

Department of Consumer Affairs



Board Meeting

Wednesday, October 8, 2025
9:00 AM

Main Meeting Location:

*Department of Consumer Affairs
1625 N. Market Blvd.
El Dorado Room – Suite N-220
Sacramento, CA 95834*

Various Location and Virtual Meeting Options

California Board of Naturopathic Medicine
Phone: (916) 928-4785

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TAB 1

Agenda

CALIFORNIA BOARD OF NATUROPATHIC MEDICINE
NOTICE OF TELECONFERENCE MEETING
October 8, 2025

Members of the Board

Dara Thompson, ND, **President**
Minna Yoon, ND, **Vice President**
Andrew Yam, MPP, **Secretary**
Bruce Davidson, PhD
Diparshi Mukherjee, DO
Setareh Tais, ND
Vera Singleton, ND

**Action may be taken on
any item listed on the
agenda.**

**The California Board of Naturopathic Medicine (Board) will meet by
teleconference in accordance with Government Code section 11123 (b)(2) at
9:00 a.m., on Wednesday, October 8, 2025, with the following locations available
for Board and public member participation:**

Office of Vera Singleton, ND
1043 Stuart St., Suite 210
Lafayette, CA 94549

Kaiser Permanente Vallejo
975 Sereno Dr.
First Floor MOB – Dept. 130
Vallejo, CA 94589

Dept. of Consumer Affairs
1625 N. Market Blvd.
El Dorado Room, Ste. N-220
Sacramento, CA 95834

Office of Dr. Dara Thompson, N.D.
1330 Lincoln Ave, Ste. 304
San Rafael, CA 94901

Garvey School Dist. Office
2730 Del Mar Ave
Conference Room One
Rosemead, CA 91770
Fresno Holistic Medicine
5305 N Fresno St., Ste. 103
Room 4
Fresno, CA 93710

This meeting will be held via WebEx Events. To participate in the WebEx Events meeting, please log on to the website at the bottom of this page on the day of the meeting or you may attend in person at one of the locations listed above.

Instructions to connect to the meeting can be found at the end of this agenda. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format:
XXXXX@mailinator.com.

To participate in the WebEx Events meeting on October 8, 2025, please log on to this website the day of the meeting:

[Link Here](#)

or

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mdda0b56cca0b990ee3866fea45f73a27>

If joining using link above

Webinar number: 2482 425 9494

Webinar password: CBNM108

If joining by phone

Audio Conference: US Toll +1-415-655-0001

Access Code: 2482 425 9494, followed by #

Passcode: 2266108, followed by #

AGENDA

1. Call to Order/Roll Call/Establishment of Quorum
2. Public Comment on Items Not on the Agenda
Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)
3. Discussion and Possible Action on Department of Consumer Affairs (DCA) Updates
 - a. DCA Update - Executive Office
 - b. Budget Update – Budget Office
4. Review and Possible Approval of September 17, 2025, Board Meeting Minutes
5. Discussion and Possible Action on Executive Officer's Report
 - a. Program Update
 - b. Licensing Program
 - c. Consumer Protection Services Program
6. Status Update and Report of the Board's Current Rulemaking Proposals
 - a. Delegation of Functions
 - b. Inactive Status
 - c. Retired Status
 - d. IV and Advanced Injection Therapy
 - e. Disciplinary Guidelines (DG)/Uniform Standards

7. Discussion and Possible Action on Advisory Committee Meeting Updates and Recommendations:
 - a. Minor Office Procedures Advisory Committee
 - i. **Discussion and Possible Action** on Recommendations on Original Legislative Intent of Creating Minor Office Procedure Scope that matches Naturopathic Medical Education and Training
 - b. Legislative Advisory Committee
 - i. **Discussion and Possible Action** on recommended legislative issues to be added to the 2026 Sunset Review Report. Including current and proposed legislation and regulatory initiatives impacting the Board's authority, licensees, and consumer protection.
 - c. Drug Formulary Advisory Committee
 - i. **Discussion and Possible Action** on Recommendations on Original Legislative Intent of Creating Proper Independent Prescriptive Scope, Matching Naturopathic Medical Education and Training
 - d. Intravenous and Advanced Injection Therapy Advisory Committee
 - i. **Information only:** Update of the Safe Practice and Added Infection Control recommendations for IV and Advanced Injection Regulations
8. Update, Discussion and Possible Action on the 2026 Sunset Review Report
 - a. The Board will review and discuss the draft 2026 Sunset Review Report. The Board may take action to approve the report for finalization and submission to publication, or direct staff to make additional edits prior to approval.
9. Future Agenda Items and Next Meeting Dates
10. Adjournment

For further information about this meeting, please contact Raquel Oden at (916) 928-4785 or in writing at 1747 N. Market Blvd., Suite 240, Sacramento, CA 95834. This notice and agenda, as well as any available Board meeting materials, can be accessed on the Board's website at www.naturopathic.ca.gov.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate

opportunities to comment on any issue before the Board, but the Board Chair, at their discretion, may apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting. (Government Code sections 11125, 11125.7(a).)

Board meetings are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact Raquel Oden, ADA Liaison, at (916) 928-4785 or e-mail at Raquel.Oden@dca.ca.gov or send a written request to the Board's office at 1747 N. Market Blvd., Suite 240, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.

TAB 2

Public Comments

Name of Public Providing Comment	Comment Presented
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TAB 3

Department of Consumer Affairs Updates

- a) DCA Update - Executive Office
- b) Budget Update - Budget Office

a. DCA Updates

Presented by DCA Executive Office

b. Budget Updates

Presented by DCA Budget Office

Agenda Item 3-b.1

Department of Consumer Affairs
Expenditure Projection Report
Osteopathic Medical Board
Reporting Structure(s): 11112700 California Board of Naturopathic Medicine
Fiscal Month: 13
Fiscal Year: 2024 - 2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$207,000	\$214,915	\$262,000	\$22,575	\$266,248	\$0	\$266,248	\$266,248	-\$4,248
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$4,000	\$2,500	\$4,000	\$392	\$1,592	\$0	\$1,592	\$1,592	\$2,408
5150	STAFF BENEFITS	\$157,000	\$148,787	\$158,000	\$14,354	\$174,286	\$0	\$174,286	\$174,286	-\$16,286
	PERSONAL SERVICES	\$368,000	\$366,202	\$424,000	\$37,322	\$442,127	\$0	\$442,127	\$442,127	-\$18,127

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$56,000	\$1,618	\$12,000	\$1,276	\$3,145	\$0	\$3,145	\$3,145	\$8,855
5302	PRINTING	\$5,000	\$10,833	\$13,000	\$199	\$508	\$5,319	\$5,827	\$5,827	\$7,173
5304	COMMUNICATIONS	\$5,000	\$823	\$3,000	\$284	\$1,377	\$0	\$1,377	\$1,377	\$1,623
5306	POSTAGE	\$3,000	\$1,060	\$2,000	\$195	\$989	\$0	\$989	\$989	\$1,011
5308	INSURANCE	\$0	\$4	\$0	\$0	\$0	\$0	\$0	\$0	\$0
53202-204	IN STATE TRAVEL	\$6,000	\$680	\$4,000	\$0	\$74	\$0	\$74	\$74	\$3,926
5322	TRAINING	\$2,000	\$0	\$2,000	\$0	\$375	\$0	\$375	\$375	\$1,625
5324	FACILITIES	\$14,000	\$17,388	\$19,000	\$2,366	\$27,390	\$0	\$27,390	\$27,390	-\$8,390
53402-53403	C/P SERVICES (INTERNAL)	\$20,000	\$19,908	\$20,000	\$0	\$455	\$0	\$455	\$455	\$19,546
53404-53405	C/P SERVICES (EXTERNAL)	\$10,000	\$14,568	\$18,000	\$0	\$2,596	\$3,490	\$6,086	\$6,086	\$11,914
5342	DEPARTMENT PRORATA	\$257,000	\$215,394	\$211,000	\$13,454	\$195,120	\$0	\$195,120	\$195,120	\$15,880
5342	DEPARTMENTAL SERVICES	\$0	\$17	\$0	\$0	\$19	\$0	\$19	\$19	-\$19
5344	CONSOLIDATED DATA CENTERS	\$4,000	\$7,639	\$8,000	\$7,225	\$7,225	\$0	\$7,225	\$7,225	\$775
5346	INFORMATION TECHNOLOGY	\$2,000	\$95	\$2,000	\$540	\$1,080	\$275	\$1,355	\$1,355	\$645
5362-5368	EQUIPMENT	\$19,000	\$3,846	\$18,000	\$0	\$358	\$2,691	\$3,049	\$3,049	\$14,951
54	SPECIAL ITEMS OF EXPENSE	\$0	\$79	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	OPERATING EXPENSES & EQUIPMENT	\$403,000	\$293,952	\$332,000	\$25,540	\$240,710	\$11,775	\$252,486	\$252,486	\$79,514

OVERALL TOTALS	\$771,000	\$660,154	\$756,000	\$62,862	\$682,837	\$11,775	\$694,613	\$694,613	\$61,387
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REIMBURSMENTS	-\$1,000	\$0	-\$1,000					\$0	
OVERALL NET TOTALS	\$770,000	\$660,154	\$755,000	\$62,862	\$682,837	\$11,775	\$694,613	\$694,613	\$60,387

8.00%

Department of Consumer Affairs

Revenue Report

Osteopathic Medical Board

Reporting Structure(s): 11112700 California Board of Naturopathic Medicine

Fiscal Month: 13

Fiscal Year: 2024 - 2025

Revenue

Fiscal Code	Budget	Current Month	YTD
Delinquent Fees	\$4,000	\$450	\$3,600
Other Regulatory Fees	\$13,000	\$212	\$2,936
Other Regulatory License and Permits	\$91,000	\$12,000	\$99,783
Other Revenue	\$29,000	\$9,261	\$38,891
Renewal Fees	\$432,000	\$17,900	\$520,900
Revenue	\$569,000	\$39,823	\$666,110

Agenda Item 3-b.3

3069 - CA Board of Naturopathic Medicine Fund
Analysis of Fund Condition
(Dollars in Thousands)

Prepared 10.1.2025

2025 Budget Act w/FM 13 Actuals

BEGINNING BALANCE

Prior Year Adjustment
Adjusted Beginning Balance

REVENUES, TRANSFERS AND OTHER ADJUSTMENTS

Revenues
4121200 - Delinquent fees
4127400 - Renewal fees
4129200 - Other regulatory fees
4129400 - Other regulatory licenses and permits
4163000 - Income from surplus money investments

Totals, Revenues

TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS

TOTAL RESOURCES

Expenditures:
1111 Department of Consumer Affairs (State Operations)
9892 Supplemental Pension Payments (State Operations)
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)

TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS

FUND BALANCE

Reserve for economic uncertainties

Months in Reserve

Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
\$ 828	\$ 787	\$ 672	\$ 527
\$ 13	\$ -	\$ -	\$ -
\$ 841	\$ 787	\$ 672	\$ 527
\$ 4	\$ 4	\$ 4	\$ 4
\$ 521	\$ 486	\$ 486	\$ 486
\$ 3	\$ 14	\$ 14	\$ 14
\$ 100	\$ 90	\$ 90	\$ 90
\$ 39	\$ 24	\$ 8	\$ 5
\$ 667	\$ 618	\$ 602	\$ 599
\$ 667	\$ 618	\$ 602	\$ 599
\$ 1,508	\$ 1,405	\$ 1,274	\$ 1,126
\$ 695	\$ 652	\$ 672	\$ 692
\$ 1	\$ 6	\$ -	\$ -
\$ 25	\$ 75	\$ 75	\$ 75
\$ 721	\$ 733	\$ 747	\$ 767
\$ 787	\$ 672	\$ 527	\$ 359
12.9	10.8	8.3	5.5

- NOTES:
- 1. Assumes workload and revenue projections are realized in BY and ongoing.
 - 2. Expenditure growth projected at 3% beginning BY.

TAB 4

Review and Possible Approval of September 17, 2025,
Board Meeting Minutes



California Board of Naturopathic Medicine

Meeting Minutes

September 17, 2025

DRAFT

MEMBERS

PRESENT:

Dara Thompson, ND, President
Minna Yoon, ND, Vice President
Andy Yam, MPP, Secretary
Bruce Davidson, PhD
Diparshi Mukherjee, DO

MEMBERS

ABSENT:

Vera Singleton, ND – Absent with cause
Setareh Tais, ND – Absent with cause

STAFF PRESENT:

Rebecca Mitchell, Executive Officer (EO)
Yuping Lin, Program Legal Counsel, Legal Affairs Div., DCA
Navdeep (Deepi) Miller, Regulations Counsel, Legal Affairs Div., DCA
Ann Fisher, Moderator, SOLID Unit, DCA
Susan Kilcrease, Legislative Analyst, on behalf of Board/Bureau Relations, DCA
Raquel Oden, Program Analyst, Co-Moderator, CBNM
Florencia Francisco, Consumer Protection Svc. Analyst, CBNM

MEMBERS OF THE AUDIENCE:

Yeaphana LaMarr, Principal Consultant, Sen. Business, Professions and Economic Development Committee

Agenda Item 1

Call to Order/Roll Call/Establishment of a Quorum

Dara Thompson, N.D., President, California Board of Naturopathic Medicine (CBNM or Board) called the meeting of the CBNM to order on September 17, 2025, at 9:09 a.m. A quorum was present, and due notice was provided to all interested parties.

Agenda Item 2

Public Comment

The Board invited public comments on items not included in the agenda. No public comments were received at any of the meeting locations.

Agenda Item 3**Discussion and Possible Action on Department of Consumer Affairs (DCA) Updates****a. Executive Office**

Susan Kilcrease, Legislative Analyst was present on behalf of the Board and Bureau Relations Office, Department of Consumer Affairs (DCA), and provided a leadership update to the Board.

Ms. Kilcrease informed the Board of the upcoming reorganization of the California Business, Consumer Services and Housing Agency, which will be divided into two separate agencies. She emphasized that DCA will continue to keep stakeholders informed throughout the transition and noted that the reorganization is not expected to result in significant changes to DCA's day-to-day operations.

She also reported that, pursuant to a Governor's Executive Order, state employees were initially mandated to return to the office a minimum of four days per week. However, following negotiations with labor unions, the Executive Order has been suspended for one year.

Additionally, Ms. Kilcrease advised that due to ongoing budget constraints, all out-of-state travel is restricted to essential, mission-critical purposes. Any travel requests must be submitted to the DCA Budget Office at least eight weeks in advance for approval.

Lastly, she reported that the Annual Report for all DCA programs has been completed as required by the Legislature. The reports have been submitted, and DCA's Director extended appreciation to all Board staff for their efforts in completing this important task.

No public comments were made during this agenda item.

Agenda Item 4**Review and Possible Approval of August 20, 2025, Board Meeting Minutes**

EO Mitchell provided the Board members with a draft copy of the August 20, 2025, Board meeting minutes. The Board had an opportunity to review the minutes prior to the commencement of the meeting.

The Board members approved the August 20, 2025, minutes as submitted.

No public comments were made during this agenda item.

Motion – Yoon / Second – Yam, to approve the 08/20/2025 board meeting minutes as submitted. Roll call vote taken; motion carried 5-0-0. (YES – Thompson, Yoon, Mukherjee, Yam, Davidson / NO – none / Abstentions – none).

Agenda Item 5

Update, Discussion, and Possible Action on 2025 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Naturopathic Doctors Profession

Rebecca Mitchell, Executive Officer, presented current information on several bills that were tabled during the August 20, 2025, meeting due to time constraints. Board members had expressed interest in revisiting these items to provide formal positions of support or opposition.

a. AB 667 (Solache) Professions and Vocations: License examinations: interpreters.

Requires each board within the Department of Consumer Affairs (DCA), other than boards that license health care professionals, to allow an applicant to use an interpreter when taking the written and oral portions of a licenser examination if the applicant cannot read, speak, or write in English. Requires each board to notify applicants that they may use an interpreter on its website in English, Spanish, Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic. Requires annual review and reporting of the language preference of each board's applicant's language preferences.

9/11/2025: This bill has been ordered to inactive file at the request of Sen. Durazo.

b. AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

AB 742 requires each board within the Department of Consumer Affairs (DCA) to expedite the applications for applicants seeking licensure who are descendants of American slaves, once a certification process is established by the to-be created Bureau for Descendants of American Slavery (Bureau). AB 742 specifies its provisions are operative only upon enactment of Senate Bill 518 (Weber Pierson, 2025), which would establish the Bureau.

9/10/2025: Senate amendments concurred in. To Engrossing and Enrolling. (SB 518 Assembly amendments concurred in. Ordered to Engrossing and Enrolling)

c. SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.

This bill extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

9/08/2025: This bill is in Senate. Ordered to Engrossing and Enrolling.

d. SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

This bill authorizes licensing boards under the Department of Consumer Affairs (DCA) and the Department of Real Estate (DRE) and to waive certain licensure and fee-related laws and regulations for licensees impacted by a declared emergency or disaster.

Additionally, this bill prohibits unsolicited below-fair-market-value purchase offers for property located in a disaster area and imposes fines and penalties on a real estate licensee or any person who engages in such behavior. Finally, this bill establishes contractor requirements for debris removal during a declared emergency or disaster.

09/16/2025: This bill is ordered to Engrossing and Enrolling.

e. AB 447 (Gonzalez) Emergency room patient prescriptions: dispensing unused portions upon discharge.

This bill authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an emergency room patient upon the discharge of that patient if the medication was ordered for and administered to the emergency room patient, according to specified conditions.

9/02/2025: Enrolled and presented to the Governor at 3 p.m.

f. AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.

AB 489 prohibits artificial intelligence (AI) and generative AI (GenAI) systems, programs, devices, or similar technology from misrepresenting themselves as licensed or certified healthcare professionals and provides that developers and deployers of these systems are subject to the regulatory authority of state healthcare licensing boards and enforcement agencies.

9/08/2025: Senate amendments concurred in. To Engrossing and Enrolling.

Since all bills were either sent to Inactive File or Engrossing and Enrolling, there were no bills to take action on at this time.

No public comments were made during this agenda item.

Agenda Item 6**Update, Discussion, and Possible Action on 2026 Sunset Review Report**

The Board engaged in a comprehensive discussion regarding the development of the Draft Sunset Review Report. Members emphasized the importance of incorporating historical context to provide a well-rounded perspective, while ensuring that the content remains relevant to current practices in naturopathic medicine.

A key point of discussion was the inclusion of comparative training information among naturopathic, allopathic (MD), and osteopathic (DO) medical professions. Board members agreed that such comparisons would enhance the report's clarity and support its policy recommendations.

The Board also reviewed and discussed amendments to various documents, including the correction of names and formatting inconsistencies. During this portion of the meeting, President Thompson confirmed that she has served two full terms since her initial appointment in 2015.

Board Member Bruce Davidson raised questions regarding the interpretation of licensing program data, particularly in relation to application spikes observed during periods of legislative activity. In response, EO Mitchell indicated plans to update the licensing data and incorporate historical context to better explain these trends.

The Board discussed the potential value of conducting a new survey to gather data on reasons for license renewal or non-renewal, highlighting the importance of ongoing data collection to inform future policy decisions.

Additional topics included the need to add Previous and New Issues in the Draft Report. This included the need for a Fictitious Name Permit Program, for greater transparency in reporting company ownership and internal officer information, as well as the importance of title protection to address unlicensed practice and enhance public safety.

Board members also acknowledged the fiscal challenges associated with a limited licensee population, which impacts the Board's ability to manage operational costs effectively. Ongoing efforts to revise continuing education requirements and expand the scope of practice for naturopathic doctors were also noted.

Finally, the Board recognized the influence of title protection laws for other healthcare professions in neighboring states and their potential impact on

California's regulatory environment. Board Members believe the having parity with neighboring states could keep naturopathic medical businesses and practices from leaving the state. EO Mitchell advised the Board that she would continue working on the draft report and work with the Sunset Review Report and Data Governance Committee to ensure clarity between data tables and the corresponding narratives. The draft will be brought back to the full Board at the October 8, 2025, meeting.

No member questions or public comments were made during this agenda item.

Agenda Item 7 Future Agenda Items and Next Meeting Dates

Items added for upcoming meeting:

- Surveys for licensee population to gather data of why licensees allow CA license to lapse (Yoon)
- Sunset Review Report – Draft
- IV Therapy Advisory Rulemaking (Thompson)

The next meetings will be scheduled for the following:

- Quarter 4 2025 – Wed., Oct 8, 2025 (Full meeting but will review draft Sunset Review report again) 9am – 5 pm
- Special Meeting (Finalize Sunset Report): 11/19/2025, 9am – 5pm
- Special Meeting (Approve Sunset Report Production before Print): 12/03/2025, 9am – 5 pm
- Quarter 1 2026 (Jan-Mar): Will send a Doodle Poll out for this meeting
- Quarter 2 2026 (Apr-Jun): Will send a Doodle Poll out for this meeting
- Quarter 3 2026 (Jul-Sept): Will send a Doodle Poll out for this meeting
- Quarter 4 2026 (Oct-Dec): Will send a Doodle Poll out for this meeting

No public comments were made during this agenda item.

Agenda Item 8 Adjournment

There being no further business or public comment, President Thompson adjourned the meeting at 11:02 a.m.

TAB 5

Discussion and Possible Action on Executive Officer's Report

- a) Program Update
- b) Licensing Program
- c) Consumer Protection Services Program

a. Program Update

b. Licensing Program

c. Consumer Protection Services Program

TAB 6

Status Update and Report of the Board's Current Rulemaking Proposals

- a) Delegation of Functions
- b) Inactive Status
- c) Retired Status
- d) IV and Advanced Injection Therapy
- e) Disciplinary Guidelines (DG)/Uniform Standards

Status Update and Report of the Board's Current Rulemaking Proposals – Agenda Item 6

Regulation Subject	Current Status	Status Date
Name Change (Sec. 100)	Approved by OAL and now effective.	03/06/2024
Delegation of Functions	This Rulemaking package was approved by OAL on 9/16/2025 and is now complete. Will be effective 01/01/2026.	9/16/2025
Inactive Status	Allow for inactive fee to collect half of current/active status. Notice of Publication est. for October 2025.	05/22/2025
Retired Status	Under development. Need to determine appropriate fee for the application process (authority BPC 464). Notice of Publication est. for October 2025.	05/22/2025
IV/Injection Therapy	Staff researching infection control for action in this area. Held advisory committee meeting 05/30/2025. Proposed to submit by end of 2026.	05/30/2025
Disciplinary Guidelines (DG)/Uniform Standards	Staff to start working with Regulatory Counsel on this package. Notice of Publication est. for Sept 2025.	05/22/2025

TAB 7

Discussion and Possible Action of Advisory Committee Meeting Updates and Recommendations

- a) Minor Office Procedures Advisory Committee
- b) Legislative Advisory Committee
- c) Naturopathic Drug Formulary Advisory Committee
- d) IV and Advanced Injection Therapy Advisory Committee

a. Minor Office Procedures Advisory Committee

b. Legislative Advisory Committee

c. Naturopathic Drug Formulary Advisory Committee

d. IV and Advanced Injection Therapy Advisory Committee

TAB 8

Update, Discussion and Possible Action on 2026 Sunset
Review Report

California Board of Naturopathic Medicine

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of June 30, 2025

Commented [RM1]: Text in Purple is info requested by regulatory counsel. New is Blue text added by RM. Green text is text already approved by Board members during prior meeting.

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/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).²

The California Board of Naturopathic Medicine (CBNM or Board) was originally established as the Bureau of Naturopathic Medicine in 2004 following the enactment of Senate Bill 907 (Burton, Chapter 485, Statutes of 2003), which created a statutory framework for the licensure and regulation of naturopathic doctors (NDs) in the state. Operating under the Department of Consumer Affairs (DCA), CBNM has since transitioned to an independent board within the Healing Arts family of agencies, reflecting the maturation of the profession and the growing public interest in integrative and preventive care.

CBNM exists to protect the health and safety of California consumers through the licensing and regulation of naturopathic doctors. Its statutory authority is rooted in a practice act—not merely a title act—meaning it governs both the use of the “naturopathic doctor” title and the scope of clinical services NDs are permitted to provide under California law. This includes diagnosing and treating patients using a variety of natural and conventional therapies, ordering diagnostic tests, performing minor office procedures, and—in some cases—prescribing certain classes of pharmaceuticals, subject to specific statutory conditions.

To qualify for licensure in California, candidates must graduate from an accredited four-year naturopathic medical program, pass the national licensing examinations administered by the North American Board of Naturopathic Examiners (NABNE), and meet additional state-specific requirements. The board oversees the entire licensing process, monitors compliance with continuing education standards, and enforces statutes and regulations pertaining to professional conduct and scope of practice.

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

CBNM currently utilizes the following committees to support its operations:

- **Minor Office Procedure Advisory Committee**

Function: The Minor Office Procedure Advisory Committee is responsible for reviewing and evaluating the scope, safety, and clinical relevance of minor office procedures within the practice of naturopathic medicine in California. The Committee examines current

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

² The term “license” in this document includes a license, certificate, permit or registration.

practices, training standards, and regulatory frameworks in other licensed jurisdictions across North America to inform its work.

Based on its findings, the Committee provides recommendations to the full Board regarding potential updates or modifications to California's scope of practice for minor office procedures. This work supports the Board's mission of consumer protection by promoting safe, evidence-based care, improving access to appropriate in-office treatments, and ensuring that naturopathic doctors are practicing within modern, clearly defined clinical standards.

Make-up: Comprised of Physician and Surgeon members and Naturopathic Doctor members.

- **Drug Formulary Advisory Committee**

Function: Reviews and evaluates the naturopathic drug formulary in comparison with those authorized in other regulated states and territories across North America. Provides recommendations to the full Board on potential updates or modifications to California's formulary to ensure it remains current, safe, and consistent with best practices. The Committee's work supports consumer protection and benefits the public by promoting safe prescribing, improving access to appropriate treatments, and aligning California's formulary with modern standards of care.

Make-up: Comprised of Physician, Pharmacist, and Naturopathic Doctor members.

- **Legislative Advisory Committee**

Function: Reviews proposed legislation and regulations that may affect naturopathic practice or Board operations. Identifies potential impacts on consumer protection and provides recommendations to the full Board to ensure laws and regulations support safe, effective, and accessible care for the public. Provides these recommendations to the full board.

Make-up: Comprised of both public members and professional members.

- **Intravenous and Advanced Injection Therapy Advisory Committee**

Function: Reviews naturopathic education, training, and Centers for Disease Control and Prevention (CDC) standards related to intravenous and advanced injection therapies. Provides recommendations to the full Board on regulations to ensure these therapies are performed safely, consistently, and in alignment with public health standards, with the primary goal of protecting consumers.

Make-up: Comprised of subject matter experts and professional members.

Table 1a. Attendance			
DARA THOMPSON, ND – CURRENT MEMBER			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	Yes
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	Yes

Table 1a. Attendance			
DARA THOMPSON, ND – CURRENT MEMBER			
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	N/A
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	N/A
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Yes
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Yes
Board Meeting	11/10/2022	Teleconference	Yes
Board Meeting	7/14/2022	Teleconference	Yes
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1a. Attendance			
GRETA D'AMICO, ND			
Date Appointed: 12/29/2015, Reappointed on 12/23/2019			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Yes
Board Meeting	11/10/2022	Teleconference	Yes
Board Meeting	7/14/2022	Teleconference	Yes
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1a. Attendance			
VERA SINGLETON, ND – CURRENT MEMBER			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	No

Table 1a. Attendance			
VERA SINGLETON, ND – CURRENT MEMBER			
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	N/A
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	N/A
Board Meeting	5/14/2025	Teleconference	N/A
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	N/A
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	N/A
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	No
Board Meeting	3/28/2024	Teleconference	Yes
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Yes
Board Meeting	11/10/2022	Teleconference	Yes
Board Meeting	7/14/2022	Teleconference	No
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1a. Attendance			
MINNA YOON, ND – CURRENT MEMBER			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	N/A
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	N/A
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	Yes
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	Yes
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	N/A
Board Meeting	1/23/2025	Teleconference	Yes

Table 1a. Attendance			
MINNA YOON, ND – CURRENT MEMBER			
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Yes
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Yes
Board Meeting	11/10/2022	Teleconference	Yes
Board Meeting	7/14/2022	Teleconference	Yes
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1a. Attendance			
SHIRLEY WORRELS			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1a. Attendance			
BRUCE DAVIDSON, PHD – CURRENT MEMBER			
Date Appointed: 8/15/2018, Reappointed on 1/24/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	N/A
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	N/A
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	N/A
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	N/A
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	No
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Yes

Table 1a. Attendance			
BRUCE DAVIDSON, PHD – CURRENT MEMBER			
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Yes
Board Meeting	11/10/2022	Teleconference	Yes
Board Meeting	7/14/2022	Teleconference	Yes
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1a. Attendance			
THOMAS G. QUINN, MD			
Date Appointed: 12/26/2018			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	12/2/2021	Teleconference	No
Board Meeting	11/17/2021	Teleconference	No

Table 1a. Attendance			
ELSPETH SEDDIG, ND			
Date Appointed: 1/24/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Resigned in February 2022			

Table 1a. Attendance			
DIPARSHI MUKHERJEE, DO – CURRENT MEMBER			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	N/A
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	N/A
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	Yes
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	Yes
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	Yes
Board Meeting	1/23/2025	Teleconference	Yes

Table 1a. Attendance			
DIPARSHI MUKHERJEE, DO – CURRENT MEMBER			
Board Meeting	10/4/2024	Teleconference	No
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Partial
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	No
Board Meeting	11/10/2022	Teleconference	No
Board Meeting	7/14/2022	Teleconference	Yes
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes

Table 1a. Attendance			
ANDREW YAM – CURRENT MEMBER			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	N/A
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	N/A
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	N/A
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	Yes
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	N/A
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Yes
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Partial

Table 1a. Attendance			
SETAREH TAIS, ND – CURRENT MEMBER			
Date Appointed: 12/29/2015, Reappointed on 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes

Table 1a. Attendance

SETAREH TAIS, ND – CURRENT MEMBER			
Intravenous & Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference (ad hoc)	N/A
Intravenous & Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference (ad hoc)	N/A
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	N/A
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	N/A
Minor Office Procedure Advisory Committee Meeting	4/11/2025	Teleconference (ad hoc)	N/A
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Yes

Table 1b. Board/Committee Member Roster

Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Dara Thompson, ND	12/29/2015	12/20/2022	1/1/2026	Governor	Professional
Greta D'Amico, ND*	12/29/2015	12/23/2019	1/1/2023	Governor	Professional
Vera Singleton, ND	7/16/2018	12/20/2022	1/1/2026	Governor	Professional
Minna Yoon, ND	07/16/2018	12/20/2022	1/1/2026	Governor	Professional
Shirley Worrels*	8/10/2018	n/a	1/1/2022	Speaker of the Assembly	Public
Bruce Davidson, PhD	8/15/2018	1/24/2022	1/1/2026	Senate Rule Committee	Public
Thomas G. Quinn, MD*	12/26/2018	n/a	1/1/2022	Governor	Physician
Elsbeth Seddig, ND*	1/24/2022	n/a	1/1/2023	Governor	Professional
Diparshi Mukherjee, DO	2/14/2022	n/a	1/1/2026	Governor	Physician
Andrew Yam	6/26/2023	n/a	6/26/2026	Speaker of the Assembly	Public
Setareh Tais, ND	3/5/2024	n/a	1/1/2027	Governor	Professional
Vacant**				Governor	Professional
Vacant***				Governor	Physician

*Board members no longer on the board due to expiration of term or resignation.

**Professional member position vacant since 12/31/2023.

***Physician member position vacant since 9/21/2019.

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?

While the full Board has consistently maintained quorum and continued its work, the ongoing vacancy of a physician member (MD or DO) has significantly hindered the ability of the advisory committees to carry out their responsibilities. A physician's participation is essential to ensure that medical standards are appropriately considered and upheld in the advisory committees' reviews and recommendations. In the absence of a second appointed physician, the sole physician member has had to serve on both advisory committees that require physician and surgeon representation. This dual role has placed an undue burden on the individual and limited the committees' capacity to function effectively. Notably, the second physician member position has remained vacant since 2019.

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)

There have been no internal staff changes in leadership since the last Sunset Review in 2021. However, new appointments have been made to the Board membership during this period.

Members appointed since the last Sunset Review:

- Dr. Elspeth Seddig, ND (Professional member) – appointed on 01/24/2022, but resigned within a few weeks due to reasons outside of the Board's control.
- Dr. Diparshi Mukherjee, DO (Physician and Surgeon member) – appointed on 02/14/2022.
- Mr. Andrew Yam (Public member) – appointed on 06/26/2023
- Dr. Setareh Tais, ND (Professional member) – appointed on 03/05/2024.

In January 2025, the Board held elections for officer positions. The following individuals were elected:

- President: Dr. Dara Thompson, ND
- Vice President: Dr. Minna Yoon, ND
- Secretary: Mr. Andrew Yam

Additionally, the Board developed and formally adopted a new Strategic Plan on October 4, 2024, outlining key priorities and goals to guide its work moving through 2030.

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

The Board sponsors legislation with Board approval and reviews all bills introduced by the Legislature for potential impact to the Board, consumer protection, and the naturopathic medicine industry. Over the last five years, CBNM supported, provided technical assistance, or was impacted by the following bills that were signed into law.

2021 Legislation

- There was no enacted legislation solely related to the Board in 2021

2022 Legislation

- Assembly Bill (AB) 2685 (Committee on Business and Professions, Chapter 414, Statutes of 2022) is the sunset bill for the prior Committee. This bill among other things, changed the name of the Committee to the California Board of Naturopathic Medicine and extended the Board's sunset date to January 1, 2027. This bill required the Board to employ a full-time staff position under the direction of the Executive Officer whose responsibilities shall include enforcement of the Naturopathic Doctors Act. The bill also made various changes to the Board's licensing, education, and continuing education requirements.
- Senate Bill (SB) 994 (Jones, Chapter 713, Statutes of 2022) revised the definition of licensed vocational nurses to include individuals practicing under the direction of a naturopathic doctor (ND), as specified. The bill requires naturopathic doctors who supervise licensed vocational nurses to establish a written supervision protocol, listing the practice agreement, describing the duties and responsibilities of the licensed vocational nurse, and identifying the procedure or protocol for furnishing or ordering drugs, if applicable to the naturopathic doctor's practice. This bill also prohibits licensed vocational nurses from performing specified cosmetic procedures and unsupervised intravenous therapies.

2023 Legislation

- There was enacted legislation solely related to the Board in 2023

2024 Legislation

- There was enacted legislation solely related to the Board in 2024
- All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.

Pending Rulemaking Proposals Approved by the Board

- On March 5, 2019, the Board approved initiation of the rulemaking process to amend section 4227, 4228 (**Inactive Status**) of Title 16 of the California Code of Regulations ("16 CCR" or CCR Title 16). This change would reduce the fee for an inactive status to collect half of the current and active fee.

As of February 25, 2021, the regulatory package was placed in a pending status until the Fees could be amended. In early 2024, the Board made the decision to hold the rulemaking process on this until the Board could balance the budget.

- On March 5, 2019, the Board approved initiation of the rulemaking process to add section 4229 (**Retired Status**) of 16 CCR. This change would put in place a process for placing a license in and out of a retired license status.

As of March 28, 2024, the regulatory package was under development and the Board started to conduct a workload study to determine an appropriate fee for the

application process. The authority for this fee creation is within Business and Professions Code section 464. The Board is currently working on this package.

- On 12/16/2024, the Board started working on the concept to add sections 4213 and 4261 (**Disciplinary Guidelines/Uniform Standards**) of 16 CCR. As of May 2025, This package is still being worked by Board staff.
- On August 30, 2021, the Board approved initiation for a major revision for **Intravenous (IV) and Advanced Injection Therapy Requirements**, adding sections 4209, 4237, 4237.1, 4237.2, 4237.3, 4237.4, and 4237.5 of 16 CCR. This change would put additional safety measures in place for the standards of IV and advanced injection therapies for NDs.

As of August 20, 2025, the IV and Advanced Injection Therapy Advisory Committee is working on proposed text and will bring their recommendations to the full Board at future Board meetings.

2022 Adopted Regulation Changes

- **Notice to Consumers** – Approved on 08/20/2021 (FY 2021-22); Effective 08/20/2021.

Approved by the Office of Administrative Law (OAL) in August 2021, which requires naturopathic doctors to post a notice informing their patients of the appropriate body to contact regarding the licensee.

- **Substantial Relationship and Rehabilitation Criteria** – Approved on 08/04/2021 (FY 2021-22); Effective 08/04/2021.

Approved by the Office of Administrative Law (OAL) in August 2021, this bill added references to professional misconduct. This regulation is consistent with the requirements of Assembly Bill 2138 (Chiu, Chapter 995, Statutes of 2018). AB 2138 was enacted to reduce licensing and employment barriers for people who are rehabilitated. The regulatory amendments made by the Board broadened that goal by adopting criteria that emphasized an applicant's or licensee's rehabilitative efforts and what is necessary to show rehabilitation.

2023 Adopted Regulation Changes

- There were no regulatory changes in 2023

2024 Adopted Regulation Changes

- **Fees** – Approved on 11/25/2024; Effective 01/01/2025.

On November 25, 2024, the Office of Administrative Law approved CBNM's regulations amending 16 CCR Section 4240 to increase fees. This fee increase became effective on January 1, 2025.

2025 Adopted Regulation Changes

- **Section 100** – Approved and Effective on 03/06/2025 (FY 2024-25).

On January 23, 2025, the Board approved the proposed text. The Rulemaking package was submitted to the Office of Administrative Law to complete the Board's name change from the prior Naturopathic Medicine Committee to the California Board of Naturopathic Medicine which was authorized within the prior sunset review of 2021. This section 100 also provided other technical clean up. This change became effective on March 6, 2025.

- **Delegation of Functions** – Approved on 09/16/2025 (FY 2025-26), Effective 01/01/2026.

On June 29, 2023, the Board approved the proposed text. The Office of Administrative Law approved CBNM's regulations adding 16 CCR Section 4201 which outlined duties carried out by the Board's Executive Officer. This change becomes effective on January 1, 2026.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

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

The Board is a member of the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA), an organization dedicated to public protection by connecting naturopathic regulatory authorities and promoting regulatory standards of excellence across North America. Established to support both new and existing regulatory organizations in fulfilling their statutory mandates, FNMRA provides a forum for collaboration, consistency, and best practices in the regulation of naturopathic medicine.

FNMRA membership includes representation from all U.S. states and territories, as well as Canadian provinces. At its annual meetings, FNMRA addresses key regulatory and public protection issues such as overprescribing, interstate licensure compacts, telemedicine, enforcement, credentialing, access to care for underserved populations, and strengthening regulatory infrastructure to ensure effective oversight of the profession.

- Does the board's membership include voting privileges?
The Board's membership includes voting privileges. The voting delegate is the Executive Officer. However, the Executive Officer votes at the direction of the Board.
- List committees, workshops, working groups, task forces, etc., on which the board participates.
- How many meetings did board representative(s) attend? When and where?

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

ORIGINAL

Section 2 – Fiscal and Staff

Fiscal Issues

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

No, the Board is not continuously appropriated. The Department prepares the Board's annual budget for inclusion in the Governor's proposed budget and an appropriation is enacted in the Budget Act each year.

7. Using Table 2, **Fund Condition**, describe the board's current reserve level, spending, and if a statutory reserve level exists.

Table 2. Fund Condition (list dollars in thousands)						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26**	FY 2026/27**
Beginning Balance ¹	\$638	\$732	\$895	\$841	\$787	\$672
Revenues and Transfers	\$536*	\$558	\$622	\$667	\$618	\$602
Total Resources	\$1,174	\$1,290	\$1,517	1,508	\$1,405	\$1,274
Budget Authority	\$406	\$391	\$770	\$755	\$652	\$672
Expenditures ²	\$416	\$402	\$689	\$721	\$733	\$747
Loans to General Fund	0	0	0	0	0	0
Accrued Interest, Loans to General Fund	0	0	0	0	0	0
Loans Repaid From General Fund	0	0	0	0	0	0
Fund Balance	\$758	\$888	\$828	\$787	\$672	\$527
Months in Reserve	22.6	15.5	13.8	12.9	10.8	8.3

¹Actuals include prior year adjustments

²Expenditures include reimbursements and direct draws to the fund

*Includes EO transfer to GF (AB 84)

**Estimate

8. 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.
9. Using Table 2, **Fund Condition**, describe year over year expenditure fluctuations and the cause for the fluctuations.

10. Using Table 3, **Expenditures by Program Component**, describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. 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.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$42	\$27	\$50	\$26	\$88	\$40	\$112	\$20
Examination	-	-	-	-	-	-	-	-
Licensing	\$42	\$6	\$50	\$12	\$88	\$19	\$112	\$19
Administration *	\$184	\$12	\$204	\$25	\$191	\$19	\$218	\$19
DCA Pro Rata	-	\$61	-	\$7	-	\$215	-	\$195
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	\$268	\$106	\$304	\$70	\$367	\$293	\$442	\$253
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

* Administration includes costs for executive staff, board, administrative support, and fiscal services.

11. Describe the amount the board has spent on business modernization, including contributions to the BreZE program, which should be described separately.
12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.

The Board does not receive General Fund support and is entirely funded through license and renewal fees collected from licensees and applicants. These fees are authorized under Business and Professions Code (BPC) section 3680 and established by 16 CCR section 4240.

License renewal fees, which represent the Board's primary source of revenue, are collected on a biennial basis and are due on the last day of the licensee's birth month. Effective January 1, 2025, the renewal fee for both active and inactive licenses increased from \$1,000 to \$1,200.

Additionally, effective January 1, 2025, several fee adjustments were implemented:

- The application fee increased from \$400 to \$600
- The initial license fee increased from \$1,000 to \$1,200

- The delinquent renewal fee increased from \$175 to \$225
- The duplicate license fee increased from \$35 to \$38
- A new fee for Certified License Verification was also established

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Application Fee	\$600	\$600	\$38	\$34	\$33	\$38	6.0%
Initial License Fee	\$1,200	\$1,200	\$72	\$65	\$56	\$60	10.5%
Biennial Renewal Fee	\$1,200	\$1,200	\$432	\$424	\$486	\$521	77.6%
Delinquent Renewal Fee	\$225	\$225	\$4	\$4	\$4	\$4	0.7%
Duplicate License Fee	\$38	\$38	\$1	\$1	\$1	\$1	0.2%
Cert License Verification	\$30	\$30	\$2	\$2	\$2	\$1	0.3%
Citation and Fine	Various	Various	\$0	\$3	\$0	\$1	0.2%
Misc Revenue	Various	Various	\$4	\$25	\$40	\$41	4.6%
Total Revenue			\$553	\$558	\$622	\$667	\$2,400

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

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
1111-082-BCP-2023-GB	2023-24	AB 2685 Workload	1.0	1.0	\$129,000	\$129,000	\$33,000	\$33,000
1111-026-BCP-2024-GB	2024-25	Personnel Services			\$38,000			

Commented [RM2]: Sent to Budgets (Kaila) on 10/2/2025 to research and confirm this BCP.

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.
15. Describe the board's staff development efforts and total spent annually on staff development. (cf., Section 12, Attachment D).

ORIGINAL

Section 3 – Licensing Program

Table 6. Licensee Population

Naturopathic Doctor's License	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Active ³	961	1,001	1,034	1,057
Out of State	260	265	285	277
Out of Country	9	11	10	10
Delinquent/Expired	129	116	127	128
Retired Status if applicable	7	10	9	10
Inactive	27	27	25	28
Other ⁴	0	0	0	0

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

16. What are the board's performance targets/expectations for its licensing⁵ program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board has established performance targets of 45 days for processing complete initial license applications at Step 1 (application review; 1020 transactions) and 25 days for Step 2 (payment of the initial license fee, pro-rated by birth month and license cycle; 1021 transactions).

For State Fiscal Years 2021–22, 2022–23, 2023–24, and 2024–25, the Board has consistently met or exceeded these targets. Performance data is publicly available on the Department of Consumer Affairs (DCA) website.

17. Using Table 7a, **Licensing Data by Type**, 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 fluctuates from year to year, with no clear long-term trend. However, in the past application spikes have been observed during legislative efforts that could expand naturopathic scope of practice in California (e.g., SB 538 (Hueso 2015-16), suggesting that applicants may be motivated by the possibility of obtaining full practice authority, (see *Naturopathic Doctor License Population and Legislative Milestones* (FY 2014–2025) chart below). The Board has noted these increases, but it remains unclear whether they directly reflect anticipation of expanded scope. At the same time, the attrition rate of new licensees—particularly graduates of Bastyr University San Diego who do not renew after their initial two-year licensure—has remained higher than expected.

Commented [RM3]: Add: For example the SB 538 showed a spike in application submission

Commented [RM4R3]: Added the reference to SB 538 per Davidson suggestion

Commented [RM5]: Add a table for this information.

Commented [RM6R5]: Research this see if there can be a report created to run this data. Since 2021, how many licensees were licensed and allowed license to lapse within the first or second renewal?

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.

Similarly, processing times for initial license applications vary annually but have consistently remained within established performance targets. Importantly, all pending applications are incomplete and therefore outside the Board's control (see Table 7a, below). Applications cannot proceed to completion until the applicant submits the required information, and applicants are notified of any deficiencies promptly.

To improve efficiency, the Board continues to encourage applicants and licensees to utilize the BreEZe online system for application and renewal services. This automated system reduces staff time spent on data entry, minimizes errors, and significantly streamlines application review and processing.

All application and performance data are publicly available on the Department of Consumer Affairs (DCA) website.

Table: Naturopathic Doctor License Population and Legislative Milestones (FY 2014–2025)

Fiscal Year	Total Licenses	Delinquent Licenses	Legislative Milestone	% Change (Total)
2014–15	579	148	—	—
2015–16	678	118	SB 538 (Hueso) introduced – Scope Expansion Effort	+17.1%
2017–18	745	135	SB 796 (Hill, Ch. 600, Stat. 2017) – Sunset Bill	+9.9%
2018–19	849	164	Professional Association continued lobby efforts	+13.9%
2020–21	917	138	Sunset year	+8.0%
2021–22	961	129	SB 994 (Jones, Ch. 713, Stat. 2022) – Authorized NDs to order and supervise LVNs	+4.8%
2022–23	1001	116	—	+4.2%
2023–24	1034	127	—	+3.3
2024–25	1057	128	—	+2.2%

Commented [RM8R7]: Working with Nicole. 9/24/2025

Commented [RM7]: May need to remove this data table. Not showing the data we need to support the antidotal reasoning for the high lapse/delinquent rate.

Table 7a. Licensing Data by Type

Naturopathic Doctor's License		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2021/22	(Exam)	Does not apply								
	(License)	97	89		93	83	7	45	176	
	(Renewal)	439	439		-	-	-	-	-	
	(Exam)	Does not apply								

FY 2022/23	(License)	92	86			144	77	5	49	221
	(Renewal)	458	458		-	-	-	-	-	-
FY 2023/24	(Exam)	Does not apply								
	(License)	89	74			86	71	6	38	157
FY 2024/25	(Renewal)	495	495		-	-	-	-	-	-
	(Exam)	Does not apply								
FY 2024/25	(License)	74	69			70	72	4	78	143
	(Renewal)	506	506		-	-	-	-	-	-

* Optional. List if tracked by the board.

Table 7b. License Denial

	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
License Applications Denied (no hearing requested)	0	0	0	1
SOIs Filed	0	0	0	0
Average Days to File SOI (from request for hearing to SOI filed)	0	0	0	0
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	0	0	0
SOIs Dismissed (license granted)	0	0	0	0
License Issued with Probation / Probationary License Issued	0	0	0	0
Average Days to Complete (from SOI filing to outcome)	0	0	0	0

18. 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, 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 application was denied due to non-qualifying education. No other application denials were issued by the Board.

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

The Board requires that transcripts, examination results, and license verifications be sent directly from the issuing school, examination administrator, or licensing authority. Any required court documents must be submitted directly by the source court.

- 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 Board requires all applicants to complete fingerprinting, either manually or via Live Scan, pursuant to Business and Professions Code Division 1, Chapter 1, section 144; Division 2, Chapter 8.2, section 3630; and California Code of Regulations, Title 16, section 4212(a)(8). In addition, the Board requires a background check through the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA), which identifies actions taken on licenses the

applicant may hold in other jurisdictions and discloses whether any prior or current disciplinary actions have been imposed by another regulatory entity.

- Does the board fingerprint all applicants?

Yes, the Board requires all applicants to submit fingerprints prior to licensure.

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

Yes, the Board has required all applicants to be fingerprinted since the establishment of the Naturopathic Medicine Bureau (now the Board) in 2005, as part of its ongoing commitment to public safety and regulatory oversight.

- 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 Board requires a background check through the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) Disciplinary Actions (DA) list, which identifies any licenses held by the applicant in other states and reveals whether prior or current disciplinary actions have been taken by another regulatory entity. The Board also consults the National Practitioner Data Bank (NPDB) to obtain additional disciplinary information, including malpractice cases filed against the applicant or licensee. All disciplinary actions are subsequently reported to FNMRA. These processes ensure the Board can protect consumers by verifying the fitness of applicants and licensees to practice safely and ethically.

- Does the board require primary source documentation?

Yes, the Board requires that all naturopathic school transcripts, NPLEX scores, and license verifications from other states be submitted directly by the primary source. This ensures the accuracy and authenticity of applicant information, supporting the Board's mandate to protect consumers by verifying that licensees meet all educational and professional qualifications.

- 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.

No Longer Interested notifications are sent electronically on a monthly basis. CBNM has no backlog as of September 2025.

20. 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, applicants who do not plan to come to California prior to licensure often must use fingerprint cards instead of Live Scan services.

There are no provisions in law for applicants who obtained a naturopathic degree outside of the United States or Canada. All applicants must graduate from a Council on Naturopathic Medical Education (CNME)-approved school, which are located only in the U.S. and Canada. The Board

does not grant exceptions to CNME's educational program approval standards. Applicants with a medical or naturopathic degree from another country are directed to contact one or more CNME-approved North American naturopathic medical schools to discuss the potential for classroom credits in 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 the North American Board of Naturopathic Examiners (NABNE) on a case-by-case basis. For example, an applicant who has passed another qualifying U.S. medical board exam (such as USMLE I) deemed equivalent by NABNE may receive a waiver, or a graduate who passed a state exam prior to the implementation of NPLEX may have the test deemed "era appropriate." The second set of required board exams, NPLEX II, which test diagnosis and treatment, cannot be waived or challenged.

These requirements ensure that all licensees meet rigorous educational and professional standards, supporting the Board's mission to protect consumers by ensuring safe, competent, and qualified naturopathic practice in California.

21. 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 toward obtaining a Naturopathic Doctor degree. Consequently, the Board does not grant college credit equivalency, licensure, or credentialing based on military education, training, or experience. Applicants must meet all standard educational and professional requirements through a CNME-approved naturopathic medical program. This ensures that all licensees possess the necessary knowledge and training to provide safe and competent care, supporting the Board's mission to protect consumers.

- 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?

Between fiscal years 2021 and 2025, the Board did not receive any applications in which military education, training, or experience was submitted for consideration toward meeting naturopathic licensing or credentialing requirements.

However, it is important to note that this does not preclude the possibility that individuals with military backgrounds may have utilized their prior training or experience to gain admission or advanced standing in accredited naturopathic medical colleges. Such determinations are made at the institutional level and are not reported to the Board as part of the licensing process.

- 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?

Commented [RM9]: This is apps that met consideration of rehabilitation and evidence of mitigation

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

Commented [RM10]: Expedited Licensure for Military Spouses and Domestic Partners

Examinations

22. 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?

To qualify for licensure as a naturopathic doctor in California, applicants must meet all examination requirements outlined in Business and Professions Code (BPC) section 3631, including successful completion of the Naturopathic Physicians Licensing Examinations (NPLEX). This national examination is developed and maintained by the NPLEX organization and administered by the North American Board of Naturopathic Examiners (NABNE).

NPLEX is responsible for the development of the examination, including:

- Conducting Occupational Practice Analyses (OAs)
- Test construction
- Psychometric validation

To ensure the validity and reliability of the exam, NPLEX contracts with independent psychometric experts. NABNE oversees the administration of the exams, manages candidate documentation, and serves as the liaison with state licensing authorities. NABNE contracts with NPLEX to provide the examination content.

The NPLEX is a rigorous, standardized licensing examination used across all U.S. states, territories, and Canadian provinces that license naturopathic doctors. It became the first national examination for naturopathic licensure in 1986, replacing state-specific exams that previously emphasized basic sciences, diagnosis, and treatment.

At this time, California does not require a state-specific examination for licensure. The NPLEX examination is offered only in English and is not available in other languages.

NPLEX Examination Components

Part I – Biomedical Science Examination

This integrated, case-based exam assesses foundational scientific knowledge necessary for clinical training. It covers:

- Anatomy
- Physiology
- Biochemistry and Genetics
- Microbiology and Immunology
- Pathology

NABNE recommends that students take Part I upon completion of their biomedical science coursework, typically at the end of the second year of naturopathic medical school.

Part II – Core Clinical Science Examination

Eligibility for Part II requires:

- Successful completion of Part I
- Graduation from an approved naturopathic medical program

This exam is also integrated and case-based, covering:

- Diagnosis (including physical and clinical methods, lab tests, and imaging)
- Materia Medica (botanical medicine and homeopathy)
- Nutrition
- Physical Medicine
- Health Psychology
- Emergency Medicine
- Medical Procedures
- Public Health
- Pharmacology
- Research

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for **all** examinations offered, including examinations offered in a language other than English. Include a separate data table for each language offered.

Table 8(a). Examination Data ⁶			
California Examination			
N/A – No California State Examination Exists for Naturopathic Doctors			
License Type			
Exam Title			
FY 2021/22	Number of Candidates		
	Overall Pass %		
	Overall Fail %		
FY 2022/23	Number of Candidates		
	Overall Pass %		
	Overall Fail %		
FY 2023/24	Number of Candidates		
	Overall Pass %		
	Overall Fail %		
FY 2024/25	Number of Candidates		
	Overall Pass %		
	Overall Fail %		
Date of Last OA			
Name of OA Developer			
Target OA Date			

⁶ 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.

Table 8(b). National Examination.

License Type		Naturopathic Doctor's License
Exam Title		<i>NATUROPATHIC PHYSICIANS LICENSING EXAMINATION (NPLEX)</i>
FY 2021/22	Number of Candidates	133
	Overall Pass %	70%
	Overall Fail %	30%
FY 2022/23	Number of Candidates	425
	Overall Pass %	84%
	Overall Fail %	16%
FY 2023/24	Number of Candidates	248
	Overall Pass %	80%
	Overall Fail %	20%
FY 2024/25	Number of Candidates	984
	Overall Pass %	59.2%
	Overall Fail %	40.8%
Date of Last OA		2021
Name of OA Developer		Mountain Measurement, Inc
Target OA Date		2025-26

24. 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?

All NPLEX examinations are offered twice per year, in February and August, at locations in or near cities where accredited ND programs are based. For California, the designated testing site is in San Diego, where the Bastyr University California campus is located. The NPLEX is not currently administered via computer-based testing.

However, on September 10, 2025, the Board received information from the North American Board of Naturopathic Examiners (NABNE), that they will partner with Prometric, a trusted computer-based testing company, to administer the NPLEX beginning in August 2026.

The changes include:

- In-person testing only – all exams will be held at Prometric testing centers. Online and virtual proctoring will not be used.
- Convenient locations – Prometric has hundreds of test centers across Canada, the U.S., and Puerto Rico, making it easier to find an exam location.
- Professional testing experience – Each center is designed to provide a quiet, secure, and supportive environment so examinees can focus on doing their best.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the Board approved any amendments, or is the

Board considering amendments to address the hindrances presented by these statutes?

There are currently no existing statutes that hinder the efficient and effective processing of applications or examinations. However, the absence of a clearly defined scope of practice that aligns with the education and training of naturopathic doctors presents a significant challenge to license retention. While this does not directly impact the application process, it affects long-term engagement in the profession and may contribute to higher rates of license non-renewal.

26. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The national NPLEX examination undergoes regular Occupational Analysis (OA) conducted by independent psychometric experts, Mountain Measurement in Portland, OR on behalf of the North American Board of Naturopathic Examiners (NABNE). This nationally validated process ensures the exam reflects current naturopathic practice and aligns with the intent of Business and Professions Code § 139. Requiring a separate, state-specific OA would duplicate efforts and impose unnecessary costs on the Board in excess of \$50,000. The Board respectfully requests that the Legislature recognize the NABNE OA as sufficient to meet the statutory requirements of § 139.

Regarding NPLEX in general, the most recent Occupational Practice Analysis was conducted in 2021. The schedule for routine OAs are every 5-7 years. There have been no issues that would require revisiting that sooner than anticipated.

The national Naturopathic Physicians Licensing Examination (NPLEX) undergoes regular Occupational Analysis (OA) conducted by independent psychometric experts at Mountain Measurement in Portland, Oregon, on behalf of the North American Board of Naturopathic Examiners (NABNE). This nationally validated process ensures the examination reflects current naturopathic practice and aligns with the intent of Business and Professions Code § 139.

Requiring a separate, state-specific OA conducted by the Department's Office of Professional Examination Services (OPES) would duplicate existing efforts and impose unnecessary costs on the Board—estimated to exceed \$50,000. The Board respectfully requests that the Legislature recognize the NABNE-conducted OA as sufficient to meet the statutory requirements of § 139.

Regarding the NPLEX examination more broadly, the most recent Occupational Practice Analysis was completed in 2021. NABNE follows a routine schedule for conducting OAs every 5 to 7 years, and there have been no issues or changes in practice that would necessitate an earlier review.

Commented [RM11]: Need to tighten this response up some. 8/27/2025

Commented [RM12R11]: This was rewritten below. If the Board is okay with the narrative below - I would consider that we use that response and remove this first section.

Commented [RM13R11]: See comment below

Commented [RM14]: The board didn't have any issues with the first write up during the 9/17/2025 meeting, but I wanted to tighten up this section. If okay with members, we will use the second section instead.

School Approvals

27. 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?

Pursuant to Business and Professions Code (BPC) section 3623, the California Board of Naturopathic Medicine (CBNM) approves naturopathic medical education programs that are

Commented [RM15]: Add footnote here for BPC 3623

accredited by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body for the naturopathic medical profession.

To qualify for approval, a naturopathic medical education program must meet the following minimum statutory requirements:

- **Admission Requirements:** Applicants must have completed at least three-quarters of the credits required for a bachelor's degree from a regionally accredited or pre-accredited institution, or the equivalent as determined by CNME.
- **Program Requirements:** The program must include a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic medicine. Of these, at least 2,500 hours must be academic instruction and at least 1,200 hours must be supervised clinical training approved by the naturopathic medical school.
- **Degree Requirements:** The program must offer full-time, graduate-level studies leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine.
- The institution must be accredited or a candidate for accreditation by a regional institutional accrediting agency recognized by the U.S. Secretary of Education and CNME (or an equivalent federally recognized accrediting body).

Programs located in the United States or Canada must meet these standards and ensure that graduates are eligible to apply for licensure in California and to sit for the national licensing examination administered by the North American Board of Naturopathic Examiners (NABNE).

The Bureau for Private Postsecondary Education (BPPE) does not have a role in approving naturopathic medical schools located outside of California. However, BPPE approval is required for naturopathic medical schools operating within California. For example, BPPE approved the San Diego campus of Bastyr University, the first naturopathic medical school to open in California. This approval was in addition to the CNME accreditation required under the Naturopathic Doctors Act.

The Board does not have a formal role in BPPE's school approval process but maintains awareness of BPPE's oversight when California-based institutions seek to operate within the state. The Board relies on CNME accreditation as the primary standard for determining whether a naturopathic medical program meets the statutory requirements for licensure eligibility.

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

The California Board of Naturopathic Medicine (CBNM) does not directly approve or review naturopathic medical schools. Instead, the Board relies on the accreditation process conducted by the Council on Naturopathic Medical Education (CNME), which is recognized by the U.S. Department of Education as the accrediting body for naturopathic medical programs.

As of the date of this report, seven naturopathic medical schools in North America are accredited by CNME and therefore meet the requirements for licensure eligibility in California under Business and Professions Code section 3623.

CNME conducts a comprehensive evaluation and accreditation review every five years for each naturopathic medical school. Prior to full accreditation, a program may be granted "candidate"

status, which indicates that it meets CNME's 18 eligibility requirements. These include standards related to institutional organization, financial stability, facilities, faculty qualifications, curriculum, and transparency in student communications.

A program must graduate its first class before it can be considered for full accreditation. If a candidate program does not achieve accreditation within five years, it loses its affiliation with CNME for at least one year and must correct any deficiencies before reapplying. CNME will not grant candidacy until the program has completed at least one academic year with full-time enrolled students.

Students and graduates of CNME-accredited or candidate programs are eligible to sit for the Naturopathic Physicians Licensing Examinations (NPLEX) administered by the North American Board of Naturopathic Examiners (NABNE), which is a requirement for licensure in California.

While the Board does not conduct its own school reviews, it retains the authority to deny licensure to graduates of programs that do not meet the statutory requirements outlined in BPC § 3623. In this way, the Board can effectively disallow recognition of a school if it no longer meets the required accreditation standards.

29. What are the board's legal requirements regarding approval of international schools?

There are currently no laws or regulations that compel or prohibit the Board from approving international naturopathic medical schools. Additionally, the Board does not have statutory authority or established criteria to independently evaluate or approve international institutions.

Instead, the Board relies on accreditation by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body, as required under Business and Professions Code section 3623. CNME is responsible for evaluating and accrediting naturopathic medical programs in both the United States and Canada.

As of the date of this report, two Canadian naturopathic medical schools are accredited by CNME and therefore meet California's licensure eligibility requirements:

- Canadian College of Naturopathic Medicine (CCNM) – Ontario, Canada
- CCNM – Boucher Campus (formerly Boucher Institute of Naturopathic Medicine) – British Columbia, Canada

Graduates of these CNME-accredited Canadian programs are eligible to apply for licensure in California, provided they meet all other statutory and examination requirements.

Continuing Education/Competency Requirements

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

Under the Naturopathic Doctors Act, all licensed naturopathic doctors in California are required to complete a minimum of 60 hours of continuing education (CE) during each two-year license renewal period. CE is not required for the first license renewal following initial licensure.

The Act outlines specific requirements and limitations for CE content:

1. At least 20 hours must be in pharmacotherapeutics.
2. No more than 15 hours may be completed through non-interactive formats, such as:
 - Naturopathic, osteopathic, or allopathic medical journals
 - Audio or video presentations
 - Slides, programmed instruction, computer-assisted instruction, or preceptorships
3. No more than 20 hours may be in any single topic area.
4. No more than 15 hours of CE completed for the specialty certificate in naturopathic childbirth attendance may be applied toward the 60-hour requirement.

CE courses must be completed within the two-year license period immediately preceding the license expiration date. Courses taken after the expiration date are only accepted if they are required to meet the minimum 60-hour requirement for the prior license period. Excess CE hours cannot be carried over to the next renewal cycle.

Approved CE courses may be offered by the following organizations:

- The California Board of Naturopathic Medicine (CBNM)
- California Naturopathic Doctors Association (CNDA)
- American Association of Naturopathic Physicians (AANP)
- California State Board of Pharmacy
- State Board of Chiropractic Examiners
- Other providers that meet the standards for continuing education for licensed physicians and surgeons in California

Recent Changes and Oversight

Since the last Sunset Review in 2021, the Board has implemented a continuing education audit process to ensure compliance. On a quarterly basis, the Board conducts a random audit of 10% of licensees. Licensees selected for audit must provide documentation verifying completion of the required CE hours.

To date, the audit process has shown a high level of compliance. Only XXX licensee was found to be missing documentation for all reported CE hours and was granted a 30-day extension to fulfill the requirement.

This audit process has strengthened the Board's oversight of licensee competency and ensures that naturopathic doctors maintain current knowledge and skills in their field.

Board Concerns Regarding CE Authority

The Board has expressed concern that it lacks the statutory authority that other healing arts boards possess to set specific subject matter requirements for continuing education completion as prescribed by the Board through regulation ("directed" continuing education) similar to other boards in the Department (example: Business and Professions Code section 1645(b)). This limitation restricts the Board's ability to respond to evolving clinical practices and public safety needs.

Commented [RM16]: Add footnote for BPC 3635 here.
https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=3635.

Commented [RM17]: Check to see how many CE audits were a fail.

One area of particular concern is intravenous (IV) therapy, a specialty practice that requires additional training and oversight. The Board currently has no authority to mandate CE specific to IV therapy for licensees who hold this specialty certification. As IV therapy continues to grow in popularity and complexity, the Board believes it is essential to have the ability to require targeted CE to ensure safe and competent practice.

The Board recommends that future legislative changes consider granting it regulatory authority to update CE requirements, including the ability to establish topic-specific CE mandates for specialty practices.

Commented [RM18]: Should we remove from this section and add to new Issues?

Commented [RM19R18]: This first paragraph was updated with suggested text by regulatory counsel KS.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Naturopathic Doctor's License	Every 2 years	60 (20 pharmacotherapeutics)	10%

- 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?

The California Board of Naturopathic Medicine (CBNM) verifies compliance with continuing education (CE) requirements through a monthly audit process. Each month, the Board randomly selects 10% of licensees for audit. Selected licensees must submit:

- A list of CE courses completed during the renewal period,
- CE certificates of completion for each course.

Board staff reviews each submission to ensure:

- The course was completed within the correct renewal period,
- The course meets the statutory CE requirements (e.g., pharmacotherapeutics, interactive vs. non-interactive formats),
- The course was offered by an approved provider.

If any certificate appears questionable, the Board contacts the CE provider directly to verify the authenticity of the documentation.

Most naturopathic doctors complete CE through courses approved or presented by the California Naturopathic Doctors Association (CNDA) or the American Association of Naturopathic Physicians (AANP). CNDA provides the Board with a list of approved courses and conferences, which helps facilitate the verification process.

Technology and Future Improvements

Although the Board has made progress in transitioning many of its processes to online and cloud-based systems, it has not yet implemented primary source CE verification through the

Department of Consumer Affairs' (Department) cloud services. However, the Board recognizes the value of such a system and plans to explore integration in the future.

To improve efficiency and reduce administrative burden, the Board is currently evaluating third-party CE tracking vendors that offer no-cost solutions to both licensees and the Board. These platforms would allow for real-time CE tracking, automated verification, and streamlined audits—enhancing compliance oversight while minimizing manual workload.

The Board remains committed to modernizing its CE verification process and ensuring that licensees maintain the competencies necessary to practice safely and effectively.

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

Yes, the California Board of Naturopathic Medicine (CBNM) conducts regular continuing education (CE) audits to ensure licensee compliance with statutory CE requirements.

CE Audit Policy

The Board has updated its CE audit policy to improve oversight and ensure licensees maintain ongoing competency. The audit is now conducted on a quarterly basis, with approximately 10% of renewing licensees selected randomly each year for review.

Licensees selected for audit are required to submit:

- A list of CE courses completed during the relevant renewal period,
- CE certificates of completion for each course listed.

Board staff performs a manual review of each submission to verify:

- The course was completed within the correct two-year renewal cycle,
- The course meets the content and format requirements outlined in the Naturopathic Doctors Act (e.g., pharmacotherapeutics, interactive vs. non-interactive),
- The course was provided by an approved CE provider.

If any certificate appears questionable, the Board contacts the CE provider directly to verify authenticity.

Future Improvements

As part of its modernization efforts, the Board is currently evaluating CE tracking vendors that offer no-cost solutions to both licensees and the Board. These platforms would allow for automated CE tracking and verification, reducing administrative burden and improving audit efficiency. The Board is also assessing whether these systems can integrate with the existing BreEze licensing platform to ensure compatibility and streamline implementation.

- What are consequences for failing a CE audit?

Noncompliance and Enforcement

If a licensee fails to meet CE requirements during the audit:

- They are given 30 days to either submit missing documentation or complete the deficient CE hours.
- If the licensee does not comply within the 30-day period, their license is placed on inactive status until they fulfill the CE requirement.

This policy ensures that licensees remain in good standing only if they meet the continuing education standards necessary for safe and competent practice.

If a naturopathic doctor fails the audit by either not responding or failing to meet the requirements as set forth by BPC section 3635, the licensee will be allowed to renew their license one time following the audit to make up any deficient CE hours. However, the Board will not renew the license again until all the required hours have been documented and submitted to the Board.

It is considered unprofessional conduct for a naturopathic doctor to misrepresent their compliance with meeting the CE requirements pursuant to BPC section 3635.1. In addition, the Board has the authority to issue citations for failing to comply with CE requirements.

Commented [RM20]: Add the correct BPC sections here

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

The Board conducted XXX CE audits from FY 2021/22 through FY 2024/25. Of the XXX audits, there were XX failures, which is a XX% failure rate.

Fiscal Year	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Selected for Audit				
Failed Audit				
Failed Audit Percentage				

Commented [RM21]: Add the audit data. 10%

- Who approves CE courses? What is the board's course approval policy?

Currently, the Board is unable to complete approval of CE courses due to lack of funding authority for the workload.

The approval policy when the board has sufficient resources is as follows:

1. Application Submission

- Who Submits: CE providers (e.g., professional associations, schools, private educators)
- What's Submitted:
 - Completed CE course application form
 - Course syllabus or outline
 - Learning objectives
 - Instructor qualifications (CV or resume)
 - Number of CE hours requested
 - Delivery format (live, online, hybrid)
 - Sample course materials or presentation slides

- Evaluation or assessment method (e.g., quiz, feedback form)
- Fee payment (no authority to charge similarly to other boards)

2. Review Criteria

Evaluate the course based on:

- Relevance to naturopathic scope of practice
- Scientific accuracy and evidence-based content
- Instructor expertise and credentials
- Educational value and clarity of objectives
- Compliance with jurisdictional CE regulations

3. Approval Decision

- Timeline: Varies (commonly 2–6 weeks)
- Outcome:
 - Approved (with or without conditions)
 - Denied (with explanation)
 - Request for additional information

4. Issuance of Approval

- Provider receives:
 - Official approval letter or certificate
 - CE course number or tracking ID
 - Guidelines for issuing certificates to attendees

5. Post-Course Requirements

- Providers may be required to:
 - Submit an attendance roster
 - Retain records for a specified period (e.g., 6 years)
 - Distribute certificates of completion to attendees
 - Collect and report participant evaluations
- Who approves CE providers? If the board approves them, what is the board's application review process?

Pursuant to Business and Professions Code (BPC) section 3635, continuing education (CE) courses for naturopathic doctors in California must be approved by one of the following entities:

- The California Naturopathic Doctors Association (CNDA)
- The American Association of Naturopathic Physicians (AANP)
- The California Board of Chiropractic Examiners
- The California Board of Pharmacy
- The California Board of Naturopathic Medicine

Additionally, CE courses approved for physicians and surgeons licensed in California are also accepted.

In accordance with the Board's 2020–2024 Strategic Plan, the Board formally recognized the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) as an approved CE accrediting body. NANCEAC's approval process is based on California's Naturopathic Doctors Act, ensuring that CE courses meet California's high regulatory standards. This alignment supports consistency across jurisdictions and promotes access to high-quality, evidence-informed continuing education for licensees. This authority was provided in the 2022 Sunset Bill for the Board.

While the Board is authorized to approve CE courses under BPC § 3635, it currently lacks statutory authority to charge a fee for CE course application review and approval. As a result, when the Board is asked to review and approve CE courses directly, it must absorb the associated workload without dedicated funding. This creates a resource strain and limits the Board's ability to efficiently manage CE-related responsibilities.

The Board continues to monitor the accessibility and quality of CE offerings through its recognized providers and strategic partnerships, and would consider statutory amendments to address the funding gap and support sustainable operations.

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

At this time the Board does not have the resources to continue the review and approval of CE courses. The lack of statutory authority to charge an application fee places a strain on regulatory resources. Application fees for CE courses for most other boards under the Department charge anywhere from \$75 and \$200 per course or per provider application. These fees help cover staff time, subject matter expert review, and administrative processing.

More information on this subject can be found in **Section 10 - New Issues** of this report.

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

While the Board does not currently conduct formal audits of continuing education (CE) providers, it actively engages in oversight by requesting that each CE approving entity listed in Business and Professions Code (BPC) section 3635(b) submit their course and provider approval processes to the Board. This allows the Board to verify that CE offerings meet the statutory requirements outlined in BPC sections 3635, 3635.1, and 3635.2.

This review process helps ensure that:

- CE courses are relevant to the naturopathic scope of practice in California,
- Providers maintain appropriate educational standards, and
- Licensees receive high-quality, evidence-informed continuing education.

Although this is not a formal audit process, it reflects the Board's commitment to maintaining the integrity of CE offerings and protecting public safety. The Board supports the establishment of statutory authority to conduct formal audits, which would allow for:

- Random or targeted audits of CE providers,
- Verification of course content, instructor qualifications, and attendance records,
- Enforcement actions in cases of non-compliance.

Formalizing this authority in statute would align the Board with other DCA boards and bureaus that have similar oversight mechanisms and would provide a more robust framework for ensuring CE quality and compliance.

- 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 Board recognizes the growing interest in performance-based assessments as a means of ensuring ongoing professional competence beyond traditional continuing education (CE) models. While the Board has not yet implemented a formal policy shift toward performance-based CE, it has begun preliminary discussions and research into best practices used by other health regulatory boards, both within California and nationally.

As part of its strategic planning and modernization efforts, the Board is evaluating CE tracking platforms that could support more dynamic and outcomes-focused learning models. These platforms may eventually allow for integration of performance-based elements, such as:

- Interactive case-based learning
- Competency assessments tied to clinical scenarios
- Self-assessment modules with feedback loops

The Board is also monitoring developments in national naturopathic regulatory standards and interprofessional regulatory trends to inform future policy considerations. Any transition toward performance-based CE would require careful stakeholder engagement, statutory or regulatory changes, and alignment with the Board's public protection mandate.

Future Goal:

The Board intends to explore the feasibility of incorporating performance-based continuing education models into its regulatory framework as part of its next strategic planning cycle. This may include stakeholder outreach, pilot programs, and collaboration with CE providers to identify scalable, evidence-informed approaches that support licensee competence and public safety.

Section 4 – Enforcement Program

31. 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 Board follows the Department of Consumer Affairs' (DCA) performance measures to evaluate the effectiveness and timeliness of its enforcement program. These include targets for intake, investigation, and formal discipline.

- **Intake (Performance Measure 2):**

The performance target for intake is 30 days from the date a complaint is received to the date it is assigned to an investigator. The Board met this target with an average of XX days during the reporting period.

- **Investigations (Performance Measure 3):**

The target for completing investigations is 360 days from the complaint received date to the date the investigation is closed. This includes both internal and sworn (field) investigations. The Board has consistently met this target over the past three fiscal years.

- The highest average cycle time was XX days in FY XX.
- The lowest average cycle time was XX days in FY XX.

- **Formal Discipline (Performance Measure 4):**

The target for formal discipline is 540 days from the complaint received date to the date a disciplinary order is filed. While the Board strives to meet this target, the timeline is largely dependent on external factors once a case is referred to the Office of the Attorney General. These cases often involve sworn investigations and require expert medical review, which can extend processing times.

- Over the past three fiscal years, the Board has issued XX formal disciplinary actions.

Continuous Improvement Efforts:

The Board remains committed to timely and effective enforcement. It continues to:

- Monitor case timelines through regular internal reviews.
- Collaborate with the Attorney General's Office to improve case flow and communication.
- Explore opportunities to streamline internal processes and leverage technology for case tracking and documentation.

32. 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 continues to represent the majority of the Board's enforcement caseload, accounting for approximately XX% of all cases.

The Board is actively working to strengthen title protection for the terms "naturopath" and "naturopathic practitioner." Complainants frequently report confusion when individuals use these

titles without licensure, leading consumers to mistakenly believe they are receiving care from a licensed naturopathic doctor. This confusion underscores the need for clearer regulatory boundaries and public education.

To address this, the Board has launched a consumer education and outreach campaign, which includes:

- Updates to the Board's website clarifying the differences between licensed NDs and unlicensed practitioners.
- Creation of social media accounts to expand public awareness and provide accessible information.
- Development of educational materials to support informed consumer decision-making.

In addition, the Board has implemented a compliance-focused approach when addressing unlicensed practice:

- When a complaint is received involving the misuse of the ND title or failure to provide required disclosures under Business and Professions Code section 2053.6, the Board issues a notice to the respondent outlining the applicable legal requirements.
- A 30-day compliance window is provided, during which most individuals voluntarily correct their practices, allowing the Board to close the case without further action.
- In more serious cases—such as those involving patient harm, death, or unlicensed individuals diagnosing or treating within the ND scope—the Board takes immediate enforcement action.

The Board strongly supports amending the Naturopathic Doctors Act to establish statutory title protection for the terms "naturopath" and "naturopathic." This change would enhance consumer safety by reducing public confusion and strengthening the Board's ability to address unlicensed activity effectively.

Commented [RM22]: Use the data and enter it in here. Add that in early 2024 the board hired an analyst to support the enforcement unit.

Table 9. Enforcement Statistics				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
COMPLAINTS				
Intake				
Received	70	58	93	76
Closed without Referral for Investigation	0	0	0	0
Referred to INV	73	56	95	77
Pending (close of FY)	1	3	1	0
Conviction / Arrest				
CONV Received	3	2	2	0
CONV Closed Without Referral for Investigation	0	0	0	0
CONV Referred to INV	3	2	2	0
CONV Pending (close of FY)	0	0	0	0
Source of Complaint⁷				
Public	17	29	33	25
Licensee/Professional Groups	15	10	12	4

⁷ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

Governmental Agencies	6	6	26	12
Internal	2	0	0	0
Other	0	0	1	0
Anonymous	30	13	21	35
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	10	16	6	3
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	0	0	0	0
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	10	16	6	3
INVESTIGATION				
Desk Investigations				
Opened	73	56	95	77
Closed	46	64	87	79
Average days to close (from assignment to investigation closure)	152	131	121	40
Pending (close of FY)	37	27	28	22
Non-Sworn Investigation				
Opened	62	89	140	119
Closed	62	86	137	102
Average days to close (from assignment to investigation closure)	32	168	84	62
Pending (close of FY)	0	3	3	17
Sworn Investigation				
Opened	4	4	1	1
Closed	4	4	1	0
Average days to close (from assignment to investigation closure)	288	117	489	-
Pending (close of FY)				
All investigations⁸				
Opened	73	56	95	77
Closed	46	64	87	79
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	42	239	105	76
Average days for investigation closures (from start investigation to investigation closure)	47	251	124	78
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	350	41	0	0
Average days from receipt of complaint to investigation closure	53	247	116	78
Pending (close of FY)	37	27	28	22
CITATION AND FINE				
Citations Issued	0	3	3	6
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	0	164	98	162
Amount of Fines Assessed	\$0	\$3,500	\$10,500	\$11,750
Amount of Fines Reduced, Withdrawn, Dismissed	\$0	\$0	\$0	\$250
Amount Collected	\$0	\$3,500	\$0	\$500
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	3	0	0

⁸ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

ACCUSATION				
Accusations Filed	1	1	1	0
Accusations Declined	0	0	0	0
Accusations Withdrawn	0	0	0	0
Accusations Dismissed	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	20	38	0	0
INTERIM ACTION				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Issued	0	0	0	0
Other Suspension/Restriction Orders Issued	0	0	0	0
Referred for Diversion	0	0	0	0
Petition to Compel Examination Ordered	0	0	0	0
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	1	1	0	0
AG Cases Pending Pre-Accusation (close of FY)	0	1	0	0
AG Cases Pending Post-Accusation (close of FY)	1	0	0	0
DISCIPLINARY OUTCOMES				
Revocation	0	1	0	0
Surrender	0	0	1	0
Suspension only	0	0	0	0
Probation with Suspension	0	0	0	0
Probation only	0	0	0	0
Public Reprimand / Public Reprimand / Public Letter of Reprimand	0	0	0	0
Other	0	0	0	0
DISCIPLINARY ACTIONS				
Proposed Decision	1	0	0	0
Default Decision	0	0	0	0
Stipulations	0	1	0	0
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	334	278	0	0
Average Days from Closure of Investigation to Imposing Formal Discipline	571	316	0	0
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	703	356	0	0
PROBATION				
Probations Completed	0	0	0	0
Probationers Pending (close of FY)	0	0	0	0
Probationers Told *	0	0	0	0
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	0	0	0
SUBSEQUENT DISCIPLINE⁹				
Probations Revoked	0	0	0	0
Probationers License Surrendered	0	0	0	0
Additional Probation Only	0	0	0	0
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	0	0	0	0
SUBSTANCE ABUSING LICENSEES **				
Probationers Subject to Drug Testing	0	0	0	0

⁹ Do not include these numbers in the Disciplinary Outcomes section above.

Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0
PETITIONS				
Petition for Termination or Modification Granted	0	0	0	0
Petition for Termination or Modification Denied	0	0	0	0
Petition for Reinstatement Granted	0	0	0	0
Petition for Reinstatement Denied	0	0	0	0
DIVERSION **				
New Participants	0	0	0	0
Successful Completions	0	0	0	0
Participants (close of FY)	0	0	0	0
Terminations	0	0	0	0
Terminations for Public Threat	0	0	0	0
Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0

Table 10. Enforcement Aging						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	36	28	52	60	176	64%
91 - 180 Days	8	6	10	10	34	12%
181 - 1 Year	1	13	17	4	35	13%
1 - 2 Years	1	12	7	4	24	9%
2 - 3 Years	0	3	1	1	5	2%
Over 3 Years	0	2	0	0	2	0%*
Total Investigation Cases Closed	46	64	87	79	276	100%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	0	1	1	0	2	100%
1 - 2 Years	0	0	0	0	0	0
2 - 3 Years	0	0	0	0	0	0
3 - 4 Years	0	0	0	0	0	0
Over 4 Years	0	0	0	0	0	0
Total Attorney General Cases Closed	0	1	1	0	2	100%

*The cases closed over 3 years is less than 1%.

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

34. How are cases prioritized? What is the board's compliant prioritization policy?

The Board utilizes the Department of Consumer Affairs' Complaint Prioritization Guidelines for Health Care Agencies as a supplemental resource to guide its complaint prioritization process.

The Board's approach is fully aligned with the healing arts program standards, emphasizing consumer protection as the highest priority.

Consistent with these guidelines, the Board prioritizes complaints that involve the most serious violations, particularly those that pose an immediate or significant risk to public health and safety. This ensures that enforcement resources are directed toward cases with the greatest potential impact on consumer well-being. These include:

- Gross negligence, incompetence, or repeated negligent acts that involve death or serious bodily injury to one or more patients, such that the naturopathic doctor represents a danger to the public.
- Drug or alcohol abuse by a naturopathic doctor involving death or serious bodily injury to a patient.
- Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances, or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith prior examination of the patient and medical reason, therefore.
- Sexual misconduct with one or more patients during a course of treatment or an examination; and practicing naturopathic medicine while under the influence of drugs or alcohol.
- Unlicensed activity with consumer harm or death.
- Please provide a brief summary of the Board's formal disciplinary process.

Complaint/Information Sources

Complaints and reports may originate from:

- Members of the public
- Mandated reports under the Business and Professions Code
- Licensees or professional associations
- Other governmental agencies
- Anonymous or miscellaneous sources

Initial Review – Consumer Protection Services Unit

A Consumer Protection Services Analyst conducts an initial review to determine:

- Jurisdiction: Whether the complaint falls within the Board's authority. If not, it is referred to the appropriate agency.
- Urgency: If the complaint presents an immediate threat to public safety, it is referred directly to investigation.
- Completeness: If additional information is needed, the analyst contacts the complainant for clarification or documentation.
- Nature of the Allegation:
 - If the complaint involves care and treatment, medical records are obtained and reviewed by a medical consultant.
 - If the issue involves a minor violation (e.g., advertising violations, failure to provide records), the licensee may be contacted for compliance or referred to the Citation and Fine Program.
 - If the matter is appropriate for mediation, that option may be pursued.
 - If no violation is found, the case is closed.

Investigation Stage

Cases requiring further review are referred to:

- The Department of Investigation or the Health Quality Investigation Unit (HQIU) for formal investigation.
- The Citation and Fine Program for administrative resolution of minor violations.

Formal Discipline – Office of the Attorney General

If the investigation supports formal action:

- The case is referred to the Office of the Attorney General.
- A Deputy Attorney General evaluates the evidence and, if warranted, files a formal Accusation.
- A stipulated settlement (plea agreement) may be negotiated prior to hearing.
- The Board may also petition for a competency or psychiatric examination if appropriate.
- Alternative Path – Criminal Prosecution
- If the investigation reveals potential criminal conduct, the case may be referred to a local district attorney for prosecution.

Administrative Hearing

If the licensee contests the Accusation:

- The case proceeds to a hearing before an Administrative Law Judge (ALJ).
- The ALJ issues a proposed decision, which is reviewed by a panel of the Board. The panel may:
 - Adopt the decision as proposed.
 - Modify the penalty (increase or decrease) and adopt the decision.
 - If increasing the penalty, panel members must review the full hearing record, and the licensee is given the opportunity to submit written or oral arguments.
- Appeals and Reinstatement
- A licensee may petition for reconsideration within 30 days of the Board's decision.
- After a specified period, a licensee may petition for:
 - Reinstatement of a revoked license
 - Modification of disciplinary terms
 - Early termination of probation
- Final decisions may be appealed through the Superior Court, Court of Appeal, and ultimately the California Supreme Court.

35. 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?

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

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

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

37. Does the board operate with a statute of limitations? If so, please describe and provide the 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?

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

Cite and Fine

39. Discuss the extent to which the board utilizes 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? Does the board have authority to issue fines greater than \$5,000? If so, under what circumstances?

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

41. 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?

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

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

44. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

Cost Recovery and Restitution

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

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

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

48. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

Table 11. Cost Recovery ¹⁰ (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Total Enforcement Expenditures				
Potential Cases for Recovery *	0	1	1	0
Cases Recovery Ordered	0	1	1	0
Amount of Cost Recovery Ordered	\$0	\$31,285	\$24,537	\$0
Amount Collected	\$0	\$0	\$0	\$0

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

49. 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.

¹⁰ Cost recovery may include information from prior fiscal years.

Table 12. Restitution (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Amount Ordered	\$0	\$0	\$0	\$0
Amount Collected	\$0	\$0	\$0	\$0

Section 5 – Public Information Policies

50. 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 Board uses the internet as a primary tool to keep the public and licensees informed about its activities, initiatives, and regulatory updates related to the practice of naturopathic medicine in California. The Board's official website serves as its central information hub and is regularly updated with timely and relevant content.

In addition to the website, the Board uses a variety of digital communication channels to reach stakeholders, including:

- Email subscription lists for licensees, applicants, and interested parties
- Social media platforms, including Twitter, Facebook, and YouTube

These platforms are used to share:

- Meeting notices and materials
- Regulatory updates
- Public outreach campaigns
- News releases and enforcement actions

Board Meeting Materials and Minutes

- **Meeting Agendas:**
Agendas for Board and subcommittee meetings are posted on the Board's website at least 10 days prior to the scheduled meeting, in compliance with the Bagley-Keene Open Meeting Act.
- **Meeting Materials:**
Supporting materials are posted as they become available and are accessible to the public through the Board's website.
- **Draft Meeting Minutes:**
Draft minutes are typically included in the agenda packet for the next scheduled meeting, where they are reviewed and considered for approval.
- **Final Meeting Minutes:**
Once approved by the Board, final meeting minutes are posted online and remain available indefinitely.
- **Historical Access:**
The Board maintains an archive of meeting materials dating back to 2004, all of which are accessible to the public through the website.

Public Engagement and Notifications

The Board actively disseminates meeting information and updates through:

- Email notifications to subscribers when agendas and materials are posted
- Website alerts for upcoming meetings, proposed regulations, and enforcement actions
- Social media updates to broaden public awareness and engagement

Stakeholders can subscribe to receive updates directly from the Board's website, ensuring they stay informed about key developments and opportunities for public participation.

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

All Board and advisory committee meetings are webcast, with the exception of closed session items or meetings held by committees with fewer than three members (ad hoc).

Webcasts are posted to the Board's YouTube channel and are also accessible via the Meetings section of the Board's website. Once posted, all recordings remain available online indefinitely to ensure transparency and ongoing public access.

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

Yes. The Board strives to establish a full calendar of quarterly meetings by the end of the preceding calendar year. This allows stakeholders to plan ahead and ensures transparency in the Board's operations.

While the Board aims to schedule all regular meetings in advance, additional meetings may be scheduled as needed to address urgent matters or time-sensitive issues. Regardless of the type of meeting, all are scheduled at least 90 days in advance, and are posted in accordance with applicable open meeting laws.

The annual meeting calendar is posted on the [Board's website under the Meetings section](#) and is updated as changes occur.

- 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 BPC § 27, if applicable? Does the board post complaint date on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.

The Board's complaint disclosure policy is consistent with DCA's [Recommended Minimum Standards for Consumer Complaint Disclosure](#) to the extent that disclosure of any complaint information will not impede or impair current or future investigations and will not discourage or deter the filing of consumer complaints.

Although the Board is not specifically included under Business and Professions Code (BPC) section 27, it voluntarily adheres to the statute's intent by posting accusations and disciplinary actions on its website in a manner consistent with the requirements outlined in BPC § 27. This practice reflects the Board's commitment to transparency and consumer protection.

The Board provides the following information to the public regarding its licensees, registrants, and license holders:

- licensee's name;
- address of record;
- license status;
- license type;
- issue date;
- expiration date;
- certification; and,
- disciplinary/enforcement actions.

The Board is consistent with DCA's Website Posting of Accusations and Disciplinary Actions by attaching all filed accusations, in their entirety, to the respective license profiles in BreEZe; the public can view all enforcement and discipline documents through the Board's "[Verify a License](#)" link on its website.

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

The Board provides information through the BreEZe database regarding licenses, and specialty certifications issued by the Board, including enforcement action (citations and formal discipline) taken and the current status of the license or specialty certification, but does not include any awards, certificates, or education information.

54. What methods does the board use to provide consumer outreach and education?

The Board utilizes its website and social media for consumer outreach and education, as well as encouraging public attendance at Board. Additionally, Board staff work with various stakeholders when developing legislation and regulatory proposals.

Section 6 – Online Practice Issues

56. Discuss the prevalence of online practice and whether there are issues with unlicensed activity.

- How does the board regulate online/internet practice?
- How does the board regulate online/internet business practices outside of California?
- Does the Board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?

Commented [RM23]: Talk about the telehealth presence of licensees.

Section 7 – Workforce Development and Job Creation

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

58. Describe any assessment the board has conducted on the impact of licensing delays.
59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.
60. Describe any barriers to licensure and/or employment the board believes exist.
61. Provide any workforce development data collected by the board, such as:
- A. Workforce shortages
 - B. Successful training programs.
62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

Commented [RM24]: Contact CNDA if they have some information about workforce development.

Commented [RM25]: Speak to the fact that licensees population in underserved areas are 86%

Also add that board is responsive to the licensees keeping them abreast of the profession and workforce.

Commented [RM26R25]: *Workforce is made up of 75% female licensees. When CA loses NDs to neighboring states, it loses Female owned businesses.

Section 8 – Current Issues

63. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.
- Is the board utilizing BreEze? What Release was the board included in? What is the status of the board's change requests?
 - 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? Is the board currently using a bridge or workaround system?

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

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

Issue #1: Name and Placement of the Committee. Does statute establishing the Committee within the Osteopathic Medical Board accurately reflect its status as an independent regulatory entity?

Background: When the Naturopathic Doctors Act was first enacted through SB 907 (Burton) in 2003, the regulatory entity established to administer it was a Bureau of Naturopathic Medicine under the DCA. The Act additionally required the Director of Consumer Affairs to establish an advisory council, consisting of three NDs, three physicians and surgeons, and three public members appointed by the Governor and the Legislature. Both the Bureau and its advisory committee were untethered from any other regulatory bodies, with the bureau chief reporting directly to the Director of Consumer Affairs. When the DCA underwent a reorganization under Governor Schwarzenegger, the Bureau was abolished and replaced with the Committee, whose membership was similarly structured to the prior advisory council. The language of ABX4-20 (Strickland), which implemented this portion of the reorganization plan in 2009, provided that the Committee was both "created within" and "within the jurisdiction of" the OMBC. The bill additionally required the OMBC's approval for the Committee to appoint its own Executive Officer and charged the OMBC with employing officers and employees to discharge the duties of the Committee.

However, it appears as though the Committee was never functionally under the direction or supervision of the OMBC. According to the Committee, the Director of Consumer Affairs was provided a legal opinion stating "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." It also does not appear as though the OMBC and the Committee shared any significant resources.

SB 1050 (Yee) was chaptered the following year to make a number of changes to the Committee's administrative framework. First, the bill explicitly provided that the Committee was solely responsible for the implementation of the Naturopathic Doctors Act. The bill also struck the requirement that the OMBC approve the Committee's appointment of an Executive Officer and that the Committee would employ its own officers and employees.

Despite these changes to clarify the effective autonomy of the Committee in regulating NDs, statute continues to refer to the Committee as being "within the Osteopathic Medical Board of California." It would appear that this language inaccurately describes the structure Committee, which was never under the oversight or control of the OMBC. It may arguably be more accurate to retile the Committee as a standalone board under the DCA.

Committee Staff Recommendation: The Committee should provide the Legislative Committees with its perspective on whether there would be any value in considering a renaming that would reflect its status as an independent regulatory body.

CNMB's 2022 Response to Recommendation: The Committee believes that changing the naming convention and allowing the program to be a board, would be more in line with the true independence of Committee. Since the two programs are autonomous of one another, and each have their respective board/committee members, executive leadership, and staff, continuing to keep the naturopathic program as a committee under the Osteopathic Medical Board (OMBC) would continue the illusion that the OMBC has oversight of the Committee. Further, since the two professions attempt differing legislative initiatives, it would be beneficial that the programs are

separate in all matters, including changing the committee to a board and separating the two programs.

Current Response: Since the 2021 Sunset Review, the Board has taken steps to reinforce its independence and clearly distinguish itself from the Osteopathic Medical Board of California (OMBC). The Board has formally changed its name from the Naturopathic Medicine Committee to the California Board of Naturopathic Medicine (CBNM), reflecting its status as a standalone regulatory entity.

The Board has also relocated to a separate office location, establishing distinct administrative and operational facilities independent of the OMBC. All executive leadership, staff, and program functions now operate solely under the authority of the CBNM, with no oversight or shared resources with the OMBC.

These changes fully sever the functional and operational ties to the OMBC, eliminating any perception of oversight or control by another regulatory body. The Board continues to exercise autonomous responsibility for licensure, enforcement, and regulatory programs for naturopathic medicine in California. These measures strengthen public confidence in the Board's independence and ensure that its structure accurately reflects its regulatory authority.

Issue #2: Board (prior Committee) Composition. Does the current membership on the Board appropriately balance professional expertise and public objectivity??

Background: The Naturopathic Doctors Act provides that the Committee shall consist of nine members, including five NDs, two physicians and surgeons, and two public members. Perhaps curiously, statute counts the physician and surgeon members as "professional members" alongside the ND representatives, with only two members officially designated as being from the public. However, NDs still represent a slight majority on the Committee established to regulate them, with five NDs outnumbering the four non-NDs.

In 2015, the United States Supreme Court ruled in *North Carolina State Board of Dental Examiners v. Federal Trade Commission* that when a state regulatory board features a majority share of active market participants, any allegedly anticompetitive decision-making may not be subject to Parker antitrust litigation immunity unless there is "active state supervision" to ensure that all delegated authority is being executed in the interest of the public and not the private commercial interests of the members.

To date, there has been no meaningful litigation against public bodies established under California law, and it is likely that the Committee receives more than enough active state supervision to qualify for immunity. The Committee is considered only semi-autonomous, with much of its rulemaking and disciplinary activity subject to involvement by multiple other governmental entities. Its current Executive Officer is not a licensee, and the DCA has also worked to ensure that members are adequately trained in certain procedures to ensure an adequate record of deliberation for purposes of defense against any potential allegations of antitrust.

Notwithstanding the legal sensitivities accompanying boards with majority professional memberships, the disproportionality for the Committee is arguably minor, with an advantage of only one additional member who is regulated by the Committee, and two of the professional members regulated by

other boards. Considering the numerous benefits of having professional perspectives in deliberations by the Committee regarding the practice of naturopathic medicine, this technical imbalance is unlikely to be in need of any further statutory change. However, the Committee should remain mindful whenever it engages in formal decision-making that may appear to serve the economic interests of licensee populations represented on the Committee.

Committee Staff Recommendation: The Board (prior Committee) should indicate whether it believes there are any concerns with its current membership structure or whether any changes should be contemplated.

CNMB's 2022 Response to Recommendation: The Board (prior Committee) does not believe there are any concerns with the current membership structure as it allows for a full and broad discussion and decision-making panel. The Board would, nevertheless, like to preserve the option to review the structure again in the future to ensure that it continues to be an appropriate make up of members.

Current Response: The Board affirms that the current membership structure continues to support comprehensive and balanced discussions, allowing for effective decision-making that reflects a range of perspectives. At this time, the Board does not identify any concerns with the composition or function of its membership.

However, the Board would like to reserve the option to revisit and evaluate the structure in the future to ensure it remains appropriate and responsive to the evolving needs of the profession and the public it serves.

Issue #3: Member Terms. Is the fact that the majority of committee members are currently scheduled to term out at the same time a cause for concern??

Background: Members of the Committee each serve four-year terms, and members may not serve more than two consecutive terms. Members may continue to serve after their term's expiration date until a replacement is appointed or one year has elapsed, whichever occurs sooner. Appointments for prematurely vacated positions are initially for the remainder of the term only.

Of the nine members on the Committee, seven members completed their official terms on January 1, 2022, and are now serving within their one-year grace period. This means that an overwhelming majority of the Committee's membership will likely need to be replaced simultaneously. This could foreseeably cause instability and represent a strain on the appointments process.

Committee Staff Recommendation: The Committee should offer any insights or recommendations it has regarding the current term schedule for its membership and whether any potential issues could be alleviated.

CNMB's 2022 Response to Recommendation: The current terms for the members are problematic. With most members having the same term dates, it causes disruptions in decisions and continuity of the program. The Committee has had issues with not having the correct representative members for

mandated subcommittees/advisory groups and the Committee has been unable to convene and continue our work as outlined in our strategic plan.

We would like to have our member terms staggered to ensure workflow continuity, the ability to better carry out our mission to protect the consumers of California, pursue the objectives of our strategic plan and to avoid excessive strain on the Committee and staff.

Current Response: XXX

Issue #4: Adequate Staffing. Does the Committee currently employ the appropriate number of staff to ensure that it is fulfilling its legislative mandates and protecting the public?

Background: Statute provides that the Committee may appoint an Executive Officer as well as "other officers and employees as necessary to discharge the duties of the committee." Currently, the Committee is staffed by two individuals: an Executive Officer and an analyst position that was purportedly hired principally to ensure compliance with the Consumer Protection Enforcement Initiative. While the population of active NDs is substantially smaller than the licensee populations for most other boards, this is arguably still a very low number of staff for regulatory entity under the DCA. This could potentially prove problematic in the event that there are unanticipated changes in workload or if staff members are unable to perform their duties due to customary absences or illness.

Committee Staff Recommendation: The Committee should inform the Legislative Committees as to whether any efforts have been made to hire additional staff and whether the current organizational structure is sufficient to ensure that the Committee is consistently functioning and performing its duties.

CNMB's 2022 Response to Recommendation: Prior to the COVID-19 pandemic, the Committee had intentions of attaining approval to hire an additional staff member. Due to the Committee's need to respond to the pandemic, the program's resources were redirected to continue public protection and some administrative functions were slightly affected. Although the Committee's fund has been healthy, due to current budget limitations, the Committee was restricted in their ability to bring in temporary assistance to cover the staffing deficit.

This highlighted the Executive Officer's prior concerns of not having appropriate staffing levels to provide coverage in events of unanticipated changes in workload or when staff members are unable to perform their duties due to absences or illness. Unfortunately, in the past, the Committee did not meet the criteria, such as workload data, for authorizing additional staff and the Committee was unable to support a request for the staffing and budgetary changes to our program at the time.

Currently, the Committee is looking into bringing on an additional staff member to ensure it is consistently functioning and carrying out its mandated functions and mission of protecting the public.

Current Response: XXX

Issue #5: Fund Reserves. Considering the amount of fee revenue collected by the Committee against its program expenditures, is there a fiscal imbalance that could result in excessive reserves??

Background: At the end of FY 2020-21, the Committee had \$726,000 in reserve, representing approximately 20 months of operating expenses. Statute generally prohibits DCA entities from having more than 24 months in reserve, and this is easily on the higher end of reserves held by licensing bodies. While the steady growth in the Committee's licensing population provides an explanation for the recent increase in fee revenue, it is unclear why there has not been any corresponding increase in expenditures.

Committee Staff Recommendation: The Committee should explain why it believes its reserves have grown and why it has not had to take on new spending, such as hiring additional staff to engage in licensing and enforcement activities, as its licensee population has grown.

CNMB's 2022 Response to Recommendation: The Committee requested a fee increase to correct the prior fund imbalance during the 2016-17 sunset review. The Committee received the authorization to raise fees in statute and on January 1, 2019, the new fee structure was effective. Since the prior fund had been imbalanced, the program wanted to ensure that the fee increase was going to be sufficient to correct the imbalance and allow for the addition of staffing. The Committee also needed to determine at what classification level the Committee could hire new staff, and if the program could maintain the position as fulltime and permanent. In early 2020, noting that the fee increase was adequate, the Committee attempted to request additional staffing and an augmentation of our budget. By April 2020, the Committee had a staffing issue during the pandemic and did not have resources to complete this process.

Unfortunately, in the past, the Committee did not meet the Department of Finances criteria for authorizing additional staff and the Committee was not allowed to request the staffing and budgetary changes for our program. However, the Committee is working to bring on an additional staff member with appropriate augmentation of our budget at this time and is in hopes that the request will be approved. If this request is granted, bringing on the additional staffing will correct the excessive fund reserve issue.

Current Response: XXX

Commented [RM27]: Add the update to this.

Issue #6: Attorney General Billing Rate. Will the abrupt increase in the Attorney General's client billing rate for hours spent representing the Committee in disciplinary matters result in cost pressures for the Committee's special fund?

Background: In July of 2019, the California Department of Justice announced that it was utilizing language included in the Governor's Budget authorizing it to increase the amount it billed to client agencies for legal services. The change was substantial: the attorney rate increased by nearly 30% from \$170 to \$220, the paralegal rate increased over 70% from \$120 to \$205, and the analyst rate increased 97% from \$99 to \$195. While justification was provided for why an adjustment to the rates was needed, the rate hike occurred almost immediately and without meaningful notice to client agencies. For special funded entities such as the Committee, unexpected cost pressures can quickly prove problematic.

Committee Staff Recommendation: The Committee should inform the Legislative Committees of whether it has had any fiscal challenges resulting from the increase in the Attorney General's billing rate.

CNMB's 2022 Response to Recommendation: Since the Attorney General's (AG) billing rate increase, the Committee has not had any formal discipline cases move forward through the AG's office, so it has not yet created any fiscal challenges.

While there may be some issues in the future, it is too early to provide feedback on any fiscal impact as a result from the increased Attorney General's billing rate at this time. There are other factors to consider such as cost recovery efforts and whether there is an increase in service levels from the AG's office (additional staffing resulting in quicker resolution of cases) which may result in fewer billable hours. The Committee will continue to monitor the AG costs to determine any fiscal challenges to our program.

Current Response: XXX

Commented [RM28]: Provide update here

Issue #7: Delinquent Licenses. Why is there such a substantial population of delinquent license?

Background: A total of 917 NDs were actively licensed by the Committee in FY 2020/21. During that same time, a total of 139 licenses were delinquent, and the number of delinquent licenses has remained high over the past several years. Currently, licenses are canceled only after they have been delinquent for a total of three years. It is unclear why such a large percentage of the Committee's licensing population has remained delinquent or whether this is an appropriate or normal delinquency rate.

Committee Staff Recommendation: The Committee should explain why it believes it has so many delinquent licensees and whether it believes that this presents any potential challenges or risk to the public.

CNMB's 2022 Response to Recommendation: This is an unfortunate and challenging issue. There are several reasons why a licensee allows their license to lapse and become delinquent. Specifically, when a licensee leaves the state to practice elsewhere, or chooses to retire their license, the only way this can be done is to leave their license in an expired (delinquent) status. Currently, the Committee is trying to correct this through a regulatory change with the addition of a retired status and an inactive status, with a reduced fee.

Per California Code of Regulations §4226 (d), an expired license may be renewed at any time within three (3) years after its expiration. As a condition precedent to renewal, the licensee shall be required to pay all accrued and unpaid renewal fees and any late fees.

Since the Committee uses the BreEze licensing system which identifies all license statuses in real time and is a resource that consumers can utilize to check the status of all healthcare providers, along with the printed expiration of the license certificates, the potential challenges or risk to the public due to this identified issue is believed to be extremely low.

Current Response: XXX

Commented [RM29]: Add update here.

Commented [RM30R29]: Use the survey for this information

Issue #8: Fictitious Name Permits. Should the Committee be authorized to create a Fictitious Name Permit Program to ensure naturopathic practices are not violating the Moscone-Knox Act?

Background: The Committee has requested authority to establish a Fictitious Name Permits Program during prior sunset reviews and has since reiterated this request. According to the Committee, such a program would protect the public by improving oversight of naturopathic medical practices and enhancing ownership transparency of such practices to avoid violation of Moscone-Knox Act. Under the program, an ND would submit the name of the doctor's company if the company is not the person's name and pay a fee. The Committee believes this would stop confusion between practices that use similar names. Both the MBC and the OMBC currently have similar programs.

During the Committee's prior sunset review, the Legislative Committees stated that there was insufficient justification for a new license category and fee. It was suggested that this work would be duplicative of articles of incorporation filed with the Secretary of State, could be resolved through other means, and would be of minimal value. However, the Committee continues to argue that such a program would provide an avenue to assure the naturopathic practices are not violating the Moscone-Knox Act, which is a cogent reason to reconsider the request.

Committee Staff Recommendation: The Committee should expand upon its request to establish a Fictitious Name Permits Program and why it believes it would allow it to better serve the public.

CNMB's 2022 Response to Recommendation: The Committee still believes that it is in the best interest of the public that a naturopathic corporation be tracked appropriately, and that the Committee has a pathway in which to determine whether the naming convention is appropriate and further, does not violate current statute and regulations.

Per CCR §3674, there are certain naming conventions that naturopathic corporations must include. Additionally, CCR §3675 provides additional authority to adopt and enforce regulations to carry out the purposes and objectives of Article 7. Naturopathic Corporations. However, the Committee does not have current authority to add this type of certificate type. An FNP program would do this within statute and would provide additional benefits for consumers by improving oversight of naturopathic medical practices and enhancing ownership transparency of such practices to avoid violation of Moscone-Knox Act.

The cost would be minor as the Committee would anticipate an FNP application fee of \$60 and the annual renewal would be \$25.

Current Response: XXX

Issue #9: Fair Chance Licensing Act. What is the status of the Committee's implementation of AB 2138 (Chiu/Low)?

Background: In 2018, AB 2138 (Chiu/Low) was signed into law, making substantial reforms to the license application process for individuals with criminal records. Under AB 2138, an application may only be denied on the basis of prior misconduct if the applicant was formally convicted of a substantially related crime or was subject to formal discipline by a licensing board. Further, prior conviction and discipline histories are ineligible for disqualification of applications after seven years, with the exception of serious and registerable felonies, as well as financial crimes for certain boards. Because AB 2138 significantly modifies current practice for boards in their review of applications for licensure, it was presumed that its implementation would require changes to current regulations for every board impacted by the bill. It is also possible that the Committee has identified changes to the law that it believes may be advisable to better enable it to protect consumers from license applicants who pose a substantial risk to the public. However, the Committee has reported that since FY 2018/19, it has denied only once license application, and there is no reason to believe this was due to the applicant's criminal history. It is therefore not certain that AB 2138 has had a substantial impact on the Committee.

Committee Staff Recommendation: The Committee should provide an update on its implementation of AB 2138 and inform the Legislative Committees of whether it has had any impact on its licensing activities.

CNMB's 2022 Response to Recommendation: The Committee made all regulatory changes needed to ensure proper implementation of AB 2138, along with amending our initial license and renewal applications for licensure. To date, the Committee has had no issues with the implementation and have not identified any foreseeable substantial impacts on the Committee.

Current Response: XXX

Issue #10: Should the Pharmacology and Parenteral Therapeutics elective examination be required for license applicants under certain conditions?

Background: All applicants for licensure as an ND in California must pass both Parts I and II of the Naturopathic Physicians Licensing Examination (NPLEX). This examination is required by all other licensing states as well as most Canadian provinces. Part II of the NPLEX includes clinical elective examinations in Minor Surgery, Pharmacology, Parenteral Therapeutics and Acupuncture; while other states require these clinical elective examinations where those services are within an ND's scope, they are not required in California as the state does not include all of those subjects within its ND scope of practice for NDs.

However, NDs in California who meet certain training requirements are allowed to engage in parenteral therapy specialty (IV Therapy), which would suggest that requiring future applicants for ND licensure to pass the NPLEX Parenteral Therapeutics Elective Exam may be advisable. Further, the Committee has advocated for expanding the authority of NDs to independently prescribe medications, and recently approved a Formulary that meets the education and training as mandated by the Legislature. The Committee has suggested that, as a proactive measure, newly graduating naturopathic students applying for ND licensure in California should also be required to pass the NPLEX Pharmacology Elective Exam.

Committee Staff Recommendation: The Committee should provide more information regarding which elective examinations are not currently required and which it believes the Legislature should consider adding to the requirements for new licensure applicants.

CNMB's 2022 Response to Recommendation: The Committee currently requires the NPLEX Part I – Biomedical Science Examination, which is taken after completing the biomedical science coursework. NPLEX Part II – Core Clinical Science Examination is an integrated case-based examination, which is designed to test the skills and knowledge that an entry-level naturopathic doctor must have in order to practice safely.

Every jurisdiction that regulates naturopathic doctors requires that a candidate pass the NPLEX Part I and II. Jurisdictions that allow certain modalities, such as minor office surgery and prescriptive authorities, within their respective scope of practice, have the option to require the new elective exams as an additional assurance that the candidate is competent to provide those treatments.

Since NDs in California, under certain conditions, are allowed to prescribe and furnish drugs, and provide parenteral or intravenous (IV) therapies, the Committee would like to include the NPLEX Parenteral Therapeutics and NPLEX Pharmacology Elective Examinations as a requirement in order to provide these services. This requirement would be for new graduates and would further support the Committee's mission to protect the public by ensuring highest competencies of our licensees.

Current Response: XXX

Issue #11: Naturopathic Childbirth Attendance Examination. Should the American College of Nurse Midwives (ACNM) written examination be replaced with the American College of Naturopathic Obstetricians (ACNO) examination for naturopathic childbirth attendance?

Background: Current law requires an ND to obtain a passing grade on the American College of Nurse Midwives (ACNM) written examination, "or a substantially equivalent examination approved by the committee," in order to be certified for the specialty practice of naturopathic childbirth attendance. The ACNM does not offer exams to any practitioner who does not go to one of their accredited nursing schools. Therefore, the Committee has requested that statute be amended to replace the ACNM with the American College of Naturopathic Obstetricians (ACNO), which is the standard exam for most states and has been successfully utilized to certify NDs for the practice of childbirth attendance and midwifery.

Committee Staff Recommendation: The Committee should provide more information about its request to update statute regarding the Naturopathic Childbirth Attendance Examination.

CNMB's 2022 Response to Recommendation: The American College of Nurse Midwives (ACNM) offers the written examination for midwives. When the Naturopathic Doctors Act was created, language was duplicated from the California midwives' statutes and used for the section pertaining to naturopathic childbirth attendance within the Act. Unfortunately, it wasn't until recently, when several NDs wanted to have the naturopathic childbirth attendance added to their scope, that our Committee was advised by the ACNM that they would not accept any candidates unless they completed one of their accredited nursing schools.

The Committee researched the process used by other naturopathic regulatory authorities and was advised that the American College of Naturopathic Obstetricians (ACNO) offers the standard exam and that we should make appropriate changes to remove the barrier to naturopathic childbirth attendance in California. The Committee requests this change as a technical cleanup since the ACNM cannot be taken by a naturopathic graduate. As current law stands, it creates a barrier for NDs who have the education and would like to practice naturopathic childbirth attendance in California.

Current Response: XXX

Issue #12: Continuing Education Course Approvers. Should the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) be added as an authorized approver of continuing education courses?

Background: The Naturopathic Doctors Act requires that all continuing education 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 Committee's most recent Strategic Plan, it agreed to add the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) as an approved continuing education provider. The Committee has requested that NANCEAC be added to the statutory list of approvers.

Committee Staff Recommendation: The Committee should provide any language that it believes would be necessary to accommodate its request to add an additional continuing education approver.

CNMB's 2022 Response to Recommendation: The Committee would like to amend Business and Professions Code section 3635 (b) to include the following:

The continuing education requirements of this section may be met through continuing education courses approved by the committee, the California Naturopathic Doctors Association, the North American Naturopathic Continuing Education Accreditation Council, 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. All continuing education providers shall comply with section 3635.2. Continuing education providers shall submit an annual declaration to the committee that their educational activities satisfy the requirements described in section 3635 .2 and the committee shall maintain a list of these providers on its Internet website.

Current Response: XXX

Issue #13: Additional Title Protection. Should more general terms such as "naturopath" and "naturopathic" be reserved for use only by NDs?

Background: The Naturopathic Doctors Act provides that only licensees of the Committee may refer to themselves as a "naturopathic doctor," an ND, or "or other titles, words, letters, or symbols with the intent to represent that he or she practices, is authorized to practice, or is able to practice naturopathic medicine as a naturopathic doctor." However, the Act does not limit the ability to generally use variations of the root word "naturopath," providing that it "permits, and does not restrict, the use of the following titles by persons who are educated and trained" as a "naturopath," "naturopathic practitioner," or "traditional naturopathic practitioner." These practitioners are not under the jurisdiction of any state agency; some naturopaths have proposed the establishment of a registry to ensure compliance with basic educational standards and competency requirements.

Therefore, while only a licensed ND may take advantage of the scope of practice that comes with licensure in California, anyone may advertise themselves as a naturopath or a practitioner of naturopathy. The Committee believes that this can be very confusing for the public, who may not appreciate the distinction between an ND and an unlicensed naturopath. According to the Committee, approximately 71 percent of its enforcement activities involve unlicensed practice, and a substantially large percentage of its complaints are not against its ND licensees but against others using the naturopathic title.

The Committee has previously recommended that title protection be expanded to include all derivations of the term "naturopath," though this reform was not successfully enacted during its prior sunset review. However, it is understood that this change would draw ire from many who consider themselves to practice a healing art that is closer to the original form of naturopathy popularized by Dr. Benedict Lust. Arguably, this "traditional naturopathic practice" predated the integrative form now practiced by NDs, and therefore depriving those practitioners of their claim to the term "naturopath" could be seen unjust.

However, there is little doubt that expanding title protection would provide clarity to consumers and ease the Committee's enforcement challenges. The Committee believes that unlicensed naturopaths could instead adopt other available titles such as "holistic health practitioner." The Committee has argued that additional title protection for NDs would place them more in line with other health care providers and would be consistent with other states. It is therefore appropriate to continue the discussion during the Committee's present sunset review.

Committee Staff Recommendation: The Committee should provide the Legislative Committees with more information and data regarding why it believes it is important to expand title protection; work to address opposition from the traditional naturopathic practitioner community; and opine on whether there are any alternative policies for improving state oversight of unlicensed naturopaths.

CNMB's 2022 Response to Recommendation: The Naturopathic Doctors Act allows for the use of the terms, "naturopath", "naturopathic practitioner", and "traditional naturopathic practitioner" by those who are educated and trained as such. However, there is no educational standard for these titles and therefore no way to evaluate or track who meets the criteria for being "educated and trained".

During enforcement interviews with individuals who consider themselves naturopaths, many of them believe that they are allowed to provide diagnosis and offer diagnostic testing (through means such as live blood analysis, iridology, and electro dermal screening), none of which can be used as a

diagnostic tool by unlicensed individuals, yet most lay naturopaths advertise these services on their websites.

Further, when tracking the unlicensed enforcement cases, most complainants advise the Committee that they were not advised of the individuals unlicensed status and most believe that they were seeing a licensed ND. Upon investigating these complaints, we request copies of the written statement the unlicensed individuals must provide to their clients, which shall also be signed by the client acknowledging that they were made aware of the unlicensed status. Most of the respondents cannot produce this document set forth in CA Business and Professions Code §2053.6 and §3644(d)(2), placing them in direct violation of the Medical Practice Act and the Naturopathic Doctors Act.

The Committee staff has had a few meetings with members of the California Naturopathic Association (CNA), which is the association for the unlicensed naturopaths. During these meetings, CNA members discussed a possibility of creating some type of registration or tracking mechanism for the unlicensed naturopaths. They believe this would assist in ensuring that unlicensed naturopaths meet the education and training in order to use the titles allowed in CA Business and Professions Code §3645.

However, the Committee firmly stands on the belief that the use of the term with the work "naturopath" or "naturopathic" in it, leads unsuspecting consumers to have confidence that these individuals are licensed and meet the same high level of education and training requirements set forth in the Naturopathic Doctors Act. Unlicensed activity continues to be the largest makeup of enforcement cases for the Committee, currently at 71% (at time of report).

The Committee is a special-funded program, fully funded by license fees of naturopathic doctors. These fees should be used to regulate and enforce licensed naturopathic doctors and provide services to the consumers in California. Unfortunately, our resources are being expended on a group of individuals who choose not to follow the laws set forth by the Legislature and continue to benefit from the confusion of the average consumer. This is a grave public risk issue.

The Committee requests title protection by restricting terms outlined in CA BPC §3645 only for those who can meet licensure requirements. We would also like to see a title carve-out of a more appropriate title for the unlicensed group such as, "holistic health practitioner" or "holistic health professional", which more accurately represents their education and training. The Committee desires the best resolution that provides the most protection of the consumer.

Current Response: XXX

Issue #14: Lack of Formal Discipline. Why have there been zero cases resulting in formal discipline over the past several years, and does this represent appropriate enforcement by the Committee?

Background: From FY 2018-19 through FY 2020/21, the Committee reports that it received 163 complaints and engaged in 175 investigations. During this time period, the Committee reports that it initiated zero cases with the Attorney General and that there were zero formal disciplinary outcomes, with no revocations, surrenders, or probationary actions taken. This may be explained by the Committee's high enforcement workload associated with unlicensed activity, its small staff, or the nature of its licensee population. Nevertheless, it is challenging to believe that there would be

absolutely no cases over three years worthy of pursuing formal discipline action, and the situation should be better understood to ensure any necessary steps are taken to galvanize the Committee's protection of the public.

Committee Staff Recommendation: The Committee should explain to the Legislative Committees why it has not taken any formal disciplinary action over the past several years, whether it believes this statistic is appropriate, and whether any legislative changes would improve its ability to engage in more robust enforcement activities.

CNMB's 2022 Response to Recommendation: Due to the current resources and large amount of unlicensed activity, the Committee focuses on high priority enforcement cases with the greatest potential for public risk. The majority of cases against licensees are minor in nature and are normally resolved pre-investigation. Most cases involve minor advertising issues, such as "happy hour" (providing discount periods for injections for a small population of consumers) and buy-one-get-one discounts, release of medical records, and/or other cases that had no merit and were closed after investigation and medical expert consultation concluded.

There are certainly items that the Committee should take action on, including increasing the issuance of citations and fines for violations, however these still do not require formal disciplinary actions. During the pandemic, the Committee did identify an uptick in licensee complaints, including three (3) cases that necessitated formal disciplinary action*. All the cases involved licensees of the Committee. One case was high-profile, where we worked with federal and state agencies to investigate and file charges. Each of the mentioned cases will go through the Attorney General's office for appropriate action.

The Committee is currently attempting to request approval to add a full-time, permanent staff to improve the enforcement program.

*Please note that at the time of the drafting of the Committee's Sunset Review Report, the Committee was unsure if there were enough substantiated violations to move forward with the formal discipline process. The BreEze system will not capture a formal discipline until the case is submitted to the AG's office.

Current Response: XXX

Issue #15: Independent Contractors. Does the new test for determining employment status, as prescribed in the court decision *Dynamex Operations West Inc. v. Superior Court*, have any unresolved implications for NDs?

Background: In the spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (4 Cal.5th 903) that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test for determining if a worker is an independent contractor, which is comprised of three necessary elements:

- A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;
- B. That the worker performs work that is outside the usual course of the hiring entity's business; and
- C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the "ABC test," the implications of the Dynamex decision are potentially wide-reaching into numerous fields and industries utilizing workers previously believed to be independent contractors. Occupations regulated by entities under the Department of Consumer Affairs have been no exception to this unresolved question of which workers should now be afforded employee status under the law. In the wake of Dynamex, the new ABC test must be applied and interpreted for licensed professionals and those they work with to determine the rights and obligations of employees.

In 2019, the enactment of Assembly Bill 5 (Gonzalez, Chapter 296, Statutes of 2019) effectively codified the Dynamex decision's ABC test while providing for clarifications and carve-outs for certain professions. Specifically, physicians and surgeons, dentists, podiatrists, psychologists, and veterinarians were among those professions that were allowed to continue operating under the previous framework for independent contractors. However, NDs were not included in the bill, and it has yet to be determined whether this has had any adverse consequences for the profession.

Committee Staff Recommendation: The Committee should provide the Legislative Committees with any information it has regarding the impact of the Dynamex decision on the practice of naturopathic medicine and whether the lack of an exemption for NDs has proven at all problematic.

CNMB's 2022 Response to Recommendation: Naturopathic Doctors work similarly to their healthcare practitioner counterparts, having practices and providing consultation or specialty needs in other healthcare establishments. Both the Committee and the professional trade association (CNDA) have received feedback that NDs are being affected by the AB 5 law. Licensees are unable to provide their services and work in the same context that other doctors in California are permitted.

The Committee would like to request that the NDs be included to allow them the ability to continue operating under the previous framework for independent contractors and remove the current unintended barrier.

Current Response: XXX

Issue #16: Billing Issues. Have health insurance providers failed to reimburse for naturopathic care notwithstanding provisions enacted through the Affordable Care Act?

Background: Language was included in the Affordable Care Act to improve coverage of integrative and complementary health care, limiting the ability of health plans to discriminate against which providers may treat a covered condition, specifically including NDs that are licensed in their state. While these provisions took effect in 2014, regulations were not effective in California until 2016. Since

then, some insurance providers have started to cover naturopathic treatments using the treatments had the same billing codes as the other primary care providers. However, while NDs can order labs and medications under Medi-Cal, office visits continue not to be covered. The Committee reports that in its most recent study, this insurance limitation was one of the top five reasons why licensees would consider leaving the state.

Committee Staff Recommendation: The Committee should provide an update on the current status of billing issues experienced by NDs and whether any action could appropriately be taken by the Legislature to resolve these challenges.

CNMB's 2022 Response to Recommendation: Naturopathic Doctors provide treatment and services similarly to those offered by other doctor types in California and utilize the same billing codes. However, most insurance companies still refuse to cover these services if an ND licensee provides them. For instance, Medi-Cal only covers charges for items ordered by an ND but will not cover the actual office visit. Since NDs spend on the average of 60 to 90 minutes with a patient to understand their specific lifestyle and general overall health of their patient, not providing the same coverage as other practitioners appear to be discriminatory.

The Committee requests that the Legislature provide statutes that will provide additional clarification that as long as an ND licensee provides services that have an appropriate billing code, and is within the NDs scope of practice, that insurance companies should treat them equally to the other medical professionals. Currently, the Committee must use limited resources to reach out to insurance companies on behalf of the consumer to assist in resolving the denial of coverage. This became such an issue and strain on the Committee's resources, that the Committee posted information on its website with details on how consumers can apply for an Independent Medical Review (IMR) or file a consumer complaint with the California Department of Managed Health Care.

Current Response: XXX

Issue #17: Emergency Waivers. How have the Committee and the profession utilized the Governor's emergency process for obtaining waivers of the law during the COVID-19 pandemic?

Background: Since the onset of the COVID-19 pandemic, state health experts have continued to highlight the ongoing need to bolster the California's capacity to respond to a surge in patient needs across the state's health care system. On March 30, 2020, Governor Newsom announced his an initiative to "expand California's health care workforce and recruit health care professionals to address the COVID-19 surge" and signed Executive Order N-39-20. This executive order established the waiver request process under the DCA and included other provisions authorizing the waiver of licensing, certification, and credentialing requirements for health care providers.

Several waivers were obtained through this process impacting the Committee. Statutes were waived that limited the number of continuing education hours that may be completed through computer-assisted instruction and limited such instruction to those that allow participants to concurrently interact with instructors or presenters while they observe the courses. The DCA Director also waived statutes requiring individuals to complete education or examination requirements as a condition of license renewal. In addition to these DCA waivers, the Committee has also taken advantage of

certain waivers of Bagley-Keene Open Meeting Act requirements, allowing it to conduct its meetings entirely virtually. While these waivers will currently expire when the State of Emergency is lifted, there may be some value in retaining some pandemic-era policies that have proven effective.

Committee Staff Recommendation: The Committee should inform the Legislative Committees of what waivers it has requested from the DCA and whether it believes any waiver might be continued after the conclusion of the pandemic.

CNMB's 2022 Response to Recommendation: The Committee requested three specific waivers from the DCA.

1. Waived in-person continued education (CE) courses.
2. Allowed NDs to renew their license without meeting CE requirements, while providing a six-month extension to show completion of the requirement.
3. Allowed the independent administration of COVID-19 vaccines to their patients.

During the pandemic, there was a loosening of requirements of the Bagley-Keene provisions, which allowed meetings to take place virtually. While the Committee did not specifically request this, we noticed many benefits to this new way of attending public meetings. We observed an increase in public participation, increasing access to consumers in all parts of the state. Further, there was cost savings to the Committee in regard to travel and meeting room rentals.

The Committee would like to request that naturopathic doctors be provided the ability to independently provide both COVID-19 and normal vaccines. In addition, the Committee would support a change of Bagley-Keene provisions, such as AB 1733, that allow the option to conduct its meetings virtually moving forward.

Current Response: XXX

Issue #18: Vaccine Misinformation. Are there issues with NDs engaging in the spread of COVID-19 vaccine misinformation? Has the Board received and responded to any related complaints regarding COVID-19 and COVID-19 vaccine misinformation from NDs?

Background: In 2021, HR 74 passed the Assembly to declare health misinformation a public health crisis. News reports have indicated that misinformation regarding the COVID-19 vaccine has been spread by some health care professionals, including licensed NDs (such as the case of Dr. Juli Mazi in Napa Valley²⁹). Additionally, state regulatory boards have issued warnings that disciplinary action could be taken for licensees engaged in disseminating disinformation.

Legislation has since been introduced to make the dissemination of COVID-19 vaccine misinformation and disinformation an express cause for discipline for physicians and surgeons in California. However, it is unclear to what extent misinformation has originated from NDs. In the Committee's recent survey, a number of NDs responded that reasons to leave the state include vaccine mandates. However, the California Naturopathic Doctors Association has publicly stated that "the majority of California licensed naturopathic doctors advocate for vaccination."

Whether the naturopathic medicine community should be considered a significant source of COVID-19 vaccine misinformation is not immediately known and it is not certain that any action should be taken to prevent its spread among ND practices. The Committee should specify if it has received complaints of medical misinformation regarding the distribution of COVID-19 prevention, treatments, or vaccines by licensed NDs in California. In addition, the Committee should address how it has responded to any such complaints, and if it has taken measures to educate NDs about the consequences of disseminating vaccine and COVID-19 misinformation to consumers.

Committee Staff Recommendation: The Committee should provide its perspective on whether NDs are more or less likely to engage in disseminating COVID-19 vaccine misinformation than other health care professionals, and whether any action should be taken to help the Committee enforce against any such dissemination.

CNMB's 2022 Response to Recommendation: During the Coronavirus Pandemic, the Committee only had one serious case of COVID-19 misinformation and fraud, which the Committee took swift action on and worked with federal and state level law enforcement entities to investigate.

While it is an NDs general philosophy to engage their patients to maintain adequate immunity to disease and illnesses by advocating for healthy lifestyle choices and dietary and supplemental options, the Committee wanted to ensure that licensees were careful in how they advertised messaging to their patients to assist in increasing their immune systems, without implying that they could cure or prevent COVID-19. The Committee did not receive any other concerns from patients or other sources about issues with licensees disseminating COVID-19 vaccine misinformation.

Current Response: XXX

Issue #19: COVID-19 Immunizations. How has the Committee engaged in oversight and enforcement of NDs initiating and administering in COVID-19 vaccinations?

Background: As part of the Executive Order N-39-20 waiver process established in response to the COVID-19 pandemic, DCA Waiver DCA-21-114 waived provisions of statute "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, epinephrine or diphenhydramine by injection." To be eligible to administer the COVID-19 vaccine, NDs must complete a training program prescribed by the California Department of Public Health and comply with certain recordkeeping requirements.

In a recent survey conducted by the Committee, only 17 percent of NDs responded that they currently administered the COVID-19 vaccine pursuant to the waiver. However, a relatively small number of NDs responded to this survey question, and it is unclear how commonly administered the vaccine has been by NDs since the waiver was issued. Further, because this waiver authority is not formally included in an ND's scope of practice under the Naturopathic Doctors Act, it is unclear how the Committee would be expected to validate or track NDs using waiver authority. The Committee may assist its licensees with complying with requirements set by the California Department of Public Health to perform COVID-19 vaccinations; however, much of the relevant information may be with

that department rather than the Committee. As the Committee's licensees become more actively engaged in the state's efforts to immunize its population, there may be questions as to whether the Committee is equipped or empowered to oversee those activities.

Committee Staff Recommendation: The Committee should provide an update regarding whether it believes a substantial number of NDs have been administering the COVID-19 vaccine and how it has engaged to ensure oversight and compliance with the waiver's requirements.

CNMB's 2022 Response to Recommendation: The Committee has received requests from licensees for the ability to administer COVID-19 vaccines and has identified an increase in incoming inquiries on how to appropriately register to provide this service to their patients. The exact number of licensees who provide this service is currently unknown.

The Committee tracks and takes appropriate action on violations surrounding the administration of the COVID-19 vaccine and wants to assure the Legislature that we believe the benefit to the public outweigh the risk of the very small percentage of COVID-19 vaccine related violations that occurred.

The Committee consulted with other healthcare boards to ensure that the Committee uses processes in the same manner as physicians and surgeons to expedite any such violations. The Committee has also taken steps to send licensees appropriate information on how to become trained on COVID-19 vaccine administration.

Current Response: XXX

Issue #20: Technical Cleanup. Is there a need for technical cleanup?

Background: As the profession continues to evolve and new laws are enacted, many provisions of the Business and Professions Code relating to naturopathic medicine become outmoded or superfluous.

Committee Staff Recommendation: The Committee should recommend cleanup amendments for inclusion in its sunset bill.

CNMB's 2022 Response to Recommendation: The Committee has identified a section of the law that currently poses a barrier, not allowing licensed naturopathic doctors to be included as one of the practitioners allowed to complete workers' compensation and disability insurance forms. This barrier has a direct effect on patients who currently have to seek this evaluation from another type of practitioner.

Labor Code §3209.3 outlines practitioners that are included by law, to complete these evaluations and allows the practitioners to place their patients out on disability leave. The code includes the following licensed practitioners:

Physicians and surgeons (MD/DO),
Psychologists,
Acupuncturists,

Optometrists,
Dentists,
Podiatrists, and
Chiropractic practitioners

Since NDs are considered primary care doctors, they should have the ability to place their patients out on disability or maternity leave and should have the ability to complete the necessary forms to do so. The Committee requests that a technical cleanup of Labor Code §3209.3 be made to include licensed naturopathic doctors. We believe that this would be a benefit to consumers; further that there is no potential of risk to the public.

Current Response: XXX

Section 10 - 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, and legislative changes) for each of the following:

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

Issue #1: Fictitious Name Permits.

Issue: The Board seeks authority to establish a Fictitious Name Permit (FNP) program to improve consumer protection and regulatory oversight of naturopathic medical practices. Currently, consumers may only know a practice by its business name, making it difficult to identify or track the responsible licensee when filing a complaint or investigation. An FNP program would require licensees to register and disclose ownership of any practice operating under a name other than their own, aligning with practices already in place at the Medical Board of California and Osteopathic Medical Board. This would enhance enforcement by allowing the Board to link business names directly to licensed naturopathic doctors and prevent confusion from misleading or duplicative practice names.

Background: During the prior two Sunset Reviews, the Board requested authorization to establish a Fictitious Name Permit (FNP) Program. During the 2021 Sunset Review, Legislative staff recommended that the Board expand upon its request, providing a clear rationale for how the program would better serve the public.

A fictitious name, also known as a "DBA" (doing business as), is a business name that differs from the legal name of the individual or entity that owns the business. For example, if Dr. Jane Smith operates a clinic under the name "Wellness First Medical Group," that name would be considered a fictitious name.

The Board strongly believes there is a demonstrated need for a Fictitious Name Permit Program for several reasons. First, it promotes public protection and transparency by ensuring that consumers know who is legally responsible for healthcare services offered under a given business name and by preventing misleading or deceptive names that could imply unearned credentials, such as referring to a solo practice as a "center" or "institute."

Commented [RM31]: This is a barrier to patient care, causing double copayments, additional time off of work to go to duplicative exams, must see a practitioner that is not the Pt's PCP -- Add DMV/EDD form auth restrictions --- Labor code and Health/Safety codes need to be updated to include NDs since they are PCP and have maternity/disabled patients/ They are also Federal DOT Medical Examiners and can complete Fed DOT forms but not CA DOT.

Commented [RM32]: Add to New Issues:

**Scope issue: Rxing, MOP, (clear public safety issues). Primary care shortage. / include that providing orders to nurses.
**CE issue that "directed CE"
**Ability ND to sign CA docs, DMV and disability forms.
**Fiscal imbalance created by small population due to limited scope.

Commented [RM33]: This was in last Sunset report, should this not be in this section?

Second, the program enhances accountability and enforcement by allowing the Board to hold licensees responsible for all professional activities conducted under a fictitious name. Linking the name to a license in good standing facilitates disciplinary action when necessary, reinforcing regulatory oversight.

Third, the program helps prevent fraud and misrepresentation. It prohibits business names that could mislead the public about the type or scope of practice, including implying board certification when none exists, and prevents non-licensees from operating under names that could appear as legitimate naturopathic medical practices.

Fourth, the program improves the handling of consumer complaints and investigations. By linking a business name to a specific licensee, patients can more easily file complaints, and investigators can efficiently identify all operations associated with that license.

The benefits of implementing a Fictitious Name Permit Program are substantial. It promotes standardization and consistency in naming practices across all licensees, strengthens regulatory oversight by extending the Board's authority to business entities, and ensures enforcement of appropriate branding and naming conventions. Importantly, it fosters public confidence by verifying the legitimacy of business names, which strengthens trust in healthcare services. Additionally, it supports the Board's data collection efforts, aiding in the accurate tracking of practice locations, group affiliations, and the scope of licensee activities.

The Board views the FNP Program as a small but impactful regulatory tool that significantly contributes to consumer protection, regulatory enforcement, and the overall integrity of the naturopathic healthcare profession.

Recommended Solution: The Board recommends authorization to issue Fictitious Name Permits, establish an application fee to cover processing costs, implement a renewal fee to maintain fiscal neutrality, and enforce compliance with permitted fictitious name usage.

Issue #2. Additional Title Protection.

Issue: Unlicensed individuals may continue to offer services focused on lifestyle, nutrition, and general wellness. However, they should be required to use non-clinical, non-medical titles that clearly distinguish their role from that of a licensed naturopathic doctor. Appropriate alternatives may include titles such as "natural health consultant," "wellness educator," or "holistic lifestyle advisor." These titles reflect the nature of their work without implying licensure or medical authority. Consumers, however, have a right to know whether the person they are consulting has met rigorous, state-mandated standards for education, training, and professional accountability.

Background: During the 2021 Sunset Review, the Board requested expanded title protection, including the removal of the terms "naturopath," "traditional naturopath," and "naturopathic practitioner" for additional consumer protection. Legislative staff recommended that the Board provide information and data to Legislative Committees regarding:

- Why expanding title protection is important;
- How opposition from the traditional naturopathic practitioner community is being addressed; and

Commented [RM34]: There was a recommendation to add the other boards that use the FNP program and cite the BPC/CCRs for these.

Commented [RM35R34]: The Medical Board of CA and the Osteopathic Medical Board both have a FNP program in place. \$100 app fee/\$50 annual renewal fee. (OMBC)

- Whether alternative policies exist for improving oversight of unlicensed naturopaths.

The following outlines the Board's rationale for expanding title protection for licensed naturopathic doctors (NDs) and restricting the use of certain professional titles to those who are duly licensed:

- **Improves Public Protection and Consumer Clarity:** Consumers often cannot distinguish between licensed naturopathic doctors and unlicensed individuals using similar titles. This confusion can lead patients to unknowingly seek care from unregulated providers, potentially resulting in misdiagnosis, delayed treatment, or the use of unproven or unsafe therapies. Expanding title protection ensures that individuals using medical-sounding titles have met the education, training, and professional standards required for licensure.

Consumers often struggle to distinguish between licensed naturopathic doctors (NDs) and unlicensed individuals who use similar or misleading titles. This confusion can lead patients to unknowingly seek care from unregulated providers, increasing the risk of misdiagnosis, delayed treatment, or the use of unproven or unsafe therapies.

In fact, 87% of consumers who filed complaints against unlicensed naturopaths reported that they were led to believe they were receiving care from a licensed ND. This alarming trend highlights a significant gap in public understanding and underscores the urgent need for stronger regulatory safeguards.

Expanding title protection would ensure that individuals using medical-sounding titles—such as "naturopath," "naturopathic practitioner," or similar designations—have met the education, training, and professional standards required for licensure in California. This not only protects consumers from deceptive or unsafe practices but also reinforces the credibility and integrity of the licensed naturopathic profession.

By clearly defining and protecting professional titles, the Board can better safeguard the public, reduce confusion, and promote informed decision-making when consumers seek naturopathic care.

- **Contributes to Legal and Regulatory Consistency:** Other health professions—such as osteopaths, chiropractors, psychologists, and acupuncturists—enjoy strong title protection under state law. This is also true for those respective healthcare professions in neighboring states. Extending similar protections to naturopathic doctors promotes fairness, consistency, and regulatory clarity across all licensed health professions.
- **Creates Enhanced Enforcement Capability:** Without clear statutory authority to restrict title usage, the Board lacks the tools to prevent fraudulent or misleading representations by unlicensed individuals. Title protection would close this enforcement gap, ensuring that only those who meet licensure standards can present themselves to the public as naturopathic healthcare providers.
- **Preserves Professional Integrity:** Protecting professional titles reinforces public trust in the naturopathic profession and affirms the value of legitimate, state-recognized education and clinical training.

Commented [RM36]: Yam suggested to add information on the amount of consumers who believed they were being treated by a licensed ND here. This section was reworked. Please see the new narrative below this section in BLUE.

Commented [RM37]: Add: neighboring states have this and CA does not. Would like parity.

Commented [RM38R37]: Added the parity issue.

The Board also recognizes and respects the historic and cultural contributions of traditional naturopaths, who have often played meaningful roles in promoting wellness through natural methods and holistic philosophies. However, in today's regulated healthcare environment, ensuring clarity in professional titles must take precedence over preserving professional identity when public safety is at stake.

Importantly, the Board's primary concern is not the practice of natural health or wellness coaching itself, but rather the use of medical-sounding titles that may mislead the public into believing an individual is a licensed healthcare provider when they are not. Expanding title protection would not restrict the practice of wellness approaches or natural therapies. It would simply prohibit the use of protected titles that convey—or appear to convey—state-recognized qualifications that the individual does not possess. This distinction is critical to protecting consumers from unintentional deception and preserving the integrity of the licensed naturopathic profession.

Expanding title protection for licensed naturopathic doctors is a practical and necessary step to enhance patient safety, prevent consumer deception, strengthen enforcement capabilities, and uphold the integrity of the profession.

Recommended Solution: Authorize the Board to expand statutory title protection for licensed naturopathic doctors by restricting the use of protected titles—such as “naturopath,” “traditional naturopath,” and “naturopathic practitioner”—to individuals who hold a valid California license. Unlicensed individuals may continue to provide natural health and wellness services but must use non-clinical titles that clearly indicate their unlicensed status. The Board may establish enforcement mechanisms, including penalties for violations, to ensure compliance and protect consumers.

Issue #3. Remove Practice-as-Trained Barriers.

Issue: Despite being highly trained in primary care and integrative medicine, licensed naturopathic doctors (NDs) in California face statutory and regulatory barriers that prevent them from practicing to the full extent of their education and clinical training. These limitations—such as the lack of an independent pharmaceutical formulary, the requirement for a supervisory protocol agreement, and restrictions on performing minor procedures like suturing—hinder their ability to provide comprehensive care.

As a result, Californians are denied full access to qualified healthcare providers, contributing to workforce shortages and reduced access to primary care, especially in underserved areas. These outdated restrictions also create disincentives for NDs to remain licensed and practice in California, undermining the original intent of the state's naturopathic licensing law.

Background: Naturopathic doctors are trained as primary care providers with a strong foundation in biomedical sciences, clinical diagnosis, pharmacology, and integrative therapies. Their education includes four years of graduate-level medical training from accredited institutions, followed by national board examinations. In many states, NDs are authorized to prescribe medications, administer vaccines, and perform minor office procedures independently.

However, in California, NDs are currently required to operate under a supervisory protocol agreement with a physician in order to prescribe certain medications, and they are restricted from performing basic procedures such as suturing. These limitations do not reflect the scope of their training and create unnecessary barriers to care.

Commented [RM39]: Include in this section that there are existing consumer complaints believe that they are seeing doctors.

Commented [RM40R39]: Consumers have complained --- ad to the background portion of this issue.

Commented [RM41R39]: Added in the **Improves Public Protection and Consumer Clarity** section

Furthermore, California NDs lack parity with their counterparts in neighboring states such as Oregon, Washington, and Arizona, where naturopathic doctors are granted broader authority to practice independently. This disparity places California at a competitive disadvantage in attracting and retaining qualified NDs and limits the profession's ability to contribute meaningfully to the state's healthcare system.

With California facing a growing shortage of primary care providers—particularly in rural and underserved communities—removing these practice barriers would allow NDs to contribute more fully to the healthcare workforce and improve access to timely, cost-effective care.

Recommended Solution: The Board recommends sponsoring legislation to modernize the scope of practice for licensed naturopathic doctors in California by:

- Establishing an independent pharmaceutical formulary, including access to vaccines;
- Eliminating the requirement for a supervisory protocol agreement with a physician; and
- Authorizing the use of suturing in minor office procedures.

These changes would align California's naturopathic scope of practice with national standards, support healthcare system resiliency, and ensure that NDs can deliver the full spectrum of care they are trained to provide.

Issue #4: Lack of Statutory Authority to Charge a Fee for Continuing Education (CE) Course Review and Approval.

Issue: The Board does not have statutory authority to charge a fee for reviewing and approving continuing education (CE) courses submitted directly to the Board. Additionally, the Board lacks statutory authority to audit CE providers and courses or to enforce compliance with the CE approver requirements outlined in Business and Professions Code (BPC) sections 3635 and 3635.2. These gaps limit the Board's ability to ensure the quality, consistency, and accountability of CE offerings.

Background: Under BPC section 3635, the Board is authorized to approve CE courses for naturopathic doctors. However, the Board currently lacks statutory authority to:

- Charge a fee for CE course review and approval,
- Audit CE providers or courses, and
- Enforce compliance with the statutory requirements for CE approvers.

As a result, when CE providers request course approval, the Board must absorb the associated workload without any dedicated funding. Furthermore, the Board cannot formally verify whether CE providers and courses approved by external entities meet the standards required under BPC sections 3635 and 3635.2.

Although the Board requests that each CE approving entity submit its course and provider approval processes for review, this is a voluntary practice and not enforceable under current law.

Impact

The absence of fee and audit authority:

- Places an unfunded workload on Board staff,

- Limits the Board's ability to ensure CE quality and statutory compliance,
- Prevents the Board from taking enforcement action against non-compliant CE providers or courses,
- Creates an inequity compared to other boards that have both fee and audit authority.

Comparison with other California Regulatory Boards

Other boards under the Department of Consumer Affairs (DCA) charge CE course application and/or provider approval fees and have audit authority to support oversight. Examples include:

Board/Bureau	BPC/CCR Section – Fee Authority	Fee Authority Description	CCR Section – Audit Authority	Audit Authority Description
Board of Registered Nursing (BRN)	BPC § 2815(f)	Authorizes fees for CE provider approval (not more than \$1,000)	BPC § 2811.5(d) , 16 CCR § 1459.1(a)-(b)	Allows audits and revocation of CE provider approval
Dental Board of California	BPC §§ 1614 and 1645 , 16 CCR §§ 1016(c)(1) and 1021(p)	Authorizes fees for approval of CE providers. Board also approves three mandatory CE courses (must be from a registered provider), but no fees are authorized for this. The three courses are Infection Control, California Dental Practice Act, and Prescribing Schedule II Opioids (dentists only).	CCR Title 16 § 1016(e)(3)	Authorizes the Board to randomly audit a CE provider "for any course submitted for credit by a licensee in addition to any course for which a complaint is received."
California Board of Chiropractic Examiners	BPC § 1006.5	Authorizes regulation and fees for CE courses. Application Fee \$291/Course Application fee is \$116/hr. of course instruction	CCR Title 16 Article 6, § 363	Authorizes audits and outlines compliance requirements

These fees and audit mechanisms help ensure CE oversight is both effective and financially sustainable.

Recommended Solution: The Board recommends pursuing statutory authority to:

1. Establish and collect a reasonable fee for CE course review and approval,
2. Audit CE providers and courses to verify compliance with California's CE standards, and
3. Enforce the statutory requirements for CE approvers as outlined in BPC sections 3635 and 3635.2.

These changes would align the Board with other DCA entities, support sustainable operations, and enhance the Board's ability to ensure high-quality continuing education for licensees.

- New issues identified by the board in this report.
- New issues not previously discussed in this report.
- New issues raised by the Committees.

Section 11 – 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 15).

TAB 9

Future Agenda Items and Next Meeting Dates

Future Agenda Items

California Board of Naturopathic Medicine

Agenda Items for Future Meetings

[illegible]

Next Meeting Dates

California Board of Naturopathic Medicine

Establish Future Meeting Dates and Locations

<i>Dates</i>	<i>Locations</i>
Q4 2024 Meeting (Oct – Dec) Scheduled for 10/08/2025	Teleconference – Various meeting sites
Special Meeting End Nov 2025 (<i>Approve Final Sunset Review Report and send to Editing and Design</i>) Scheduled for 11/19/2025	Teleconference – Various meeting sites
Special Meeting Beginning Dec 2025 (<i>Approve Sunset Report Design and Submit to Publication/Printing</i>) Scheduled for 12/03/2025	Teleconference – Various meeting sites
Q1 2025 Meeting (Jan – Mar)	
Q2 2025 Meeting (Apr – Jun)	
Q3 2025 Meeting (Jul – Sep)	
Q4 2025 Meeting (Oct – Dec)	

NOTE: *Please keep in mind costs associated with meeting when choosing locations for meetings.*