



State of California
Department of Consumer Affairs

Naturopathic Medicine Committee

2021 Oversight Review Report



NATUROPATHIC
MEDICINE
COMMITTEE



December 5, 2021

The Honorable Richard D. Roth, Chair
Senate Committee on Business, Professions and Economic Development Committee
State Capitol, Room 2053
Sacramento, CA 95814

The Honorable Marc Berman, Chair
Assembly Committee on Business and Professions
1020 N Street, Room 379
Sacramento, CA 95814

Dear Senator Roth and Assemblymember Berman:

As Chair of the Naturopathic Medical Committee, it is my privilege to present the 2021 Sunset Review to the Senate Committee of Business, Professions and Economic Development and the Assembly Committee on Business and Professions. I am impressed and pleased at how much important work the committee has accomplished, despite the many challenges we have faced in the last five years, including the Covid-19 pandemic. The need for properly trained and regulated primary care providers has never been more pressing than it is today. To that end, the members of the Naturopathic Medical Committee and our tireless Executive officer, Rebecca Mitchell, have worked from home, on weekends, remotely and through numerous unprecedented situations to continue to provide this essential service. To them all, and to the members of the Senate and Assembly committees who are taking their valuable time to review this report, I extend my deep gratitude.

As always, the mission of the committee is *"to protect California health care consumers and expand access to safe effective primary care by licensing and regulating naturopathic doctors through vigorous enforcement of the Naturopathic Doctors Act"*. As you will see in this report, the Committee continues to face numerous obstacles in fulfilling that mandate. It is our hope that through the Sunset review process that many of these impediments may be addressed and remedied.

We look forward to working with the legislature on this important process. We welcome any inquiries and are ready to explore, explain and assist whenever possible. For any questions about the content of this report, please contact our Executive Officer, Rebecca Mitchell, at 916-928-4785.

With sincere regards,

Dara Thompson, N.D., Chair
Naturopathic Medicine Committee



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Additional Copies of this report may be obtained at: www.naturopathic.ca.gov

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Section 1

Background and Description of the Board and Regulated Profession



NATUROPATHIC MEDICINE COMMITTEE

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of 10/01/2021

Section 1 Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

BRIEF HISTORY OF NATUROPATHIC MEDICINE

Hippocrates, (born 460 B.C.E.), a disciple of Aristotle, founded a school of medicine that focused on treating the causes of disease rather than the symptoms. Through close observation and discovery, he sought to eliminate the cause of disease. This would become “traditional medicine” and would be practiced for more than 2000 years. Traditional medicine uses “materia medica”, a Latin medical term for the body of collected knowledge about the therapeutic properties of any substance used for healing (i.e., medicines). The term materia medica was used from the time of the Roman Empire until the twentieth century, and has been replaced in medical education by the term of “pharmacology”.

In the late 1800s, the deans of the leading American medical schools (Harvard, University of Michigan, University of Pennsylvania, and Johns Hopkins University) came to prefer the German “experimental science” model as distinct from “observational science” based on the Aristotelian model the focus of the experimental model was specifically on disease and not the totality of health, so prevention education fell out of favor. Research became experimentally based and by the 1930s and 1940s, these medical schools had replaced the traditional model of treating the cause of disease (using medicines observed to produce consistent outcomes) with the German model of using drugs to treat specific symptoms of disease.

Naturopathic medicine is one of the oldest continuously licensed health care professions in the United States. Dr. Benedict Lust, considered the Father of Naturopathic Medicine, founded naturopathic medicine by expanding upon the European water cure and herbal therapies to develop a comprehensive philosophy and system of health that he brought to the United States around the turn of the 20th century. In 1901, Dr. Lust opened the American School of Naturopathy in Manhattan. Its approach emphasized diet, exercise, physical medicine, herbs, and homeopathy as ways to improve and maintain good health. Naturopathic medicine grew quickly as a profession and by 1925 there were approximately 2,500 practicing naturopathic physicians and more than a dozen schools. During

¹ The term “board” in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

this period, regulations were enacted in many states, with about half of the states licensing or regulating naturopathic medicine.

Naturopathic medicine was the standard of care in the United States and Europe until the early 1930s when the German “experimental science” or “allopathic” model of medicine became the new standard. The continued popularity of naturopathic medicine engendered strong opposition from those who subscribed to the new model of allopathic medicine. They labeled chiropractic and naturopathic medicine as “quackery.”

Naturopathic medicine experienced a significant decline in the post-World War II era until the 1970s during which time the allopathic medical model became the new “traditional medicine” along with the increased use and development of surgery, drugs, and antibiotics. The 1970s brought an increased interest in holistic and alternative health care, and naturopathic medicine experienced resurgence with expanded educational programs and state licensure. In the past 30 years, naturopathic medicine saw dramatic re-growth in the United States, Australia, Canada, and Germany. New schools were created and education was standardized with examination and accreditation, while expanding research on the safety and efficacy of naturopathic practices.

NATUROPATHIC MEDICINE TODAY

Naturopathic medicine is a distinct and comprehensive system of primary health care that uses primarily natural methods and substances to support and stimulate the body’s self-healing process.

In 2003, California became the 13th state to recognize the profession of naturopathic medicine and provide licensure to naturopathic doctors. Currently, 22 states, the District of Columbia, and the US territories of Puerto Rico and the US Virgin Islands have licensing laws for naturopathic physicians and there are movements toward licensure in many other states. (In almost all other licensing states and territories, NDs are titled naturopathic physicians. California law prohibits the use of the title of “physician” by anyone other than allopathic or osteopathic physicians and surgeons.) The scopes of practice vary from state to state, but all naturopathic physicians abide by the same six principles:

The Healing Power of Nature:

Naturopathic medicine recognizes an inherent healing process in the person that is ordered and intelligent. The body is capable of healing itself. The role of the naturopathic doctor is to identify and remove obstacles to healing and recovery and to facilitate and augment this inherent natural tendency of the body.

First, Do No Harm:

Naturopathic doctors follow three guidelines to avoid harming patients:

1. Utilize methods and medicinal substances that minimize risks of side effects, using the least force needed to diagnose and treat.
2. Avoid, when possible, the harmful suppression of symptoms.
3. Acknowledge and work with the individual's self-healing process.

Identify and Treat the Cause:

Naturopathic doctors seek to identify and remove the underlying causes of illness, not merely eliminate, or suppress symptoms.

Doctor as Teacher:

Naturopathic doctors recall that the origin of the word "doctor" is the Latin word, "to teach." A fundamental emphasis in naturopathic medicine is patient education.

Treat the Whole Person:

Naturopathic doctors attempt to take into consideration all the factors that make up patients' lives and affect their health and well-being.

Prevention:

Naturopathic medicine emphasizes the prevention of disease, assesses risk factors, and makes appropriate interventions with patients to prevent illness.

EARLY HISTORY OF NATUROPATHIC MEDICINE IN CALIFORNIA

Naturopathic physicians who moved to California in the 1980s formed the California Association of Naturopathic Physicians (CANP). Knowing they were unable to secure a license to practice medicine, many physicians attended and graduated from acupuncture programs and became licensed acupuncturists; others practiced natural therapies under other health care licenses such as registered nurse or physician assistant.

The CANP began exploring the possibility of securing licensing in California in 1986. In 1999, Senator Johanassen sponsored Senate Bill (SB) 1059 – a study bill – that would support the forthcoming “Naturopathic Physicians Practice Act”. The bill was “parked” for a year as the state could not fund the study. Also, in 1999, the Department of Consumer Affairs held a forum to assess the political and professional climate surrounding possible licensing; attendees included allopathic and naturopathic physicians, representatives of educational institutions and standards, the California Medical Association, chiropractors, licensed acupuncturists, and representatives from groups representing unlicensable lay practitioners who used the term naturopath. The CANP collaborated with the national association [American Association of Naturopathic Physicians (AANP)] to help build awareness in California of the national, licensable profession of naturopathic physicians.

The CANP spent the next two years securing grants and forming committees for legislation, fundraising, and outreach to naturopathic medical schools. In October 2000, representatives from the CANP and AANP testified at a hearing in San Francisco for the White House Commission for Complementary and Alternative Medicine Policy. In the spring of 2001, Dr. Sally LaMont, CANP executive director, gave testimony about naturopathic medicine to the newly formed Alternative Medicine Committee of the Medical Board of California. Later that year, the California Senate Business and Professions Committee met with the CANP and several unlicensable practitioner groups (lay practitioners) to sort out their issues. California’s Health Freedom Bill (SB 577) became

law effective January 1, 2003, which allowed the unlicensed practice of health education by laypersons.

Meanwhile, the CANP continued to attend hearings and develop bill language in order to license qualified professionals. Senate President John Burton introduced SB 907 (Naturopathic Physicians Act) in January 2003 and through much negotiation with professional medical associations and lay practitioners, the bill became the Naturopathic Doctors Act and passed both houses; Governor Gray Davis signed the bill into law that September.

BUREAU OF NATUROPATHIC MEDICINE BECOMES THE NATUROPATHIC MEDICINE COMMITTEE

Senate Bill 907 (Burton; Chapter 485, Statutes of 2003) established the Naturopathic Doctors Act (Act) and created the Bureau of Naturopathic Medicine (Bureau) within the Department of Consumer Affairs to administer the Act. The Act contained requirements for the licensure and regulation of Naturopathic Doctors (NDs) and established a scope of practice for the profession.

Business and Professions Code (B & P) Section 3621 established the Bureau of Naturopathic Medicine Advisory Council. The Advisory Council was responsible for providing information and, upon request, to make recommendations to the Bureau Chief. The Advisory Council consisted of three naturopathic doctors (ND), three medical doctors (MD), and three public members. The Advisory Council reviewed legal opinions, discussed regulations, made recommendations regarding enforcement, reviewed continuing education standards, and reviewed the Formulary, Childbirth, and Minor Offices Procedures Reports to Legislature. However, as an advisory council, they lacked authority to direct the Bureau to act on any of their recommendations.

In 2009, Governor Arnold Schwarzenegger proposed the consolidation of several healing arts bureaus and boards in order to reduce the size of government. Assembly Bill (AB) X420 (Statutes of 2009) abolished the Bureau of Naturopathic Medicine and created the Naturopathic Medicine Committee (Committee) and placed it under the Osteopathic Medical Board of California (OMBC).

AB X420 was a budget bill and lacked sufficient language to fully define the role of the OMBC as it related to the Act, the Committee, and Committee staff; it also failed to secure additional staffing required by the addition of an executive officer in that bill. Upon request by the Director of the Department of Consumer Affairs, a legal opinion was created regarding the relationship of the OMBC to the Committee. It was determined that the OMBC was in no way responsible for the actions of the Committee and the Committee was deemed, independent, solely responsible for the regulation of naturopathic medicine in California.

The first Committee members were appointed in February 2010 consisting of three naturopathic doctors (ND), three medical doctors (MD), and three public members; the Committee elected Dr. David Field, N.D., L.Ac. as its chair. Legislation in 2010 [SB 1050 (Yee; Chapter 143, Statutes of 2010)] codified the autonomy of the Committee with respect to administration of the Act and changed the composition of the Committee to five NDs, two MDs, and two public members. Revising the

composition of the Committee made it consistent with other healing arts boards in California in that the majority of Committee members are representatives of the profession.

Beginning with their first meeting in April 2010, the nine-member Committee has undertaken an ambitious agenda to bring the Naturopathic Medicine Committee and the profession of naturopathic medicine in California into compliance with the standards of the practice of naturopathic medicine and with California laws relating to enforcement and discipline. The Committee appointed an interim executive officer to carry out its administrative duties. They also approved regulations pertaining to continuing education and enforcement, created a strategic plan, and created sub-committees to develop a scope of practice document, standards of practice document, disciplinary guidelines, update findings from the 2007 Reports to the Legislature, and create job descriptions for the executive officer and future staff. However, AB X420 was not accompanied by a legislative budget change proposal, so the Committee was unable to hire a staff person in addition to the EO. This left the Committee with only one person to function as executive officer and to carry out all licensing, enforcement, budgetary, legislative, regulatory, and administrative duties.

In 2013 a new executive officer was appointed, followed by the hiring of one analyst-level staff in July 2014 to carry out the licensing and enforcement duties. There have been no additional staff added since that time. The continued lack of staff has hindered efforts of the Committee to carry out the mandates of the Act and new enforcement legislation that affected all the boards under the Department of Consumer Affairs. (cf. page 33, section 3, no. 15)

THE PRACTICE OF NATUROPATHIC MEDICINE IN CALIFORNIA

Most naturopathic doctors in California provide family centered, primary care medicine through office based private practice. Some doctors also make house calls, work in larger health facilities, or conduct research. California NDs often work in collaboration with physicians and surgeons (MD), osteopathic physicians and surgeons (DO), doctors of chiropractic, and acupuncturists. They routinely refer patients to other health care professionals for optimum management of a patient's healthcare. A number of NDs work with these health care professionals in integrative practices.

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Several licensed naturopathic doctors also teach at public and private medical schools in California including the University of San Francisco, University of California Los Angeles, Touro University of Osteopathic Medicine, and the San Diego campus of Bastyr University. Many doctors are also licensed as NDs in other states and maintain practices in more than one state.

Several naturopathic doctors with established practices in California offer residency programs to graduates of approved naturopathic medical schools; residency programs are approved by the

Council of Naturopathic Medical Education (CNME). Some NDs enjoy the benefit of being dually licensed in California as acupuncturists, chiropractors, licensed midwives (under the Medical Board of California), nurses, and physician assistants. There are a few NDs completing allopathic/osteopathic medical school and residency programs in order to be able to fully practice naturopathic medicine in California as primary care practitioners.

EDUCATION AND TRAINING

An applicant for licensure as a naturopathic doctor in California must have graduated from a naturopathic medical education program accredited by the Council on Naturopathic Medical Education (CNME). Accredited schools must meet the following minimum requirements (Section 3623):

- Admission requirements that include a minimum of three-quarters of the credits required for a bachelor's degree from a regionally accredited or pre-accredited college or university or the equivalent, as determined by the council.
- Program requirements for its degree or diploma of a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic medicine. Of the total requisite hours, not less than 2,500 hours shall consist of academic instruction, and not less than 1,200 hours shall consist of supervised clinical training approved by the naturopathic medical school.
 - A naturopathic medical education program in the United States shall offer graduate-level full-time studies and training leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. The program shall be an institution, or part of an institution, of higher education that is either accredited or is a candidate for accreditation by a regional institutional accrediting agency recognized by the United States Secretary of Education and the Council of Naturopathic Medical Education, or an equivalent federally recognized accrediting body for naturopathic doctor education.
 - To qualify as an approved naturopathic medical school, a naturopathic medical program located in Canada or the United States shall offer a full-time, doctoral-level, naturopathic medical education program with its graduates being eligible to apply to the committee for licensure and to the North American Board of Naturopathic Examiners which administers the naturopathic licensing examination.

APPROVED NATUROPATHIC COLLEGES

To be eligible for licensure in California, an applicant must have graduated from one of eight approved or candidate naturopathic medical schools. Each of these schools has met the requirements listed above for accreditation by the Council of Naturopathic Medical Education (CNME).

Founded in 1978, CNME is accepted as the programmatic accrediting agency for naturopathic medical education by the four-year naturopathic colleges and programs in the United States and Canada, by the American and Canadian national naturopathic professional associations, and by the North American Board of Naturopathic Examiners (NABNE). The U.S. Secretary of Education recognizes CNME as the national accrediting agency for programs leading to the Doctor of Naturopathic Medicine (NMD), Naturopathic Doctor (ND), or Doctor of Naturopathy (ND) degree.

CNME sets the standards for naturopathic colleges in the areas of finances, faculty education, ethics, program development, education, and clinical competencies. The educational component consists of:

Basic & Diagnostic Sciences	Anatomy, neuroanatomy, neurosciences, physiology, histology, pathology, biochemistry, genetics, microbiology, immunology, lab diagnosis, clinical diagnosis, physical diagnosis, medical research, epidemiology, public health, medical ethics, and others.
Clinical Sciences	Family medicine, ENT, cardiology, pulmonary medicine, gastroenterology, rheumatology, neurology, dermatology, urology, infectious disease, pediatrics, geriatrics, obstetrics, gynecology, pharmacology, pharmacognosy, minor surgery, ophthalmology, psychiatry, and others.
Naturopathic Therapeutics	Clinical nutrition, botanical medicine, homeopathy, naturopathic manipulative therapy, hydrotherapy, lifestyle counseling, naturopathic philosophy, naturopathic case management, advanced naturopathic therapies, acupuncture, and traditional Chinese medicine, & Ayurvedic medicine.
<i>Source: Handbook of Accreditation for Naturopathic Medicine Programs. Counsel of Naturopathic Medical Education April 2016; 34-52</i>	

National College of Naturopathic Medicine gives the following breakdown by year of study on their website (www.ncnm.edu) of the course study for a naturopathic doctorate:

First year studies include the normal structure and function of the body with a solid introduction to naturopathic theory, philosophy, and therapeutics.

Second year focuses on the study of disease and diagnosis while beginning course work in botanical medicine, therapeutic manipulation, clinical nutrition, and homeopathic medicine sequences. To enter the clinical training of the third year, students must pass all basic science courses and diagnostic courses, as well as a clinic entrance examination.

Third year continues focusing on the botanical medicine, manipulation, clinical nutrition, and homeopathic medicine sequences, begins the organ systems courses (which emphasize case management), and gives major emphasis to clinical training.

Fourth year continues the organ systems courses. The major focus of the fourth year is practical clinical training, working side by side with licensed physicians caring for patients. A clinic proficiency exam ensures clinical competency prior to graduation.

Below is a **comparison of the basic science education** of naturopathic doctors to that of an allopathic or osteopathic physician and surgeon, according to the Journal of Family Practice:

	NATUROPATHIC	ALLOPATHIC	OSTEOPATHIC
Anatomy (gross & dissection)	350	380	362
Physiology	250	125	126
Biochemistry	125	109	103
Pharmacology	100	114	108
Pathology	125	166	152
Microbiology/Immunology	175	185	125
Total Hours	1125	1079	976

Bastyr University, whose main campus is in Kenmore, Washington, opened California's first approved naturopathic college campus in August 2012. The chart below lists the schools in order of year established and the number of enrollees in the naturopathic medicine doctorate program:

School	Year Established	2016 ND Program Enrollment	2020 ND Program Enrollment
National University of Naturopathic Medicine Portland, Oregon	1956	440	250
Bastyr University Seattle, Washington	1977	102	494
Canadian Naturopathic Medical College* Toronto, Ontario, Canada	1978	500	830 (combined enrollment)

Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	1993	376	348
University of Bridgeport College of Naturopathic Medicine** Bridgeport, Connecticut	1996	100	74
Boucher Institute of Naturopathic Medicine* New Westminster, British Columbia, Canada	2001	192	830 (combined enrollment)
National University of Health Sciences Lombard, IL	2008	206	137
Bastyr University San Diego, CA Campus	2012	54	181
Universidad del Turabo Gurabo, Puerto Rico	2015	44	16

* Canadian College of Naturopathic Medicine (CCNM) and the Boucher Institute of Naturopathic Medicine (BINM) merged in 2/2021. The data provided above is for the current combined enrollment for both schools.

** As of 2019, University of Bridgeport School of Naturopathic Medicine began phasing out the ND program and no longer enrolled naturopathic medical students. There is a teach-out period through 2022 when the ND students will graduate.

NATUROPATHIC PHYSICIANS LICENSING EXAMINATION

California and all other licensing states and most Canadian provinces require naturopathic physicians to pass Parts I and II of the Naturopathic Physicians Licensing Examination (NPLEX). The North American Board of Naturopathic Examiners (NABNE) is an independent, non-profit organization that serves regulating authorities by qualifying applicants for and administering the NPLEX exams. The NPLEX is a rigorous, standardized licensing examination that is used in all states that license naturopathic physicians. The NPLEX became the first national test, eventually replacing individual state exams beginning in 1986. Prior to 1986, each state developed their own test(s) with emphasis on the basic sciences, diagnosis, and treatment. In fact, the state of Oregon contracted with the medical board and utilized the same step one (1) of the United States Medical Licensing Examination (USMLE).

NPLEX Part I - Biomedical Science Examination is an integrated, case-based examination that covers the topics of anatomy, physiology, biochemistry and genetics, microbiology and immunology, and pathology. This examination is designed to test whether the examinee has the scientific knowledge necessary for successful completion of clinical training. NABNE recommends that a

student take the Part I - Biomedical Science Examination as soon as he or she completes biomedical science coursework. NABNE requires that a student pass the Part I - Biomedical Science Examination and graduate from an approved naturopathic medical program before he or she is eligible to take the NPLEX Part II - Clinical Science Examinations.

NPLEX Part II - Core Clinical Science Examination is an integrated case-based examination that covers the following topics: diagnosis (using physical and clinical methods, and lab tests and imaging studies), materia medica (botanical medicine and homeopathy), nutrition, physical medicine, health psychology, emergency medicine, medical procedures, public health, pharmacology, and research. This examination is designed to test the skills and knowledge that an entry-level naturopathic physician must have in order to practice safely. Every jurisdiction that licenses naturopathic physicians requires that a candidate pass the NPLEX Part II - Core Clinical Science Examination.

The **NPLEX Part II - Clinical Elective Examinations** in Minor Surgery, Pharmacology, Parenteral Therapeutics and Acupuncture may also be required for eligibility to become licensed to practice as a naturopathic physician in some jurisdictions. California does not require the passage of these elective examinations because the naturopathic scope of practice does not allow for minor surgery and the practice of acupuncture requires a separate license under the California Acupuncture Board. Most other states include acupuncture under the ND scope of practice with passage of this elective exam. The Committee may be inclined to require the Pharmacology and Parenteral Therapeutics elective exam as both are within an NDs scope if certain requirements are met.

The North American Board of Naturopathic Examiners currently utilizes individual naturopathic physicians and other qualified professionals in the U.S. and Canada for the purposes of developing examination questions. There are no requirements to include persons from specified boards in North America on the NABNE committees.

NATUROPATHIC DOCTOR'S SCOPE OF PRACTICE IN CALIFORNIA

The Act authorizes a naturopathic doctor to:

- Order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to: phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests [Section 3640(a)].
- Order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry and others, consistent with naturopathic training as determined by the Bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results [Section 3640(b)].
- Dispense, administer, order, and prescribe or perform the following [Section 3640(c)]:
 - Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, consistent with the routes of administration as specified.
 - Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small

amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.

- Devices, including, but not limited to: therapeutic devices, barrier contraception, and durable medical equipment.
- Health education and health counseling.
- Repair and care incidental to superficial lacerations and abrasions, except suturing.
- Removal of foreign bodies located in the superficial tissues.
- Utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular. [Section 3640(d)] [The California Code of Regulations [Section 4323(d)] further specifies that an ND may only utilize the ocular and intravenous routes of administration if he or she is clinically competent in those areas.]
- Train and supervise naturopathic assistants per B & P Section 3640.2 to perform the following:
 - (1) Administer medication by intradermal, subcutaneous, or intramuscular injections
 - (2) Perform skin tests
 - (3) Perform venipuncture or skin puncture in order to draw blood
 - (4) Administer medications orally, sublingually, topically, vaginally, rectally, or by inhalation, as well as give medication to patients
 - (5) Apply & remove bandages
 - (6) Collect specimens for testing
 - (7) Collect and record patient data including blood pressure and pulse
 - (8) Perform simple lab and screening tests customarily performed in a medical office
- Independently prescribe epinephrine to treat anaphylaxis, and natural and synthetic hormones (Section 3640.7).
- Furnish or order drugs, including Schedule III-V Controlled Substances under supervision of a medical doctor or doctor of osteopathy, with requirements for standardized procedures and protocols identical to those for nurse practitioners (Section 3640.5).

The Act restricts a naturopathic doctor from performing any of the following functions (Section 3642):

- Prescribe, dispense, or administer a controlled substance, except under supervision as authorized.
- Administer therapeutic ionizing radiation or radioactive substances.
- Practice or claim to practice any other system or method of treatment for which licensure is required, unless otherwise licensed to do so.
- Administer general or spinal anesthesia.
- Perform an abortion. *
- Perform any surgical procedure. **
- Perform acupuncture or traditional Chinese and Asian medicine, including Chinese herbal medicine, unless otherwise licensed in California to perform acupuncture (e.g., LAc, MD, DO). ***

**** In CA Business and Professions Code § 3642 (e), “Perform an abortion” relates to the surgical procedure and not a drug induced abortion.***

***** CA Business and Professions Code §§ 3640 (c)(5) states that NDs may provide “repair and care incidental to superficial lacerations and abrasions, except suturing” and 3640 (c)(6) states that they may remove foreign bodies located in the superficial tissues.***

****** NDs are prohibited from using the Traditional Chinese Medicine (TCM) methods of diagnosis and treatment, not the use of specific substances.***

The attached “Naturopathic Physicians Scope of Practice – State-by-State Comparison” document was compiled by the American Association of Naturopathic Physicians (AANP) (cf. Section 13, Attachment # F). This document gives a brief comparison of the scopes of practice of each of the licensing states and District of Columbia.

ISSUES RELATING TO THE PRACTICE OF NATUROPATHIC MEDICINE IN CALIFORNIA

Although naturopathic medicine is defined as primary health care [B & P 3613(c)], naturopathic doctors in California face limitations in their ability to practice. Naturopathic doctors have the ability to diagnose, treat, and prevent human health conditions, injuries, and disease, but are limited in their scope, insurance coverage, and in hiring staff. In addition, confusion exists, in general, with the scope of a naturopathic doctor due to their title outside of the category of “physicians”.

California law restricts naturopathic doctors from practicing medicine to the full extent of their education and training. Compared to the other states that license naturopathic medicine, California has one of the most restrictive scopes of practice.

- Naturopathic doctors cannot practice in California to the full extent of their medical school training and education. As a result, naturopathic physicians who move to California to practice are often required to limit their practices in order to comply with California law. The majority of NDs with whom the staff has had contact find the laws regarding the furnishing of drugs restrictive and feel unable to adequately provide primary care. In our most recent study of licensees (September 2021), nearly half stated that they have or are considering moving out of California to resume a full primary care practice in other states. When an ND leaves California, they take with them (1) a primary care doctor (of which California is in desperate need), (2) a small business that employed one or more persons, and (3) a health care provider who referred patients to California labs, diagnostic imaging centers, and pharmacies. Although California needs more primary care doctors and more small businesses, these physicians can more easily thrive in other states and often leave the state after a year or more of licensure in California.
- The scope of practice for naturopathic doctors has changed little since original bill language was chaptered, except for the addition of NDs under Health and Safety Codes as clinical laboratory directors (CLIA Waive Testing), the ability to train and employ naturopathic assistants [SB-1246, (Statutes 2010)], and attempts to clarify administration of natural substances separate from legend and scheduled drugs [SB-1446, Negrete-McLeod (Statutes 2012)].
- Naturopathic doctors find it difficult to secure prescriptive oversight from physicians due to limits of malpractice insurance and liabilities.
- ND’s are fully trained in minor office procedures, including local anesthesia and suturing. ND’s may remove skin lesions, but they may not currently use anesthesia (unless they have a supervisory protocol in place) and they may not suture the wound. (cf. pg. 17 – *Minor Office Procedures Subcommittee*)

- B & P Code Section 3641 (b) states: *“A naturopathic doctor shall have the same authority and responsibility as a licensed physician and surgeon with regard to public health laws, including laws governing reportable diseases and conditions, communicable disease control and prevention, recording vital statistics, and performing health and physical examinations consistent with his or her education and training.”* In reality, NDs cannot sign most health forms required by schools and state agencies such as the Employment Development Department (disability) and the Department of Motor Vehicles (disabled placards), to name two, because NDs were not written into the other codes (Health & Safety, Vehicle, Business & Professions, Unemployment Insurance Code, etc.) and cannot use the title of “physician”. This prohibits NDs from providing primary care, as they must send their patients to other primary care providers in order to have routine health forms signed. This puts a time and financial burden on the consumer as they must take the time to make a second appointment and pay either a co-payment or pay for an office visit with an MD or DO in order to complete a form that should have been signed by their primary care ND. Changing each of these laws presents a prohibitive burden on the legislature; rather, the use of the title “physician” by naturopathic doctors would be a much more efficient means to correct this issue.

Most of the healing arts board in California have no working knowledge of the scope of practice of naturopathic doctors.

- Naturopathic doctors who set up practice in California frequently spend their time educating hospitals, imaging centers, laboratories, and pharmacists about the naturopathic scope of practice; the Committee, as well, spends considerable time educating these health care affiliates by phone or e-mail so that NDs are not restricted from writing prescriptions for labs, x-rays, scans, and hormones.
- The laws that are generally considered the “scope of practice” under the Naturopathic Doctors Act are unclear and confusing to consumers, naturopathic doctors, the Committee, and other health care professionals (Article 4, B & P Sections 3640, 3640.5, 3640.7). The naturopathic doctor’s scope of practice exists as multiple sections within the Naturopathic Doctors Act but has not been re-written for easy reference for licensees because portions of the law are contradictory or confusing. Consumers and health insurance companies cannot decipher which therapies may be performed by NDs, some pharmacists cannot interpret the naturopathic laws with regard to prescribing, and other health care providers are often confused about the legitimacy of treatments available from a licensed naturopathic doctor. In addition, California licensed NDs take continuing education classes to learn new therapies, often alongside MDs, DOs, and chiropractors; however, naturopathic doctors struggle with whether or not they can utilize their training in their practice of medicine because their scope, as written, is high level and compartmentalized. The MDs and DOs know automatically they can incorporate whatever they learn into their practice; NDs, however, cannot make that assumption, even though they are equally trained. As a result, NDs either call the Committee to discuss the newly learned therapy and/or must consult a lawyer to determine if they are practicing within their scope. If the law simply allowed NDs to practice to the full extent of their education and training, consumers, insurance companies, and other health care providers would be assured that NDs are performing therapies for which they are trained.
- As a result, several MDs and consumers filed complaints with the Medical Board of California against naturopathic doctors for erroneous reasons. In 2010, the Medical Board initiated an investigation that resulted in the arrest of an ND for practicing medicine without a license;

those charges were later dropped when it was discovered that NDs are fully licensed to practice medicine in California. Even though NDs have been practicing medicine in California since 2005, in 2015, Medical Board investigators and the district attorney's office both were ill informed enough to not only conduct a lengthy undercover investigation but to also arrest a licensed doctor for practicing medicine. Further, we continue to receive calls or emails from healing art programs and other state agencies who are unaware of what naturopathic medicine is and what naturopathic doctors are allowed to do in California.

Most health insurance providers fail to reimburse for naturopathic care, even with the implementation of the Affordable Care Act.

- Current US health care policy, as addressed in The Affordable Care Act, addresses this issue of insurance equality by including licensed or certified NDs. These provisions took effect in 2014 but the qualifying regulations were not effective in California law until January 1, 2016 (CA HSC § 1373.15 and CA Insurance Code § 10177.15). When these regulations were created, a few insurance providers started to cover naturopathic treatments providing the treatments had the same ICD-9 and CPT billing codes as the other PCPs.
- Although naturopathic doctors can order labs and medications under Medi-Cal, office visits still are not covered, which greatly limits access to NDs by underserved populations. (cf. Section 12, No. 2)
- In the Committee's most recent Prescription and Vaccination study (2021) the insurance limitation was one of the top five reasons why licensees would consider leaving the state.

Even though naturopathic doctors are primary care providers, they are not “physicians” in California, and causes many barriers in the practice of naturopathic medicine.

- The inability of NDs to use the title of “physician” prohibits NDs from employing, writing orders, and supervising nurses and other allied health professionals. Naturopathic doctors in California can, according to the California Code of Corporations, own a corporation and employ a host of medical professionals. However, even though naturopathic doctors are primary care providers, and the law says they can employ other professionals, they are not “physicians” so they cannot write orders or give direction to MDs, DOs, nurses, and other allied health practitioners they may employ. Multiple, individual practice acts and laws within those practice acts would need statutory changes for “doctors”, instead of “physicians”, to direct other professionals unless the practitioner is practicing within the very limited scope of a naturopathic assistant. Changing each of these laws presents a prohibitive burden on the legislature; rather, the use of the title “physician” by naturopathic doctors would be much more efficient.
- Until 2011, NDs could not use the services of a medical assistant, requiring the ND to perform all the routine duties required for a visit to a medical office such as weighing the patient, taking blood pressure, etc. With the passage of SB 1246 Negrete-McLeod (Statutes of 2010), NDs still could not employ medical assistants, but could train their own naturopathic medical assistants pursuant to BPC 3640.2 and 3640.3. The burden of conducting and documenting the training and education is on each hiring ND. Still, even though an ND can own a corporate practice and employ MDs and RNs, the ND cannot direct any other professional in their employ except a naturopathic assistant. This is an especially difficult situation when MDs and NDs are in an integrative practice – the MD can give orders to a nurse to start an IV, but the

ND must actually start and finish the IV themselves. This makes the office visit much more costly to the consumer and keeps the ND from seeing additional patients. NDs and nurses have equally shown interest in allowing the orders from NDs to both RNs and LVNs. (cf. Section 12, No. 2)

- As previously stated, the restrictions of the term “physician” greatly limits the ability to sign a variety of medical forms required for NDs to properly carry out their treatments.

FURNISHING AND ORDERING DRUGS

In order to furnish or order drugs, a naturopathic doctor must obtain a drug furnishing number from the Committee; the number is usually issued at the time the license is issued. In order to qualify for a furnishing number, the Act requires an ND to show evidence of a minimum of 48 hours of instruction in pharmacology that includes the pharmacokinetic and pharmacodynamic principles and properties of drugs that will be ordered or furnished under the provisions of the Act. To comply with this requirement, the instruction must have been offered by one of the following (Title 16 CCR § 4212):

- An approved naturopathic medical school.
- An institution of higher learning that offers a baccalaureate or higher degree in medicine, nursing, pharmacy, or public health.
- An educational institution or provider with standards and course content that are equivalent, as determined by the Committee.

All approved naturopathic medical program requires enough pharmacology hours to meet or exceed the California requirement of 48 hours. The table below shows the minimum number of hours of instruction in pharmacology required by each school to meet graduation requirements:

Naturopathic Medical Schools	Pharmacology Hours Required for Graduation
National College of Naturopathic Medicine Portland, Oregon	141
Bastyr University Seattle, Washington	121
Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	110
University of Bridgeport College of Naturopathic Medicine** Bridgeport, Connecticut	125
Canadian Naturopathic Medical College* Toronto, Ontario, Canada	110
Boucher Institute of Naturopathic Medicine* New Westminster, British Columbia, Canada	110
National University of Health Sciences Lombard, Illinois	90
Bastyr University	121

San Diego, California	
Universidad del Turabo Gurabo, Puerto Rico	90

* Canadian College of Naturopathic Medicine (CCNM) and the Boucher Institute of Naturopathic Medicine (BINM) merged in 2/2021.

** As of 2019, University of Bridgeport School of Naturopathic Medicine began phasing out the ND program and no longer enrolled naturopathic medical students. There is a teach-out period through 2022 when the ND students will graduate.

1. Describe the make-up and functions of each of the board's committees. (cf., Section 13, Attachment B).

FORMULARY SUBCOMMITTEE

Business and Professions Code Section 3627 requires the establishment of a naturopathic formulary advisory subcommittee to determine a naturopathic formulary based upon a review of naturopathic medical education and training. The naturopathic formulary advisory subcommittee is required to be composed of an equal number of representatives from the clinical and academic settings of physicians and surgeons, pharmacists, and naturopathic doctors; the subcommittee is required to review naturopathic education, training, and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of a naturopathic doctor and the required supervision and protocols for those functions.

Prior to the establishment of the Committee, the Bureau was required to make recommendations to the Legislature not later than January 1, 2007 regarding the prescribing and furnishing authority of naturopathic doctors and any supervision and protocols, including those for the utilization of Intravenous and ocular routes of prescription drug administration. The formulary committee held fifteen meetings in a fifteen-month period. In 2006, the Bureau chief approved the report entitled "Prescribing and Furnishing Authority of a Naturopathic Doctor" that was compiled by Bureau staff from the findings and recommendations of the formulary committee; it was presented to the Legislature in January 2007 along with two other mandated reports. However, the only independent prescriptive authority given was provided in BCP §3640.7. This section only includes epinephrine to treat anaphylaxis, natural and synthetic hormones, vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription. The prescription of all other drugs, including vaccines, requires that a supervision protocol agreement with an MD/DO be in place, which is very difficult to secure for most licensees due to perceived malpractice issues and corporate policies. This provision was made in the act until the legislature could approve independent prescription authority for naturopathic doctors. (See further discussion in Section 8, no. 61)

In January 2012, the Formulary subcommittee published a revised report to the Committee echoing the original findings. Again, in February 2015, the subcommittee made an addendum to Formulary Sub-Committee Report to the Naturopathic Medicine Committee which was published to the legislature. Again, there were no changes made to the Committee's statutory authority for independent prescribing although NDs are the only practitioners other than pharmacists that are mandated by law to take pharmaceutical continuing education in order to renew their license.

In 2019, when the scope modernization bill from 2016-17 (SB 538) failed, there was a decrease in license renewals, which we suspect was due to some licensees leaving California to enjoy a scope that more closely matches their education and training in neighboring states, and to further comply with the original intent of the Naturopathic Doctors Act, the Committee established the **Prescribing**

and Furnishing Authority of Naturopathic Doctors Subcommittee. The subcommittee included a naturopathic doctor (ND) member, an allopathic physician and surgeon (MD), and a pharmacist (PharmD). The subcommittee's role was to review the education and training of naturopathic doctors, determine drugs that are needed to properly carry out their duties and treatments and provide recommendations on a formulary that NDs in California should incorporate in the scope of practice.

The formulary was almost completed, but the MD member resigned, and we did not have another MD or DO on the Committee to replace the vacancy. As soon as another physician and surgeon member has been appointed, the Committee plans to reconvene, approve the formulary and bring it to the full Committee for approval before submitting it to the Legislature for consideration. The Committee continues to request that the licensees be allowed to have a broader independent prescriptive authority that is more in line with their formal education and training.

MINOR OFFICE PROCEDURES SUBCOMMITTEE

There was no statutory requirement to create a minor office procedures committee; however, there was a statutory requirement to create a report to the legislature regarding minor office procedures. Business and Professions Code Section 3640.1 stated: "The committee shall make recommendations to the Legislature not later than January 1, 2007, regarding the potential development of scope and supervision requirements of a naturopathic doctor for the performance of minor office procedures. The committee shall consult with physicians and surgeons and licensed naturopathic doctors in developing the findings and recommendations submitted to the Legislature." This report was originally provided in 2007.

The consultant findings recommended the following:

California's Need for Access to Competent Medical Care

The inclusion of a provision for minor office procedures in the Act was based in part on serving underserved citizens of California, particularly those in urban centers and rural areas. Given the current cost of health care, an ever-growing uninsured population, increased use of Emergency Room for non-urgent care, and the decreased number of physicians serving citizens of California, allowing NDs to perform minor office procedures, as trained, better serves Californians while still protecting the public from dangerous practices.

Minor Office Procedures Taught in Naturopathic Colleges

Each of the approved schools requires completion of minor office surgery courses, medical procedures courses, and courses in emergency medicine.

Minor Office Procedures Laws from Other States

Most states that currently regulate naturopathic medicine allow minor office procedures or minor office surgery to be performed. The procedures that are allowed in all those states appear to be the use of electrical (electrosurgery) or other methods for the surgical repair and care of superficial lacerations and abrasions, removal of benign superficial lesions, the removal of foreign bodies and mass that is located in the superficial structures, and the use of antiseptics and local anesthetics. (cf. Section 13, Attachment F)

Section 3640.1 of the Naturopathic Doctors Act was repealed on January 1, 2014 pursuant to Section 3686 of the code. This section Stated that the committee shall make recommendations to the legislature not later than January 1, 2007 regarding the potential development of scope and

supervision requirements of a naturopathic doctor for the performance of minor office procedures. However, it was never fully enacted as the original section of the law intended.

The subcommittee initially consisted of one ND and one MD, so there was no statutory requirement to hold public meetings. The sub-committee did not meet again after the reports were approved and submitted. In February 2015, the Committee published the Minor Procedures Report to the legislature again.

In 2019, again due to the reasons listed previously in this report, the Committee staff noticed that licensees may have left California to enjoy a scope that more closely matches their education and training in neighboring states, and to further comply with the original intent of the Naturopathic Doctors Act, the Committee established the **Minor Office Procedures Subcommittee**. The subcommittee's role is the same as the original advisory committee: to evaluate the education and training of NDs and deliver recommendations on minor office procedures that NDs in California should incorporate in the scope of practice. The subcommittee included a naturopathic doctor (ND) member, an allopathic physician and surgeon (MD) (*resigned*), and a public member (PhD).

The makeup of the subcommittee allowed for a representing member of each professional group and the public to assess and determine a scope that matches the education and training of naturopathic doctors, and to outline minor office procedures that are needed to properly carry out the duties and treatments of a naturopathic doctor, thereby rectifying current confusion and impediments in this area. For instance, many women want to utilize hormone pellets, which requires a mild, local anesthetic medicine, a small incision, the insertion of the hormone pellet (about the size of a rice grain) and a suture or butterfly closure. The procedure takes about 15 minutes and can be performed by NDs who received education and training on this treatment. However, the current scope does not allow the suturing as part of the minor office procedure or the independent administration of the numbing agent. This is a barrier that we would like removed from the licensees for the benefit of the consumers and to assist in lessening the departure of NDs leaving the state to pursue a fuller scope of practice in a neighboring state.

Unfortunately, the physician (MD) member resigned in 2019 and the Committee has been without a replacement appointment from the Governor's office ever since that time. This has caused the subcommittee to suspend further meetings until another physician member is appointed.

INTRAVENOUS (IV) AND ADVANCED INJECTION THERAPY SUBCOMMITTEE

The Committee noted the need for additional regulatory language to assist licensees in complying with the IV therapy scope of practice. In May 2019, the Intravenous (IV) and Advanced Injection Therapy Subcommittee was created and convened for the first time to review education and training of naturopathic doctors and develop regulatory language. On January 22, 2020, the subcommittee agreed on the language that should be used. A recommendation was provided to the full Committee during the January 28, 2020 Naturopathic Medicine Committee meeting, and the Committee approved to move forward with a regulatory package to make changes to the California Code of Regulations §§ 4237.1, 4237.2, 4237.3, and 4327.4.

Upon bringing the completed regulatory package language back to the full Committee again on August 30, 2021, there were several changes to the language that were suggested and although the text had been approved during prior meetings, the Committee decided to reconvene the Intravenous (IV) and Advanced Injection Therapy Subcommittee again to revisit some of the ongoing concerns in

the language before moving forward with the regulatory changes. The subcommittee will reconvene in February or March of 2022.

Table 1a. Attendance

Table 1a can be found in this report, in Section 13 – Attachment E.

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Dara Thompson, ND	12/29/2015	06/08/2018	01/01/2022	Governor	Professional
Greta D'Amico, ND	12/29/2015	01/07/2020	01/01/2023	Governor	Professional
Bruce Davidson, PhD	08/15/2018	-	01/01/2022	Senate Rules Committee	Public
Thomas G. Quinn, MD	12/29/2018	-	10/15/2021 (Resigned)	Governor	Professional (MD/DO)
Vera Singleton, ND	07/16/2018	-	01/01/2022	Governor	Professional
Minna Yoon, ND	07/16/2018	-	01/01/2022	Governor	Professional
Shirley Worrels	08/10/2018	-	01/01/2022	Speaker of the Assembly	Public
VACANT					Professional
VACANT					Professional (MD/DO)
VACANT					Professional (MD/DO)
David Field, ND, LAc	02/11/2010	03/20/2014	01/01/2018 (Vacated 07/20/2018)	Governor	Professional
Tara Levy, ND	02/11/2010	10/13/2014	01/01/2018 (Vacated 07/16/2018)	Governor	Professional
Michael Hirt, MD	02/11/2010	05/06/2014	01/01/2018 (Vacated 12/04/2019)	Governor	Professional (MD/DO)
Thyonne Gordon, PhD	10/13/2014	-	01/01/2018	Governor	Public
Myles Spar, MD	10/14/2014	-	01/01/2018 (Resigned 09/21/2019)	Governor	Professional (MD/DO)
Gregory Weisswasser, ND	01/01/2011	12/18/2015	01/01/2019 (Vacated 12/31/2019)	Governor	Professional
Alexander Kim	05/12/2015	-	01/01/2018	Governor	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

Although we have had a quorum for the full Committee to continue their work, the lack of having a physician (MD/DO) member appointed to the Committee has prohibited the subcommittees from being able to continue their work. The subcommittees must have a physician member to ensure that the standards in medicine are being met within the review and recommendations of the subcommittees.

At this time, we have three (3) vacancies on our Committee. Two (2) of those vacancies are physician members (MD/DO) and one (1) is a professional (ND) member.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)

Leadership Changes: No management changes in Leadership. However, new appointments were made to our Committee membership since the last sunset review.

Election of Officers: Chair, Dara Thompson, ND

Vice-Chair, Greta D'Amico, ND

The Committee's new Strategic Plan was developed and adopted in January 2020 (cf. Section 13, Attachment H)

- All legislation sponsored by the board and affecting the board since the last sunset review.

The Committee did not sponsor any legislation but was in support or affected by the following bills:

- **SB 796 (Hill, Ch. 600, Statutes of 2017).** This law allowed the Committee to continue enforcing and administering the Naturopathic Doctors Act (BCP §§ 3612, 3620), repealed the Act on January 1, 2018 and extended it until January 1, 2022 (BPC §2450.3). Established the Committee as consisting of nine members appointed by the Governor, including two public members. Required a public member to be a resident of the state for at least five years preceding their appointment (BPC §3621).
- **SB 1480 (Hill, Ch. 571, Statutes of 2018).** This was a sunset cleanup bill that increased current fees and set both fee floor and ceilings for the Committee.
- **AB 2138 (Chiu, Ch. 995, Statutes of 2018). Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction.** This law restricted the discretion of programs within the Department of Consumer Affairs (DCA), in using prior criminal history as grounds for licensing determinations and establishes new prohibitions relating to the denial, suspension, and revocation of licensure.
- **SB 695 (Lara, Ch. 838, Statutes of 2018). Professions and Vocations: Applications and Renewals: Individual Tax Identification Number.** This law prohibits licensing programs from requiring license applicants to disclose their citizenship or immigration status.
- **AB 2958 (Quirk, Ch. 881, Statutes of 2018). State Bodies: Meetings: Teleconference.** This law provided an optional method for state bodies that are advisory boards, committees, commissions, or subcommittees when conducting teleconference meetings.
- **AB 5 (Gonzalez, Ch. 296, Statutes of 2019). Worker Status: Employees and Independent Contractors.** This law codifies the legal test formulated in *Dynamex v. Superior Court* (2018) to determine whether a worker who performs services for a hirer is an employee or an independent contractor.

- **SB 601 (Morrell, Ch. 854, Statutes of 2019). State Agencies: Licensees: Fee Waiver.** This law allows state licensing entities to reduce or waive licensing fees for people or businesses who have been displaced or affected by a proclaimed or declared emergency in the previous year. Also applies to fees for renewal or replacement of a certificate/license for display.
- **AB 2113 (Low, Ch. 186, Statutes of 2020). Refugees, Asylees, and Special Immigrant Visa Holders: Professional Licensing: Initial Licensure Process.** This law requires all programs under DCA to expedite the initial licensure process for an applicant who supplies satisfactory evidence that they are a refugee, have been granted asylum, or have a special immigrant visa, as specified. This law also allows programs to assist these applicants during the initial licensure process. This law further specifies that persons applying for expedited licensure will still be required to meet all applicable statutory and regulatory licensure requirements.
- **SB 878 (Jones, Ch. 131, Statutes of 2020). Department of Consumer Affairs: License: Application: Processing Time Frames.** This law requires each board/bureau within the DCA, to prominently display on their websites each quarter either the current average time frame for processing initial and renewal license applications, or the combined current average time frame for the processing.
- **SB 1474 (Business, Professions and Economic Development Committee, Ch. 312, Statutes of 2020). Business and Professions.** This law provided a one-year sunset extension for the DCA programs that were undergoing the sunset review process prior to COVID-19. It also extended the operations for the Committee along with other DCA programs until January 1, 2023.
- **AB 2520 (Chiu, Ch. 101, Statutes of 2020). Access to Medical Records.** This law requires, among other provisions, health care providers to assist in the completion of forms, relevant to a patient receiving public benefits, at no extra charge to the patient. This law also entitles a nonprofit legal service entity representing a patient to receive a copy of the relevant portion of the patient's records that are needed to support a claim regarding the eligibility for specified public benefit programs. Additionally, this law expands the number of public benefit program applications that qualify for free medical records.
- **AB 3330 (Calderon, Ch. 359, Statutes of 2020). Department of Consumer Affairs: Boards: Licensees: Regulatory Fees.** This law increased several licensing and regulatory fees for several boards under DCA. This law also increased the fee charged to licensees authorized to utilize the state's CURES prescription drug monitoring program from \$6, to \$11 per year beginning April 1, 2021, then decreases to \$9 beginning April 1, 2023.
- **SB 275 (Pan, Ch. 301, Statutes of 2020). Health Care and Essential Workers: Personal Protective Equipment.** This law, among other requirements, requires specified health care employers to maintain a stockpile (45-days of surge consumption) of unexpired, personal protective equipment (PPE) for use in the event of a state of emergency declaration by the governor, or other similar health emergency. This will become effective January 1, 2023 or one year after the adoption of the regulations, whichever is later. Health care employers are required to provide PPE to their health care workers upon request.

- All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.

The table below shows all pending or completed regulatory packages that have been approved by the Committee since the last sunset review:

Regulation Name	CCR Section(s)	Status
Notice to Consumers	Title 16 CCR § 4255	Completed July 2021
IV and Advanced Injection Therapy Requirements	Title 16 CCR § 4235	Pending – back to Subcommittee for further work on language – <i>Awaiting a physician member to be appointed by Governor’s Office to reconvene</i>
Fee Schedule	Title 16 CCR § 4240	Regulatory Package being completed by staff as of 10/05/2021
Inactive Status	Title 16 CCR §§ 4227, 4228	Awaiting Fees package to be completed
Retired Status	Title 16 CCR § 4229	Awaiting Fees package to be completed
AB 2138 Substantial Relationship and Rehabilitation Criteria	Title 16 CCR §§ 4256, 4258, 4259	Completed August 2021
Disciplinary Guidelines (DG)		DGs were pended per legal and will be worked upon completion of AB 2138.

4. Describe any major studies conducted by the board (cf. Section 13, Attachment C).

The Committee staff conducted a survey of all licensees in September 2021 regarding the prescriptive and vaccination authority of naturopathic doctors licensed in California. The survey was sent to all licensees by e-mail with a 10-day deadline for completion, and a follow-up reminder e-mail was sent on day 8 to boost the return rate. There was a total of 364 respondents which is an overall response rate of twenty-nine percent (29%) of the Committee’s licensee population of 1,255.

There were four areas addressed in this study regarding prescribing rights and vaccination:

1. *Whether respondents have a physician/ND oversight agreement in place that allows prescribing in California*

The findings show that 43% of respondents currently have a physician oversight agreement in place that allows them to prescribe. Of these, only 12%

currently provide vaccines (excluding COVID-19). Although these respondents were also asked whether they also currently administer the COVID-19 vaccine using the Executive order/waiver, an insufficient number of respondents answered this question to report a result.

Of the 57% of respondents who do not currently have a physician oversight agreement in place that allows them to prescribe, 24% indicated that if they had authority within their scope to independently prescribe or administer vaccines, they would do so, and an additional 23% indicated that they might be interested in doing so, depending on the needs of their patients. The remainder either indicated they would not do so (36%) or weren't sure if they would do so (18%).

2. Whether respondents are or were licensed in another state that allows independent prescribing rights

The study shows that 47% of the respondents to the survey are or have been licensed in another state where they have independent prescribing authority as part of their scope of practice. The majority of those individuals currently have or previously held licenses in Washington, Oregon, Arizona, Montana, Connecticut, Vermont, Utah Hawaii, New Hampshire, and some Canadian provinces. These respondents also report that in those jurisdictions, their independent prescribing rights include the following drugs*:

- 25% - All legend, no controlled substances (without oversight)
- 32% - All legend, with schedule II through V only
- 33% - All legend, with schedule III through V only
- 8% - All legend, with schedule IV through V only
- 3% - All legend, with schedule V only

** Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes-- Schedule II, Schedule III, etc., so does the abuse potential-- Schedule V drugs represents the least potential for abuse. A **legend** drug is an unscheduled drug approved by the U.S. Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.*

There were a few outliers that stated that their prescribing authority did not match any of the options above, as they had more authority than what the selections allowed. After speaking with some of the participants, it appears that those who are in AZ, OR, and WA have a broader prescriptive authority.

3. Whether patients expected respondents to have prescribing rights

The study went on to ask the participants if their patients expected them to have the same prescribing rights as other practitioners, such as physicians (MD/DO), nurses (RN/NP), or physician's assistants (PA). The vast majority of responses indicate that patients do expect this, with 79% of respondents stating that their patients expected them to be able to provide the same type of prescriptive authority as other clinicians. Only 6% stated that their patients did not expect

any additional prescriptive rights, 4% stated it was not applicable to their specific practice and 11% were unsure of their patient's expectations.

4. Whether respondents planned to leave California to become licensed and to practice in another state, and why

Finally, we concluded the study by asking the participants if they planned on becoming licensed in and practicing as an ND in another state and if so, to list the top three (3) reasons that they are considering leaving California or expanding to practice in other states. Responses were almost exactly split, with 50.5% saying "no" and 49.5% saying "yes".

The participants who responded "yes" contributed a cumulative total of 371 top reasons, since some of these 174 respondents provided fewer than three reasons. The wording of these verbatim responses was evaluated to sort similar responses into sixteen groups of related reasons.

Eight of these groups were related to limitations on NDs' ability to fully practice in California, and they accounted for 62% of the top reasons given for planning to become licensed in and practice as an ND in another state,

The largest number, which accounts for 25% of these respondents, is the general statement that the reason is "Scope of Practice Restrictions" in California due to NDs not being allowed to practice to the full extent of their training and education (including restrictions on minor office procedures)

The other seven reasons related to specific aspects of practice limitation added up to another 37% of respondents' reasons, and were:

- Independent prescribing restrictions (19%)
- Lack of inclusion of ND services in health insurance coverage (6%)
- Telehealth restrictions (4%)
- Recent changes to compounding pharmacies and compounding regulations by the California Board of Pharmacy creating restrictions of NDs being able to obtain some effective agents normally used (3%)
- Inability to supervise nurses (2%)
- Inability to use the title of Naturopathic "Physician" rather than just "Doctor" (2%)
- Inability to sign EDD/DMV/Work/School health forms requiring "Physician" signature (1%)

Beyond that, the next three most frequently cited reasons (accounting for another 26%) were more general quality of life issues, and included cost of living/doing business (16%), the political landscape (6%), and wildfires/environmental concerns (4%). The remaining 12% of reasons were sparsely spread over the remaining 5 groups.

5. List the status of all national associations to which the board belongs.

National Organizations

The Committee is a paying member of the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA). The Committee attends most of their annual meetings via virtual meetings.

FNMRA is comprised of membership (with representation) of naturopathic medical boards of all U.S. States and Territories, and Canadian provinces.

During the annual meeting current important topics including, but not limited to, overprescribing, Interstate Licensing Compact, Telemedicine, enforcement, credentialing, underserved populations, and assisting new and existing regulatory organizations to fulfill their statutory obligations to regulate the profession in the interest of public protection are discussed.

- Does the board's membership include voting privileges?

The Committee's membership includes voting privileges. The voting delegate is the Executive Officer. However, the Executive Officer votes at the direction of the Committee.

- List committees, workshops, working groups, task forces, etc., on which the board participates.

In January 2021, the Committee's Executive Officer joined the Executive Officer's Cabinet for the DCA Leadership. The cabinet meets to provide review, information, and feedback on current issues or challenges identified by DCA.

The Executive Officer also participated in the DCA Pro Rata workgroup from 2017 through 2019.

In addition, the Executive Officer participates in the Statewide Opioid Safety (SOS) Workgroup starting in 2018 through current date.

- How many meetings did board representative(s) attend? When and where?

Due to out-of-state travel restrictions and COVID-19, Committee representatives must attend via phone or webinar.

The Executive Officer has attended meetings as follows:

Federation of Naturopathic Medicine Regulatory Authorities (FNMRA)

- September 19, 2017 – Annual Meeting (Teleconference)
- April 4, 2018 – Member Meeting (Teleconference)
- October 18, 2018 – Annual Meeting (Teleconference)
- April 23, 2019 – Member Meeting (Teleconference)
- October 22, 2019 – Annual Meeting (Teleconference)
- April 14, 2020 – Member Meeting (Teleconference)
- November 17, 2020 – Annual Meeting (Teleconference)
- April 6, 2021 – Member Meeting (Teleconference)

California Naturopathic Doctors Association (CNDA)

- April 19, 2017 – Teleconference
- June 9 - 11, 2017 – Annual Conference – Torrance, CA
- December 19, 2019 – AB 5 Meeting – Teleconference
- February 2020 – Lobby Meeting – Sacramento, CA
- March 23, 2020 – Virtual Town Hall – Online

- April 23, 2020 – Virtual Town Hall – Online
- February 9, 2021 – CNDA/NMC Informational Meeting – Teleconference

Medical Board of California (MBC)

- July 27 - 28, 2017 – Presentation to MBC Board Members about Naturopathic Doctors' education and training.

Osteopathic Medical Board of California (OMBC)

- January 18, 2018 – Presentation to OMBC Board Members about Naturopathic Doctors' education and training.

California Department of Justice (DOJ)

- May 31, 2018 – Presentation to DOJ DAGs about Naturopathic Doctors' education and training. ("What is an ND?").

American Association of Naturopathic Physicians (AANP)

- July 12 – 14, 2018 –Annual AANP Convention – San Diego, CA
 - March 18, 2021 – North American Naturopathic Continuing Education Accreditation Council (NANCEAC): AANP CE Discussion – Virtual Meeting
- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

The North American Board of Naturopathic Examiners (NABNE) does not enlist administrative bodies for purposes of examination development. Exam items are written and referenced by NDs and other qualified professionals in the U.S. and Canada. Various committees within the examination organization review the assembled examinations and finalize the content.

Section 2

Performance Measures and Customer Satisfaction Surveys



Quarterly and Annual Performance Measures

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website

When the Committee changed over to the BreEZe system from the old database, the conversions for enforcement cases needed to be manually entered. The Committee borrowed a staff member from another program to assist with data entry. The cases were closed in the system and filed. During an audit, the executive officer, along with the DCA's Division of Investigation staff and a BreEZe analyst identified that all the cases that had been closed were showing outstanding activities that were not closed appropriately. These were data entry errors which skewed the aging of the cases. These cases have since been closed appropriately, but the reporting had been changed since those fiscal year performance measures were posted. When running the reports currently, it shows the correct aging. Unfortunately, due to staffing constraints the data entry corrections on the closed cases were made as soon as possible with the limited staffing and based on business needs. A copy of the reports used are also attached for transparency purposes. (cf. Section 13, Attachments G and I)

Customer Satisfaction Surveys

7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

During the last sunset review, the Committee sent out a prepaid-postage postcard survey, which received very few responses. At the recommendation of the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions, the Committee moved away from using the postcards and instead started providing complainants with a link that directs them to the online survey.

Currently, it is the policy of the Committee to include a link for the Customer Satisfaction Survey to each complainant at the conclusion of their respective enforcement case(s). This survey is meant to measure the satisfaction level of a complainant regarding their experience with the Committee's enforcement processes.

During the past four years, there have been no responses collected on behalf of the Committee, so there is no data available with which to draw any conclusions about customer satisfaction with the Committee's enforcement process.

Section 3

Fiscal and Staff



Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

No, the Committee's fund is not continuously appropriated.

9. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

At the end of fiscal year (FY) 2020-21, the Committee had 20.0 months in reserve, or \$726,000. The Committee has seen steady growth in the number of licensees from 714 at the end of FY 207-18 to 1,247 at the end of FY 2020-21 (75% increase). Likewise, renewal applications increased from 324 in FY 2017-18 to 396 in FY 2020-21 (22% increase). The steady increase in the number of licensees each year, coupled with zero (0) increase in the number of Committee staff with the increase in fees in 2019, has added to the current budgetary surplus.

The Committee was budgeted in FY 2017-18 at \$402,000. The current budget for 2020-21 was reduced to \$335,000.

Pursuant to Business and Professions Code section 128.5, the Committee should maintain a fund balance of no more than 24 months in reserve.

10. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

In 2015-16, the Committee's expenditures were slightly higher than the revenue that it received. Without a change to the fee structure, a fund reserve imbalance would have occurred, leading to a decrease of the fund over time. The Committee worked with the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions, taking the necessary steps to ensure our fund reserve balance continued to stay at an appropriate level. The ability to retain licensed NDs in California by allowing a scope that permits NDs to practice as trained would dramatically assist in this issue.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23
Beginning Balance	531	561	524	548	726	735
Revenues and Transfers	369	412	514	535	444	440
Total Revenue	\$900	\$ 973	\$1,038	\$1,038	\$1,170	\$1,175
Budget Authority	402	429	485	335	393	405
Expenditures	395	420	451	318	393	405
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	-	-	-	-	-
Loans Repaid from General Fund	-	-	-	-	-	-
Direct Draws to Fund*	32	26	39	39	42	55
Fund Balance	\$ 473	\$ 527	\$ 548	\$ 726	\$ 735	\$715
Months in Reserve	12.7	12.9	18.4	20.0	19.2	18.2

*Statewide Pro Rata, Supplemental Pension, etc.

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

Not applicable to the Naturopathic Medicine Committee.

Program Expenditures

12. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Between FYs 2017-18 through 2020-21, the Committee had two (2) staff (Executive Officer & AGPA). The functions of the Committee were divided between the two positions accordingly.

The expenditures by program component for 2017-18 were as follows:

- Enforcement – 32%, totaling \$127,000
- Licensing – 8%, totaling \$32,000
- Administration – 24%, totaling \$95,000
- DCA Pro Rata – 36%, totaling \$141,000

The expenditures by program component for 2018-19 were as follows:

- Enforcement – 34%, totaling \$141,000
- Licensing – 8%, totaling \$35,000
- Administration – 25%, totaling \$106,000
- DCA Pro Rata – 33%, totaling \$138,000

The expenditures by program component for 2019-20 were as follows:

- Enforcement – 32%, totaling \$145,000
- Licensing – 8%, totaling \$36,000
- Administration – 24%, totaling \$108,000
- DCA Pro Rata – 36%, totaling \$162,000

The expenditures by program component for 2020-21 were as follows:

- Enforcement – 41%, totaling \$130,000
- Licensing – 10%, totaling \$32,000
- Administration – 31%, totaling \$98,000
- DCA Pro Rata – 18%, totaling \$58,000

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2017/18		FY 2018/19		FY 2019/20		FY 2020/21	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	116	11	124	17	125	20	102	28
Examination	-	-	-	-	-	-	-	-
Licensing	29	3	31	4	31	5	25	7
Administration *	87	8	93	13	93	15	77	21
DCA Pro Rata		141		138		162		58
Diversion (if applicable)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTALS	\$232	\$163	\$248	\$172	\$249	\$202	\$204	\$114
<i>*Administration includes costs for executive staff, board, administrative support, and fiscal services.</i>								

13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
\$2,711	\$2,962	\$3,054	\$4,000*

**Projected to Budget*

License and Renewal Fees

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Licenses are renewed on a biennial basis on the last day of the licensee's birth month. The fee for an active or inactive license is \$1,000. The delinquent tax and registration fee is \$225. Effective January 1, 2019, the first fee increases were made to the fees originally established by emergency regulations in 2004 under the Bureau of Naturopathic Medicine.

The Committee is currently working on updating the fee schedule in CCR § 4240.

Authority cited: Naturopathic Doctors Act (Business and Professions Code, Division 2, Chapter 8.2) Sections 122, 3622, 3634, 3680, and 3685. Reference: Sections 122, 3630, 3634, 3680 and 3685, Business and Professions Code. See California Code of Regulations Article 7, Section 4240 Fees.

Fee	Current Fee Amount	Statutory Limit	FY 2017/18 Revenue	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	% of Total Revenue
3069 DELINQ REN NAT MED	\$225	\$225	2	2	3	3	0.55%
3069 RENEWAL NAT MED	\$1,000	\$1,200	257	314	386	417	75.08%
OTHER REGULATORY FEES	-	-	<1	<1	3	2	0.27%
3069 DUP LICENSE FEE	\$38	\$38	1	1	<1	<1	0.11%
3069 INITIAL LIC FEE NAT MED	\$1,000	\$1,200	60	51	70	70	13.72%
3069 APP FEE NAT MED	\$400	\$600	36	31	41	36	7.87%
SUSPENDED REVENUE	-	-	6	2	<1	3	0.60%
PRIOR YEAR REVENUE ADJUSTMENT	-	-	-	-1	-	-	-0.05%
DOCUMENT SALES	-	-	-	-	-	-	0.00%
INVEST INC-SURPLUS MONEY	-	-	7	12	11	3	1.80%
OTHER REVENUE	-	-	-	-	-	1	0.05%
DISHONORED CHECK FEE	\$25	\$25	-	-	-	-	0.00%
			\$369	\$412	\$514	\$535	\$1,830

Budget Change Proposals

15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

There was one (1) BCP submitted in 2021 for additional staffing; however, it was recommended that additional assessment should be conducted to determine staffing needs and the Committee canceled the submission of the BCP. The Committee plans on submitting a BCP in 2022 to hire additional staffing.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Committee does not currently have any vacancies to report. However, there have been serious challenges with current staffing and the ability to cover work when staff is on leave. As our Committee has highlighted in past risk assessment reports, there are inherent risks with having a staff of only two individuals. With no other management or supervisor between the Executive Officer and staff, there is a lack of cross-training for administrative and executive duties.

During the COVID-19 pandemic, this situation became acute when a staff member was out of the office for several months on leave. This created a hardship on the Committee. Whereas other boards/bureaus have staff that can cover other areas of their respective programs during absences or vacancies, our program does not have this option. The small two-person staff also does not allow for employees to take time off and use their vacation hours, creating situations of high leave balances that may need to be cashed out at a later time. The Committee would like to avoid paying exorbitant leave credit cash-outs upon employee separation.

Further, since 2016, there has been a 32.7% increase in the ND license population with no additional staffing increases. (cf. Section 12, No. 2)

17. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 13, Attachment D).

To date there have been no changes to increase staffing during the last four years. The Committee was awaiting a healthier reserve in the Committee's Fund before moving forward with a Budget Change Proposal to request an additional staff member.

The Committee provides ongoing training to staff when needed or requested. The Committee utilizes the DCA's SOLID training which is included in the pro rata paid to DCA by the Committee.

Section 4

Licensing Program



Licensing Performance Targets and Activity

18. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Committee's performance targets for processing complete initial license applications are 45 days for Step 1 (1020 transactions), and 25 days for Step 2 (1021 transactions). Step 1 is the application process for licensure and Step 2 is the payment of the initial license fee (pro-rated based on birth month and license cycles).

For State Fiscal Years 2018, 2019, and 2020, the Committee has consistently met or exceeded these performance targets. This data is publicly available on the DCA website.

19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The volume of initial license applications varies from year to year with no apparent trend other than an increase in volume during legislative bill attempts that may offer licensees the benefit of full scope in California. The Committee has observed the increases during these times, but it is uncertain if the trend translates due to anticipation of a full practice scope or not. However, the loss of new San Diego Bastyr graduate licensees after the initial 2-year licensure remains higher than anticipated.

Similarly, the processing time for initial license applications has varied from year to year with no apparent trend. That said, the processing times remain within the performance targets. All pending applications are incomplete applications outside the control of the Committee (see Table 7a, below), that is, these applications cannot move forward to completion unless the applicant acts to provide missing information for which they are responsible. To address this, applicants are always informed of the required missing information that is needed from them.

The Committee has also made every effort to direct as much of the applicant and licensee services to the more automated process of our online BreEZe system. This reduces the amount of staff time required to enter application information into the system and as such application review and processing times are significantly reduced along with possible data entry errors.

This data is also publicly available on the DCA website.

Licensing Activity

20. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications,

² The term "license" in this document includes a license certificate or registration.

functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

One (1) application was denied based on non-qualifying education. There were an additional three (3) applicants who had prior criminal history identified on their applications; all three submitted proof of rehabilitation and were approved for licensure without any further action.

Table 6. Licensee Population

		FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Naturopathic Doctors License	Active ³	745	790	849	917
	Out of State	Unavailable	Unavailable	Unavailable	137
	Out of Country	0	1	2	1
	Delinquent/Expired	135	156	164	139
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	3
	Inactive	14	19	20	23
	Other ⁴ (Current/Temp Fam Support)	-	1	-	-
	Out of State	-	-	-	-
	Out of Country	-	-	-	-
	Delinquent/Expired	-	-	-	-
	Retired Status <i>if applicable</i>	-	-	-	-
	Inactive	-	-	-	-
	Other	Unavailable	106	Unavailable	173

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

Table 7a. Licensing Data by Type

Application Type		Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2018/19	(Exam)	n/a	n/a	n/a	-	-	-	-	-	-
	(License)	90	78	-	12	0	12	5	37	n/a
	(Renewal)	369	369	n/a	-	-	-			
FY 2019/20	(Exam)	n/a	n/a	n/a						
	(License)	118	96	-	22	0	22	5	41	n/a
	(Renewal)	396	396	n/a						
FY 2020/21	(Exam)	n/a	n/a	n/a	-	-	-	-	-	-
	(License)	117	96	89	21	0	21	3	55	n/a
	(Renewal)	396	396	n/a	-	-	-			

*Optional. List if tracked by the board.

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Table 7b. License Denial			
	FY 2018/19	FY 2019/20	FY 2020/21
License Applications Denied (no hearing requested)	1	0	0
SOIs Filed	0	0	0
Average Days to File SOI (from request for hearing to SOI filed)	-	-	-
SOIs Declined	-	-	-
SOIs Withdrawn	-	-	-
SOIs Dismissed (license granted)	-	-	-
License Issued with Probation / Probationary License Issued	-	-	-
Average Days to Complete (from SOI filing to outcome)	-	-	-

Verification of Applicant Information

21. How does the board verify information provided by the applicant?

The Committee requires transcripts, examination results, and license verification to be sent directly from the school, exam administrator, or licensing board to the Committee. Any court documents required by the Committee must come from the source court.

- a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

The Committee requires that all applicants have fingerprints completed either manually or via Livescan per Business and Professions Code, Division 1, Chapter 1, section 144, Business and Professions Code, Division 2, Chapter 8.2, section 3630, and California Code of Regulations section 4212(a)(8). Furthermore, the Committee also requires a Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) background check, which reveals actions taken on licenses held by the applicant in any other state, in order to obtain information on whether any prior or current disciplinary actions have been taken against the applicant by another regulatory entity. The applicant is also compelled to disclose prior convictions and pending convictions on the application for licensure. Over the last four years there have been no denials of licensure based on failure to disclose information on the application.

- b. Does the board fingerprint all applicants?

Yes, the Committee requires fingerprints from all applicants prior to licensure.

- c. Have all current licensees been fingerprinted? If not, explain.

Yes, the Committee has required all applicants be fingerprinted since the creation of the Naturopathic Medicine Bureau (now the Committee) in 2005.

- d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

Yes, the Committee requires a Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) Disciplinary Actions (DA) list background check, which reveals licenses held by the applicant in any other state, to discover whether any prior or current disciplinary actions have been taken against the applicant by another regulatory entity. The Committee then uses the National Practitioner Data Bank (NPDB) to obtain further disciplinary information. The NPDB is also used to obtain information on malpractice cases filed against the applicant/licensee. The Committee reports all disciplinary actions to FNMRA.

- e. Does the board require primary source documentation?

Yes, the Committee requires that all naturopathic school transcripts, NPLEX scores, and license verifications from other states be submitted directly to the Committee by primary source.

Licensure Requirements

22. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Out-of-state and out-of-country applicants must comply with the same licensing requirements as in-state applicants; however, they often must utilize fingerprint cards instead of using Livescan services if they do not plan on coming into California prior to obtaining their license.

There are no provisions in law for persons obtaining a degree in naturopathic medicine outside of the United States or Canada. All applicants must graduate from a Council on Naturopathic Medical Education (CNME) approved school and those schools are located only in Canada and the United States. The Committee does not grant exceptions to the approval standards of the educational program by CNME. Those persons having a medical or naturopathic degree from another country are directed by the Committee to contact one or more of the approved North American naturopathic medical schools to discuss possible classroom credits for basic sciences courses.

Per California Code of Regulations, Title 16, § 4220, the basic sciences board exam (NPLEX I) may be waived or deemed "era appropriate" by North American Board of Naturopathic Examiners (NABNE) on a case-by-case basis. For instance, if the person has passed another qualifying medical board exam in the U.S. (such as USMLE I) deemed equivalent by NABNE, NABNE will issue a waiver; or, if a graduate passed a state exam in 1986 or later, prior to implementation of NPLEX in that state, NABNE can deem the test "era appropriate". The second set of required board exams, NPLEX II, which test diagnosis and treatments, cannot be challenged or waived.

23. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

The military does not offer educational credits that can be applied towards specifically obtaining a Naturopathic Doctors degree.

- a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

Yes, the Committee is tracking applicants who are veterans.

- b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

See answer in response for question “c”.

- c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

The military does not offer educational credits that can be applied towards obtaining a Naturopathic Doctors degree, therefore, regulatory changes are not necessary. However, the accredited naturopathic colleges under the CNME make every effort to apply educational credits towards a naturopathic doctor’s degree when appropriate.

- d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

To date the Committee has not received any waiver requests of fees and continuing education requirement pursuant to Business and Professions Code section 114.3, so there has been no loss of revenue.

- e. How many applications has the board expedited pursuant to BPC § 115.5?

The Committee has received only six (6) waiver requests to expedite an application for initial licensure or license renewal, pursuant to Business and Professions Code section 115.5. Each of these requests were approved and the applications were expedited.

24. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Committee sends No Longer Interested (NLI) notifications to DOJ on a regular and ongoing basis. The NLI is prepared manually and sent to DOJ when the license is canceled. There is no backlog for NLI notifications at this time.

Examinations

Table 8. Examination Data ⁵	
California Examination (include multiple language) if any:	
N/A – No California State Examination Exists for Naturopathic Doctors	

National Examination (include multiple language) if any: Only offered in English at this time	
License Type	Naturopathic Doctor

⁵ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

Exam Title		Naturopathic Physicians Licensing Examination (NPLEX)
Number of Candidates		548
FY 2017/18	Overall Pass %	88%
	Overall Fail %	12%
FY 2018/19	Overall Pass %	83%
	Overall Fail %	17%
FY 2019/20	Overall Pass %	81%
	Overall Fail %	19%
FY 2020/21	Overall Pass %	74%
	Overall Fail %	26%
Date of Last OA		2015
Name of OA Developer		Mountain Measurement – Portland, OR
Target OA Date		2022

25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

California requires passage of Parts I and II of the Naturopathic Physicians Licensing Examination (NPLEX), which is a national examination. The North American Board of Naturopathic Examiners (NABNE) is an independent, non-profit organization that serves regulating authorities by qualifying applicants for and administering the NPLEX exams. The NPLEX is a rigorous, standardized licensing examination that is used in all states, territories, and provinces that license naturopathic physicians. The NPLEX became the first set of national exams, eventually replacing individual state exams beginning in 1986. Prior to 1986, each state developed their own test(s) with emphasis on the basic sciences, diagnosis, and treatment.

NPLEX Part I - Biomedical Science Examination is an integrated, case-based examination that covers the topics of anatomy, physiology, biochemistry and genetics, microbiology and immunology, and pathology. This examination is designed to test whether the examinee has the scientific knowledge necessary for successful completion of clinical training. NABNE recommends that a student take the Part I - Biomedical Science Examination as soon as he or she completes biomedical science coursework which is usually the end of the second year of medical school. NABNE requires that a student pass the Part I - Biomedical Science Examination and graduate from an approved naturopathic medical program before he or she is eligible to take the NPLEX Part II - Clinical Science Examinations.

NPLEX Part II - Core Clinical Science Examination is an integrated case-based examination that covers the following topics: diagnosis (using physical and clinical methods, and lab tests and imaging studies), Materia Medica (botanical medicine and homeopathy), nutrition, physical medicine, health psychology, emergency medicine, medical procedures, public health, pharmacology, and research.

The State of California does not require an additional or a separate examination. The NPLEX is only offered in the English language.

26. What are pass rates for first time vs. retakes in the past 4 fiscal years? (*Refer to Table 8: Examination Data*) Are pass rates collected for examinations offered in a language other than English?

NPLEX pass rates for the past 4 fiscal years are shown in Table 8. (Data available for first-time takers only). The exam is not offered in any other languages at this time.

27. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

Currently, the Committee does not administer any examinations. Further, the NPLEX is not a computer-based exam. During COVID-19 pandemic, there was discussion about whether testing should be moved to an online platform or not. Most of the naturopathic medicine regulatory authorities did not approve of the risk and costs associated with this option and the decision to leave the NPLEX as an in-person, written exam, held.

28. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Currently, BPC section 3651 states that “in order to be certified for the specialty practice of naturopathic childbirth attendance, a doctor shall obtain a passing grade on the American College of Nurse Midwives (ACNM) written examination...” a substantially equivalent examination approved by the Committee. Since the ACNM does not offer exams to any practitioner that does not go to one of their accredited schools (all nursing programs), the Committee would like to update the code to amend the exam name to the **American College of Naturopathic Obstetricians (ACNO)**, as this is the exam which is standard for most states and has been successfully utilized to certify NDs for the practice of childbirth attendance and midwifery. (cf. Section 12, #2)

School approvals

29. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

Business and Professions Code 3623 states:

(a) The committee shall approve a naturopathic medical education program accredited by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body for the naturopathic medical profession that has the following minimum requirements:

- (1) Admission requirements that include a minimum of three-quarters of the credits required for a bachelor's degree from a regionally accredited or pre-accredited college or university or the equivalency, as determined by the council.
- (2) Program requirements for its degree or diploma of a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic medicine. Of the total requisite hours, not less than 2,500 hours shall consist of academic instruction, and not less than 1,200 hours shall consist of supervised clinical training approved by the naturopathic medical school.

(b) A naturopathic medical education program in the United States shall offer graduate-level full-time studies and training leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. The program shall be an institution, or part of an institution of, higher education that is either accredited or is a candidate for accreditation by a regional institutional accrediting agency recognized by the United States Secretary of Education and the Council on Naturopathic Medical Education, or an equivalent federally recognized accrediting body for naturopathic doctor education.

(c) To qualify as an approved naturopathic medical school, a naturopathic medical program located in Canada or the United States shall offer a full-time, doctoral level, naturopathic medical education program with its graduates being eligible to apply to the committee for licensure and to the North American Board of Naturopathic Examiners that administers the naturopathic licensing examination.

BPPE has no role in approving schools located outside of California. BPPE approved the San Diego campus of Bastyr University, the first naturopathic medical school to open in California. However, their approval was in addition to the approval requirement by CNME set forth in the Naturopathic Doctors Act referenced above.

30. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

Schools are not approved or reviewed by the Committee.

The Council on Naturopathic Medical Education (CNME) performs an evaluation and accreditation every five years of naturopathic medical schools. Prior to receiving full approval, an educational program is a “candidate” program. Candidacy is a status that indicates a naturopathic medicine program satisfies the CNME’s 17 eligibility requirements – e.g., that it is properly organized, is adequately supported financially, has good facilities and a qualified faculty, offers an appropriate curriculum, accurately represents itself to prospective students, and is progressing toward accreditation.

If it does not achieve accreditation within five years, the program loses affiliation with CNME for at least one year and until deficiencies are corrected. CNME will not grant candidacy until after at least its first academic year with students enrolled full time. A naturopathic medicine program may not be accredited until it has graduated its first class. Students and graduates of candidate programs are eligible to apply for the Naturopathic Physicians Licensing Examinations, administered by NABNE.

31. What are the board’s legal requirements regarding approval of international schools?

There are no laws or regulations compelling or prohibiting the Committee from approving international schools and no authority or criteria by which to approve them. Schools are accredited by an independent third party, described earlier in this report. There are two Canadian naturopathic medical schools currently accredited by CNME: Canadian College of Naturopathic Medicine in Ontario and Boucher Institute of Naturopathic Medicine in British Columbia.

Continuing Education/Competency Requirements

32. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

The Naturopathic Doctors Act requires every licensee to complete a minimum of 60 hours of continuing education for each two-year license period; continuing education hours are not required for the first license renewal.

The Act also requires:

(1) At least 20 hours shall be in pharmacotherapeutics.

(2) No more than 15 hours may be in naturopathic medical journals or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships. (Non-interactive)

(3) No more than 20 hours may be in any single topic.

(4) No more than 15 hours of the continuing education requirements for the specialty certificate in naturopathic childbirth attendance shall apply to the 60 hours of continuing education requirement.

The continuing education (CE) requirements of this section may be met through continuing education courses approved by:

- the Committee,
- the California Naturopathic Doctors Association,
- the American Association of Naturopathic Physicians,
- the California State Board of Pharmacy,
- the State Board of Chiropractic Examiners, or
- other courses that meet the standards for continuing education for licensed physicians and surgeons in California

CE courses must be completed during the two-year license period preceding the expiration date of the license. Approved courses taken after the license expiration date will be accepted only if they are required to meet the minimum bi-annual hourly requirement of 60 hours in the preceding license period. CE courses in excess of 60 hours in one license period cannot be held over and used in the following license period.

Additionally, the Committee has recently put a CE audit process in place. On a quarterly basis, a percentage of licensees are audited to ensure CE requirements are being met. To date, there was only one (1) licensee who could not show proof of all CE reported and required a 30-day extension to meet the requirement.

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

As stated above, the Committee has recently put a CE audit process in place. On a quarterly basis, a percentage of licensees are randomly selected to be audited to ensure CE requirements are being met. Most NDs take courses approved by or presented by the California Naturopathic Doctors Association (CNDA) or American Association of Naturopathic Physicians (AANP). The

CNDA provides the Committee with a list of courses they have approved as well as conferences presented by them.

Licensees selected for the CE audit must submit a list of their CE calculations along with CE certificates of completion for each course listed. Staff reviews each document to ensure that the course meets the CE requirements and that the course was taken in the correct renewal period. Additionally, if a doctor's CE certification of completion appears questionable, the Committee will contact the CE provider directly to confirm validity of the certificate.

Although, the Committee has worked hard to transition as many of its processes to an online, or cloud-based automation, at this time, the Committee has not started a conversation about CE verification collected through the Department's cloud services. The Committee does have plans to add this service in the near future.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

As stated above, the Committee has recently put a CE audit process in place. On a quarterly basis, a percentage of licensees are randomly selected to be audited to ensure CE requirements are being met.

Licensees selected for the CE audit must submit a list of their CE calculations, along with each CE certificate of completion for the courses listed. Staff reviews each document to ensure that the course meets the CE requirements and that the course was taken in the correct renewal period. Additionally, if a doctor's CE certificate appears questionable, the Committee will contact the CE provider directly to confirm validity of the certificate. If a licensee does not meet the CE requirements, they are provided thirty days to comply by either submitting documentation showing proof that the CE course was completed or making up the CE deficient credits. If a licensee cannot comply within 30-days, their license will be placed in an inactive status until they have met their CE requirement.

c. What are consequences for failing a CE audit?

If a licensee does not meet the CE requirements, they are provided 30 days to comply by either submitting documentation showing proof that the CE course was completed or making up the CE deficient credits. If a licensee cannot comply within 30-days, their license will be placed in an inactive status until they have met their CE requirement.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The CE audit program was started in fiscal year 2018-19. The Committee pulls 5% of the renewing population and conducts an audit of CE requirements. Since FY 2018-19, 59 renewing licensees were audited. Of those 59 audits, only 1 licensee required additional time to meet the CE mandate. Currently, the CE audit failure rate is less than 1%.

e. What is the board's CE course approval policy?

Due to limited staffing, the Committee does not currently approve or certify providers or classes. Under exceptional circumstances, the Committee may grant course approval. Those seeking an approval must submit all CE course material, conflict of interest statements, and course instructor's credentials and CVs. Most CE providers/courses are approved by one of the other CE course approvers listed within CA Business and Professions Code section 3635(b).

- f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

The law requires that providers and classes be approved by the California Naturopathic Doctors Association (CNDA), the American Association of Naturopathic Physicians (AANP), the California Board of Chiropractic Examiners, the California Board of Pharmacy, or the Committee. Continuing education classes approved for physicians and surgeons in California are also accepted. In the most recent Strategic Plan (2020-2024), the Committee agreed to add the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) as a continuing education provider. Due to California's strict CE mandates, NANCEAC uses California's Naturopathic Doctors Act to set the standards for their approval process requirements for CE Providers/Courses. This ensures that all states regulating naturopathic medicine, can accept courses approved by NANCEAC at a national level.

The Committee would like to have NANCEAC added to the list of approvers listed within CA Business and Professions Code section 3635(b). (cf. Section 12, #2)

- g. How many applications for CE providers and CE courses were received? How many were approved?

The Committee received and approved a total of 44 courses between 2017 and 2021.

- h. Does the board audit CE providers? If so, describe the board's policy and process.

The Committee audited the CE providers that offered the courses mentioned above (44 courses) prior to approving the course. The Committee requests that each approving entity listed in CA Business and Professions Code section 3635(b) provide their processes to our Committee in order to ensure that providers and courses meet our statutory requirements set forth in CA BPC sections 3635, 3635.1, and 3635.2.

- i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

The Committee had discussed the concept of continuing competency but has not addressed performance-based assessments in lieu of continuing education. Continuing competency typically means requiring licensees to re-test at regular intervals; it would take the Committee several years and a minimum budgeted amount of \$50,000 to develop a test, and an additional ongoing \$10,000 or more budgeted each year to maintain the test. The Committee would also need additional staff to organize and conduct the examination if the exam was not computer-based. Since the last oversight review in 2016, the Committee has not revisited this discussion based on limited staffing and budgetary resources.

Table 8a. Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
General	Biennial	40	5% of renewals per period
Pharmacology	Biennial	20	5% of renewals per period

Section 5

Enforcement Program



Enforcement Performance Targets

33. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The performance target for intake is 30 days (1 month) from the complaint received date to the date the complaint was assigned to an investigator (Performance Measure 2). The average performance targets were met within 22 days.

Due to the lack of staffing and the COVID-19 pandemic, there was a slight backlog in enforcement which is now being worked and current cases are falling within the performance targets.

The performance target for investigations is 360 days (12 months) from the complaint received date to closure of the investigation (Performance Measure 3). This performance measure includes both internal and field (sworn) investigations. The Committee has consistently met this target for the last three years. The highest average cycle time was 133 days during FY 2018-19. The lowest average cycle time was 12 days during FY 2020-21.

The performance target for Formal Disciplines is 540 days (18 months) from the complaint received date to the disciplinary order filed date (Performance Measure 4). This performance target is largely outside the of the Committee's control once the case is transmitted to the Attorney General. In general, these cases are heavily investigated by sworn investigators and require a medical expert to provide an opinion. During the last 3 fiscal years, the Committee had no formal disciplines to report.

34. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Unlicensed activity makes up the majority of the Committee's enforcement cases at 71% of the total. During most of 2020 and all of 2021, there were staffing issues due to a leave of absence and challenges from the COVID-19 pandemic that slowed the processing of complaint case intake and desk investigation. In September of 2021, an employee was loaned from another program under DCA to address this staffing shortfall.

The Committee continues to work towards title protection for the term "naturopath" and "naturopathic practitioner". When speaking with the complainants, it has been reported that the use of the term "practitioner" is confusing, leading the consumer to assume that these individuals are licensed to provide naturopathic medical services when in reality, they have not met the minimum qualifications to become licensed as a naturopathic doctor.

The Committee has put an educational outreach campaign in place. We have made changes to the Committee's website outlining the differences. We have created social media accounts recently that we hope will assist in reaching consumers and providing additional information on the differences between a licensed ND and a "traditional naturopath".

Additionally, in order to help educate the unlicensed "naturopaths", when the Committee receives a complaint about a person using the ND title without a license, or where the unlicensed individual does not provide written disclosure to their clients and/or on their website that they are providing

unlicensed healing arts per California Business and Professions Code section 2053.6, the Committee provides the respondent with the section of law that they may be violating and allows a 30-day period to comply. In most cases, the unlicensed party complies, and we close the case without further action. However, in cases resulting in patient harm or death, or when the unlicensed individual is providing diagnosis or acting within the naturopathic doctor's scope, we take immediate action.

The Committee would like title protection for the term "naturopath" and "naturopathic" within the Naturopathic Doctors Act to further protect the safety of the consumers of California.

Table 9a. Enforcement Statistics			
	FY 2018/19	FY 2019/20	FY 2020/21
COMPLAINTS			
Intake			
Received	60	57	46
Closed without Referral for Investigation	1	0	0
Referred to INV	59	58	43
Pending (close of FY)	2	1	4
Conviction / Arrest			
CONV Received	1	0	0
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	1	0	0
CONV Pending (close of FY)	0	0	0
Source of Complaint ⁶			
Public	19	16	22
Licensee/Professional Groups	13	20	5
Governmental Agencies	14	6	6
Internal	1	2	2
Other	2	0	0
Anonymous	11	13	11
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	17	27	23
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	2	0	0
Average Time at Intake (from receipt of complaint / conviction to closure for referral for investigation)	2	0	0
INVESTIGATION			
Desk Investigations			
Opened	62	61	45
Closed	44	71	25
Average days to close (from assignment to investigation closure)	133	116	12
Pending (close of FY)	14	39	20
Non-Sworn Investigation			
Opened	0	0	0
Closed	0	0	0
Average days to close (from assignment to investigation closure)	0	0	0

⁶ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

Pending (close of FY)	0	0	0
Sworn Investigation			
Opened	3	1	3
Closed	1	2	0
Average days to close (from assignment to investigation closure)	77	379	0
Pending (close of FY)	5	4	7
All investigations ⁷			
Opened	65	62	48
Closed	45	73	23
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	231	130	7
Average days for investigation closures (from start investigation to investigation closure)	124	160	4
Average days for investigation when referring for prosecution (from start investigation to referral prosecution)	0	0	0
Average days from receipt of complaint to investigation closure	27	25	17
Pending (close of FY)	52	53	77
CITATION AND FINE			
Citations Issued	2	0	1
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	92	0	596
Amount of Fines Assessed	\$5,500	0	\$1,000
Amount of Fines Reduced, Withdrawn, Dismissed	\$0	0	\$0
Amount Collected	\$5,500	0	\$1,000
CRIMINAL ACTION			
Referred for Criminal Prosecution	-	-	-
ACCUSATION			
Accusations Filed	-	-	-
Accusations Declined	-	-	-
Accusations Withdrawn	-	-	-
Accusations Dismissed	-	-	-
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	n/a	n/a	n/a
INTERIM ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Issued	0	0	0
Other Suspension/Restriction Orders Issued	0	0	0
Referred for Diversion	0	0	0
Petition to Compel Examination Ordered	0	0	0
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)	0	0	0
AG Cases Pending Pre-Accusation (close of FY)	0	0	0
AG Cases Pending Post-Accusation (close of FY)	0	0	0
DISCIPLINARY OUTCOMES			
Revocation	-	-	-

⁷ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Surrender	-	-	-
Suspension only	-	-	-
Probation with Suspension	-	-	-
Probation only	-	-	-
Public Reprimand / Public Reprimand / Public Letter of Reprimand	-	-	-
Other	-	-	-
DISCIPLINARY ACTIONS			
Proposed Decision	-	-	-
Default Decision	-	-	-
Stipulations	-	-	-
Average Days to Complete After Accusation (from Accusation filed to closure of the case)	-	-	-
Average Days from Closure of Investigation to Imposing Formal Discipline	-	-	-
Average Days to Impose Discipline (from complaint receipt to final outcome)	-	-	-
PROBATION			
Probations Completed	0	0	0
Probationers Pending (close of FY)	0	0	0
Probationers Tolerated	0	0	0
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	0	0
SUBSEQUENT DISCIPLINE⁸			
Probations Revoked	0	0	0
Probationers License Surrendered	0	0	0
Additional Probation Only	0	0	0
Suspension Only Added	0	0	0
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	0
SUBSTANCE ABUSING LICENSEES			
Probationers Subject to Drug Testing	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0
PETITIONS			
Petition for Termination or Modification Granted	0	0	0
Petition for Termination or Modification Denied	0	0	0
Petition for Reinstatement Granted	0	0	0
Petition for Reinstatement Denied	0	0	0
DIVERSION			
New Participants	0	0	0
Successful Completions	0	0	0
Participants (close of FY)	0	0	0
Terminations	0	0	0
Terminations for Public Threat	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0

⁸ Do not include these numbers in the Disciplinary Actions section above.

Table 10. Enforcement Aging						
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	28	17	33	22	100	63%
91 - 180 Days	4	11	5	0	20	13%
181 - 1 Year	2	1	8	0	11	7%
1 - 2 Years	5	2	10	0	17	11%
2 - 3 Years	2	2	1	0	5	3%
Over 3 Years	2	2	1	0	5	3%
Total Investigation Cases Closed	43	35	58	22	158	100%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	-	-	-	-	-	-
1 - 2 Years	-	-	-	-	-	-
2 - 3 Years	-	-	-	-	-	-
3 - 4 Years	-	-	-	-	-	-
Over 4 Years	-	-	-	-	-	-
Total Attorney General Cases Closed	-	-	-	-	-	-

35. What do overall statistics show as to increases or decreases in disciplinary action since last review?

The overall statistics show a decrease in complaints overall. The average time to refer for investigation has slightly increased. Staffing is an ongoing issue for the committee due to extended leave from staff over the past 16 months and inevitable delays due to the COVID-19 pandemic.

Although the unlicensed activity continues to remain the largest portion of the Committee's enforcement caseload, making up 71% of cases, we hope that continued educational and informational outreach campaigns will assist in continuing to reduce the unlicensed activity.

With continuing outreach campaigns, title protection and/or a means to track unlicensed "naturopaths", the enforcement actions for unlicensed activity could be greatly reduced. (See Section 8 – Workforce Development, for further discussion).

36. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Committee follows the Department of Consumer Affairs (DCAs) Complaint Prioritization Guidelines for Health Care Agencies. Cases alleging patient harm or the potential for harm are prioritized and acted upon quickly.

37. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

- a. What is the dollar threshold for settlement reports received by the board?
- b. What is the average dollar amount of settlements reported to the board?

There are no mandatory reporting requirements for any organizations or courts. The Committee relies on "Subsequent Arrest Notifications" from the California Department of Justice for information on arrests in California of licensees. The Committee also relies on consumer complaints and complaints filed by health care practitioners and other government agencies.

The Committee has successfully added NDs to BPC section 803 requiring the clerk of the court to report an ND who has committed a crime or is liable for any death or personal injury resulting in a judgement of any amount caused by his/her negligence or incompetence. The inclusion of NDs within BPC section 803.5 has also required the district attorney, city attorney, or other prosecuting agency to notify the Committee and the clerk of the court in which the charges have been filed, of any felony charge filings against a licensee of the Committee. The clerk of the court in which a licensee is convicted of a crime would, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the Committee.

38. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

A Stipulated Settlement offer can be made to the licensee and/or his/her legal counsel. Once a settlement offer is reached, the Deputy Attorney General will prepare a Stipulated Settlement and Disciplinary Order, which is signed by both the respondent, his/her legal counsel, if applicable, and the Deputy Attorney General. The document is then submitted to the Committee members for their vote. If the Committee members vote to adopt the settlement, then the Stipulated Settlement and Disciplinary Order is filed.

The Committee follows their Disciplinary Guidelines to ensure that the terms and conditions of the probation fit the violations committed by the licensee. The probationary period, on an average, is 5 years. If the violation includes negligence or incompetence, the probationary term may include a comprehensive assessment and clinical evaluation course, a supervised, structured practice, or a practice monitor.

The Committee can require the licensee take courses, such as record-keeping, prescribing courses, ethics courses and other courses that would fit the violations committed by the licensee. If the violation includes drug and/or alcohol impairment, the licensee may need to enter and participate in a diversion program until such time the program feels the licensee is rehabilitated and no longer in need of monitoring. The Committee also collects cost recovery of investigative and prosecuting costs.

At this time, there are no settlements in effect or pending.

- a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

N/A

- b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

N/A

- c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

N/A

39. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Committee has no statute of limitation regarding enforcement timelines. The Committee attempts to act on all cases quickly. If we receive a case where the event occurred more than 7-years prior to the submission of the complaint, we contact the Attorney General liaison to confirm if the case should be moved forward. We will process the case dependent on the AG's recommendation.

40. Describe the board's efforts to address unlicensed activity and the underground economy.

The unlicensed activity and underground economy of naturopathic medicine continues to be a significant issue for the Committee. Because of incomplete title protection, there is significant confusion by the public between individuals calling themselves "naturopaths", and licensed naturopathic doctors. This causes consumers to unknowingly seek out "naturopaths", not realizing these individuals are unlicensed and do not meet the extensive education and training that NDs are required to have. This confusion significantly increases the risk of harm to the consumers in California and takes potential patients and income away from licensed Naturopathic Doctors. In the interest of carrying out our mandated duties of protecting the public, the Committee supports legislation for the title protection of "naturopath".

To reiterate, the Committee would like stronger title protection or an alternative option regarding unlicensed "naturopaths", including a different designation without the word "naturopath" in any form, to help ease such confusion and conserve resources being used to investigate unlicensed activity in California.

Cite and Fine

41. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

The Committee, as an enforcement measure, has the ability to use citations and fines for licensees who remain refractory to Committee policies and orders. The Committee envisions this as a tool to remind its licensees that failure to be compliant can result in penalty. The current limit is set at \$5000 which is an increase from the previous \$2500. The majority of fines fall below \$2500. However, the Committee may assess a higher fine if the citation involves a violation that has an immediate relationship to the health and safety of another person, the cited individual has a history of two or more prior citations of the same or similar violation, the citation involves multiple violations that demonstrate a willful disregard of the law, or the citation involves a violation or violations perpetrated against a senior citizen or disabled person. Citations and Fines are also used for individuals who are in violation of illegal use of the protected titles within the Act.

The Committee is looking into hiring additional staff that can be utilized to ramp up the use of citations and fines and provide more support for the enforcement program. In researching how

other programs utilize their citation and fine programs, the Committee identified a decrease in minor violations; in particular, a decrease in repeat offenders.

Due to the limited staffing and small budget, the Committee had to raise fees in 2017 and temporarily held off on hiring additional staff until the Committee could generate revenue sufficient to cover the expenditures.

During the COVID-19 pandemic, the Committee completed staffing and workload assessments to streamline processes. The Cite and Fine program was identified as needing additional staffing to make it fully effective and efficient. It was determined that the Committee has a need of an additional staff to cover the increased workload identified over the last four years.

42. How is cite and fine used? What types of violations are the basis for citation and fine?

A cite and fine is issued for minor violations of the law. It is not considered a disciplinary action under the California law, but is an administrative action. Types of violations that may be basis for a citation and fines are similar to those below:

- Failing to update an Address of Record (practice address) with the Committee within 14-days of any changes.
- Not complying with CE requirements upon renewal.
- Advertising violations (using models and not identifying if they are actual patients or not).
- Unlicensed individual who does not comply with a title statute, consumer notification requirement or has subsequent violations after a first complaint against them.

Fine amounts are based upon the severity and number of violations a licensee or unlicensed individual has. For instance, an unlicensed individual who has multiple complaints of using the ND title after previously complying could be subject to a larger fine than one for someone's first offense.

43. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

There have been no informal conferences and/or Administrative Procedure Act appeals in the last four (4) fiscal years.

44. What are the five most common violations for which citations are issued?

The most common violation that could result in a citation to be issued are as follows –

For licensed naturopathic doctors:

- Advertising violations
- CE deficiency violations

For unlicensed activity:

- Using the naturopathic doctor (ND) title
- Not providing a written disclaimer of unlicensed practice to their client and having a signed copy by the client on file

45. What is average fine pre- and post- appeal?

The average fine, pre- and post- appeal, is \$1,500.

46. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

The Committee has not yet utilized the Franchise Tax Board's program to collect outstanding fines but will use it if needed.

Cost Recovery and Restitution

47. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

Pursuant to Business and Professions Code section 125.3, the Committee has the authority to recover investigative and enforcement costs from the licensee.

The Administrative Law Judge (ALJ) may order the licensee to reimburse the Committee for investigative and enforcement costs as part of a disciplinary order. During a settlement conference cost recovery can be used as a negotiating tool. Once a licensee is placed on probation and cost repayment becomes a condition of the probationary order, the Committee's probation monitor tracks compliance of the repayment. Those whose order allows for a payment plan will have one set up with the probation monitor. The probation monitor ensures that the payments are made in a timely manner. For those who may become delinquent or miss a payment, the probation monitor will contact them either by phone or in writing, to get the probationer current with their payment(s).

If the probationer does not comply with the probation monitor's request, a Petition to Revoke Probation will be filed for violation of probationary order. With the probation monitor's active involvement, the Committee can be successful in obtaining the ordered cost recovery.

48. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectible? Explain.

The amount ordered is found in Table 11, Cost Recovery.

When an ALJ orders cost recovery in a revocation case, it is usually difficult to collect as the revocation takes away the licensee's means of income, and they may have little or no financial resource. The Committee considers their mission is met when the ultimate result is revocation of a license in the most egregious cases; and that the costs incurred in these cases are well spent in the protection of the consumers. However, one of the terms in the final order will state that the full cost recovery will need to be paid before the respondent can petition the Committee for reinstatement of their license. This language is also included in a Stipulated Surrender of a license.

49. Are there cases for which the board does not seek cost recovery? Why?

Yes, when negotiating a stipulated surrender of a license, cost recovery may be waived in exchange for a surrender of a license. This saves hearing costs and other additional administrative costs to the Committee. In some cases, which are heard before the ALJ, the ALJ

may reduce the amount of cost recovery sought by the Committee or may reject the Committee's request for cost recovery.

50. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Committee has not had the need to use the FTB interception as a collection tool but will use it in the future if necessary. Additionally, the Committee already has the policy and procedures created to use the FTB interception if and when it may be required.

51. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Committee has not researched the use of restitutions within any other licensing boards. However, if the Committee receives approval for an additional staff, this will be something that we would like to institute within our program.

In the past the Committee has worked with respondents to provide a refund or fee waivers to some complainants, when appropriate, if it can assist in making the consumer feel whole.

An example of this approach is when a consumer complained that a licensee charged for a copy of their medical records, but they could not afford it and needed the records to receive care at another facility. The enforcement unit was able to contact the licensee and assisted the consumer in receiving the records without being charged. Although this was not required by the licensee, the Committee acted on behalf of the consumer to attempt to find a resolution that was agreeable to both parties.

Table 11. Cost Recovery⁹				
(list dollars in thousands)				
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Total Enforcement Expenditures	-	-	-	-
Potential Cases for Recovery *	-	-	-	-
Cases Recovery Ordered	-	-	-	-
Amount of Cost Recovery Ordered	-	-	-	-
Amount Collected	-	-	-	-
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution				
(list dollars in thousands)				
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Amount Ordered	-	-	-	-
Amount Collected	-	-	-	-

⁹ Cost recovery may include information from prior fiscal years.

Section 6

Public Information Policies



52. How does the board use the internet to keep the public informed of board activities? Does the board post board-meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Committee uses the internet in innovative ways to provide information to the public and licensees regarding Committee meetings, initiatives, and laws and regulations regarding the practice of naturopathic medicine in California. The Committee's website is its main informational platform and is consistently updated with fresh content related to Committee activities. The Committee uses its website, subscription list, licensee/applicant email service, and Twitter, Facebook and YouTube accounts to deliver timely, accurate and relevant information to stakeholders.

The Committee posts agendas and related materials for all Committee and subcommittee meetings on its website. Committee staff posts meeting agendas at least 10 days prior to the meeting, and meeting materials are added as they become available. Once the Committee formally approves and adopts the minutes, the Committee posts the final minutes on the Committee's website where they remain indefinitely.

Current and past meeting materials (since 2004) are available on the website, and once posted, are available online indefinitely.

The Committee disseminates information regarding meetings, subcommittee meetings and hearings using multiple methods. Committee staff sends an email to interested parties notifying them when agendas are available. By visiting the Committee's website, stakeholders can sign up to receive alerts to their email inboxes pertaining to various informational topics including Committee meeting information, news releases, proposed regulations, and Board enforcement actions.

53. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long do webcast meetings remain available online?

In 2019, the Committee webcasted most of its meetings. When DCA staff is not available to webcast a meeting, Committee staff will make an audio recording of the meeting and use it to prepare meeting minutes. Webcasts remain on the Committee's website indefinitely. The public is able to participate in-person, by phone or via an online platform.

With the emergence of COVID-19, the Committee began holding its meetings online via the WebEx platform, beginning with its May 2020 meeting. The public is able to participate in these meeting through the meeting software.

54. Does the board establish an annual meeting calendar, and post it on the board's web site?

Due to committee meetings only being held on an as-needed basis, they are not set for the entire year. The Committee posts the meeting dates as soon as a date is selected in which all members can attend and with dates that do not conflict with DCA webcasting and moderator resources.

55. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The Committee is committed to providing information to the public regarding license status and disciplinary or administrative actions against its licensees.

With regard to the first question, the Committee exceeds the DCA recommended minimum standards for Consumer Complaint Disclosure. With regard to the second question, the Committee posts accusations and disciplinary actions consistent with DCA's Web Site Posting of Accusations and Disciplinary Actions guidelines (May 21, 2010). In the event that the portion of the Committee's website that enables consumers to look up a naturopathic doctor is not operational, the Committee provides a phone number and an email address for consumer inquiries.

56. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

Information posted to a licensee's profile and provided to the public is specifically set forth in statute (BPC sections 803.1). In 2018, the Legislature passed the Patient's Right to Know Act, which required some boards to add a probation summary to the profile pages of healthcare providers that are on probation for acts of serious misconduct. The information posted on the licensee's profile page gives a quick summary of the probationary terms and informs the public about the discipline. Although, it is not mandated by this section of the Code that we comply, the Committee meets these standards and ensures that this information is provided to the consumers.

57. What methods are used by the board to provide consumer outreach and education?

The Committee uses a variety of methods to perform consumer outreach and education functions. One of those ways was by creating a new brochure, "*A Consumer's Guide to Naturopathic Medicine*", in July 2019. The Committee also created social media platforms to post important information with consumers and licensees. This provides information quickly to those who follow the Committee, including notification of outreach events, CE opportunities, Committee Meetings, and other timely updates. In addition, individuals can notify the Committee of an issue through Twitter and Facebook.

The Committee also made several speaking appearances to provide outreach and education to the California Medical Board, the Osteopathic Medical Board of California, and the California Department of Justice Attorney General's Office. Committee staff attends community events to distribute materials, provide presentations, and raise awareness about the Committee. Due to budget and COVID-19 related restrictions, the Committee could not attend all outreach events, but made an effort to do as many presentations as possible, including virtual town hall meetings.

Subscriber Alerts provide information to individuals who have subscribed to receive specific Committee information. An individual can go to the Committee's website and sign up to receive these alerts by submitting their email address. The different information includes committee meetings, and news releases, enforcement actions, and regulations. When the committee posts information related to these categories, an email is sent to the subscriber with either a link to the information or with the information itself.

The committee uses its website as the main source of communication between interested parties and the Committee. The Committee's website provides electronic editions of all Committee publications, meeting agendas, laws, regulations and meeting materials. On the website under the "About Us" tab is information about the Committee, including its history, committee members, and committee staff.

Section 7

Online Practice Issues



58. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

Telehealth (previously known as telemedicine), which includes evaluation and treatment of patients by telephone and video, was already becoming more convenient and frequently used by patients and doctors before the COVID-19 pandemic, but its use was greatly increased because of it. We anticipate this trend to continue as it allows greater flexibility for both patients and doctors. It is not known the exact prevalence of the use of telehealth, but it appears that most doctors use it at least some of the time and some use it exclusively. Those whose practice is exclusively telehealth require patients to have access to a primary care doctor that can be consulted when a physical exam is required. As is the case for other healthcare professions, NDs using telehealth to provide care to patients located in California must be licensed in California and the patient must be physically located in the state at the time of receiving care.

There are significant issues of the online, unlicensed activity by individuals who either claim to be Naturopathic Doctors or fail to clarify and inform patients that they are providing unlicensed healing arts per Ca. Business and Professions Code section 2053.6. This issue arises out of the confusion caused by the current law (Ca. Business and Professions Code section 3645), which specifies that any individual can call themselves a “naturopath”, “naturopathic practitioner”, or “traditional naturopathic practitioner” as long as they are educated or trained as such (but with no specified educational requirements). The issue with this is that the education that they receive is not at the level of a naturopathic doctor and most times is completed online with no clinical training included.

Licensed ND’s must use the title “Naturopathic Doctor”, “Doctor of Naturopathic Medicine”, or “Naturopathic Medical Doctor”. In the last four years an average of 69% of all enforcement activity has been related to unlicensed practice. Currently, 71% (61 out of 86) of the Committee’s enforcement cases are related to unlicensed activity. It is unknown how much of the unlicensed practice is conducted through telehealth, although the majority of the complaints that are received have an online presence that indicated they use the “ND” title and portray themselves as a licensee.

The Committee has worked with DCA’s Office of Public Affairs to ensure that proper resources are dedicated in its attempt to educate the public about the difference between licensed and unlicensed “naturopaths”. This includes new brochures, a newly designed website and new social media accounts for the Committee, but it is not clear how many people actually seek out advice from the Committee before deciding to seek care from a practitioner/doctor.

Online practice is regulated exactly the same as in-person practice. Consent may be obtained verbally or in writing. NDs need not reside in California, as long as they have a valid, current California license. Doctors must continue to abide by HIPPA regulations, so they must ensure that the video platform used for telehealth is HIPPA compliant. This requirement was waived during the COVID-19 pandemic to allow for easier and immediate access to healthcare.

The main charge of the Committee is the protection of the public, and the only reason to consider regulation of internet business practices would be in an instance where action of a business is a threat to the public as mandated under the Naturopathic Doctors Act. Currently, there are no apparent threats. However, the Committee plans to remain vigilant in monitoring telehealth trends to ensure its safety.

Section 8

Workforce Development and Job Creation



59. What actions has the board taken in terms of workforce development?

The Committee expedites license applications of Naturopathic Doctors who can demonstrate that they will be practicing in an underserved area as defined by Health and Safety Code section 128565. Additionally, the Committee expedites license applications of all Naturopathic Doctors who are a spouse or domestic partner of a current military personnel actively stationed in California. The Committee would like to discuss sponsoring a bill that would allow NDs to practice as trained to provide full naturopathic medical services to the consumers of California.

The Council on Naturopathic Education (cnme.org) is the body responsible for accrediting educational programs for Naturopathic Physicians in all of North America. ND's take an extensive multi-day two-part exam (after two years and four years of school) to qualify for licensure which potentially qualifies them for practice in any jurisdiction in North America. There are a total of eight schools currently accredited in North America, six of which are in the United States. Since 2012, California has been fortunate enough to count the San Diego campus of Bastyr University among its impressive list of highly regarded medical schools. (There are currently nine medical schools in California that train MD/DO's).

Naturopathic Physicians are fully trained as primary care clinical providers by these schools, including the use of pharmaceuticals, minor office procedures, IV therapies, supervision of pregnancy and midwifery (available as a certificate with additional elective training). Unfortunately, because of the unusually restrictive licensing laws in California, we lose many of the students trained at the Bastyr San Diego campus to other states where they can practice with a full scope as trained under the law. Many of these students have worked extensively in the communities around San Diego, including underserved areas, as part of their training. These restrictions greatly reduce our ability to promote workforce development and job creation and cause barriers for consumers to receive a full scope of naturopathic medicine in California.

60. Describe any assessment the board has conducted on the impact of licensing delays.

The Committee processes initial and renewal license applications online by means of the BreEZe system. The Committee has recently updated the design of its website, making it more convenient and accessible to licensees and the public, including the ability to process new applications, renew licenses, provide address changes and request duplicate or replacement certificates, along with other online services.

Some delays have occurred due to the growing license population and limited staffing within the last several years.

Efficiency and speed in licensing time greatly increased when staff was moved to telecommuting during the COVID-19 pandemic for several months until a sudden, unexplained drop-off, at which point staff was required to return to the office to be more closely supervised.

The committee's single staff member was out on leave for several months and has only been working half-time for the last twelve months, which has caused a significant backlog for the committee and delay in license and enforcement processing times. Currently, an additional staff member on loan from the California State Athletic Commission (CSAC) is being trained and it is anticipated that efficiency will dramatically increase once training is complete. In September 2021, this additional staff member was provided training to take over the enforcement program. There was some initial increase in processing time during the training period, which is now reducing.

Due to the limited staffing and small budget, the Committee raised fees in 2017 and temporarily held off on hiring additional staff until the Committee could generate revenue sufficient to cover the increased expenditures for additional staffing.

During the COVID-19 pandemic, the Committee completed staffing and workload assessments to streamline processes. It was identified that additional staffing should be added to implement a Fictitious Name program and to take over the CE Audit program to make it fully effective and efficient. It was also determined that the Committee has a need of an additional staff to cover the increased workload identified over the last four (4) years.

During the pandemic, renewals were given a six-month extension as long as fees were paid. However due to serious loss of revenue to licensees who were identified as non-essential for several weeks before the correction in the recommendations were made, some licensees delayed renewing their licenses, resulting in some loss of the Committee's income from renewals. There will be a need to audit those licensees for CE (continuing education) compliance at the end of their extensions which will require some additional staffing resources.

61. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

Due to the COVID-19 pandemic, plans to visit schools and other outreach were delayed. It is hoped that once the pandemic is over and staffing issues have been resolved that a greater level of outreach to potential licensees can be accomplished.

However, the Committee still works with schools to inform them of the licensing requirements in California; specifically, but not limited to, providing students with a minimum of 48 hours of pharmacology, IV Therapy training requirements, etc. The Committee reaches out to all schools on an annual basis to find out of any changes in curriculum and hours of instruction times provided.

62. Describe any barriers to licensure and/or employment the board believes exist.

Currently, 25 states and territories of the US have licensing or registration laws for naturopathic physicians (NDs/NMDs).

Additionally, NDs licensed in other states looking to relocate to California must limit their scope of practice and dramatically reduce the level of service to their patients. This creates a huge disservice, not only to the ND licensee, but ultimately to the consumers/patients of California.

Specific limitations for NDs in California include supervision requirements when prescribing most medications, prohibitions on performing some minor office procedures, and the inability to oversee nurses and medical assistants in a medical practice. These limitations interfere with patient access to appropriate primary care, costing patients added time, money, and risk.

For example, in addition to herbs, supplements and/or lifestyle-oriented changes, some patients may need a prescription to manage a chronic or acute condition, such as asthma or high blood pressure. Under current law, if the ND does not have a supervisory agreement with an MD/DO, which is very difficult to obtain due to perceived liability complications or corporate policies, the patient is obliged to seek out a second doctor who can provide him or her with a prescription, even while continuing care with their naturopathic doctor. The patient may not be able to get in for an appointment to another provider right away, which further requires them to either take on additional risk, living with the consequences of their health condition until they can be seen, or going to an urgent or emergency care center for help, further burdening the healthcare system.

This inefficiency uses up medical resources in a state already experiencing a shortage of primary care clinicians.

Similarly, ND's are fully trained in minor office procedures, including local anesthesia and suturing. The Naturopathic Doctors Act provides for minor office procedures pending a study by the Committee which was completed in 2007 and reviewed and resubmitted to the legislature at that time and again in 2015. As this provision has not been fully enacted, as it stands, ND's may remove skin lesions, but they may not use anesthesia (unless they have supervisory agreement as discussed above) and they may not suture, though they may use other means to close the wound. These minor restrictions greatly limit the ability of the doctor to use clinical judgement to give the most appropriate treatment to a patient. For example, the ND may not be able to safely biopsy a suspicious lesion or clean and close a wound (without anesthesia or the possibility of using stitches), which again necessitates the patient delaying care and double accessing the healthcare system to find another doctor who can provide this service. (A subcommittee of the Naturopathic Medicine Committee formed to propose language to correct this deficiency, but the subcommittee has not been able to meet since 2019 because of long-term physician and surgeon vacancies on the committee not yet filled.)

With 73% of Naturopathic Doctors either serving in medically underserved areas or working with the medically underserved population in this state, current law creates obstacles for patients seeing NDs for their primary care needs. NDs have a strong record of performing these procedures safely in other states; with excellent standing and very few malpractice cases being reported to date (less than .001% reported nationwide). The language of the original Naturopathic Doctors Act, clearly intended for MD/DO supervision of prescriptions to be a short-term provision to be replaced by a more comprehensive independent formulary, and for minor procedures to become part of naturopathic practice following a demonstrated safety record, which we believe has been proven for well over 16 years. Recommendations to this effect were published by the Committee in 2007, and the formulary subcommittee published additional findings echoing the earlier recommendations in 2015.

Currently, there are limited opportunities for Naturopathic Doctors to find jobs in our state because of barriers in creating larger businesses due their current inability to employ nurses, licensed vocational nurses and medical assistants (except for those individually trained by the ND) to assist in the care of patients. With additional clinical support, naturopathic businesses could grow larger and offer more employment opportunities. As it is, most new doctors in California are obliged to start a private practice, requiring significant business knowledge, which is not easy, even for those with business experience, so many businesses do not succeed, and doctors may withdraw from clinical practice altogether. This situation contributes to some of the loss of licensees in the state who leave to practice in a state with a scope that their matches education and training.

63. Provide any workforce development data collected by the board, such as:

- a. Workforce shortages
- b. Successful training programs.

No workforce creation studies, or specific training programs have been developed by the Committee since the last sunset review, mainly due to lack of staffing and resources. However, the Committee studies emerging trends through national entities such as the AANP and Federation of Naturopathic Medicine Regulatory Authorities (FNMRA). At this time, challenges can be found in states that don't allow reciprocity and or create access barriers to naturopathic medicine by having limited scopes (not allowing a scope equal to the standard training and education of naturopathic physicians), and title protection issues that take business away from the

highly trained doctors, putting consumers at risk of harm by unknowingly consulting with unlicensed "naturopaths".

In California, we have identified a trend of San Diego Bastyr graduates becoming licensed with the Committee after graduation, but not renewing to practice in the state because of the limited scope. Instead, they become licensed in Oregon, Washington, Arizona or another neighboring state where they can appreciate the benefit of practicing within the full extent of their education and training. We see this as a grave disservice to the licensees and even more so, to the consumers of California.

Section 9

Current Issues



64. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

One of the main provisions of SB 1441 is the ability for a licensee with a substance abuse disorder to have access to a diversion program. Unfortunately, the Committee was unable to be added to the current diversion contract because of contractual issues. The Committee is starting the process of going out to bid on a diversion program. At this time, there are no disciplinary issues that would result in the need of a diversion program, but the Committee would like to be compliant with implementation of the standards. Once the contract for diversion has been successful, the Committee will be able to offer a diversion program for any licensee or applicant that requires it.

65. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

No regulations were necessary since the provisions of the CPEI are already in statute. Government Code section 11500 et seq., provides delegated authority to the Executive Officer of the Naturopathic Medicine Committee to accept and sign Default Decisions and Stipulated Surrender of Licenses. Pursuant to the CPEI, we added an analyst to assist with the enforcement workload.

66. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

- a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

Yes, the Naturopathic Medicine Committee is currently utilizing the BreEZe system and was implemented with Release 1. Our Committee has automated many of our processes. We have several changes in at this time to update and or add to our current online services.

- b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

Not applicable to the Naturopathic Medicine Committee.

Section 10

Board Actions and Responses to COVID-19



67. In response to COVID-19, has the board implemented teleworking policies for employees and staff?

a. How have those measures affected board operations? If so, how?

The Committee continues to perform essential governmental functions to license and regulate naturopathic doctors and keep them working in the challenges of the COVID-19 pandemic. The health, safety, and wellbeing of the employees of the Committee continue to be the daily priority of the Committee's leadership. Staff is of the utmost importance to the Committee and for several months, they were telecommuting on either a full- or part-time basis. Since the Committee shares office space with another board, the staff working in the office are on a staggered work shift to reduce the number of staff in the office at the same time.

In order to accommodate teleworking, processes and workflows have been adjusted, modified and readjusted. The lack of a paperless platform created a unique series of challenges, but staff have been creative and flexible to ensure the Committee continues operating as seamlessly as possible to meet its mandate.

COVID-19 impacted the Committee's everyday operations. For example, the Committee moved its Committee meetings from an in-person format to an online format through the WebEx platform. The Committee plans to hold future meetings via WebEx until the State of Emergency is lifted.

The Licensing Program developed new procedures to adapt to a hybrid telework environment within a very short turnaround while keeping application processing times under 45 days.

Enforcement and investigation activities have been modified to incorporate video or telephonic means for conducting interviews and probation updates. Staff stopped traveling in mid-March 2020 and has not resumed as of October 2020. Many more documents are being handled electronically than ever before. Systems for sharing information with HQIU and the AGO have been shifted to electronic means. Courts and county offices have been closed or are operating on very limited hours, so obtaining information or documentation has been difficult and at times, not possible. The OAH was closed for a period of time beginning in March 2020 but began operations and started holding hearings by remote means in late summer.

68. In response to COVID-19, has the board utilized any existing state of emergency statutes?

a. If so, which ones, and why?

In response to COVID-19, the Committee has not utilized any existing state of emergency statutes. BPC section 900 is managed through the Emergency Medical Services Authority, and DCA waiver DCA-20-57 to restore inactive, retired, or cancelled licenses made the use of BPC section 922 unnecessary, as the waiver provided for a streamlined process.

69. Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

Internet-based Continuing Education Training for Naturopathic Doctors

For naturopathic doctors, the Director waived Business and Professions Code section 3635, subdivision (a)(2), to the extent it limits to 15 hours the maximum number of continuing education hours that may be completed through computer-assisted instruction and limits such instruction to

those that allow participants to concurrently interact with instructors or presenters while they observe the courses.

License Renewal Requirements

For naturopathic doctors, the Director temporarily waived:

- any statutory or regulatory requirement that individuals renewing a license pursuant to Division 2 of the Code take and pass an examination in order to renew a license; and
- any statutory or regulatory requirement that an individual renewing a license pursuant to Division 2 of the Code complete, or demonstrate compliance with, any continuing education requirements in order to renew a license.

These temporary waivers do not apply to any continuing education, training, or examination required pursuant to a disciplinary order against a license.

Licensees must satisfy any waived renewal requirements within six months of this order, unless further extended.

Restrictions on Naturopathic Doctors Relating to Ordering and Administration COVID-19 Vaccines

The Director waived Business and Professions Code sections 2052, 3640, 3640.5, and 3640.7, to the extent they prohibit licensed naturopathic doctors from independently initiating and administering COVID-19 vaccines that are approved or authorized by the federal Food and Drug Administration (FDA) to persons 16 years of age or older and, in cases involving a severe allergic reaction, the use of epinephrine or diphenhydramine by injection.

a. Of the above requests, how many were approved?

All requests were approved.

b. How many are pending?

None are pending

c. How many were denied?

None were denied.

d. What was the reason for the outcome of each request?

Please see answer to question number 68 above.

70. In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?

Not at this time.

71. Has the board recognized any necessary statutory revisions, updates or changes to address COVID-19 or any future State of Emergency Declarations?

Yes, the Committee would be open to a change to the Open Meeting Act to allow meetings to continue to be conducted via an online platform so that it is an option for the Committee to use at any time, even when California is not in a state of emergency. This option will save the Committee money and time, and will protect Committee members, staff, and the public when dangerous

conditions arise without the need to wait for an executive order permitting the Committee to hold meetings via an online platform. We also noticed that the online platform allowed for more members of the public to join the meeting.

In addition, the Committee would also welcome a change that will allow the independent ordering and administering of all vaccines, including but not limited to the COVID-19 vaccine. In the event of a State of Emergency or any surge in healthcare, NDs will be able to offer additional resources to a state that is seeing a gap in primary care practitioners.

Section 11

Board Actions and Response to Prior Sunset Issues



Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

This section differs from other sections to accommodate the format of the response requested by the Senate Business, Professions, and Economic Development Committee. The issue stated is the issue raised during the Committee's 2016 Sunset Review. The background section is a synopsis of why the issue arose, or in many cases, the issues raised by the Committee through the 2016 Sunset Review Report. The staff recommendation is from the Sunset Review Committee itself. The Committee Response (March 2017) provides the Committee's actions and responses that were provided after the 2017 Sunset Review hearing. The Committee Response 2020 provides an update on the actions taken to address the issue raised since the last Sunset Review.

ISSUE 1: Insufficient data reporting.

The Committee should ensure it has processes and technologies in place to collect accurate and relevant data so that it can manage the administration of and reporting about its program. Committee members should be vigilant about ensuring staff has and uses current metrics.

Background: The Committee issued its Sunset Report with significant omissions and inconsistencies, which was also a problem in the prior Sunset Report. While some data may have been unavailable at some point due to technology transitions, it is important for program governance to reassemble such information in order to detect trends and manage its program governance. Staff was able to provide some information after further clarity was requested; it is unclear why this was unavailable initially.

Committee Response: Due to prior reporting data tools that the Committee utilized and the conversion of the data to the new BreEZe system, there were problems with some of the data being converted. Because of these issues, there were some reporting challenges. We now use a new reporting tool which allows us to collect the data needed. We can now provide this type of data whenever Committee would like to have current statistics.

The Committee will continue to work towards the goals outlined within the current Strategic Plan to assure proper data is available on an ongoing basis.

We would also like to add that as with all new IT systems, there were challenges at the beginning, but working with the Department, we have corrected these issues and with each release, we have a system which more highly benefits the licensees, consumers, and staff.

The Committee will continue to correct the inadequate reporting and will work towards the goals outlined within the current Strategic Plan to assure proper data is available on an ongoing basis.

ISSUE 2: Additional Title Protection.

The Committee should clarify what an “educational letter” is and why it is used instead of a C&D. The Committee should record its use of both letters and report accordingly. Committee should work with Legislative staff to update title use.

Background: Board staff report the majority of enforcement time is spent policing unlicensed practice. Individuals who misuse the title of ND, or practice within the protected scope of an ND without a license are either issued a cease-and-desist letter (C&D) or an “educational letter.”

Staff indicate that it would be clarifying to consumers if only licensed naturopathic doctors could use the term “naturopath” or derivations of that term because many consumers are being misled. However, current law allows non-NDs to use those terms. NMC believes that it would be clearer to consumers and practitioners alike if all forms of the term “naturopathic” were reserved for only licensed personnel.

It is unclear what an “educational letter” is and why a C&D is not used.

Committee Response: In regard to the reporting of Cease-and-Desist letters, the Committee would like to clarify that what we referred to in the Oversight report was actually an educational notice which informs an individual that they may be in violation of the act. The notice advises the individual that they should not use the ND title and provides information of the Naturopathic Doctors Act and also provides further information of the Medical Act for those individuals providing unlicensed healing arts.

The Committee then gives them 30-days to comply with the provided statutes and regulations. If the individual does not comply, a Cite and Fine along with a Cease-and-Desist Order would be issued.

A legal opinion was provided to the Committee advising that “warning letters” should not be used as there is the possible risk of eliminating an individual’s due process. The letters that the Committee sent were not formal Cease-and-Desist or Warning letters, as such, it was opined that we do not include these in our stats. There were only two C&Ds formally issued.

The interchangeable use of “naturopath” and “naturopathic doctors” by lay persons, this issue causes a considerable amount of confusion for the consumer. Consumers see a “naturopath” who is not qualified for licensure and assumes that the individual is a competent licensed ND and is at a high risk for physical harm as seen in two recent criminal cases of an unlicensed individual acting in the capacity of an ND. In both cases there was great bodily harm to consumers.

The Committee requested that immediate title protection language be added statutorily to immediately lower the risk to consumers and assist in reducing the Committee’s enforcement resources for unlicensed practice on an ongoing basis.

ISSUE 3: Webcasting Meetings.

The Committee should webcast meetings.

Background: The Committee reported that it attempted to webcast two meetings in 2011 and has not webcast any since, despite stating in the previous Sunset Report that it planned to do so.

NMC asserts that it does offer teleconferences, however, which make its meetings somewhat more accessible.

Committee Response: The Committee has created a process for requesting webcasting services from the Department at the time of scheduling dates to assure services are available. The Committee will make every attempt to utilize webcasting for any Committee meetings in the future. If for any reason, a meeting cannot be webcast due to limited resources, the Committee will track its attempts to secure the webcasting services and record why it was unavailable. Since the last sunset, the Committee has made attempts to webcast the meetings and has been able to do so consistently.

ISSUE 4: NMC should require schools to evaluate veteran's military experience and training for education credit in compliance with state law.

The NMC should explain to the Legislature how it came to the conclusion that no military credits can be used towards a ND degree. If it is determined that certain courses and credits are transferrable, the Naturopathic Act should be amended to require that ND school approval is also contingent on programs evaluating and applying military applicants' experiential and academic history.

Background: The NMC does not itself evaluate schools for approval, but rather is required to approve schools that are accredited by the Council on Naturopathic Medical Education (CNME) or another equivalent accrediting body that meets certain minimum requirements. Current law requires boards and bureaus to provide for methods of evaluating military education, training, and experience towards licensure.

Business and Professions Code section 35 states:

It is the policy of this state that, consistent with the provision of high-quality services, persons with skills, knowledge, and experience obtained in the armed services of the United States should be permitted to apply this learning and contribute to the employment needs of the state at the maximum level of responsibility and skill for which they are qualified. To this end, rules and regulations of boards provided for in this code shall provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated. These rules and regulations shall also specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated. Each board shall consult with the Department of Veterans Affairs and the Military Department before adopting these rules and regulations. Each board shall perform the duties required by this section within existing budgetary resources of the agency within which the board operates.

The NMC asserts that it has not made any regulatory changes to conform to this law because "the military does not offer educational credits which can be applied towards obtaining a Naturopathic Doctor's degree; therefore, regulatory changes are not necessary." It is unclear whether the Committee has evaluated every military educational program available, especially those that train personnel toward licensure as physician assistants and come to the conclusion that not a single credit for academic or experiential experience is transferable.

The intent of this law is not to merely inquire as to whether the military issues a naturopathic degree, but to what extent basic biology or anatomy courses, or clinical training or experience may contribute to the transfer or credits earned in beginning a ND program.

Committee Response: For clarification on the information provided in the Committee's report, although the committee cannot provide an educational waiver for a naturopathic medical degree for military training, the naturopathic colleges currently will provide such credits for military education.

NMC's licensing program ensures licenses are only issued to applicants who meet legal and regulatory requirements and who are not precluded from licensure based on past incidents or activities.

NMC identifies applicants who indicate they are military service veterans. The Committee waives application fees for license renewals and continuing education requirements for military reservists called to active duty and expedites license applications for military spouses and domestic partners of a military member who is on active duty in California.

The naturopathic practice act requires graduation from an accepted program. It is the school that would be in a position to waive a requirement based on experience, education, or training received while in the military when an individual applies for admission to school.

It is the standpoint of the Committee and in line with the Department that the NMC does not need to implement regulations for BPC 35, because of the permissive language. "...To this end, rules and regulations of boards provided for in this code shall provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated."

Furthermore, the Committee is in line with the other boards regulating physicians and/or doctors. Other healing arts boards require that a person must graduate from an approved school. Since this is the same for NDs, the Committee believes that it is within compliance.

It is important to note that all the accredited naturopathic medical schools do allow transfer credits for some medical training and/or experience obtained while in the military. It is also the intent of the Committee that if naturopathic medical training is provided in the military at a later date, the Committee will generate appropriate regulations to allow experiential credits based on the training and experience.

Section 12

New Issues



This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues raised under prior Sunset Review that have not been addressed.

- ***Eliminate Title Issues:*** The Committee believes that the title of “naturopath” should be protected under the Naturopathic Doctors Act in order to fully protect the consumers from unknowingly seeking out an unlicensed individual. It is hoped that the associations that represent many unlicensed “naturopaths” can be approached so that a new title, such as “holistic health practitioner” can be devised, allowing the licensed ND’s to use all titles containing the word “naturopath” and “naturopathic”. This would greatly clarify the issue for the public, since in virtually every other profession, the shortened version of their official name is used in common language. For example, a Doctor of Osteopathic Medicine is called an “Osteopath”, a Doctor of Chiropractic is referred to as a “Chiropractor” and a Doctor of Dental Surgery is a “dentist”. This would also be consistent with the titles used in neighboring states.

The Committee recommends that the word “naturopath” and its derivations be protected for the exclusive use of licensable naturopathic doctors.

In addition to confusion between licensed NDs and the unlicensable naturopaths, the current requirement that Naturopathic Doctors can only be referred to as “doctors” but not “physicians” by California law, causes considerable confusion when the ND is presented with a form to sign by a “physician, nurse, chiropractic doctor”, for example a school release form, DMV form, or a physical form provided by an employer. ND’s may not legally sign birth or death certificates or disability forms, but that is not due their title. This also causes issues as NDs who meet certain requirements are allowed to be a Naturopathic Childbirth Attendant, but do not have the ability to sign the birth certificate of a birth that usually they are the only doctor present for.

Since these two words are used interchangeably in common use, it is not always clear when a legal distinction is being made by the word “physician” or just the requirement that a licensed primary care provider sign a form. The Committee believes that amending the codes to allow naturopathic doctors to be added on with the other healthcare providers in order to sign DMV, Disability (EDD), and school/work exam notes are essential or allow NDs in California the same title benefits as NDs in other states and refer to them as a naturopathic physician.

Since CA NDs can be a United States Department of Transportation (US DOT) Medical Examiner (and many are), it is imperative that the codes be amended to allow NDs as authorized signors on these form types.

The Committee recommends that CA BCP §§ 3660 and 3661 be amended to allow reference to naturopathic doctors as physicians.

- **Remove Practice-as-Trained Barriers:** In order to allow Californians to receive complete primary care from a visit to their naturopathic doctor, reduce pressure on the healthcare system in the state, retain naturopathic licensees and business, and to fulfill the mandate of the original licensing law.

The Committee would like to see a bill sponsored that will approve an independent pharmaceutical formulary, including vaccines, remove the requirement for a supervisory protocol agreement, and allow for the use of suturing in minor office procedures for naturopathic doctors.

- **Establish a Fictitious Name Permit Program:** The Committee wants authority to create a Fictitious Name Permit (FNP) Program for reasons of public protection by improving oversight of naturopathic medical practices and enhancing ownership transparency of such practices to avoid violation of Moscone-Knox Act. An FNP would require a ND to submit the name of the doctor's company, if the company is not the name of the person themselves, to the NMC and pay a fee. The Committee also believes that this will stop confusion between practices that use names too similar to other existing naturopathic practices. This is in line with what the Medical Board of California and the Osteopathic Medical Board currently practice for the purposes stated above. The Primary reason for this request is to provide an avenue to assure the naturopathic practices are not violating the Moscone-Knox Act.

2. New issues identified by the board in this report.

- **Provide the Ability to Give Orders to Allied Health Professionals:** To solve barriers to the workforce development and consumer access, we recommend that a bill be sponsored that would allow NDs to give orders to hire and give orders to licensed vocational nurses (LVN's), registered nurses (RN's), psychiatric technicians, medical assistants, and other allied health professionals. (cf. Section 1, Page 14)
- **Update Naturopathic Childbirth Attendance Exam Information:** Remove "American College of Nurse Midwives (ACNM)" written examination from BPC §3651 and replace with the "American College of Naturopathic Obstetricians (ACNO)" as the required exam for naturopathic childbirth attendance. (cf. Section 4, Question 28)
- **Authorize Additional Staffing to the Committee:** The Committee would like the authorization to increase staffing in order to meet mandates of the Committee and reduce risks associated with insufficient staffing levels. (cf. Section 3, Question 16)
- **Amend Continuing Education (CE) Course Approvers:** The Committee would like to have the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) added to BPC §3635(b) as an approver for CE courses. (cf. Section 4, Page 42, Question 32-f)
- **Update Medi-Cal Rules to Cover Naturopathic Medical Coverage:** Amend the Medi-Cal rules to cover the office visits for those enrollees who has an ND as their PCP. Currently only labs and medications ordered by the ND are covered under the Medi-Cal coverage. (cf. Section 1, Page 14)

3. New issues not previously discussed in this report.

- **Modernization of the Bagley-Keene Open Meeting Act:** The Committee would welcome a change to the Bagley-Keene Open Meeting Act, to permanently allow

meetings to be conducted via an online platform, allowing greater public access to meetings, and saving the State money for travel and facilities.

4. New issues raised by the Committees.

Section 13

Attachments



Section 13 Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 17).
- E. Table 1a – Committee Member Attendance (cf., Section 1, Question 1).
- F. Naturopathic Physician Scope of Practice – State-by-State Comparison (cf., Section 1, Page 10).
- G. Quarterly and Annual Performance Measure Reports as published on the DCA website (cf., Section 2, Question 6).
- H. Strategic Plan 2020 – 2024 (cf., Section 1, Question 3).
- I. Current Enforcement Aging Reports (used for Performance Measures) for FYs 2018-19, 2019-20, 2020-21 (cf. Section 2, Question 6).

Attachment A



STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

Naturopathic Medicine Committee of California

Administrative Manual



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Naturopathic Medicine Committee of California

Administrative Manual

Adopted November 7, 2016
Edmund G. Brown Jr., Governor
State of California

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Executive Officer

Rebecca Mitchell

This procedure manual is a general reference including a review of some important laws, regulations, and basic Committee policies in order to guide the actions of the Committee members and ensure Committee effectiveness and efficiency.

This Administrative Procedure Manual, regarding Committee Policy, can be amended by a majority of affirmative votes of any current or future Committee.

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CHAPTER 1. Introduction

Mission Statement

To protect health care consumers through the proper licensing and regulation of Naturopathic Doctors by administering and enforcing the provisions of the Naturopathic Doctors Act, pursuant to Business and Profession Code (B & PC) section 3610, et seq., in order to promote access to quality naturopathic medical care.

Brief History of Naturopathic Medicine

Hippocrates, (born 460 B.C.E.), a disciple of Aristotle, founded a school of medicine that focused on treating the causes of disease rather than its symptoms through close observation of symptoms, stressing the discovery and elimination of the cause of disease. This would become “traditional medicine” and would be practiced for more than 2000 years. Traditional medicine meant practicing “materia medica”, a Latin medical term for the body of collected knowledge about the therapeutic properties of any substance used for healing (i.e., medicines). The term derives from the title of a work by the Ancient Greek physician Pedanius Dioscorides in the 1st century AD, *De Materia Medica*. The term *materia medica* was used from the time of the Roman Empire until the twentieth century, and has been replaced in medical education by the term of “pharmacology”.

In the late 1800s, the deans of the leading American medical schools at that time (Harvard, University of Michigan, University of Pennsylvania, and Johns Hopkins University) came to prefer the German “experimental science” model as distinct from “observational science” based on the Aristotle model and often found in French and British medical schools. The focus of the experimental model medical school was to zero in on disease and not the totality of health, so preventive education fell out of favor. Research became experimentally based and replaced the traditional *materia medica*. By the 1930s and 1940s, medical schools replaced the traditional model of treating the cause of disease (using medicines observed to produce consistent outcomes) with the German model of using drugs to treat specific symptoms of disease.

Naturopathic medicine is one of the oldest continuously licensed health care professions in these United States. Dr. Benedict Lust, considered the Father of Naturopathic Medicine, “invented” naturopathy by expanding upon the European water cure and herbal therapies to develop a comprehensive philosophy and system of health that he brought to the United States around the turn of the 20th century. In 1901, Dr. Lust opened the American School of Naturopathy in Manhattan. Its approach emphasized diet, exercise, physical medicine, herbs, and homeopathy as ways to

improve and maintain good health. Naturopathic medicine grew quickly as a profession and by 1925 there were approximately 2,500 practicing naturopathic physicians and more than a dozen schools. During this period, regulations were enacted in many states, with about half of the states licensing or regulating naturopathic medicine.

Naturopathic medicine was the standard of care in the United States and Europe until the German “experimental science” or “allopathic” model of medicine became the new standard of care in the early 1930s. The continued popularity of naturopathic medicine created strong opposition from the new model of allopathic medicine, which labeled chiropractic and naturopathic medicine as “quackery.”

Naturopathic medicine experienced a significant decline in popularity from the post-World War II era until the 1970s during which time the allopathic medical model became the new “traditional medicine” along with the increased use and development of surgery, drugs, and antibiotics. The 1970s brought an increased interest in holistic and alternative health care, and naturopathic medicine experienced resurgence with expanded educational programs and state licensure. In the past 30 years, naturopathic medicine experienced dramatic re-growth in the United States, Australia, Canada, and Germany. The United States and Canada established new schools and created standardization of education, examination, and accreditation, while expanding research on the safety and efficacy of naturopathic practice.

Function of the Naturopathic Medicine Committee of California (NMC)

The Naturopathic Medicine Committee (Committee) was established October 23, 2009 under the Osteopathic Medical Board of California. Originally formed as the Bureau of Naturopathic Medicine, it began licensing naturopathic doctors in January 2005. The Committee ensures that California’s naturopathic doctors meet educational and competency standards for licensure. The Committee licenses and regulates naturopathic doctors by investigating complaints while also providing consumers and other regulatory agencies with licensing and disciplinary information.

The Naturopathic Doctors Act defines naturopathic medicine as “a distinct and comprehensive system of primary healthcare practiced by a naturopathic doctor for the diagnosis, treatment, and prevention of human health conditions, injuries, and disease.” (B & PC section 3613) Naturopathic doctors are primary care providers who use a variety of treatments including water therapy, herbs, supplements, vitamins, amino acids, homeopathic medicine, hormones, massage, minor surgery and pharmaceuticals.

The Naturopathic Medicine Committee of California is a fully functioning regulatory Committee within the Department of Consumer Affairs with the responsibility and sole authority to issue licenses to naturopathic doctors (hereafter Naturopathic Doctors or

NDs) to practice naturopathic medicine in California. The NMC is also responsible for ensuring enforcement of legal and professional standards to protect California consumers from incompetent, negligent, or unprofessional NDs. The NMC regulates NDs and the practice of naturopathic medicine. At this time, there are 678 NDs holding active licenses. Of this number, 601 are practicing within the state and 77 are residing out of state. Additionally, there are 15 NDs who maintain inactive licenses. In addition to the active and inactive status licenses, there are 118 licenses in a delinquent status. A license will remain delinquent for three years from the expiration date until the license becomes canceled. Altogether, the total number of naturopathic doctors' licenses within the jurisdiction of the NMC is 813.

Naturopathic doctors complete a rigorous four-year postgraduate medical education program at an accredited school recognized by the US Department of Education. As with conventional medical schools, the training includes biomedical sciences, for example, anatomy, physiology, and biochemistry, as well as clinical sciences such as cardiology, gastroenterology, neurology, etc. NDs also take courses in natural therapeutics including botanical/herbal medicine, clinical nutrition, counseling, homeopathy, and naturopathic manipulative therapy. Naturopathic training requires over 1,400 hours of didactic education and over 2,000 hours of clinical training and patient care in outpatient teaching clinics, plus preceptorships and internships. NDs have physician-level training and are not mid-level practitioners or allied healthcare professionals. In five western states, NDs are licensed as naturopathic physicians.

During medical school, naturopathic doctors receive about 30 hours of didactic training, as well as a great deal of applied training during clinical rotations. Unlike other medical students, naturopathic medical students also study drug-herb and drug-nutrient interactions and adverse effects. In California, NDs are required to complete 60 units of continuing medical education every two years, 20 of which must be in pharmacology.

The clinical pharmacology course series at the accredited naturopathic colleges focuses on prescribing and the medical management of patients on the most common pharmaceuticals seen in primary care settings. Each class is aligned with the concurrent system modules. A naturopathic medical program, like other medical programs, also integrates pharmacology into the curriculum for all didactic classes and clinical rotations. NDs are trained as primary care doctors and have over 1,200 supervised outpatient clinic hours built into their medical training. The majority of patients seen in clinical rotations have been prescribed pharmaceutical medications by either their current naturopathic doctor, or another health care provider (MD/DO/ND) within the community. Understanding pharmaceutical medication management and prescription, along with drug-herb/drug-nutrient interactions is an essential and daily part of a naturopathic doctor's training.

California naturopathic doctors can independently prescribe natural and synthetic hormones as well as injectable nutrients. They can also prescribe all legend drugs and most controlled substances if they have a supervision agreement with a medical or osteopathic physician. Although the supervising doctor does not need to be present, see the patient, or sign off on prescriptions, they must follow the requirements set forth under B&PC section 3640.5. Most other states that license NDs allow broad independent prescriptive rights, which reflect naturopathic training. It was the intent of the legislature in California for the naturopathic licensing body to determine a permanent independent formulary for California NDs.

An ND may refer to himself/herself as a “Doctor” or “Dr.” but in doing so, must clearly state that he/she is a ND, naturopathic medical doctor (NMD), doctor of naturopathic medicine, or naturopathic doctor.

Like other primary care providers (PCPs), naturopathic doctors diagnose, prevent, and treat disease. In addition to conventional medical training, NDs are the only PCPs trained extensively in counseling, nutrition, exercise, and stress management – enabling them to fully address modifiable risk factors for chronic disease. Naturopathic doctors are licensed to perform physical exams, order laboratory tests and imaging (x-rays, MRIs, mammograms, etc.), draw blood and perform CLIA-waived laboratory testing in-office, administer IVs and injections, and prescribe drugs (including most controlled substances). Naturopathic doctors refer to other medical specialists and work collaboratively with other licensed medical professionals to offer the best patient-centered care.

To meet its responsibilities for regulation of the naturopathic medical profession, the NMC is authorized by law to:

1. Monitor licensees for continued competency by requiring approved continuing education.
2. Take appropriate disciplinary action whenever licensees fail to meet the standard of practice.

Additionally, the NMC is charged with enforcement of laws proscribing unlicensed Naturopathic Medical practice.

II. History of ND Regulation and Legislation in California

Naturopathic medicine is a distinct and comprehensive system of primary healthcare practiced by a naturopathic doctor for the diagnosis, treatment, and prevention of health conditions, injuries, and disease.

SB 907 (Burton, Chapter 485, and Statutes of 2003), established the Bureau of Naturopathic Medicine, now the Naturopathic Medicine Committee within the Department of Consumer Affairs (Department) to license and regulate naturopathic doctors and enforce the Naturopathic Doctors Act. California was the thirteenth state to recognize naturopathic medicine and provide licensure to naturopathic doctors.

ABX4 20 (Strickland, 2009), placed the regulation of naturopathic medicine under the Osteopathic Medical Board of California (OMBC) as a way to streamline state government. It eliminated the advisory committee to the Bureau of Naturopathic Medicine and established a new nine-member Committee within the OMBC to regulate the practice of naturopathic medicine. Under that bill, the Osteopathic Medical Board consisted of three licensed naturopathic doctors, three licensed osteopathic physician and surgeons, and three public members, all appointed by the Governor.

SB 1050 (Yee, 2010), restructured the Committee into an independent regulatory entity in all but name, reconfigured the Committees' membership to consist of five California licensed naturopathic doctors, two California licensed physician and surgeons (MD/DO), and two public members to be appointed by the Governor. The bill also removed the ND members from the Osteopathic Medical Board and replaced them with public members appointed by the Legislature.

State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
B & P	Business and Professions Code
CCCP	California Code of Civil Procedure
CCR	California Code of Regulations
DAG	Deputy Attorney General
DCA	Department of Consumer Affairs
DOF	Department of Finance
DOI	Division of Investigation
DPA	Department of Personnel Administration
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
SAM	State Administrative Manual
SCIF	State Compensation Insurance Fund
SCO	State Controller's Office
SCSA	State and Consumer Services Agency
SPB	State Personnel Committee

General Rules of Conduct

All Committee Members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. The Committee serves at the pleasure of the Governor, and shall conduct their business in an open manner, so that the public that they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act (hereafter referred to as Open Meeting Act) and all other statutory code sections applicable to similar boards and committees within the State of California.

- Committee Members shall comply with all provisions of the Open Meeting Act.
- Committee Members shall not speak or act for the Committee without proper authorization.
- Committee Members shall not privately or publicly lobby for or publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, when those are in direct opposition to an official position adopted by the Committee.
- Committee Members shall not discuss personnel or enforcement matters outside of their official capacity in properly noticed and agendized meetings or with members of the public or the profession.
- Committee Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the Committee.
- Committee Members shall maintain the confidentiality of confidential documents and information related to Committee business.
- Committee Members shall commit the time and prepare for Committee responsibilities including the reviewing of Committee meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the Committee Members by staff, which is related to official Committee business.
- Committee Members shall recognize the equal role and responsibilities of all Committee Members.
- Committee Members shall act fairly, be nonpartisan, impartial, and unbiased in their roles of protecting the public and enforcing the Naturopathic Act and the Medical Practice Act.
- Committee Members shall treat all consumers, applicants and licensees in a fair, professional, courteous and impartial manner.
- Committee Members' actions shall serve to uphold the principle that the Committee's primary mission is to protect the public.
- Committee Members shall not use their positions on the Committee for personal, familial, or financial gain. Any employment subsequent to employment as a Committee member shall be consistent with Executive Order 66-2.

CHAPTER 2. Committee Members & Meeting Procedures

Membership

(B & PC section 3621)

The Committee consists of nine members: five NDs, two physician (MD/DO) members and two public members. The Governor appoints all members. All members appointed by the Governor are subject to Senate confirmation. The members serve a four-year term and no member may serve more than two full consecutive terms, which does not include time a new member may spend filling an unexpired term of a previous member. A member shall hold office until the appointment and qualification of his or her successor, or until one year from the expirations of the term for which the member was appointed, or whichever first occurs. Each of the five ND members of the Committee must have, for at least five years preceding appointment, been a citizen of the state and in active practice.

Additionally, each ND must be a graduate of an accredited Naturopathic Medical school and hold an unrevoked license to practice naturopathic medicine in the state of California. No ND residing or practicing outside of California may be appointed to, or sit as a member of, the Committee. Both physician members must hold an unrevoked and unrestricted license to practice medicine in the state of California. No allopathic or osteopathic physician residing or practicing outside of California may be appointed to, or sit as a member of, the Committee. The public members of the Committee shall be citizens of this state for at least five years preceding his or her appointment. A public member shall not be appointed to the Committee if the person or person's immediate family in any manner owns an interest in a college, school, or institution engaged in naturopathic education, or the person or person's immediate family has an economic interest in naturopathy or has any other conflict of interest.

Committee Meetings

(B & PC Code Section 101.7)

The full Committee shall meet at least two times each calendar year. The Committee shall conduct additional meetings in appropriate locations that are necessary to transact its business. If there is good cause, the Officer at his or her discretion may exempt any Committee member from the meeting three times per year or meetings that require travel.

All meetings that are webcast must include reference to the fact that the meeting will be webcast. Additionally, pursuant to Government Code Section 11125 the Committee is required to provide written notice of meetings; such notice may include mail and/or email.

The Committee shall comply with the provisions of the Open Meeting Act. The Committee has three duties under the Open Meetings Act. First, give the required notice

of meetings to be scheduled. Second, provide an opportunity for public comment. Third, conduct meeting in an open session except where a closed session is specifically authorized. All Committee and committee meetings, with the exception of closed sessions, are open to the public. Closed session meetings must follow the same meeting notice requirements as open meetings and are specifically for matters designated under law such as discussion of disciplinary cases, pending litigation, personnel matters or other legally authorized issues.

Quorum

(Government Code Sections 11122, 11122.5)

The quorum for the Committee is five members. A roll call at the beginning of each Committee meeting shall be called to determine whether quorum is established. A quorum must be present or in attendance to constitute an act and/or decision on behalf of the Committee. If a quorum of the Committee is not in attendance, members in attendance may discuss a topic and suggest an action, but it is considered advisory and must be considered by the Committee at a time when there is quorum established. Committee meetings require a majority of committee membership for quorum. For example, if a committee has three members, two constitute a quorum.

Public Comment

(Committee Policy)

Public comment is always encouraged and allowed, however, if there are time constraints, the Committee Chair may impose a time limit per person. Due to the need for the Committee to maintain fairness and neutrality when performing its adjudicative function, the Committee shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

Meeting Notice Requirements

(Government Code Section 11120 et. seq.)

The Committee must give at least ten (10) calendar days' written notice of each Committee and sub-committee meeting, unless advisory and consists of only two persons per GC 11121. This notice shall be sent to interested parties by mail and/or email and posted on the Committee's website. The meeting notice includes the location(s) where the meeting will be held and the meeting agenda. The agenda must include all items of business to be transacted or discussed at the meeting. A brief description may not be generalized (e.g. miscellaneous topics or old business) and must provide sufficient information so that the public is aware of the item to be discussed. The notice must include the name, address, and telephone number of any person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. Additionally, the notice must

contain information that would enable a person with a disability to know how, to whom, and by when a request may be made for any disability-related accommodation.

Teleconference Meetings

(Government Code Section 11123)

Meetings held via teleconference are also subject to the same notice requirements under the Open Meetings Act. The meeting notice must be published at least ten (10) days in advance and must include the physical location of each Committee member attending the meeting remotely. Each Committee member must be present at the physical location he or she provided for the meeting notice. The public is permitted to attend the meeting at any of the locations listed on the meeting notice during an open session of the meeting. Members are no longer able to attend meetings via teleconference from their homes, offices or other convenient location unless those locations are identified in the meeting notice and agenda and the public is permitted to attend at those locations.

The public is not permitted to attend any part of the meeting that is designated as "closed session."

Agenda Topics

(Committee Policy)

Any Committee member may suggest items for a Committee meeting agenda to the Committee Chair and Executive Officer. The Executive Officer sets the agenda at the direction and approval of the Committee Chair.

Record of Meetings (Minutes)

The minutes are a summary, not a transcript, of each Committee meeting. The minutes shall be prepared by Committee staff and submitted for review by Committee Members. Committee minutes must be approved or disapproved at a future scheduled meeting of the Committee. When approved, the minutes shall serve as the official record of the meeting. All meeting minutes shall reflect Committee member attendance and when a member has been excused or is absent. All staff in attendance including legal counsel shall also be included. Each roll call vote shall list the position of each voting member in addition to the final vote count and whether the motion passed or failed.

Definition of What Constitutes a Meeting

(Government Code Section 11122.5)

The intention of the Open Meetings Act is to prevent otherwise public business being discussed by public Committee members in private and not in a meeting that the public

has been properly provided notice and invited to attend. As result, there are restrictions on communication between multiple Committee members. The Open Meeting Act defines a meeting as a congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains. In this definition, the term state body refers to the Committee. Meetings of three or more Committee members constitute a meeting that requires 10-day prior public notice. Meetings of an advisory, two-person committee does not require public meeting notice compliance, unless that two-person committee is given delegated authority to act on behalf of the full Committee. The meeting restriction also applies to emails and telephone conversations between Committee members.

If the Committee members engage in any communication regarding Committee business with more than one member, this communication would be a violation of the Open Meeting Act. The violating member may be guilty of a misdemeanor (Government Code Section 11130.7).

There are exemptions to the meeting definition. When in doubt, contact the Executive Officer or the Committee's legal counsel.

Chapter 3: Selection of Officers and Committees

Nomination of Officers

The Committee Chair may appoint a Nominations Committee prior to the first or last meeting of the calendar year, if desired, to be composed of not more than two members and may consider appointing both a public and a professional member of the Committee to the Nominations Committee. The two-member Nominations Committee is not subject to the Open Meetings Act and will be charged with recommending a slate of officers for the following year; The Committee's recommendation will be based on the qualifications, recommendations and interest expressed by Committee members. A Nominations Committee member is not precluded from running for an officer position. If more than one Board member expresses interest in an officer position, the Nominations Committee will make a recommendation to the Committee and others may be included on the ballot for a runoff if desired; the results of the Nominations Committee's findings and recommendations will be forwarded to the Committee. Notwithstanding the Nominations Committee's recommendations, Committee members may be nominated from the floor at the meeting of the Committee.

Election of Officers

Elections of the officers shall occur annually at the first or last meeting of each year.

Officer Vacancies

If an office becomes vacant during the year, the Chair may appoint a member to fill the vacancy for the remainder of the term until the next annual election. If the office of the Chair becomes vacant, the Vice Chair shall assume the office of the Chair. Elected officers shall then serve the remainder of the term.

Sub-Committees & Sub-Committee Appointments

The Chair shall establish and abolish sub-committees as he or she deems necessary at any time. The composition of the sub-committees and the appointment of the members shall be determined by the Committee Chair. The Chair can change the composition including the sub-committee Chair at any time. The number of members on each sub-committee can range from two to five members.

Sub-Committees with three or more members will be subject to following the Open Meetings Act.

Sub-Committee Meetings

Each sub-committee will be comprised of at least two members. The Committee Chair designates one member of each sub-committee as the sub-committee's chairperson. The chairperson coordinates the sub-committee's work, ensures progress toward the sub-committee's priorities, and presents reports as necessary at each meeting. During any public sub-committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a sub-committee.

Committee Member Attendance at Committee Meetings
(Committee Policy)

Committee members shall attend each meeting of the Committee and his or her assigned sub-committee meetings. If a member is unable to attend, he or she must contact the Committee Chair or the Executive Officer and ask to be excused from the meeting for a specific reason.

Public Attendance at Committee Meetings
(Government Code Section 11120 et. seq.)

Meetings are subject to all provisions of the Open Meeting Act. This Act governs meetings of the state regulatory Committees and meetings of sub-committees of those Committees where sub-committee consists of more than two members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters that are appropriate for closed session the agenda shall cite the particular statutory Section and subdivision authorizing the closed session.

CHAPTER 4: Other Policies and Procedures

Ex Parte Communications

(Government Code Section 11430.10 et. seq.)

The Government Code contains provisions prohibiting ex parte communications. An “ex parte” communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of Section 11430.10, which states:

“While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication.” Committee Members are prohibited from an ex parte communication with Committee enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Committee Members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer. If a Committee Member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter and inform the Executive Officer and the Committee’s legal counsel.

If the person insists on discussing the case, the Committee Member may be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee. If a Committee Member believes that he or she has received an unlawful ex parte communication, he or she should contact the Executive Officer and the Committee’s legal counsel.

Rules for Contact with the Public, a Licensee, an Applicant, or Media

Occasionally, in your role as a Committee member you may be contacted by a licensee, colleague, applicant, member of the public, or the media regarding an issue or concern that pertains to Committee business or proceedings. Any one of these contacts may compromise your position related to future decisions about policy, disciplinary actions, or other Committee business.

In order to avoid compromising your role as a Committee member, please refrain from assisting the individual with his/her issue. Instead, offer to refer the matter to the Executive Officer or give the individual the contact information for the Executive Officer.

Refrain from engaging in discussion with the individual and make every effort to end the conversation quickly and politely. Report all such contacts to the Executive Officer as soon as possible.

Committee Members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all contacts or inquiries to the Executive Officer.

Committee Members should not directly participate in complaint handling and resolution or investigations. To do so would subject the Committee Member to disqualification in any future disciplinary action against the licensee. If a Committee Member is contacted by a respondent or his/her attorney, the Committee Member should refer the individual to the Executive Officer.

Honoraria Prohibition

(Government Code Section 89503 and FPPC Regulations, Title 2, Division 6)

As a general rule, members of the Committee should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state Committee is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Committee Members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a Committee Member should decline all offers for honoraria for speaking or appearing before such entities. There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances:

- (1) When an honorarium is returned to the donor (unused) within 30 days;
- (2) When an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and
- (3) When an honorarium is not delivered to the Committee Member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization. In light of this prohibition, members should report all offers of honoraria to the Committee Chair so that he or she, in consultation with the Executive Officer and legal counsel, may determine whether the potential for conflict of interest exists.

Conflict of Interest

(Government Code Section 87100)

No Committee member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has financial interest. Any Committee member, who has a financial interest that may be affected by a governmental decision, shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Committee member who feels he or she is entering into a situation where there is potential for a conflict of interest should immediately consult the Executive Officer or the Committee's legal counsel.

Serving as an Expert Witness

(Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee, which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.
2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.
3. Using confidential information acquired by virtue of State involvement for the appointee's private gain or advantage, or the private gain or advantage of another.
4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants

A gift of any kind to Committee Members from licensees, applicants for licensure, continuing education providers or approved schools is not permitted. Gifts must be returned immediately.

Immunity from Liability

There are a number of provisions in state law relating to the liability of public agencies and employees. Government Code Section 818.4 states "A public entity is not liable for an injury caused by the issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order or similar authorization where the public entity or an employee of the public entity

is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked.”

Government Code Section 821.2 states, “A public employee is not liable for an injury caused by his issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where he is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked.”

Specific questions related to defense, payment of a judgment, settlement, and indemnification should be discussed with the Committee’s legal counsel.

Resignation of Committee Members

(Government Code Section 1750)

In the event that it becomes necessary for a Committee member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the Officer of DCA, the Committee Chair, and the Executive Officer.

Committee Member Addresses (DCA Policy)

Committee Member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority of the individual Committee Member. A roster of Committee Members is maintained for public distribution on the Committee’s web site using the Committee’s address and telephone number.

CHAPTER 5. Committee Administration & Staff

Executive Officer

The Committee may appoint an Executive Officer. The Executive Officer is responsible for the financial operations and integrity of the Committee, and is the official custodian of records. The Executive Officer is an at will employee, who serves at the pleasure of the Committee, and may be terminated, with or without cause, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Committee Administration

Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer as an instrument of the Committee.

Executive Officer Evaluation

On an annual basis, the Executive Officer is evaluated by the Committee Chair. Committee members provide information to the Chair on the Executive Officer's performance in advance of the evaluation. Once compiled the Committee Chair meets privately with the Executive Officer to provide the Committee's evaluation.

Committee Staff

Employees of the Committee, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, the Committee delegates this authority and responsibility for management of the civil service staff to the Executive Officer as an instrument of the Committee. Committee Members may express any staff concerns to the Executive Officer but shall refrain from involvement in any civil service matters. Committee Members shall not become involved in the personnel issues of any state employee.

Committee Budget

The Executive Officer or the Executive Officer's designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Communications with External Organizations & Individuals

All communications relating to any Committee action or policy to any individual or organization shall be made only by the Chair of the Committee, his or her designee, or the Executive Officer.

Any Committee Member who is contacted by any of the above should inform the Committee Chair or Executive Officer of the contact immediately. All correspondence shall be issued on the Committee's standard letterhead and will be disseminated by the Executive Officer's office.

Business Cards

Business cards will be provided to each Committee Member with the Committee's name, address, telephone and fax number, and website address.

Service of Legal Documents

If a Committee Member is personally served as a party in any legal proceeding related to his or her capacity as Committee Member, he or she must contact the Executive Officer immediately.

Committee Member Orientation

(Business and Professions Code section 453)

The Committee Member orientation session shall be given to new Committee Members within one year of assuming office. B & PC §453 requires every newly appointed board member to complete a training and orientation program offered by the department regarding, among other things, his or her functions, responsibilities, and obligations as a member of a board.

Ethics Training

(Government Code section 11146.1)

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Prevention Training

(Government Code section 12950.1)

Committee Members are required to undergo sexual harassment prevention training and education once every two years.

CHAPTER 6. Committee Member Role in Disciplinary Process

Overview

Discipline is one of the principle responsibilities of the Committee in regulating the Naturopathic Medicine profession. In matters involving discipline, the Committee, Executive Officer, and staff have very distinct roles that must be adhered to in order to preserve the disciplinary process. The Committee's role is that of "decisionmaker", ultimately authorized to deny licensure or order discipline of a license. The Committee reviews two types of disciplinary actions: 1) Proposed stipulated settlements; and 2) Proposed decisions ordered by the Administrative Law Judge (ALJ) after a formal hearing of the facts in the case. In both situations, the final order and action must come from the Committee through a vote by the Committee. This vote can occur at a Committee meeting or via email.

In disciplinary actions, it is the role of the Committee staff to manage the gathering of facts, to conduct investigations, consult with a medical expert who determines whether there has been a departure from the Standard of Care, and send out ballots to the Committee. If Committee members have questions, those questions should be directed to the Committee's legal counsel. The Executive Officer serves the role of the Complainant in the disciplinary process. The Complainant is the individual who has the authority to file charges against the licensee or applicant. In this role, the Executive Officer must not have contact with the Committee in order to ensure the Committee's neutrality who will then make the final decision in the case. The Office of the Attorney General is responsible for prosecuting actions on behalf of the Complainant. Additionally, for disciplinary matters only, the Office of the Attorney General serves as the legal advisor to the Executive Officer (i.e., complainant) and the Committee's legal counsel serves as legal counsel for the Committee. In all other non-disciplinary matters, the Committee's legal counsel advises both the Committee and the Executive Officer.

The Committee is subject to meeting pre-defined enforcement performance measures and is held accountable for the time it takes to manage its disciplinary cases. One way to expedite the disciplinary timeframe is that proposed decisions and settlements are sent by staff continuously to the Committee via email for their consideration and vote. This email ballot process streamlines the disciplinary process and reduces unnecessary delays that would otherwise occur if all decisions were made at scheduled Committee meetings. However, if Committee members feel they need to discuss a particular proposed decision or settlement, there is an option to mark on the ballot hold for discussion at a future Committee meeting.

Email/Mail Vote Process

(Government Code Section 11500 et. Seq.+6,)

The Committee must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect. Proposed stipulations and decisions are emailed to each Committee Member for his or her vote.

Proposed ALJ decisions (following an administrative hearing), along with proposed stipulated settlements and negotiated settlements are sent to the Committee via email for their consideration and vote. Email ballot packet materials are confidential and include the following documents:

- 1) Proposed ALJ decisions: the ALJ order, accusation or statement of issues;
- 2) Proposed stipulated settlements (including Stipulated Surrender of License): settlement, accusation and petition to revoke probation or statement of issues, Deputy Attorney General's (DAG) memo.

Deliberation and decision-making should be done independently and confidentially by each Committee member. Committee members shall only use the information provided to make their determination. For cases decided via email ballot, voting members may not communicate with each other and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the complainant (Executive Officer), the ALJ or anyone associated with the case. Additionally, Committee members should not discuss pending cases with Committee staff, except as to questions about procedure, which if the nature of the questions are legal, such questions will be referred to the Committee's legal counsel.

Completed email ballots shall be returned by the due date listed on the ballot. Delays by Committee members in returning votes, delays final discipline. Committee members should retain their email ballot materials including the completed email ballot itself in case there is further action on the case. Final orders of the Committee do not become effective immediately, the final decision must be served and the Committee could receive a request for reconsideration which would delay the disciplinary action timeline and the order from becoming final. Once the decision is final, the email ballot packet materials that Committee members receive must be confidentially destroyed.

Email/Mail Ballot Voting Options

Each email ballot will have the following voting options:

- **Adopt/Grant:** a vote to adopt the proposed ALJ decision means that you agree with the decision as written and accept the decision.
- **Reject (Non-Adopt):** A vote to not adopt the proposed decision means that you disagree with one or more portions of the proposed decisions and do not want it

adopted as the Committee's decision. However, a majority vote to adopt will prevail over a minority vote to not adopt.

- **Hold for Discussion:** A vote for discussion may be made if you wish to have some part of the action changed in some way (increase penalty, reduce penalty, etc.). For example, you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer. At least TWO votes in this category must be received to stop the process until the Board can consider the case in closed session at a committee meeting.
- **Topic Discussion for Open Session:** By marking this category, you may have a matter that is not specifically related to the case, but a topic in general discussed at the Committee's next meeting. The discussion will be in open session.
- **Recuse self from the case because:** If the subject of the action is personally known to you, (friend, family, etc.). You should recuse yourself immediately if you have or had any familial relationship with the subject of any enforcement action taken by the Committee.

Legal Procedure by Type of Decision

Stipulations—Proposed Settlements:

- **Adopt.** If the decision of the Committee is to adopt the terms proposed in the stipulation that decision becomes effective with 30 days if reconsideration is not requested. Respondent is notified of the decision.
- **Counter Offer.** Hold for Discussion
- **Reject.** If the Committee decides to not adopt the stipulation, the respondent is notified and the matter resumes the process for formal administrative hearing process before an ALJ. A new settlement may be submitted to the Committee at a later date. If the case goes to hearing, the Committee will consider the ALJ proposed decision.

Proposed ALJ Decisions Following a Formal Hearing:

- **Adopt.** If the Committee members decide to adopt the proposed decision, the proposed decision become effective within 30 days and the respondent is notified of the decision.
- **Reject.** If the Committee members do not agree with any aspect of the ALJ's proposed decision, they have the option to "non-adopt" the proposed decision. This category should be used when you believe the penalty should be modified in some way. The Committee may choose not to adopt or reject a proposed

decision of an ALJ for several reasons which might be grouped generally under the following categories: (1) The Committee finds the penalty or terms of probation inappropriate to the violations; (2) The Committee disagrees with the ALJ's determination of the issues in the case; or (3) The Committee disagrees with the ALJ's findings and determination that no grounds for discipline exist. In this case, the respondent is notified. The next step is that Committee staff will order the administrative hearing transcripts and request written arguments from the respondent. Committee members will review the transcripts, evidence, and written arguments and meet in a closed session Committee meeting with the Committee's legal counsel who will facilitate the closed session and write the Committee's decision. The Committee uses its disciplinary guidelines and applicable law when making such decisions. The Committee's decision is then adopted by the Committee and issued as a final order of the Committee. The respondent is notified of the decision.

Explanation of Terminology

Proposed Decision:

Following a hearing, the Administrative Law Judge (ALJ) drafts a proposed decision recommending an outcome based on the facts and the Committee's disciplinary guidelines. At its discretion, the Committee may impose a lesser penalty than that in the proposed decision. If the Committee desires to increase a proposed penalty, however, it must vote to reject or non-adopt the proposed decision, read the transcript of the hearing and review all exhibits prior to making a final determination on the case.

Default Decision:

If an accusation mailed to the last known address is returned by the post office as unclaimed, or if a respondent fails to file a Notice of Defense or fails to appear at the hearing, the respondent is considered in default. The penalty in a case resolved by default is generally revocation of the license. A default decision can be set aside and the case set for hearing if the respondent petitions for reconsideration before the effective date of the decision and the Committee grants the petition.

Stipulated Decision:

At any time during the disciplinary process, the parties to the matter (Executive Officer and the respondent) can agree to a disposition of the case. With the Executive Officer's consent, the Deputy Attorney General will negotiate a stipulated decision (sometimes referred to as a stipulated agreement) based on the Committee's disciplinary guidelines.

Adopt:

A vote to adopt the proposed action means that you accept the action as proposed.

Reject (Non-Adopt):

A vote to reject (non-adopt) the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the Committee's decision. This category should be used if you believe additional or different terms or conditions of probation should be added (or deleted) or that the penalty should be modified in some other way.

If a proposed decision is rejected, the transcript will be ordered and the case scheduled for argument according to Government Code §11517. After reviewing the record and transcripts, the Committee can then decide the case upon the record and modify the decision as it deems appropriate, except that any cost recovery order may not be increased. If a stipulated decision is rejected, the case will be set for hearing. If a default decision is rejected, the case will be set for hearing.

Recuse: Committee Member Disqualification from Deciding Case

With some limited exception, a Committee member cannot decide a case if that Committee member investigated, prosecuted or advocated in the case or is subject to the authority of someone who investigated, prosecuted or advocated in the case. Examples of such a conflict is if a person is a family member, close personal friend, or business partner. A Committee member may be disqualified for bias, prejudice or interest in the case. When in doubt, Committee members should contact the Committee's legal counsel for guidance.

Ex Parte Communications Involving Disciplinary Actions

Ex Parte is Latin for "by or for one party; by one side." In practice, it is a limitation on the types of information and communication that Committee members may receive or make when considering a case, without both parties being present. The rationale for this limitation is to avoid any communication that would unfairly prejudice one party or unduly influence the outcome of the legal proceeding.

Communication with staff on the merits of the case, communication with those who investigated the case or communication with the ALJ could all bias the outcome and be unfairly one sided with respect to the respondent. So, the easiest way to avoid the Committee's decision from being subjected to a potential legal challenge is to avoid ex parte communication with anyone except the Committee's legal counsel about a case.

CHAPTER 7. Travel & Salary Policies & Procedures

Travel Reimbursement

Committee members will be reimbursed for their travel related to all Committee and Sub-Committee meetings. Reimbursements will be in accordance with current travel reimbursement policies. Please refer to the Committee's Policies and Department of Consumer Affairs (DCA) Travel Guide for specific travel guidelines and reimbursement policies.

Committee members must submit their travel receipts, mileage information (*if applicable*), and start and end time for each trip to the Executive Officer, who will then process each reimbursement through the State's reimbursement system CalATERS Global.

Travel Approval (State Administrative Manual Section 700 et. seq.)

Travel related to Committee and Committee meetings do not require travel approval. All other travel related to Committee business must be approved by DCA prior to the event. For any travel, out of state representing the State of California, prior approval from the Governor's Office is required and must be submitted for endorsement at least 2 months prior to the intended date of departure. Please contact the Executive Officer for further information.

Travel Arrangements (Committee Policy)

Generally, government travel is restricted to either, a designated carrier or the lowest priced carrier. Similarly, lodging is restricted to hotels that offer a state rate that is under the reimbursement maximum that vary by city. Committee members will only be reimbursed up to the maximum, unless they have received prior authorization for excess lodging, which must be secured prior to travel. To facilitate travel arrangements, Committee members should provide the Executive Officer with credit card information that can be used to secure lodging reservations that require a personal credit card. The Committee has no means to secure lodging reservations for Committee members without your credit card. The Executive Officer makes Committee travel arrangements for lodging and flights, so coordinate directly with the Executive Officer.

Exceptions to Travel Reimbursement Policies

Lodging

State guidelines generally prohibit reimbursement for hotel expenses within 50 miles of an individual's home address or an extra night stay following the conclusion of the Committee activity. However, an exception to this guideline may be obtained if the circumstances necessitate an overnight stay. Please contact the Committee Liaison for further details.

Airport Parking Reimbursement

State guidelines strongly encourage the use of the least expensive parking available (i.e. economy lot). However, if the Committee determines that additional parking costs above the lowest-cost option are in the best interests of the State, a justification explaining the necessity for additional cost must be submitted with the travel claim.

Travel Claims (Department Policy) (SAM Section 700 et seq.)

Rules governing reimbursement of travel expenses for Committee Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. All travel claim forms must be submitted to the Executive Officer for processing.

Committee Members are strongly encouraged to submit their travel expense forms immediately after returning from a trip and not later than the 15th of the month following the trip. It is also necessary to submit original receipts for expenses claimed such as parking, transportation service, bridge tolls, flight itineraries, and gas receipts, (pre-paid gas receipts will not be accepted and must include detailed information such as, number of gallons, price per gallon, etc.). Meal reimbursement is limited to designated maximums per meal and depend on the time of day. While meal receipts are not required for reimbursement, it is advised to keep receipts in case your claims are audited in the future.

The Executive Officer's travel and per diem reimbursement claims shall be submitted to the Committee Chair for approval.

Salary Per Diem Amount (B & P Code Section 103)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Committee members is regulated by the B&P Code Section 103. Each member of the Committee shall receive a per diem in the amount provided in

Section 103 of the Business and Professions (B&P) Code. Committee members fill non-salaried positions, but are paid \$100 per day for each meeting day and are reimbursed travel expenses. In relevant part, B&P Code Section 103 provides for the payment of salary per diem for Committee Members “for each day actually spent in the discharge of official duties,” and provides that the Committee Member “shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.”

Salary Per Diem (Committee Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. No salary per diem or reimbursement for travel-related expenses shall be paid to Committee members except for attendance at official Committee or committee meetings, unless a substantial official service is performed by the Committee member. Attendance at gatherings, events, hearings, conferences or meetings other than official Committee or committee meetings in which a substantial official service is performed the Executive Officer shall be notified and approval shall be obtained from the Committee Chair prior to Committee member’s attendance.
2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Committee or committee meeting until that meeting is adjourned. If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.
3. For Committee-specified work, Committee members will be compensated for time actually spent in performing work authorized by the Committee Chair. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for Committee or committee meetings and reading and deliberating mail ballots for disciplinary actions.
4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to Committee business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members’ duties with the Committee.
5. Committee members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Committee representative unless approved in writing by the Chair. Requests must be submitted in writing to the Chair for approval and a copy provided to the Executive Officer. However, Committee members should recognize that even when representing themselves as “individuals,” their positions might be misconstrued as those of the Committee.

CHAPTER 8. Committee Resources

Committee Resources

Below is a list of contacts that the Committee regularly interacts with in the course of carrying out its licensing and regulatory functions.

American Association of Naturopathic Physicians (AANP)

818 18th Street, NW, Suite 250
Washington, DC 20006
(202) 237-8150 Phone
(866) 538-2267 Toll Free
(202) 237-8152 Fax
Email: coordinator@calnd.org
Web: <http://www.naturopathic.org/>

California Board of Pharmacy (BOP)

1625 North Market Blvd., Suite N 219
Sacramento, CA 95834
(916) 574-7900 Phone
(916) 574-8618 Fax
Email: phystatus@dca.ca.gov
Web: <http://www.pharmacy.ca.gov>

California Naturopathic Doctors Association (CNDA)

5601 West Slauson Avenue, Suite 275
Culver City, CA 90230
(310) 670-8100 Phone
(815) 550-2411 Fax
Email: member.services@naturopathic.org
Web: <http://www.calnd.org/>

Department of Consumer Affairs (DCA)

Consumer Information Division
1625 North Market Blvd., Suite N 112
Sacramento, CA 95834
(800) 952-5210 Toll Free
Email: dca@dca.ca.gov
Web: <http://www.dca.ca.gov/>

Department of Consumer Affairs (DCA)

Equal Employment Opportunity Office (EEO)

1625 North Market Blvd., Suite N 330

Sacramento, CA 95834

(916) 574-8280 Phone

(916) 574-8604 Fax

Email: dca@dca.ca.govWeb: <http://www.dca.ca.gov/>**Federation of Naturopathic Medicine Regulatory Authorities (FNMRA)**

9220 SW Barbur Blvd., Suite 119, #321

Portland, OR 97219

(503) 244-7189 Phone

Email: shannonbraden@fnmra.orgWeb: <http://www.fnmra.org>**Medical Board of California (MBC)**

2005 Evergreen Street, Suite 1200

Sacramento, CA 95815

(916) 263-2382 Phone

(916) 263-2944 Fax

Email: webmaster@mbc.ca.govWeb: <http://www.mbc.ca.gov>**Naturopathic Medicine Committee of California (NMC)**

1300 National Drive, Suite 150

Sacramento, CA 95834-1991

(916) 928-4785 Phone

(916) 928-4787 Fax

Email: naturopathic@dca.ca.govWeb: <http://www.naturopathic.ca.gov>**North American Board of Naturopathic Examiners (NABNE)**

9220 SW Barbur Blvd., Suite 119, #321

Portland, OR 97219

(503) 778-7990 Phone

Email: info@nabne.orgWeb: <http://www.nabne.org>**Osteopathic Medical Board of California (OMBC)**

1300 National Drive, Suite 150

Sacramento, CA 95834-1991

(916) 928-8390 Phone

(916) 928-8392 Fax

Email: osteopathic@dca.ca.govWeb: <http://www.ombc.ca.gov>

California Political Practices Commission (FPPC)

428 J Street, Suite 620

Sacramento, CA 95814

(916) 322-5660 Phone

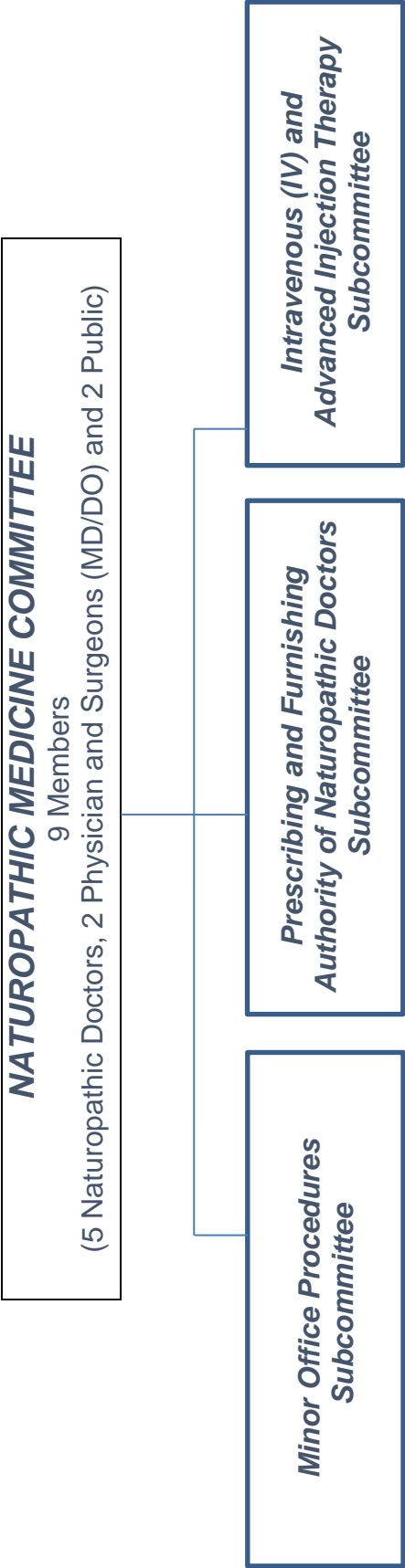
1 (866) 275-3772 Toll-free advice line

Email Advice: advice@fppc.ca.govWeb: <http://www.fppc.ca.gov>

Attachment B



Attachment B - Current Organizational Chart Showing Relationship of Subcommittees to Committee and Membership of Each Subcommittee



Standing Subcommittees of the California Naturopathic Medicine Committee

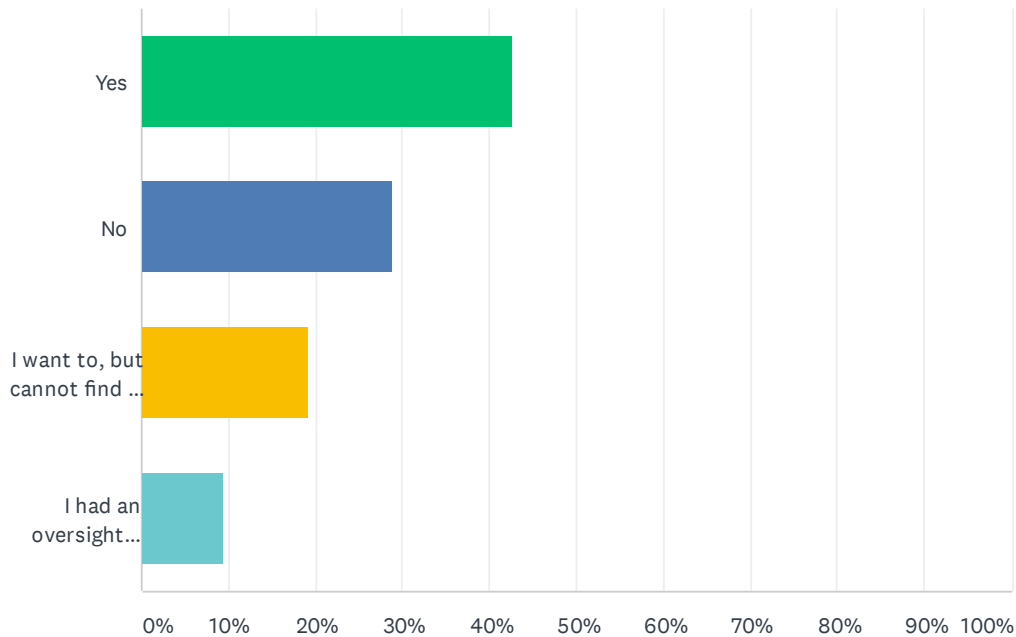
Subcommittee	Members
Minor Office Procedures Subcommittee	Bruce Davidson, Ph.D., Chair Greta D'Amico, N.D. Myles Spar, M.D.
Prescribing and Furnishing Authority of Naturopathic Doctors Subcommittee	Minna Yoon, N.D., Chair Peter Koshland, Pharm.D., (Consultant) Thomas G. Quinn, M.D.
Intravenous (IV) and Advanced Injection Therapy Subcommittee	Dara Thompson, N.D., Chair Vera Singleton, N.D. Virginia Osborne, N.D. (Consultant)

Attachment C



Q1 1. Do you currently have a physician/ND oversight agreement that allows you to prescribe pharmaceuticals to your patients?

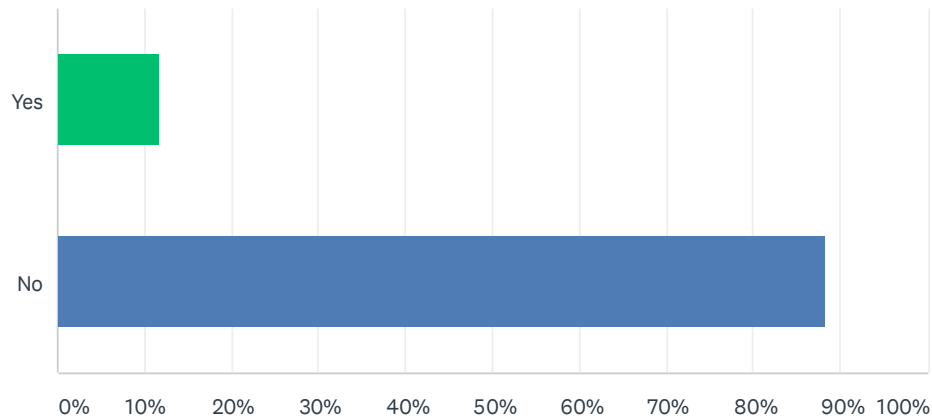
Answered: 364 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	42.58%	155
No	28.85%	105
I want to, but cannot find a physician that will enter into an oversight agreement with me	19.23%	70
I had an oversight agreement in the past, but I currently do not have an oversight agreement in place	9.34%	34
TOTAL		364

Q2 Do you currently provide vaccines to your patients (excluding the COVID-19 vaccine)?

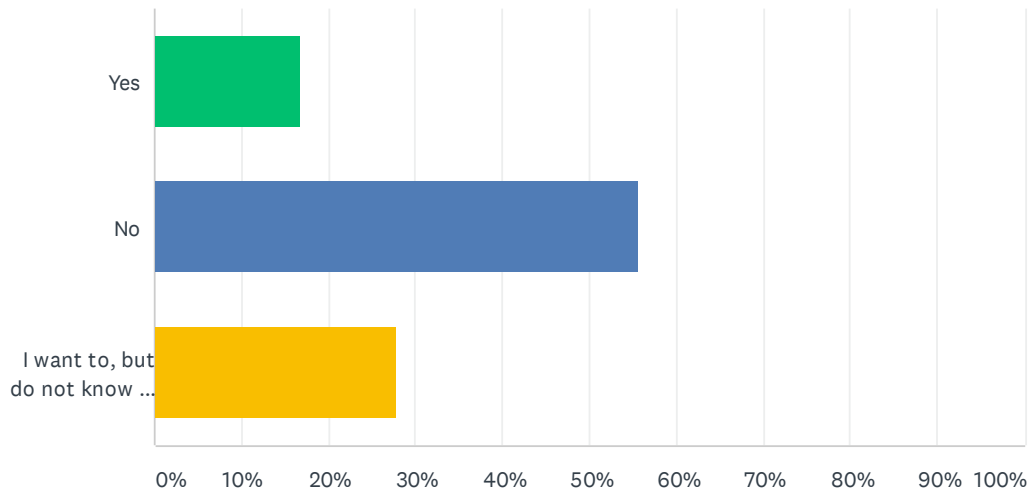
Answered: 154 Skipped: 210



ANSWER CHOICES	RESPONSES	
Yes	11.69%	18
No	88.31%	136
TOTAL		154

Q3 Do you currently administer the COVID-19 vaccine using the Executive order/waiver?

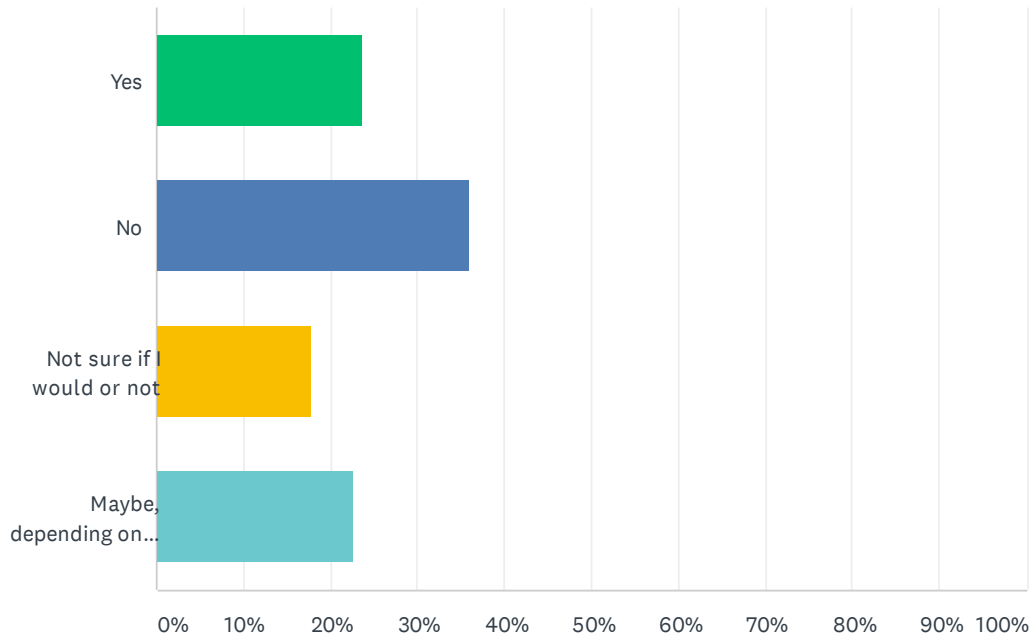
Answered: 18 Skipped: 346



ANSWER CHOICES	RESPONSES	
Yes	16.67%	3
No	55.56%	10
I want to, but do not know how to get registered to administer the COVID-19 vaccine	27.78%	5
TOTAL		18

Q4 If you currently do not have a physician oversight agreement in place, but were allowed to administer vaccinations independently, would you choose to provide this service to your patients?

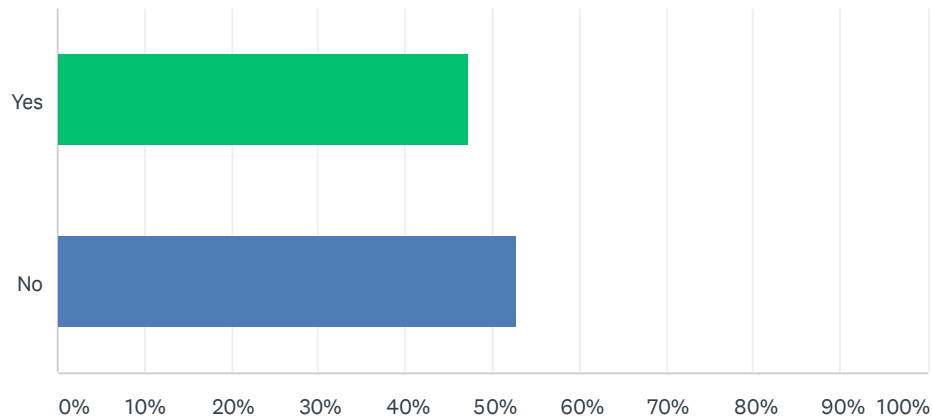
Answered: 203 Skipped: 161



ANSWER CHOICES	RESPONSES	
Yes	23.65%	48
No	35.96%	73
Not sure if I would or not	17.73%	36
Maybe, depending on the needs of my patients	22.66%	46
TOTAL		203

Q5 Are you currently, or have you been licensed in another state where you had independent prescribing rights as part of your scope of practice?

Answered: 357 Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes	47.34%	169
No	52.66%	188
TOTAL		357

Q6 Which state(s) were/are you licensed in where you had/have independent prescribing rights?

Answered: 168 Skipped: 196

#	RESPONSES	DATE
1	WA	8/31/2021 11:45 PM
2	Arizona	8/31/2021 9:33 PM
3	Washington	8/31/2021 3:16 PM
4	OR, WA	8/31/2021 1:21 PM
5	AZ	8/30/2021 6:52 AM
6	ARizona	8/28/2021 5:47 PM
7	Arizona	8/28/2021 1:56 PM
8	WA	8/27/2021 9:22 PM
9	Arizona	8/27/2021 4:59 PM
10	WA, OR	8/27/2021 2:15 PM
11	AZ	8/27/2021 12:43 PM
12	wa	8/27/2021 12:14 PM
13	Oregon	8/27/2021 11:26 AM
14	Az	8/27/2021 10:51 AM
15	Washington	8/27/2021 10:28 AM
16	WA and OR	8/27/2021 10:12 AM
17	Arizona	8/27/2021 8:47 AM
18	WA and OR	8/27/2021 8:25 AM
19	Arizona	8/27/2021 8:11 AM
20	AZ and MT	8/27/2021 7:49 AM
21	Oregon	8/27/2021 7:35 AM
22	Oregon and Washington	8/27/2021 6:47 AM
23	WA	8/27/2021 6:27 AM
24	OR	8/27/2021 1:01 AM
25	AZ	8/26/2021 11:45 PM
26	Oregon, Arizona	8/26/2021 11:36 PM
27	Oregon	8/26/2021 11:21 PM
28	Washington	8/26/2021 10:38 PM
29	Oregon	8/26/2021 10:15 PM
30	WA	8/26/2021 9:57 PM
31	Montana	8/26/2021 9:14 PM

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32	Washington	8/26/2021 8:55 PM
33	AZ	8/26/2021 8:35 PM
34	WA, AR	8/26/2021 8:24 PM
35	Oregon	8/26/2021 8:09 PM
36	Arizona	8/26/2021 8:05 PM
37	Arizona and Oregon	8/26/2021 7:49 PM
38	AZ, MT	8/26/2021 7:37 PM
39	AZ	8/26/2021 7:21 PM
40	Utah	8/26/2021 7:16 PM
41	Arizona, Connecticut	8/26/2021 7:08 PM
42	Arizona	8/26/2021 7:00 PM
43	UT	8/26/2021 6:50 PM
44	OR, WA	8/26/2021 6:48 PM
45	Wa vt or	8/26/2021 6:14 PM
46	Oregon, Hawaii	8/26/2021 6:12 PM
47	Arizona	8/26/2021 6:10 PM
48	WA	8/26/2021 6:01 PM
49	Vermont	8/26/2021 5:59 PM
50	Washington	8/26/2021 5:56 PM
51	AZ	8/26/2021 5:54 PM
52	Arizona	8/26/2021 5:50 PM
53	TX	8/26/2021 5:49 PM
54	OR	8/26/2021 5:47 PM
55	Oregon	8/26/2021 5:44 PM
56	Washington and Oregon	8/26/2021 5:43 PM
57	Washington and Arizona	8/26/2021 5:42 PM
58	Oregon	8/25/2021 1:39 PM
59	Oregon	8/23/2021 7:02 PM
60	Oregon, Washinton	8/22/2021 9:49 AM
61	AZ	8/18/2021 7:22 PM
62	Washington	8/16/2021 10:24 AM
63	Washington	8/14/2021 9:59 AM
64	Washington	8/14/2021 9:53 AM
65	OR	8/13/2021 7:35 AM
66	Vermont	8/12/2021 4:38 PM
67	Washington, New Hampshire	8/12/2021 3:27 PM
68	WA	8/11/2021 9:50 PM
69	Oregon	8/11/2021 8:32 PM

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70	WA	8/11/2021 5:54 PM
71	Washington	8/10/2021 12:45 PM
72	Oregon	8/9/2021 9:22 PM
73	Arizona	8/9/2021 12:28 PM
74	Arizona	8/9/2021 11:57 AM
75	Ontario, CA	8/9/2021 5:16 AM
76	I'm currently licensed in Oregon and Washington, DC	8/7/2021 4:42 PM
77	Washington	8/7/2021 2:57 PM
78	Oregon	8/6/2021 1:26 PM
79	Washington	8/6/2021 1:17 PM
80	Oregon	8/6/2021 12:59 PM
81	Oregon	8/6/2021 11:54 AM
82	Oregon	8/6/2021 9:05 AM
83	Arizona, Vermont, Washington State	8/6/2021 8:43 AM
84	Montana. None of the options in the next question about what I could prescribe are accurate for MT.	8/6/2021 7:53 AM
85	AZ	8/6/2021 7:43 AM
86	OR	8/6/2021 7:36 AM
87	Oregon	8/6/2021 7:30 AM
88	Washington State, British Columbia (Canada)	8/6/2021 7:12 AM
89	Oregon	8/5/2021 10:13 PM
90	AZ	8/5/2021 4:21 PM
91	NH	8/5/2021 4:19 PM
92	Arizona	8/5/2021 1:25 PM
93	AZ, WA	8/5/2021 12:49 PM
94	oregon	8/5/2021 12:03 PM
95	Washington	8/5/2021 11:43 AM
96	Washington	8/5/2021 11:22 AM
97	Oregon and Washington	8/5/2021 7:38 AM
98	Washington	8/5/2021 6:36 AM
99	Montana	8/4/2021 10:03 PM
100	washington state	8/4/2021 9:12 PM
101	AZ	8/4/2021 9:04 PM
102	Hawaii	8/4/2021 8:48 PM
103	New Mexico	8/4/2021 8:39 PM
104	WA	8/4/2021 8:33 PM
105	Arizona	8/4/2021 8:10 PM
106	NV as APRN	8/4/2021 8:09 PM
107	WA	8/4/2021 8:07 PM

CA Naturopathic Medicine Committee - Rx Survey

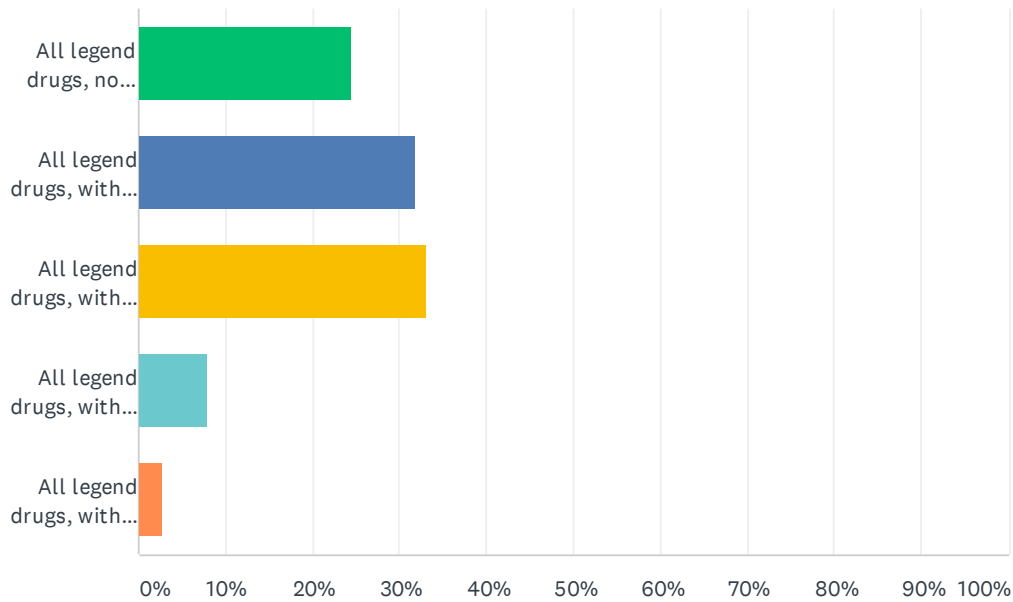
108	Arizona	8/4/2021 5:50 PM
109	Oregon	8/4/2021 4:54 PM
110	Washington State	8/4/2021 4:19 PM
111	AZ	8/4/2021 3:58 PM
112	AZ	8/4/2021 3:56 PM
113	Wa	8/4/2021 3:31 PM
114	AZ	8/4/2021 3:19 PM
115	AZ	8/4/2021 3:10 PM
116	AZ	8/4/2021 3:04 PM
117	Montana	8/4/2021 2:47 PM
118	Arizona	8/4/2021 2:00 PM
119	Hawaii	8/4/2021 1:36 PM
120	Oregon, Washington	8/4/2021 1:27 PM
121	California	8/4/2021 12:55 PM
122	Sate of Oregon, Washington and Arizona	8/4/2021 12:44 PM
123	Arizona	8/4/2021 12:24 PM
124	Arizona, Washington	8/4/2021 12:05 PM
125	Washington	8/4/2021 12:02 PM
126	Washington	8/4/2021 12:02 PM
127	Oregon	8/4/2021 11:55 AM
128	WA, OR	8/4/2021 11:55 AM
129	AZ	8/4/2021 11:36 AM
130	WA	8/4/2021 11:34 AM
131	Hawaii	8/4/2021 11:33 AM
132	OR, WA. not sure of schedules that were available (was awhile ago)	8/4/2021 11:29 AM
133	Oregon, Washington	8/4/2021 11:19 AM
134	WA	8/4/2021 10:58 AM
135	California	8/4/2021 10:55 AM
136	Washington	8/4/2021 10:44 AM
137	AZ	8/4/2021 10:40 AM
138	Oregon	8/4/2021 10:33 AM
139	Oregon	8/4/2021 10:32 AM
140	WA, AZ	8/4/2021 10:16 AM
141	washington	8/4/2021 10:10 AM
142	Oregon	8/4/2021 10:08 AM
143	Arizona	8/4/2021 10:06 AM
144	OR	8/4/2021 10:03 AM
145	AZ	8/4/2021 9:51 AM

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146	Washington, Oregon	8/4/2021 9:48 AM
147	Arizona	8/4/2021 9:45 AM
148	Oregon	8/4/2021 9:45 AM
149	OR	8/4/2021 9:45 AM
150	Arizona	8/4/2021 9:45 AM
151	Oregon	8/4/2021 9:41 AM
152	Washington	8/4/2021 9:39 AM
153	Washington	8/4/2021 9:35 AM
154	Oregon	8/4/2021 9:35 AM
155	Arizona	8/4/2021 9:33 AM
156	WA	8/4/2021 9:33 AM
157	Arizona	8/4/2021 9:33 AM
158	WA	8/4/2021 9:31 AM
159	Washington	8/4/2021 9:29 AM
160	Vermont	8/4/2021 9:27 AM
161	Oregon	8/4/2021 9:26 AM
162	OR, WA	8/4/2021 9:26 AM
163	WA	8/4/2021 9:25 AM
164	OR, WA	8/4/2021 9:25 AM
165	Oregon	8/4/2021 9:25 AM
166	Oregon	8/4/2021 9:24 AM
167	WA AZ NH	8/4/2021 9:23 AM
168	Oregon	8/4/2021 8:55 AM

Q7 If you are/were licensed in another state as an ND, what drugs did your independent prescribing rights include?

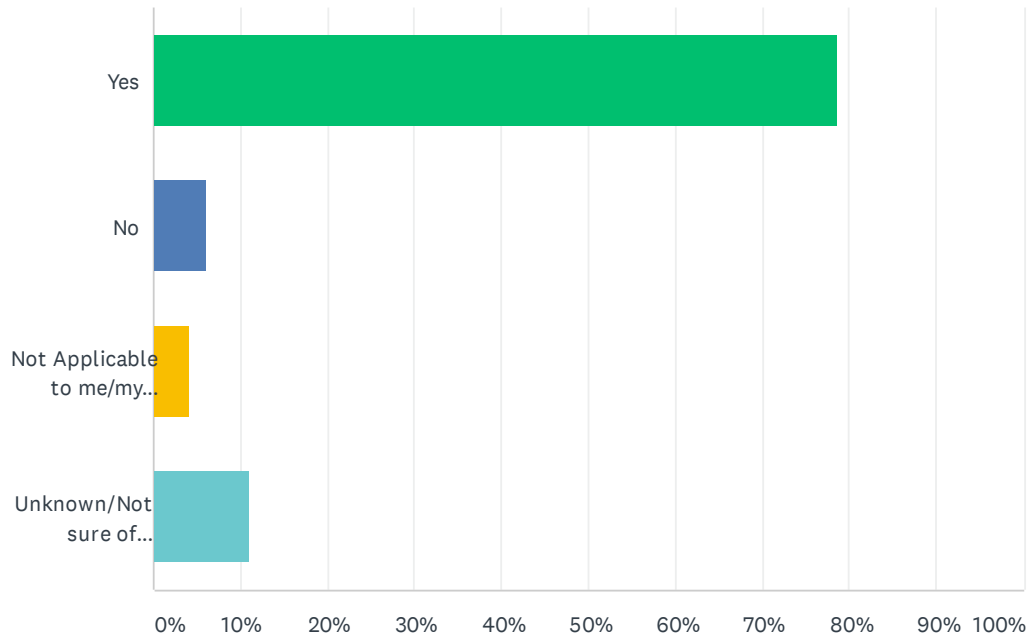
Answered: 151 Skipped: 213



ANSWER CHOICES	RESPONSES	
All legend drugs, no controlled substances	24.50%	37
All legend drugs, with Schedule II through V only	31.79%	48
All legend drugs, with Schedule III through V only	33.11%	50
All legend drugs, with Schedule IV through V only	7.95%	12
All legend drugs, with Schedule V only	2.65%	4
TOTAL		151

Q8 Have any of your patients expected you to have the same prescribing rights as other practitioners, such as physicians (MD/DO), nurses (NP/RN), or physician's assistants (PA)?

Answered: 351 Skipped: 13



ANSWER CHOICES	RESPONSES	
Yes	78.63%	276
No	5.98%	21
Not Applicable to me/my practice	4.27%	15
Unknown/Not sure of patient's expectations	11.11%	39
TOTAL		351

Q9 Are you planning on becoming licensed in and practicing as an ND in another state? If so, please list the top three (3) reasons that you are considering leaving California and or expanding to practice in other states?

Answered: 351 Skipped: 13

#	RESPONSES	DATE
1	1. Prescribing restrictions/supervision requirement on ND's in CA. 2. Difficulty finding MD's who are willing to enter into a supervision agreement. 3. I have more than once felt required to work for an MD who I would not otherwise work for due to poor contract, unhealthy work environment, etc, so that I could obtain or maintain a supervision agreement.	8/31/2021 11:46 PM
2	No	8/31/2021 10:49 PM
3	I do not plan on leaving CA but would like to have a license in another state as well.	8/31/2021 9:34 PM
4	no	8/31/2021 6:11 PM
5	no	8/31/2021 3:55 PM
6	Possibly, d/t: 1) high cost of living, 2) climate change and impacts to quality of life, 3) to be able to be with my aging parents..	8/31/2021 3:18 PM
7	I moved to CO and am currently doing telemedicine in CA. I was going to surrender my license and only practice in CO, but with covid I decided to continue staying virtual and doing telemed. If my practice slowed down, I would then let go of my CA license and get a CO license. We left CA due to over regulation, high taxes, and environmental concerns (fires).	8/31/2021 2:18 PM
8	Better scope of practice; independent practice; easier CE	8/31/2021 1:22 PM
9	Colorado - cheaper cost of living than CA	8/31/2021 1:20 PM
10	I have considered moving and practicing in a different state. (1) The political situation in California and the push for mandatory vaccinations. I find this to go against my principles as a Naturopathic doctor and treating patients as individuals. (2) Mandatory vaccination for all kids attending school. As I begin to plan on expanding my family, I again would like to have a choice on what I find beneficial and of higher risk for my child. (3)The removal of religious exemption for the vaccination of school aged children worries me in regards to the values of the state and individuals in charge. I find it to be a violation of our constitutional rights.	8/31/2021 10:51 AM
11	No.	8/30/2021 5:58 PM
12	Idaho. 1.) The culture of California. 2.) The cost of living in California. 3.) Business laws, rules, and regulations of California.	8/30/2021 12:45 PM
13	No	8/30/2021 12:13 PM
14	I'm not considering it at the moment, but rising housing/rental costs are a concern. I would really like the ability to hire a nurse in CA and remove the oversight for prescribing rights.	8/30/2021 10:52 AM
15	Yes. Better scope of practice, expand my client base, other states with much larger scopes are much cheaper to hold a license in with a better scope	8/30/2021 9:09 AM
16	telehealth	8/30/2021 6:53 AM
17	No	8/29/2021 2:00 PM
18	Yes- moving for family and cost of living	8/29/2021 12:11 PM
19	cost	8/29/2021 7:59 AM
20	No	8/29/2021 7:49 AM
21	No	8/28/2021 10:07 PM

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22	Vaccination mandates	8/28/2021 5:47 PM
23	N/A	8/28/2021 3:09 PM
24	Don't have title and rights of physician, scope of practice	8/28/2021 2:00 PM
25	Vaccine mandates, government overreach, lack of scope of practice in CA	8/28/2021 9:55 AM
26	Not at this time.	8/28/2021 8:01 AM
27	Scope, insurance, better weather	8/28/2021 12:52 AM
28	No	8/27/2021 9:27 PM
29	Yes, expanded scope of practice, more business autonomy	8/27/2021 9:23 PM
30	Not unless my home state of Texas becomes licensed	8/27/2021 6:51 PM
31	NA	8/27/2021 6:02 PM
32	Maybe, will leave if the mandate stick for healthcare workers or they start going after you get kids.	8/27/2021 5:40 PM
33	1. Better scope of practice 2. Less legislative issues 3. Insurance coverage.	8/27/2021 5:19 PM
34	Limited scope of practice, cost of living, CA wildfires	8/27/2021 5:01 PM
35	I am already licensed in OR and am considering expanding to WA and maybe CO and/or AZ. Online work is expanding and those markets would be nice to add	8/27/2021 2:15 PM
36	1. Too much restrictions in CA 2. Difficult to access IV medications 3. Lack of acceptance by healthcare community	8/27/2021 1:38 PM
37	No	8/27/2021 1:01 PM
38	Yes - Board of pharmacy is very restrictive here and it limits my capacity to use effective agents, politics, high income taxes.	8/27/2021 12:45 PM
39	no	8/27/2021 12:15 PM
40	No	8/27/2021 12:02 PM
41	Currently practicing in Pennsylvania	8/27/2021 11:58 AM
42	No	8/27/2021 11:27 AM
43	no	8/27/2021 11:13 AM
44	Going back to Arizona to have a full scope of practice. Including Acupuncture and Prescribing.	8/27/2021 10:52 AM
45	undecided	8/27/2021 10:29 AM
46	So many people in my area call themselves a naturopath (Bay area) who are not licensed Naturopathic Doctors. It has created confusion for the public. My imaging orders are not accepted by any imaging (independent or hospital) in my area due to this confusion (have spoken to the managers to no avail). Being able to prescribe hormones but no other prescriptions is confusing for patients. Being able to prescribe injectable vitamins but not lidocaine or epinephrine is frankly a huge oversight and dangerous. We should be licensed to the full extent we were trained as we are in WA, OR, AZ, VT, NM, ID, etc. For how much we pay for our license in CA I would like to see more legislative efforts to expand our scope, name protection, and public opinion.	8/27/2021 10:20 AM
47	CA NDs are NOT on par with "physicians" despite attending 4 year medical schools &, in my case, doing a residency. Need to be acknowledged as "Physician" with FULL scope ability. PROBLEMS: 1. No independent Rx prescribing rights (I even passed the extra portion of the licensing exam) 2. No minor surgical procedures allowed (I even passed the extra licensing portion) 3. No full physical medicine/chiro ability (e.g. grade 5 manipulations). Side Note: shouldn't have to take tests to do what we are trained to do in medical school!	8/27/2021 10:07 AM
48	No	8/27/2021 9:57 AM
49	No	8/27/2021 9:55 AM

CA Naturopathic Medicine Committee - Rx Survey

50	No	8/27/2021 8:47 AM
51	No	8/27/2021 8:26 AM
52	Possibly. Extreme restrictions per executive orders handed down by the governor.	8/27/2021 8:23 AM
53	I am already licensed in AZ and dually licensed as an NP	8/27/2021 8:11 AM
54	Not applicable	8/27/2021 8:07 AM
55	Prescribing rights and requirement for md oversight contract	8/27/2021 7:50 AM
56	Yes. Applying for a license in AZ and opening a practice so that I have full scope of practice. There I would have prescription rights, not have to pay an md to control what I prescribe and to be able to do minor surgery for hormone pellets which so many women ask for	8/27/2021 7:47 AM
57	No	8/27/2021 7:36 AM
58	NOt planning on practicing in another state	8/27/2021 6:56 AM
59	Unconstitutional Covid mandates based on politics, not science	8/27/2021 6:48 AM
60	NA	8/27/2021 6:28 AM
61	Expanded scope of practice. Insurance coverage. California compounding and injectable limitations.	8/27/2021 6:05 AM
62	no	8/27/2021 5:35 AM
63	No	8/27/2021 1:01 AM
64	Thinking of Arizona because of better scope.	8/26/2021 11:48 PM
65	Yes, Prescribing rights, hiring nurses, cost of living	8/26/2021 11:46 PM
66	Im already licensed in other states	8/26/2021 11:37 PM
67	No insurance coverage.	8/26/2021 11:22 PM
68	No	8/26/2021 10:39 PM
69	Prescribing rights	8/26/2021 10:18 PM
70	No	8/26/2021 10:15 PM
71	not at this time	8/26/2021 10:14 PM
72	Ca legislation interfering with doctor-patient decisions	8/26/2021 9:58 PM
73	No	8/26/2021 9:24 PM
74	1) Expand my reach- I have a lot of out of state clients who would like to establish care.	8/26/2021 9:19 PM
75	Prescriptive rights, vaccine mandate in California	8/26/2021 9:15 PM
76	NO	8/26/2021 8:56 PM
77	Wildfires, politics	8/26/2021 8:47 PM
78	Only if for family reasons	8/26/2021 8:36 PM
79	No	8/26/2021 8:31 PM
80	ability to practice full scope	8/26/2021 8:28 PM
81	greater scope of practice in other states	8/26/2021 8:23 PM
82	Yes, Arizona and Montana. I don't feel safe in Los Angeles, the crime and homelessness is horrible here.	8/26/2021 8:21 PM
83	no	8/26/2021 8:10 PM
84	No I am not.	8/26/2021 8:09 PM
85	I am still licensed in AZ. Do not want to leave CA	8/26/2021 8:06 PM

CA Naturopathic Medicine Committee - Rx Survey

86	Easier and more complete scope of practice ; environmental toxicity / constant fire seasons ; ability to practice and best support my patients.	8/26/2021 7:51 PM
87	Better scope of practice.	8/26/2021 7:37 PM
88	1. Prescription rights 2. Administering vaccine independently	8/26/2021 7:23 PM
89	Prescribing rights, limitations on Iv supplies in california, taxes	8/26/2021 7:17 PM
90	Yes. 1.) Vaccine mandates, 2.) Pharmacy Board restrictions on prescribing approved drugs for off-label/repurposed uses (e.g., Ivermectin for COVID-19), 3.) High cost of living vs. income.	8/26/2021 7:11 PM
91	No	8/26/2021 7:01 PM
92	Possibly. 1. Broader scope of practice 2. No MD supervision needed to prescribe 3. Able to serve more people if able to prescribe and bill insurance	8/26/2021 6:57 PM
93	NO	8/26/2021 6:50 PM
94	CA fires, telemedicine flexibility	8/26/2021 6:48 PM
95	No	8/26/2021 6:44 PM
96	Scope of practice including prescribing rights. Cost of license.	8/26/2021 6:40 PM
97	no	8/26/2021 6:35 PM
98	Yes, I would like ND friendly states like Utah or Az	8/26/2021 6:24 PM
99	write prescription medications, offer vaccinations, lower taxes.	8/26/2021 6:22 PM
100	Scope of practice physician status able to fill out forms that say physician	8/26/2021 6:15 PM
101	Yes. 1. Fewer CEs needed to renew license 2. Cost of living is much less expensive. 3. The laws are simpler elsewhere.	8/26/2021 6:13 PM
102	California is too expensive. It would be great to not have a supervising MD.	8/26/2021 6:11 PM
103	Yes. For more scope of practice. To reduce operating costs.	8/26/2021 6:10 PM
104	Yes. Scope, fires, and cost of living	8/26/2021 6:08 PM
105	No	8/26/2021 6:04 PM
106	Expanding Patient Reach, Prescribing Rights, Potentially leaving california	8/26/2021 6:03 PM
107	No	8/26/2021 6:03 PM
108	No	8/26/2021 6:02 PM
109	Limited scope of practice (Rx's, Control Substances, Acupuncture, IV's, physical manipulation/s),	8/26/2021 6:01 PM
110	no	8/26/2021 5:59 PM
111	No	8/26/2021 5:56 PM
112	No	8/26/2021 5:56 PM
113	No	8/26/2021 5:54 PM
114	1. Telemedicine opportunities 2. Lack of full rx rights in CA	8/26/2021 5:52 PM
115	Political climate of California, expense of living, lack of prescriptive rights	8/26/2021 5:51 PM
116	1) Better scope of practice, including a formulary where I can prescribe psychotropic medications for my mental health patients. Patients want to see one PCP not have to see another doctor when medications are needed	8/26/2021 5:48 PM
117	unsure, wouldn't leave for licensing reasons, just the usual reasons people are leaving CA right now	8/26/2021 5:47 PM
118	no	8/26/2021 5:44 PM
119	No	8/26/2021 5:43 PM

CA Naturopathic Medicine Committee - Rx Survey

120	Easier, cheaper, and can RX	8/26/2021 5:43 PM
121	Yes, full scope, prescribing privileges, and lower cost of practicing/living	8/26/2021 5:43 PM
122	Cost of license, prescribing rights	8/26/2021 5:42 PM
123	Yes. Because Az gives us more rights and greater scope of practice and less problems.	8/26/2021 5:41 PM
124	Prescriptive rights, cost of living	8/25/2021 1:40 PM
125	Colorado, Oregon	8/23/2021 7:03 PM
126	would stay in California and use license in another state for telemedicine	8/22/2021 9:50 AM
127	Too expensive to practice, not great ROI, limited scope	8/21/2021 8:07 AM
128	Az	8/18/2021 7:23 PM
129	Perhaps but that is because I will be moving.	8/18/2021 4:46 PM
130	No	8/17/2021 2:20 PM
131	no	8/16/2021 1:09 PM
132	No plans unless I move.	8/16/2021 10:25 AM
133	No	8/15/2021 4:28 PM
134	Inability to employ nurses and PAs	8/15/2021 2:49 PM
135	No	8/14/2021 9:59 AM
136	I am already licensed and practicing in washington	8/14/2021 9:53 AM
137	no	8/13/2021 12:50 PM
138	Yes, Washington for increased scope of practice, including pharmaceuticals, and better ability for insurance integration.	8/13/2021 7:56 AM
139	No	8/13/2021 7:35 AM
140	I left CA because of the Rx scope and am considering leave CA again because of the limited Rx scope (even though I have a D.O. doc I Rx under)	8/12/2021 4:39 PM
141	I'm not currently planning on leaving, but if I did it would just be the cost of living. It is expensive in so many ways here.	8/12/2021 3:28 PM
142	no	8/11/2021 9:50 PM
143	Not presently planning	8/11/2021 8:33 PM
144	Cost of living, poor insurance coverage, no prescribing rights.	8/11/2021 5:54 PM
145	Yes, considering a return to Oregon. Reasons: limited scope, lack of cooperation from other medical professionals, expense of practicing in CA	8/11/2021 1:12 PM
146	No	8/10/2021 4:51 PM
147	No	8/10/2021 4:13 PM
148	I am part of a multi-state practice that is expanding into unlicensed states for NDs.	8/10/2021 12:46 PM
149	no	8/9/2021 9:23 PM
150	Yes, due to restrictive prescribing	8/9/2021 12:29 PM
151	Cost of living and limited scope of practice (including lack of prescriptive rights).	8/9/2021 11:59 AM
152	No	8/9/2021 10:50 AM
153	I currently reside in Ohio. Reasons: 1. my partner decided to leave practice in CA and take a job at the Cleveland Clinic in OH; 2. smoke inhalation issues related to wild fires with a pre-existing lung condition; 3. I would like to be able to consult with patients online.	8/9/2021 5:27 AM

CA Naturopathic Medicine Committee - Rx Survey

154	prescribing rights	8/8/2021 9:16 PM
155	no	8/8/2021 8:41 PM
156	Yes, insurance coverage, prescribing rights, and to be able to use my full scope to treat patients.	8/8/2021 7:20 PM
157	Not yet	8/8/2021 4:05 PM
158	I'm already licensed in Washington DC, Oregon, and Maryland. I am considering expanding to Washington state and/or Arizona, so I can practice telemedicine in those states like I do in California.	8/7/2021 4:43 PM
159	I'm not planning to expand practice in other states	8/7/2021 3:02 PM
160	Yes. 1. California is too expensive and I am going to go mostly virtual and move to another state. 2. There has not been any significant change to the scope since I started and I can't even sign a handicap placard 3. Working with a supervising physician has proven to be complicated	8/7/2021 3:01 PM
161	No	8/7/2021 10:42 AM
162	no	8/6/2021 5:42 PM
163	I practice in Oregon, but hold a CA license so I can practice while visiting, if I wish. I practice full scope in Oregon but rarely in CA.	8/6/2021 1:28 PM
164	better scope of practice; but not closing California practice	8/6/2021 1:18 PM
165	N/A	8/6/2021 1:11 PM
166	broader scope of practice, prescribing rights, lower cost of licensure	8/6/2021 1:00 PM
167	NO	8/6/2021 12:32 PM
168	limited scope of practice	8/6/2021 12:17 PM
169	Yes. 1) It is prohibitively expensive to practice in California. Licensing fees, professional liability insurance, general liability insurance, and continuing education requirements are higher than in other states. The general cost of doing business in California is also high. 2) California has a limited scope of practice compared to other states. 3) The COVID-19 vaccine requirement for health care workers does not necessarily reflect the philosophy of naturopathic medicine.	8/6/2021 12:07 PM
170	I am moving to Florida, which is unlicensed, but plan to keep my CA license active.	8/6/2021 11:39 AM
171	No	8/6/2021 9:06 AM
172	Arizona	8/6/2021 8:43 AM
173	No.	8/6/2021 7:54 AM
174	No	8/6/2021 7:44 AM
175	yes: 1) cost of living, 2) climate concerns/fires 3) water issues	8/6/2021 7:37 AM
176	Have to consider. 1. Prescribing rights 2. Taxes	8/6/2021 7:33 AM
177	Not sure	8/6/2021 7:12 AM
178	Yes. Once Ohio becomes licensed I will have a license here where I do consultations. I would consider a license in a neighboring/nearby state if it were cost effective, required path CME, and broadened my license scope.	8/6/2021 4:25 AM
179	Yes Arizona. Increased scope, lower cost of renewal, better tax structure	8/5/2021 11:48 PM
180	possibly... Lack of independent scope, lack of ability to even order basic medical supplies from McKesson, inability to perform treatments I am trained to do	8/5/2021 10:14 PM
181	No.	8/5/2021 9:38 PM
182	no	8/5/2021 8:57 PM

CA Naturopathic Medicine Committee - Rx Survey

183	No	8/5/2021 7:44 PM
184	No	8/5/2021 6:11 PM
185	Perhaps if I move to be closer to family on the east coast	8/5/2021 5:41 PM
186	Yes, prescriptive rights, insurance coverage, leaving a lot of the politics of CA in other areas of life.	8/5/2021 5:36 PM
187	Direct insurance contracting and no MD oversight	8/5/2021 4:22 PM
188	Already licensed in another state	8/5/2021 4:20 PM
189	no	8/5/2021 3:33 PM
190	No	8/5/2021 3:24 PM
191	maybe	8/5/2021 12:49 PM
192	Yes. 1. Cost of Living, 2. Political Environment, 3. Scope of Practice.	8/5/2021 12:28 PM
193	No	8/5/2021 12:03 PM
194	no	8/5/2021 11:43 AM
195	Unlikely, I may consider expanding telemed	8/5/2021 11:22 AM
196	Greater scope of practice, more prescribing rights (independently), and lower costs of running own small business outside of the state of California	8/5/2021 9:18 AM
197	Not within the next 5 years	8/5/2021 9:00 AM
198	No	8/5/2021 7:38 AM
199	No	8/5/2021 7:08 AM
200	I'm already licensed in a state other than california that gives me full rx rights. It makes patient care much more effective.	8/5/2021 6:57 AM
201	not at this time	8/5/2021 6:36 AM
202	No	8/5/2021 12:37 AM
203	Hawaii, Montana	8/4/2021 10:03 PM
204	Independent Prescription rights, Insurance coverage, Better MD collaborations	8/4/2021 9:13 PM
205	Too many hurdles here - need additional IV training, no acupuncture, no manipulation, no rx rights...	8/4/2021 9:05 PM
206	No	8/4/2021 8:49 PM
207	Not at this time	8/4/2021 8:47 PM
208	No	8/4/2021 8:41 PM
209	Wildfires! Cost of living! Scope of practice	8/4/2021 8:39 PM
210	AZ	8/4/2021 8:33 PM
211	I am not currently practicing, but I know that many NDs in CA would very much like to be able to hire nurses, and many consider licenses in other states in order to practice telemedicine legally. Many NDs have difficulty finding MDs to be their supervising physician and have to pay the supervising physician for this service.	8/4/2021 8:18 PM
212	Not at the moment	8/4/2021 8:11 PM
213	Yes. Better scope of practice allowing me to provide more safe and effective care. Better insurance coverage. Ability to practice to the full extent if my training.	8/4/2021 8:10 PM
214	not at this time	8/4/2021 8:08 PM
215	I am not planning to become licensed in another state at this time.	8/4/2021 6:16 PM
216	Not unless the political enviroment worsens	8/4/2021 6:11 PM

CA Naturopathic Medicine Committee - Rx Survey

217	1. Wider scope of practice (Rx rights, acupuncture, better access and understanding of the public to naturopathic medicine), 2. more economical to live/practice (licensure is much cheaper in AZ), 3. better access to insurance coverage.	8/4/2021 5:55 PM
218	No . Also I'm happy with hormones as my scope -I don't want to manage other meds but do so the Benefit professionally	8/4/2021 4:55 PM
219	No	8/4/2021 4:43 PM
220	Yes- Cost of running business, prescribing rights, minor surgery scope	8/4/2021 4:33 PM
221	not leaving	8/4/2021 4:30 PM
222	No	8/4/2021 4:20 PM
223	No	8/4/2021 3:58 PM
224	Cost of licensure, CE requirements	8/4/2021 3:57 PM
225	No	8/4/2021 3:56 PM
226	Maybe, just to expand who I can see	8/4/2021 3:45 PM
227	no	8/4/2021 3:31 PM
228	I practice in NV but hold my ND license in CA	8/4/2021 3:23 PM
229	I have patients ask me if I can prescribe but not if I have an agreement.	8/4/2021 3:20 PM
230	1. Scope of practice 2. Gov't over reach into my business with ridiculous laws on how I can set up my practice (ie: cannot be a LLC or PLC) 3. Exorbitant business taxes (and personal) and overall cost of living.	8/4/2021 3:13 PM
231	No	8/4/2021 3:12 PM
232	I'm not leaving CA. I think this response is tied to the wrong question.	8/4/2021 3:10 PM
233	Not planning to be licensed in another state	8/4/2021 3:07 PM
234	AZ. We already moved but part time and keeping my CA practice for now.	8/4/2021 3:05 PM
235	no	8/4/2021 2:59 PM
236	No	8/4/2021 2:58 PM
237	No	8/4/2021 2:55 PM
238	No	8/4/2021 2:54 PM
239	I am limited in my scope of practice here without MD/DO Supervision. I have to pay money monthly out of my pocket to an MD/DO for this oversight agreement. The agreement does not provide additional safety or efficacy of care for my patients or add value to how I practice medicine. There is no mentorship with this agreement. It's literally, cut me a check and you can prescribe. All it does is increase the income of the MD/DO with whom I have an agreement with and increase my cost to practice medicine. Without it my patients are confused and frustrated as I am unable to provide them with basic primary care support, so I am forced to have this arrangement. NDs are a powerful group of clinicians who can help improve the PCP shortage here in California as well as reduce the chronic disease burden that costs the state so much. For me to have to pay an MD/DO for a piece of paper to practice in this capacity is ridiculous. Especially as this is not the case in our neighbor states (Washington, Oregon, Arizona, Nevada). .	8/4/2021 2:53 PM
240	no	8/4/2021 2:49 PM
241	licensed and retired	8/4/2021 2:48 PM
242	no	8/4/2021 2:44 PM
243	NO	8/4/2021 2:09 PM
244	Considering it. Just to see patients in another state.	8/4/2021 2:03 PM
245	No plans at this time but feel very restricted in California especially when other practitioners	8/4/2021 2:02 PM

CA Naturopathic Medicine Committee - Rx Survey

	can offer the same but with prescription rights and insurance coverage	
246	no	8/4/2021 1:36 PM
247	No. I love the scope in CA. It suits the way I practice. Thanks!	8/4/2021 1:28 PM
248	Yes, Arizona, because of increased scope of practice.	8/4/2021 1:14 PM
249	Not at this time	8/4/2021 1:10 PM
250	1. California taxes 2. Want to start my own practice 3. Closer to family	8/4/2021 12:56 PM
251	Perhaps Montana or New Mexico to be near family	8/4/2021 12:55 PM
252	Not planning on leaving California!	8/4/2021 12:54 PM
253	(1) scope of practice is limited in California (2) MD oversight for prescription rights (3) cost of living	8/4/2021 12:46 PM
254	Not at this time	8/4/2021 12:40 PM
255	Yes - for a greater scope of practice: specifically prescribing.	8/4/2021 12:39 PM
256	Not at this time.	8/4/2021 12:38 PM
257	Not at this time but practicing without an agreement and doing joint injections are considerations.	8/4/2021 12:36 PM
258	No	8/4/2021 12:30 PM
259	Yes, considering moving. It is more about cost of living, wildfires, and desired locations than scope.	8/4/2021 12:29 PM
260	No	8/4/2021 12:25 PM
261	Yes. I'll remain in California, but I have a few states where I draw a number of online patients from, where I'd like to be able to offer them better services.	8/4/2021 12:21 PM
262	Already have other licenses. Lack of independent prescribing rights limits my ability to practice to the extent of my training in CA.	8/4/2021 12:07 PM
263	No	8/4/2021 12:02 PM
264	yes, I am considering leaving to practice in a state with a broader scope and prescribing rights.	8/4/2021 11:56 AM
265	increased scope of practice, insurance reimbursement	8/4/2021 11:56 AM
266	NO, but if I was it would be license restrictions such as prescribing rights and hiring nurses	8/4/2021 11:50 AM
267	na	8/4/2021 11:47 AM
268	not at this time	8/4/2021 11:46 AM
269	No	8/4/2021 11:40 AM
270	no	8/4/2021 11:39 AM
271	Yes. Limited scope, high cost of living and socialism.	8/4/2021 11:37 AM
272	NO	8/4/2021 11:35 AM
273	Not at this time. Have family in Idaho and would consider licensing there in order to practice part-time.	8/4/2021 11:35 AM
274	currently licensed in ME, planning on getting a WA license	8/4/2021 11:30 AM
275	not currently	8/4/2021 11:29 AM
276	I have considered it. 1) Not equal rights as MD (demonstrates lack of authority or reduces the power and validity of our scope- acu, chiro, minor surgery, RX, injections, ozone, ect), 2) lack of support (if someone chooses to use insurance), 3) state politics	8/4/2021 11:28 AM
277	No	8/4/2021 11:27 AM
278	I have definitely been considering a move because of 1. cost of living, 2. limited scope of	8/4/2021 11:23 AM

CA Naturopathic Medicine Committee - Rx Survey

practice 3. BoP continually restricting medications only available through compounding pharmacies, in particular peptides and hormones

279	no	8/4/2021 11:22 AM
280	I am currently living in Washington, but not practicing medicine. I maintain my CA ND as I plan on moving back in next few years. However, I am re-evaluating that decision, due to climate change primarily	8/4/2021 11:20 AM
281	No plans	8/4/2021 11:19 AM
282	Washington, Oregon, Hawaii	8/4/2021 11:17 AM
283	No	8/4/2021 11:17 AM
284	Maybe partime in Massachusetts --if they ever get their licensing details worked out...	8/4/2021 11:10 AM
285	New Mexico, Arizona	8/4/2021 11:10 AM
286	I have been considering moving to Washington or Oregon because of increased scope of practice, cost of living, looking at retirement in the near future.	8/4/2021 11:06 AM
287	broader scope of practice	8/4/2021 11:00 AM
288	no	8/4/2021 10:56 AM
289	Have an OR license, Like AZ's law	8/4/2021 10:54 AM
290	Answer to question above is Yes and No. Possibly interested in out of state licensing, but unrelated to prescribing rights.	8/4/2021 10:50 AM
291	NO PLANS.	8/4/2021 10:47 AM
292	no	8/4/2021 10:46 AM
293	Absolutely. California restricts my right to practice to the full extent of my degree and training.	8/4/2021 10:45 AM
294	Possibly but the reason would be family related and not prescribing rights related.	8/4/2021 10:44 AM
295	no	8/4/2021 10:40 AM
296	Scope of practice is very limiting and frustrating to deal with (for us and for patients).	8/4/2021 10:34 AM
297	No, I am already dually licensed in CA and OR	8/4/2021 10:32 AM
298	Not at this time	8/4/2021 10:32 AM
299	no	8/4/2021 10:28 AM
300	Scope/limitations/cost of licensure	8/4/2021 10:17 AM
301	possibly, prescription rights and minor procedures	8/4/2021 10:11 AM
302	not at this time	8/4/2021 10:10 AM
303	Yes, Oregon for independent prescribing and ability to take insurance.	8/4/2021 10:09 AM
304	no but have considered Oregon and Washington	8/4/2021 10:09 AM
305	Prescription rights without MD supervision. MD supervision is costly and California is already an expensive state to practice in.	8/4/2021 10:08 AM
306	Interested in Telehealth. Though I am not clear on this, it appears that for insurance purposes, it will be less expensive if my telepath patient is in a state for which I am licensed in.	8/4/2021 10:08 AM
307	No	8/4/2021 10:04 AM
308	No.	8/4/2021 10:02 AM
309	no	8/4/2021 9:58 AM
310	No	8/4/2021 9:56 AM
311	I've thought about it. The last 4-5 years of changes in California pharmacy standards have put so many In-State compounding pharmacies out of business, and now the California	8/4/2021 9:54 AM

CA Naturopathic Medicine Committee - Rx Survey

Association of Pharmacists are imposing restrictions on the use of Out-of-State compounding pharmacies, making it impossible to have access to certain compounds. If the Cal Assoc. of Pharmacists had planned appropriately, the association would have supported the expansion of existing compounding pharmacies to meet California's high-level requirements to keep them in business so they could compete with Out-of-State competition. This mess has effected the practices of California physicians... significantly. Creates more and more work for us that simply shouldn't be necessary.

312	I have done this to stay in the lines with COVID and my patients lack of ability to travel for visits. I had to let the patients who could not travel and are out of my states go. I'm loving my prescribing abilities in AZ. It's a breath of fresh air you do things independently.	8/4/2021 9:53 AM
313	maybe, 1) better scopes of practice elsewhere, 2) lack of opportunities here in CA 3) lack of insurance reimbursement in CA	8/4/2021 9:50 AM
314	Better scope of practice, cost of living, family proximity	8/4/2021 9:49 AM
315	I am not currently planning on leaving the state	8/4/2021 9:48 AM
316	Arizona because of the scope of practice and what our education prepared me for. If someone has a UTI or any urgent concerns, I need to be able to take care of them and not have them go to urgent care or ER that just fills up that space unnecessarily and delays their treatment.	8/4/2021 9:47 AM
317	Not at the moment	8/4/2021 9:47 AM
318	No	8/4/2021 9:46 AM
319	No	8/4/2021 9:45 AM
320	Oregon. #1 Full prescribing rights. #2 Greater familiarity with NDs #3 Higher quality of life/lower cost of living.	8/4/2021 9:43 AM
321	No	8/4/2021 9:42 AM
322	Currently in WA	8/4/2021 9:40 AM
323	1. No prescription rights. 2. Lack of insurance coverage. 3. Too many live CME requirements making it VERY expensive and time consuming to renew. 4. CA is expensive.	8/4/2021 9:39 AM
324	WA. I would like to expand my availability to patients	8/4/2021 9:38 AM
325	No	8/4/2021 9:37 AM
326	Yes possibly Washington; larger scope of practice	8/4/2021 9:35 AM
327	Yes. Would like to practice virtually in a couple other licensed states	8/4/2021 9:35 AM
328	No	8/4/2021 9:35 AM
329	n/a	8/4/2021 9:35 AM
330	no	8/4/2021 9:34 AM
331	Prescription rights; ability to order lactulose breath test	8/4/2021 9:34 AM
332	At this time I have no plans to leave CA. I hold my AZ license as I have fears of losing the CA scope of practice, so I at least want to be licensed somewhere else.	8/4/2021 9:34 AM
333	California is getting too expensive. Considering Vermont, Florida or some other state that NDs are currently unlicensed.	8/4/2021 9:33 AM
334	No.	8/4/2021 9:32 AM
335	Scope of practice is so limited in California it is impossible to practice as a primary care physician. Laws here are so confusing that the public and elected officials misinterpret them. I have been threatened by the local health district and smeared on social media as "not a doctor" by a district member.	8/4/2021 9:31 AM
336	No, but I have thought about it largely for insurance purposes.	8/4/2021 9:30 AM
337	no	8/4/2021 9:29 AM
338	Scope of practice is limited, insurance coverage for labs, and taxes	8/4/2021 9:28 AM

CA Naturopathic Medicine Committee - Rx Survey

339	No insurance coverage of ND care	8/4/2021 9:27 AM
340	Hoping to become licensed in Idaho soon. I may do WA in the future also. California licensure is some of the most expensive in the country and the scope is not as broad. It's continually a pain that I cannot prescribe basic medications that I am familiar with and have received training in to my patients. California also has a weird law that if you ever lapse your license you have to pay all the fees for all the years you didn't have an active license. That's thousands of dollars, and a huge issue if I need to take a break from practice for family reasons (like having babies). Other states have a reinstate fee that's one time and very reasonable. It's very expensive to be an ND here.	8/4/2021 9:27 AM
341	Better scope of practice!	8/4/2021 9:26 AM
342	I am already licensed in OR and am considering expanding to WA and maybe CO and/or AZ. Online work is expanding and those markets would be nice to add	8/4/2021 9:26 AM
343	No	8/4/2021 9:25 AM
344	no	8/4/2021 9:25 AM
345	Vaccine mandates will force me to move.	8/4/2021 9:25 AM
346	No, not considering	8/4/2021 9:24 AM
347	No	8/4/2021 9:24 AM
348	Prescription ease and scope	8/4/2021 9:23 AM
349	NO	8/4/2021 9:23 AM
350	No	8/4/2021 9:23 AM
351	May return to only Oregon (maybe WA) - this state's ND scope is so limited it creates barriers for NDs coming from out of state.	8/4/2021 8:56 AM

Attachment D.1



Department of Consumer Affairs
NATUROPATHIC MEDICINE COMMITTEE
July 1, 2021

FY 2021-22
Authorized Positions: 2.0

Executive Officer (Exempt) 608-200-9688-001	
Associate Governmental Program Analyst 608-200-5393-001	

Signature of file
Rebecca Mitchell, Executive Officer

Classification and Pay Analyst

*All positions designated CORI

Attachment D.2



Executive Officer (Exempt) 608-200-9688-001	
Associate Governmental Program Analyst 608-200-5393-001	

Signature of file
Rebecca Mitchell, Executive Officer

Classification and Pay Analyst

*All positions designated CORI

Attachment D.3



Executive Officer (Exempt) 608-200-9688-001	
Associate Governmental Program Analyst 608-200-5393-001	

Signature of file

Rebecca Mitchell, Executive Officer

Classification and Pay Analyst

*All positions designated CORI

Attachment D.4



Department of Consumer Affairs
NATUROPATHIC MEDICINE COMMITTEE
July 1, 2018

FY 2018-19
Authorized Positions: 2.0

Executive Officer (Exempt) 608-200-9688-001	
Associate Governmental Program Analyst 608-200-5393-001	

Signature of file
Rebecca Mitchell, Executive Officer

Classification and Pay Analyst

*All positions designated CORI

Attachment D.5



Department of Consumer Affairs
NATUROPATHIC MEDICINE COMMITTEE
July 1, 2017

FY 2017-18
Authorized Positions: 2.0

Executive Officer (Exempt) 608-200-9688-001	
Associate Governmental Program Analyst 608-200-5393-001	

Signature of file
Rebecca Mitchell, Executive Officer
Classification and Pay Analyst

*All positions designated CORI

Attachment E



Table 1a. Attendance			
Dara Thompson, ND			
Date Appointed:	12/29/2015 Reappointed on 06/08/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	01/14/2016	Sacramento, CA	Y
NMC Committee Meeting	06/06/2016	Sacramento, CA	Y
NMC Committee Meeting	10/04/2016	Sacramento, CA	Y
NMC Committee Meeting	11/07/2016	Sacramento, CA	Y
NMC Committee Meeting	02/06/2017	Sacramento, CA	Y
NMC Committee Meeting	05/15/2017	Sacramento, CA	Y
NMC Committee Meeting	09/11/2017	Sacramento, CA	Y
NMC Committee Meeting	11/04/2017	Sacramento, CA	Y
NMC Committee Meeting	03/19/2018	Sacramento, CA	Y
NMC Committee Meeting	11/15/2018	Sacramento, CA	Y
NMC Committee Meeting	03/05/2019	Sacramento, CA	Y
IV and Advanced Injection Therapy Subcommittee Meeting	05/06/2019	Teleconference	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
IV and Advanced Injection Therapy Subcommittee Meeting	07/15/2019	Teleconference	Y
NMC Committee Meeting	07/25/2019	Sacramento, CA	Y
IV and Advanced Injection Therapy Subcommittee Meeting	11/13/2019	Teleconference	Y
IV and Advanced Injection Therapy Subcommittee Meeting	12/16/2019	Teleconference	Y
NMC Committee Meeting	01/28/2020	Sacramento, CA	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	Y
NMC Committee Meeting	07/29/2021	Various Sites	Y
NMC Committee Meeting	08/30/2021	Various Sites	Y
NMC Committee Meeting	10/05/2021	Various Sites	Y

Greta D'Amico, ND			
Date Appointed:	12/29/2015 Reappointed on 01/07/2020		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	01/14/2016	Sacramento, CA	Y
NMC Committee Meeting	06/06/2016	Sacramento, CA	Y
NMC Committee Meeting	10/04/2016	Sacramento, CA	Y
NMC Committee Meeting	11/07/2016	Sacramento, CA	Y

NMC Committee Meeting	02/06/2017	Sacramento, CA	Y
NMC Committee Meeting	05/15/2017	Sacramento, CA	Y
NMC Committee Meeting	09/11/2017	Sacramento, CA	Y
NMC Committee Meeting	11/04/2017	Sacramento, CA	Y
NMC Committee Meeting	03/19/2018	Sacramento, CA	Y
NMC Committee Meeting	11/15/2018	Sacramento, CA	Y
NMC Committee Meeting	03/05/2019	Sacramento, CA	Y
Naturopathic Minor Office Procedures Subcommittee Meeting	04/09/2019	Teleconference	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
NMC Committee Meeting	07/25/2019	Sacramento, CA	Y
Naturopathic Minor Office Procedures Subcommittee Meeting	09/20/2019	Teleconference	Y
NMC Committee Meeting	01/28/2020	Sacramento, CA	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	Y
NMC Committee Meeting	07/29/2021	Various Sites	Y
NMC Committee Meeting	08/30/2021	Various Sites	Y
NMC Committee Meeting	10/05/2021	Various Sites	Y

Bruce Davidson, PhD			
Date Appointed:	08/15/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	11/15/2018	Sacramento, CA	Y
NMC Committee Meeting	03/05/2019	Sacramento, CA	Y
Naturopathic Minor Office Procedures Subcommittee Meeting	04/09/2019	Teleconference	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
NMC Committee Meeting	07/25/2019	Sacramento, CA	Y
Naturopathic Minor Office Procedures Subcommittee Meeting	09/20/2019	Teleconference	Y
NMC Committee Meeting	01/28/2020	Sacramento, CA	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	Y
NMC Committee Meeting	07/29/2021	Various Sites	Y
NMC Committee Meeting	08/30/2021	Various Sites	Y
NMC Committee Meeting	10/05/2021	Various Sites	Y

Thomas G. Quinn, MD			
Date Appointed:	12/26/2018 Resigned on 10/15/2021		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	03/05/2019	Sacramento, CA	N
Prescribing and Furnishing Authority of NDs Subcommittee Meeting	05/09/2019	Teleconference	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
Prescribing and Furnishing Authority of NDs Subcommittee Meeting	07/18/2019	Teleconference	Y
Prescribing and Furnishing Authority of NDs Subcommittee Meeting	10/24/2019	Teleconference	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	N
NMC Committee Meeting	07/29/2021	Various Sites	N
NMC Committee Meeting	08/30/2021	Various Sites	N
NMC Committee Meeting	10/05/2021	Various Sites	N

Vera Singleton, ND			
Date Appointed:	07/16/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	11/15/2018	Sacramento, CA	Y
NMC Committee Meeting	03/05/2019	Sacramento, CA	Y
IV and Advanced Injection Therapy Subcommittee Meeting	05/06/2019	Teleconference	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
IV and Advanced Injection Therapy Subcommittee Meeting	07/15/2019	Teleconference	Y
NMC Committee Meeting	07/25/2019	Sacramento, CA	Y
IV and Advanced Injection Therapy Subcommittee Meeting	11/13/2019	Teleconference	Y
IV and Advanced Injection Therapy Subcommittee Meeting	12/16/2019	Teleconference	Y
NMC Committee Meeting	01/28/2020	Sacramento, CA	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	Y
NMC Committee Meeting	07/29/2021	Various Sites	Y
NMC Committee Meeting	08/30/2021	Various Sites	Y

NMC Committee Meeting	10/05/2021	Various Sites	Y
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Minna Yoon, ND			
Date Appointed:	07/16/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	11/15/2018	Sacramento, CA	Y
NMC Committee Meeting	03/05/2019	Sacramento, CA	Y
Prescribing and Furnishing Authority of NDs Subcommittee Meeting	05/09/2019	Teleconference	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
Prescribing and Furnishing Authority of NDs Subcommittee Meeting	07/18/2019	Teleconference	Y
NMC Committee Meeting	07/25/2019	Sacramento, CA	Y
Prescribing and Furnishing Authority of NDs Subcommittee Meeting	10/24/2019	Teleconference	Y
NMC Committee Meeting	01/28/2020	Sacramento, CA	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	Y
NMC Committee Meeting	07/29/2021	Various Sites	Y
NMC Committee Meeting	08/30/2021	Various Sites	Y
NMC Committee Meeting	10/05/2021	Various Sites	Y

Shirley Worrels			
Date Appointed:	08/10/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
NMC Committee Meeting	11/15/2018	Sacramento, CA	Y
NMC Committee Meeting	03/05/2019	Sacramento, CA	Y
NMC Committee Meeting	06/03/2019	Teleconference	Y
NMC Committee Meeting	07/25/2019	Sacramento, CA	Y
NMC Committee Meeting	01/28/2020	Sacramento, CA	Y
NMC Committee Meeting	05/28/2020	Various Sites	Y
NMC Committee Meeting	12/01/2020	Various Sites	Y
NMC Committee Meeting	02/25/2021	Various Sites	Y
NMC Committee Meeting	04/29/2021	Various Sites	Y
NMC Committee Meeting	07/29/2021	Various Sites	Y
NMC Committee Meeting	08/30/2021	Various Sites	Y
NMC Committee Meeting	10/05/2021	Various Sites	Y

Attachment F



Naturopathic Physician Scope of Practice – State-by-State Comparison

State	Controlled Substances	Other Rx Drugs	Non Rx Drugs	IV/IM	Additional Training for IV/IM	Childbirth Attendance	Use of Diagnostic Imaging Tests	Minor Office Procedures	Links to Website
Alaska	No	No	Yes	No	N/A	No	Not explicitly stated	Yes, limited to removal of foreign objects from external tissue	https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Naturopathy.aspx
Arizona	Yes, per formulary	Yes	Yes	Yes	None required	Yes	Yes	Yes	https://hd.az.gov/
California	Yes, with MD/DO supervision per formulary	Yes, with MD/DO supervision	Yes	Yes	Requires licensee to be “clinically competent”	Yes, with certification	Yes	Yes, but no sutures	https://www.naturopathicc.ca.gov/
Colorado	No	Yes	Yes	Yes	N/A	No	Yes	Yes	https://dpo.colorado.gov/Naturopathy
Connecticut	No	No	Only oral, non-narcotic non-Rx substances	No	N/A	No	Yes	No	https://portal.ct.gov/DPH/Public-Health-Hearing-Office/State-Board-Naturopathic-Examiners/State-Board-of-Naturopathic-Examiners
District of Columbia	Yes, if natural medicine and appropriate route of administration	Yes, if natural medicine and appropriate route of administration	Yes	No	N/A	Yes, if additional testing and collaboration requirement met	Yes, but no authority to order tests	Yes	https://dchealth.dc.gov/node/148942
Hawaii	No	Limited to naturopathic formulary including “legend” drugs and hormones	Yes	Yes	Need 30 hours of CE in parenteral therapy in applicable naturopathic formulary substances	No	Yes	Yes	https://cca.hawaii.gov/pvl/boards/naturopathy/
Idaho	Yes	Limited to naturopathic formulary including “legend” drugs and hormones	Yes	Yes	N/A	No	Yes	Yes	https://bom.idaho.gov/BOMPortal/BoardPage.aspx?Board=NMB

Kansas	No	Limited to naturopathic formulary	Yes	Yes	Written protocol entered into with a MD/DO required for IV and IM	No	Yes	Yes	http://www.ksbha.org/professions/ND.shtml
Maine	No	Limited to homeopathic remedies, vitamins and minerals, hormones, local anesthesia, and immunizations, as designated by board rule. 12-month collaborative practice with MD/DO	Yes	Yes, IM. Yes, IV permitted for rehydration only	One year collaboration with MD/DO required for NDs to obtain independent prescribing rights	No	Yes, may order, but must refer to appropriate licensed health care professional for conducting and interpreting the tests.	Yes	https://www.maine.gov/pfr/professionallicensing/professions/complementary/naturopathic_doctor.html
Maryland									https://www.mbp.state.md.us/
Massachusetts									https://www.mass.gov/orgs/board-of-registration-in-naturopathy
Minnesota	No	No	Yes	Not explicitly permitted, awaiting regulations	N/A	No	Can refer patient to an appropriately licensed health care professional to conduct the test and interpret the results	Yes	https://mn.gov/boards/medical-practice/
Montana	No	Foods, extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and oxytocin (Pitocin); topical drugs; barrier devices for contraception; and drugs on the board-established natural	Yes	Yes	None	Yes, with certification	Yes	Yes	https://ebiz.mt.gov/pol/

		substance formulary list										
New Hampshire	No	Limited to naturopathic formulary	Yes	Yes	None	Yes, with certification	Yes	Yes	Yes		www.nhand.org	
New Mexico	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		https://www.nmmb.state.nm.us/licensing_info/naturopathic_doctor.html	
North Dakota	No	No	Yes	No	N/A	No	Yes	Yes	Yes		https://www.ndbihc.org/	
Oregon	Yes, per formulary	Limited to naturopathic formulary	Yes	Yes	Yes, board approved	Yes, with certification	Yes	Yes	Yes		https://www.oregon.gov/OBNM/Pages/index.aspx	
Pennsylvania												
Puerto Rico											https://pr.pcshq.com/lookup/en/	
Rhode Island	No	Limited to naturopathic formulary	Yes	Limited to IM permitted	No	No	Yes	No	No		http://health.ri.gov/licenses/detail.php?id=292	
Utah	No	Limited to naturopathic formulary	Yes	Limited to IM permitted	None	Yes, if compliant with standards of ANCO and entered into agreement with MD/DO	Yes	Yes	Yes		https://dopl.utah.gov/naturopathic-physicians/	
U.S. Virgin Islands												
Vermont	Yes, per formulary	Limited to naturopathic formulary	Yes	Yes	Naturopathic formulary examination required, 2 hours of CE required biennially	Yes, with endorsement	Yes	Limited to episiotomy and perineal repair associated with childbirth			https://sos.vermont.gov/naturopathic-physicians/	
Washington	Yes, limited to codeine and testosterone products that are contained in Schedules III, IV, and V in chapter 69.50 RCW	Yes, per formulary. Includes all legend drugs except for Botulinum toxin and inert substances used for cosmetic purposes.	Yes	Yes	Yes, Attestation of 16 hours of training required, see WAC 246-836-220	No	Yes, Radiography	Yes	Yes		https://www.doh.wa.gov/LicensesPermitsandCertifications/ProfessionsNewReneworUpdate/NaturopathicPhysician/BoardInformation	

Attachment G

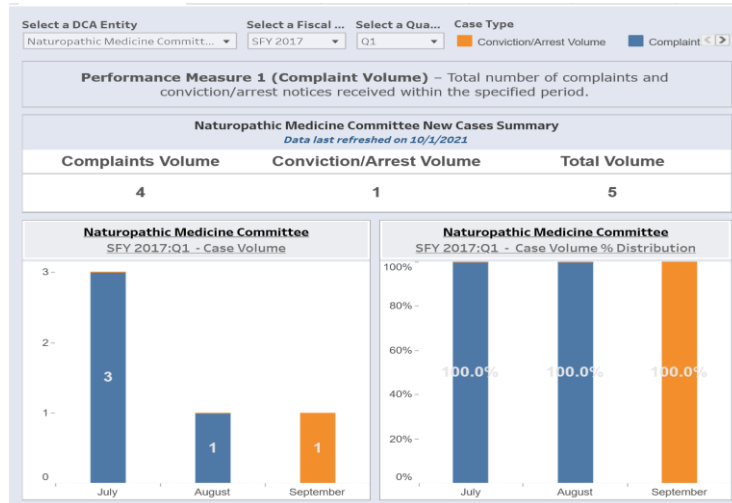


NATUROPATHIC MEDICINE COMMITTEE

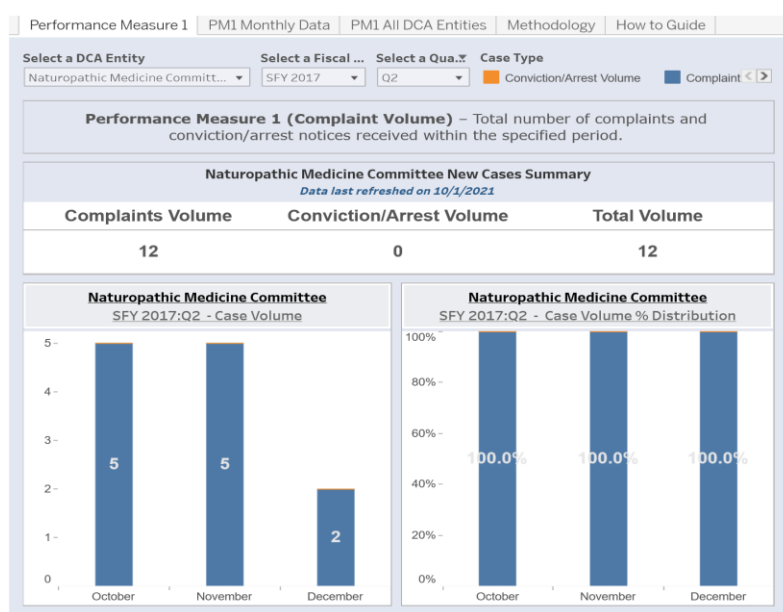
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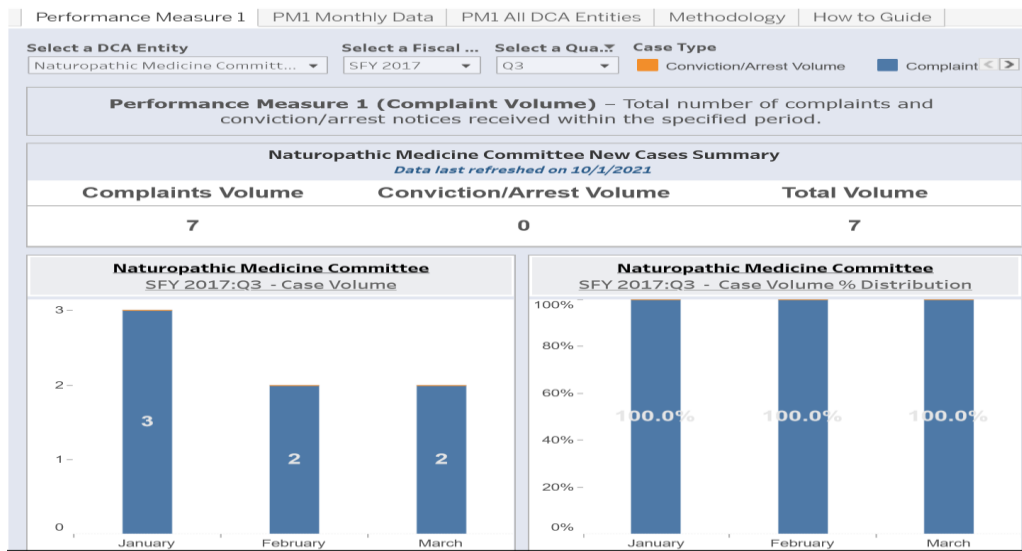
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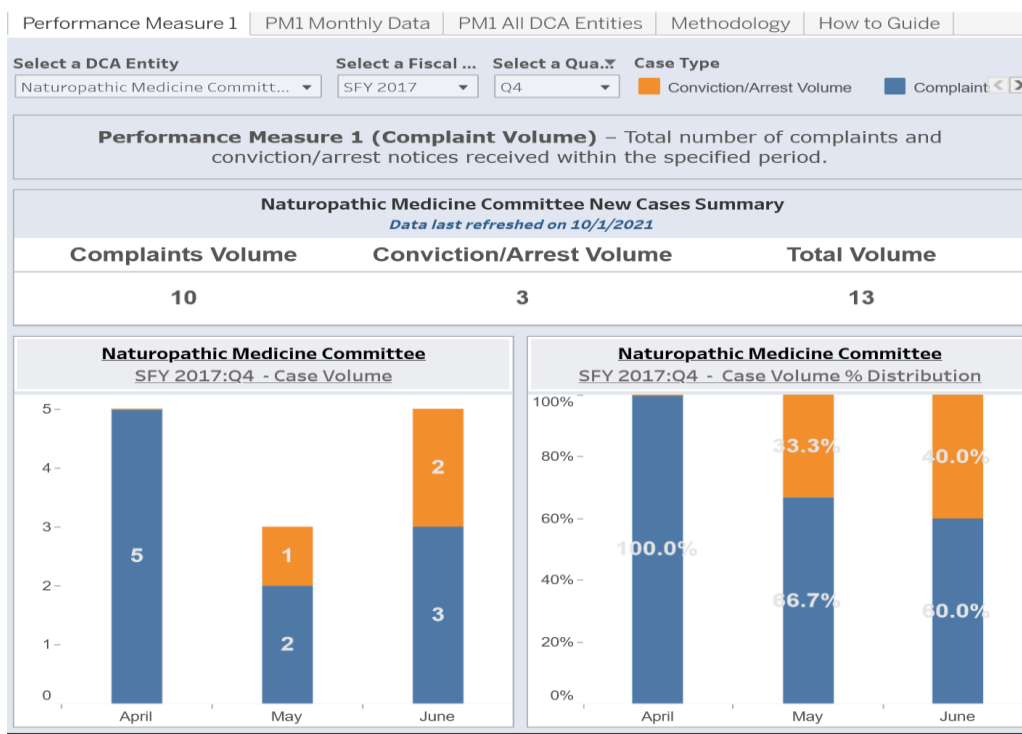
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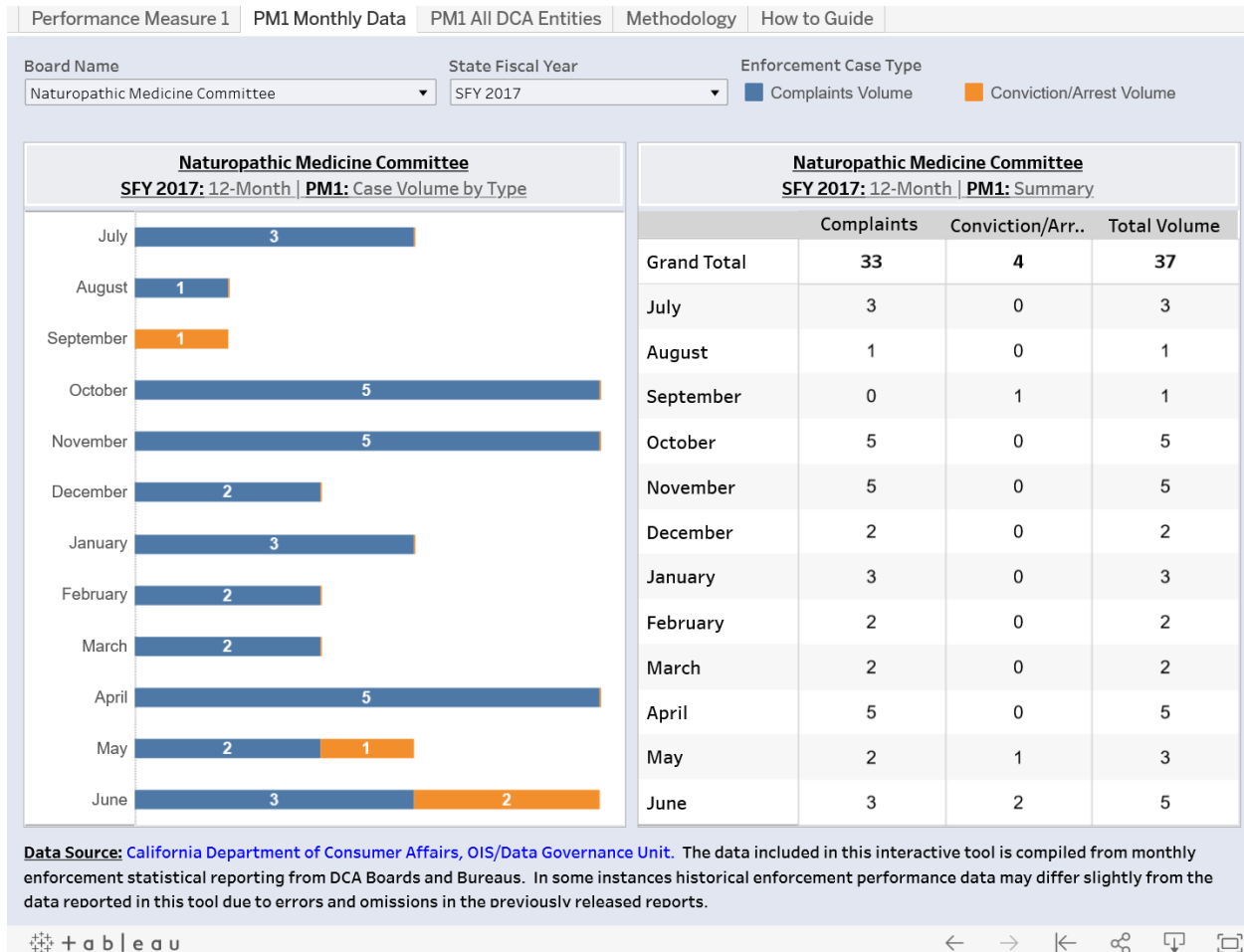


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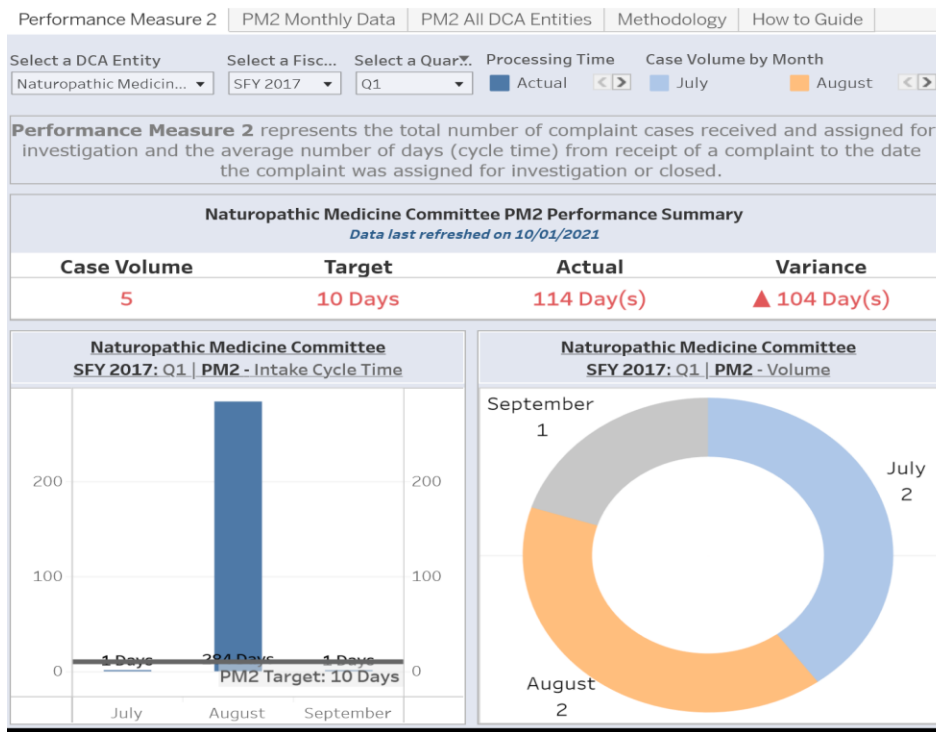
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Annual Report 2017 – PM 1

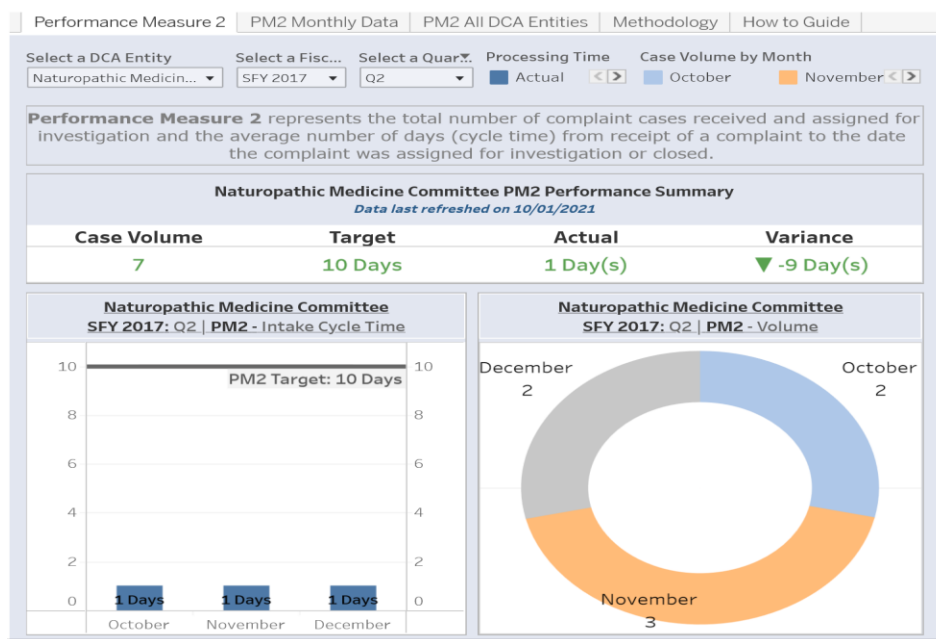


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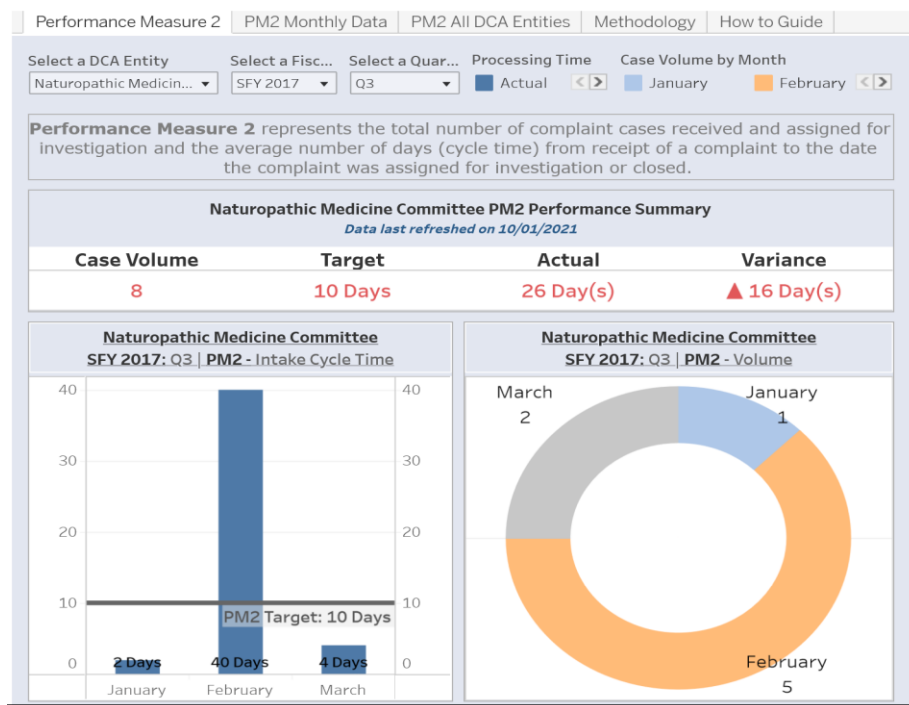
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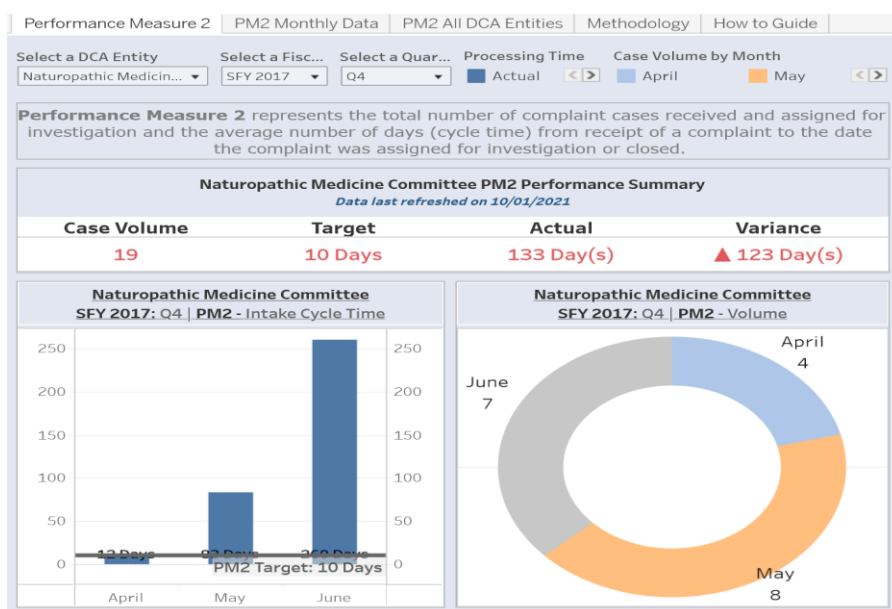
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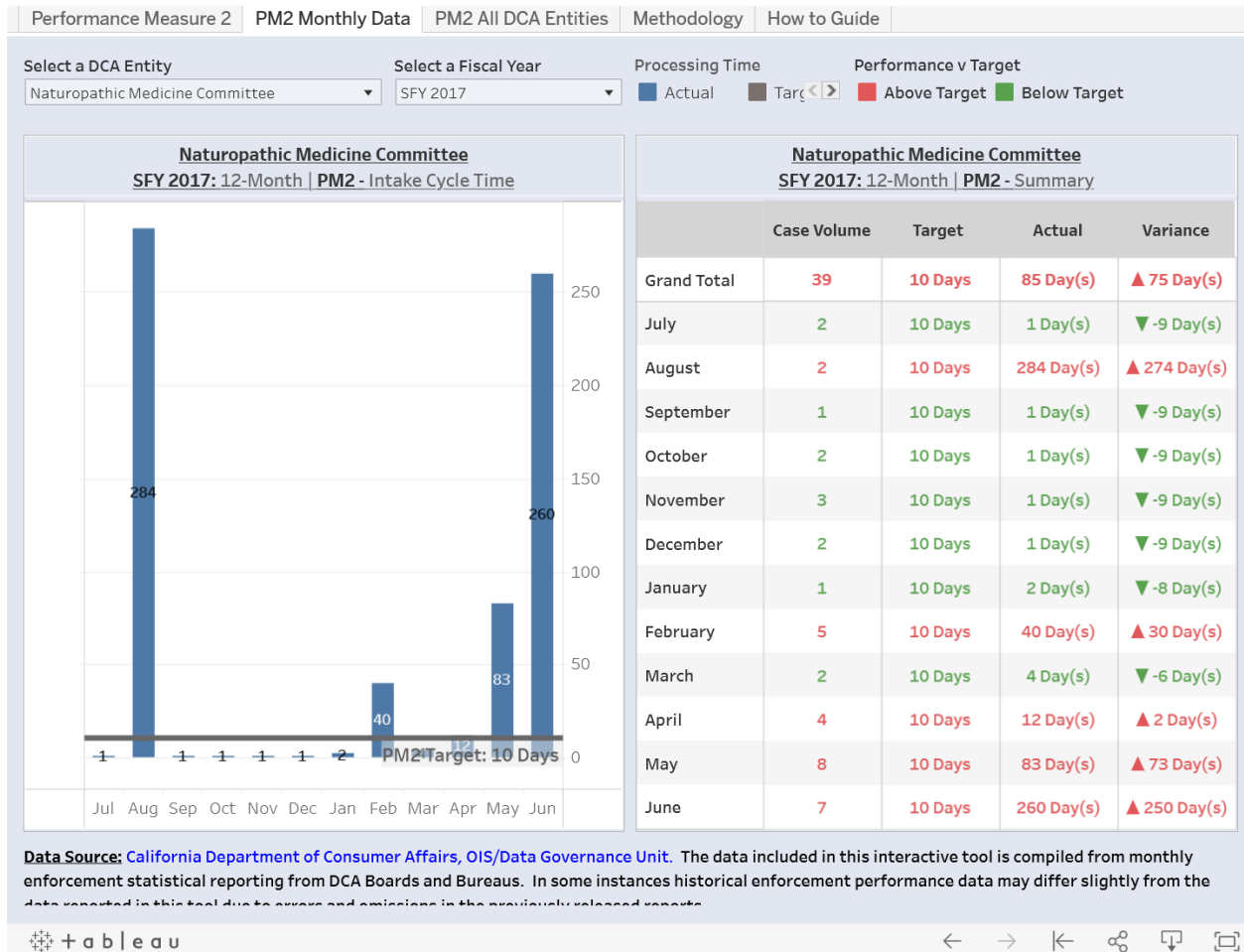
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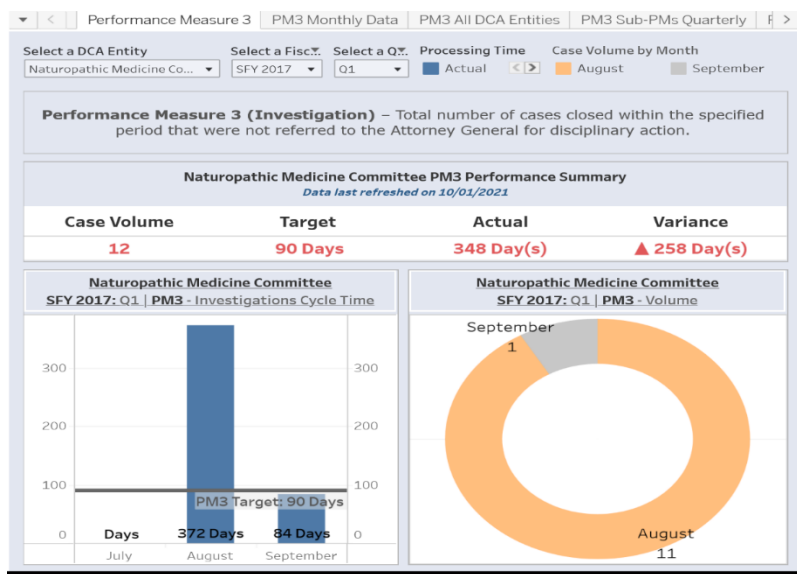


Enforcement Performance Measures 2 Annual Report

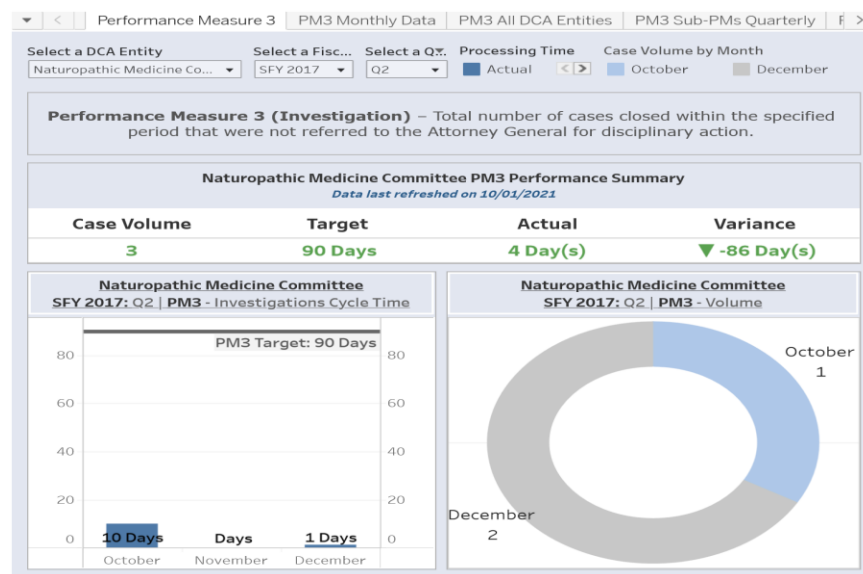


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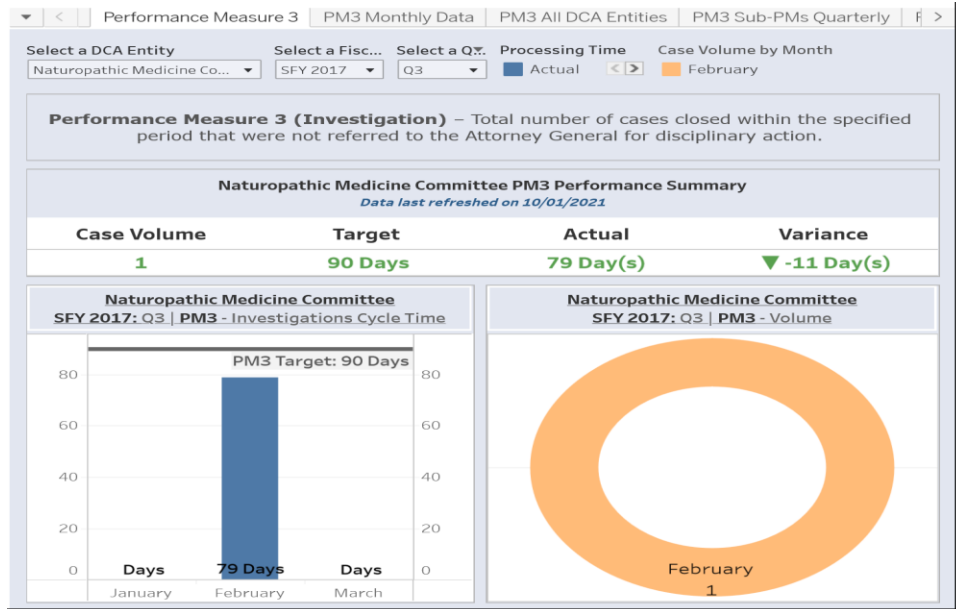
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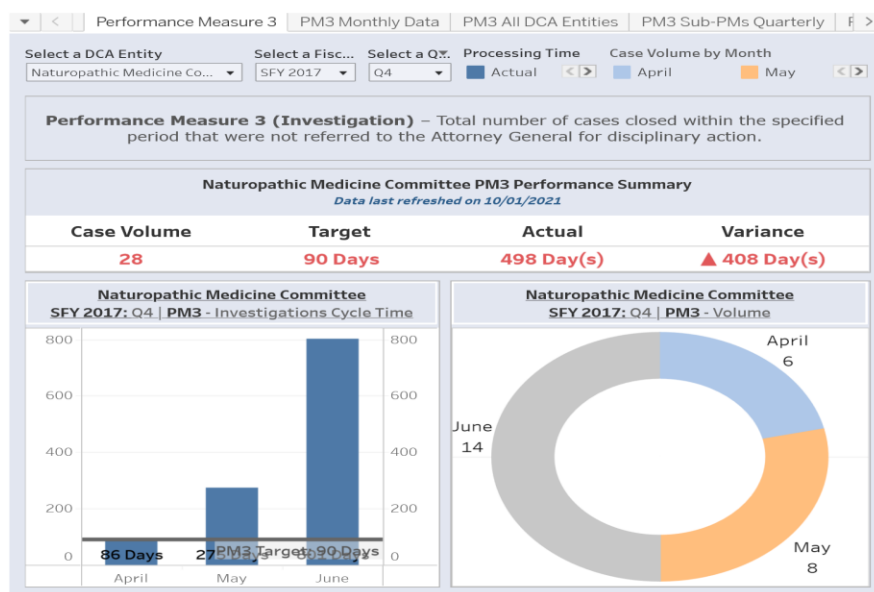
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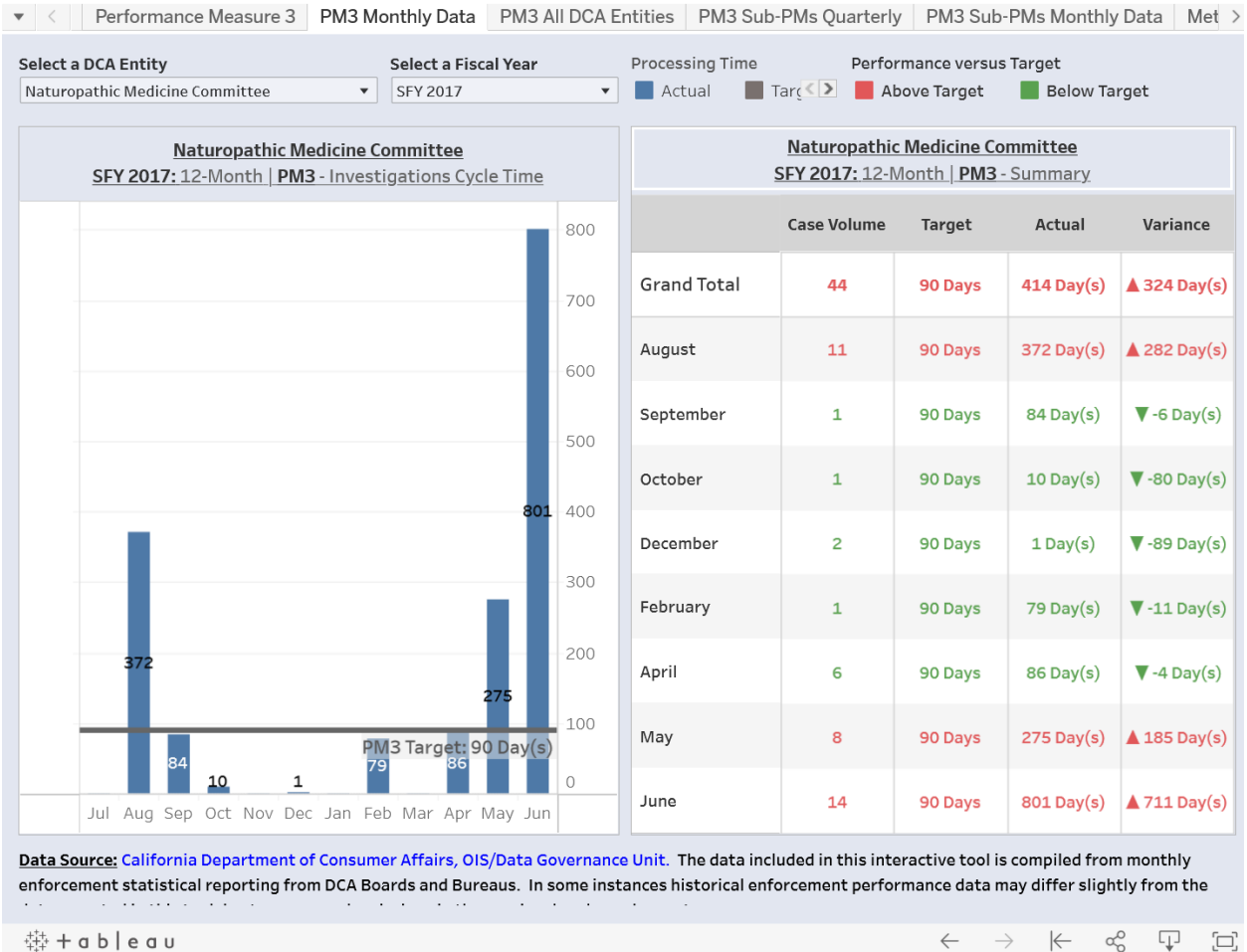
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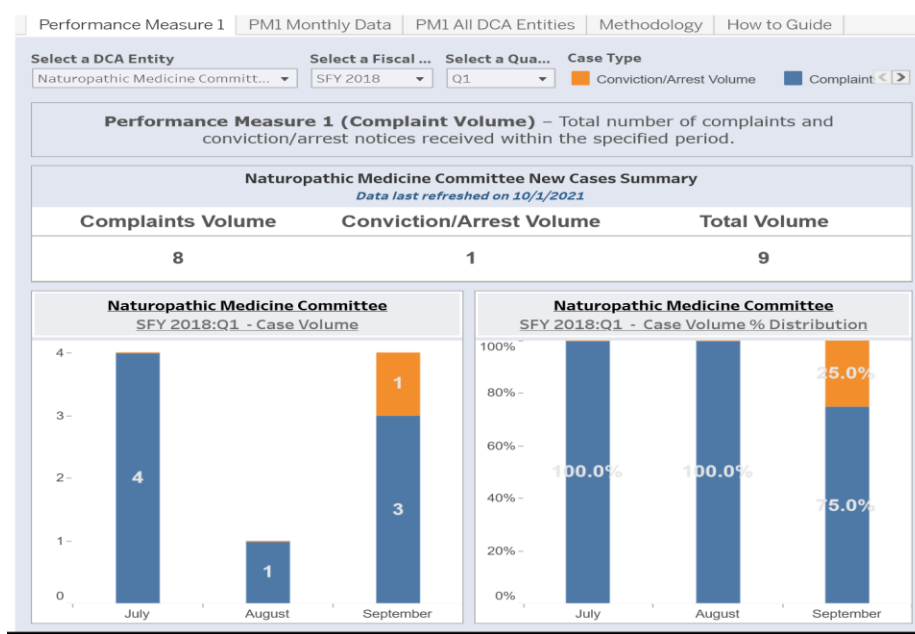


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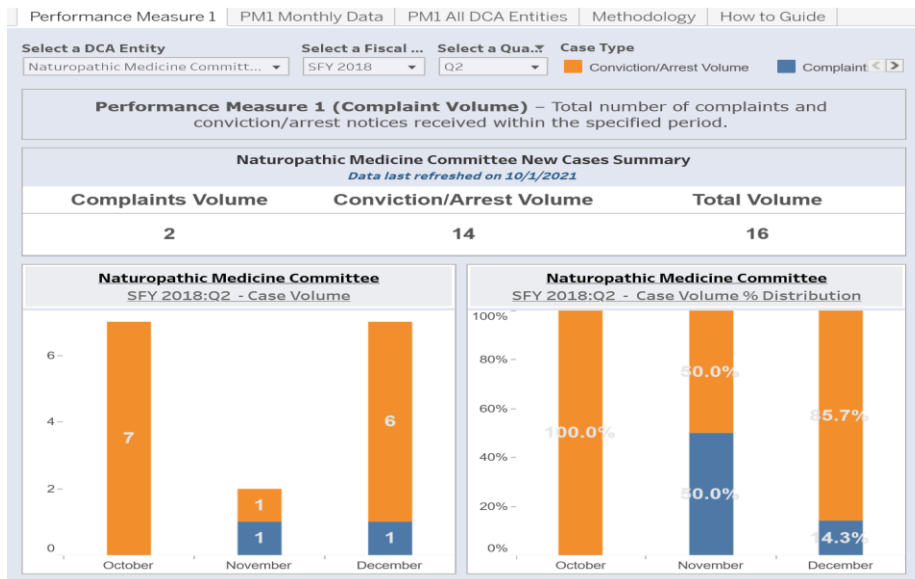


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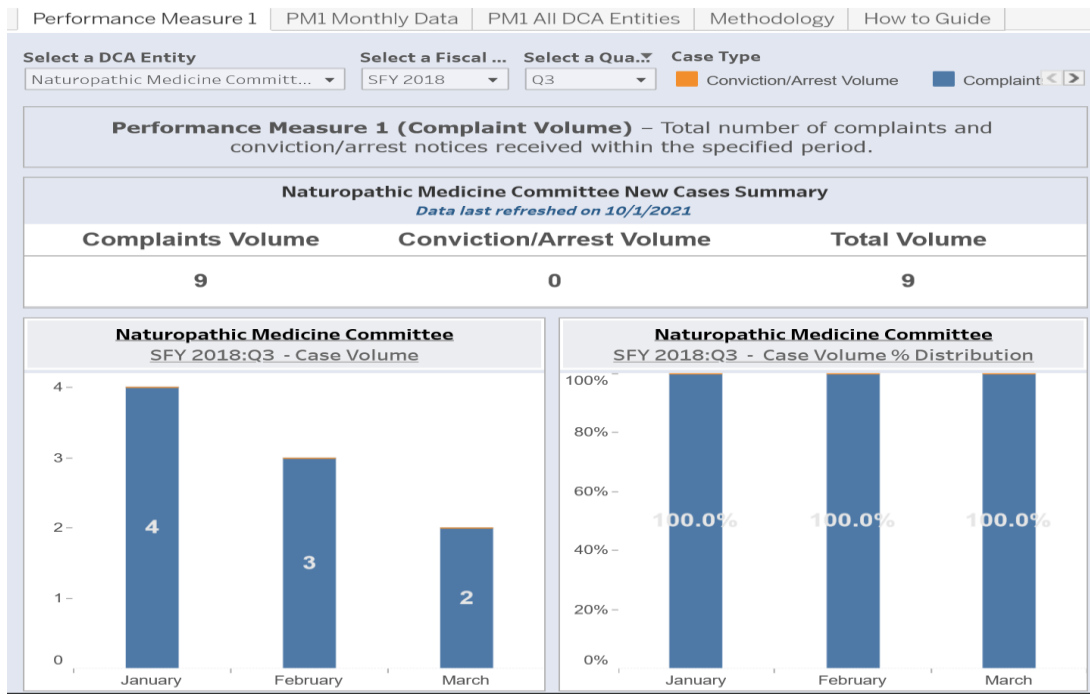
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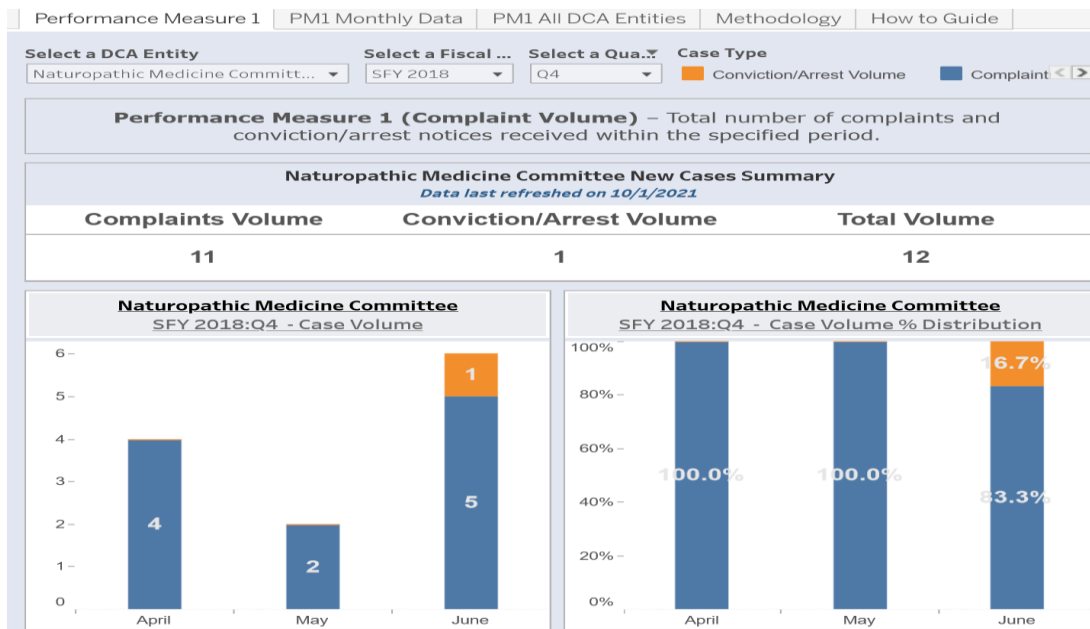
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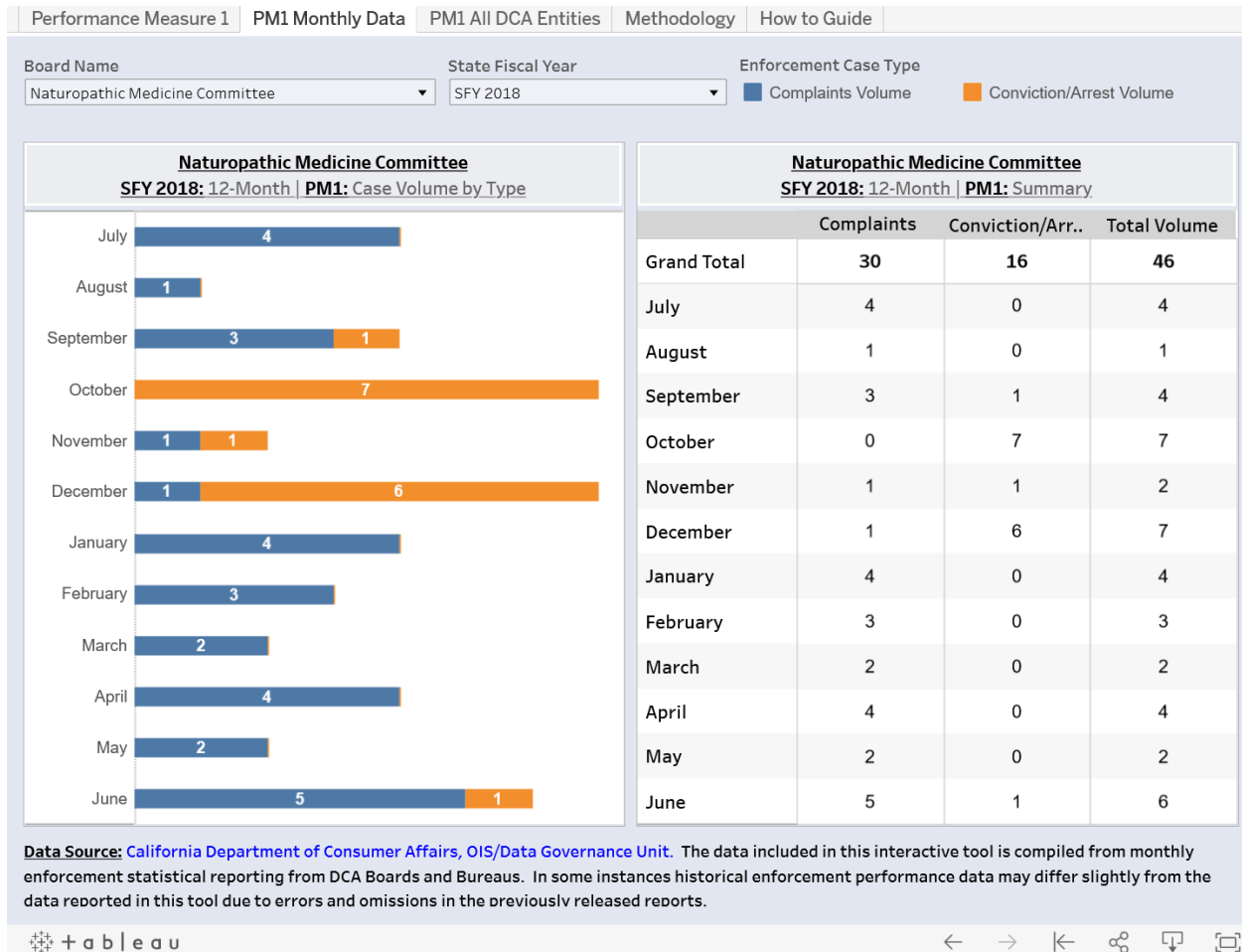


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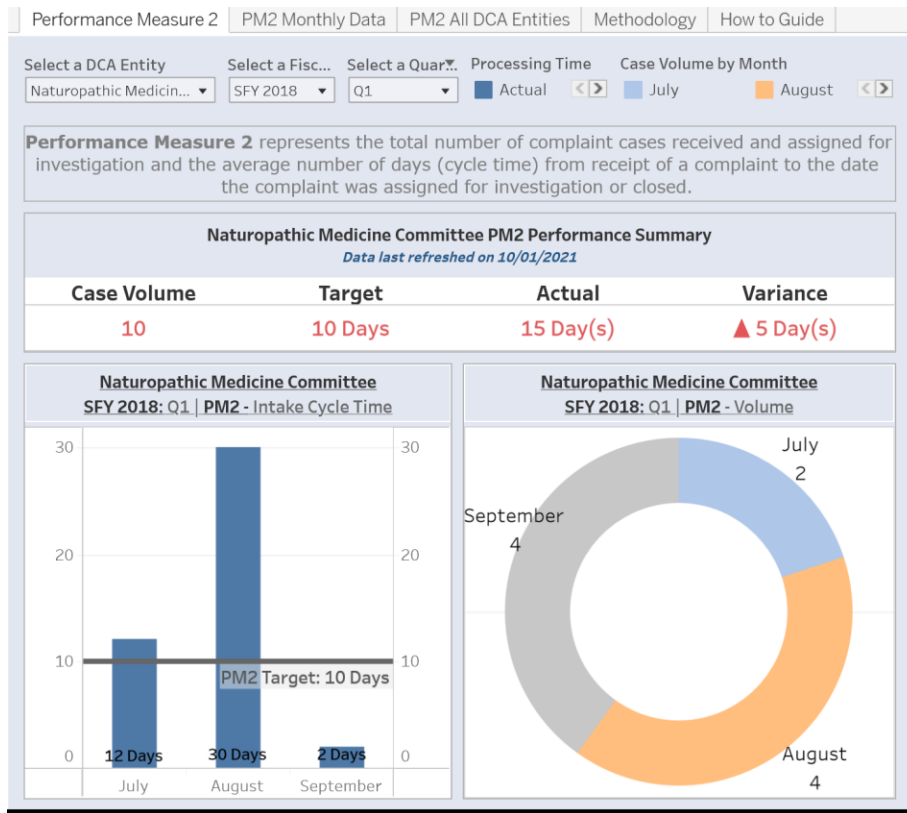


Enforcement Performance Measures

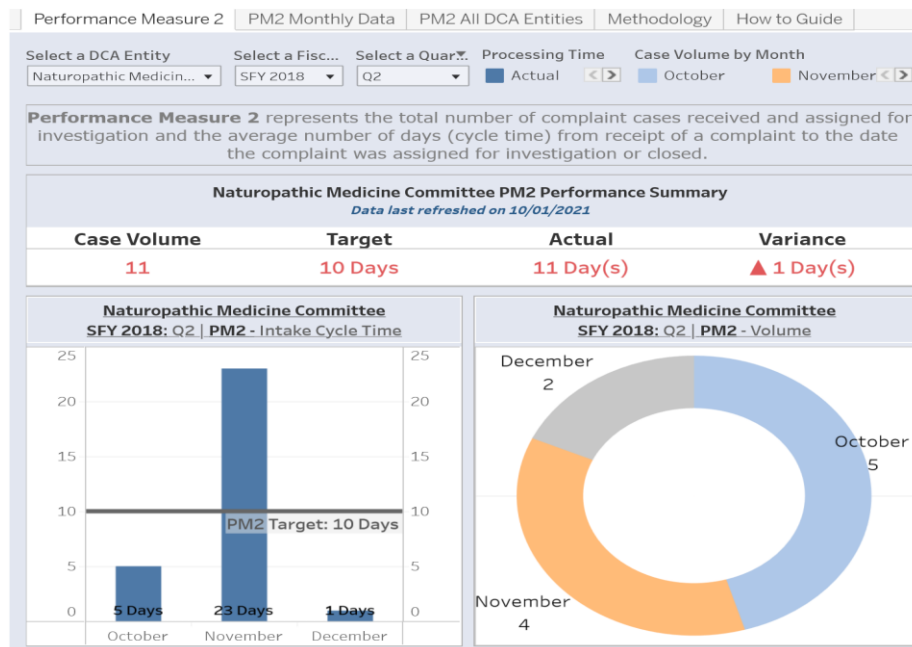
Annual Report 2018 – PM 1



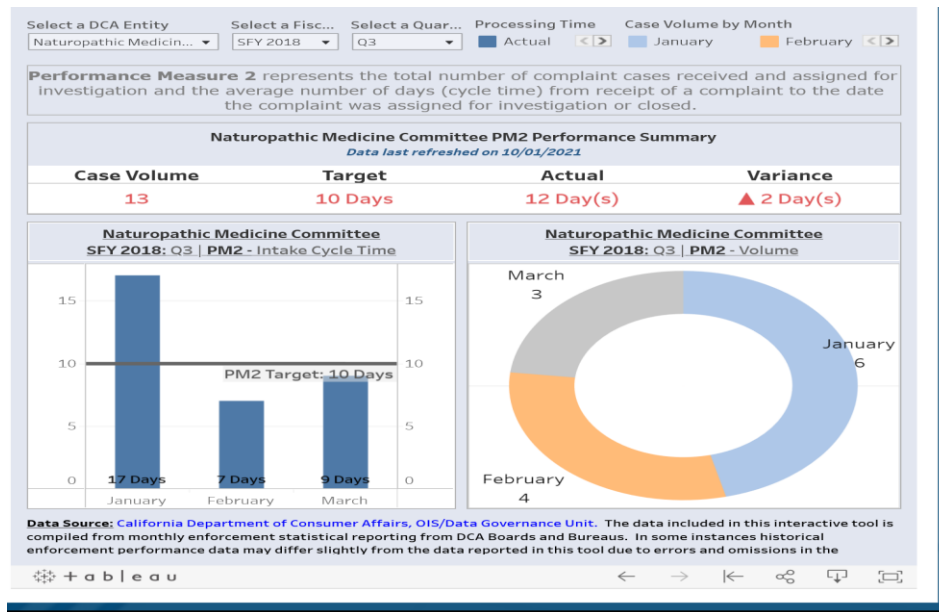
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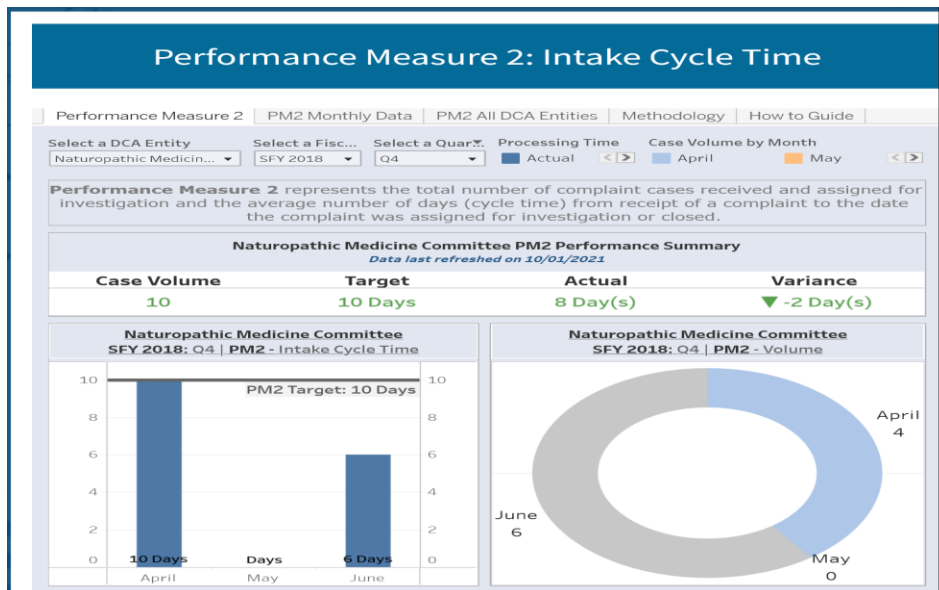
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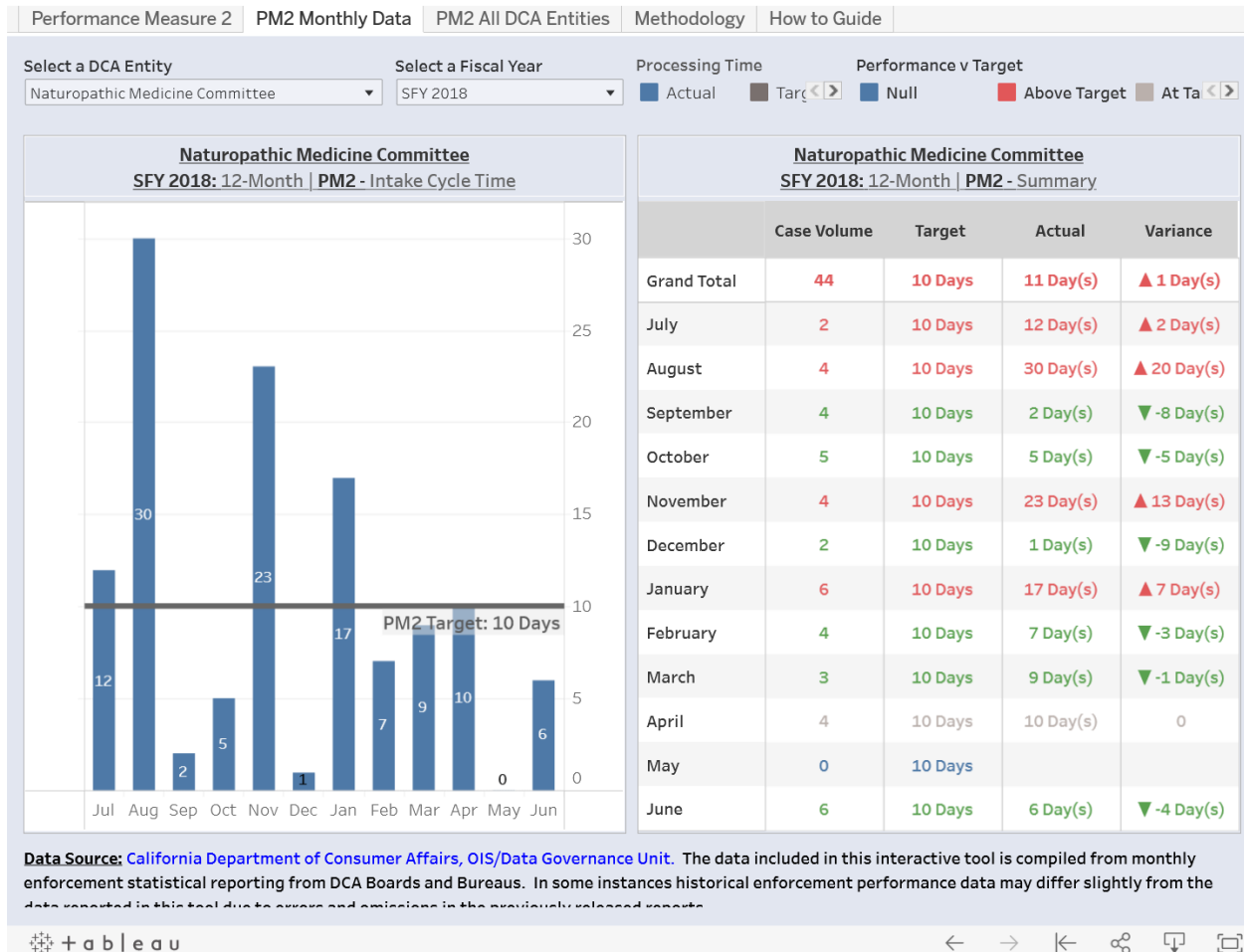


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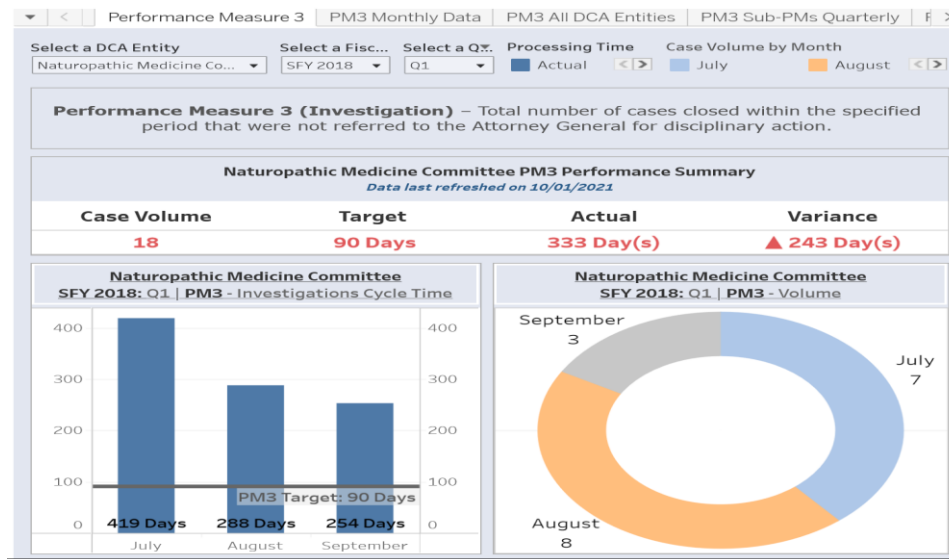
Enforcement Performance Measures

Annual Report 2018 – PM 2

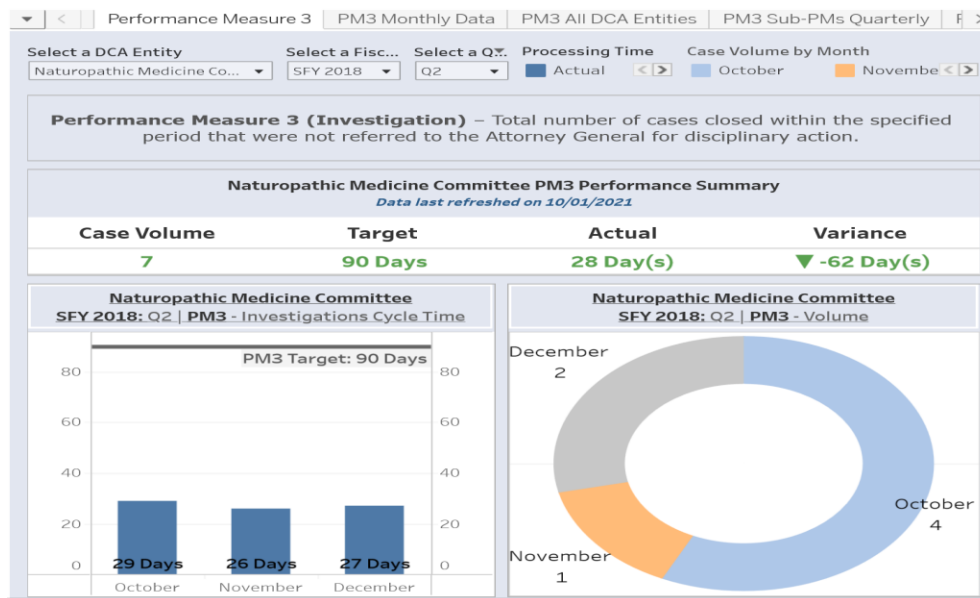


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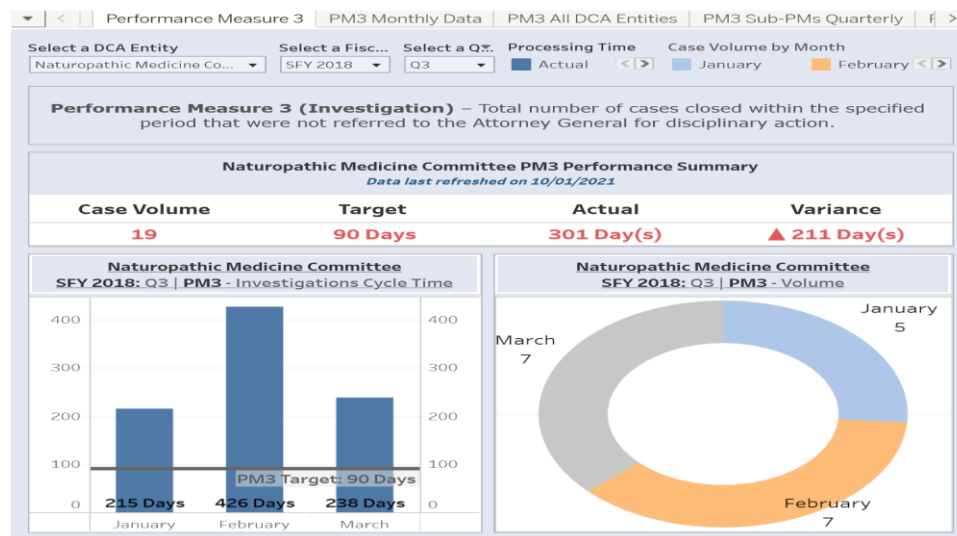
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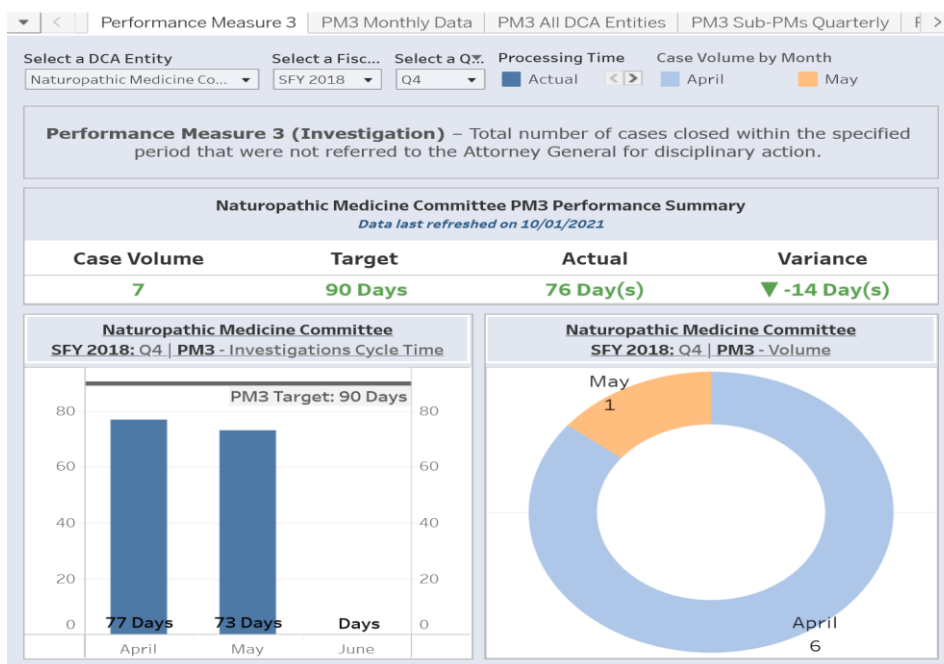
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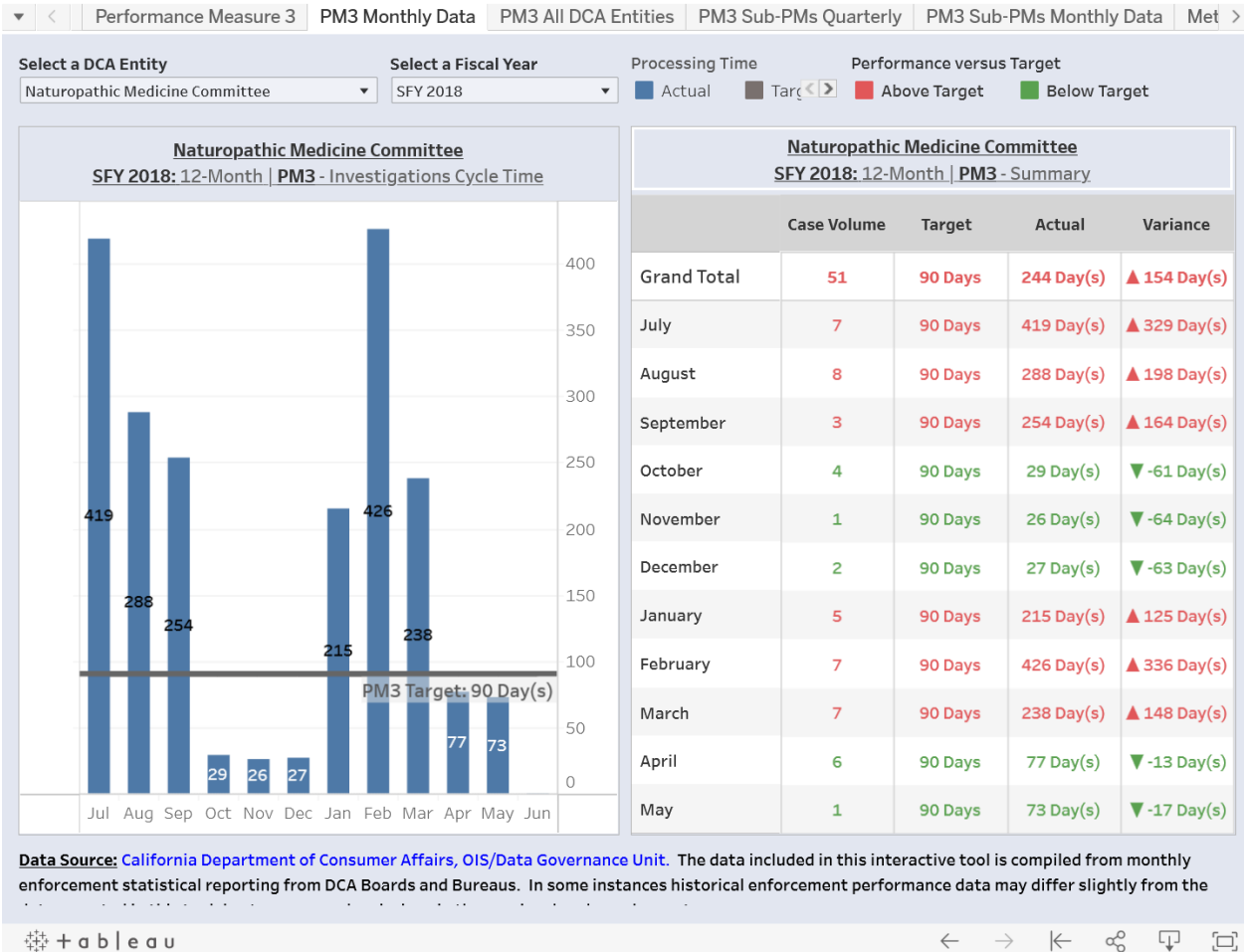


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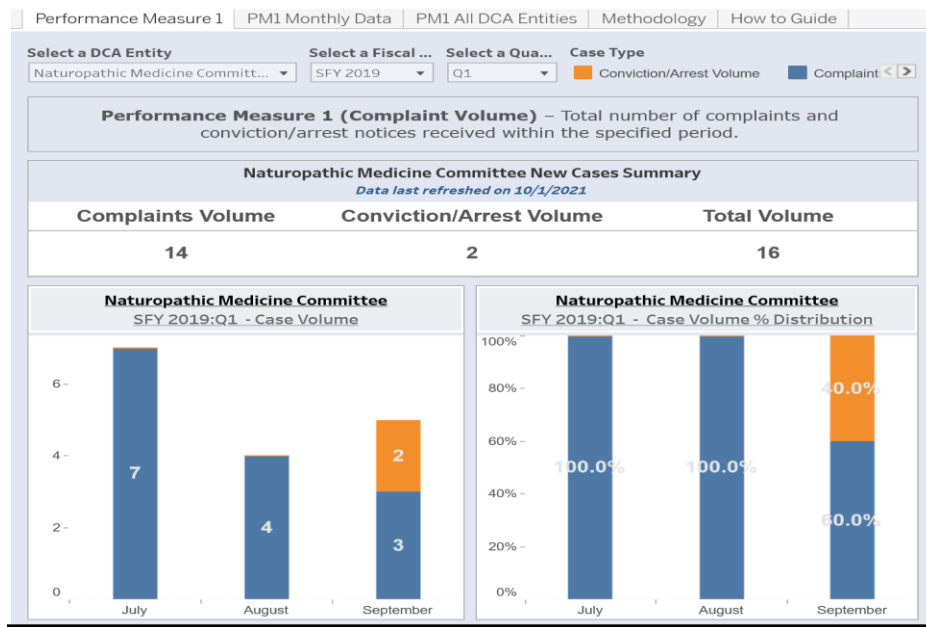
Enforcement Performance Measures

Annual Report 2018 – PM 3

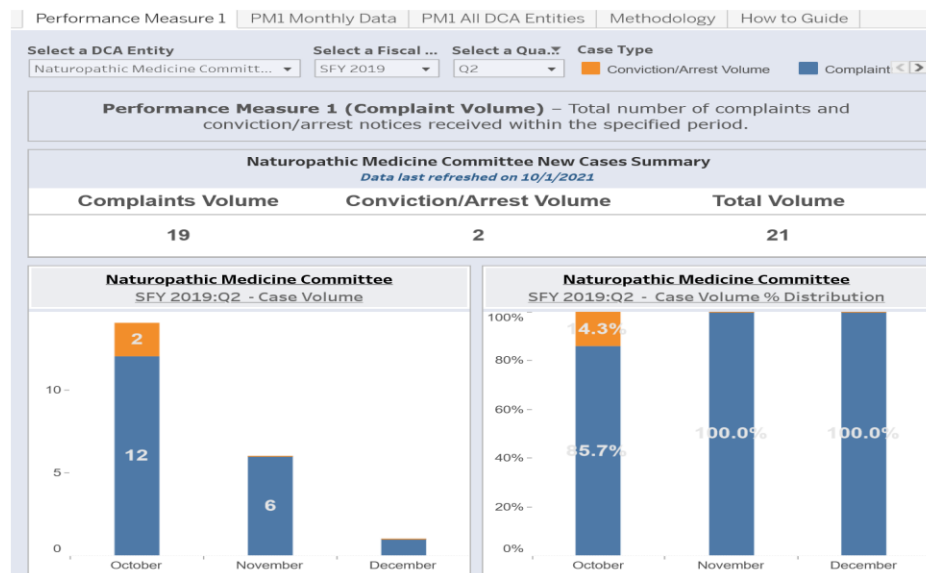


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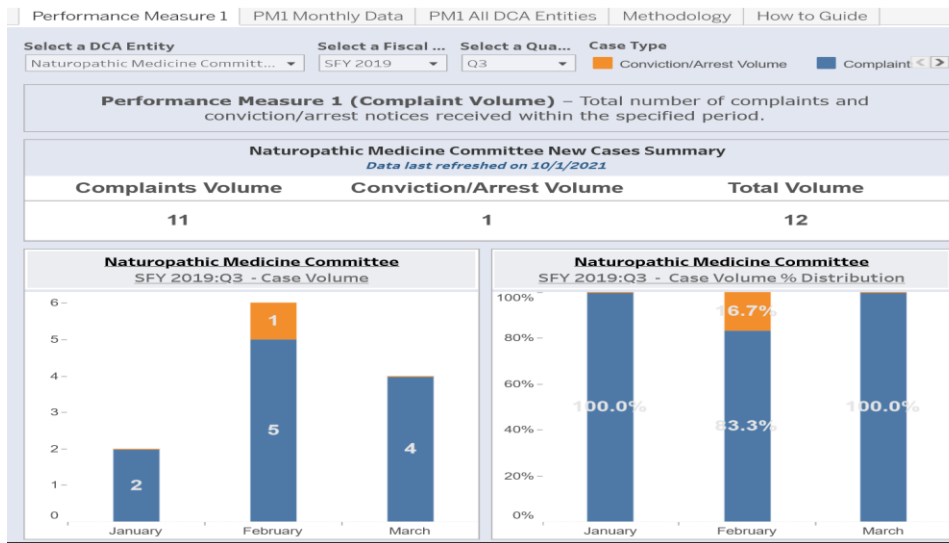
PM 1 FY 2019 Q1



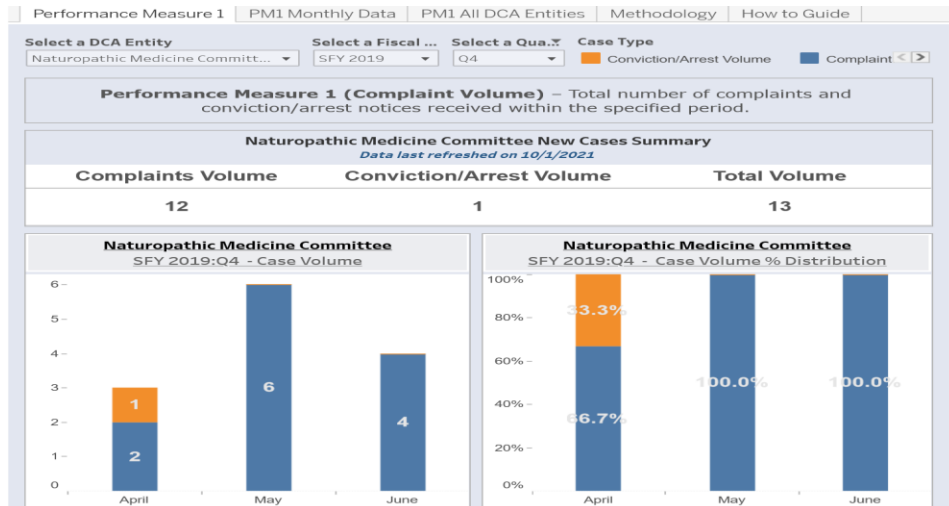
PM 1 FY 2019 Q2



PM 1 FY 2019 Q3



PM 1 FY 2019 Q4

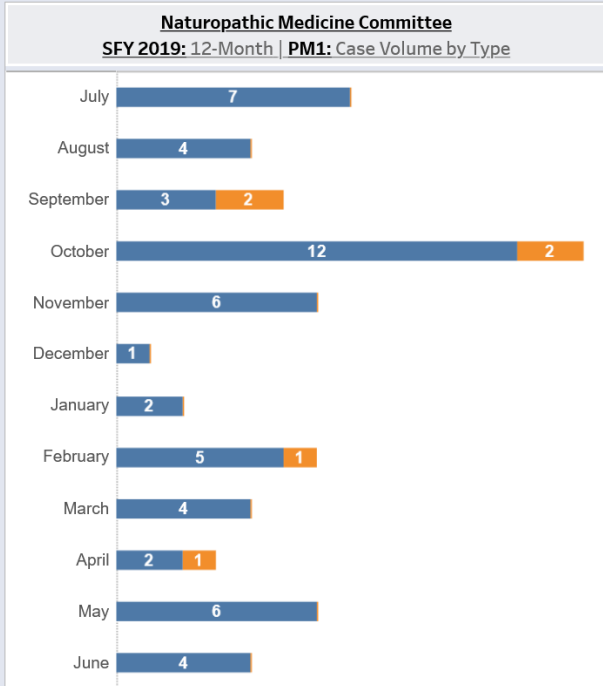


Enforcement Performance Measures 1

Annual Report 2019

Performance Measure 1 PM1 Monthly Data PM1 All DCA Entities Methodology How to Guide

Board Name: Naturopathic Medicine Committee State Fiscal Year: SFY 2019 Enforcement Case Type: Complaints Volume Conviction/Arrest Volume



Naturopathic Medicine Committee
SFY 2019: 12-Month | PM1: Summary

	Complaints	Conviction/Arr..	Total Volume
Grand Total	56	6	62
July	7	0	7
August	4	0	4
September	3	2	5
October	12	2	14
November	6	0	6
December	1	0	1
January	2	0	2
February	5	1	6
March	4	0	4
April	2	1	3
May	6	0	6
June	4	0	4

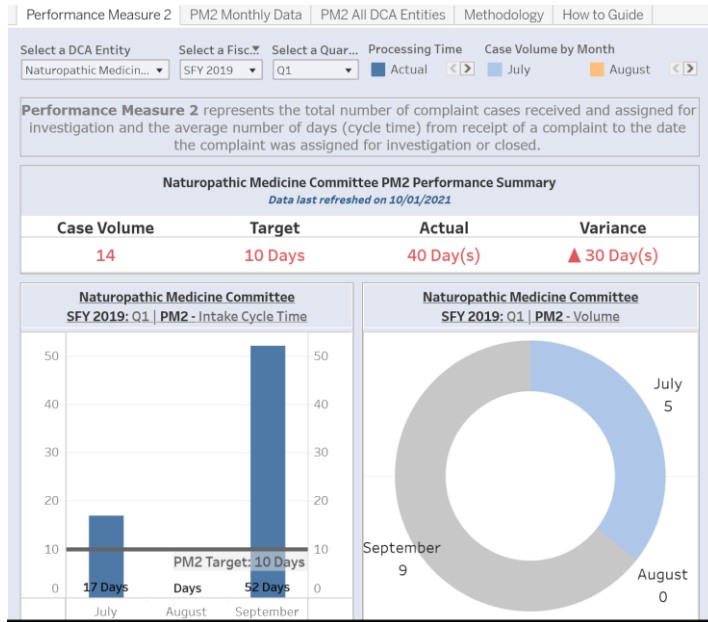
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

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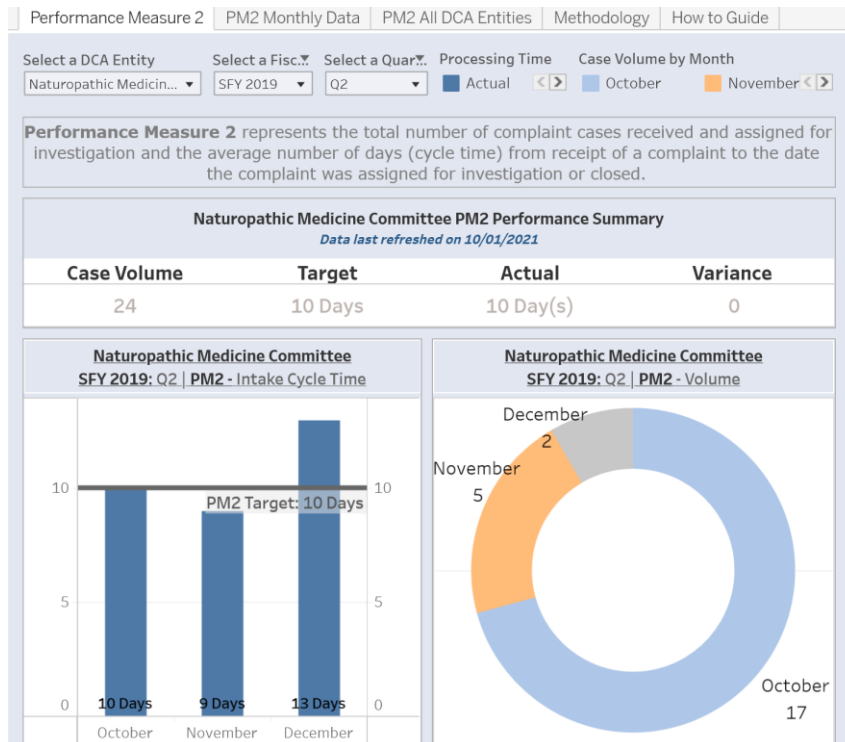
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Enforcement Performance Measures 2 2019

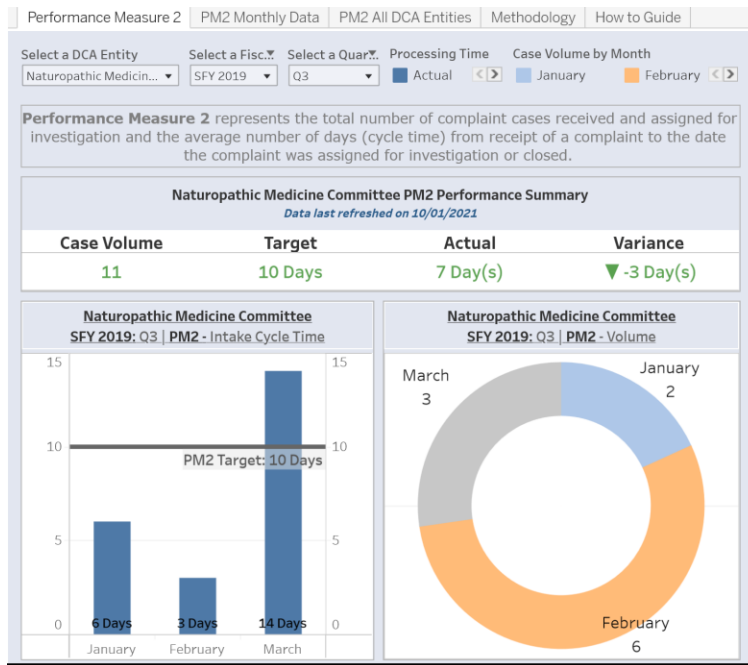
PM 2 FY 2019 Q1



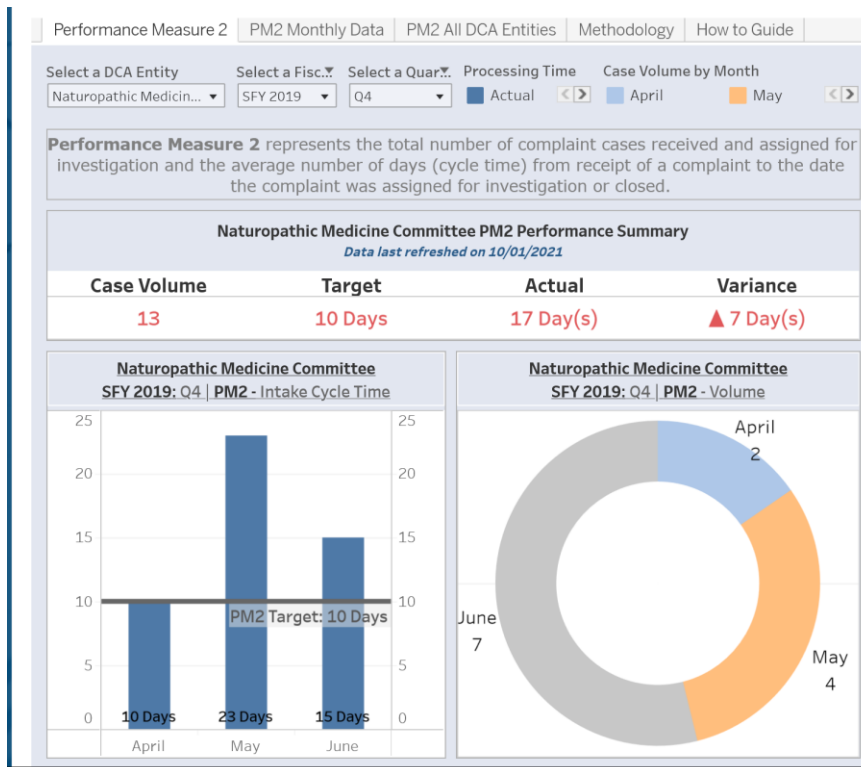
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PM 2 FY 2019 Q3

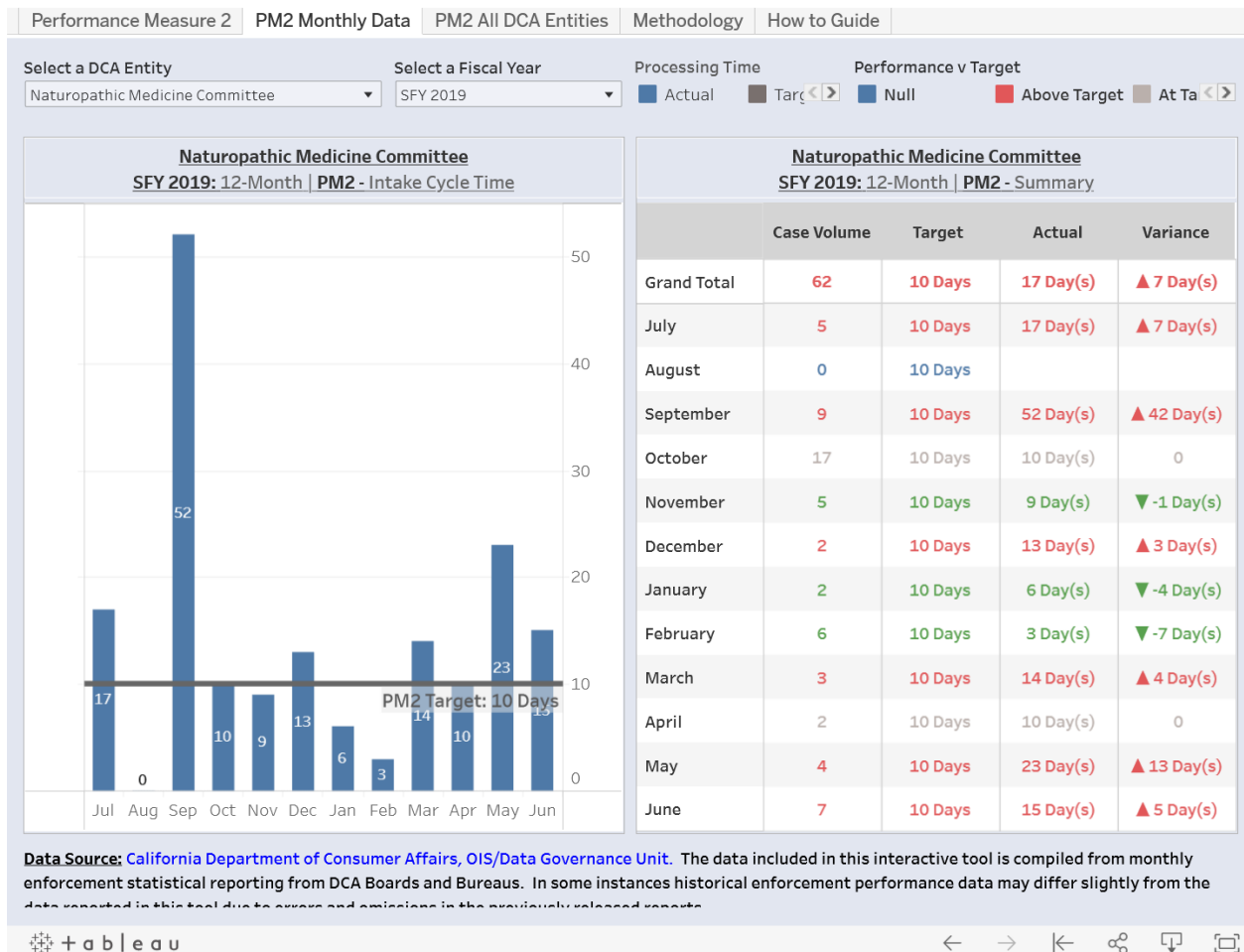


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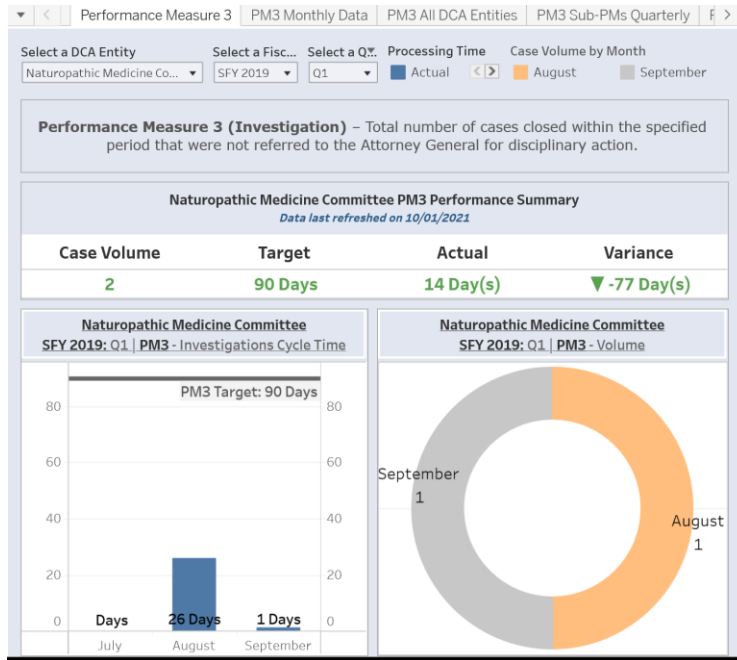
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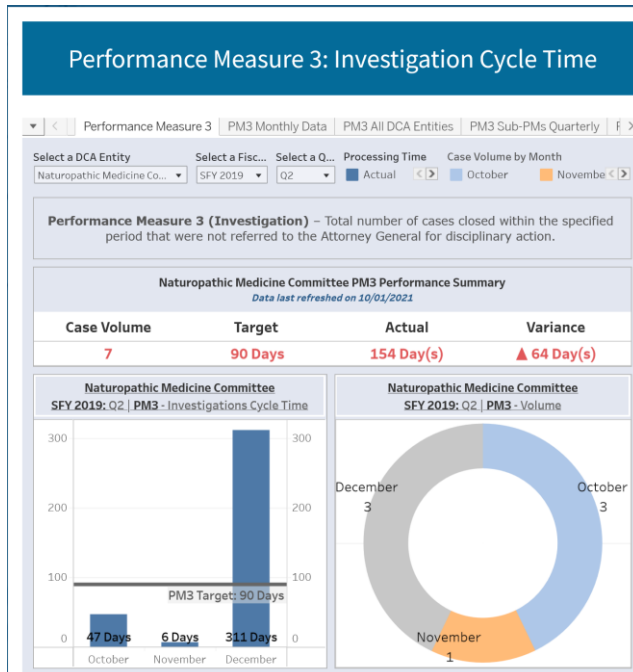


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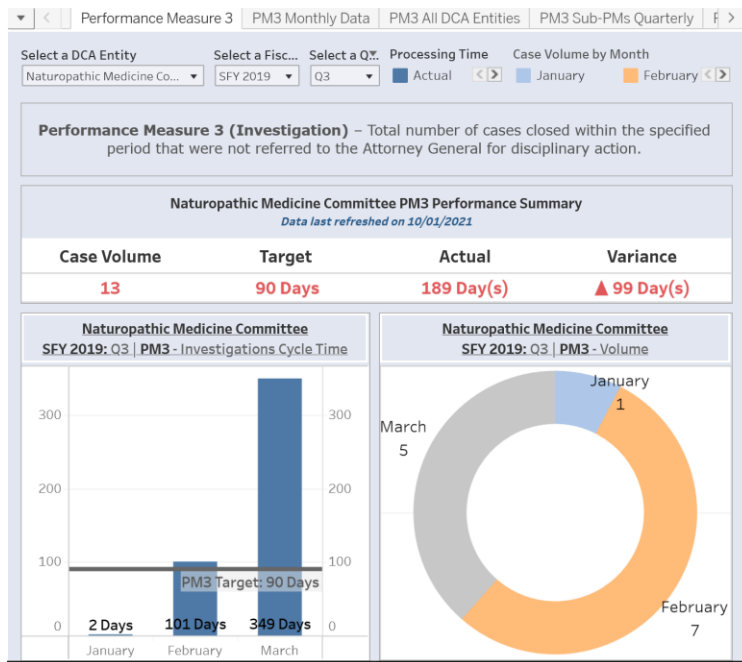
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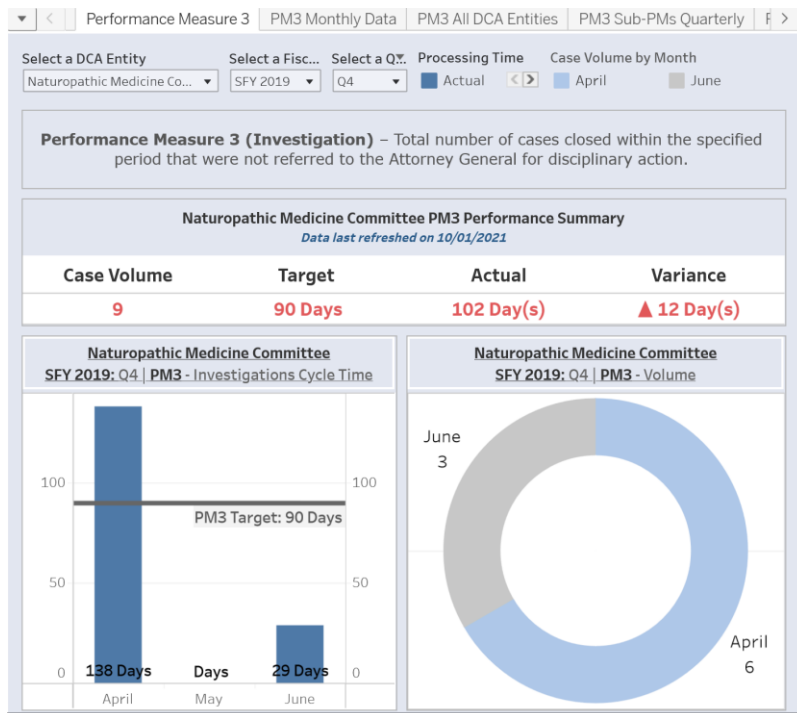
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PM 3 FY 2019 Q3

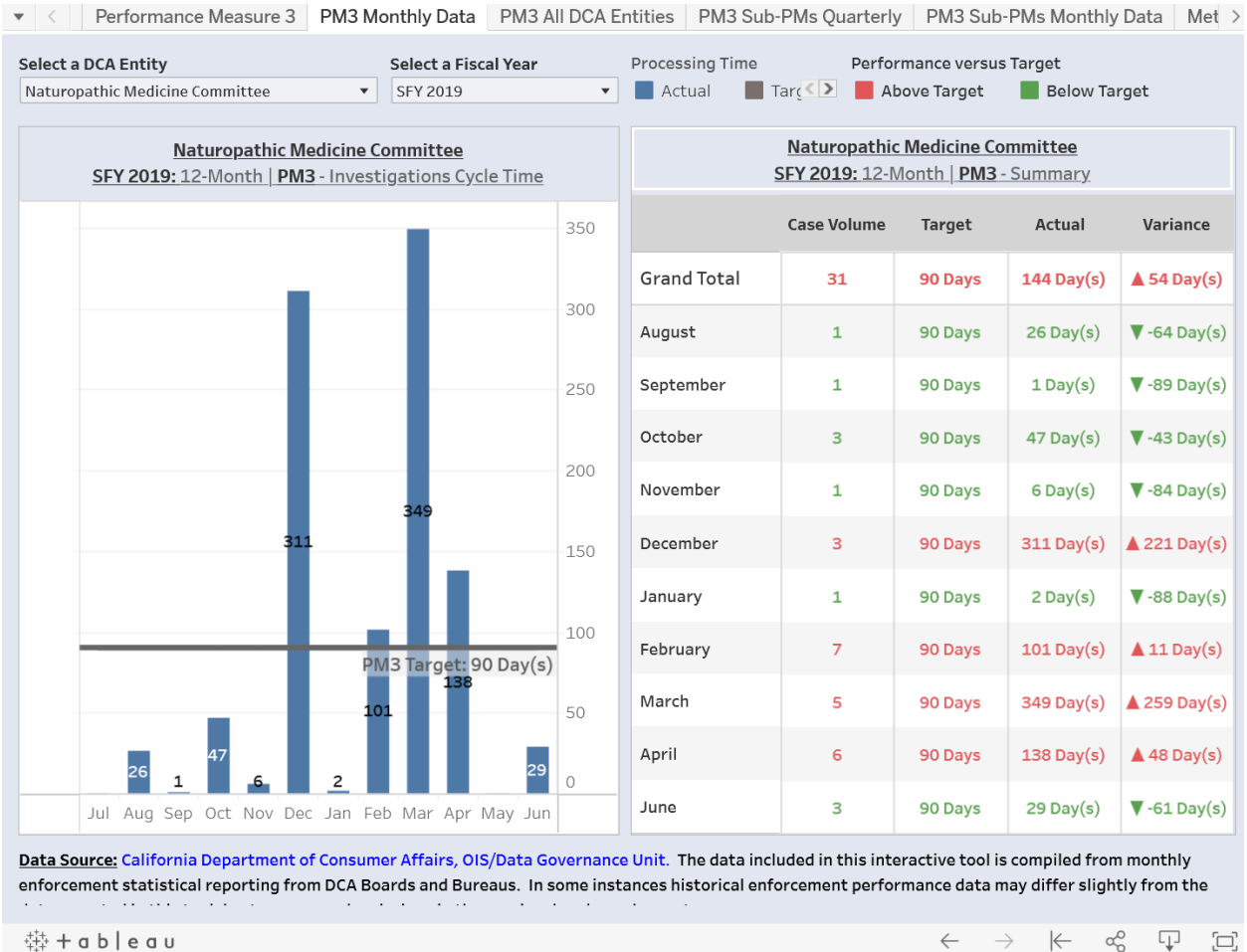


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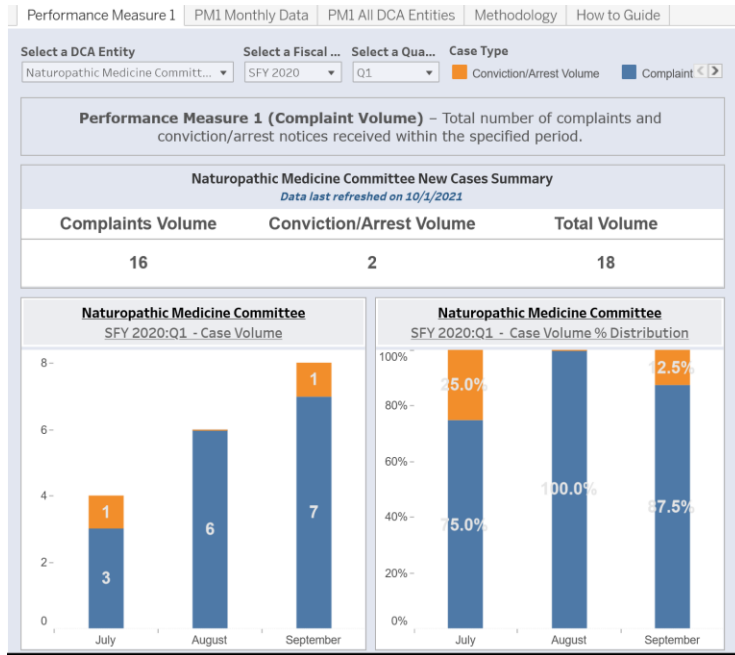
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Annual Report 2019

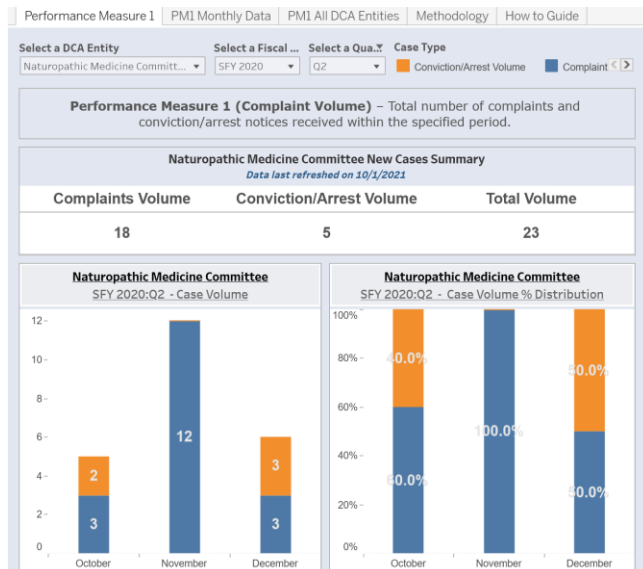


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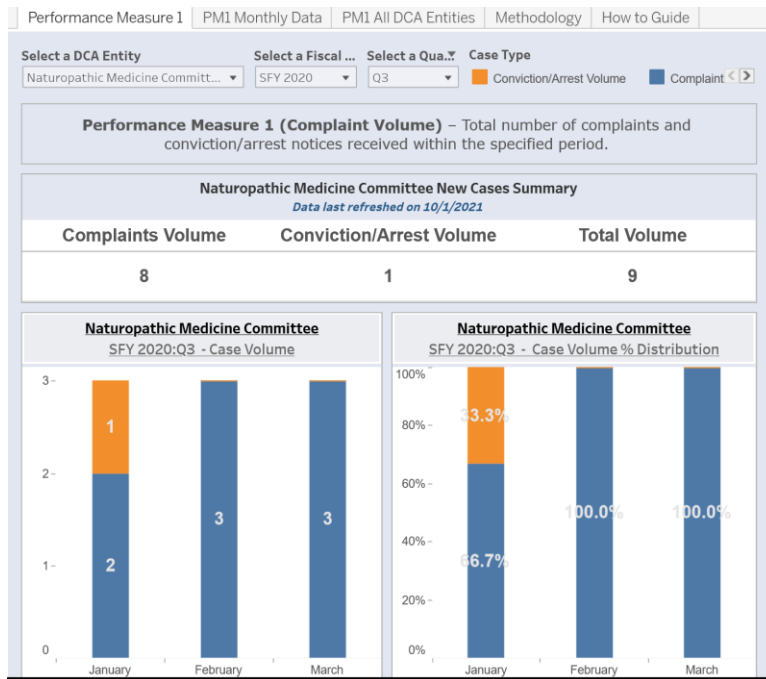
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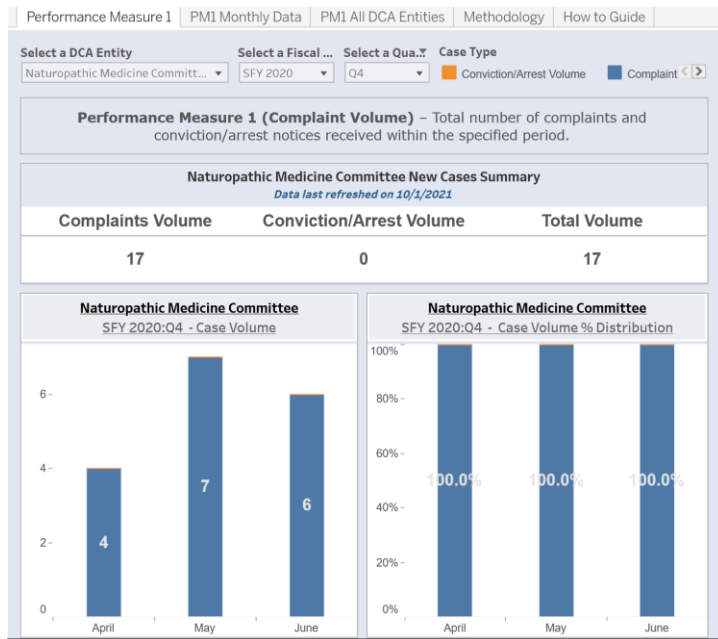
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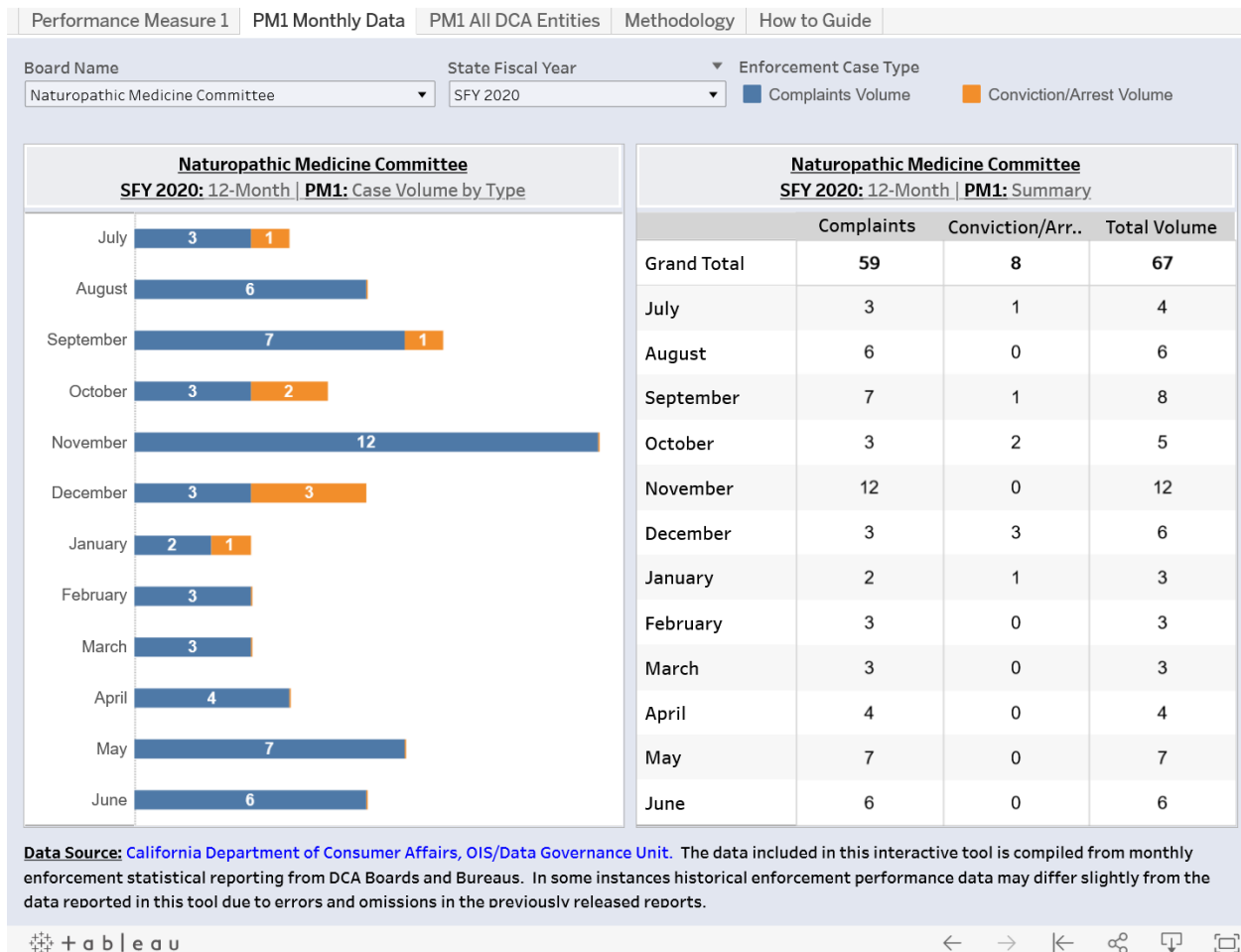


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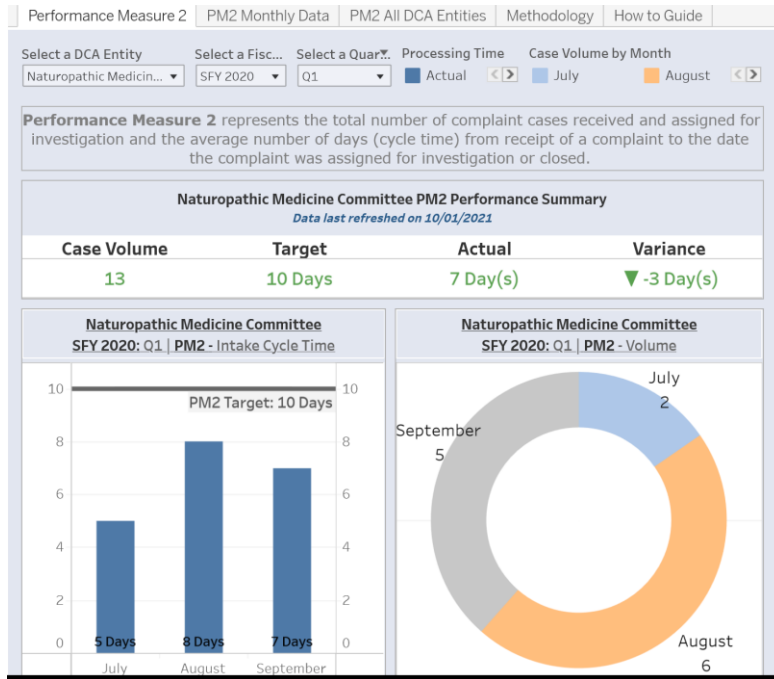
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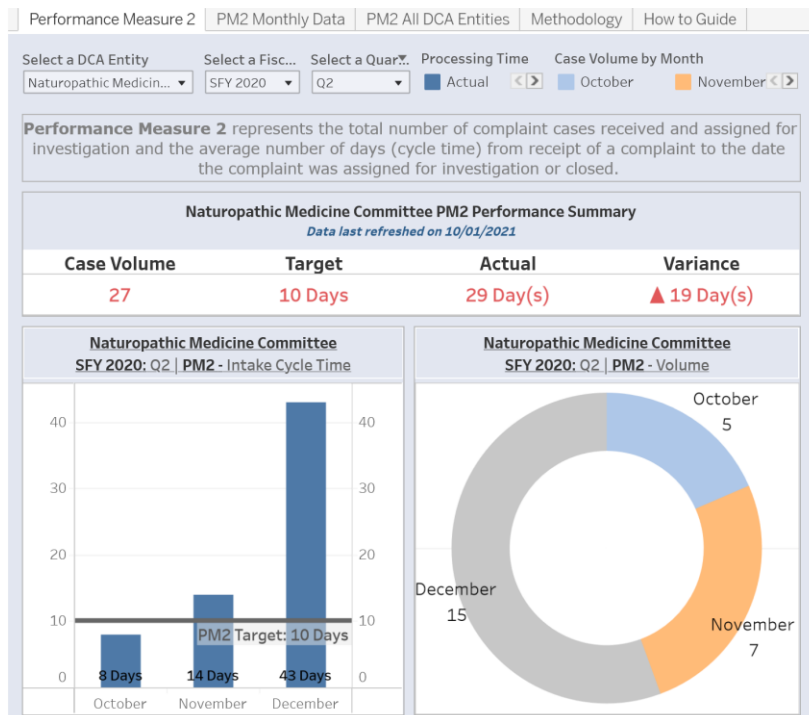


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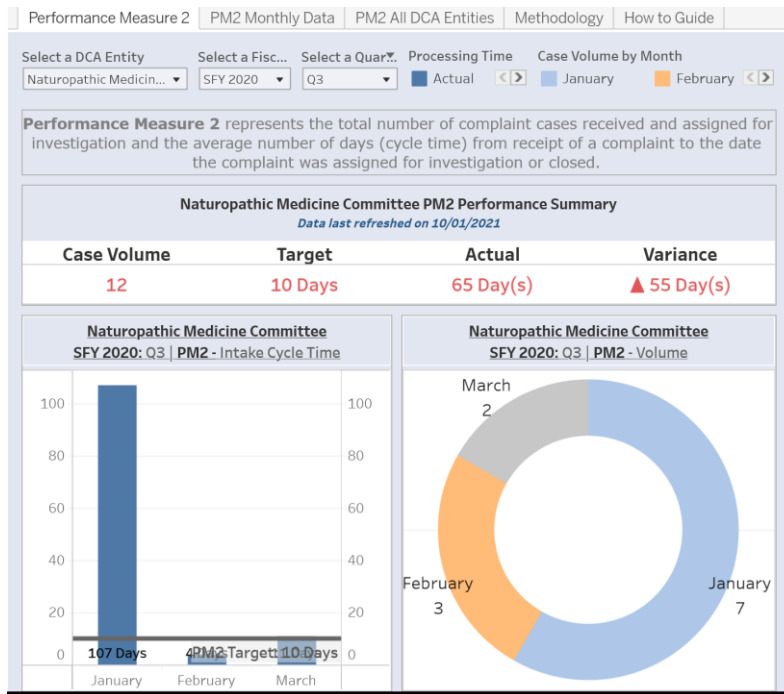
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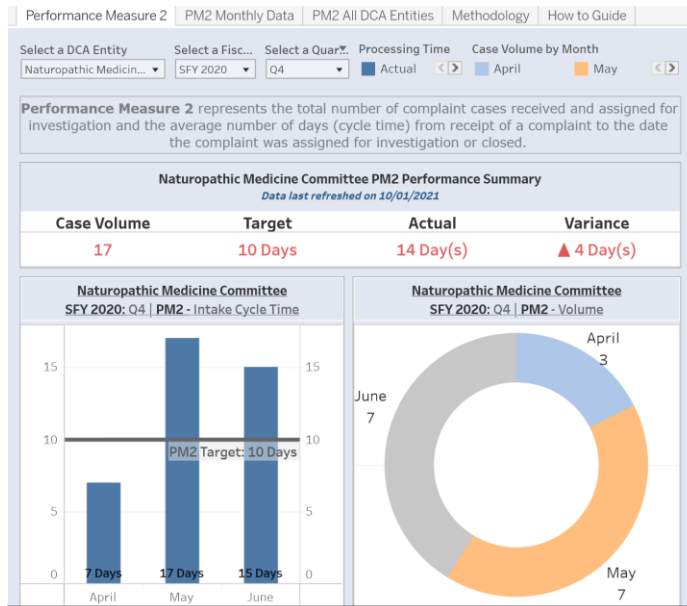
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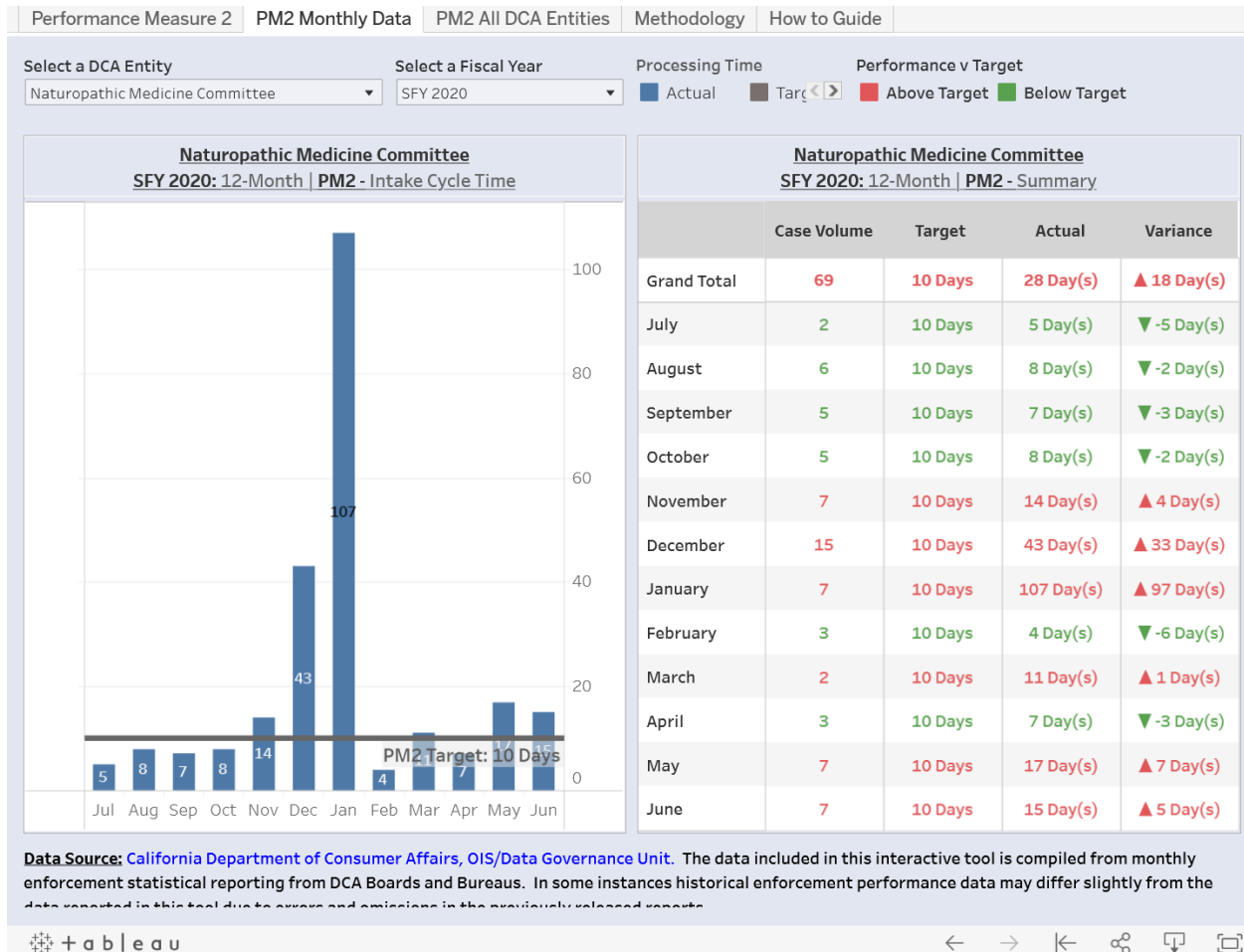


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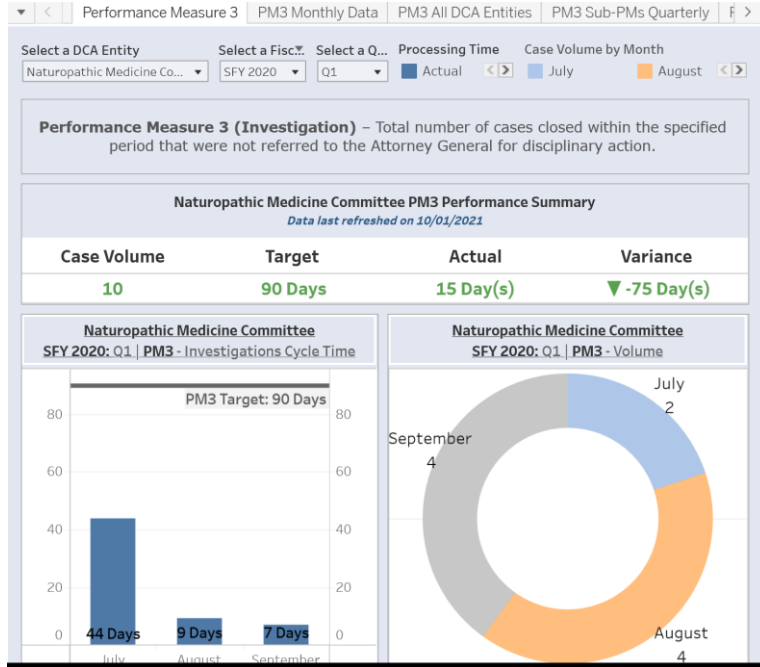
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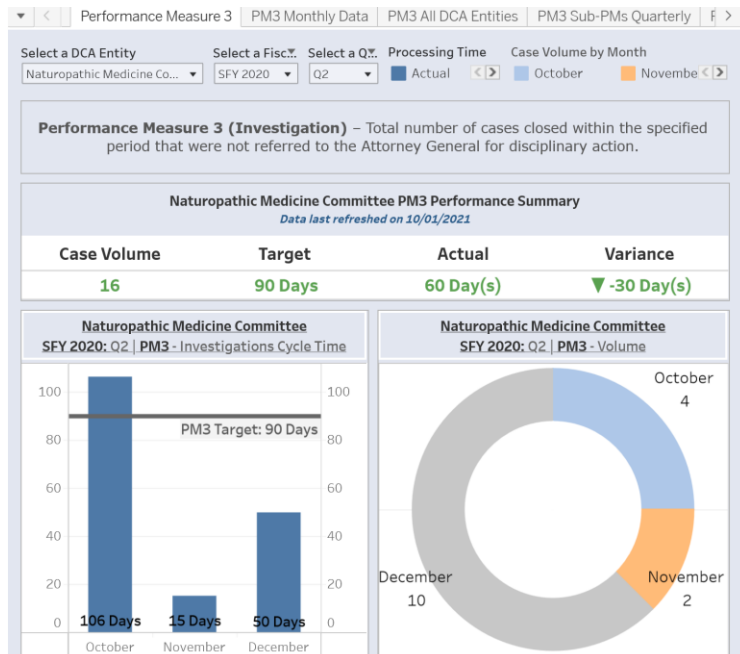


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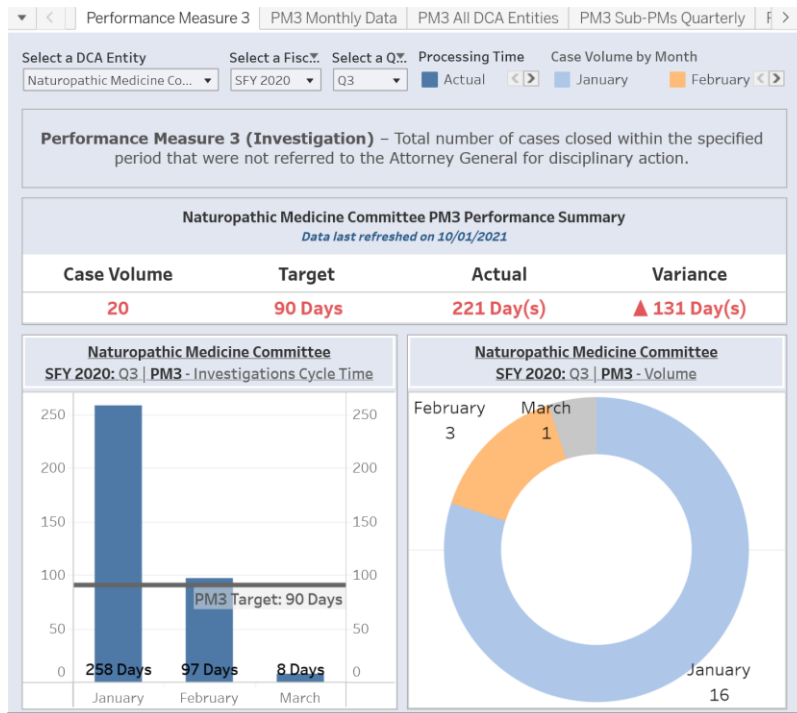
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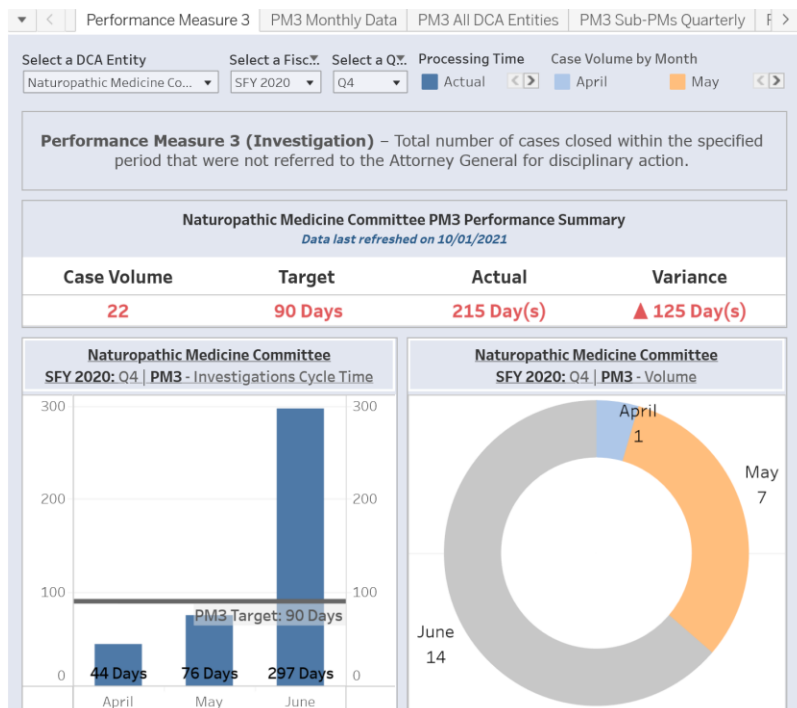
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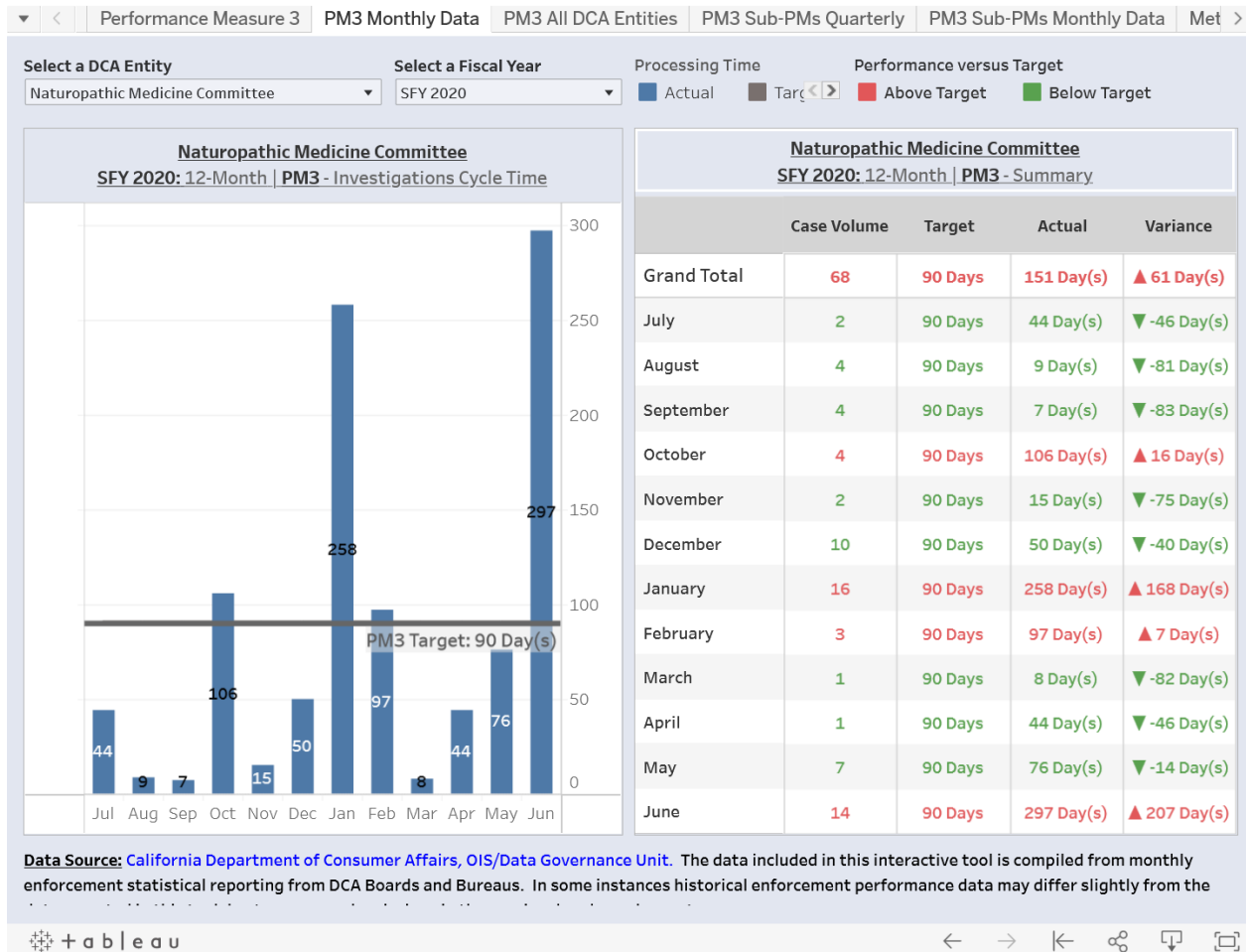
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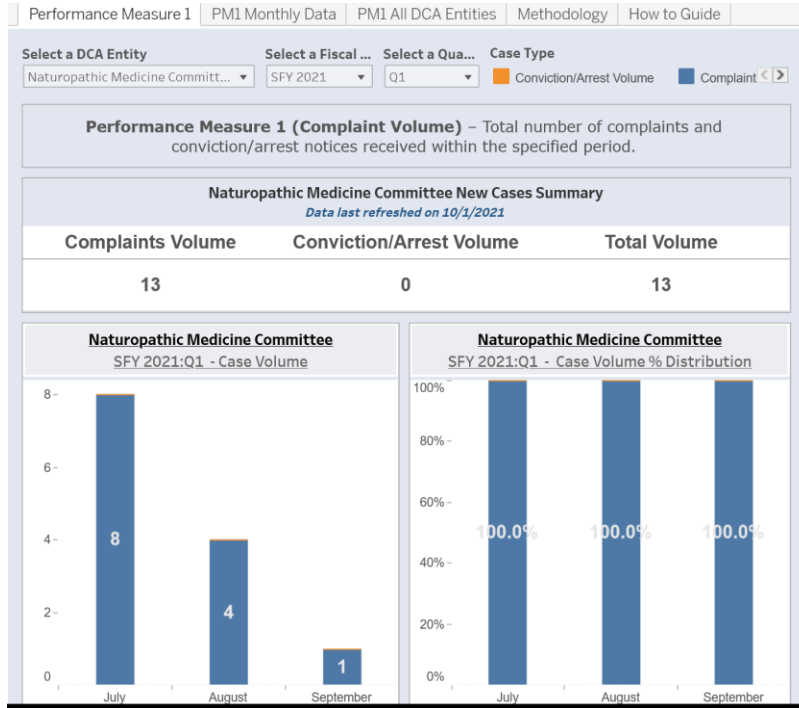


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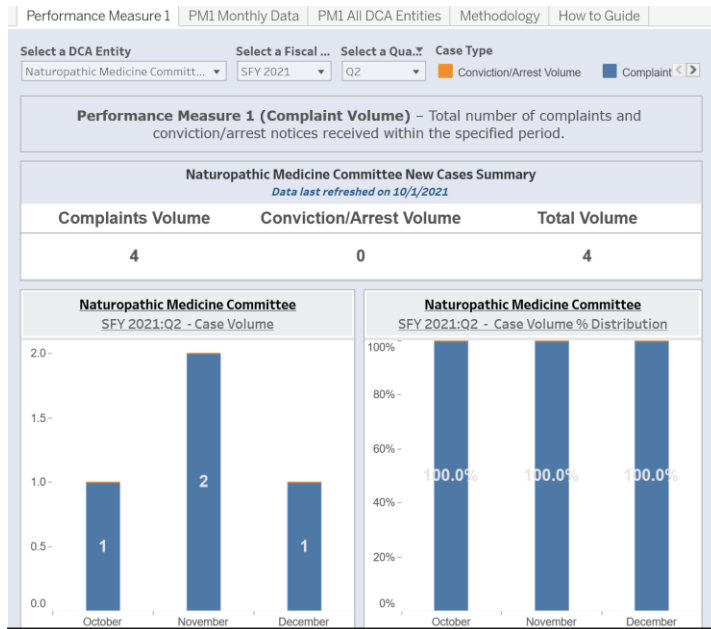


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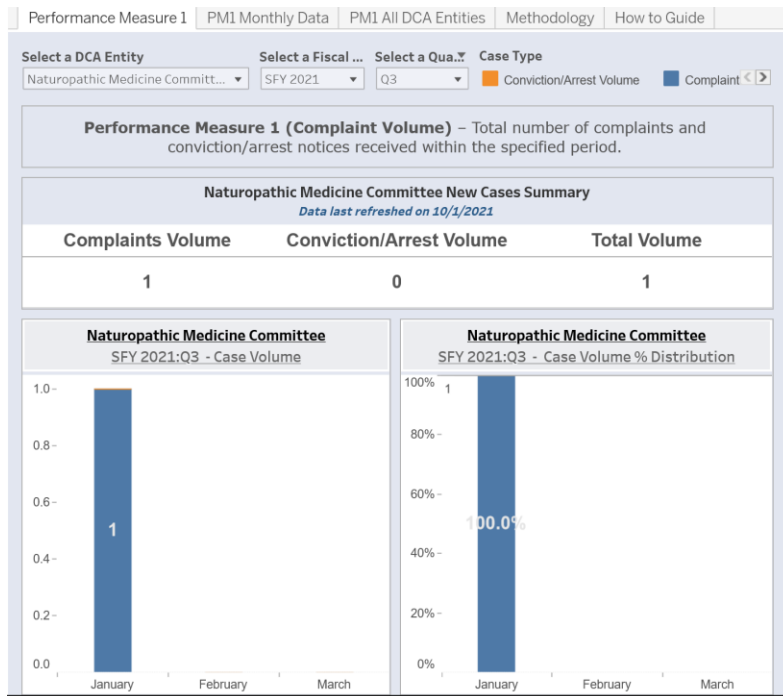
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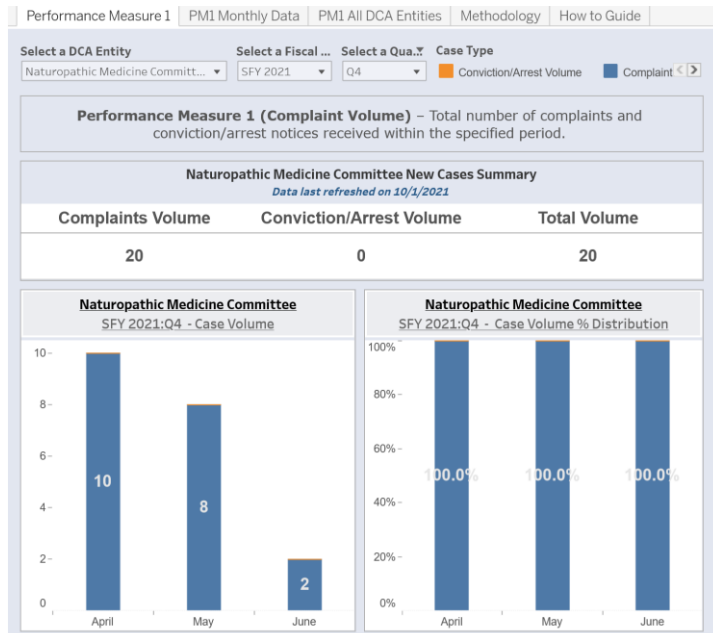
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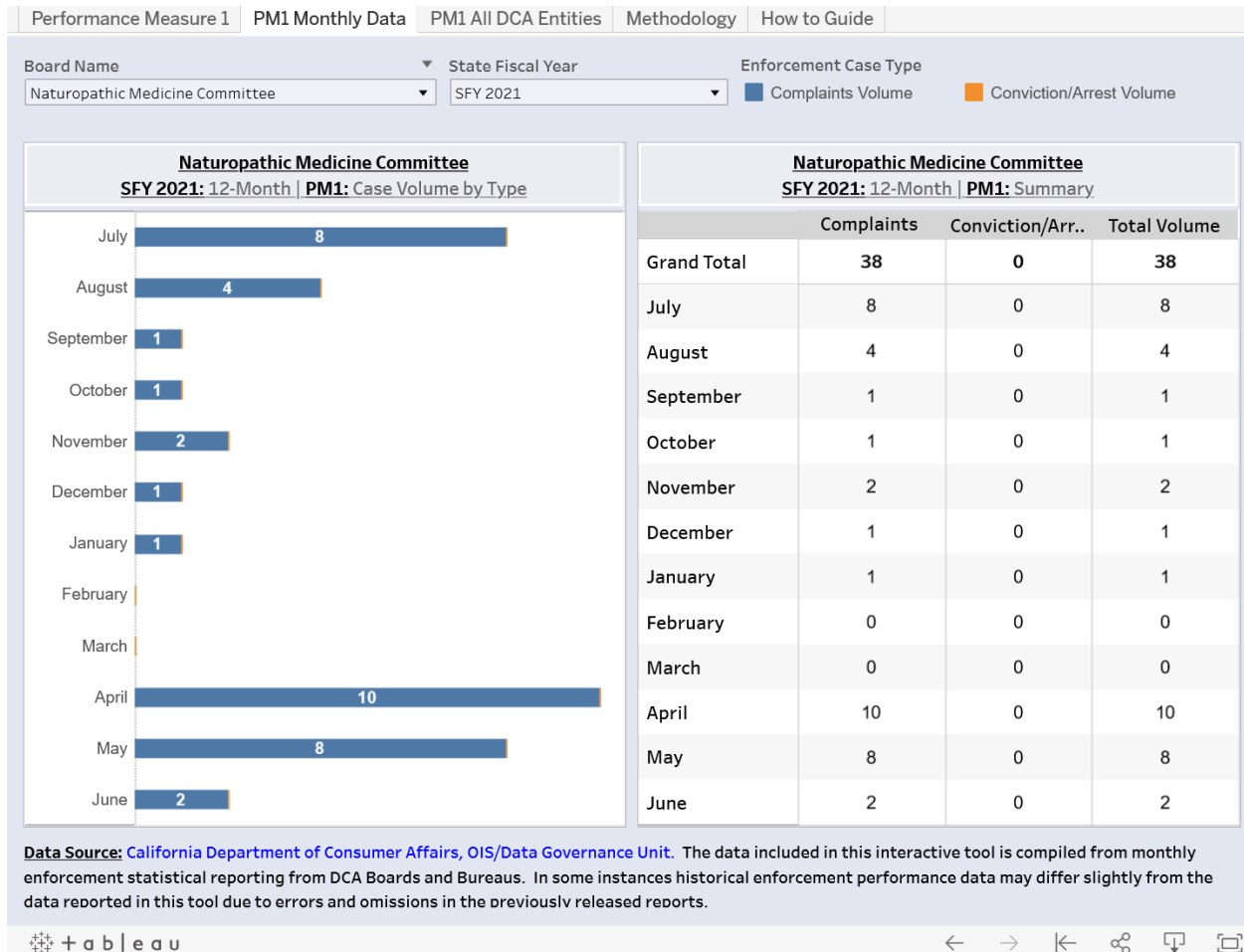


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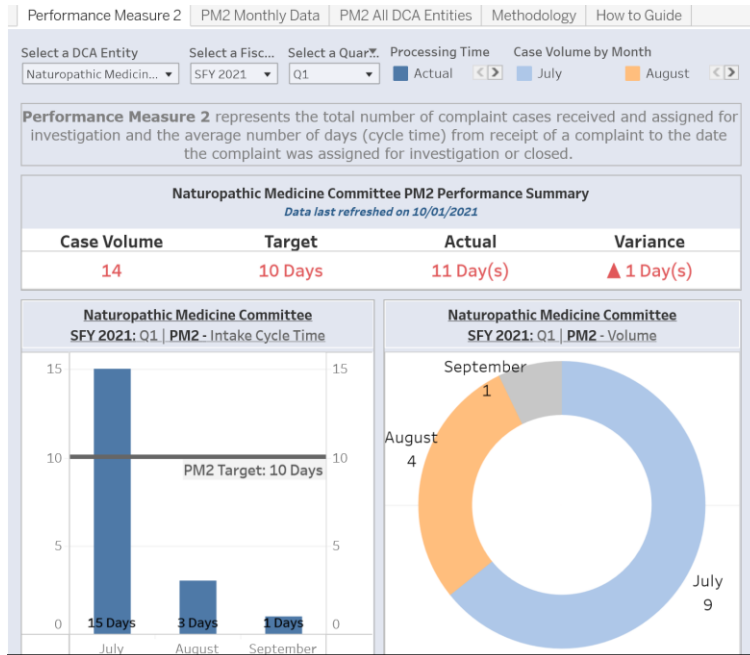
Enforcement Performance Measures 1

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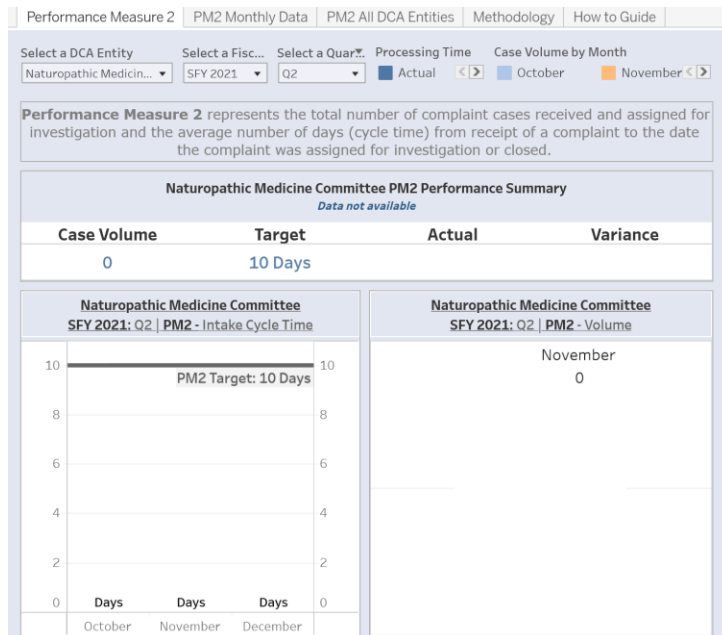


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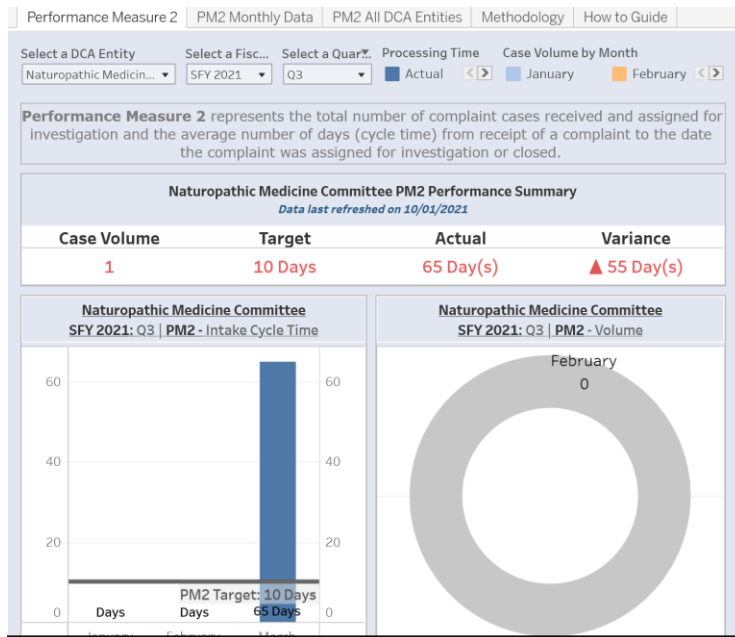
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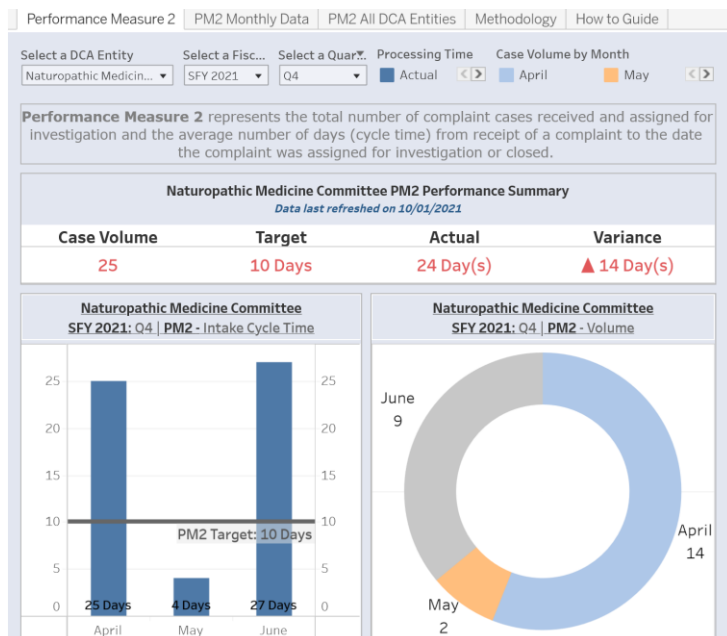
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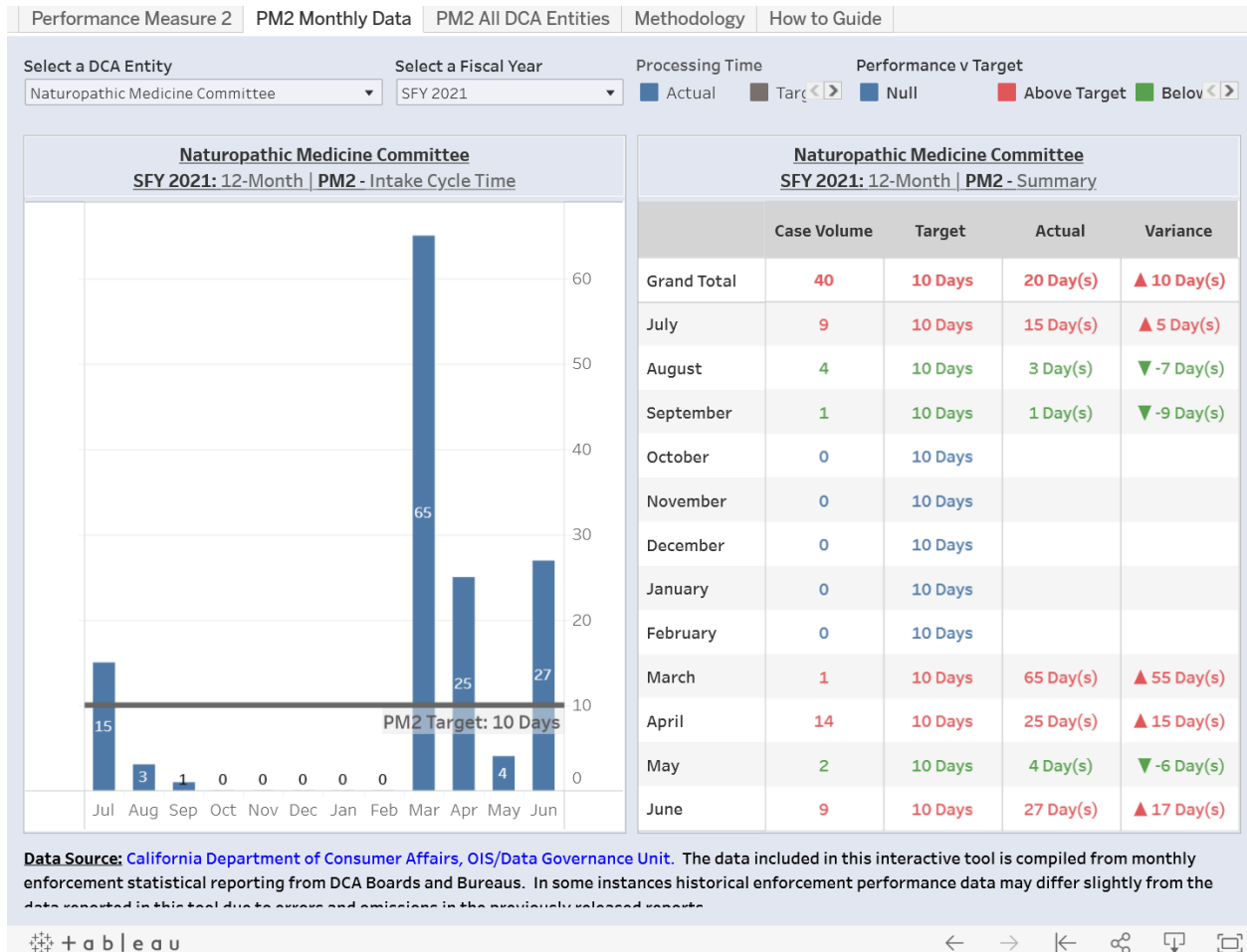


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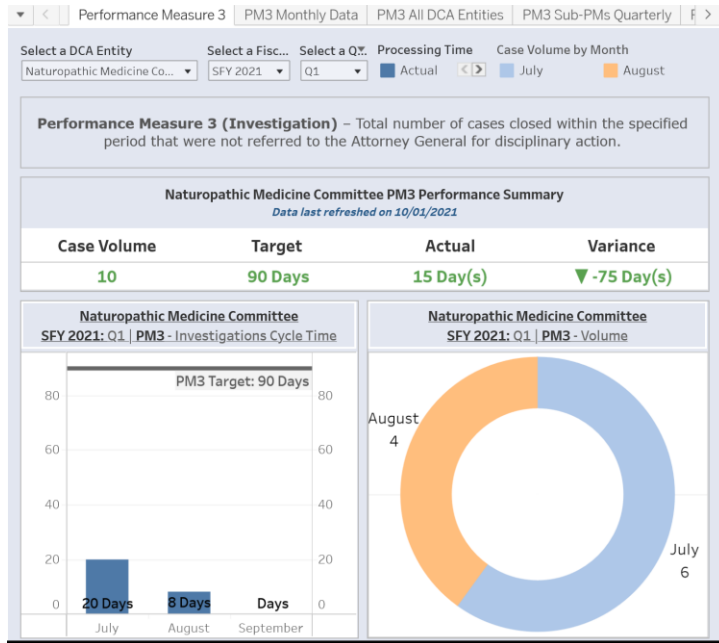
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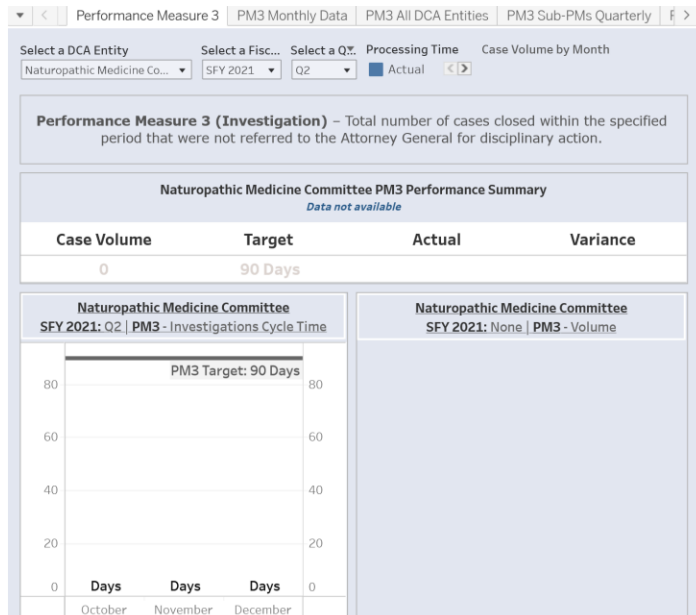


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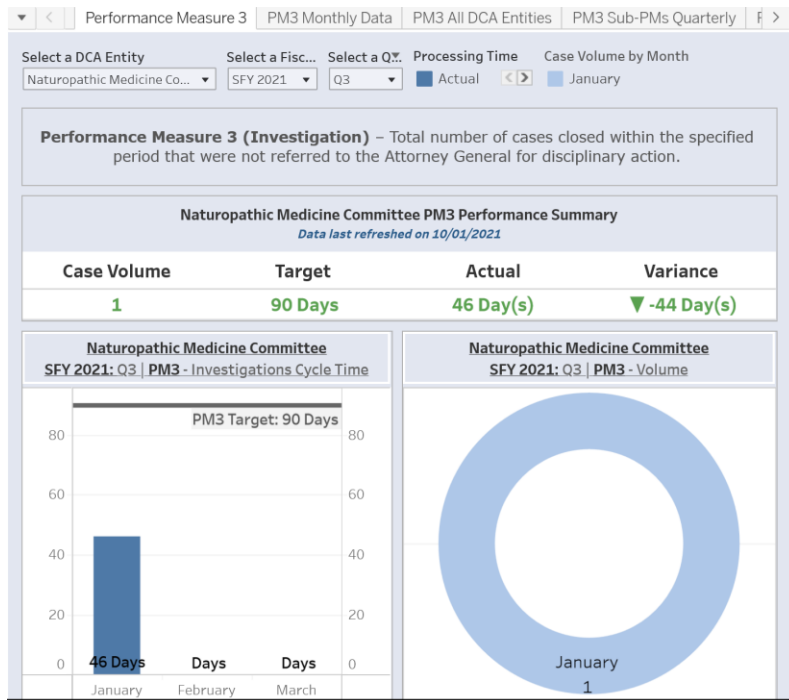
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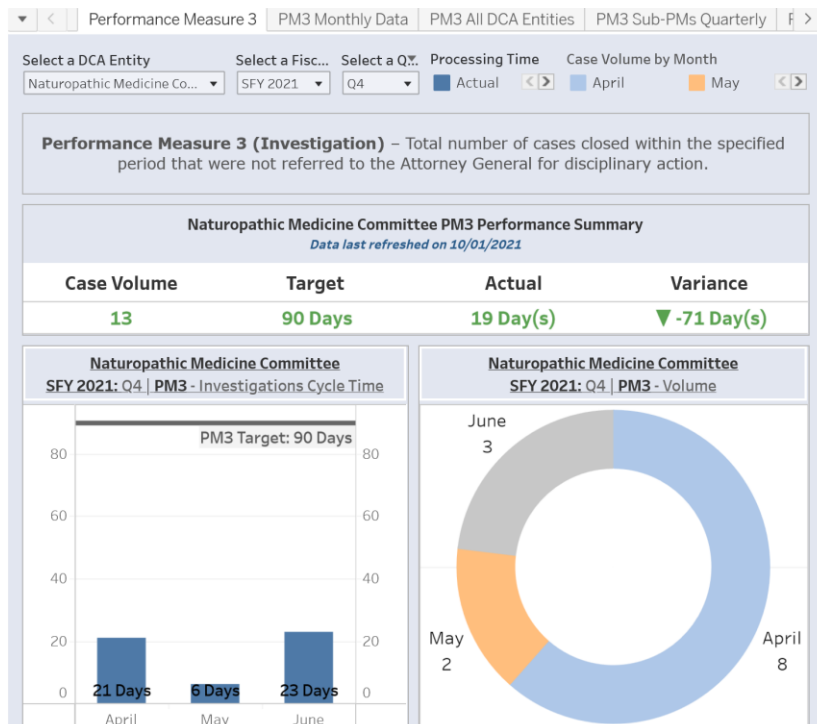
PM 3 FY 2021 Q2



PM 3 FY 2021 Q3



PM 3 FY 2021 Q4



Enforcement Performance Measures 3 Annual Report 2021

▼ < Performance Measure 3 PM3 Monthly Data PM3 All DCA Entities PM3 Sub-PMs Quarterly PM3 Sub-PMs Monthly Data Met >

Select a DCA Entity

Naturopathic Medicine Committee

Select a Fiscal Year

SFY 2021

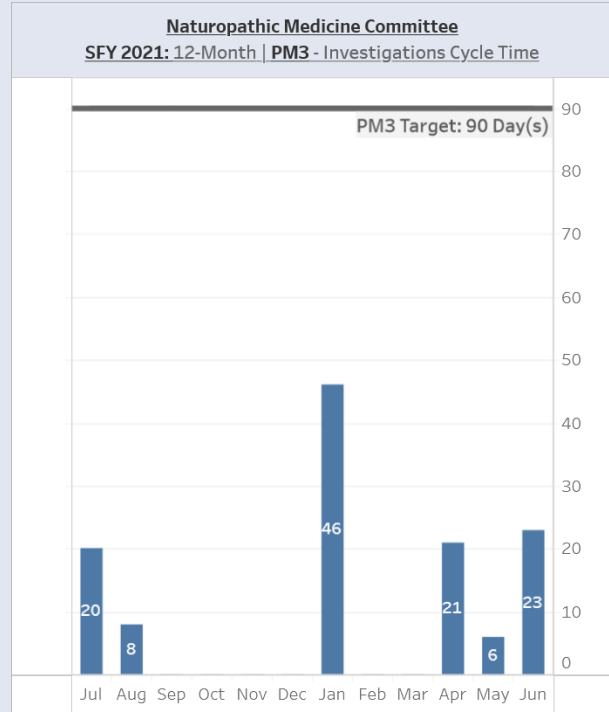
Processing Time

Actual

Target

Performance versus Target

Below Target



Naturopathic Medicine Committee				
SFY 2021: 12-Month PM3 - Summary				
	Case Volume	Target	Actual	Variance
Grand Total	24	90 Days	19 Day(s)	▼ -71 Day(s)
July	6	90 Days	20 Day(s)	▼ -70 Day(s)
August	4	90 Days	8 Day(s)	▼ -82 Day(s)
January	1	90 Days	46 Day(s)	▼ -44 Day(s)
April	8	90 Days	21 Day(s)	▼ -69 Day(s)
May	2	90 Days	6 Day(s)	▼ -84 Day(s)
June	3	90 Days	23 Day(s)	▼ -67 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the

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Licensing Performance Measures Annual Reports 2021

State Fiscal Year SFY 2021	DCA Entity Naturopathic Medicine Comm...	License Type (All)	Application Type (All)	Select Next Page (All)	Annual Change in Volume No Change Decrease
Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval. Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.					
Application Volume					
Board/Bureau	License Type	Application Type	Current Year Total Applications	Prior Year Total Applications	Annual Change
Grand Total			183	185	▼ -2
Naturopathic Medicine Committee	Naturopathic Doctor	Initial License Application - Step 1	94	96	▼ -2
		Initial License Application - Step 2	89	89	0

2020

LPM All Application Types

LPM Application Volume

LPM Complete Applications

LPM Incomplete Applications

Methodology

State Fiscal Year

SFY 2020

DCA Entity

Naturopathic Medicine Comm...

License Type

(All)

Application Type

(All)

Select Next Page

(All)

Annual Change in Volume

Increase

Complete Applications

Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

Incomplete Applications

Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

Application Volume

Board/Bureau	License Type	Application Type	Current Year Total Applications	Prior Year Total Applications	Annual Change
Grand Total			185	157	▲ 28
Naturopathic Medicine Committee	Naturopathic Doctor	Initial License Application - Step 1	96	79	▲ 17
		Initial License Application - Step 2	89	78	▲ 11

2019

State Fiscal Year SFY 2019	DCA Entity Naturopathic Medicine Comm...	License Type (All)	Application Type (All)	Select Next Page (All)	Annual Change in Volume Decrease
Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval. Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.					
Application Volume					
Board/Bureau	License Type	Application Type	Current Year Total Applications	Prior Year Total Applications	Annual Change
Grand Total			157	188	▼ -31
Naturopathic Medicine Committee	Naturopathic Doctor	Initial License Application - Step 1	79	94	▼ -15
		Initial License Application - Step 2	78	94	▼ -16

2018

LPM All Application Types LPM Application Volume LPM Complete Applications LPM Incomplete Applications Methodology					
State Fiscal Year	DCA Entity	License Type	Application Type	Select Next Page	Annual Change in Volume
SFY 2018	Naturopathic Medicine Comm...	(All)	(All)	(All)	<input type="checkbox"/> No Change <input checked="" type="checkbox"/> Decrease
<p>Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.</p> <p>Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.</p>					
Application Volume					
Board/Bureau	License Type	Application Type	Current Year Total Applications	Prior Year Total Applications	Annual Change
Grand Total			188	196	▼ -8
Naturopathic Medicine Committee	Naturopathic Doctor	Initial License Application - Step 1	94	102	▼ -8
		Initial License Application - Step 2	94	94	0

Licensing Performance Measures Annual Reports - Completed Apps

2017

State Fiscal Year

SFY 2017

DCA Entity

Naturopathic Medicine Co...



License Type

Naturopathic Doctor


Application Type

(All)

Select Next Page

(All)  

Performance versus Target

 Below Target

Complete Applications

Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Complete Applications	Target Processing Time	Actual Processing Time	Variance from Target
Naturopathic Medicine Committee	Naturopathic Doctor	Initial License Application - Step 1	4	45 Day(s)	10 Day(s)	▼ -35
		Initial License Application - Step 2	12	25 Day(s)	23 Day(s)	▼ -2

Licensing Performance Measures Annual Reports - Incomplete Apps

2017

LPM Incomplete Applications Incomplete Apps Volume Incomplete Apps Processing Methodology How to Guide					
State Fiscal Year	DCA Entity	License Type	Application Type	Select Next Page	Incomplete Applications Cycle Time Performance
SFY 2017	Naturopathic Medicine Committee	Naturopathic Doctor	(All)	(All)	<input checked="" type="checkbox"/> Below 180 Days
<p>Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.</p>					
Board/Bureau	License Type	Application Type	Current Year Incomplete Applications	Incomplete Apps Processing Time	
Naturopathic Medicine Committee	Naturopathic Doctor	Initial License Application - Step 1	98	61 Day(s)	
		Initial License Application - Step 2	82	12 Day(s)	

Attachment H



Adopted: January 28, 2020

Naturopathic Medicine Committee

Strategic Plan 2020 - 2024



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2. Enforcement	7
3. Legislation and Regulation	8
4. Administration	9
5. Outreach and Education	10
Strategic Planning Process	11

Members of the Naturopathic Medicine Committee

Dara Thompson, N.D., Chair

Greta D'Amico, N.D., Vice Chair

Gregory Weisswasser, N.D.

Minna Yoon, N.D.

Vera Singleton, N.D.

Thomas Gregory Quinn, M.D.

Bruce Davidson, Ph.D., Public Member

Shirley Worrels, Public Member

Myles Spar, M.D.



Gavin Newsom, Governor

Lourdes M. Castro Ramirez, Secretary,
Business, Consumer Services, and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Rebecca Mitchell, Executive Officer, Naturopathic Medicine Committee

Message from the Committee Chair



It is my privilege to present to you the 2020 strategic plan for the Naturopathic Medicine Committee of California.

This plan would not have been possible without the combined efforts of the members of the Committee, the Committee staff, and the support of the DCA SOLID team. The Committee looks forward to working toward our goals with precision and perseverance.

As always, the health and safety of all Californians is our primary goal. To that end strategic goal areas for 2020-2024 are:

- Licensing
- Enforcement
- Legislation and regulation
- Administration
- Outreach and Education

With each action we take, the Committee holds these goals, as well as our mission, vision and values at the forefront of our minds. We continue to advocate for all Californians and their access to safe, effective health care.

In health,

Dara Thompson ND
Chair, Naturopathic Medicine Committee



“The Committee looks forward to working toward our goals with precision and perseverance.”

Goal Area Summaries

Licensing

The Committee promotes licensing standards for licensees to protect consumers and allow reasonable access to the profession. The Committee also oversees and approves continuing education standards to promote excellence in practice and public safety.

Enforcement

The Committee protects the safety of consumers through enforcement of the laws and regulations governing the practice of naturopathic medicine.

Legislation and Regulations

Committee statutes, regulations, policies and procedures strengthen and support their mandate and mission.

Administration

Through effective leadership, the Committee efficiently utilizes its resources and personnel to meet its objectives. It provides excellent customer service and consumer protection.

Outreach and Education

The Committee informs consumers, licensees, and stakeholders about the practice and regulation of the profession, while providing responsive customer service.

Mission, Vision, and Values

Mission

To protect California health care consumers and expand access to safe and effective primary care by licensing and regulating Naturopathic Doctors through vigorous enforcement of the Naturopathic Doctors Act.

Vision

Naturopathic physicians' practice to the full extent of their training to provide collaborative and crucial health care services to California consumers.

Values

1. Consumer Protection
2. Excellent Quality
3. Transparency
4. Integrity
5. Access
6. Collaboration

1. Licensing

- 1.1 Clarify and communicate the turnaround time for license applications and renewals to manage expectations.
- 1.2 Empower applicants to monitor their own licensing application process to improve customer service.
- 1.3 Update website information regarding Committee-approved continuing education offerings to provide current information to licensees.

2. Enforcement

2.1 Strengthen penalties for illegal use of N.D. title to protect consumers from unscrupulous practitioners.

2.2 Improve the efficiency of enforcement reporting and internal notifications through the BreEZe system to aid enforcement timelines.

2.3 Encourage licensees and stakeholders to report unlicensed activities to reduce unlicensed use of the N.D. title.

2.4 Educate licensees in verifying and confirming that any professional practitioner they work with is appropriately licensed, to prevent being in violation and further protect consumers.

3. Legislation and Regulation

3.1 Advance a plan to gain title protection to protect the public and aid in enforcement activities.

3.2 Modernize scope to allow licensees to practice-as-trained; improving primary care services and access for the consumer, while creating parity with neighboring states.

3.3 Advance scope of practice to meet legislative mandates of the Committee.

3.4 Open communication between the Naturopathic Medicine Committee, appropriate boards, and associations in order to facilitate greater understanding of potential legislative and regulatory changes.

3.5 Add North American Naturopathic Continuing Education Accreditation Council (NANCEAC) as a continuing education provider, to broaden continuing education opportunities.

3.6 Clarify guidelines for naturopathic medical assistants and create regulations, as needed.

3.7 Create intravenous and injection therapy regulations and guidelines to provide clarity and facilitate safe practice.

3.8 Review and update naturopathic childbirth attendance statutes and regulations.

4. Administration

4.1 Create more email templates and voicemail branches to increase efficiencies in public service.

4.2 Identify and implement a resource to assist members in tracking the Committee's work.

5. Outreach and Education

5.1 Explore opportunities to educate legislators, health related boards and professional associations about naturopathic medicine and the Naturopathic Medicine Committee in order to inform and foster relationships and support.

5.2 Develop outreach campaigns to educate the public about naturopathic medicine.

5.3 Communicate the approach of naturopathic medicine to vaccines, homeopathy, and supplementation to clarify misconceptions.

5.4 Communicate the process of appealing consumer insurance denials to ensure parity between healthcare professional services and improve patient access.

5.5 Increase frequency of online communications and website updates to better educate the public and licensees.

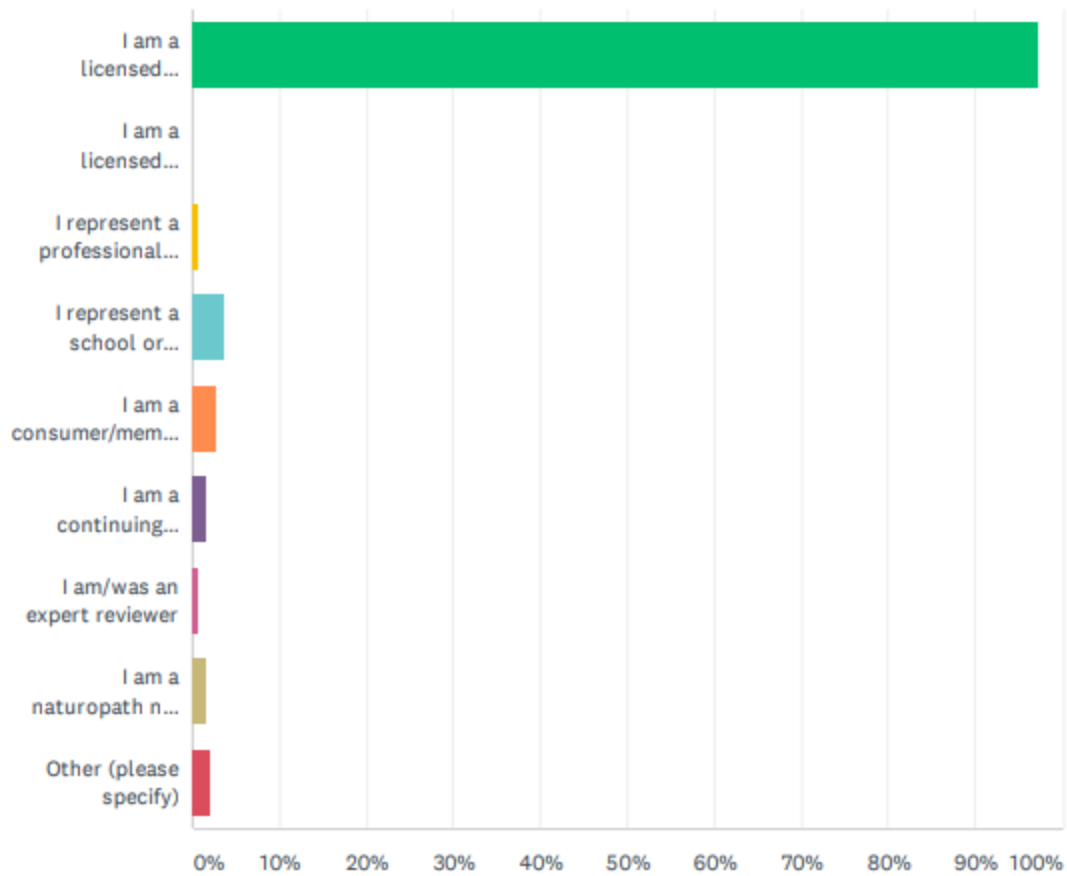
5.6 Coordinate with the California Naturopathic Doctor's Association to facilitate communication with licensees and the public.

5.7 Create Health Insurance Portability and Accountability Act (HIPAA) and telehealth links to clarify law for licensees.

Strategic Planning Process

To understand the environment in which the Committee operates and identify factors that could impact the Committee's success, the California Department of Consumer Affairs' SOLID Unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- Interviews conducted with all staff, including the Executive Officer, completed during the month of May 2019 to assess the challenges and opportunities the Committee is currently facing or will face in the upcoming years.
- Two online surveys were sent to external stakeholders and Committee members in May 2019 to identify the strengths and weaknesses of the Committee. A total of 144 stakeholders and 9 Committee members completed the survey. The table on the next page shows how stakeholders identified themselves in the online survey. Stakeholders were able to select multiple relationships to accurately state their relationship.



ANSWER CHOICES	RESPONSES	
I am a licensed naturopathic doctor	97.22%	140
I am a licensed naturopathic assistant	0.00%	0
I represent a professional association of the industry.	0.69%	1
I represent a school or college.	3.47%	5
I am a consumer/member of the public.	2.78%	4
I am a continuing education provider	1.39%	2
I am/was an expert reviewer	0.69%	1
I am a naturopath not licensed by the Committee	1.39%	2
Other (please specify)	2.08%	3
Total Respondents: 144		



Naturopathic Medicine Committee
1300 National Dr., Ste. 150
Sacramento, CA 95834-1991



Prepared by SOLID for the Naturopathic Medicine Committee on July 25, 2019
Department of Consumer Affairs
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SOLID@dca.ca.gov

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Naturopathic Medicine Committee from January 2019 through July 2019. Subsequent amendments may have been made after Committee adoption of the plan.

Attachment I





Prepared by: OMCSPAR
Parameters Selected
License Type(s): 3001
Case Type(s): CMP
Regions: All
Display Details (Y/N): Yes
Complaints:

Complaints Summary														19-Jun				Total
Received	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jun	19-Jun	19-Jun	19-Jun	19-Jun	Total
Closed W/O Investigation	6	4	3	12	6	1	2	5	6	4	6	5		5	6	4	5	60
Assigned for Investigation	4				1													1
Pending	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	19-Mar	19-Apr	19-May	19-Jun									59
	5	9	4	2	2	1	2	2	4	2								
Avg Days to Close or Assign (adjusted)	18-Jul	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jun	Avg					
	21	58	10	5	13	6	3	9	7	23	15	17						
Avg Days to Close or Assign (overall)	18-Jul	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jun	Avg					
	21	58	10	5	13	6	3	9	7	23	15	17						
Convictions/Arrests Summary	19-Feb	Total																
Received	1	1																
Assigned for Investigation	1	1																
No Data Available																		
	2																	
	2																	
Total Intake Summary	7	4	3	12	6	1	2	6	6	4	7	5						
	4		8	14	5	3	2	6	5	3	5	7						
	5	9	4	2	2	1	2	4	2									
	21	58	10	5	62	6	3	9	7	19	15	15						
	21	58	10	5	62	6	3	9	7	19	15	15						



Prepared by: OMCSPAR
Parameters Selected
License Type(s): 3001
Case Type(s): CMP
Regions: All
Display Details (Y/N): Yes
Complaints:

Complaints Summary													
Received	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	Total
Assigned for Investigation	3	6	3	3	12	3	2	3	3	6	7	6	57
	1	6	1	2	7	13	4	3	2	5	7	7	58
Pending	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Mar	20-Apr	20-May	20-Jun			
	4	4	6	7	12	2	2	2	2	1			
Avg Days to Close or Assign (adjusted)	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	Avg
	8	8	16	5	14	49	123	4	11	5	17	15	27
Avg Days to Close or Assign (overall)	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	Avg
	8	8	16	5	14	49	123	4	11	5	17	15	27
No Data Available													
No Data Available													

Total Intake Summary													
	3	6	3	3	12	3	2	3	4	6	7	6	
	1	6	1	2	7	13	4	3	2	6	7	7	
	4	4	6	7	12	2	2	2	2	1			
	8	8	16	5	14	49	123	4	11	6	17	15	
ENF-0250-DCA Enforcement Measures - Intake	8	8	16	5	14	49	123	4	11	6	17	15	

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Prepared by: OMCSPAR
Parameters Selected
License Type(s): 3001
Case Type(s): CMP
Regions: All
Display Details (Y/N): Yes
Complaints:

Complaints Summary		20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	Total
Received		8	5	1	1	2	1	1	4	1	9	8	5	46
Assigned for Investigation		9	4	2			4			1	13	1	9	43
Pending		4	1	3	1	5	5	1	8					
		20-Jul	20-Aug	20-Sep	20-Dec	21-Mar	21-Apr	21-May	21-Jun	Avg				
Avg Days to Close or Assign (adjusted)		15	3	16	34	65	26	4	27	23				
		20-Jul	20-Aug	20-Sep	20-Dec	21-Mar	21-Apr	21-May	21-Jun	Avg				
Avg Days to Close or Assign (overall)		15	3	16	34	65	26	4	27	23				
No Data Available														
No Data Available														
Total Intake Summary														
		8	8	1	1	2	1	1	4	1	9	8	5	
		9	4	5			4			1	13	1	9	
		4	1	3	1	5	5	1	8	4				
		15	3	24	34	65	26	4	27					
		15	3	24	34	65	26	4	27					
ENF-0250-DCA Enforcement Measures - Intake														

Prepared by: OMCSPAR

Parameters Selected

License Type(s):

Case Type(s): CMP

Regions: All

Display Details (Y/N): Yes

Case Investigations: All

Report Section:

Staff ID: All

Case Investigation Summary													
Completed	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	Total
Referred to Investigation	4	1	1	1	2	5	2	6	7	5	1	3	34
Pending	26	25	32	46	50	48	48	48	46	44	48	52	63
Average Days to Complete Investigation (adjusted)	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	
Completed	0	58	1,286	105	1	354	288	71	209	161	1	12	
Referred to Investigation	0	0	0	0	0	0	0	0	0	0	0	0	
Case Investigation Aging													
Up to 90 days	1	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	Total	
91 to 180 days			1	2	3	1	4	2		1	3	17	
181 days to 1 year							2	3	5			11	
> 1 to 2 years					1			1				1	
> 2 to 3 years					1	1						2	
> 3 to 4 years		1						1				2	
												1	

ENF-0251-DCA Enforcement Measures - Investigation

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Prepared by: OMCSPAR

Parameters Selected

License Type(s):

Case Type(s): CMP

Regions: All

Display Details (Y/N): Yes

Case Investigations: All

Report Section:

Staff ID: All

Case Investigation Summary													
Completed	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	Total
Referred to Investigation	2	3		2	2	8	15	3	1	2	7	13	58
	1	6	1	2	7	13	4	3	2	6	7	7	59
Pending	51	54	55	55	60	65	54	54	55	59	59	53	
Average Days to Complete Investigation (adjusted)	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	
Completed	31	4		738	2	19	283	29	1	19	20	282	
Referred to Investigation	0	0	0	0	0	0	0	0	0	0	0	0	
Case Investigation Aging	19-Jul	19-Aug	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	Total	
Up to 90 days	2	3		2	7	4	3	1	2	6	3	33	
91 to 180 days					1	1				1	2	5	
181 days to 1 year						6					2	8	
> 1 to 2 years			1			3					6	10	
> 2 to 3 years						1						1	
> 3 to 4 years			1									1	
ENF-0251-DCA Enforcement Measures - Investigation													

Prepared by: OMCSPAR

Parameters Selected

License Type(s):

Case Type(s): CMP

Regions: All

Display Details (Y/N): Yes

Case Investigations: All

Report Section:

Staff ID: All

Case Investigation Summary														Total
Completed	20-Jul	20-Aug	20-Sep	20-Dec	21-Jan	21-Mar	21-Apr	21-May	21-Jun	21-Jun	21-Apr	21-May	21-Jun	22
Referred to Investigation	6	4	1	1	1		7	1	2	2				46
	9	4	5	4		1	13	1	9	9				
Pending	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	21-Mar	21-Jun	21-Apr	21-May	21-Jun	77
Average Days to Complete Investigation (adjusted)	56	56	61	61	61	64	63	63	64	64	70	70	70	
Completed	20-Jul	20-Aug	20-Sep	20-Dec	21-Jan	21-Mar	21-Apr	21-May	21-Jun	21-Jun				
Referred to Investigation	4	5	1	1	37		1	1	1	1				
	0	0	0	0		0	0	0	0	0				
Case Investigation Aging	20-Jul	20-Aug	20-Dec	21-Jan	21-Apr	21-May	21-Jun	Total						
Up to 90 days	6	4	1	1	7	1	2	22						

ENF-0251-DCA Enforcement Measures - Investigation

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Prepared by:

Parameters Selected

License Type(s): 3001

Case Type(s): APP, CMP

Regions: All

Actions: All

Staff: All

Milestone: D - Discipline Imposed Date

Display Details (Y/N): Yes

No Data Available

No Data Available

No Data Available

No Data Available

No Data Available

ENF-0252-DCA Enforcement Measures - Actions

STATE DEPARTMENT OF CONSUMER AFFAIRS

BREEZE SYSTEM

ENF-0252-DCA Enforcement Measures - Actions

Start Date Jul 1, 2018 TO End Date Jun 30, 2019





Prepared by: OMCSPAR

Parameters Selected

License Type(s): 3001

Case Type(s): APP, CMP

Regions: All

Actions: All

Staff: All

Milestone: D - Discipline Imposed Date

Display Details (Y/N): Yes

No Data Available

No Data Available

No Data Available

No Data Available

No Data Available

ENF-0252-DCA Enforcement Measures - Actions

STATE DEPARTMENT OF CONSUMER AFFAIRS

BREEZE SYSTEM

Naturopathic Medicine Committee

ENF-0252-DCA Enforcement Measures - Actions

Start Date Jul 1, 2019 TO End Date Jun 30, 2020



Prepared by:

Parameters Selected

License Type(s): 3001

Case Type(s): APP, CMP

Regions: All

Actions: All

Staff: All

Milestone: D - Discipline Imposed Date

Display Details (Y/N): Yes

No Data Available

No Data Available

No Data Available

No Data Available

No Data Available

ENF-0252-DCA Enforcement Measures - Actions

STATE DEPARTMENT OF CONSUMER AFFAIRS

BREEZE SYSTEM

ENF-0252-DCA Enforcement Measures - Actions

Start Date Jul 1, 2020 TO End Date Jun 30, 2021



Naturopathic Medicine Committee

1300 National Drive, Ste. 150

Sacramento, CA 95834-1991

