and nurse practitioners are expected to exercise professional judgment for any prescribing decision—on- or off-label—supported by an appropriate assessment, an evidence-informed rationale, valid consent, and documentation. These are the same safeguards we propose for ND prescribing. [13,14,15]
We caution against policy frameworks that rely solely on product-monograph labelling or the number of randomized trials, as this can constrain innovation and does not reflect real-world prescribing in other professions or patient needs. Contemporary nursing standards explicitly recognize evidence-informed practice as including research, guidelines, consensus statements, and expert opinion—not only RCTs. [14]

4. Trust in Professional Judgment Is a Hallmark of Mature Regulation

Rigid, indication-specific permissions risk constraining timely, patient-centred care. Ontario's regulatory architecture emphasizes competence, quality assurance, and proportionate oversight—not micromanagement of individual clinical decisions:

- The Regulated Health Professions Act (HPPC s.80–80.1) requires every College to maintain a Quality Assurance program to ensure ongoing competence. [17]
- The Ministry's College Performance Measurement Framework (CPMF) embeds "right-touch" (risk-based, proportionate) oversight across QA and practice improvement. [18]

Our program embeds ethical, evidence-informed, patient-centred prescribing, with explicit training in assessment, risk–benefit analysis, documentation, consent, and collaboration. We ask the regulator to align with Ontario's system-wide, cross-professional model by moving from narrow indication lists to a trust-and-verify approach: allow off-label OMP within scope where the clinician demonstrates competence and follows QA, consent, and documentation requirements—then ensure safety through post-licensure oversight (QA, audits, CPMF metrics).

5. Suggestions for Expert Consultations in the Future

Finally, we encourage CoNO to consider broadening expert consultation beyond pharmacology and to include clinicians with extensive real-world OMP experience in relevant areas, including women's health/menopause. Such engagement would strengthen pragmatic guidance on dosing, monitoring, adverse-event mitigation, and patient selection, and more fully reflect OMP's therapeutic roles beyond endometrial protection.

We recognize and applaud CoNO for its thoughtful consideration of OMP's potential as a prescribed drug. In closing, we believe the public should have access to OMP for clinical applications beyond endometrial hyperplasia protection, particularly given the potential adverse effects of widely used conventional treatments and the growing need for safe and alternative approaches, such as OMP. Furthermore, we believe that NDs are well-equipped, by virtue of their education and training, to prescribe OMP safely and ethically for off-label purposes when appropriate.

Thank you for considering this feedback. We look forward to further discussions on this important matter.

Sincerely,

Dr. Rahim Karim, B.Sc., DC, MBA, CHE, ICD.D
President & CEO

References on the next page.

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18. Ontario Ministry of Health. College Performance Measurement Framework (CPMF) Reporting Tool—All Colleges. 2024 Feb 14. Available at: https://www.ontario.ca/files/2024-02/moh-college-performance-measurement-framework-reporting-tool-en-2024-02-14.pdf

[redacted]

From: [redacted]
Sent: September 8, 2025 9:30 AM
To: General
Subject: Feedback - OMP consultation

[redacted]

To the College of Naturopaths of Ontario,

I am writing in support of the proposed amendment to the Table of Prescribed Substances under the General Regulation of Naturopathic Doctors in Ontario to add oral micronized progesterone (OMP).

I trust ND training, prescribing safety, and collaboration because NDs have proven they have the knowledge, skills, and judgment to safely prescribe OMP. A significant number of naturopathic doctors who focus on menopause care have met additional standards to safely prescribe and monitor mHT, including from the North American Menopause Society. The collaborative approach of naturopathic doctors with other health professionals ensures that patients receive safe, evidence-based, and integrated care.

As a direct result of naturopaths' inability to prescribe OMP, my patients experience care gaps including:

- significant safety concerns if using topical progesterone alongside transdermal estrogen, specifically lack of evidence for endometrial protection
- fragmented care when patients are receiving hormones from different practitioners
- practitioner difficulty in monitoring patient use of OMP with concurrent transdermal estrogen, for example practitioner inability to monitor OMP use because they cannot inquire with pharmacy about when refills have been dispensed or confirm dose dispensed (i.e., I have encountered patients who say they are taking their OMP and transdermal estrogen correctly and regularly, but there are discrepancies)
- due to fragmented care, difficulty in advocating for further patient safety (such as in requesting need for pelvic and trans-vaginal ultrasound from family practitioner) if there is a red flag such as abnormal uterine bleeding
- patient delays in obtaining MHT and delays in improved patient QOL

In conclusion, **I fully support NDs in Ontario being able to prescribe OMP** because this will improve access to safe and effective care, reduce burden on the broader healthcare system, and allow patients to receive timely treatment from a provider they already trust. Empowering NDs to prescribe OMP will ensure continuity of care, improve patient outcomes, and align Ontario with best practices in integrative women's health.

Warm regards,

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 6:00 PM
To: General
Subject: Ammendment to Oral Micronized Progesterone Regulations

[redacted]

To whom it may concern,

My name is [redacted] *and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.*

Best,

[redacted]

From: [redacted]
Sent: September 8, 2025 3:01 PM
To: General
Subject: Consultation on oral micronized progesterone

[redacted]

To whom it may concern,

My name is [redacted] *and I am a third year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.*

Best regards,
[redacted]

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[redacted]

From: [redacted]
Sent: September 7, 2025 9:49 PM
To: General
Subject: Formal Consultation on Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you.

[redacted]

From: [redacted]
Sent: September 7, 2025 9:40 PM
To: General
Subject: In Support of OMP

[redacted]

My name is [redacted] and I am a 2nd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation."

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[redacted]

From: [redacted]
Sent: September 8, 2025 10:22 AM
To: General
Subject: Micornized Progesterone

[redacted]

To whom this may concern,

My name is [redacted] and I am a 4th year Naturopathic Medical Student and clinical intern studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you for your consideration,
[redacted]

[redacted] [redacted]

From: [redacted]
Sent: September 8, 2025 12:00 AM
To: General
Subject: Micronized progesterone

[redacted]

To whom it may concern,

My name is [redacted] *and I am a second year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation."*

More information can be found here: https://www.collegeofnaturopaths.on.ca/news/consultations/current-consultations/oral-micronized-progesterone-formal-consultation/

Thank you in advance for your support!

[redacted]

From: [redacted]
Sent: September 7, 2025 9:29 PM
To: General
Subject: OMP

[redacted]

To whom it may concern,

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND practicing in Ontario, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5, and 6 of the Regulation.

Warmly,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:40 PM
To: General
Subject: OMP

[redacted]

To whom it may concern,

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you,
[redacted]

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[redacted]

From: [redacted]
Sent: September 8, 2025 4:03 PM
To: General
Subject: OMP Amendment for Naturopathic Medicine

[redacted]

To whom it may concern,

My name is [redacted] *and I am a 3rd year Naturopathic Medical Student studying at CCNM.*

I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

I appreciate you taking the time to consider these beneficial changes for the future of a great profession.

Best Wishes,

[redacted]
CCNM 3rd year student
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:42 PM
To: General
Subject: OMP Regulation

[redacted]

To whom it may concern,

My name is [redacted] and I am a 2nd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone.
As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Best,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 3:13 PM
To: General
Subject: OMP Regulation

[redacted]

To whom it may concern,

My name is [redacted] and I am a fourth year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Warm Regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:26 PM
To: General
Subject: OMP

[redacted]

To whom it may concern,

My name is [redacted] and I am a second year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Sincerely,

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 4:08 PM
To: General
Subject: Oral micronized Progesteron

[redacted]

To whom it may concern,

My name is [redacted] *and I am a 4 year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.*

Sincerely,

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 9:11 AM
To: General
Subject: Oral Micronized progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a second-year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Best regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 8:01 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] *and I am a second year Naturopathic Medical Student studying at CCNM and former midwife. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.*

Please do not hesitate to contact me at anytime,

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 5:00 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] *and I am a second year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.*

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[redacted]

From: [redacted]
Sent: September 7, 2025 9:28 PM
To: General
Subject: Oral Micronized Progesterone - My Support

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Yours in Health,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:39 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a third year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Kind Regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:50 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] *and I am a 2nd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone.*

As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Warmly,
[redacted]

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[redacted]

From: [redacted]
Sent: September 7, 2025 9:54 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a fourth year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you very much for your time and consideration,

[redacted]
Fourth Year Naturopathic Medical Student, CCNM - Toronto

[redacted]

From: [redacted]
Sent: September 7, 2025 10:52 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

Hi,

My name is [redacted] and I am a 1st year Naturopathic Medical Student at CCNM. I support the Formal Consultation on Oral Micronized Progesterone. With an interest in women's health, this would benefit patient care and safety. I support amending the General Regulation to include Oral Micronized Progesterone to Table 3, 4, 5 and 6 of the Regulation.

Thank you!
Have a great night,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 11:21 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE

[redacted]

To whom it may concern,

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone.

As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Respectfully,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 7:46 AM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 1st year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 10:05 AM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 1st year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you for your advocacy in this profession.
Warm regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 4:32 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE

[redacted]

To whom it may concern,

My name is [redacted] and I am a 2nd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Warmly,

[redacted]

CCNM | CANADI NATURC

[redacted]

From: [redacted]
Sent: September 8, 2025 3:58 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 1st year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Best,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 3:53 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] Roy, and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 12:51 PM
To: General
Subject: Oral Micronized Progesterone (OMP) Regulations

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM.

I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety.

I currently work at a Naturopathic clinic that has a special focus in women's health, and I see every day how much MHT can help individuals going through perimenopause and menopause.

I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 1:39 PM
To: General
Subject: Oral Micronized Progesterone (OMP)

[redacted]

To whom it may concern,

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Kind regards,
[redacted]
First Year Student at CCNM

[redacted]

From: [redacted]
Sent: September 8, 2025 4:32 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Consultation

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Kind Regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 8:42 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Formal Consultation

[redacted]

To whom it may concern,

My name is [redacted] and I am a 2nd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Sincerely,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 3:09 PM
To: General
Subject: Oral Micronized Progesterone Formal Consultation

[redacted]

To whom it may concern,

My name is [redacted] and I am a third year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you in advance!

Kind regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:23 PM
To: General
Subject: ORAL MICRONIZED PROGESTERONE Formal Consultation

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you in advance for your support.

Kindest,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 10:28 AM
To: General
Subject: Oral Micronized Progesterone Regulation

[redacted]

To whom it may concern,

My name is [redacted] and I am a second-year Naturopathic Medical Student at the Canadian College of Naturopathic Medicine. I am writing to provide my full support for the inclusion of Oral Micronized Progesterone (OMP) in the General Regulation.

As a future naturopathic doctor, I recognize the importance of ensuring both patient safety and access to evidence-informed care. The proposed amendment to add OMP to Tables 3, 4, 5, and 6 of the Regulation represents an important step toward improving clinical practice standards and supporting optimal patient outcomes.

I respectfully urge the approval of this amendment.

Sincerely,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:24 PM
To: General
Subject: Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a fourth year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

I appreciate your consideration,
[redacted]

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[redacted]

From: [redacted]
Sent: September 8, 2025 7:58 AM
To: General
Subject: Student Support - OMP

[redacted]

To whom it may concern,

My name is [redacted] I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 6:32 AM
To: General
Subject: Support for Formal Consultation on Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Kind regards,
[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:28 PM
To: General

[redacted]

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation."

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[redacted]

From: [redacted]
Sent: September 7, 2025 9:23 PM
To: General
Subject: Support to Include Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 4th year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thanks
Have a lovely day

[redacted]

From: [redacted]
Sent: September 8, 2025 10:24 AM
To: General
Subject: support for the Formal Consultation on Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] *I am a 2nd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation."*

[redacted]

From: [redacted]
Sent: September 8, 2025 4:18 PM
To: General
Subject: Support for the Formal Consultation on Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 2nd year Naturopathic Medical Student studying at CCNM.

I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Sincerely,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 3:12 PM
To: General
Subject: Support for Oral Micronized Progesterone

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

[redacted]

[redacted]

From: [redacted]
Sent: September 7, 2025 9:46 PM
To: General
Subject: Support For OMP

[redacted]

To whom it may concern,

My name is [redacted] and I am a first-year Naturopathic Medical Student at the Canadian College of Naturopathic Medicine (CCNM). I am writing to express my strong support for the Formal Consultation on Oral Micronized Progesterone (OMP).

As a future Naturopathic Doctor, I believe that this amendment will significantly enhance both patient care and patient safety. I fully support amending the General Regulation to include OMP in Tables 3,4,5 and 6 of the Regulation.

Sincerely,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 3:59 PM
To: General
Subject: Support for OMP amendment

[redacted]

To whom it may concern,

My name is [redacted] and I am a first year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Thank you,
[redacted]

[redacted]

From: [redacted]
Sent: September 8, 2025 5:52 AM
To: General
Subject: Support for OMP

[redacted]

To whom it may concern,

My name is [redacted] and I am a 3rd year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation.

Best,
[redacted]

Sent from my phone, please excuse any typos.

[redacted]

From: [redacted]
Sent: September 8, 2025 9:00 AM
To: General
Subject: add Oral Micronized Progesterone (OMP)

[redacted]

To whom it may concern,

My name is [redacted] *and I am a first-year Naturopathic Medical Student studying at CCNM. I am writing to express my support for the Formal Consultation on Oral Micronized Progesterone. As a future ND, this amendment would benefit patient care and patient safety. I support amending the General Regulation to include Oral Micronized Progesterone (OMP) to Tables 3, 4, 5 and 6 of the Regulation."*

Thank you and have a great day.

[redacted]

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