

Department of Consumer Affairs



Board Meeting

Wednesday, November 19, 2025
10:00 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
November 19, 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
10:00 a.m., on Wednesday, November 19, 2025, with the following locations
available for Board and public participation:**

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

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

Office of Dr. Minna Yoon, N.D.
919 Irving St., Ste. 104, Room 5
San Francisco, CA 94122

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

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

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 November 19, 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=m3ca02349eae342c18933d63fd8b49ecc>

If joining using link above

Webinar number: 2485 594 5222

Webinar password: CBNM1119

If joining by phone

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

Access Code: 2485 594 5222, followed by #

Passcode: 22661119 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
4. Review and Possible Approval of October 8, 2025, Board Meeting Minutes
5. Board Consideration of Updates to the Administrative Manual – Review, Discussion, and Possible Adoption
6. Discussion and Possible Action on Executive Officer's Report
 - a. Program Update
 - b. Licensing Program
 - c. Consumer Protection Services Program
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. Solicitation of Future Agenda Items and Discussion of Potential 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**

TAB 3

Department of Consumer Affairs Updates

- a) DCA Update - Executive Office

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TAB 4

Review and Possible Approval of October 8, 2025, Board Meeting Minutes



California Board of Naturopathic Medicine

Meeting Minutes

October 8, 2025

DRAFT

MEMBERS

PRESENT:

Dara Thompson, ND, President
Andy Yam, MPP, Secretary
Bruce Davidson, PhD
Diparshi Mukherjee, DO
Vera Singleton, ND
Setareh Tais, ND

MEMBERS

ABSENT: Minna Yoon, ND, Vice President – Absent with cause

STAFF PRESENT:

Rebecca Mitchell, Executive Officer (EO)
Yuning Lin, Program Legal Counsel, Legal Affairs Div., DCA
Deepi Miller, Regulations Counsel, Legal Affairs Div., DCA
David Bouilly, Moderator, SOLID Unit, DCA
Susan Kilcrease, Legislative Analyst, for DCA Board/Bureau Relations
Suzanne Balkis, Budget Manager, DCA Budget Office
Kaila VanLindt, Budget Analyst, DCA Budget Office
Raquel Oden, Program Analyst, Co-Moderator, CBNM
Florescia Francisco, Consumer Protection Srvc. Analyst, CBNM

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

MEMBERS OF THE AUDIENCE:

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 October 8, 2025, at 9:10 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, presented the Department of Consumer Affairs (DCA) Executive Office Update on behalf of the Board and Bureau Relations Office.

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 effective July 1, 2026. 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.

Ms. Kilcrease also advised that the Director was excited to welcome DCA's new Board and Bureau Relations leadership team. Lucia Saldivar joined as Deputy Director, and Shelly Jones as Assistant Deputy Director.

Saldivar brings legislative experience from her time in the California State Assembly, while Jones brings extensive leadership experience from her roles within DCA and the Department of Corrections and Rehabilitation.

They will both be at upcoming meetings and thanked the Board Members for the continued partnership during the transition.

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.

b. Budget Office

Kaila VanLindt, Budget Analyst, Budget Office, DCA, provided the Board's budget update, along with Suzanne Balkis, Budget Manager. Projections for Expenditures, Revenue and Fund Condition were presented to the board members and was provided in the meeting materials.

No public comments were made during this agenda item.

Agenda Item 4**Review and Possible Approval of September 17, 2025, Board Meeting Minutes**

EO Mitchell provided the Board members with a draft copy of the September 17, 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 September 17, 2025, minutes as submitted.

No public comments were made during this agenda item.

Motion – Davidson / Second – Singleton, to approve the 917/2025 board meeting minutes as submitted. Roll call vote taken; motion carried 4-0-0. (YES – Thompson, Mukherjee, Yam, Davidson / NO – none / Abstentions – Singleton, Tais).

Agenda Item 5

Discussion and Possible Action on Executive Officer's Report

- a. Program Updates
- b. Licensing Program
- c. Consumer Protection Services Program

This Item was tabled due to time prioritization of the Sunset Report.

Agenda Item 6

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

EO Mitchell provided a brief update on the following:

- a. Delegation of Functions
The Delegation of Functions Rulemaking file was approved by OAL on 09/16/2025. The regulation becomes effective on 01/01/2026.
- b. Inactive Status
This Rulemaking file is currently under staff review. Proposed language will be provided at a future meeting for Board's consideration.
- c. Retired Status
This Rulemaking file is currently under staff review. Proposed language will be provided at a future meeting for Board's consideration.
- d. IV and Advanced Injection Therapy
The IV and Advanced Injection Advisory Committee will continue its work on the IV injection proposal and will provide recommendations to the full Board. This proposal remains under development.
- e. Disciplinary Guidelines (DG)/Uniform Standards
Staff will begin working with Regulatory Counsel on the Disciplinary Guidelines (DG) / Uniform Standards rulemaking package.

Agenda Item 7**Discussion and Possible Action of Advisory Committee Meeting Updates and Recommendations**

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

This Item was tabled due to time prioritization of the Sunset Report.

Agenda Item 8**Update, Discussion, and Possible Action on 2026 Sunset Review Report**

The Board held a focused discussion on updates to the Sunset Review Report, with particular attention to recent legislative changes and their implications. A color-coded draft was used to help distinguish between previously approved content and new additions, streamlining the review process.

Key topics included challenges related to the licensing population, the impact of legislative changes, and the growing number of delinquent license statuses. Board members emphasized the importance of modernizing the scope of practice for naturopathic doctors in California to better reflect current healthcare needs.

Survey results were noted as a valuable tool for guiding future discussions on licensing and scope-related issues. The Board also acknowledged the significant rise in telehealth usage since the COVID-19 pandemic, expressing interest in obtaining provider statistics to better understand this shift.

Concerns were raised about the prevalence of unlicensed activity online, underscoring the need for improved regulation of internet-based practices. The Board also discussed the value of physician members in enhancing the quality of deliberations and decisions related to naturopathic medicine.

It was noted that the Board currently lacks the authority to charge fees for continuing education course reviews, which limits its ability to offer this service. Additionally, outdated regulations continue to create administrative challenges for naturopathic doctors, particularly in areas such as maternity leave documentation.

Staff were directed to gather key attachments for the report, including organizational charts and major studies. The Board aims to complete the remaining sections of the report by the end of next week to allow for timely committee review.

Public comment was opened, and Yeaphana LaMarr, Principal Consultant for the Senate Business, Professions and Economic Development Committee, provided remarks regarding the Sunset Review. In response to a question from President Thompson about the content of the Sunset Review Report, Ms. LaMarr explained that while this year's template includes some new elements related to online practice, the majority of the questions were also present in the 2021 Sunset Review.

Agenda Item 9

Future Agenda Items and Next Meeting Dates

Items added for upcoming meeting:

- Licensee Practice/Scope Data Survey
- Sunset Review Report – Draft
- Board Member Appointments

The next meetings will be scheduled for the following:

- 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 10

Adjournment

There being no further business or public comment, President Thompson adjourned the meeting at 11:32 a.m.

TAB 5

Board Consideration of Updates to the Administrative
Manual – Review, Discussion, and Possible Adoption

STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

California Board of Naturopathic Medicine

Administrative Manual



California Board of Naturopathic Medicine
1747 N. Market Blvd., Suite 240
Sacramento, CA 95834
P: (916) 928-4785 | F: (916) 928-4787
Website: www.naturopathic.ca.gov | Email: naturopathic@dca.ca.gov

California Board of Naturopathic Medicine

Administrative Manual

Adopted **XXX**

Gavin Newsom, Governor

State of California

Members of the Board

Dara Thompson, ND, President, *Professional Member*

Minna Yoon, ND, Vice-President, *Professional Member*

Andrew Yam, Secretary, *Public Member*

Vera Singleton, ND, *Professional Member*

Diparshi Mukherjee, DO, *Physician Member*

Bruce Davidson, PhD, *Public Member*

Setareh Tais, ND, *Professional Member*

Executive Officer

Rebecca Mitchell

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

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

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CHAPTER 1. Introduction

Mission Statement

To protect the health, safety, and wellbeing of Californians by licensing and regulating the practice of naturopathic medicine in a manner that supports access to safe, high-quality care.

Brief History of Naturopathic Medicine

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

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

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

more than a dozen schools. During this period, regulations were enacted in many states, with about half of the states licensing or regulating naturopathic medicine.

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

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

Function of the California Board of Naturopathic Medicine (CBNM or Board)

The California Board of Naturopathic Medicine (CBNM or Board) was established on January 1, 2023, as an autonomous board under the Department of Consumer Affairs through their 2021 Oversight Review. Formerly known as the Naturopathic Medicine Committee, the program was established in October 2009 under the Osteopathic Medical Board of California. However, the program was originally formed as the Bureau of Naturopathic Medicine in 2004 and began licensing naturopathic doctors in January 2005. The Board ensures that California’s naturopathic doctors meet educational and competency standards for licensure. The Board licenses and regulates naturopathic doctors by investigating complaints while also providing consumers and other regulatory agencies with licensing and disciplinary information.

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

The Board is a fully functioning regulatory entity within the Department of Consumer Affairs with the responsibility and sole authority to issue licenses to naturopathic doctors (hereafter Naturopathic Doctors or NDs) to practice naturopathic medicine in California. The Board is also responsible for ensuring enforcement of legal and professional

standards to protect California consumers from incompetent, negligent, or unprofessional NDs. The Board regulates NDs and the practice of naturopathic medicine. As of October 2025, there are 1,059 NDs holding active licenses. Of this number, 847 are practicing within the California and 211 are residing out of state. Additionally, there are 26 NDs who maintain inactive licenses. In addition to the active and inactive status licenses, there are 137 licenses in a delinquent status. A license will remain delinquent for three years from the expiration date until the license becomes canceled. Altogether, the total number of naturopathic doctors' licenses within the jurisdiction of the CBNM is 1,586 (including 292 "other" statuses such as **Retired**).

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

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

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

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

An ND may refer to themselves as a “Doctor” or “Dr.” but in doing so, must clearly state that they are a ND, naturopathic medical doctor (NMD), doctor of naturopathic medicine, or naturopathic doctor.

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

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

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

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

History of ND Regulation and Legislation in California

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

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

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

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

State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
B & P	Business and Professions Code
CCCP	California Code of Civil Procedure
CCR	California Code of Regulations
DAG	Deputy Attorney General
DCA	Department of Consumer Affairs
DOF	Department of Finance
DOI	Division of Investigation
DPA	Department of Personnel Administration
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
SAM	State Administrative Manual

SCIF	State Compensation Insurance Fund
SCO	State Controller's Office
SPB	State Personnel Board
BCSA	Business and Consumer Services Agency

General Rules of Conduct

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

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

CHAPTER 2. Board Members & Meeting Procedures

Membership

(B & P Code section 3621)

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

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

Board Meetings

(B & P Code Section 101.7)

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

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

The Board shall comply with the provisions of the Open Meeting Act. The Board has three duties under the Open Meetings Act. First, give the required notice of meetings to be scheduled. Second, provide an opportunity for public comment. Third, conduct meeting in an open session except where a closed session is specifically authorized. All Board and Committee meetings, with the exception of closed sessions, are open to the public. Closed session meetings must follow the same meeting notice requirements as open meetings and are specifically for matters designated under law such as discussion of disciplinary cases, pending litigation, personnel matters or other legally authorized issues.

Quorum

(Government Code Sections 11122, 11122.5)

A quorum of the Board shall consist of five (5) members. At the start of each Board meeting, a roll call shall be conducted to determine whether a quorum is present.

No official action or decision may be taken on behalf of the Board unless a quorum is established. If a quorum is not present, the members in attendance may engage in discussion and propose actions; however, such proposals are advisory only and must be brought before the full Board when a quorum is present for formal consideration.

During a Board meeting, any motion must be approved by a majority of the members participating in the vote. For example, if six (6) members are present, a motion requires at least four (4) affirmative votes to pass.

Public Comment

(Board Policy)

Public comment is always encouraged and permitted during Board meetings. However, in the interest of time and to ensure all voices are heard, the Board President may impose a time limit per speaker when necessary.

To preserve the Board's fairness and neutrality in its adjudicative role, the Board shall not accept or consider public comments related to:

- Matters currently under investigation,
- Issues subject to pending administrative or criminal actions.

This restriction ensures the integrity of the Board's decision-making process and compliance with due process requirements.

**Meeting Notice Requirements
(Government Code Section 11120 et. seq.)**

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

**Teleconference Meetings
(Government Code Section 11123)**

The California Board of Naturopathic Medicine may conduct meetings via teleconference, as permitted under Government Code Section 11123. These meetings must remain open and accessible to the public, except where closed sessions are legally authorized.

When holding a teleconference meeting:

- The meeting must comply with all open meeting laws.
- The public must be able to hear the open portion of the meeting at the location listed in the meeting notice.
- Agendas must be posted at all teleconference locations, which must also be accessible to the public.
- Each location must allow for public comment, and all votes must be taken by rollcall.
- At least one Board member must be physically present at the primary meeting location.
- Closed sessions may not include items heard under Government Code Section 11125.5.

A teleconference is defined as a meeting where members participate from different locations via audio or video. Additional public access points may be provided electronically.

All actions taken must be publicly reported, including how each member voted or abstained.

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

Agenda Topics (Board Policy)

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

Record of Meetings (Minutes)

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

Definition of What Constitutes a Meeting (Government Code Section 11122.5)

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

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

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

Chapter 3: Selection of Officers and Committees

Nomination of Officers

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

Election of Officers

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

Officer Vacancies

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

Committee Appointments

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

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

Committee Meetings

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

Board Member Attendance at Board and Committee Meetings

(Board Policy)

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

Public Attendance at Board Meetings

(Government Code Section 11120 et. seq.)

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

CHAPTER 4: Other Policies and Procedures

Ex Parte Communications

(Government Code Section 11430.10 et. seq.)

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

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

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

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

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

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

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

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

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

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

Honoraria Prohibition

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

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

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

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

Conflict of Interest

(Government Code Section 87100)

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

Serving as an Expert Witness

(Executive Order 66.2)

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

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

Gifts from Licensees and Applicants

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

Immunity from Liability

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

order or similar authorization where the public entity or an employee of the public entity is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked.”

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

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

Resignation of Board Members (Government Code Section 1750)

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

Board Member Addresses (DCA Policy)

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

CHAPTER 5. Board Administration & Staff

Executive Officer

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

Board Administration

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

Executive Officer Evaluation

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

Board Staff

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

Board Budget

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

Communications with External Organizations & Individuals

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

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

Business Cards

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

Service of Legal Documents

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

Board Member Orientation

(Business and Professions Code section 453)

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

Ethics Training

(Government Code section 11146.1)

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

Sexual Harassment Prevention Training
(Government Code section 12950.1)

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

CHAPTER 6. Board Member Role in Disciplinary Process

Overview

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

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

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

Email/Mail Vote Process

(Government Code Section 11500 et. Seq.)

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

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

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

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

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

Email/Mail Ballot Voting Options

Each email ballot will have the following voting options:

- **Adopt/Grant:** a vote to adopt the proposed ALJ decision means that you agree with the decision as written and accept the decision.
- **Reject (Non-Adopt):** A vote to not adopt the proposed decision means that you disagree with one or more portions of the proposed decisions and do not want it adopted as the Board's decision. However, a majority vote to adopt will prevail over a minority vote to not adopt.
- **Hold for Discussion:** A vote for discussion may be made if you wish to have some part of the action changed in some way (increase penalty, reduce penalty, etc.). For example, you may believe an additional or a different term or condition

of probation should be added, or that a period of suspension should be longer. At least TWO votes in this category must be received to stop the process until the Board can consider the case in closed session at a committee meeting.

- **Topic Discussion for Open Session:** By marking this category, you may have a matter that is not specifically related to the case, but a topic in general discussed at the Board's next meeting. The discussion will be in open session.
- **Recuse self from the case because:** If the subject of the action is personally known to you, (friend, family, etc.). You should recuse yourself immediately if you have or had any familial relationship with the subject of any enforcement action taken by the Board.

Legal Procedure by Type of Decision

Stipulations—Proposed Settlements:

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

Proposed ALJ Decisions Following a Formal Hearing:

- **Adopt.** If the Board Members decide to adopt the proposed decision, the proposed decision become effective within 30 days and the respondent is notified of the decision.
- **Reject.** If the Board Members do not agree with any aspect of the ALJ's proposed decision, they have the option to "non-adopt" the proposed decision. This category should be used when you believe the penalty should be modified in some way. The Board may choose not to adopt or reject a proposed decision of an ALJ for several reasons which might be grouped generally under the following categories: (1) The Board finds the penalty or terms of probation inappropriate to the violations; (2) The Board disagrees with the ALJ's determination of the issues in the case; or (3) The Board disagrees with the ALJ's findings and determination that no grounds for discipline exist. In this case, the respondent is notified. The next step is that Board staff will order the administrative hearing transcripts and

request written arguments from the respondent. Board Members will review the transcripts, evidence, and written arguments and meet in a closed session Board meeting with the Board's legal counsel who will facilitate the closed session and write the Board's decision. The Board uses its disciplinary guidelines and applicable law when making such decisions. The Board's decision is then adopted by the Board and issued as a final order of the Board. The respondent is notified of the decision.

Explanation of Terminology

Proposed Decision:

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

Default Decision:

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

Stipulated Decision:

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

Adopt:

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

Reject (Non-Adopt):

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

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

Recuse: Committee Member Disqualification from Deciding Case

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

Ex Parte Communications Involving Disciplinary Actions

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

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

CHAPTER 7. Travel & Salary Policies & Procedures

Travel Reimbursement

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

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

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

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

Travel Arrangements **(Committee Policy)**

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

Exceptions to Travel Reimbursement Policies

Lodging

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

Airport Parking Reimbursement

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

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

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

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

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

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

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by the B&P Code Section 103. Each member of the Board shall receive a per diem in the amount provided in Section 103 of the Business and Professions (B&P) Code. Board Members fill non-salaried positions, but are paid \$100 per day for each meeting day and are reimbursed travel expenses. In relevant part, B&P Code Section 103 provides for the payment of salary per diem for Board Members “for each day actually spent in the discharge of official duties,” and provides that the Board Member “shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.”

A day shall be paid for every eight (8) hours of duties performed. For example, if a Board Member is required to take two training courses, and they are both four (4) hours each, that would result in per diem being paid for one (1) full day and not two (2).

Salary Per Diem
(Board Policy)

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

1. No salary per diem or reimbursement for travel-related expenses shall be paid to Board Members except for attendance at official Board or Committee meetings, unless a substantial official service is performed by the Board Member.

Attendance at gatherings, events, hearings, conferences or meetings other than official Board or Committee meetings in which a substantial official service is performed the Executive Officer shall be notified and approval shall be obtained from the Board President prior to Board Member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board or Committee meeting until that meeting is adjourned. If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.
3. For Board -specified work, Board Members will be compensated for time actually spent in performing work authorized by the Board President. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for Board or Committee meetings and reading and deliberating mail ballots for disciplinary actions.

4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to Board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members' duties with the Board.
5. Board Members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Board representative unless approved in writing by the President. Requests must be submitted in writing to the President for approval and a copy provided to the Executive Officer. However, Board Members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as those of the Board.

CHAPTER 8. Board Resources

Board Resources

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

American Association of Naturopathic Physicians (AANP)

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

California Board of Pharmacy (BOP)

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

California Naturopathic Doctors Association (CNDA)

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

Department of Consumer Affairs (DCA)

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

Department of Consumer Affairs (DCA)

Equal Employment Opportunity Office (EEO)
1625 North Market Blvd., Suite N 330
Sacramento, CA 95834
(916) 574-8280 Phone
(916) 574-8604 Fax
Email: dca@dca.ca.gov
Web: <http://www.dca.ca.gov/>

Federation of Naturopathic Medicine Regulatory Authorities (FNMRA)

9220 SW Barbur Blvd., Suite 119, #321
Portland, OR 97219
(503) 244-7189 Phone
Email: shannonbraden@fnmra.org
Web: <http://www.fnmra.org>

Medical Board of California (MBC)

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382 Phone
(916) 263-2944 Fax
Email: webmaster@mbc.ca.gov
Web: <http://www.mbc.ca.gov>

North American Board of Naturopathic Examiners (NABNE)

9220 SW Barbur Blvd., Suite 119, #321
Portland, OR 97219
(503) 778-7990 Phone
Email: info@nabne.org
Web: <http://www.nabne.org>

Osteopathic Medical Board of California (OMBC)

1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390 Phone
(916) 928-8392 Fax
Email: osteopathic@dca.ca.gov
Web: <http://www.ombc.ca.gov>

California Political Practices Commission (PPC)

428 J Street, Suite 620

Sacramento, CA 95814
(916) 322-5660 Phone
1 (866) 275-3772 Toll-free advice line
Email Advice: advice@fppc.ca.gov
Web: <http://www.fppc.ca.gov>

California Medical Association (CMA)

1201 K Street, Suite 800
Sacramento, CA 95814
(916) 444-5532 Phone
(916) 588-4796 Fax
Email: memberservice@cmadocs.org
Web: <https://www.cmadocs.org/>

Osteopathic Physicians and Surgeons of California (OPSC)

2015 H Street
Sacramento, CA 95811
(916) 822-5246 Phone
(916) 868-0182 Fax
Email: opsc@opsc.org
Web: <https://www.opsc.org/>

Board Contact

Below is the contact information for the Board.

California Board of Naturopathic Medicine (CBNM)

1747 N. Market Blvd. Suite 240
Sacramento, CA 95834-1991
(916) 928-4785 Phone
(916) 928-4787 Fax
Email: naturopathic@dca.ca.gov
Web: <http://www.naturopathic.ca.gov>

Executive Officer: Rebecca Mitchell
Email: Rebecca.Mitchell@dca.ca.gov

TAB 6

Discussion and Possible Action on Executive Officer's Report

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

a. Program Update

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b. Licensing Program

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c. Consumer Protection Services Program

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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

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b. Legislative Advisory Committee

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c. Naturopathic Drug Formulary Advisory Committee



MEMORANDUM

DATE	November 17, 2025
TO	Board Members, California Board of Naturopathic Medicine
FROM	Naturopathic Medicine Drug Formulary Advisory Committee
SUBJECT	Recommendation to Adopt the Proposed Exclusionary Drug Formulary

Dear Members of the Board,

The Naturopathic Doctors Drug Formulary Advisory Committee has completed its review of the proposed Exclusionary Drug Formulary for Naturopathic Doctors, as presented under Agenda Item 7c. This review was conducted pursuant to the authority granted under California Business and Professions Code (BPC) Section 3627, which mandates that the Board establish a naturopathic drug formulary consistent with the education and training of naturopathic doctors and align it with their statutory scope of practice.

Legislative Authority

Under BPC §3627, the California Legislature directed the Board to:

“Establish a naturopathic formulary advisory committee to determine a naturopathic formulary based upon a review of naturopathic medical education and training [...] the committee shall be composed of equal number of representatives from the clinical and academic settings of physicians and surgeons, pharmacists and naturopathic doctors [...] the committee shall review the naturopathic education, training, and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of a naturopathic doctor and required supervision and protocols for those functions.”

This statutory requirement forms the basis for the Advisory Committee’s work and the recommendations presented herein.

Summary of Findings

1. Alignment with Scope of Practice

The proposed formulary is consistent with the scope of authority outlined in BPC §3627. It supports the safe and effective use of pharmaceuticals by naturopathic doctors (NDs) while respecting jurisdictional prescribing limitations.

2. Educational and Clinical Rationale

NDs receive pharmacological training comparable to that of MDs and DOs, including continuing education requirements. However, the formulary excludes certain drug classes not due to educational gaps, but due to:

- Regulatory prescribing restrictions
- Clinical infrastructure limitations
- The collaborative care model in which NDs often practice
- The therapeutic philosophy of naturopathic medicine, which emphasizes least-invasive, evidence-informed care

3. Excluded Drug Classes

The formulary identifies the following categories of medications as excluded from routine ND prescribing unless otherwise authorized:

- Chemotherapeutic agents (e.g., cytotoxic drugs, biologics, immunotherapies)
- Schedule I and II Controlled Substances (e.g., opioids, stimulants)
- Specific Psychiatric Medications (e.g., antipsychotics, mood stabilizers)
- Immunosuppressants (e.g., calcineurin inhibitors, biologic DMARDs)
- Specific cardiovascular agents (e.g., antiarrhythmics, IV inotropes)
- General anesthetics and neuromuscular blockers (ketamine – for anesthetic purposes)

4. Patient Safety and Risk Management

The exclusion of these medications is a precautionary measure to ensure patient safety and appropriate risk management. It reflects the clinical realities of naturopathic practice settings and the importance of interprofessional collaboration.

5. Consistency with National Standards

These findings and exclusions are consistent with the regulatory frameworks and prescribing limitations adopted by other naturopathic medicine regulatory boards across the United States and Canada. This alignment supports national and international consistency in naturopathic prescribing practices and reinforces public safety.

6. Ongoing Review and Flexibility

The formulary is not exhaustive and is intended to be reviewed regularly in response to changes in law, clinical guidelines, and educational standards. It also allows for expanded prescribing through additional certification or collaborative agreements where permitted.

Recommendation

The Committee recommends that the Board adopt the proposed Exclusionary Drug Formulary and include it in the Board's reporting to reflect the alignment between naturopathic education, clinical practice, and statutory authority. This formulary will serve as a valuable tool in guiding safe, integrative, and patient-centered prescribing practices by licensed naturopathic doctors in California.

Respectfully submitted,

Naturopathic Doctors Drug Formulary Advisory Committee

Members:

Dr. Minna Yoon, ND

Dr. Diparshi Mukherjee, DO

Dr. Peter Koshland, PharmD



Exclusionary Drug Formulary for Naturopathic Doctors (NDs)

Reflecting Pharmacological Training and Scope of Practice

Purpose

This formulary outlines pharmaceutical agents that are **excluded from routine prescribing** by naturopathic doctors, not due to limitations in pharmacological education, but based on regulatory scope, clinical setting, and collaborative care considerations. It is intended to support safe, integrative, and patient-centered prescribing practices.

I. Excluded Drug Classes

The following drug classes are typically excluded from ND prescribing unless specifically authorized by jurisdictional law or used in collaboration with a licensed specialist:

1. Chemotherapeutic Agents (Oncology)

- Cytotoxic chemotherapy (e.g., doxorubicin, cisplatin, vincristine)
- Targeted biologics (e.g., trastuzumab, rituximab)
- Immunotherapies (e.g., checkpoint inhibitors)

2. Controlled Substances (Schedule I and II)

(Unless explicitly permitted by state law)

- Opioids (e.g., oxycodone, morphine, fentanyl)
- Stimulants (e.g., amphetamines, methylphenidate)

3. Specific Psychiatric Medications as follows:

- Antipsychotics (e.g., risperidone, olanzapine)
- Mood stabilizers (e.g., lithium, valproate)

4. Immunosuppressants

- Calcineurin inhibitors (e.g., cyclosporine, tacrolimus)
- Biologic DMARDs (e.g., adalimumab, infliximab)

5. Specific Cardiovascular Agents as follows

- Antiarrhythmics (e.g., amiodarone, flecainide)
- IV vasodilators or inotropes (e.g., nitroprusside, dobutamine)

6. General Anesthetics and Neuromuscular Blockers

- Propofol, ketamine (for anesthetic purposes), succinylcholine, rocuronium

II. Rationale for Exclusion

This formulary is based on the following principles:

1. Regulatory Scope of Practice

Naturopathic doctors are trained in pharmacology at a level comparable to MDs and DOs and are required to complete ongoing pharmacology CE. However, prescribing authority is restricted by jurisdictional law, which limits access to certain medications.

2. Clinical Setting and Infrastructure

Some medications require hospital-grade monitoring, infusion facilities, or emergency response capabilities that may not be present in naturopathic clinics.

3. Collaborative Care Model

NDs often work in integrated healthcare teams, where high-risk medications are co-managed with specialists to ensure patient safety and continuity of care.

4. Therapeutic Philosophy

Naturopathic medicine emphasizes evidence-informed, least-invasive interventions. Pharmaceuticals are used when clinically indicated, especially when natural therapies are insufficient or inappropriate.

5. Patient Safety and Risk Management

Excluding certain high-risk medications from routine ND prescribing is a precautionary measure, not a reflection of educational limitations.

III. Notes

- This formulary is **not exhaustive** and should be reviewed regularly in light of evolving scope of practice laws, clinical guidelines, and educational standards.
- When expanded prescribing is permitted, **additional certification or collaborative agreements** may be required (e.g., IV Therapy Specialty Certification).

d. IV and Advanced Injection Therapy Advisory Committee



MEMORANDUM

DATE	November 11, 2025
TO	Board Members, California Board of Naturopathic Medicine
FROM	Naturopathic Medicine Intravenous (IV) and Advanced Injection Therapy Advisory Committee
SUBJECT	Update on IV Therapy Regulatory Development – Meeting Summary and Next Steps

Dear Members of the Board,

The IV and Advanced Injection Therapy Advisory Committee convened on November 10, 2025, to begin the process of developing regulatory language for intravenous (IV) therapy, as authorized under Senate Bill 1446 (Ch. 333, St. 2012). This meeting marked an important step in establishing a regulatory framework that reflects both the statutory authority and the clinical realities of naturopathic practice.

Meeting Summary – November 10, 2025

During the meeting, the Committee engaged in a detailed discussion with regulations legal counsel to:

- Review the scope and authority granted under SB 1446, which permits naturopathic doctors to perform IV therapy within defined parameters.
- Establish a regulatory development framework appropriate for a package of this size and complexity.
- Identify key components and considerations for drafting regulatory text, including training standards, safety protocols, and clinical oversight.

This foundational discussion provided clarity on the legal and procedural steps required to move forward with a comprehensive and compliant regulatory package.

Next Steps

The Committee will reconvene on December 12, 2025, to continue its work. The next meeting will focus on:

- Drafting initial regulatory language using the framework discussed with legal counsel.
- Reviewing comparable regulatory models from other jurisdictions/professions.
- Outlining a timeline for stakeholder engagement and public comment.

The Committee remains committed to developing clear, enforceable, and evidence-informed regulations that ensure public safety while supporting the safe integration of IV therapy into naturopathic practice.

Legislative Authority

As established by SB 1446, the California Board of Naturopathic Medicine has the authority to adopt regulations governing the practice of IV therapy by licensed naturopathic doctors. The Committee's work is being conducted in alignment with this legislative mandate.

The Committee remains vigilant in ensuring that the Board keeps consumer protection paramount. It also recognizes the importance of having clearly defined regulations that provide guidance and accountability for licensees. This dual focus will help ensure both public safety and professional clarity as IV therapy becomes more integrated into naturopathic medical practice.

We look forward to providing further updates as this important regulatory initiative progresses.

Respectfully submitted,

IV and Advanced Injection Therapy Advisory Committee

Members:

Dr. Dara Thompson, ND

Dr. Virginia Osborne, ND

TAB 8

Update, Discussion, and Possible Action on 2026 Sunset
Review Report

Sunset Review Report

California Board of Naturopathic Medicine

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of June 30, 2025

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.

The California Board of Naturopathic Medicine (CBNM) is responsible for licensing and regulating naturopathic doctors (NDs) in California. Naturopathic medicine is a distinct system of primary health care that emphasizes prevention, the self-healing process, and the use of natural therapies. NDs are trained to diagnose, treat, and manage patients using a combination of modern science and traditional healing methods.

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.

Commented [RM2]: Although the above text was approved by the board already, I thought maybe adding a little to it may be beneficial for those who may not know about ND or naturopathic medicine. We can use either version.

Commented [BD3R2]: I like having this additional material here, and I have added a bit to the historical context paragraph based on my own knowledge of this history. I believe this history is very important to the goals the Board has to support improving the allowed scope of naturopathic practice in California, since I think this history colors the perspective of those who oppose it.

Commented [RM4R2]: Bold - underlined text under historical context was added by Bruce.

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.

Historical Context

Naturopathic medicine has roots in ancient healing traditions and was formalized in the United States in the early 20th century. After a period of decline mid-century, following the issuance of the Flexner Report in 1910, the profession recovered by adopting key aspects of the biomedical education model, including standardized science-based curricula, accreditation, and higher admission requirements, while integrating them with its traditional healing principles. In this way, modern naturopathic medical practice was born and experienced a resurgence by in the 1970s, leading to renewed interest in licensure and regulation.

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In California, efforts to license naturopathic doctors began in the 1980s, culminating in the passage of the Naturopathic Doctors Act (SB 907) in 2003. This legislation established the Bureau of Naturopathic Medicine, which later became the Naturopathic Medicine Committee under the Osteopathic Medical Board of California. The Committee was granted authority to license NDs, define their scope of practice, and enforce professional standards. In 2023 the Committee was changed to a board through legislation (SB 1454 – Chapter 519, Statutes of 2022) and is now the California Board of Naturopathic Medicine. The renaming reflected a broader effort to modernize the regulatory structure and align the Naturopathic Medicine regulatory body with other healing arts boards in California. The change also aimed to enhance the visibility and authority of the profession within the Department of Consumer Affairs.

The Profession Today

California licensed NDs are trained in accredited four-year, doctoral-level naturopathic medical programs universities. Their education includes biomedical sciences, clinical diagnostics, pharmacology, and natural therapeutics such as nutrition, botanical medicine, and physical medicine. NDs must pass the national Naturopathic Physicians Licensing Examinations (NPLEX) to qualify for licensure.

Commented [ST5]: school or university

Commented [RM6R5]: Changed programs to universities.

NDs in California provide care in a variety of settings, including solo practices, integrative clinics, and academic institutions. They often collaborate with MDs, DOs, chiropractors, and acupuncturists to deliver patient-centered care. However, California's scope of practice remains more limited than in many other states, particularly regarding prescribing rights and minor office procedures.

Regulatory Oversight

The CBNM ensures that licensees meet educational and ethical standards, comply with continuing education requirements, and practice within the legal scope defined by the Naturopathic Doctors Act. The Board also investigates complaints, enforces disciplinary actions, and works to protect the public from unlicensed or unsafe practice.

As the profession continues to evolve, the Board remains committed to modernizing regulations, improving public awareness, and supporting licensees in delivering safe, effective, and comprehensive naturopathic care.

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 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

Table 1a. Attendance			
DARA THOMPSON, ND – CURRENT MEMBER			
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
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
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	No

Table 1a. Attendance			
VERA SINGLETON, ND – CURRENT MEMBER			
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
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	Yes
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	Yes
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			
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

Table 1a. Attendance			
SHIRLEY WORRELS			
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
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
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	n/a	n/a	n/a

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?

Table 1a. Attendance			
DIPARSHI MUKHERJEE, DO – CURRENT MEMBER			
Board Meeting	8/20/2025	WebEx	Yes
Drug Formulary Advisory Committee Meeting	5/5/2025	Webex	Yes
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
Board Meeting	10/4/2024	Teleconference	No
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	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
Legislative Advisory Committee Meeting	4/18/2025	Teleconference (ad hoc)	Yes
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

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
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes

SETAREH TAIS, ND – CURRENT MEMBER			
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)

In April 2023, the Board relocated to a new office due to space requirements by the Osteopathic Medical Board (OMB). From 2010 to 2023, the Board had been co-located within OMB's leased office space. However, as OMB expanded its operations and required additional space, the Board was required to vacate and secure a new location. The relocation was not initiated by the Board but was necessary due to the change in space availability.

In February of 2024, the Board added a fulltime enforcement analyst. This position was added by the Legislature during the last sunset review in 2021. The Board had to raise fees to ensure proper funding for the position.

Additionally, 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 profession. 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

- The Board did not sponsor any legislation, nor was any legislation enacted that directly impacted the Board during the 2023 legislative year.

2024 Legislation

- The Board did not sponsor any legislation, nor was any legislation enacted that directly impacted the Board during the 2024 legislative year.

- 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 11, Attachment C).

2025 Sunset Review Survey – California Board of Naturopathic Medicine

In 2025, the California Board of Naturopathic Medicine (CBNM) conducted a statewide survey to better understand the experiences of licensed naturopathic doctors (NDs) practicing in California. The survey was distributed to both current and former licensees, with 1,402 surveys successfully delivered and 248 responses received—yielding an 18% response rate.

The survey revealed that many NDs were drawn to California due to personal or family relocation, the state's demand for integrative care, and professional opportunities. Nearly half of the respondents also cited California's defined naturopathic scope of practice as a motivating factor, while others were encouraged by the belief that the regulatory environment would support their full training.

However, only 22% of respondents felt that California's scope of practice fully aligned with their education and training. A majority, 57% said it somewhat met expectations, while 21% felt it did not meet expectations at all. The most commonly reported limitations included the inability to prescribe certain medications without MD/DO oversight, restrictions on signing forms, and challenges with insurance reimbursement. Many also noted barriers to performing minor procedures and difficulties collaborating with other healthcare providers.

Among those who struggled with collaboration, some reported issues across all types of professional interactions, while others specifically cited challenges with referrals or formulary protocols. A recurring theme was the lack of awareness among other healthcare professionals about the training and scope of licensed NDs.

These limitations had a tangible impact on patient care. Over 80% of respondents said their ability to provide comprehensive care was affected, often resulting in fragmented treatment

and unnecessary referrals. This, in turn, contributed to professional dissatisfaction and attrition. In fact, 41% of respondents indicated that these challenges influenced their decision to leave, consider leaving, or not renew their license in California. Financial strain, dissatisfaction with the scope of practice, and insurance billing issues were the top reasons cited.

Another significant concern was the presence of unlicensed “traditional naturopaths,” which 52% of respondents felt created public confusion and undermined the value of licensure. Many shared stories of patients receiving misleading or unsafe care from unlicensed individuals, which damaged trust in the profession.

Demographically, most respondents had been licensed in California for over eight years and practiced either in solo private settings or group/integrative clinics. The most common counties of practice included Sacramento, San Diego, Los Angeles, Orange, and Santa Clara.

In the open-ended section of the survey, respondents expressed a strong desire for independent prescribing rights and a broader scope of practice. Others voiced frustration over high licensure and continuing education costs, and some called for greater public education to distinguish licensed NDs from unlicensed practitioners. While a few respondents expressed appreciation for the Board’s efforts, many urged stronger advocacy and modernization of regulations.

A full summary and the survey results can be found in the Attachments section of this report.

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.

U.S. Food and Drug Administration (FDA) and the U.S. Department of Justice Drug Enforcement Administration (DOJ-DEA) Compounded IV Hydration Task Force

The Board has been proactively developing regulatory language to establish minimum standards for the administration of IV therapy, with the goal of enhancing patient safety and ensuring consistent, high-quality care across naturopathic practices in California.

In 2022, during this process, the Board was invited to participate in a national task force convened by the U.S. Food and Drug Administration (FDA) and the U.S. Department of Justice Drug Enforcement Administration (DOJ–DEA). This task force was formed in response to growing concerns about IV hydration clinics operating without appropriate medical oversight and/or appropriate training and education, where formal patient examinations are not being conducted, and incidents of patient harm have been reported.

The Board President and Executive Officer served as panel participants and contributors to the task force discussions, sharing insights from the Board's ongoing regulatory work. The FDA and DEA expressed strong interest in the Board's rulemaking efforts, noting that the framework under development could serve as a model for other regulatory agencies addressing similar issues nationwide.

Naturopathic Doctors are highly trained in IV therapy and are recognized for their expertise in this area. They are often part of integrative care teams in settings such as the Cancer Treatment Centers of America, where they provide IV therapies to patients with cancer, autoimmune conditions, and other complex health concerns.

The Board remains committed to advancing public protection through thoughtful, evidence-informed regulation and values the opportunity to collaborate with federal partners and leaders in the healthcare industry. Naturopathic Doctors are not only experts in IV therapy—they are often the primary educators for MDs and DOs seeking advanced training in this modality.

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

The Board met with the FDA and DEA during the initial meetings starting in September 2022 via a virtual meeting with other state agencies and continued to meet on several occasions in October 2022 through August 2023.

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

The Board utilizes the Naturopathic Physicians Licensing Examination (NPLEX), a national licensing exam administered by the North American Board of Naturopathic Examiners (NABNE). While the Board does not directly participate in the development, scoring, or administration of the exam, it plays an important consultative role in maintaining the exam's relevance and alignment with regulatory standards.

NABNE regularly engages with state regulatory boards, including this Board, to gather input on key areas such as exam eligibility requirements and testing accommodations. Additionally, NABNE solicits feedback from licensed naturopathic doctors and regulators nationwide (including California NDs) to ensure the exam reflects current minimum standards of practice and the evolving scope of naturopathic medicine.

Through this collaborative process, the Board contributes to the ongoing refinement of the NPLEX, helping to ensure it remains a valid and reliable measure of professional competency and public safety.

DRAFT

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.

As of FY 2024–25, the Board maintains a fund reserve of \$787,000, which equates to approximately 12.9 months in reserve. This reserve level is projected to continue declining over the next two fiscal years, reaching \$527,000 or 8.3 months in reserve by FY 2026–27.

The Board's annual expenditures have increased from \$416,000 in FY 2021–22 to a projected \$721,000 in FY 2024–25 and are expected to rise further to \$747,000 by FY 2026–27. This increase is primarily driven by personnel costs, cost-of-living adjustments, pro rata charges, and enforcement-related expenses, particularly in cases involving unlicensed activity where cost recovery is limited.

Currently, there is no statutory reserve level established for the Board. However, the Department of Finance recommends maintaining a reserve of 3 to 6 months of operating expenditures for special fund agencies. The Board's current reserve level exceeds this guideline, but the downward trend highlights the importance of ongoing fiscal monitoring and potential future action to ensure long-term financial sustainability.

Commented [ST7]: Do we need to articulate how much the enforcement of unlicensed activity contributes to the rising costs? For example, what % does it contribute to the rising costs? I was under the impression it is the majority of reason costs are increasing?

Commented [RM8R7]: We may be able to manually break these expenditures out, but this isn't tracked currently in our system due to limitations.

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

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**
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.

Based on current projections, the Board does not anticipate an immediate deficit; however, the fund balance is steadily declining over the next several fiscal years. The months in reserve—a key indicator of fiscal health—are projected to decrease from 22.6 months in FY 2021–22 to 8.3 months by FY 2026–27.

This downward trend is primarily due to increased expenditures outpacing revenue growth. For example:

- Expenditures are projected to rise from \$416,000 in FY 2021–22 to \$747,000 in FY 2026–27.
- Meanwhile, revenues are expected to remain relatively flat, increasing only modestly from \$536,000 to \$602,000 over the same period.

If current trends continue, the Board faces a structural imbalance in future years, with the potential for a deficit beyond FY 2026–27.

At this time, no fee increases or reductions are scheduled. However, the Board is closely monitoring its fund condition and may need to consider both a fee cap increase and a fee adjustment in the coming years to maintain fiscal stability and ensure sufficient resources to support its core functions, including licensing, enforcement, and public protection.

Any proposed fee changes would be pursued through the regulatory process, with appropriate stakeholder engagement and fiscal analysis to ensure transparency and demonstrate necessity. That said, if the fee cap is raised as part of the Sunset Review process, it would position the Board to respond more effectively to future financial needs by allowing for timely adjustments through regulation when necessary.

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

The Board's expenditures have fluctuated year over year, increasing from \$416,000 in FY 2021–22 to a projected \$747,000 in FY 2026–27. These fluctuations are primarily attributed to the following factors:

- **Pro Rata Increases:** The Board's share of statewide administrative costs and DCA administrative costs (pro rata) have increased over time, contributing to higher annual expenditures.

- **Cost-of-Living Salary Adjustments:** Adjustments to staff compensation, including cost-of-living increases and negotiated salary changes, have resulted in higher personnel costs across fiscal years.
- **Enforcement Actions Related to Unlicensed Activity:** The Board has taken on more enforcement actions targeting unlicensed practice. These cases often require significant investigative and legal resources, and cost recovery is frequently limited or unrecoverable, placing a financial burden on the Board's operating budget.

While expenditures decreased slightly from \$416,000 in FY 2021–22 to \$402,000 in FY 2022–23, they rose sharply in FY 2023–24 to \$689,000, largely due to increased enforcement activity and operational costs. This upward trend is expected to continue, with expenditures projected to reach \$747,000 by FY 2026–27.

The Board continues to monitor these cost drivers closely and is evaluating long-term strategies to ensure fiscal sustainability while maintaining its commitment to public protection.

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.

The Board's expenditures are allocated across four primary program components: Enforcement, Licensing, Administration, and DCA Pro Rata. Each component includes Personnel Services and Operating Expenses & Equipment (OE&E). The Examination and Diversion programs are not applicable to our program.

Below is a breakdown of expenditures by program area over the four fiscal years:

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.

Analysis of Fluctuations

Personnel Services have increased steadily across all program areas due to cost-of-living adjustments, salary step increases, and expanded staffing needs, particularly in enforcement and licensing.

Enforcement expenditures nearly doubled from \$69,000 in FY 2021–22 to \$132,000 in FY 2024–25, reflecting increased activity related to unlicensed practice investigations, which are often resource-intensive and difficult to recover cost recoverys from them is difficult.

Licensing costs rose from \$48,000 to \$131,000 over the same period, due to increased application processing demands and administrative workload.

Administration costs have remained relatively stable, with modest increases tied to staffing and operational support.

DCA Pro Rata charges fluctuated significantly, dropping in FY 2022–23 to allow for cost savings for the Board, and then rising sharply in FY 2023–24 and FY 2024–25. These costs are determined by the Department of Consumer Affairs and reflect the Board's share of centralized services such as legal, IT, HR support, and Division of Investigations (DOI) services.

11. Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.

The Board has made limited direct investments in business modernization due to its small size and resource constraints. However, it continues to prioritize operational efficiency and digital accessibility within its existing infrastructure.

BreEZe Program Contributions

The Board is a participant in the BreEZe system, the Department of Consumer Affairs' (DCA) enterprise-wide licensing and enforcement database. The Board contributes annually to the development, maintenance, and support of the BreEZe platform through its DCA Pro Rata assessment. These contributions are reflected in the Board's annual expenditures under the DCA Pro Rata line item in the Fund Condition and Expenditures tables. However, the associated BreEZe costs are specifically outlined in the table below:

BreEZe Annual Costs

	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Annual Total	\$3,000	\$3,000	\$3,000	\$4,000

While BreEZe provides a centralized platform for licensing and enforcement functions, the Board continues to work with DCA to address system limitations and improve the user experience for both licensees and staff.

Other Business Modernization Efforts

Outside of BreEZe, the Board has not undertaken any large-scale business modernization projects. However, it has implemented incremental improvements to support digital operations, including:

- Transitioning to paperless meeting materials and internal workflows.
- Redesign of Board website, enhancing site content and resources to improve both public and licensee access to licensing and enforcement information.
- Utilizing remote meeting technology to increase accessibility and reduce travel costs.

The Board remains committed to identifying cost-effective modernization opportunities that improve service delivery and support its mission of public protection.

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

In fiscal year 2023–24, the Board submitted a Budget Change Proposal to implement the requirements of AB 2685 (2022 Ch. 414), which mandated the establishment of a full-time staff position dedicated to enforcement activities. The bill specifically required that this position operate under the direction of the Board's Executive Officer and focus on investigating and addressing violations of the Naturopathic Doctors Act.

The BCP was fully approved, providing funding for both personnel and operating expenses. This additional staffing has strengthened the Board's enforcement capacity and supports its ongoing efforts to protect the public through timely and effective regulatory oversight.

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.

The Board currently does not face significant staffing issues related to vacancies, turnover, or recruitment. However, one notable organizational challenge is the absence of a mid-level manager who can assume delegated enforcement responsibilities in the Executive Officer's absence.

This limitation creates a critical operational gap, particularly in enforcement matters that require timely action. For example, there is no staff member currently authorized to sign Accusations or Interim Suspension Orders (ISOs) when the Executive Officer is unavailable. This lack of delegation authority can delay urgent enforcement actions and places a disproportionate burden on the Executive Officer.

This organizational risk was formally identified in the Board's 2025 State Leadership Accountability Act (SLAA) report, which emphasized the need for improved succession planning and

operational continuity, particularly in enforcement functions. However, this issue is not new—it has been an ongoing topic of discussion with DCA leadership and the Office of Human Resources since the Board's last Sunset Review in 2021.

The Board continues to explore options to address this gap, including the potential reclassification of existing positions or the addition of a mid-level enforcement manager, such as a Staff Services Manager (SSM), to ensure continuity of operations and maintain public protection in the absence of the Executive Officer.

However, due to funding limitations and the lack of standard position authority—specifically, the requirement by the California State Personnel Board that an SSM classification be supported by at least five analyst-level positions—the Department of Consumer Affairs (DCA) has not permitted the Board to move forward with this request. As a result, the Board continues to face a persistent organizational risk with no designated staff member authorized to act on enforcement matters during the Executive Officer's absence. This leaves the Executive Officer without the ability to schedule and take vacations or leaves if needed, further exacerbating the risk to operational continuity and staff well-being.

15. Describe the board's staff development efforts and total spent annually on staff development. (cf., Section 12, Attachment D).

The Board is committed to supporting the professional growth and development of its staff, despite limited resources. Over the past several years, the Board has spent less than \$1,000 annually on staff development. To maximize available opportunities, the Board actively utilizes no-cost training courses offered through the Department of Consumer Affairs' (DCA) SOLID Training and Planning Solutions unit.

The Executive Officer (EO) plays an active role in supporting staff development by identifying relevant training opportunities and encouraging the Board's two staff members to pursue self-directed learning aligned with their current roles and long-term career goals in state service. Training topics have included Diversity, Equity, and Inclusion (DEI) training, management and leadership development, and other professional skills courses.

While the Board's financial investment in staff development has been modest, it remains committed to fostering a learning environment that supports employee growth and enhances the Board's operational effectiveness.

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

Commented [RM9]: Add: For example the SB 538 showed a spike in application submission

Commented [RM10R9]: Added the reference to SB 538 per Davidson suggestion

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.

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.

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 [RM11]: Add a table for this information.

Commented [RM12R11]: 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?

Commented [RM14R13]: Working with Nicole. 9/24/2025

Commented [RM13]: 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

			Pending Applications	Application Process Times
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Naturopathic Doctor's License		Received	Approved /Issued	Closed	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	19		93	83	7	45	176
	(Renewal)	439	439	34	-	-	-	-	-	-
FY 2022/23	(Exam)	Does not apply								
	(License)	92	86	19		144	77	5	49	221
	(Renewal)	458	458	19	-	-	-	-	-	-
FY 2023/24	(Exam)	Does not apply								
	(License)	89	74	19		86	71	6	38	157
	(Renewal)	495	495	30	-	-	-	-	-	-
FY 2024/25	(Exam)	Does not apply								
	(License)	74	69	17		70	72	4	78	143
	(Renewal)	506	506	43	-	-	-	-	-	-

* 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?

Since the implementation of Business and Professions Code (BPC) § 114.3, the Board has received and approved five (5) requests for the waiver of renewal fees and requirements for licensees called to active duty as members of the United States Armed Forces or the California National Guard.

The impact on Board revenues has been minimal due to the low volume of requests. The Board fully supports this statutory provision as a means of honoring and accommodating licensees who serve in the military, and it remains committed to ensuring that these individuals are not penalized for their service.

- How many applications has the board expedited pursuant to BPC § 115.5? To date, the Board has received and expedited one (1) application pursuant to Business and Professions Code (BPC) § 115.5. This provision allows for the expedited licensure and waiver of application and initial license fees for spouses or domestic partners of active-duty members of the United States Armed Forces who are stationed in California and hold a valid license in another U.S. jurisdiction.

Due to the limited number of qualifying applicants, the impact on Board operations and revenues has been negligible. However, the Board remains committed to supporting military families and ensuring timely access to licensure for eligible individuals under this statute.

Commented [RM15]:

(a) Notwithstanding any other law, every board, as defined in Section 22, within the department shall waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, for a licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard if all of the following requirements are met:
(1) The licensee or registrant possessed a current and valid license with the board at the time the licensee or registrant was called to active duty.
(2) The renewal requirements are waived only for the period during which the licensee or registrant is on active duty service.

Commented [RM16]: (a) A board within the department shall expedite the licensure process and waive the licensure application fee and the initial or original license fee charged by the board for an applicant who meets both of the following requirements:

- (1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license from the board.
(b) A board may adopt regulations necessary to administer this section.
(c) For purposes of this section, the term "applicant" refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

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			

Table 8(b). National Examination.			
License Type		Naturopathic Doctor's License	
Exam Title		NATUROPATHIC PHYSICIANS LICENSING EXAMINATION (NPLEX)	
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	

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.

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 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.

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

Commented [RM17]: Add footnote here for BPC 3623

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 demonstrated a high level of compliance. Only 15 licensees were found to be missing documentation for all reported continuing education hours and were granted a 30-day extension to meet 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.

One area of particular concern is intravenous (IV) therapy, a specialty practice that requires ic to 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 practice.

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	Biennial	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 BreZe 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.

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

Over the past four fiscal years, the Board has conducted a total of 198 continuing education (CE) audits. These audits are part of the Board's ongoing efforts to ensure licensee compliance with CE requirements and uphold professional standards.

The number of audits conducted each year has remained relatively consistent, with 51 audits in FY 2021/22, 46 in FY 2022/23, 50 in FY 2023/24, and 51 in FY 2024/25 (10% of the renewal population). During this period, a total of 15 licensees failed to meet CE requirements.

Commented [RM20]: Add the correct BPC sections here

Commented [ST21]: Is this consistent with MD/DO CE audits? Is there anything else that can be added here, such as an explanation of why 6-12% have failed the audit?

Fiscal Year	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Selected for Audit	51 out of 505	46 out of 461	50 out of 495	51 out of 506
Failed Audit	3	2	6	4
Failed Audit Percentage	6%	4%	12%	8%

- 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.

DRAFT

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 275 days in FY 2021-22 (Q3).
- The lowest average cycle time was 18 days in FY 2021-22 (Q2).

- **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?

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.

Unlicensed activity continues to represent the majority of the Board's enforcement caseload, accounting for approximately 70.73% of all cases.

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.

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

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

Licensee/Professional Groups	15	10	12	4
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				

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

Referred for Criminal Prosecution	0	3	0	0
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 Tolerated *	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 **				

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

Probationers Subject to Drug Testing	0	0	0	0
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?

Since the Board's last Sunset Review, overall disciplinary activity has remained low, with minimal fluctuations across the four fiscal years. The data reflects a relatively stable enforcement caseload, with a modest number of cases escalating to formal discipline.

From FY 2021/22 through FY 2024/25:

- **Accusations filed** remained consistent at one per year for the first three years, with no accusations filed in FY 2024/25.
- **Disciplinary outcomes** were limited, with only one revocation in FY 2022/23 and one license surrender in FY 2023/24. No suspensions, probations, or public reprimands were issued during this period.
- **Attorney General (AG) referrals** were minimal, with only two cases referred (one each in FY 2021/22 and FY 2022/23), and no new referrals in the last two fiscal years.
- **Citations and fines** increased slightly, from zero in FY 2021/22 to six citations issued in FY 2024/25, with a corresponding increase in fines assessed and collected.

The average timeframes for disciplinary actions have decreased significantly. For example, the average number of days from complaint receipt to the imposition of formal discipline dropped from 703 days in FY 2021/22 to 356 days in FY 2022/23, with no formal discipline imposed in the subsequent years.

It is important to note that most of the Board's enforcement cases involve unlicensed individuals—either unlicensed naturopaths or other forms of unlicensed activity. These cases, while serious in nature, often do not result in formal discipline because the individuals are not licensees under the Board's jurisdiction. Instead, such cases are typically addressed through citations, cease and desist letters, or referrals to local law enforcement or other regulatory agencies.

Overall, the data suggests that while the Board continues to receive and investigate complaints, very few result in formal disciplinary action against licensees. This may reflect effective early resolution, a high level of compliance, or the nature of complaints not warranting formal discipline. The Board remains committed to protecting the public through timely and appropriate enforcement actions.

Commented [ST22]: Are licensees being compliant or unlicensed practitioners being compliant?

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 (HQUI) 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?

Yes, licensed naturopathic doctors (NDs) are subject to the same mandatory reporting requirements as physicians and surgeons under California law. These requirements include, but are not limited to, reports of malpractice settlements or judgments, peer reporting of substance abuse or professional misconduct, and certain court actions taken against a licensee.

In practice, however, the Board rarely receives such reports. This is largely due to the relatively low incidence of professional violations or reportable events among licensed NDs. Despite the low volume, the Board has successfully received and processed the few mandatory reports that have been submitted—such as those involving malpractice payouts or peer-reported substance abuse—without issue.

At this time, the Board has not identified any ~~systemic~~ ~~systematic~~ problems with the receipt of required reports. Should reporting issues arise in the future, the Board would consider outreach to reporting entities, clarification of reporting obligations, or collaboration with other regulatory bodies to ensure compliance and timely information sharing.

- What is the dollar threshold for settlement reports received by the board?
The reporting threshold for settlements or judgments is any amount exceeding three thousand dollars (\$3,000). Specifically, any judgment or settlement that requires a licensee—or their insurer—to pay damages over \$3,000 must be reported to the Board if the claim involves injury or death that was proximately caused by the licensee's negligence, error, or omission in

practice, or by rendering unauthorized professional services. This requirement is established under Business and Professions Code Sections 801 and 802.

- What is the average dollar amount of settlements reported to the board?
The average dollar amount of settlements reported to the Board is approximately \$4,500. This figure reflects the limited number of reportable settlements received, as such cases are relatively rare within the naturopathic doctor licensee population.

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

The Board follows a settlement process similar to that of the Medical Board of California and the Osteopathic Medical Board. When appropriate, the Board—through the Office of the Attorney General—enters into stipulated settlements with licensees as an alternative to proceeding to a formal administrative hearing.

Settlements are typically negotiated in cases where there is sufficient evidence to support disciplinary action, but where both parties agree that a stipulated resolution is in the public interest and more efficient than litigation. These settlements may include terms such as license revocation, surrender, probation, or public reprimand, depending on the severity of the violation.

Cost recovery is a key tool used during settlement negotiations. The Board seeks to recover investigative and enforcement costs incurred during the disciplinary process. This not only helps offset the financial burden on the Board but also serves as an incentive for licensees to settle rather than proceed to a costly administrative hearing. By resolving cases through settlement, the Board conserves resources while still achieving its public protection mandate.

Commented [ST23]: Did we previously state that we don't get cost recovery? Why not? Are people not paying the fee?

- 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?

Over the past four fiscal years, the Board has not settled any cases pre-accusation. During this same period, two cases proceeded to a formal administrative hearing. These cases were handled through the standard disciplinary process following the filing of an accusation, as no early settlement was reached.

This reflects the Board's relatively low volume of disciplinary actions and the limited number of cases that escalate to formal proceedings.

- 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?

To date, the Board has entered into two (2) settlements post-accusation, due to the low volume of disciplinary cases. However, when settlements have occurred, they have been handled efficiently and in alignment with the Board's enforcement priorities.

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

Over the past four fiscal years, 100% of disciplinary cases (2 out of 2) were resolved through settlement after an accusation was filed, rather than proceeding to a full administrative 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?

The Board does not have a specific statute of limitations (SOL) established in statute or regulation. However, in practice, the Board follows the guidelines established by the Office of the Attorney General, which generally recommend pursuing disciplinary action within three years from the date the Board discovers the alleged violation.

To date, the Board has not lost any cases due to a statute of limitations issue. While not legally binding, the three-year guideline helps ensure timely enforcement while balancing fairness to licensees and the public interest.

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

Unlicensed activity continues to represent the **largest portion of the Board's enforcement workload**, and addressing it is a central component of the Board's public protection mandate. The California Board of Naturopathic Medicine (CBNM) is committed to identifying and responding to individuals who unlawfully present themselves as licensed naturopathic doctors (NDs) or engage in the unlicensed practice of naturopathic medicine.

Scope of Unlicensed Activity

The Board frequently receives complaints involving individuals who:

- Use protected titles such as "naturopathic doctor" or "ND" without holding a valid license.
- Engage in the diagnosis, treatment, or prescribing of natural therapies without legal authority.
- Mislead the public through advertising, websites, or social media by using **medical-sounding titles** or implying licensure.

In addition to these clear violations, the Board faces a growing challenge related to **unlicensable naturopaths**—individuals who use legally permissible but unregulated titles such as "**naturopath**," "**traditional naturopath**," or "**naturopathic practitioner**." While these titles are not restricted under current law, individuals using them are expected to meet certain **educational standards** to ensure they are not misleading the public or engaging in unsafe practices.

Unfortunately, the Board has encountered cases where individuals use these titles **without any formal education or training**, creating significant risk to consumers. This lack of oversight contributes to **ongoing public confusion** about the difference between licensed naturopathic doctors—who are regulated, educated at accredited institutions, and held to professional

standards—and unlicensed individuals who may present themselves as health professionals without any recognized qualifications.

Enforcement and Consumer Protection Efforts

Because unlicensed individuals are not under the Board's jurisdiction as licensees, the Board uses alternative enforcement tools, including:

- **Cease and desist letters** to individuals unlawfully using protected titles or engaging in unlicensed practice.
- **Referrals to local law enforcement or district attorneys** for prosecution under the Business and Professions Code.
- **Citations and fines**, when applicable, for violations of state law.
- **Collaboration with other regulatory agencies** to share information and coordinate enforcement efforts.

The Board also prioritizes **consumer education** to help the public distinguish between licensed and unlicensed practitioners. These efforts include:

- Maintaining an **online license verification tool**.
- Publishing guidance on how to identify a licensed ND.
- Providing outreach materials that explain the differences between licensed naturopathic doctors and unregulated practitioners using similar titles.

Ongoing Challenges and Opportunities

The Board continues to face challenges in regulating unlicensed activity, particularly in the digital space where individuals can easily market themselves using misleading titles. The **lack of regulation over unlicensable naturopathic titles** further complicates enforcement and contributes to consumer misunderstanding.

To address these challenges, the Board is exploring ways to:

- Strengthen public awareness campaigns.
- Improve complaint intake and investigation processes.
- Advocate for clearer statutory authority or educational standards for individuals using naturopathic-related titles.

Unlicensed activity remains the most significant enforcement issue facing the Board. The combination of **title misuse**, **lack of educational oversight for unregulated practitioners**, and **consumer confusion** presents a persistent risk to public safety. The Board remains committed to protecting consumers through enforcement, education, and collaboration with other agencies, while continuing to explore policy solutions that would enhance its ability to regulate this area effectively.

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?

The Board utilizes its cite and fine authority as an important enforcement tool to address violations of the Naturopathic Doctors Act and to promote compliance among licensees and unlicensed

individuals. Citations and fines are issued in cases where individuals fail to comply with Board laws and regulations, including the unauthorized use of protected titles and other forms of unlicensed activity.

Since the last Sunset Review, the Board has increased its maximum fine amount from \$2,500 to the statutory limit of \$5,000, in accordance with Business and Professions Code Section 125.9. While most fines issued fall below \$2,500, the Board may assess higher fines—up to \$5,000—under specific circumstances, including:

- Violations that pose an immediate threat to the health and safety of the public;
- A history of two or more prior citations for the same or similar violations;
- Multiple violations that demonstrate a willful disregard for the law.

The Board does not currently have authority to issue fines greater than \$5,000, as this is the statutory maximum allowed under current law.

Citations and fines are also used to address unlicensed individuals who unlawfully use protected titles such as "naturopathic doctor" or "ND," which continues to be the largest category of enforcement cases handled by the Board or for practicing naturopathic medicine, providing diagnosis, or causing harm and/or death to consumers.

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

Cite and fine is used by the Board as an administrative enforcement tool for addressing minor violations of the law. It is not considered formal disciplinary action under California law, but rather a corrective measure intended to promote compliance and deter future violations.

Common violations that may result in a citation and fine include:

- Failure to update an Address of Record (e.g., practice address) within 14 days of a change.
- Noncompliance with continuing education (CE) requirements at the time of license renewal.
- Advertising violations, such as using models in promotional materials without disclosing they are not actual patients.
- Unlicensed individuals using protected titles (e.g., "ND") or failing to comply with consumer notification requirements.
- Repeat violations by unlicensed individuals who have previously been warned or cited.

Fine amounts are determined based on the severity, nature, and frequency of the violation. For example, an unlicensed individual who continues to misuse the "ND" title after a prior warning may receive a higher fine than someone committing a first-time, lower-risk offense.

The cite and fine process allows the Board to take swift action to protect the public while reserving formal disciplinary proceedings for more serious or repeated violations.

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?

Over the past four fiscal years, the Board has received four (4) requests for review of a citation or fine through an informal office conference or Administrative Procedure Act (APA) appeal process. These requests reflect the Board's commitment to due process and transparency, allowing cited individuals the opportunity to contest or clarify the basis of the citation.

Each request was handled in accordance with established procedures, and the Board continues to ensure that all respondents are informed of their rights to appeal and are provided a fair and timely review process.

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

The Board most commonly issues citations for violations that involve either noncompliance by licensees or unlawful activity by unlicensed individuals. The five most frequent violations include:

1. **Noncompliance with Continuing Education (CE) Requirements**
Licensees who fail to complete or provide documentation of required CE at the time of license renewal are subject to citation and fine.
2. **Advertising Violations**
This includes the use of models in promotional materials without proper disclosure that they are not actual patients, which may mislead the public.
3. **Unlicensed Use of Protected Titles**
Individuals who are not licensed by the Board but use protected titles such as "Naturopathic Doctor" or "ND" are cited for misrepresentation and unauthorized practice.
4. **Failure to Comply with Consumer Notification Requirements**
Unlicensed individuals who do not provide the required consumer disclosures, particularly when using titles like "naturopath" or "naturopathic practitioner," may be cited for misleading the public.
5. **Repeat Violations by Unlicensed Individuals**
Individuals who have previously been warned or cited and continue to engage in unlicensed activity or misuse of titles are subject to higher fines and additional citations.

These violations reflect the Board's dual focus on ensuring licensee compliance and protecting the public from unlicensed or misleading practices.

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

Over the past four fiscal years, the average fine amount issued prior to appeal has been approximately \$2,000. In cases where a citation was appealed through an informal office conference or Administrative Procedure Act (APA) process, the average fine amount post-appeal remained largely consistent, with minor adjustments made in some cases based on mitigating factors or additional information provided during the review.

Overall, the Board's citation and fine process has proven to be fair and proportionate, with appeals resulting in limited changes to the original fine amounts.

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.

The Board does utilize the Franchise Tax Board (FTB) intercept program to collect outstanding fines, but only in cases where the cited individual is a resident of California. The FTB intercept program allows the Board to recover unpaid fines by intercepting California state tax refunds, making it a useful tool for in-state violators.

However, the majority of outstanding fines are associated with unlicensed individuals, many of whom reside outside of California and operate online businesses targeting California consumers. In these cases, the FTB intercept program is not effective, as it only applies to individuals who file California state tax returns.

Despite these limitations, the Board continues to take steps to improve fine collection efforts, including:

- Referring eligible cases to the FTB intercept program when the individual is confirmed to be a California resident.
- Issuing cease and desist letters and documenting violations for potential referral to local law enforcement or district attorneys.
- Educating consumers about the risks of engaging with unlicensed individuals and how to verify licensure.
- Exploring future policy options to enhance enforcement authority and collection mechanisms for out-of-state violators.

The Board remains committed to using all available tools to enforce compliance and protect California consumers from unlicensed and unlawful practice.

Cost Recovery and Restitution

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

Since the last Sunset Review, the Board has obtained cost recovery in two enforcement cases, totaling just under \$53,000. Both cases involved disciplinary actions against licensees—one resulting in a revocation and the other in a surrender. In both instances, cost recovery was ordered as part of the final decision.

As of this report, neither individual has reimbursed the Board for the ordered cost recovery. However, one of the former licensees has expressed interest in petitioning the Board for license reinstatement. As part of any potential settlement or reinstatement agreement, the individual would be required to pay the full amount of the outstanding cost recovery.

The Board is also evaluating the potential use of the Franchise Tax Board (FTB) intercept program to assist in recovering these outstanding amounts, particularly when the individuals are California residents and meet the eligibility criteria for FTB collection.

The Board remains committed to pursuing cost recovery where appropriate, both to offset enforcement expenses and to reinforce accountability among licensees who violate the law.

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

Since the last Sunset Review, the Board has ordered cost recovery in two disciplinary cases—one resulting in a license revocation and the other in a voluntary surrender. The total amount ordered across both cases was just under \$53,000.

The Board directs the Office of the Attorney General to seek at least 50% of the actual investigative and administrative costs incurred in each case. This policy reflects a balanced approach that aims to recover public funds while acknowledging that full cost recovery may not always be feasible or appropriate.

As of now, none of the ordered cost recovery has been collected, and the full amount remains outstanding. Whether these amounts are ultimately uncollectable depends on the future actions of the disciplined individuals. If a former licensee petitions for reinstatement, payment of the full cost recovery amount is required as a condition of reinstatement, which may result in eventual collection.

However, if the individuals do not pursue reinstatement or are no longer residing in California, the likelihood of recovering these funds diminishes significantly. The Board continues to evaluate the use of the Franchise Tax Board (FTB) intercept program as a potential tool for recovering outstanding balances when applicable.

Additionally, cost recovery is often used as a negotiating tool during settlement discussions. By agreeing to a stipulated settlement that includes cost recovery, the Board may avoid the additional time and expense associated with formal administrative hearings, ultimately saving public resources.

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

No, the Board consistently seeks cost recovery in all cases involving formal discipline against licensees. This policy ensures accountability and helps offset the expenses associated with investigation and enforcement actions. Seeking cost recovery in every applicable case reinforces the Board's commitment to fiscal responsibility and regulatory integrity.

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.

The Board actively uses the Franchise Tax Board (FTB) intercept program as a tool to collect outstanding cost recovery from disciplined licensees. Through this program, the Board can

intercept state tax refunds, lottery winnings, and unclaimed property owed to individuals with unpaid cost recovery obligations.

The FTB intercept program is particularly useful in cases where a licensee has not voluntarily paid the ordered amount and is not seeking reinstatement. It provides a mechanism for the Board to recover public funds without initiating additional legal or administrative proceedings.

In addition to the FTB intercept program, the Board also collects cost recovery through:

- Voluntary payments made by licensees, especially when they are seeking license reinstatement (as payment is a condition of reinstatement).
- Stipulated settlements, where cost recovery is often included as a negotiated term, helping to resolve cases efficiently and avoid the expense of formal hearings.

The Board continues to monitor and evaluate the effectiveness of its collection methods to ensure accountability and maximize recovery of enforcement-related costs.

Table 11. Cost Recovery¹⁰ (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Total Enforcement Expenditures	\$69,000	\$76,000	\$128,000	\$132,000
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.

The Board does not have a formal restitution policy but may seek restitution in cases where a licensee's actions have caused direct harm to a specific consumer. Restitution may be considered as part of a disciplinary order when appropriate and legally supported, typically in the form of monetary compensation to the affected individual.

In the two disciplinary cases since the last Sunset Review, no harm to a specific consumer was identified, and therefore restitution was not sought. These cases involved violations that warranted revocation and surrender but did not involve direct consumer loss or injury.

When applicable, the Board may pursue restitution in situations such as:

- Fraudulent billing or financial exploitation of a consumer
- Unlawful or negligent services resulting in consumer harm
- Misrepresentation or deceptive practices that lead to measurable consumer loss

¹⁰ Cost recovery may include information from prior fiscal years.

In such cases, restitution may be included as a condition of a stipulated settlement or disciplinary decision, ensuring that harmed consumers receive appropriate redress.

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

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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.

Prevalence of Online Practice:

Online and internet-based practice has become increasingly common across many professions, including those regulated by the Board. Licensees may offer services, consultations, or educational content through websites, mobile apps, or telecommunication platforms. While this expansion increases accessibility and convenience for consumers, it also presents regulatory challenges, particularly in verifying licensure and ensuring compliance with California laws.

Unlicensed Activity:

The Board remains concerned about the potential for unlicensed individuals or entities to offer services online, especially when those services are marketed to California consumers. Unlicensed activity may occur through:

- Websites or social media platforms offering regulated services without proper licensure
- Out-of-state individuals or businesses advertising to or serving California residents
- Misleading claims about qualifications or scope of services

The Board actively investigates complaints and tips related to unlicensed activity and takes enforcement action when jurisdiction allows. However, enforcement can be more complex when the activity originates outside of California or is conducted anonymously online.

- How does the board regulate online/internet practice?

The Board regulates online practice in the same manner as in-person practice. Any individual providing services that fall within the scope of practice defined by California law must hold a valid license issued by the Board, regardless of whether those services are delivered in person or online. The Board:

- Reviews online advertisements and websites for compliance
- Investigates complaints involving online services
- Partners with other agencies when necessary to address violations

- How does the board regulate online/internet business practices outside of California?

The Board's jurisdiction is limited to individuals and entities that:

- Are licensed by the Board, or
- Offer or provide services to California consumers

If an out-of-state provider offers services to California residents without proper licensure, the Board may take enforcement action, including issuing cease-and-desist letters or referring the matter to appropriate authorities. However, enforcement is more challenging when the provider is located outside of California or the U.S. and may require inter-jurisdictional cooperation.

- Does the Board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?

The Board is currently able to address many aspects of online practice under its existing statutory authority. However, statutory clarification or enhancement may be beneficial in the following areas:

- Jurisdiction over out-of-state providers offering services to California residents
- Clearer definitions of what constitutes online practice subject to regulation
- Authority to require online platforms to verify licensure or remove unlicensed listings

Such clarifications would strengthen the Board's ability to protect consumers in an increasingly digital service environment.

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Section 7

Workforce Development and Job Creation

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

The Board has taken several targeted actions to support workforce development, with a focus on improving access to licensure, supporting professional growth, and promoting equity. These actions include:

1. Licensing Process Improvements:

The Board has streamlined its licensing processes to reduce barriers to entry and enhance efficiency. This includes implementing online application systems, improving processing times, and providing clearer guidance and resources for applicants, and current or potential naturopathic medical students.

2. Data Collection and Analysis:

The Board collects and evaluates workforce data to identify trends, shortages, and areas for improvement. These insights inform policy decisions and help guide strategic initiatives aimed at strengthening the workforce pipeline.

3. Support for Continuing Education and Professional Development:

To ensure licensees remain current with industry standards and best practices, the Board supports continuing education and encourages ongoing professional development. This helps maintain a competent and adaptable workforce.

4. Diversity, Equity, and Inclusion (DEI) Initiatives:

The Board is committed to fostering a diverse and inclusive workforce. Efforts include integrating DEI principles into strategic planning, exploring ways to reduce disparities in licensure access, and promoting equitable opportunities for professional advancement.

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

The Board has not conducted a formal assessment on the impact of licensing delays because it currently does not experience any delays in its licensing processes. Applications are processed in a timely manner, and the Board continues to meet its internal benchmarks using the performance measures for reviewing and issuing licenses. The Board remains committed to maintaining efficient processing times and will continue to monitor workload and staffing levels to ensure that applicants are not adversely affected by delays in the future.

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

The Board maintains active collaboration with educational institutions and professional associations to ensure that students and prospective licensees are well-informed about California's licensing requirements and application process.

Each year, the Board participates in professional association meetings that are often attended by students from accredited naturopathic medical programs. These events provide valuable

opportunities for direct engagement, allowing students to ask questions and receive detailed information about the steps necessary for licensure.

In addition to in-person outreach, the Board regularly distributes updated application materials and guidance to naturopathic medical schools, particularly those located in or near California. This includes current licensing requirements, timelines, and documentation checklists to help ensure that graduates are fully prepared to apply for licensure upon completing their programs.

To further support transparency and accessibility, the Board also maintains an up-to-date website that includes comprehensive instructions on the application process. This online resource serves as a reliable reference for both students and educators.

Through these combined efforts, the Board helps facilitate a smooth transition from education to professional practice and supports a well-informed applicant pool.

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

The Board has identified several ongoing barriers to licensure and employment that impact the growth, accessibility, and equity of the naturopathic profession in California:

1. Scope of Practice Limitations:

A primary barrier is the limited scope of practice for naturopathic doctors (NDs) in California. Despite their rigorous education and clinical training, California NDs are not authorized to practice to the full extent of their competencies. This restricts their ability to provide comprehensive, patient-centered care and limits their integration into healthcare teams. In contrast, NDs in neighboring states often have broader scopes of practice, allowing them to serve more effectively in primary care and integrative health roles. This disparity creates professional inequity and places California NDs at a disadvantage both in terms of employment opportunities and public service.

2. Under-recognition of Safety and Efficacy:

Naturopathic doctors are trained in accredited, doctoral-level programs that emphasize evidence-informed, preventive, and holistic care. Numerous studies and patient outcomes support the safety and efficacy of naturopathic approaches, particularly in managing chronic conditions, improving health outcomes, and reducing healthcare costs. However, the profession continues to face skepticism and under-recognition, which contributes to restrictive policies and limited employment pathways. Greater acknowledgment of the profession's safety record and clinical effectiveness could help reduce these barriers and support broader utilization of NDs in California's healthcare system.

3. Financial Burden of Education:

Naturopathic medical education is a significant financial investment, with graduates often carrying student loan debt ranging from approximately \$200,000 to over \$300,000. When combined with a restricted scope of practice and limited employment opportunities in California, this debt burden becomes a substantial barrier. Many NDs are forced to relocate to other states where they can practice more fully and sustainably, leading to a loss of qualified healthcare providers in California.

4. Public and Professional Awareness:

Limited awareness among the public and other healthcare professionals about the qualifications and scope of naturopathic doctors further hinders employment opportunities. Misconceptions about the profession can lead to underutilization of services and reluctance among employers to integrate NDs into clinical settings.

5. Geographic and Economic Barriers:

Access to licensure and employment is often more difficult in rural or underserved areas, where fewer clinical training opportunities and professional networks exist. Additionally, the cost of naturopathic education and licensure may be prohibitive for some individuals, particularly those from underrepresented or economically disadvantaged backgrounds.

6. Inconsistent Recognition Across Systems:

NDs frequently encounter challenges in being recognized by insurance providers, hospitals, and other healthcare systems. This lack of recognition limits their ability to practice fully and reduces opportunities for employment in integrated or institutional settings.

The Board continues to monitor these barriers and supports efforts to modernize the scope of practice, increase public and professional awareness, and promote equitable integration of naturopathic doctors into California's healthcare landscape.

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

- A. Workforce shortages
- B. Successful training programs.

A. Workforce Shortages

The Board has not conducted formal workforce creation studies since the last Sunset Review, primarily due to limited staffing and resource constraints. However, the Board continues to monitor workforce trends through national organizations such as the American Association of Naturopathic Physicians (AANP) and the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA).

One significant workforce challenge in California is the limited scope of practice for naturopathic doctors (NDs), which does not reflect the full extent of their doctoral-level education and clinical training. This limitation creates a barrier to employment and professional fulfillment and contributes to a loss of qualified practitioners in the state. For example, the Board has observed a consistent trend among graduates of Bastyr University California (San Diego), who become licensed in California upon graduation but do not renew their licenses. Instead, many relocate to neighboring states such as Oregon, Washington, or Arizona, where they are able to practice to the full extent of their training. This trend represents a significant loss of potential healthcare providers for California and a missed opportunity to expand access to safe, holistic, and preventive care for consumers.

Additionally, the lack of title protection and the presence of unlicensed individuals using the term "naturopath" further undermines the profession. This not only diverts business away from licensed, highly trained NDs but also poses a risk to public safety, as consumers may unknowingly seek care from unqualified individuals.

The Board believes the Legislature could take meaningful action to address this inequity by modernizing the scope of practice to allow naturopathic doctors to practice to the full extent of their formal education and training. Doing so would help retain qualified professionals in California, improve access to care, and support a more equitable and integrated healthcare workforce.

B. Successful Training Programs

The Board has not developed or overseen any specific training programs since the last Sunset Review. However, it continues to support the role of accredited naturopathic medical programs and monitors emerging educational trends through collaboration with national regulatory and professional organizations. The Board recognizes the importance of aligning licensure standards with the education and competencies of naturopathic graduates to ensure a sustainable and effective workforce.

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?

The Board is committed to advancing equity and inclusion in its regulatory practices and in the profession it oversees. A significant portion of the Board's licensee population, approximately 86%, serves in underserved areas, including low- and moderate-income communities and communities of color. This demonstrates the profession's strong alignment with the needs of vulnerable populations and the Board's role in supporting access to care in these areas.

The Board actively engages with its licensees to ensure they are informed about changes in the profession, regulatory updates, and workforce trends. This ongoing communication helps licensees remain compliant, competitive, and responsive to the evolving needs of the communities they serve. The Board also evaluates its policies and outreach efforts through an equity lens to ensure that no group is disproportionately burdened by regulatory requirements.

Additionally, the Board recognizes the unique composition of its workforce: approximately 75% of licensees are women. Many of these licensees are small business owners operating in their own communities. When California loses naturopathic doctors (NDs) to neighboring states due to regulatory or economic challenges, it disproportionately impacts female-owned businesses and reduces access to care in underserved areas. The Board is mindful of this dynamic and continues to advocate for policies that support retention and sustainability of the profession within California.

Through these efforts, the Board strives to uphold its mission while promoting equity, access, and opportunity across all communities.

Commented [RM24]: 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 [RM25R24]: *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?

The Board has been a leader in adopting online services through the BreEZe system. As one of the first programs to implement BreEZe, the Board successfully transitioned all of its licensing applications to the platform during the first phase of implementation. This early adoption has allowed the Board to provide a fully online application and payment experience for both applicants and licensees.

Since implementation, the Board has worked closely with the Department of Consumer Affairs (DCA) to make enhancements and system changes that have improved the speed, accuracy, and efficiency of services. These improvements have significantly reduced staff data entry errors and streamlined processes across both licensing and enforcement functions.

The Board continues to monitor and assess its IT needs in collaboration with DCA. While BreEZe has met many of the Board's operational requirements, one current limitation is the system's inability to track continuing education (CE) for auditing purposes. The Board is exploring potential solutions to address this gap and remains committed to ensuring that its IT systems support effective oversight and service delivery.

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 retitle 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: The Board continues to view the current alignment of member term expirations as a significant concern. Having the majority of members term out simultaneously creates challenges in maintaining continuity, institutional knowledge, and effective governance. This situation has already impacted the Board's ability to meet quorum requirements, convene mandated subcommittees, and advance key initiatives outlined in the strategic plan.

As of this writing, only 7 of the 9 Board member positions are filled. Of those 7 members, 4 are scheduled to term out at the same time. Of the remaining 3 members, only one is early enough in their first term to be eligible for reappointment beyond that date. This means that, without timely appointments or reappointments, the Board could be left with only a small fraction of its full membership, severely limiting its ability to function effectively.

The lack of staggered terms also places undue strain on Board staff and the appointments process, as multiple vacancies must be filled at once—often with limited onboarding time for new members. This can delay decision-making, disrupt regulatory oversight, and hinder the Board's ability to fulfill its consumer protection mandate.

To address this issue, the Board strongly recommends implementing a staggered term structure for future appointments. This would promote greater stability, ensure consistent leadership, and support the Board's long-term strategic and operational goals. The Board is committed to working with the Administration and Legislature to explore solutions that will prevent similar disruptions in the future.

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: The Board is currently staffed by three full-time employees: an Executive Officer, a Licensing Analyst, and an Enforcement Analyst. This staffing structure has improved the Board's ability to manage its core functions, including licensing, enforcement, and administrative operations. However, while this level of staffing is appropriate for the current workload, it remains lean and vulnerable to disruption in the event of staff absences, turnover, or unexpected increases in workload.

A key structural gap remains: the absence of a mid-level manager or supervisory position. Without this role, the Executive Officer is solely responsible for overseeing all program areas, managing staff, and executing strategic and operational priorities. This limits the ability to delegate higher-level responsibilities and creates a single point of dependency, which poses a risk to the continuity and resilience of the Board's operations.

The lack of a mid-level manager also impacts the Board's ability to implement long-term planning, manage special projects, and respond efficiently to legislative or regulatory changes. As the Board continues to evolve and take on more complex responsibilities, this gap becomes increasingly significant.

The Board is actively exploring the addition of a mid-level manager to strengthen internal capacity, improve delegation of duties, and ensure the Board can consistently fulfill its public protection mandate. The Board respectfully recommends that the Legislature consider supporting this structural enhancement to promote operational stability and long-term sustainability.

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: Since the last Sunset Review, the Board's fiscal position has shifted from concerns about excessive reserves to a constrained fund condition. While the Board previously maintained a healthy reserve following the 2019 fee increase, recent increases in staffing, enforcement activity, and operational costs have begun to draw down reserve levels.

The Board now employs three full-time staff members and has expanded its regulatory activities to meet its consumer protection mandate. These necessary investments have increased expenditures, helping to address the prior concern of excessive reserves. However, the Board is now closely monitoring its fund condition to ensure it does not fall below a sustainable reserve threshold.

Importantly, the Board believes that this issue is closely tied to broader structural challenges within the profession. The limited scope of practice for naturopathic doctors in California has led to a loss of licensees to other states where they can practice to the full extent of their education and training. This not only creates inequity within the healthcare workforce and limits consumer access to care, but also reduces the Board's ability to maintain a stable licensee base and generate sufficient revenue to support its regulatory functions.

Allowing licensees to practice to the full extent of their formal education and training would help retain more naturopathic doctors in California, close gaps in consumer healthcare access, and support the Board's ability to continue collecting adequate revenue. This, in turn, would help ensure the long-term sustainability of the Board's fund and its capacity to fulfill its public protection mandate.

The Board remains committed to responsible fiscal management and will continue working with the Department of Consumer Affairs and the Department of Finance to monitor fund health and make data-informed decisions regarding future budget and staffing needs.

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: Since the last Sunset Review, the Board has only had two cases forwarded to the Attorney General's (AG) Office. As a result, while the significant increase in AG billing rates has been noted, it has not yet created a substantial fiscal impact on the Board's special fund.

However, the Board remains concerned about the long-term implications of these rate increases. Should the number of disciplinary cases referred to the AG's Office rise in the future, the elevated billing rates—particularly for attorney, paralegal, and analyst services—could place considerable pressure on the Board's limited resources. This is especially relevant given the Board's small licensee population and modest annual revenue.

The Board continues to monitor AG billing closely and will assess the cumulative impact of these costs over time. Factors such as cost recovery outcomes and the efficiency of case resolution (e.g., whether increased staffing at the AG's Office results in fewer billable hours per case) will also influence the overall fiscal effect.

At this time, while the Board has not experienced immediate financial strain due to the AG rate increases, it acknowledges the potential for future challenges and supports continued dialogue with

the Department of Justice and the Legislature to ensure that small boards like this one are not disproportionately affected by such cost shifts.

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: The Board continues to recognize the high number of delinquent licenses as a persistent and multifaceted issue. Several factors contribute to this trend, including licensees relocating to other states where they can practice to the full extent of their education and training, or choosing to leave the profession entirely. Currently, the only option available to these individuals is to allow their license to lapse into delinquent status, as there is no formal mechanism to voluntarily cancel a license in good standing.

The Board does not have the authority to cancel a license unless it is through a disciplinary action in which the licensee stipulates to a surrender. This limitation contributes directly to the accumulation of delinquent licenses. Granting the Board the authority to accept voluntary cancellations would provide a practical and appropriate solution to this issue. It would allow licensees who no longer wish to practice in California to formally exit the profession without remaining in delinquent status, thereby improving the accuracy of licensing data and reducing administrative burden.

To further address this issue, the Board is also pursuing regulatory changes to establish both a retired status and an inactive status with a reduced fee. These options would offer licensees more flexibility and provide alternatives to simply allowing a license to lapse.

Under current regulations (California Code of Regulations §4226(d)), a license shall remain in delinquent status for up to three years before it is canceled. During this time, licensees may renew by paying all accrued fees and meeting renewal requirements. While the number of delinquent licenses appears high relative to the total licensee population, the Board does not believe this presents a significant risk to the public. The BreEze licensing system provides real-time status updates that are accessible to the public, and all license certificates clearly display expiration dates. These safeguards help ensure that consumers can verify the status of a provider before seeking care.

The Board will continue to monitor this issue and strongly recommends statutory authority to accept voluntary license cancellations as a long-term solution to reduce excessive delinquency rates and improve licensing data integrity.

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: Please see the Board's current response under Section 10 – Issue #1.

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: The Board has fully implemented the requirements of AB 2138 (Chiu/Low, 2018) and remains in compliance with all provisions of the Fair Chance Licensing Act. Following the bill's enactment, the Board completed all necessary regulatory updates and revised both its initial licensure and renewal applications to align with the new statutory requirements.

Since the implementation of AB 2138, the Board has not experienced any challenges or complications in applying the law. The Board continues to evaluate applications in accordance with the revised criteria, ensuring that any consideration of criminal history is consistent with the standards established under the Act—specifically, that only substantially related convictions or formal disciplinary actions may be considered, and that most convictions older than seven years are not disqualifying.

To date, the Board has denied only one license application since FY 2018–19, and there is no indication that the denial was related to the applicant's criminal history. As such, the Board has not identified any significant impact on its licensing activities as a result of AB 2138. However, the Board remains committed to fair and equitable licensing practices and will continue to monitor the implementation of the law to ensure ongoing compliance and consumer protection.

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: The Board currently requires applicants for licensure to pass both the NPLEX Part I – Biomedical Science Examination and Part II – Core Clinical Science Examination. These exams are standardized across all jurisdictions that license naturopathic doctors and are designed to assess the foundational and clinical competencies necessary for safe and effective practice.

While California does not currently require the NPLEX elective examinations in Pharmacology or Parenteral Therapeutics for initial licensure, the Board recognizes the growing importance of these competencies within the scope of practice for naturopathic doctors in the state. Under current law, licensed NDs in California may, under specific training conditions, prescribe and furnish drugs and

perform parenteral (IV) therapies. Given this expanded authority, the Board believes it is both appropriate and necessary to require the NPLEX Pharmacology and Parenteral Therapeutics elective examinations for new applicants who intend to provide these services.

The addition of recent statutory authority during the last Sunset Review, has allowed the Board to begin developing regulations that would require passage of the NPLEX Parenteral Therapeutics elective exam as a condition for qualifying to perform IV Therapy. This is a proactive step to ensure that licensees offering these higher-risk procedures meet a consistent and verifiable standard of competency.

However, the Board has identified certain barriers related to continuing education (CE) requirements for IV Therapy. Specifically, the current regulatory framework does not provide the Board with clear authority to mandate ongoing CE specific to this area of practice. The Board believes it should have the ability to require targeted, ongoing CE for licensees who hold this additional scope, in order to maintain public safety and ensure continued competency in these specialized procedures.

The Board remains committed to protecting the public and ensuring that all licensees are appropriately trained and assessed for the services they are authorized to provide. Requiring the relevant NPLEX elective exams for new graduates, along with the ability to mandate ongoing CE for those practicing IV Therapy, would further support this mission.

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: The statutory change made during the prior Sunset Review successfully corrected the outdated examination requirement for naturopathic childbirth attendance. Previously, the law required naturopathic doctors (NDs) to pass the American College of Nurse Midwives (ACNM) written examination—an exam that is not accessible to naturopathic graduates, as ACNM only permits candidates who have completed one of their accredited nursing programs.

This requirement created an unintended barrier for qualified NDs seeking certification in naturopathic childbirth attendance, despite having the appropriate education and clinical training. The Board identified this issue when several licensees attempted to pursue this specialty and were denied access to the ACNM exam.

In response, the Board researched national standards and found that the American College of Naturopathic Obstetricians (ACNO) examination is the recognized and widely accepted certification exam for naturopathic childbirth attendance in other licensed jurisdictions. The recent statutory amendment now allows the Board to recognize the ACNO exam as the appropriate standard for this specialty.

With this statutory fix in place, the Board has begun the process of drafting regulations to implement this specialty certification. This will allow qualified NDs to pursue childbirth attendance as part of their scope of practice in California, while maintaining appropriate standards for public safety and professional competency.

The Board views this change as a necessary and technical correction that removes an outdated and inaccessible requirement, aligns California with national naturopathic standards, and supports the expansion of safe, qualified care options for families seeking naturopathic childbirth services.

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: As a result of the 2021 Sunset Review process, Business and Professions Code section 3635(b) was successfully amended to include the North American Naturopathic Continuing Education Accreditation Council (NANCEAC) as an authorized approver of continuing education (CE) courses.

This statutory change reflects the Board's commitment to expanding access to high-quality, relevant continuing education for licensees while maintaining rigorous standards for public protection and professional competency. NANCEAC is a nationally recognized accrediting body that specializes in CE for naturopathic doctors and is aligned with the educational needs and scope of the profession.

The inclusion of NANCEAC complements the existing list of approved CE providers, which includes the California Naturopathic Doctors Association (CNDA), the American Association of Naturopathic Physicians (AANP), the California State Board of Pharmacy, the State Board of Chiropractic Examiners, and other courses approved for licensed physicians and surgeons in California.

The Board continues to maintain a list of approved CE providers on its website and requires all providers to comply with Section 3635.2, including the submission of an annual declaration affirming that their educational activities meet the required standards.

This amendment has enhanced the Board's ability to support ongoing professional development for licensees and ensures that CE offerings remain current, accessible, and reflective of best practices in naturopathic medicine.

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: Please see the Board's current response under Section 10 – Issue #2.

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: The Board believes that the absence of formal disciplinary actions over the past several years is not indicative of a lack of enforcement, but rather a reflection of the professionalism and compliance of its licensee population, as well as the Board's strategic focus on high-risk enforcement priorities—particularly unlicensed activity.

Naturopathic doctors (NDs) in California are highly trained, licensed professionals who consistently demonstrate a strong understanding of and adherence to the Naturopathic Doctors Act. The Board has found that the majority of complaints involving licensees are minor in nature and are often resolved through early intervention, education, or corrective action without the need for formal discipline. Common issues include advertising violations (e.g., promotional discounts), minor documentation concerns, or misunderstandings related to the release of medical records. These matters are typically addressed through informal resolution or closure after investigation and expert review confirms no violation occurred.

At the same time, the Board has directed significant enforcement resources toward combating unlicensed activity, which continues to pose the greatest risk to public safety. Many of the Board's investigations involve individuals unlawfully representing themselves as naturopathic doctors or offering services outside the scope of licensure. These cases are prioritized due to their potential to cause harm and are often complex, requiring coordination with other regulatory and law enforcement agencies.

While formal discipline has been rare, the Board has taken steps to strengthen its enforcement program. During the COVID-19 pandemic, the Board observed an increase in complaints, including three cases involving licensees that warranted formal disciplinary action. One of these was a high-profile case involving collaboration with federal and state agencies. This case proceeded through the Attorney General's Office, and formal discipline the license was revoked, marking the first enforcement action against a medical professional for violations related to COVID-19 vaccine fraud.

The Board acknowledges the importance of maintaining a robust enforcement presence and was able to add a full-time, permanent enforcement staff position. This additional resource enhanced the Board's capacity to issue citations and fines, pursue disciplinary actions when warranted, and continue protecting the public from both licensed and unlicensed misconduct.

In summary, the Board believes its enforcement approach has been appropriate and effective given the nature of its licensee population and the risks posed by unlicensed practice. However, the Board remains committed to continuous improvement and welcomes opportunities to strengthen its enforcement authority and resources.

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: The Board continues to monitor the implications of the Dynamex decision and the codification of the ABC test through AB 5 (Gonzalez, 2019) on the naturopathic profession. While naturopathic doctors (NDs) were not included in the original list of exempt healthcare professions under AB 5, subsequent legislative changes—specifically AB 2257 (Gonzalez, 2020)—introduced additional clarifications and exemptions that appear to have mitigated the impact on the profession.

Although the Board and the California Naturopathic Doctors Association (CNDA) initially received feedback from licensees expressing concern that the ABC test limited their ability to work as independent contractors—particularly in integrative and multidisciplinary healthcare settings—the Board has not received any complaints or concerns related to this issue since 2021.

It appears that the changes made in AB 2257 may have provided sufficient flexibility for NDs to continue operating in a manner consistent with their professional roles, particularly in collaborative or consulting arrangements. As a result, the Board has not identified any ongoing adverse consequences or enforcement challenges related to the classification of NDs as independent contractors.

The Board will continue to monitor this issue and engage with stakeholders to ensure that naturopathic doctors are able to practice in a manner that supports access to care, professional autonomy, and compliance with California labor laws. At this time, no additional legislative changes are being requested.

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: Despite provisions in the Affordable Care Act (ACA) intended to prevent discrimination against licensed healthcare providers, insurance companies in California continue to deny reimbursement or direct-pay coverage for naturopathic services, even when those services fall squarely within the naturopathic scope of practice and utilize standard billing codes.

Naturopathic doctors (NDs) are licensed primary care providers (PCP) in California and often serve as the first and only line of healthcare for many consumers, particularly in underserved or rural areas. However, when insurance companies deny coverage for services that would otherwise be reimbursed if provided by other healthcare professionals, such as a physician, chiropractor, or nurse practitioner, it places a disproportionate financial burden on patients and creates a significant barrier to care.

While some progress has been made—such as Medi-Cal covering labs and prescriptions ordered by NDs—office visits remain uncovered, despite being a core component of naturopathic care. This is especially problematic given that NDs typically spend 60 to 90 minutes with patients to provide comprehensive, individualized care. The lack of reimbursement for these visits undermines the intent of the ACA's non-discrimination provisions and limits patient access to integrative healthcare options.

This issue has become so prevalent that the Board has had to dedicate staff resources to assist consumers in navigating insurance denials. To help alleviate this burden, the Board has posted detailed guidance on its website advising consumers on how to:

- File a grievance with their health plan provider;
- Apply for an Independent Medical Review (IMR); and
- Submit a complaint to the California Department of Managed Health Care (DMHC).

The Board continues to receive feedback from licensees indicating that insurance limitations are among the top reasons they consider leaving California, which poses a risk to the state's healthcare workforce and access to care.

The Board respectfully requests that the Legislature consider statutory clarification to ensure that licensed naturopathic doctors are treated equitably by insurance providers. Specifically, insurance companies should be required to reimburse for services and treatments provided by an ND if the licensee provides a service that:

- Has an appropriate billing code,
- Falls within the naturopathic scope of practice, and
- Would be reimbursed if performed by another licensed provider.

Such clarification would reduce consumer confusion, improve access to care, and support the long-term sustainability of the naturopathic profession in California.

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: During the COVID-19 pandemic, the Board utilized the emergency waiver process established under Executive Order N-39-20 to support licensees, maintain continuity of care, and contribute to the state's broader public health response. The Board submitted and received approval for three key waivers through the Department of Consumer Affairs (DCA):

Waiver of in-person continuing education (CE) requirements, allowing licensees to complete CE through remote or computer-assisted instruction.

Temporary extension of CE requirements for license renewal, permitting naturopathic doctors to renew their licenses while receiving a six-month extension to complete outstanding CE.

Authorization for naturopathic doctors to independently administer COVID-19 vaccines to their patients, expanding access to vaccination services during a critical time.

In addition to these waivers, the Board benefited from temporary modifications to the Bagley-Keene Open Meeting Act, which allowed public meetings to be conducted virtually. Although the Board did not request this waiver directly, it observed significant benefits from the shift to virtual meetings, including:

- Increased public participation from stakeholders across the state;
- Improved accessibility for consumers and licensees in rural or underserved areas; and
- Cost savings related to travel, lodging, and meeting facility rentals.

The Board supports retaining certain pandemic-era flexibilities that have proven effective. Specifically, the Board recommends:

- Granting naturopathic doctors the ongoing authority to independently administer both COVID-19 and routine vaccines, consistent with their education, training, and scope of practice. This would improve access to care and help address the shortage of family practice providers in California.
- Amending the Bagley-Keene Act to allow boards the option to conduct meetings virtually, as proposed in legislation such as AB 1733. This would preserve the accessibility and efficiency gains realized during the pandemic.

The Board's Naturopathic Formulary Advisory Committee has reviewed the pharmacology education and training of naturopathic doctors and recommended that the current formulary supports the safe and effective administration of vaccines. The Board agrees with this assessment and believes that expanding vaccine authority is a logical and necessary step to enhance public health access.

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: The Board takes the dissemination of COVID-19 and vaccine-related misinformation by licensees very seriously and remains committed to upholding public trust and safety through appropriate enforcement and education.

During the COVID-19 pandemic, the Board received one significant case involving COVID-19 vaccine misinformation and fraud. In that case, the Board took swift and decisive action, working in coordination with state and federal law enforcement agencies. This case resulted in the first enforcement action in the nation against a licensed healthcare professional for COVID-19 vaccine misinformation and fraud. The Board's proactive response demonstrated its commitment to protecting the public from deceptive or harmful practices and set a precedent for regulatory accountability.

Beyond that case, the Board did not receive additional complaints or reports of COVID-19 or vaccine misinformation involving other licensed naturopathic doctors (NDs) in California. While some licensees expressed concerns about vaccine mandates in surveys, there is no evidence to suggest that the naturopathic profession, as a whole, has been a significant source of COVID-19 vaccine misinformation. In fact, the California Naturopathic Doctors Association (CNDA) has publicly stated that the majority of licensed NDs in the state support vaccination and recognize its role in public health.

The Board acknowledges that the science and understanding of COVID-19, its variants, and treatment protocols have evolved significantly since the onset of the pandemic. As new data and

guidance have emerged, the Board has remained aligned with the most current information provided by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). These sources inform the Board's communications, enforcement decisions, and expectations for licensee conduct.

The Board has also taken steps to educate licensees about the importance of responsible communication, particularly during the pandemic. Licensees were reminded to avoid making unsubstantiated claims regarding immunity, prevention, or treatment of COVID-19, and to ensure that any patient-facing messaging was evidence-based and compliant with state and federal guidelines.

At this time, the Board does not believe that naturopathic doctors are more likely than other healthcare professionals to engage in the dissemination of COVID-19 vaccine misinformation. However, the Board remains vigilant and will continue to monitor for any future concerns. Should additional complaints arise, the Board is prepared to investigate and take appropriate disciplinary action to protect the public.

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: Since the last Sunset Review, there have been no significant updates regarding NDs administering COVID-19 vaccines. The temporary authority granted under DCA Waiver DCA-21-114, which allowed NDs to independently initiate and administer COVID-19 vaccines under specific conditions, has since expired.

As a result, NDs are no longer authorized to independently administer COVID-19 vaccines unless doing so under a collaborative protocol with a supervising physician, consistent with existing provisions of the Naturopathic Doctors Act. In such cases, NDs are held to the same standards and responsibilities as they would when administering or furnishing any other drug or injectable treatment under physician supervision or within their independent formulary.

During the waiver period, the Board provided guidance to licensees on how to meet the training and documentation requirements established by the California Department of Public Health (CDPH). While the Board did receive inquiries from licensees interested in participating in vaccine administration efforts, the exact number of NDs who ultimately provided COVID-19 vaccinations remains unknown, as that data was not centrally collected by the Board.

Other than the one (1) case previously discussed for COVID-19 vaccine fraud and misinformation, the Board did not receive any other new complaints or enforcement cases related to COVID-19 vaccine administration since the last review. Should any licensee administer vaccines outside of their authorized scope or in violation of applicable protocols, the Board would investigate and take appropriate disciplinary action, consistent with its enforcement authority.

The Board remains committed to supporting public health efforts and ensuring that licensees operate within their legal scope of practice. Any future authority for NDs to independently administer vaccines would require statutory change and appropriate oversight mechanisms.

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: Please see the Board's current response under Section 10 – Issue #5.

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

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."

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.

In support of this request, the Board notes that both the Medical Board of California (<https://www.mbc.ca.gov/Licensing/Fictitious-Name-Permit/>) and the Osteopathic Medical Board of California (https://www.ombc.ca.gov/forms_pubs/fnp_app.pdf) operate successful Fictitious Name Permit Programs. These programs are supported by minimal fees that cover the cost of processing applications and have proven effective in enhancing consumer protection and regulatory clarity.

The Board strongly urges the Legislature to enact statutory changes that would authorize the establishment of a similar FNP Program for naturopathic doctors. This small but impactful regulatory tool would significantly contribute to consumer protection, regulatory enforcement, and the overall integrity of the naturopathic healthcare profession in California.

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
- 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.

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 limited 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.

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.

Issue #5: Recognition of Naturopathic Doctors in Disability and Public Health Documentation

Issue: The Board seeks statutory amendments to ensure that licensed naturopathic doctors (NDs) are appropriately recognized as authorized healthcare providers for the purpose of completing disability-related and public health documentation. Despite being licensed primary care providers under California law, NDs are currently excluded from key statutes that allow other licensed healthcare professionals to complete forms for workers' compensation, disability insurance, maternity leave, and DMV disability placards. This exclusion creates unnecessary barriers for patients, increases healthcare costs, and undermines the continuity of care.

Background: Under Business and Professions Code (BPC) §3641, licensed naturopathic doctors are authorized and required to document their observations, diagnoses, and summaries of treatment in the recording of patient examinations. The statute further grants NDs the same authority and responsibility as licensed physicians and surgeons with respect to public health laws, including the performance of health and physical examinations consistent with their education and training.

Despite this clear statutory authority, NDs are not currently included in Labor Code §3209.3, which defines the healthcare providers authorized to certify patients for workers' compensation and disability insurance benefits. This section includes physicians and surgeons, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractors—but not naturopathic doctors. As a result, patients under the care of NDs must seek out another provider solely to complete required documentation, even when their ND is the primary provider managing their condition.

This issue also extends to other areas of patient care, such as the completion of Disability Placard forms for the Department of Motor Vehicles (DMV). NDs are currently not authorized to complete these forms, despite being fully qualified to assess and document the relevant medical conditions. This limitation disrupts continuity of care, delays access to services and places an unnecessary burden on both patients and providers.

The exclusion of NDs from these statutory provisions is inconsistent with their recognized role as primary care providers and contradicts the intent of BPC §3641. It also creates inequities in the healthcare system and limits the ability of NDs to fully serve their patients.

Recommended Solution: The Board recommends technical amendments to:

- **Labor Code §3209.3** to include licensed naturopathic doctors among the list of authorized healthcare providers for workers' compensation and disability insurance evaluations;
- Vehicle Code and related DMV regulations to authorize NDs to complete Disability Placard forms for eligible patients.

These changes would:

- Align with the authority already granted under BPC §3641;
- Reflect the education, training, and scope of practice of licensed NDs;
- Improve access and efficiency for consumers;
- Eliminate outdated statutory exclusions that no longer reflect the current role of NDs in California's healthcare landscape.

The Board believes these amendments would benefit consumers, reduce unnecessary healthcare costs, and do not pose any risk to public safety. They represent straightforward and necessary updates that support patient access, provider efficiency, and regulatory consistency.

Issue #6: Fiscal Imbalance and the Need to Raise Statutory Fee Caps

Issue: The Board seeks legislative authority to raise its statutory fee caps to ensure long-term fiscal sustainability and maintain its ability to fulfill its consumer protection mandate. While the Board has managed its fund responsibly, it faces growing financial pressures due to a small licensee population, rising operational costs, and external economic factors. Without the flexibility to adjust fees in the future, the Board may be unable to support essential regulatory functions, staffing, and enforcement activities.

Background: The Board's current fee structure was last adjusted in 2019 following the 2016–17 Sunset Review, during which the Legislature authorized a fee increase to correct a prior fund imbalance. Since then, the Board has expanded its staffing to three full-time employees and taken on additional responsibilities to meet its public protection mandate. These necessary investments have increased expenditures and reduced the Board's fund reserves.

At the same time, the Board continues to face unique fiscal challenges:

- **Small Licensee Population:** With fewer than 1,000 active licensees, the Board has limited ability to generate revenue through volume. Even modest increases in expenditures can significantly impact the fund.
- **Rising Costs of Doing Business:** The Board is subject to increasing Department of Consumer Affairs (DCA) pro rata charges, statewide administrative costs, and general cost-of-living increases that affect salaries, enforcement, and technology systems.
- **Workforce Attrition:** Due to California's limited scope of practice for naturopathic doctors, many licensees relocate to neighboring states (e.g., Oregon, Washington, Arizona) where they can practice to the full extent of their training. This results in lost licensing revenue and weakens the Board's financial base.

While the Board is not currently proposing a fee increase, it anticipates that one may be necessary in the near future to maintain fiscal solvency. However, the current statutory fee caps may not provide sufficient flexibility to respond to future financial needs.

Recommended Solution: The Board recommends that the Legislature authorize an increase to the statutory fee caps outlined in the Naturopathic Doctors Act. This would:

- Provide the Board with the flexibility to adjust fees through the regulatory process if needed;

Commented [BD26]: Does this section need to include anything more specific about what the recommended raised fee caps would be?

- Ensure the Board can continue to meet its staffing, enforcement, and operational obligations;
- Protect consumers by maintaining a fully functioning regulatory program;
- Account for inflation, rising administrative costs, and the Board's small licensee base.

Raising the fee caps does not automatically increase fees but allows the Board to respond proactively to fiscal pressures through the standard regulatory process, which includes stakeholder input and oversight. This authority is essential to ensure the Board's long-term viability and its ability to protect the public.

Issue #7: Board Authority to Direct Continuing Education Requirements

Issue: The Board seeks statutory authority to establish specific subject matter requirements for continuing education (CE) through regulation, similar to other healing arts boards within the Department of Consumer Affairs. Currently, the Board lacks the ability to mandate topic-specific or "directed" CE, which limits its capacity to respond to evolving clinical practices, emerging public health concerns, and specialty practice oversight.

Background: Continuing education is a critical tool for ensuring that licensed healthcare professionals remain current in their knowledge, skills, and clinical competencies. While the Board requires licensees to complete CE as a condition of license renewal, it does not have the statutory authority to prescribe the content or subject matter of those CE hours. This contrasts with other boards, such as the Dental Board of California, which has authority under Business and Professions Code §1645(b) to require CE in specific areas deemed necessary for public protection.

One area of particular concern is intravenous (IV) therapy, a specialty practice that requires additional training and carries increased clinical risk. Although licensees must complete initial training to obtain IV certification, the Board currently has no authority to require ongoing CE specific to IV therapy. As IV therapy continues to grow in popularity and complexity—particularly in integrative and wellness-based practices—the Board believes it is essential to have the ability to mandate targeted CE to ensure safe, competent, and up-to-date practice.

The inability to direct CE also limits the Board's ability to respond to emerging issues such as infectious disease protocols, prescribing practices, or other areas where public safety may be impacted. Granting the Board this authority would align it with other healing arts boards and enhance its ability to proactively protect consumers.

Recommended Solution: The Board recommends that the Legislature amend the Naturopathic Doctors Act to grant the Board regulatory authority to:

- Establish specific subject matter requirements for continuing education;
- Mandate CE in specialty areas such as IV therapy, pharmacology, or public health;
- Update CE requirements in response to evolving clinical standards and public safety needs.

This authority would not increase the total number of CE hours required but would allow the Board to ensure that a portion of those hours are focused on high-risk or high-priority topics. This change would enhance licensee competency, improve patient safety, and bring the Board's CE oversight in line with other healthcare regulatory boards in California.

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).

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Attachment A – Board’s Administrative Manual

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**Attachment B – Relationship of Committees to the
Board and Membership of Each Committee**

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Attachment C – Major Studies

***2025 Sunset Review Survey – California Board of
Naturopathic Medicine***

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**Attachment D – Year-End Organization Charts
for Last Four Fiscal Years**

DRAFT

Sunset Review Report: Survey Summary

Narrative Summary: 2025 Sunset Review Survey – California Board of Naturopathic Medicine

Overview

The California Board of Naturopathic Medicine (CBNM) conducted a comprehensive survey in 2025 to gather feedback from licensed naturopathic doctors (NDs) regarding their experiences practicing in California. The survey aimed to assess motivations for licensure, challenges in practice, and the perceived impact of regulation on the profession.

A total of 1,625 surveys were distributed across three groups:

- 1,250 to **active and inactive current licensees** (with 194 undeliverable),
- 375 to **canceled licensees** (former California NDs) (with 29 undeliverable).

After accounting for 223 undeliverable surveys, 1,402 surveys were successfully delivered. Of those, 248 responses were received, resulting in a 17.69% response rate (rounded to 18%).

The feedback collected provides valuable insights into the current landscape of naturopathic practice in California and will inform the Board's ongoing efforts to support and regulate the profession effectively.

Key Findings

1. Motivation for Licensure in California

- Respondents were primarily drawn to California due to (respondents could choose multiple reasons):
 - Personal or family relocation (61%)
 - California's patient population and demand for integrative/holistic care (50%)
 - **Professional opportunities** (49%)
 - **Defined naturopathic scope of practice** (49%)
 - **Belief that California's regulatory environment would support full use of naturopathic training** (31%)
 - **Supportive naturopathic community** and belief in a favorable regulatory environment (20%)

- **Educational background aligned with California's licensing requirements (19%)**
- **Access to California's formulary and therapeutic privileges (17%)**

2. Scope of Practice and Limitations

- Only **22%** of respondents felt California's scope of practice very closely **met their expectations based on** their education and training.
- **57%** said it **somewhat met their expectations**, while **21%** said it **did not meet their expectations at all**.
- Commonly cited limitations or barriers included (respondents could choose multiple limitations or barriers):
 - Inability to prescribe certain medications without MD/DO oversight (90%)
 - Restrictions on signing forms (61%)
 - Lack of insurance reimbursement or billing challenges (51%)
 - Restrictions on minor office procedures (43%)
 - Difficulty collaborating with other healthcare providers (37%)
 - Restrictions on IV or advanced injection therapies (36%)
 - Regulatory or administrative burdens (28%)
 - Inability to order diagnostic test or imaging (21%)

2a. Collaboration

- **Of those 68 respondents** who reported difficulty collaborating with other healthcare providers (above), the type of difficulty reported was:
 - All collaborations (38%)
 - For referrals to other healthcare providers only (31%)
 - For ND/Physician Formulary Protocols only (22%)
- A few respondents commented that there appears to be a lack of awareness or appreciation on the part of other healthcare providers of ND training and scope of practice.

3. Impact on Patient Care and Barriers to Treatment

- **83%** of respondents reported that these limitations **impacted** or **somewhat impacted** their ability to provide comprehensive care.
- Licensees expressed frustration at being unable to practice to the full extent of their training, often resulting in fragmented care or unnecessary referrals.

4. Retention and Attrition Concerns

- **41%** of respondents indicated that practice limitations influenced their decision to **leave, consider leaving, or not renew** their license in California.
- Top reasons included:
 - **Financial challenges** (63%)
 - **Dissatisfaction with scope of practice** (56%)
 - **Inability to bill insurance** (29%)
 - **Relocation or retirement** (25%)

5. Unlicensed Practice and Public Confusion

- **52%** of respondents agreed or strongly agreed that unlicensed “traditional naturopaths” create confusion and diminish the value of licensure.
- 93% of those respondents also provided a description of how this has impacted their practice or decision to maintain licensure in California. 95% of the licensees answering this question shared anecdotes of patients receiving unsafe or misleading care from unlicensed individuals, leading to mistrust and reputational harm for licensed NDs.

6. Demographics and Practice Settings

- Most respondents practiced in **solo private practice** (53%) or **group/integrative clinics** (34%).
- **Sacramento, San Diego, Los Angeles, Orange, and Santa Clara** made up 51% of the most common counties of practice.
- The majority have been licensed in California for **8–15 years** (40%) or **more than 15 years** (30%).

7. Themes from Open-Ended Responses

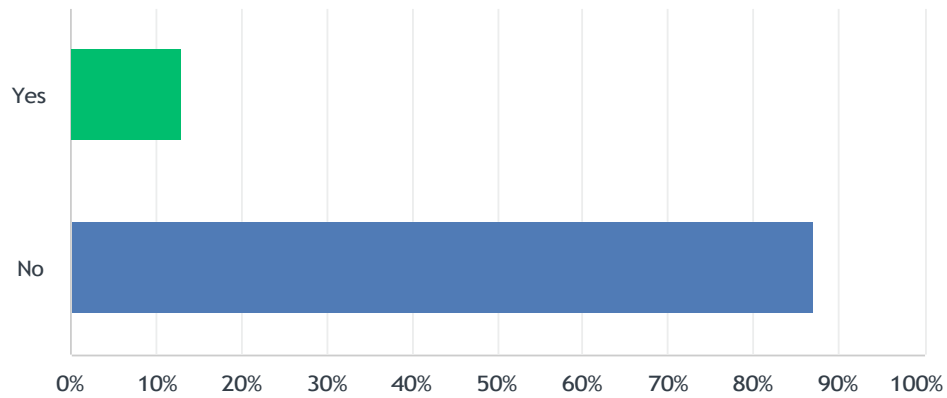
104 Respondents offered additional input in response to the final item of this Survey, which asked “Is there anything else you would like the Board to know about your experience practicing or seeking licensure in California?”

- **61% Desire for independent prescribing rights** and broader scope of practice
- **15% Frustration with high licensure and CE costs**
- **6% Need for public education** on the distinction between licensed NDs and unlicensed practitioners
- **9% Appreciation for the Board’s efforts**, but calls for stronger advocacy and modernization of regulations
- **9% Other, Not Applicable, No Clear Opinion.**

Sunset Review Report: Survey

Q1 1.1 Did you attend Bastyr University located in San Diego, California?

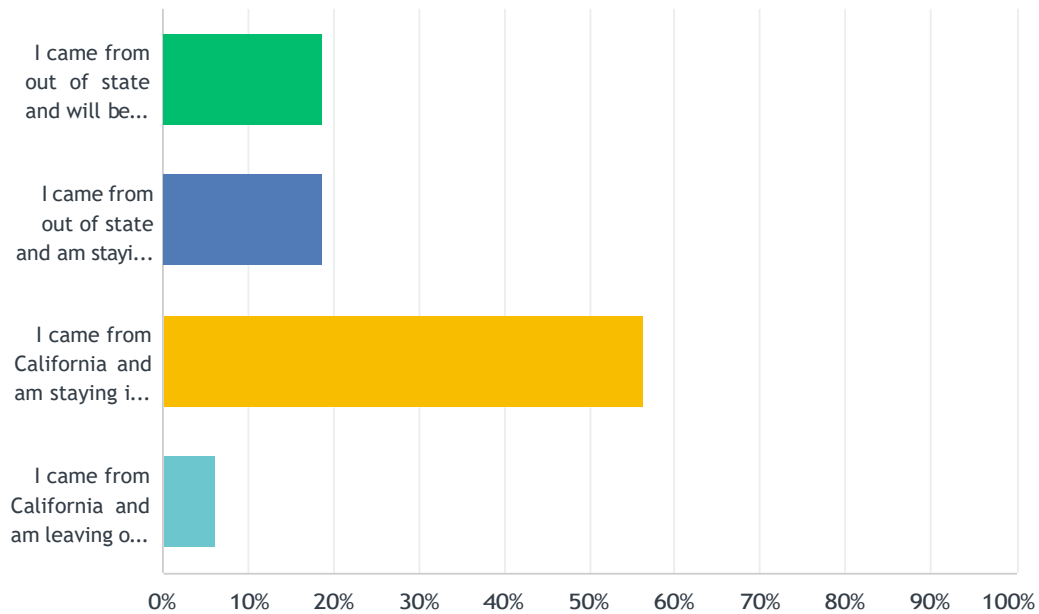
Answered: 248 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	12.90%	32
No	87.10%	216
TOTAL		248

Q2 If yes, what was your original intent after graduation?

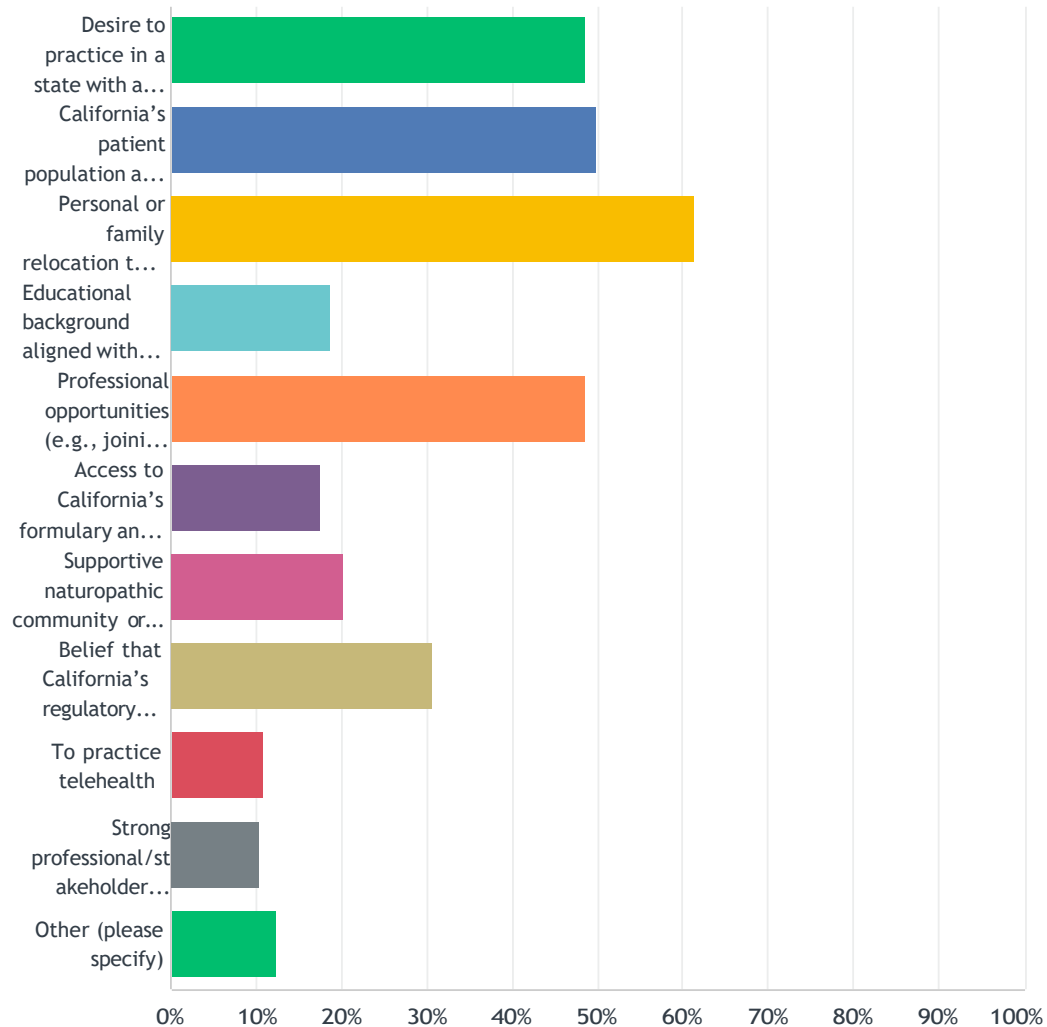
Answered: 32 Skipped: 216



ANSWER CHOICES	RESPONSES	
I came from out of state and will be returning/or have already left California.	18.75%	6
I came from out of state and am staying in California.	18.75%	6
I came from California and am staying in California.	56.25%	18
I came from California and am leaving or will be leaving the state.	6.25%	2
TOTAL		32

Q3 What were your original reasons for seeking licensure in California? Select all that apply.

Answered: 241 Skipped: 7



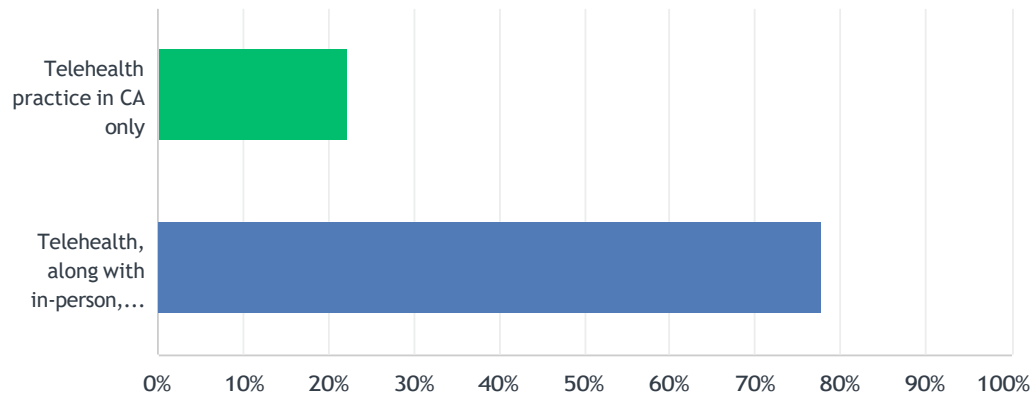
ANSWER CHOICES	RESPONSES	
Desire to practice in a state with a defined naturopathic scope of practice	48.55%	117
California's patient population and demand for integrative/holistic care	49.79%	120
Personal or family relocation to California (other than to attend Bastyr University)	61.41%	148
Educational background aligned with California's licensing requirements	18.67%	45
Professional opportunities (e.g., joining a clinic, opening a practice)	48.55%	117
Access to California's formulary and therapeutic privileges	17.43%	42
Supportive naturopathic community or professional network in the state	20.33%	49
Belief that California's regulatory environment would support full use of naturopathic training	30.71%	74
To practice telehealth	10.79%	26
Strong professional/stakeholder association presence	10.37%	25
Other (please specify)	12.45%	30
Total Respondents: 241		

#	OTHER (PLEASE SPECIFY)	DATE
1	4th generation Californian, all my family is here	10/22/2025 11:51 AM
2	Raised in CA	10/22/2025 10:44 AM
3	The Weather	10/21/2025 4:45 PM
4	My family and I lived in California prior	10/21/2025 11:39 AM
5	Was from here and family and husband were in California.	10/21/2025 9:39 AM
6	lived in CA prior to attending ND school	10/21/2025 9:27 AM
7	Simply, I wanted to live in California.	10/21/2025 9:20 AM
8	Desire to work with Spanish-speaking immigrant community	10/21/2025 9:20 AM
9	California was just licensed when I decided to move there and open a practice.	10/21/2025 9:11 AM
10	I was very excited in 2006 when California just started to license ND's and thought it was a great opportunity. I picked to practice in Bay Area because of many integrative medicine opportunities.	10/20/2025 5:14 PM
11	I live in CALIFORNIA	10/20/2025 2:11 PM
12	scope limited compared to where trained in AZ but licensed so doable	10/18/2025 1:42 PM
13	California, is my home; since 1968. (Specifically Carmichael, CA	10/18/2025 1:06 PM
14	Native Californian	10/8/2025 2:05 PM
15	I grew up in CA	10/8/2025 9:07 AM
16	Close family located in California	10/7/2025 3:43 PM
17	I live/lived in CA when I was going to school. At the time CA wasn't licensed. I knew I would be practicing and living my days out in CA	10/7/2025 1:11 PM
18	San Diego is my hometown	10/7/2025 9:37 AM
19	Already living in California	10/7/2025 5:18 AM
20	I'm from California and do not plan to leave CA	10/6/2025 7:40 PM

21	New state in 2003	10/6/2025 7:20 PM
22	I lived in CA and wanted to go back home to practice. I went to Seattle for school	10/6/2025 6:17 PM
23	From/live in cal	10/6/2025 5:11 PM
24	Supervise clinic at Bastyr University in San Diego	10/6/2025 4:55 PM
25	None of the above. Quality of life, living close to the coast.	10/6/2025 4:28 PM
26	Born and raised in California and all family resides here	10/6/2025 2:45 PM
27	I am from California and have many family members there.	10/6/2025 2:24 PM
28	To educate people on how to fully heal - not just be "treated"	10/6/2025 2:11 PM
29	grew up here, always wanted to return	10/6/2025 1:50 PM
30	Several Oregon patients moved to California; ability to continue care	10/6/2025 1:39 PM

Q4 Because you planned to practice telehealth, which did you plan for?

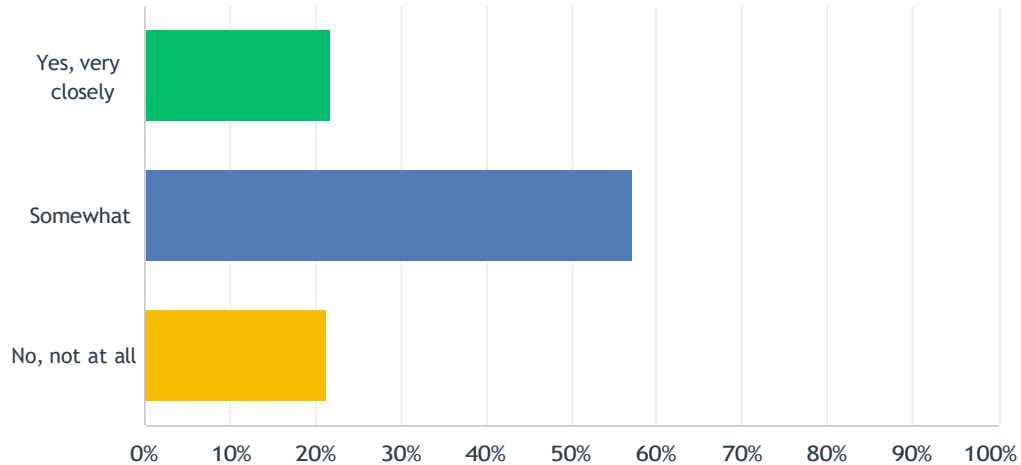
Answered: 27 Skipped: 221



ANSWER CHOICES	RESPONSES	
Telehealth practice in CA only	22.22%	6
Telehealth, along with in-person, physical practice in CA	77.78%	21
TOTAL		27

Q5 3.1 Did the scope of practice in California meet your expectations based on your education and training?

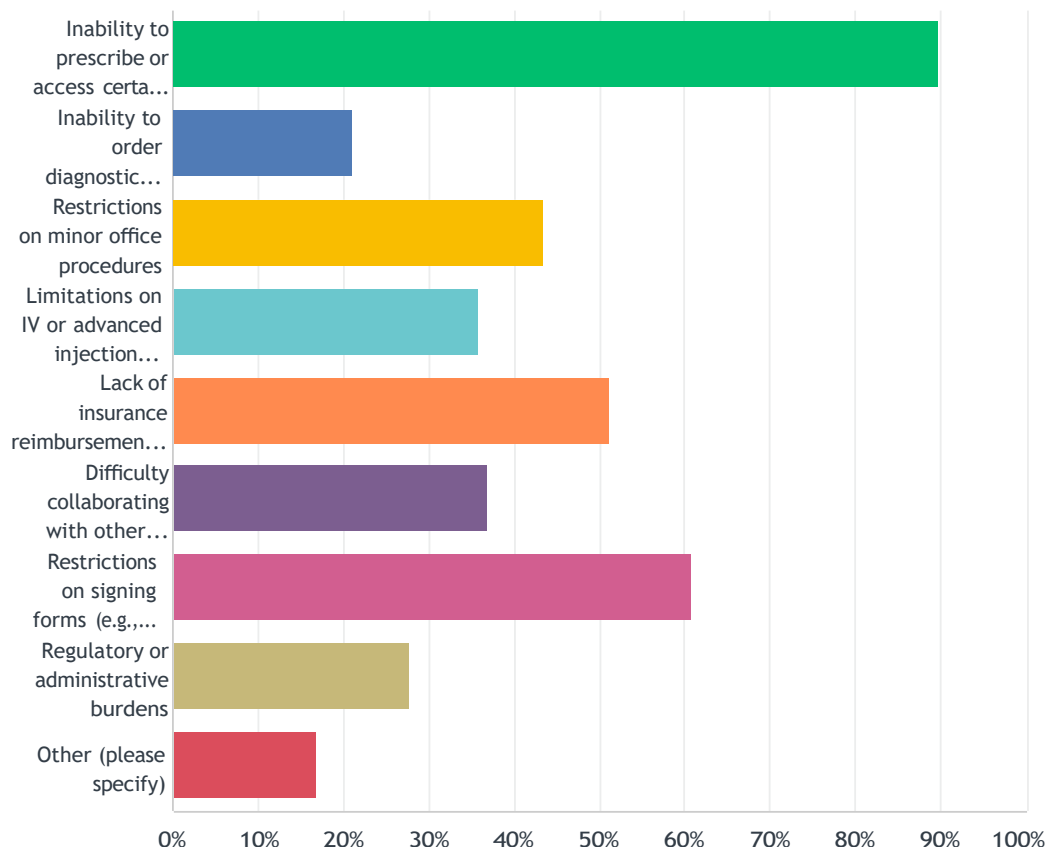
Answered: 240 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes, very closely	21.67%	52
Somewhat	57.08%	137
No, not at all	21.25%	51
TOTAL		240

Q6 3.2 If you answered "Somewhat" or "No," what were the main limitations or barriers you encountered? Select all that apply

Answered: 184 Skipped: 64



ANSWER CHOICES	RESPONSES	
Inability to prescribe or access certain therapeutic agents	89.67%	165
Inability to order diagnostic tests or imaging	21.20%	39
Restrictions on minor office procedures	43.48%	80
Limitations on IV or advanced injection therapies	35.87%	66
Lack of insurance reimbursement or billing challenges	51.09%	94
Difficulty collaborating with other healthcare providers	36.96%	68
Restrictions on signing forms (e.g., school, work, California DMV/Disability forms), causing delays and barriers to my patient's care	60.87%	112
Regulatory or administrative burdens	27.72%	51
Other (please specify)	16.85%	31
Total Respondents: 184		

#	OTHER (PLEASE SPECIFY)	DATE
1	supply issue for IV vials - many pharmacies do not ship to CA	10/21/2025 9:08 PM
2	requirement for MD/DO oversight to Rx	10/21/2025 8:14 PM
3	It was an unlicensed state and very limited for how i could prctice	10/21/2025 8:09 PM
4	Unable to practice the way we are trained. The limited scope, for pollical reasons, hinders our ability to truly offer comprehensive health care to our patients and increase care options for Californians	10/21/2025 1:35 PM
5	Prop 65 and not able to get certain products.	10/21/2025 10:42 AM
6	the supervising doctor agreement is ridiculous	10/21/2025 9:36 AM
7	I see inability to order diagnostic tests or imaging; when I practiced in CA from 2006-2023, I felt like I was able to order these. The other limitation I encountered having quasi-independent status and needing an MDO collaboration agreement.	10/20/2025 5:16 PM
8	Not able to perform acupuncture without obtaining additional training and licensure	10/20/2025 4:05 PM
9	No minor surgery allowed (ND)	10/20/2025 2:14 PM
10	couldn't do acupuncture therapy	10/20/2025 12:43 PM
11	Inability to "adjust", major hassles with pharmacies refusing to fill prescriptions, the idiocy of requiring any MD to be on record for any prescription an ND makes- it could be a retired family medicine doc consulting on a specialty drug- it makes no sense and NDs have an excellent safety record in states that allow full prescribing	10/20/2025 10:43 AM
12	Restrictions on manipulation therapy	10/20/2025 12:20 AM
13	High licensure fees and unreasonable barriers to getting CEs. Specifically, the requirement that majority of CEs be from live events. This is a huge burden of time and expense.	10/19/2025 8:33 AM
14	Need for MD supervision to prescribe Ketamine	10/16/2025 11:06 AM
15	California Board of Pharmacy restrictions on substances not restricted by FDA.	10/8/2025 6:21 PM
16	Forcing NDs to open a practice as a professional corporation instead of allowing LLC	10/8/2025 12:34 PM
17	Inability to do high velocity manipulation	10/7/2025 7:49 PM
18	Restrictions on the practice of Naturopathic Manipulative Therapy in California	10/7/2025 3:45 PM
19	Acupuncture not being part of the scope of practice.	10/7/2025 2:17 PM
20	lack of ability to provide counseling or chiropractic adjustments	10/7/2025 11:07 AM
21	not considered physician so limited in practice	10/7/2025 10:26 AM
22	Lack of "physician" title inhibits participation in e.g. Work Comp, MediCal	10/7/2025 9:26 AM
23	Limitation in use of heparin and stronger analgesic agents such a procaine and lidocaine	10/6/2025 7:41 PM
24	Hiring RNs, doing joint manipulations	10/6/2025 5:15 PM
25	requiring medical doctor agreement for drug prescribing	10/6/2025 2:57 PM
26	I have been licensed as a primary care physician in Oregonj and Washington since 1979. I function as such to the benefit of my community. The limitations on my practice in California are not for the benefit of the public, but for the benefit of established medicine. This makes little sense in terms of public benefit or safety, but it protects a particular medical field from competition.	10/6/2025 2:30 PM
27	The CME requirements are too strict. Why wouldn't a CE course taken at NUNM or Bastyr not be eligible for credit. So absurd and tedious.	10/6/2025 2:12 PM
28	Cannot use chiropractic/spinal manipulation techniques we spent several classes in school on	10/6/2025 1:41 PM
29	For some procedures, need to pay to medical directors although it's in our scope of practice.	10/6/2025 1:36 PM
30	We are treated more poorly than less trained professionals such as NP's. NPs now have a	10/6/2025 1:34 PM

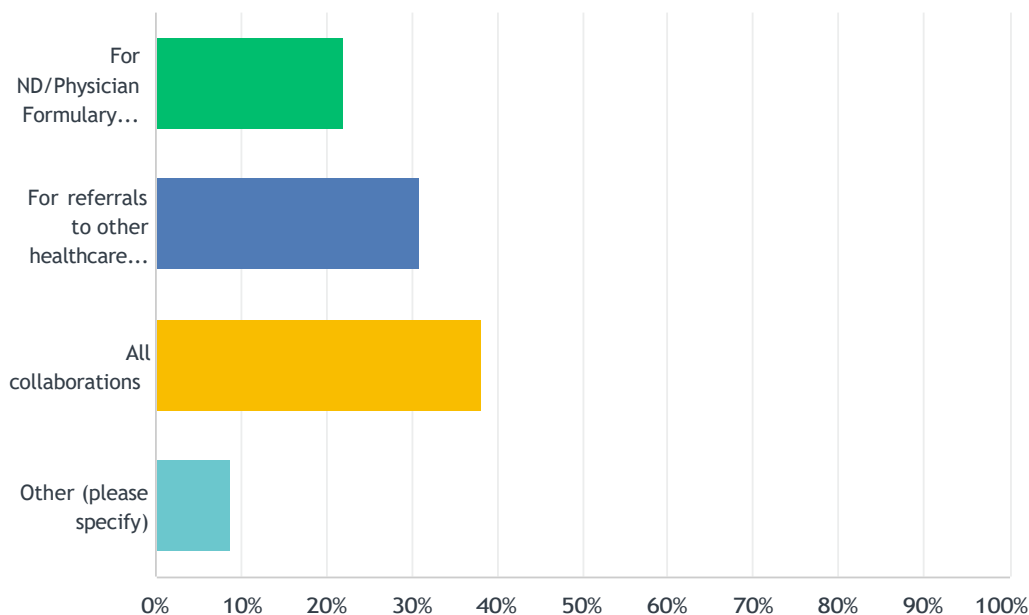
larger scope of practice and prescriptive authority than we as physicians do. It is ridiculous and insulting.

31	medications (compounded, hormones, injectable nutrients) continue to be taken away, have more restrictions in California and have become cost prohibitive for patients who would therapeutically benefit from better access.
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10/6/2025 1:13 PM

Q7 What difficulty did you have in collaborating with other healthcare providers?

Answered: 68 Skipped: 180

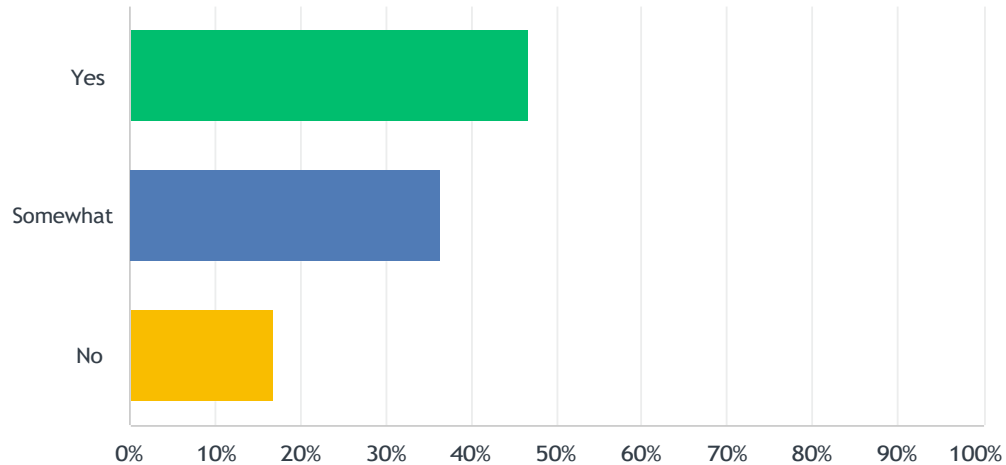


ANSWER CHOICES	RESPONSES	
For ND/Physician Formulary Protocols only	22.06%	15
For referrals to other healthcare providers only	30.88%	21
All collaborations	38.24%	26
Other (please specify)	8.82%	6
TOTAL		68

#	OTHER (PLEASE SPECIFY)	DATE
1	I found the ND community to be clique-ish and very protective over their "territory".	10/22/2025 8:26 AM
2	Lack of understanding by physicians on what are training is.	10/10/2025 6:33 AM
3	Unwillingness of some practitioners to collaborate, discrimination against patients who chose naturopathic care	10/9/2025 2:47 PM
4	Difficult to get referrals	10/7/2025 9:26 AM
5	For referrals FROM other healthcare providers only	10/6/2025 3:15 PM
6	Pharmacists and physicians are often not versed in ND training & scope of practice - difficult when patients want NDs to participate in multi-team approach to care but some physicians are not receptive due to lack awareness of ND degree/scope of practice licensure. Pharmacists are sometimes resistant to fill scripts within our formulary at some of the chains (ie CVS). ND/Physician formulary protocols are challenging due to MD/DO liability. Some doctors are not willing at all. Some ask for large compensation in order to participate in supervision protocols.	10/6/2025 1:17 PM

Q8 3.3 Have these limitations impacted your ability to provide comprehensive care to your patients?

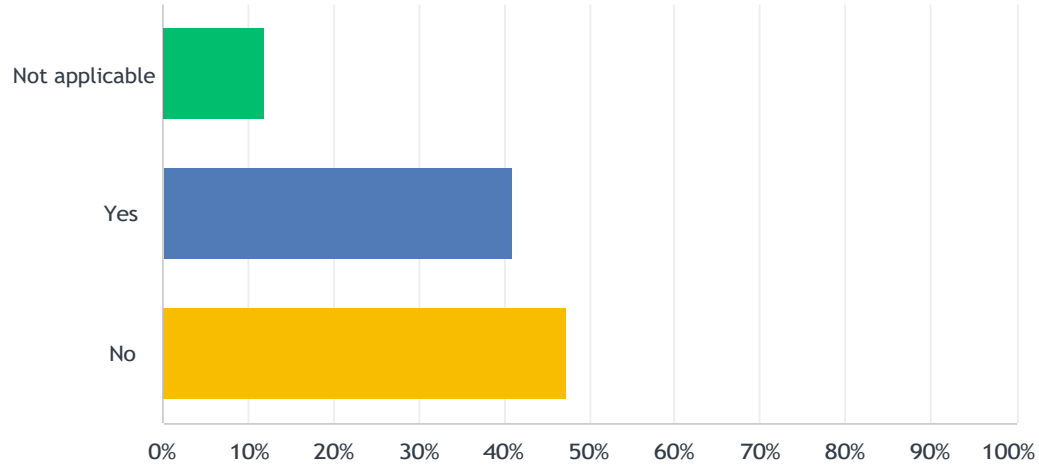
Answered: 236 Skipped: 12



ANSWER CHOICES	RESPONSES	
Yes	46.61%	110
Somewhat	36.44%	86
No	16.95%	40
TOTAL		236

Q9 3.4 Have these limitations influenced your decision to leave, consider leaving, or not renew your license in California?

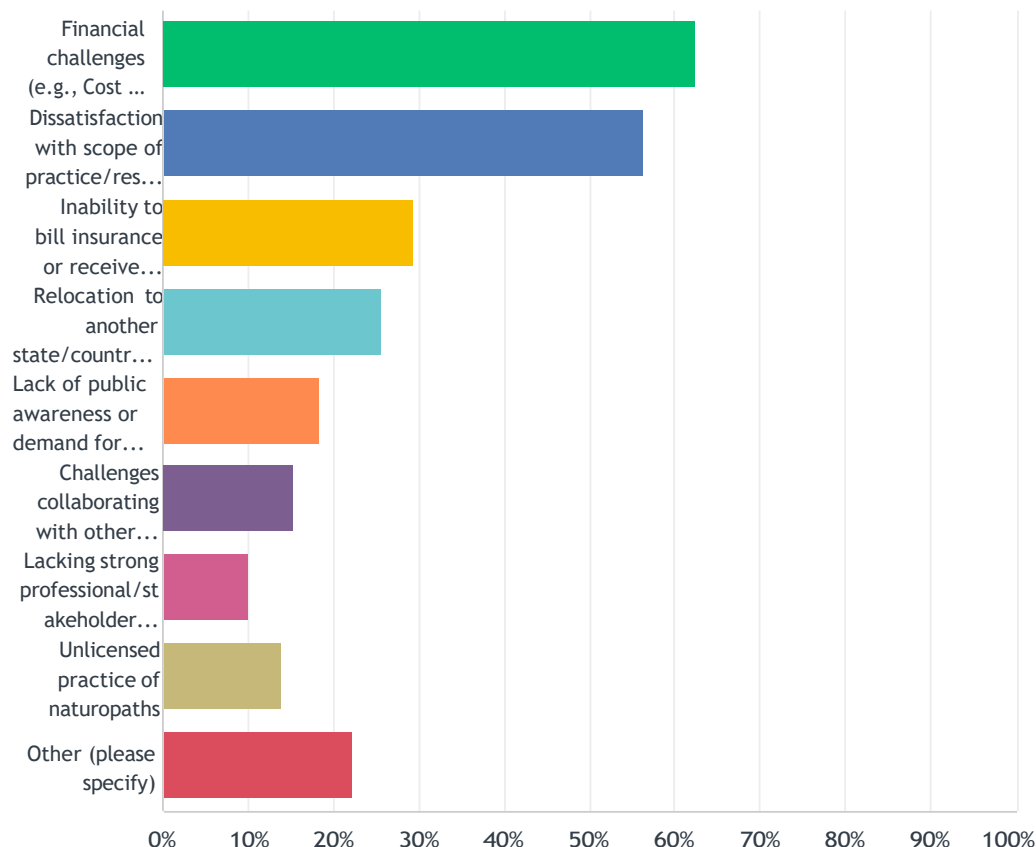
Answered: 235 Skipped: 13



ANSWER CHOICES	RESPONSES	
Not applicable	11.91%	28
Yes	40.85%	96
No	47.23%	111
TOTAL		235

Q10 What are/were your reasons for considering leaving practice or not renewing licensure in California? (Select all that apply)

Answered: 208 Skipped: 40



ANSWER CHOICES		RESPONSES	
Financial challenges (e.g., Cost of maintaining licensure, cost of doing business in California)		62.50%	130
Dissatisfaction with scope of practice/restrictions (independent prescribing and minor office procedures)		56.25%	117
Inability to bill insurance or receive reimbursement		29.33%	61
Relocation to another state/country, career change, or retirement		25.48%	53
Lack of public awareness or demand for naturopathic services		18.27%	38
Challenges collaborating with other healthcare providers		15.38%	32
Lacking strong professional/stakeholder association presence		10.10%	21
Unlicensed practice of naturopaths		13.94%	29
Other (please specify)		22.12%	46
Total Respondents: 208			

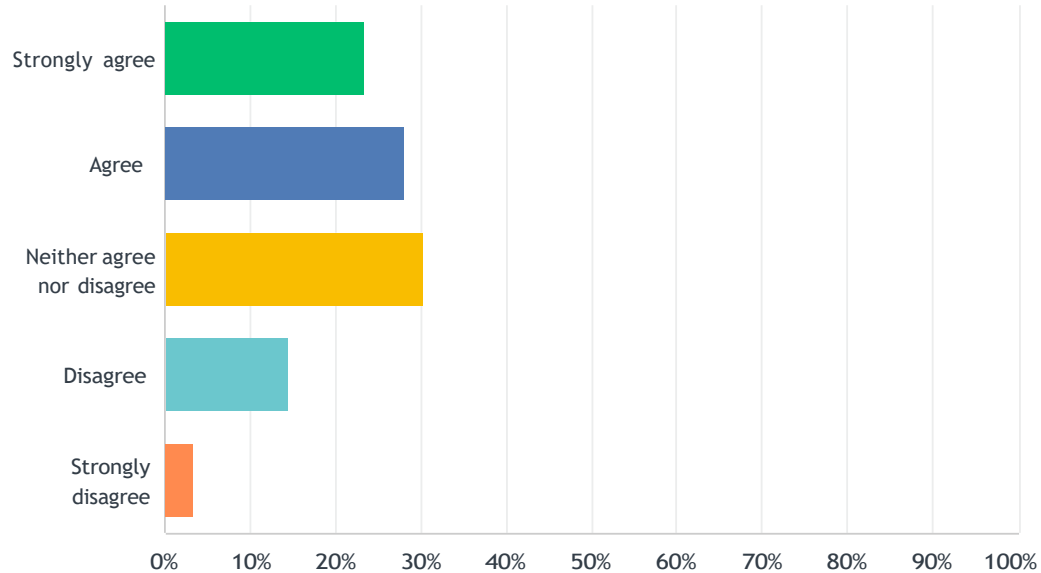
#	OTHER (PLEASE SPECIFY)	DATE
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1	Overall bad policies that are being enacted within the state by the government.	10/22/2025 9:54 PM
2	Limited access to compounded injectable products	10/22/2025 3:37 PM
3	I am 72 and have retired from clinical practice at this time, but more from burnout and age than the issues above. I led the campaign to get NDs licensed so dealt with these regulatory issues from the start. We did the best we could given the pressure from the CMA as well as the unlicencible naturopaths to disband our efforts and give up.	10/22/2025 11:14 AM
4	CA is simply not an ideal place to live. Certainly not the LA area.	10/21/2025 7:20 PM
5	not applicable	10/21/2025 7:10 PM
6	I would consider keeping my licensure after moving out of state, but cost of maintaining license is high	10/21/2025 6:10 PM
7	I did not consider leaving practice	10/21/2025 4:53 PM
8	Limits of scope, changing/inpredictability in scope of practice, cost of living	10/21/2025 4:48 PM
9	Difficulty finding an overeating MD to be able to prescribe anything other than hormones	10/21/2025 1:52 PM
10	Cost of living in CA	10/21/2025 1:36 PM
11	I'm in my 80s and on the brink of full retirement.	10/21/2025 1:02 PM
12	I plan to keep my license in CA	10/21/2025 11:55 AM
13	N/A	10/21/2025 10:43 AM
14	Focused on policy vs. clinical practice	10/21/2025 10:40 AM
15	Functional medicine doctors taking away from ND services	10/21/2025 10:01 AM
16	I am not considering leaving	10/21/2025 9:22 AM
17	Cost of doing business was not sustainable with wanting balance in life	10/21/2025 9:12 AM
18	Difficulties being a military spouse with constant moving	10/20/2025 12:21 AM
19	inability to bill and thereby lack of stable employment opportunities	10/19/2025 8:35 AM
20	Health challenges which limit my ability to practice.	10/18/2025 1:21 PM
21	not considering	10/10/2025 2:26 PM
22	Cost of license renewal is outrageous. Add that to malpractice insurance and it's impossible to have a part-time small private practice.	10/10/2025 6:35 AM
23	the hypocrisy that we have to do more pharm CE credits than MDs but can't prescribe, the attempts to further restrict our practice scope	10/9/2025 2:50 PM
24	n/a	10/8/2025 3:26 PM
25	not leaving	10/8/2025 7:49 AM
26	I moved to NY and practice part time in California	10/7/2025 9:44 PM
27	I am getting to retirement age, no longer have close family in California, and Cost - Primary license is in Oregon	10/7/2025 3:48 PM
28	Restrictive personal situation	10/7/2025 2:17 PM
29	I am not considering leaving practice in CA	10/7/2025 1:24 PM
30	I am planning on retiring, but will continue my license to keep my practice with 3 other doctors going.	10/7/2025 1:13 PM
31	Lack of support as a working mother who may want to pause practice for a period of time, and the huge cost of renewing	10/7/2025 11:09 AM
32	40 years is enough already! Still at it however...	10/7/2025 9:27 AM
33	NA	10/7/2025 5:20 AM

34	Not applicable:	10/6/2025 9:11 PM
35	I ended up getting a PA license in order to bill insurance	10/6/2025 7:32 PM
36	Not considering leaving	10/6/2025 6:18 PM
37	N/A - I plan on staying in CA and renewing.	10/6/2025 4:30 PM
38	competition with health coaches that are unregulated	10/6/2025 2:59 PM
39	I'm not going anywhere. I'm satisfied.	10/6/2025 2:21 PM
40	Functional medicine practitioners.	10/6/2025 2:15 PM
41	I'm not leaving. I just think we deserve more respect.	10/6/2025 2:13 PM
42	Along with finances- it is very expensive to get ceu's- travel, hotel costs and the cost of the program itself can come out to around 1,000 plus for 15-25 ceus, then cost of medical malpractice insurance, renewal of license- it's a huge chunk of what we make. And if we are just starting out, it's almost impossible to keep up.	10/6/2025 2:07 PM
43	NA	10/6/2025 1:42 PM
44	Having a family	10/6/2025 1:42 PM
45	patients are not always able to afford the out of pocket care. not able to hire proper support staff due to both limited funds and limitations due to how our scope is written - doctor vs physician title issue.	10/6/2025 1:24 PM
46	If I were to relocate, it would simply be because California is an expensive state to live in.	10/6/2025 1:17 PM

Q11 5.1 Please indicate the degree to which you agree with the following statement: “The prevalence of unlicensed ‘traditional naturopaths’ made/makes it difficult to distinguish myself as a licensed provider, creating confusion among patients and diminishing the value of licensure.”

Answered: 234 Skipped: 14



ANSWER CHOICES	RESPONSES	
Strongly agree	23.50%	55
Agree	28.21%	66
Neither agree nor disagree	30.34%	71
Disagree	14.53%	34
Strongly disagree	3.42%	8
TOTAL		234

Q12 5.2 If you selected “Agree” or “Strongly Agree,” please describe how this impacted your practice or decision to maintain licensure in California.

Answered: 112 Skipped: 136

#	RESPONSES	DATE
1	I have had patients who have seen an unlicensed naturopath, and I have to exert a lot of time into explaining to the patients how I am different and have a much, much higher skillset. I get extremely annoyed with the fact that the unlicensed practitioners are even allowed to call themselves "naturopaths." It is extremely irritating and hurts my value as someone who labored really hard in school to obtain my degree to practice medicine.	10/22/2025 10:01 PM
2	I have found that health and wellness coaches and other types of holistic practitioners are able to order the same labs and create naturopathic protocols without the same level of education	10/22/2025 2:55 PM
3	I would like to be able to call myself a physician in CA	10/22/2025 11:10 AM
4	It devalues our scope.	10/22/2025 10:49 AM
5	When it is difficult to distinguish licensed Naturopathic Doctor from unlicensed naturopaths, it is difficult to coordinate care with medical specialists.	10/22/2025 9:45 AM
6	Patients are seeking too many health life coaches assuming we are one in the same.	10/22/2025 6:32 AM
7	Many people don't take naturopathic doctors seriously as they confuse us with homeopaths, nutritionists, and unlicensed holistic individuals	10/21/2025 9:10 PM
8	unlicensed ND's cause a public health risk	10/21/2025 8:17 PM
9	Patients are unsure of the licensure and training associated with unlicensed practitioners thus devaluing a licensed NDs training as well as increase risk of harm and reducing opportunity for resolution of patient's illness/concerns.	10/21/2025 8:01 PM
10	There are fake NDs that have come to me and shared some of the "advice" given. It was dangerous and unprofessional. I always have to let them know that licensure protects them as patients.	10/21/2025 4:54 PM
11	...never knew we had an "unlicensed" practitioner issue. At least, not unlicensed Naturopaths...	10/21/2025 4:49 PM
12	Patients have previously sought care previously with unlicensable naturopaths, and have followed unsafe and invalid recommendations. Other providers (RN, NP, MD, DO) often think I don't have the correct training and knowledge to treat patients prior to me speaking with them and explaining the difference of a licensed ND.	10/21/2025 3:34 PM
13	Not being able to call myself a physician or an NMD. Lack of education to the public lack of insurance coverage	10/21/2025 1:54 PM
14	Our status as "doctor", not physician, is more impactful than it seems. It s very difficult for the consumer to distinguish our level of education and knowledge. Often my patients are suprised at my depth of knowledge of pharmacy, surgery, lab diagnosis and navigating the health care system. Increasingly, we lack a proper place in the health care hierarchy, scattered inthe ocean of pseudo-experts.	10/21/2025 1:42 PM
15	Confusion among the public about who is real doctor.	10/21/2025 1:34 PM
16	Patients are confused by the difference but they like that "traditional naturopaths" are much cheaper. Online sites like Yelp do very little to distinguish between the two and do not seem to care.	10/21/2025 12:33 PM
17	I'm still licensed, but I have patients who come saying they have seen a naturopathic doctor in the past and it didn't help, and then I have to spend time looking up the doc and explaining the provider wasn't actually licensed or educated like I was.	10/21/2025 12:24 PM

18	I have to explain daily how my degree is different from a lay naturopath or health coach. The fact that we cannot use physician or naturopathic medical doctor is confusing for people as well.	10/21/2025 11:52 AM
19	In 2-3 situations unlicensed Naturopaths have conflicted with basic ND philosophy as an example a Dentist that has some training refers to himself as a naturopath and is opposed to IV's, a colonic therapist states she is a board certified Naturopathinfluence my pt in non Naturopathic ways.	10/21/2025 11:52 AM
20	There are patients that question if Naturopathic doctors are real doctors because online, AI states that we are not allowed to do many things that traditional doctors do	10/21/2025 11:44 AM
21	Losing patients and income to them.	10/21/2025 11:34 AM
22	Affects my patient numbers and if anyone can practice without a license, what is the point	10/21/2025 11:24 AM
23	The unlicensed naturopaths from other countries who are not going to accredited ND schools, they claim themselves as ND , like those who go to UK diploma of naturopathy school, or those who only online naturopathy courses, they claimed themselves as Nd	10/21/2025 11:13 AM
24	I see patients who are very confused about the difference between my education and a lay naturopath or even a doctor of Asian medicine.	10/21/2025 10:44 AM
25	It didn't impact my practice	10/21/2025 10:40 AM
26	we have a branding problem in the state and it's not fair for us to have \$350K in debt and be considered less than-the doctor that I am, especially when our training is so comprehensive and we don't get to practice to the extent of our training.	10/21/2025 10:14 AM
27	Functional medicine docs confuse public and take away from our business	10/21/2025 10:03 AM
28	People often think all I do is prescribe herbs	10/21/2025 9:44 AM
29	It hasn't impacted my decision to maintain licensure in California, but I do think it has caused confusion with patients and particularly for people online when it comes to marketing, patient inquiries, etc.	10/21/2025 9:41 AM
30	People dont understand our training compared to their training	10/21/2025 9:39 AM
31	patients use the term "naturopath" when referring to both licensed and non-licensed practitioners which causes confusion	10/21/2025 9:30 AM
32	In all states this is an issue. Until we have national naturopathic licensure MDs will continue to confound us with low hour trained naturopaths.	10/21/2025 9:28 AM
33	It's exhausting to have to continually explain how we are different from unlicensed naturopaths, or feel the need to always call myself a "licensed naturopathic doctor".	10/21/2025 9:24 AM
34	There is confusion by the patients and often an undermining of our services because they are not aware of our licensure and education.	10/21/2025 9:15 AM
35	"Unlicensable" naturopaths give licensed ND a bad name while reducing credibility with MD peers and the public perception.	10/21/2025 9:12 AM
36	I agree with the statement but I don't have specific instances where I feel I've lost patients because of it and it does not impact my decision about whether or not to maintain my California license.	10/20/2025 8:53 PM
37	(Strongly agree) Confusion in public regarding legit doctor.	10/20/2025 2:18 PM
38	Patient difficulty distinguishing between titles/scope of practice, marketplace confusion, similarity in scope of practice with unlicensed individuals, difficultly collaborating with peers,	10/20/2025 1:59 PM
39	I was licensed in Cal early on and there were practitioners advertising as naturopathic medical practices who were not NDs.	10/20/2025 1:15 PM
40	Most Californians have no idea that an ND doctorate degree even exists, and tend to believe that anyone calling themselves a naturopathic doctor has the same education. Maybe time for a new license name...Integrative Doctor?	10/20/2025 11:49 AM
41	Clients questioned my validity as a trained doctor and often refused to take a chance on my professional services deeming them too high risk.	10/20/2025 11:26 AM

42	Frequent perception that my training was similar to that of unlicensed persons who masquerade as licensed doctors.	10/20/2025 10:26 AM
43	It is hard to explain the difference between a licensed and an unlicensed practitioner to anyone since they can both practice. People would tend to think that a licensed naturopathic doctor is not a "real doctor".	10/20/2025 1:07 AM
44	When almost anyone can call themselves a naturopath or even an ND, the public is not aware of the level of training required for licensure. It dilutes and harms the reputation of the profession and threatens our legitimacy as providers.	10/19/2025 8:39 AM
45	Many people think we as NDs are the same as naturopaths so they can be very hesitant to pay our medical grade fees and less trusting of our expertise with the perception of us not being real doctors like the naturopaths are not. I have encountered several naturopaths who call themselves doctors, adding to the public's confusion.	10/18/2025 1:44 PM
46	This is not the biggest influence for me...the license is very expensive to maintain and the scope of practice is limited- these are my main reasons for questioning continued licensure.	10/16/2025 11:08 AM
47	It is very confusing to patients and other healthcare practitioners to understand the differences between licensed NDs and unlicensed naturopaths, especially when the unlicensed naturopaths are practicing naturopathic medicine illegally and potentially causing patient harm. This creates distrust in the medical community and in the ND-patient relationship.	10/14/2025 11:56 AM
48	There are many unlicensed ND's that create confusion to the public and often are practicing medicine without a license, which is dangerous and reflects poorly on those of us who are qualified and properly trained.	10/13/2025 6:32 PM
49	It has required me to spend more time educating patients. This was much worse 10 years ago than it is now.	10/11/2025 4:56 PM
50	Patients have little awareness of what is the benefit in choosing a licensed provider. I spend a fair amount of time countering the health decisions, treatment decisions etc that patients have made as a result of inappropriate care by unlicensed providers.	10/10/2025 6:00 PM
51	There are naturopaths who practice medicine and don't make it clear on their website and especially to their patients that they are not a naturopathic doctor	10/10/2025 2:27 PM
52	Some patients think we are not real doctors as they hear that naturopaths can get an online certificate in only a few months.	10/9/2025 10:57 PM
53	Many patients have seen so-called naturopaths and prescribed multiple herbs, supplements etc that make patients lose their trust in licensed practitioners	10/9/2025 10:23 PM
54	Many patients confuse me as a homeopathic doctor and are unaware of what licensure means in this state.	10/9/2025 8:47 PM
55	I ended up transitioning to practicing law full time as I was already a practicing attorney and found that my legal services were needed by my naturopathic colleagues and other healthcare practitioners. So my decision to not practice medicine full time was not related to unlicensed naturopaths. However, in the time I was practicing in Sherman Oaks, CA, I was constantly referred to as a "naturopath" and had to always explain that it was important they call me a naturopathic doctor and I explained the difference over and over but no one seemed to understand how important it was. The general public doesn't know enough to know there is a difference between naturopaths and naturopathic doctors.	10/9/2025 6:13 PM
56	When I left my most recent wellness clinic where I was an independent contractor, they hired a 'naturopath' in my place without realizing that we were entirely different providers. I had to explain to them that our services and training were completely different and that all of the paperwork also needed to reflect this difference. For potential future patients or clients of that clinic, it would be easy for them to mistake the new 'naturopath' for any of the previous NDs who worked there because even the chiropractors who owned it did not realize there was a difference.	10/9/2025 3:42 PM
57	It's not just unlicensed naturopaths. I feel that also "health coaches", nutritionists and others are regularly practicing out of scope and that we are under a greater microscope than most professions yet have a much higher degree of training.	10/9/2025 2:52 PM
58	Un-D's can decrease the potential patient's perception of the value of ND's	10/9/2025 12:59 PM

59	Because the public is not able to distinguish between a naturopath who went to an accredited school vs one who did a correspondence course. The license in California is expensive and it hurts business if patients are driven to people with less qualifications.	10/9/2025 11:21 AM
60	It's important to have clear boundaries around licensed vs unlicensed practitioners	10/8/2025 8:17 PM
61	I have shared patients with unlicensed naturopaths and they identified themselves as a naturopath and a doctor (PhD) which the consumer/patient could not differentiate.	10/8/2025 6:30 PM
62	I have had patients bring me labs that a nutritionists or wellness coach ordered, which is frustrating bc what distinguishes us from them if can't prescribe meds like antibiotics. It has also been very discouraging and frustrating when I look at my loans amounts that I have to pay back for school, amount I spend on CEUs, licenses, malpractice and simply to run my practice compared to wellness coach, nutritionists, naturopaths that get their degree online. What else is very frustrating is the amount they can charge a client - Most of them make more money due to what they charge and expenses then most naturopathic doctors. When it comes to naturopaths the general population does not know the difference between ND and naturopaths. I think this is just the beginning, I find most of my practice trying to be educate the patients on myths and what is best for their health some of which are coming naturopaths or wellness coaches.	10/8/2025 5:08 PM
63	Many of my patients claim to have been previously treated by a "Naturopathic Doctor" who was not a licensed provider. They don't know the difference between a naturopathic practitioner, a functional medicine practitioner and a naturopathic doctor.	10/8/2025 4:28 PM
64	Multiple local Naturopaths or NDs would recommend products for my patients and they believed they were being given the same clinical evaluation	10/8/2025 3:27 PM
65	We just have to do better in educating the public.	10/8/2025 1:44 PM
66	Patients do not know the differences between the two.	10/8/2025 11:02 AM
67	It takes additional time during the patient visit, educating patients about the difference between recommendations and diagnoses given by ND vs unlicensed naturopaths and about the potential harm that can arise from following recommendations from unlicensed providers.	10/8/2025 10:26 AM
68	Did not impact decision to maintain licensure, but creates consumer confusion	10/8/2025 3:48 AM
69	After comparing my practice in New York to my practice in San Francisco...I found that medical practitioners are more respectful of Naturopathic Doctors in New York. I found the medical community in California to be slightly hostile to naturopathic Doctors and consider us less valid.	10/7/2025 9:46 PM
70	There was a hostile person who misrepresented my profession	10/7/2025 7:51 PM
71	Creates a great deal of confusion for the average consumer and individual who doesn't understand the nuances of the law and the regulation of the word "Naturopath".	10/7/2025 3:50 PM
72	needing to take extra time and effort in clarifying who NDs were vs traditional naturopaths and how we are different etc - very confusing to the clients	10/7/2025 3:31 PM
73	It just one more thing to stay on top of in my rural area (all of Northern CA north of Santa Rosa!!)	10/7/2025 1:14 PM
74	Having medical regulation and designation as a Naturopathic Doctor has allowed me to maintain my practice.	10/7/2025 12:24 PM
75	It's frustrating to have to clarify the difference, especially when they tell their MD they are working with a "naturopath" and I'm lumped into a different category than my education and training actually merits.	10/7/2025 11:17 AM
76	There is vast consumer confusion about the difference between a naturopath and naturopathic doctor, and I have personally seen patients health negatively impacted by taking medical advice from an unlicensed naturopath. I would also expand this to include those who title themselves as "functional medicine practitioners" but are actually glorified health coaches with no medical training, but are giving potentially life-threatening medical advice to clients. These individuals harm the reputation and years of training the NDs such a myself put in to delivering high quality, evidence-backed care for our patients.	10/7/2025 9:41 AM

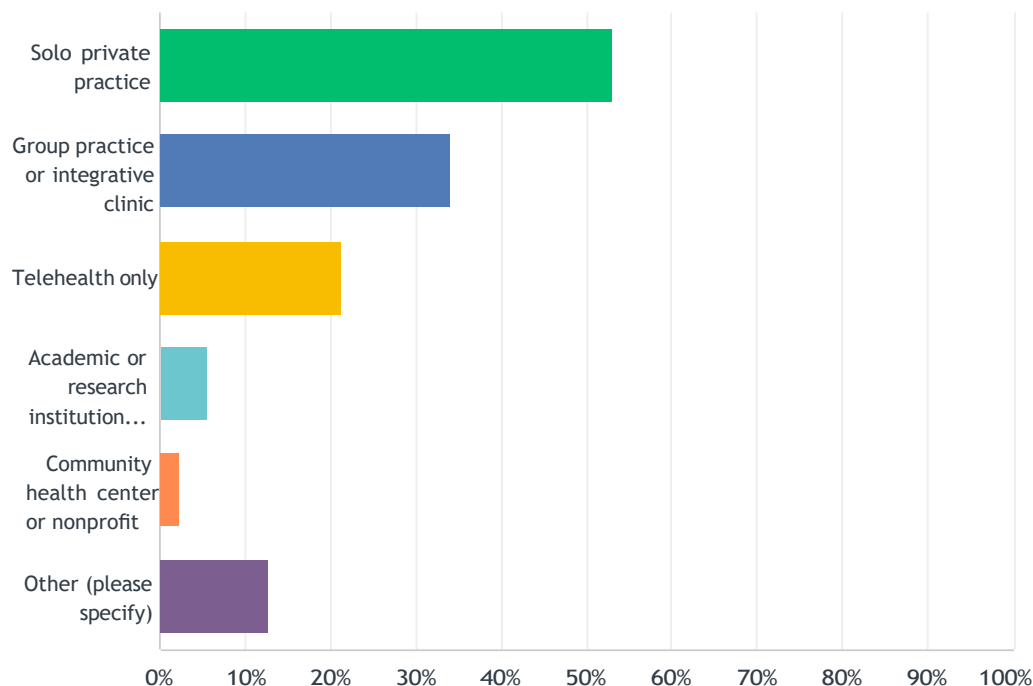
77	Patients will tell me that they saw a "naturopath", not qualified. Other practitioners also get confused about licensed naturopaths	10/7/2025 9:29 AM
78	The supervisory RX situation is highly undesirable for both NDs and their MD supervisors. The limitation on only supervising LVNs (while better) is a barrier. Differentiating from health coaches/unlicensed naturopaths is becoming a serious issue now that they can order labs tests through proxy platforms like FullScript - these practitioners increasingly practice beyond their scope without the limitations licensed providers have such as not practicing across state lines, carrying malpractice, paying for licenses/CME.	10/7/2025 7:51 AM
79	There are other professionals and untrained individuals co-opting the term "naturopath" and as such, they manipulate the public into believing they are doctors. This results in public confusion and can cause harm to individuals. In addition, these unlicensed people will send patients to licensed providers demanding lab work or prescriptions that are not indicated. It also is a large burden to overcome in having to educate people on the distinction between licensed and unlicensed. The state has unfairly put the burden of consumer protection on licensed NDs in not better regulating this.	10/7/2025 7:26 AM
80	Competition	10/7/2025 7:19 AM
81	There were many of these alternative practitioners in Roseville Sacramento area. Often they treated patients in ways they should not have feel it is doing patients a disservice because they do not have medical background. I always make it very clear to patients regarding my training	10/7/2025 4:57 AM
82	There is confusion among the public of the difference between Naturopathic and Naturopathic Dr.	10/6/2025 8:18 PM
83	I met with a Medical Doctor who owns an Urgent Care. She did not know that I as a "naturopath" attended 4 years of medical school and can administer IV's, order labs and prescribe. She though I was the equivalent of a nutritionist.	10/6/2025 7:43 PM
84	This creates confusion for patients who sometimes do not understand our training as physicians.	10/6/2025 6:19 PM
85	Many without licensure call themselves with similar titles and are afforded similar opportunities to NDs - there needs to be more regulation on unlicensed health/life coaches, nutritionists and so-called "naturopaths"	10/6/2025 5:57 PM
86	I've had several patients and potential patients see unlicensed NDs and think I will give the same type of care. It's difficult to market and stand out against an unregulated industry we get lumped into.	10/6/2025 4:49 PM
87	I am competing with unlicensed individuals who are somehow ordering labs and diagnosing and treating disease. The patients don't know any better.	10/6/2025 4:27 PM
88	It wasted my precious time	10/6/2025 4:24 PM
89	Some potential patients don't know what to look for to help them with their health concerns.	10/6/2025 3:59 PM
90	It's unclear to some people the distinction between seeing an ND with doctoral level training vs. unknown/unaccredited training.	10/6/2025 3:21 PM
91	Hard to pin down	10/6/2025 3:16 PM
92	Consumers/patients are confused.	10/6/2025 3:04 PM
93	This mostly applies to other doctors in the area not realizing I am licensed or know the difference.	10/6/2025 2:46 PM
94	It creates a large amount of confusion and confidence in Naturopathy and the difference between Licensed NDs and "practitioners".	10/6/2025 2:32 PM
95	Honestly it's also patient safety. Patients come in after having followed all manner of scary protocols from their unlicensed provider and assuming that I will encourage them to continue.	10/6/2025 2:20 PM
96	Because our scope was limited, and because of the name confusion, I had patients get very upset/confused about what they had been told by their previous "naturopath" that had worsened their health	10/6/2025 2:19 PM
97	There are quite a few patients that have told me they have seen a naturopath before but didn't	10/6/2025 2:10 PM

know they were not licensed as a doctor. They lump us into that category- I can see how they will be confused with the cost of services. Also it can deter patients from coming to see us based on their services from other "naturopaths".

98	It's not practical to educate everyone who encounters unlicensed NDs on the relative value of our education and training. Plus, people who encounter unlicenseds first will generally have already formed an opinion. It's just one more area where it is an uphill battle for equality and respect.	10/6/2025 2:04 PM
99	Very limited scope does not allow me to practice as trained. I feel as though the scope does not allow me to practice to the full extent of my training and that it does not allow employment opportunities that allow me to pay back the \$200k+ student loans.	10/6/2025 2:00 PM
100	Unfortunately there are no repercussions for unlicensed providers or "health coaches" who choose to practice outside of their scope of practice.	10/6/2025 1:59 PM
101	In my area, if you look up Naturopathic Doctor, about 1/3 are not licensed. Patients go to these people and are unsatisfied not understanding the difference.	10/6/2025 1:52 PM
102	It has been a strong factor for me in considering leaving the state. As it currently stands, I have had many patients come to me saying they had seen my colleague only to find out they had seen someone who had attended a very short online program and wasn't licensed, but was presenting themselves as if they were an ND. On investigation of websites, they are often within their legal limitations for how they are defining themselves, but the confusion still existed for my patients.	10/6/2025 1:49 PM
103	It's confusing to clients about who we are and can be unsafe to go to an unlicensed practitioner, it's challenging to explain to clients about the complexity of holistic primary care and potential risks can be associated	10/6/2025 1:49 PM
104	It just leads to confusion with our credibility when patients are seeking new providers.	10/6/2025 1:46 PM
105	They charge less, but sometimes their wrong recommendations can impact people's health and affect patients' trust.	10/6/2025 1:36 PM
106	The schema of dual licensure in California for both naturopathic doctors and "naturopaths" has proven to be very confusing to the public, with my patients often telling me "I saw another naturopath who prescribed X", only to find out that the practitioner is not a naturopathic doctor, and the "prescription" was actually selling an herbal product.	10/6/2025 1:34 PM
107	We don't need additional confusion or competition.	10/6/2025 1:28 PM
108	The regulation of unlicensed providers is stealing resources from our regulatory and professional organizations, who should be providing support/resources to license-able providers.	10/6/2025 1:26 PM
109	There are so many unlicensed naturopaths pretending to be and calling themselves "Doctors". The patient is extremely confused between real NDs and fakes.	10/6/2025 1:25 PM
110	these practitioners have created a stigma against naturopathic doctors on behalf of medical professionals	10/6/2025 1:23 PM
111	Multiple individuals in my area have claimed to be naturopaths and experts in functional medicine, and I have seen multiple patients who previously saw these individuals but did not receive adequate care (i.e., were marketed expensive supplements but did not receive proper work up or diagnosis). I believe this does a disservice to the reputation of licensed ND's, in that it creates confusion around the term "naturopath" and what a lay naturopath vs. naturopathic doctor can provide.	10/6/2025 1:22 PM
112	I spend more time than I would like educating patients about the differences in education, what this might mean for their care and even more disturbingly, witnessing patients who have spent large sums of money with providers who have not been transparent about their training and the patients have not seen positive results in their care. I think there are many ways to practice the healing arts and I would like to embrace practitioners from many lineages, but the terminology of Naturopath is eclectic even amongst licensed doctors and becomes even more murky with unlicensed providers. It is not a matter of anyone not providing good care, but more an issue of providing informed care that speaks clearly to one's education, knowledge, training, specialties and skills as well as one's limitations.	10/6/2025 1:18 PM

Q13 6.1 What is your current or most recent practice setting in California? (Select all that apply)

Answered: 220 Skipped: 28



ANSWER CHOICES	RESPONSES	
Solo private practice	53.18%	117
Group practice or integrative clinic	34.09%	75
Telehealth only	21.36%	47
Academic or research institution (including Bastyr University Faculty)	5.45%	12
Community health center or nonprofit	2.27%	5
Other (please specify)	12.73%	28
Total Respondents: 220		

#	OTHER (PLEASE SPECIFY)	DATE
1	90% tele health 10% in person	10/21/2025 7:22 PM
2	not currently practicing in California but had solo practice when did	10/21/2025 6:13 PM
3	Not currently licensed	10/21/2025 4:24 PM
4	I rent space in a group practice with different types of providers, but run my own practice.	10/21/2025 10:48 AM
5	Solo Practice and Telehealth	10/21/2025 10:18 AM
6	Educational consulting	10/21/2025 9:30 AM
7	Not active practicing	10/21/2025 9:13 AM

8	Within acupuncture college clinic	10/20/2025 2:26 PM
9	Now inactive status	10/20/2025 1:23 PM
10	currently not in practice	10/20/2025 1:09 AM
11	Not currently working in California as I live overseas	10/20/2025 12:23 AM
12	I no longer practice and currently in work as a nurse practitioner where I can practice within my full scope and have a stable job.	10/19/2025 9:37 AM
13	Practicing out of my home, due to financial limitations. but in reality I've been too sick to practice in any setting..	10/18/2025 1:36 PM
14	Telehealth and part-time practice in person.	10/7/2025 9:47 PM
15	90% telehealth	10/7/2025 12:25 PM
16	Shared office space with MD but separate business practices	10/7/2025 7:54 AM
17	Intention to practice but did not	10/7/2025 7:20 AM
18	Retired	10/7/2025 5:21 AM
19	Not practicing	10/6/2025 8:23 PM
20	Solo owner - group of docs as employees	10/6/2025 7:31 PM
21	School support	10/6/2025 4:58 PM
22	And a provider for a non-profit serving cancer patients.	10/6/2025 2:48 PM
23	Occasional visits to the state as well as telehealth	10/6/2025 2:33 PM
24	Random acts of healing	10/6/2025 2:27 PM
25	Telehealth with in person visits through the year	10/6/2025 2:26 PM
26	Mostly retired only do pro bono work no	10/6/2025 1:35 PM
27	Not actively practicing	10/6/2025 1:24 PM
28	Consulting for nutraceutical company	10/6/2025 1:12 PM

Q14 6.2 What County in California is your current or most recent practice located in?

Answered: 212 Skipped: 36

#	RESPONSES	DATE
1	Fresno and Riverside Counties	10/22/2025 10:10 PM
2	Sacramento	10/22/2025 9:11 PM
3	San Diego	10/22/2025 8:30 PM
4	Alameda	10/22/2025 7:02 PM
5	San Diego	10/22/2025 6:04 PM
6	sacramento	10/22/2025 4:57 PM
7	Sacramento	10/22/2025 3:41 PM
8	San Mateo and Contra Costa	10/22/2025 2:56 PM
9	Marin	10/22/2025 11:17 AM
10	San Francisco	10/22/2025 11:11 AM
11	Los Angeles	10/22/2025 10:50 AM
12	Riverside	10/22/2025 9:50 AM
13	Santa Clara	10/22/2025 9:38 AM
14	Santa Clara	10/22/2025 9:35 AM
15	Sacramento	10/22/2025 8:44 AM
16	Sonoma	10/22/2025 8:29 AM
17	san mateo county	10/22/2025 6:34 AM
18	Los Angeles	10/21/2025 9:10 PM
19	San Diego	10/21/2025 8:56 PM
20	Marin	10/21/2025 8:18 PM
21	Santa Clara	10/21/2025 8:12 PM
22	El Dorado County	10/21/2025 8:01 PM
23	Los Angeles	10/21/2025 7:22 PM
24	Santa CLara	10/21/2025 7:16 PM
25	San Diego	10/21/2025 6:13 PM
26	Orange	10/21/2025 4:56 PM
27	Orange	10/21/2025 4:51 PM
28	Santa Clara	10/21/2025 4:45 PM
29	San Diego	10/21/2025 3:35 PM
30	San Francisco	10/21/2025 1:58 PM
31	Sonoma	10/21/2025 1:43 PM

32	sacramento	10/21/2025 1:36 PM
33	Santa Clara	10/21/2025 1:08 PM
34	Sonoma	10/21/2025 1:03 PM
35	Marin	10/21/2025 12:55 PM
36	San Mateo	10/21/2025 12:35 PM
37	solano	10/21/2025 12:31 PM
38	San Diego	10/21/2025 12:24 PM
39	Sacramento	10/21/2025 11:56 AM
40	San Mateo	10/21/2025 11:55 AM
41	Placer	10/21/2025 11:54 AM
42	Orange county	10/21/2025 11:45 AM
43	San Francisco	10/21/2025 11:38 AM
44	Santa Clara	10/21/2025 11:24 AM
45	Los Angeles	10/21/2025 10:55 AM
46	Los Angeles	10/21/2025 10:48 AM
47	Contra Costa	10/21/2025 10:45 AM
48	Contra Costa County	10/21/2025 10:18 AM
49	San Diego	10/21/2025 10:03 AM
50	Riverside County	10/21/2025 9:45 AM
51	San Diego	10/21/2025 9:43 AM
52	Orange County	10/21/2025 9:41 AM
53	San francisco	10/21/2025 9:41 AM
54	Palo Alto	10/21/2025 9:41 AM
55	Orange	10/21/2025 9:40 AM
56	OC	10/21/2025 9:39 AM
57	Santa Cruz	10/21/2025 9:36 AM
58	Riverside	10/21/2025 9:34 AM
59	Alameda	10/21/2025 9:31 AM
60	Los Angeles	10/21/2025 9:30 AM
61	Marin	10/21/2025 9:30 AM
62	Los Angeles	10/21/2025 9:30 AM
63	Los Angeles	10/21/2025 9:28 AM
64	Ventura	10/21/2025 9:17 AM
65	San Francisco	10/21/2025 9:16 AM
66	contra costa	10/21/2025 9:13 AM
67	Shasta	10/20/2025 8:54 PM
68	San Francisco	10/20/2025 5:18 PM
69	L.A.	10/20/2025 2:26 PM

219	Monterey	10/20/2025 2:06 PM
71	Sonoma	10/20/2025 1:23 PM
72	napa	10/20/2025 12:46 PM
73	Santa Clara	10/20/2025 11:26 AM
74	San Diego	10/20/2025 10:45 AM
75	Unable to recall	10/20/2025 10:27 AM
76	Riverside	10/20/2025 9:51 AM
77	NA	10/20/2025 1:09 AM
78	San Diego county	10/20/2025 12:23 AM
79	Alameda	10/19/2025 9:37 AM
80	Santa Barbara	10/18/2025 1:46 PM
81	Sacramento	10/18/2025 1:36 PM
82	Marin	10/17/2025 6:53 PM
83	Alameda	10/16/2025 11:09 AM
84	Contra Costa	10/14/2025 12:44 PM
85	San Diego	10/14/2025 11:58 AM
86	Orange	10/13/2025 6:33 PM
87	Contra Costa and San Diego counties	10/12/2025 7:16 AM
88	Santa Cruz	10/11/2025 4:59 PM
89	Fresno	10/11/2025 12:03 PM
90	San Diego	10/10/2025 6:00 PM
91	Sonoma	10/10/2025 2:29 PM
92	San Diego	10/10/2025 6:36 AM
93	Encinitas and La Mesa	10/9/2025 10:59 PM
94	San Diego	10/9/2025 10:24 PM
95	Orange	10/9/2025 8:50 PM
96	San Diego	10/9/2025 7:53 PM
97	Los Angeles	10/9/2025 6:15 PM
98	Contra Costa	10/9/2025 2:53 PM
99	Tulare	10/9/2025 1:49 PM
100	Santa Clara	10/9/2025 1:39 PM
101	Santa Cruz	10/9/2025 1:09 PM
102	Los Angeles	10/9/2025 12:21 PM
103	Sonoma County	10/9/2025 11:23 AM
104	LOS ANGELES	10/9/2025 10:49 AM
105	Marin	10/9/2025 7:57 AM
106	Telehealth only	10/8/2025 8:18 PM
107	Los Angeles	10/8/2025 6:35 PM

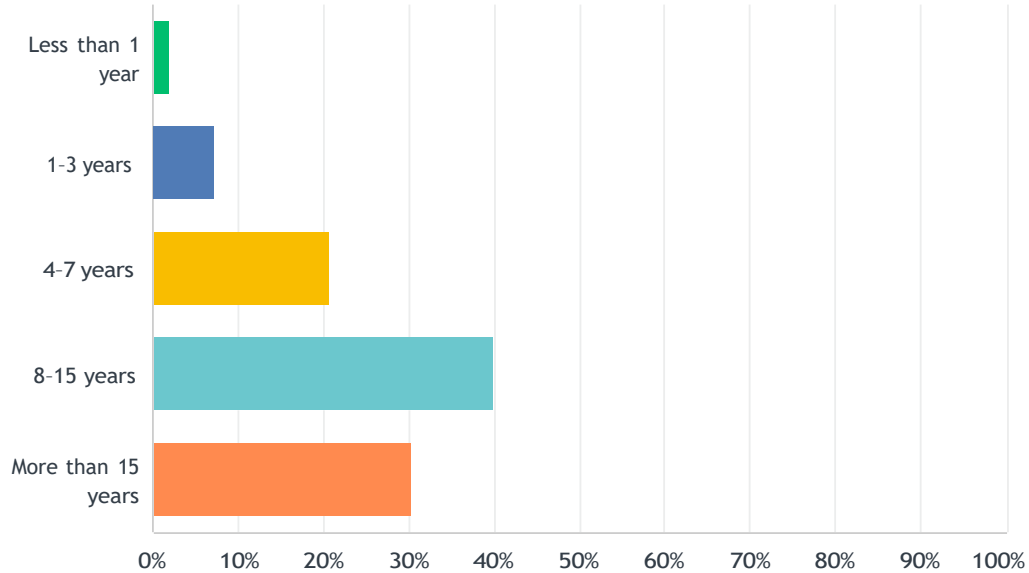
220	San Diego	10/8/2025 5:09 PM
109	Orange	10/8/2025 4:53 PM
110	Placer	10/8/2025 4:30 PM
111	Santa Barbara	10/8/2025 2:07 PM
112	Los Angeles	10/8/2025 1:45 PM
113	Ventura	10/8/2025 1:40 PM
114	Sacramento	10/8/2025 12:36 PM
115	Los Angeles	10/8/2025 11:03 AM
116	Orange	10/8/2025 10:26 AM
117	Riverside	10/8/2025 9:10 AM
118	Los Angeles	10/8/2025 7:50 AM
119	San Diego	10/8/2025 3:48 AM
120	San Francisco	10/7/2025 9:47 PM
121	Memdocino	10/7/2025 7:52 PM
122	N/A	10/7/2025 3:55 PM
123	Los Angeles County & Ventura County	10/7/2025 3:33 PM
124	Santa Ana, San Diego	10/7/2025 3:17 PM
125	Humboldt	10/7/2025 2:18 PM
126	Santa Clara	10/7/2025 1:24 PM
127	Humboldt	10/7/2025 1:15 PM
128	Alameda	10/7/2025 12:53 PM
129	los angeles	10/7/2025 12:25 PM
130	Marin	10/7/2025 11:19 AM
131	San Diego	10/7/2025 11:10 AM
132	Los Angeles	10/7/2025 10:29 AM
133	Alameda	10/7/2025 10:11 AM
134	San Diego	10/7/2025 9:41 AM
135	Sonoma	10/7/2025 9:30 AM
136	Butte count	10/7/2025 9:28 AM
137	San Diego	10/7/2025 7:54 AM
138	Alameda	10/7/2025 7:29 AM
139	Ventura	10/7/2025 7:20 AM
140	Telehealth	10/7/2025 6:14 AM
141	NA	10/7/2025 5:21 AM
142	Orange	10/6/2025 9:14 PM
143	San Francisco	10/6/2025 8:46 PM
144	San Diego	10/6/2025 8:23 PM
145	San Diego	10/6/2025 8:19 PM

146	San Joaquin	10/6/2025 8:17 PM
147	San Luis Obispo and Orange County	10/6/2025 7:45 PM
148	San Mateo	10/6/2025 7:34 PM
149	Santa Clara	10/6/2025 7:31 PM
150	Los Angeles	10/6/2025 6:19 PM
151	San Diego	10/6/2025 6:09 PM
152	Bay Area	10/6/2025 5:57 PM
153	Santa Monica	10/6/2025 5:38 PM
154	Santa clara	10/6/2025 5:18 PM
155	Los Angeles and San Diego	10/6/2025 5:08 PM
156	San Diego	10/6/2025 4:57 PM
157	San Diego	10/6/2025 4:51 PM
158	San Luis Obispo	10/6/2025 4:32 PM
159	Ventura	10/6/2025 4:32 PM
160	El Dorado	10/6/2025 4:28 PM
161	Los Angeles	10/6/2025 4:26 PM
162	San Diego County	10/6/2025 4:01 PM
163	Sonoma	10/6/2025 3:23 PM
164	Marin	10/6/2025 3:18 PM
165	San Diego	10/6/2025 3:03 PM
166	Santa Clara and contra costa	10/6/2025 2:58 PM
167	Sonoma	10/6/2025 2:48 PM
168	San Diego	10/6/2025 2:33 PM
169	orange	10/6/2025 2:33 PM
170	Stanislaus	10/6/2025 2:33 PM
171	no longer in California	10/6/2025 2:30 PM
172	Los Angeles	10/6/2025 2:27 PM
173	Santa Barbara	10/6/2025 2:26 PM
174	LA	10/6/2025 2:24 PM
175	Alameda	10/6/2025 2:21 PM
176	Orange	10/6/2025 2:21 PM
177	Sacramento	10/6/2025 2:20 PM
178	Contra costa	10/6/2025 2:19 PM
179	Santa Clara	10/6/2025 2:09 PM
180	Los Angeles	10/6/2025 2:07 PM
181	San Luis Obispo	10/6/2025 2:06 PM
182	Marin	10/6/2025 2:05 PM
183	Sonoma	10/6/2025 2:03 PM

184	Santa Babrara	10/6/2025 2:00 PM
185	Monterey	10/6/2025 1:55 PM
186	Contra Costa County	10/6/2025 1:51 PM
187	San Diego	10/6/2025 1:50 PM
188	Los Angeles	10/6/2025 1:50 PM
189	San Diego	10/6/2025 1:48 PM
190	sonoma	10/6/2025 1:47 PM
191	San Diego	10/6/2025 1:46 PM
192	Los Angeles	10/6/2025 1:45 PM
193	San Diego	10/6/2025 1:44 PM
194	OC	10/6/2025 1:39 PM
195	N/A	10/6/2025 1:36 PM
196	Marin	10/6/2025 1:35 PM
197	sonoma	10/6/2025 1:34 PM
198	Los Angeles	10/6/2025 1:30 PM
199	San Francisco	10/6/2025 1:29 PM
200	San Diego	10/6/2025 1:26 PM
201	Fresno	10/6/2025 1:26 PM
202	San Francisco	10/6/2025 1:25 PM
203	Marin	10/6/2025 1:25 PM
204	san diego	10/6/2025 1:25 PM
205	Humboldt	10/6/2025 1:25 PM
206	Not actively practicing	10/6/2025 1:24 PM
207	El dorado	10/6/2025 1:18 PM
208	San Francisco	10/6/2025 1:18 PM
209	San Diego	10/6/2025 1:18 PM
210	Los Angeles	10/6/2025 1:16 PM
211	Santa Clara and San Mateo	10/6/2025 1:12 PM
212	Orange	10/6/2025 1:12 PM

Q15 6.3 How many years have you been licensed and practicing as a naturopathic doctor in California only?

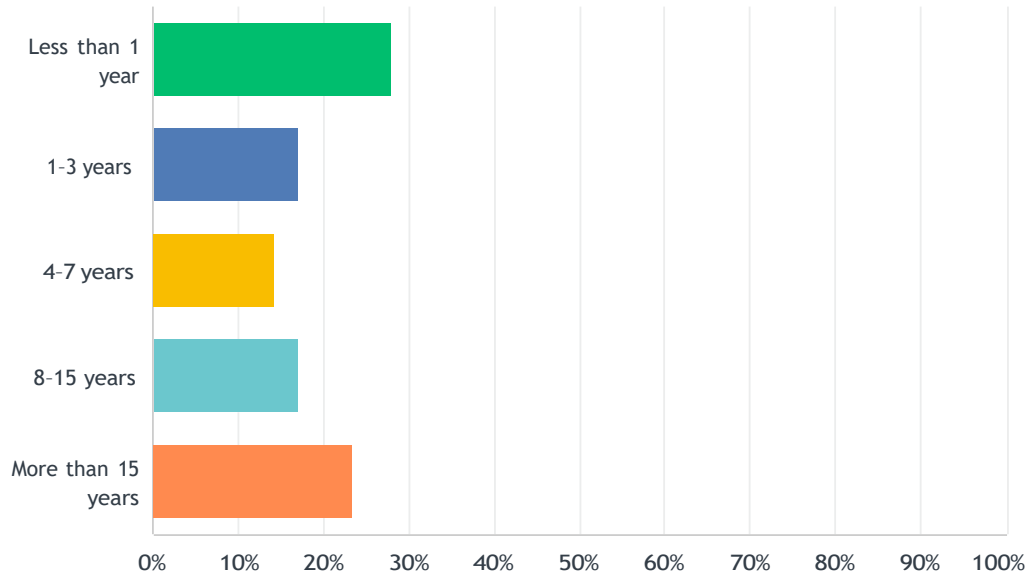
Answered: 218 Skipped: 30



ANSWER CHOICES	RESPONSES	
Less than 1 year	1.83%	4
1–3 years	7.34%	16
4–7 years	20.64%	45
8–15 years	39.91%	87
More than 15 years	30.28%	66
TOTAL		218

Q16 How many years have you been licensed and practicing as a naturopathic doctor outside of California?

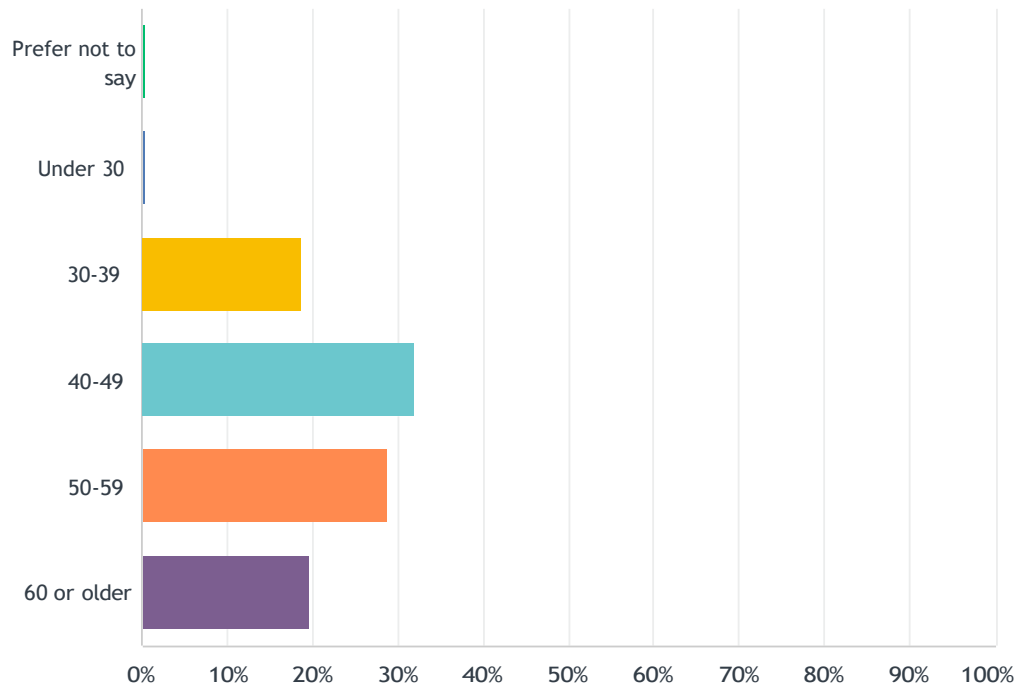
Answered: 175 Skipped: 73



ANSWER CHOICES	RESPONSES	
Less than 1 year	28.00%	49
1–3 years	17.14%	30
4–7 years	14.29%	25
8–15 years	17.14%	30
More than 15 years	23.43%	41
TOTAL		175

Q17 6.4 What is your age range?

Answered: 219 Skipped: 29



ANSWER CHOICES	RESPONSES	
Prefer not to say	0.46%	1
Under 30	0.46%	1
30-39	18.72%	41
40-49	31.96%	70
50-59	28.77%	63
60 or older	19.63%	43
TOTAL		219

Q18 6.5 Is there anything else you would like the Board to know about your experience practicing or seeking licensure in California?

Answered: 104 Skipped: 144

#	RESPONSES	DATE
1	I do not like the idea of our licensing renewal fees going up every year. Life is already tough as it is in what is probably the second or third most expensive state to live in within the United States. I believe the expense of living here is one thing that is driving people away to greener pastures.	10/22/2025 10:10 PM
2	For my expertise which is Lyme Disease it was a challenge to find an overseeing MD in order to write antibiotic Rx's - would be nice if scope included antibiotic prescribing.	10/22/2025 6:04 PM
3	no	10/22/2025 4:57 PM
4	Licensure was essential in establishing this profession as independent, well-trained practioners, capable of practicing naturopathic medicine in California. It must remain that way.	10/22/2025 11:17 AM
5	I would like full prescriptive rights without MD supervision and to call myself a physician	10/22/2025 11:11 AM
6	Inability to prescribe non-scheduled medications which increases health costs for patients when a patient is referred to another provider to prescribe antibiotics or first line therapy for diabetes or hypertension.	10/22/2025 9:50 AM
7	I continue to find the scope of practice difficult. It is difficult to find an overseeing provider who is not predatory and charging money to oversee your rx's. It is also difficult to arrange their malpractice as the law sees us simultaneously as equals (doctors), but also less than (needing oversight). It also created significant issues with CVS specifically where I would need to fax the statutes with my rx's to ensure they were filled.	10/22/2025 8:29 AM
8	The cost of licensure is prohibitively high, and there was no announcement about the new credit card fee. The amount of continuing education hours required is unreasonably high, as are the amount of live continuing education hours, and pharmacy continuing education hours. For comparison, medical doctors in California are only required to complete 50 hours of continuing education every two years. Continuing education that is made for naturopathic doctors and is accepted by California is limited and costly. It would help if the naturopathic continuing education options that are approved by other states or are offered by naturopathic schools are automatically accepted by California.	10/22/2025 2:59 AM
9	Injection therapies as well as peptide availability	10/21/2025 8:56 PM
10	The most difficult part of practicing in CA is the requirement for MD/DO oversight. My WA or ME licenses do not have this requirement	10/21/2025 8:18 PM
11	My impression is that Naturopathic doctors have a pretty full scope of practice in California when I was there but just couldn't prescribe testosterone	10/21/2025 6:13 PM
12	I truly feel our board should stand up for us to allow ONLY licensed NDs to use the initials of ND after our name. We worked hard for this and feel that we deserve protection.	10/21/2025 4:56 PM
13	I applied but never received my IV certificate. I reached out to board and no one ever answered or replied.	10/21/2025 4:24 PM
14	I feel like I have been practicing with one hand tied behind my back by not being able to fully treat my patients in the way that I was educated and trained. Having to refer to an Urgent care and increasing their workload when I can diagnose something like a UTI or pneumonia but can't prescribe medication. The fact that I can have a DEA number and prescribe something like Testosterone that is a controlled substance but I can't prescribe Macrobid is ridiculous!	10/21/2025 1:58 PM
15	If we are trained and tested on it (ie board exams), we should be able to include it in our practice.	10/21/2025 1:43 PM

16	It is important that NDs are able to practice to the fullest extent of their education and training.	10/21/2025 1:36 PM
17	El Camino Hospital did not accept my referral for a patient to get physical therapy on the basis of my being a naturopathic doctor. They wanted an MD or RN to make the referral. Previously insurance companies would reimburse patients who have met their deductibles for their visit with me, however, recently they are denying the claims simply on the basis that it is a naturopathic Doctor who provided care.	10/21/2025 1:08 PM
18	I'm glad with cannot bill insurance to be honest. That is not how I felt when I first started practicing.	10/21/2025 12:35 PM
19	No	10/21/2025 11:56 AM
20	There is not enough ND's in California ...this can be good for business but not enough that most people even know of Naturopaths unlike Washington, Oregon and Arizona	10/21/2025 11:55 AM
21	I have licensure in 2 other states (2additional pending) and California is the most limiting and does not align with our training.	10/21/2025 11:54 AM
22	After 25 years practicing in California, I'm convinced it is impossible to make a living wage without some kind of secondary specialty. It has been extremely stressful.	10/21/2025 11:38 AM
23	The prescriptive rights, even if a limited formulary, would be very helpful. Just to get things like antibiotics, blood pressure meds, statins, LDN, antifungals, etc would be very helpful and would give patients more options.	10/21/2025 10:48 AM
24	We should be allowed to have the title of NMD because we have done the work to earn it.	10/21/2025 10:18 AM
25	n/a	10/21/2025 9:43 AM
26	Bay area is specifically very conservative medically speaking. There is still such little appreciation and respect for the work we do as licensed NDs w/ a doctorate. There are 3 collaborative group practices in SF proper. It has been a slow crawl my entire career here. Not having the need for a supervising doc to write rx and have more scope of practice around injectables is key.	10/21/2025 9:41 AM
27	waiting time in many Emergency Room in California is 9 hr and to get to PCP takes month Even if we can Rx basics (antibiotics, antivirals, anti fungal it would save patients time and money and would make our care so much better	10/21/2025 9:41 AM
28	Thank you	10/21/2025 9:39 AM
29	In Arizona, I practiced for over 10 years. During this time, I did numerous minor surgery procedures and wrote thousands of prescriptions for pharmaceutical medications--with no MD/DO "supervision." I find it frustrating that I can not do the same in California. This has prevented me from practicing medicine in Latino immigrant communities that resonate with its members: integratively blending natural approaches while using pharmaceutical medications as needed.	10/21/2025 9:34 AM
30	I started naturopathic medical school in 2014 with the expectation that our scope was likely to be modified within the year and I would come back from Portland (NUNM) in 2019 with access to a similar scope to how I was trained. The fact that it still has not been modified changed the entire focus of my practice. I don't feel valued as a healthcare practitioner in California. My personal life is here, but if it was not, I would definitely consider moving to a state with our full scope.	10/21/2025 9:31 AM
31	The need to protect the title doctor. That MDs now are coming after this title is not acceptable. The fact that they pay millions in lobbying efforts nationally demonstrates how biased and unbalanced the system is. We must work with other professions to keep this from happening.	10/21/2025 9:30 AM
32	Please expand our scope for true independent practice and prescribing!	10/21/2025 9:13 AM
33	n/a	10/20/2025 8:54 PM
34	After passing the boards, I applied for license, but it was delayed by a few months. I contacted the CA "board" explained the delay and was told my license was approved the day after the application arrived at the Board. Almost lost job at college I was teaching at.	10/20/2025 2:26 PM
35	No	10/20/2025 2:06 PM
36	Acceptance and understanding about naturopathic medicine by allopathic MDs, DO, NPs, PAs,	10/20/2025 1:23 PM

etc. A lot of long standing tenets and practices of NDs have been co-opted by allopathic practitioners who lead the public to believe this is their medicine. When in practice I was often minimized by other allopathic practitioners who didn't want to work collaborative with NDs.

37	I am no longer licensed in CA due to costs, and limited scope and reimbursement impacting revenue. I can't practice to full scope so it greatly limits my ability to conduct my professional trade in CA.	10/20/2025 10:45 AM
38	Naturopathic doctors are physicians and should be respected as such.	10/20/2025 10:27 AM
39	The California Board of Naturopathic Medicine has always been very helpful	10/20/2025 1:09 AM
40	The unreasonable licensure requirements (requiring live CEs) is a barrier to maintaining my license when it's been difficult to generate income under my ND license. I request that the restriction that requires live CEs be changed to support your members in maintaining their licensure and removing barriers to practice. Thank you!	10/19/2025 9:37 AM
41	Limitations on prescribing are the most cumbersome as well as not being able to hire RNs. We are literally not able to find an LVN in our market to employ so the doctors have to do all things IV in my practice. We could easily find an RN though but are restricted from doing so.	10/18/2025 1:46 PM
42	i had big plans for coming back to California and practicing after completing school in AZ. But I've had health challenges since 2003, which was two years into ND school.	10/18/2025 1:36 PM
43	It would be nice to be able to prescribe autonomously without oversight.	10/17/2025 6:53 PM
44	I would like to be able to prescribed Ketamine independently. I can do so in New Mexico where I am also licensed, and this creates stress and confusion for patients (and for me and my staff!).	10/16/2025 11:09 AM
45	I primarily do IV therapies	10/14/2025 12:44 PM
46	If I hadn't been able to create a supervisory agreement with an MD, my practice would be extremely limited. The fact that I have one has made a huge difference. It was easy for me, but I know it has been challenging for many people. Also, I had to hire a lawyer to get my local radiology facility to allow me to order tests. And the solution was for me to cc an MD with every order. Its ridiculous.	10/11/2025 4:59 PM
47	Would be great to not have to have a supervising MD/DO to prescribe BP meds, antibiotics, etc. I don't prescribe that often but there are times that it is in the best interest of care for a patient.	10/10/2025 2:29 PM
48	Please reconsider the cost of license renewals. It far higher than other states.	10/10/2025 6:36 AM
49	Was quite surprised by the limited scope of practice but am working around it the best I can. Coming from a state where I was able to practice with a wide scope of practice I found it very challenging however, I have been able to adapt. Being able to prescribe medications without an MD sign off would be advantageous to the needs of many of my patients.	10/9/2025 8:50 PM
50	Other than maintaining licensure, the largest obstacle is having to have oversight to prescribe. It is absurd. Even NPs, at some point, no longer need oversight.	10/9/2025 7:53 PM
51	I am no longer practicing but I have maintained my license in good standing, doing all required continuing education since 2019 and plan to continue to do so in case I ever plan to practice again. I think CA is a great place to practice, I just wish more people knew about naturopathic medicine!	10/9/2025 6:15 PM
52	I greatly appreciate the efforts of our Board and professional associations and yet wish we could have practice parity with other doctorate level providers.	10/9/2025 2:53 PM
53	NA	10/9/2025 12:21 PM
54	It would be great if the scope of practice could be expanded and if insurance would be reimbursed.	10/9/2025 11:23 AM
55	We should have a better scope of practice for basic pharmacology and ability to prescribe a wider range of medications to support our natural therapies	10/8/2025 8:18 PM
56	I don't like the requirement to fulfill 20 hours per licensure period in pharmaceutical training, which we are not allowed to use in practice without the impossible protocol agreement in place.	10/8/2025 4:30 PM

57	It was overall very fair and easy. Met expectations.	10/8/2025 1:40 PM
58	No	10/8/2025 12:36 PM
59	Licensure fee is too costly/not in line with other states	10/8/2025 3:48 AM
60	n/a - grateful to all the work you do!	10/7/2025 3:33 PM
61	In my area, naturopathic physicians are well respected, and I think that the professional license is widely recognized and valued.	10/7/2025 2:18 PM
62	Broadening prescribing rights would be helpful. On the positive side, there is a growing awareness of the benefits of working with NDs and I am hopeful that will only continues to improve.	10/7/2025 11:19 AM
63	I think it would benefit us to go for the physician title to include a broader scope	10/7/2025 10:29 AM
64	Insurance reimbursement equality (like acupuncturists enjoy) and physician title with full scope as trained.	10/7/2025 9:30 AM
65	Independent RX, ability to sign DMV/FMLA type forms, supervising RNs - these would be good. CDNA has done a good job lately by adding LVN supervision and defending the IV/B12/glutathione/pharmacy board situation.	10/7/2025 7:54 AM
66	The current scope of practice does not reflect my training and is unnecessarily restrictive in areas I have proven my competency in.	10/7/2025 7:29 AM
67	Please please expand our scope. Prescriptive rights without mD supeeviser. Acupuncture would have been nice too. Minor surgery	10/7/2025 4:58 AM
68	It would be nice to have independent prescriptive privileges.	10/6/2025 9:14 PM
69	It would be great to not have to have a supervising physician.	10/6/2025 8:46 PM
70	I like practicing in CA.	10/6/2025 8:17 PM
71	I do not want to accept insurance, that would cause a lot of headaches. I know some colleagues might be proponents of this. I would like to have equivalent prescription right as ND's practicing in AZ.	10/6/2025 7:45 PM
72	I was involved in the original licensure campaign for NDs in the early 2000s, then left private practice due to all the practice constraints listed above, now am back but use my PA license to bill insurance. It was not a viable license to just practice as an ND for me.	10/6/2025 7:34 PM
73	Lifting supervision from MDs, ability to supervise RNs and ability to do some aesthetics would be really helpful. The number of pop up unqualified IV clinics and gyms providing GLPs and medications are more of an issue than unqualified naturopaths.	10/6/2025 7:31 PM
74	I have a primarily homeopathic practice and licensure doesn't make a big difference with my practice either way - my success comes from just sheer positive clinical results and after 10 years of maintaining a license, I let it go during covid since I didn't want to deal with all the forced covid measures and requirements to maintain a license.	10/6/2025 5:38 PM
75	Unfriendly and lengthy process	10/6/2025 4:58 PM
76	We were told when we moved here, that additional items would be added to our formulary, which just hasn't happened. Basic antibiotics and DMSA would be the bare minimum to add without MD supervision.	10/6/2025 4:51 PM
77	No	10/6/2025 4:32 PM
78	No	10/6/2025 4:26 PM
79	The supervising physician clause is an unnecessary obstacle to providing comprehensive health care. It creates more inefficiency and I doubt that it improves patient safety, when some ND's are simply paying an MD to rubber stamp prescriptions.	10/6/2025 3:23 PM
80	We need to require a LOT FEWER CE's to renew our licenses. The current requirement is too high and significantly exceeds that of our other medical and health colleagues.	10/6/2025 3:18 PM
81	Current California scope of practice does not reflect training/education. This is the primary reason I am relocating outside of California.	10/6/2025 3:05 PM

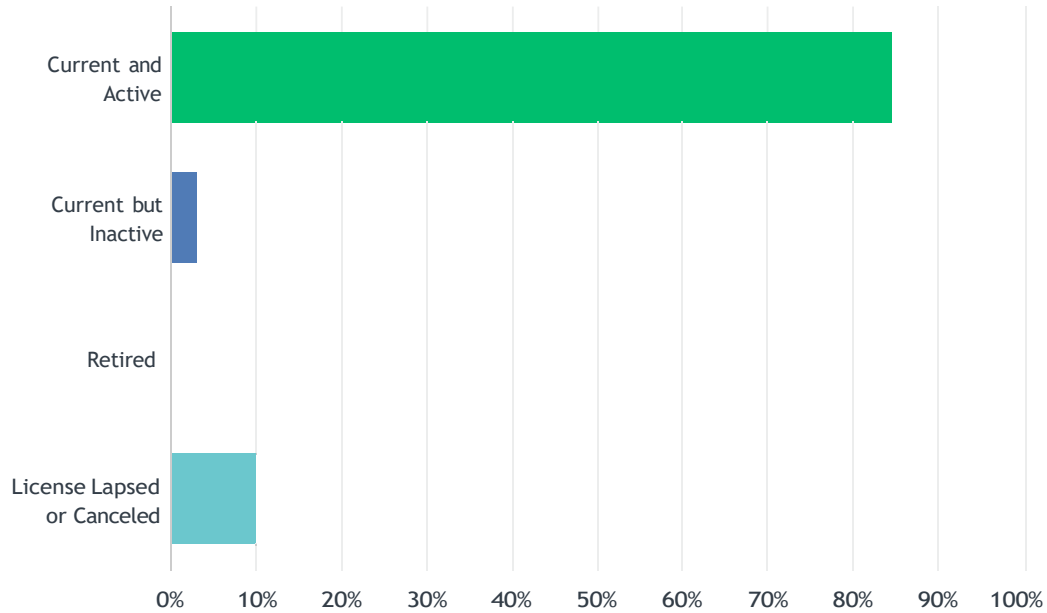
82	keep up the good work of expanding our scope of practice despite its glacial pace due to legislative red tape and other medical professional who want to keep restrictions in place	10/6/2025 3:03 PM
83	Hiring LVN's is very challenging and think we would have many more opportunities to expand our practices if we could hire RN's	10/6/2025 2:48 PM
84	the cost for maintaining the license is expensive	10/6/2025 2:33 PM
85	The political climate does not favor freedom of medical decision-making for patients.	10/6/2025 2:33 PM
86	I'd like to renew my CA license; however, it is too expensive right now.	10/6/2025 2:30 PM
87	We worked incredibly hard to get a license law - for about 20 years. We simply asked to be allowed to practice what we had been trained to do. The "business" of medicine (and food manufacturing) creates an environment that makes it unnecessarily difficult for us to educate and guide people in how to regain and maintain health. We should not be evaluated by the standards MD's use. We don't do what they do. Our goal is not maintaining office visits but educating and restoring people to full health. That's not easy, but it can be done. Please help us do that.	10/6/2025 2:27 PM
88	One of the most difficult aspects of practice is the inability to sign government forms, such as disability, for patients that I have been seeing for over 15 years. They are caught trying to find a doctor who will sign for them when I am a capable provider (AND a religious practitioner CAN sign them...) and most providers I encounter will not take on a patient for this purpose. As well, not being able to order IV supplies and injectables like B12, glutathione without a supervising physician is unnecessary as I have a significant amount of experience with these meds and my supervising physician does not. I have been in practice for almost 20 years and to have to have a supervising physician that does not have as much experience or expertise is overseeing my prescriptions is not good oversight or make it protective for patients.	10/6/2025 2:26 PM
89	Nothing really bugs me. And while I'm annoyed that "traditional naturopaths" confuse patients, the more pressing issue are other licensed practitioners calling themselves naturopaths - MDs, DCs, etc. And, of course, everyone out there can be a "functional medicine practitioner", which massively dilutes patient perception.	10/6/2025 2:24 PM
90	It was very hard to maintain a license in California once I had left due to being hassled by the state taxation authorities even when I wasn't seeing patients there due to full time work elsewhere, so I let it lapse.	10/6/2025 2:21 PM
91	Y'all should be working your asses off trying to expand our scope and allowing insurance coverage. I have student loan debt that is equivalent to and surpasses that of a MEDICAL DOCTOR. With none of the benefits of their scope and insurance coverage or opportunities for forgiveness. Wake up.	10/6/2025 2:21 PM
92	I wrote part of the initial legislation and was a major part of the licensing effort.	10/6/2025 2:09 PM
93	It was really unfortunate that I cannot sign DMV paperwork to place my pregnant patients out on maternity. This is a barrier to patient care and causes additional costs to patients and delays in care.	10/6/2025 2:07 PM
94	The cost of licensure and required, acceptable CE, exceeded my revenues. Had scope of practice allowed in California matched my experience and training as a naturopathic physician in neighboring state I could have had a full practice. No one was interested in the woo woo allowed here when they need basic Medical Care, basic prescriptions, etc.	10/6/2025 2:06 PM
95	I have left the state for reasons unrelated to ND practice. However before I left, I left ND practice. It's difficult and not very remunerative.	10/6/2025 2:05 PM
96	The scope of ability to prescribe needs to expand. Similar to states like WA, OR	10/6/2025 2:00 PM
97	We need independent prescribing rights. Naturopathic Doctors are paying MDs thousands per year to be able to prescribe and it is an unnecessary obstacle. It is challenging to even find someone to do this. If we are worried about competency, we can fine tune the pharmacy board exam.	10/6/2025 1:55 PM
98	No.	10/6/2025 1:36 PM
99	It has gotten much harder to practice in California since I was licensed in 2007. Overhead is high. Licensure and CE costs are high. Injectable nutrient supply costs have become	10/6/2025 1:30 PM

astronomical and it is extremely cumbersome to order injectable medications so I stopped offering that in my practice in 2018. My family of origin is located in California, which keeps me here, but it is a very difficult state to practice naturopathic medicine in and things have unfortunately become more restrictive and more expensive in terms of medical supplies and overhead.

100	I have not felt supported in my academic setting by my profession.	10/6/2025 1:29 PM
101	Not at this time.	10/6/2025 1:25 PM
102	It is a travesty that we pay for a high quality of education and yet we are not utilized by the healthcare system. NDs are trained to provide primary care, and we have a huge shortage of PCPs and yet we are not allowed to fill the gap.	10/6/2025 1:25 PM
103	The requirement for prescription oversight has created unnecessary challenges and costs for my ability to provide proper care for my patients, and the inability to provide minor surgery procedures and perform grade V manipulations has limited my ability to serve patients to the full scope of my education and abilities, which has in turn created unnecessary additional challenges for my patients (inasmuch as they must then seek care from other providers despite the fact that I am trained and fully capable of providing these services if they were in my scope of practice).	10/6/2025 1:25 PM
104	It would be really nice to oversee RNs	10/6/2025 1:18 PM

Q19 7.1 What is your current licensure status with the California Board of Naturopathic Medicine?

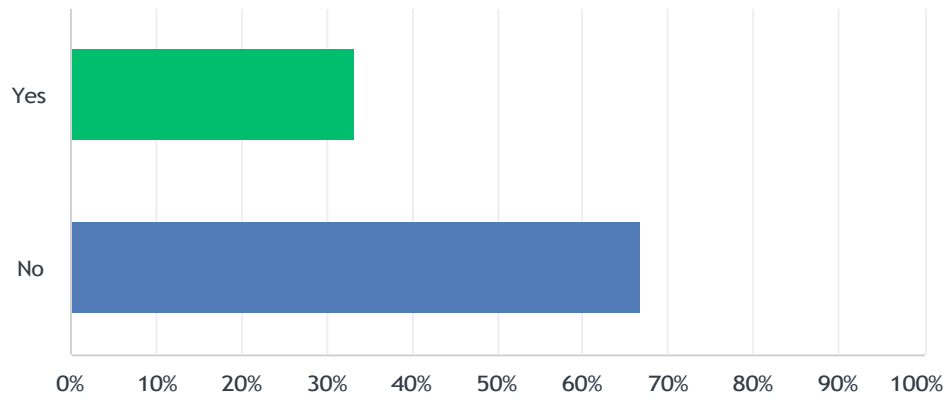
Answered: 221 Skipped: 27



ANSWER CHOICES	RESPONSES	
Current and Active	84.62%	187
Current but Inactive	3.17%	7
Retired	1.36%	3
License Lapsed or Canceled	10.86%	24
TOTAL		221

Q20 7.2 Do you currently hold an ND license in another state?

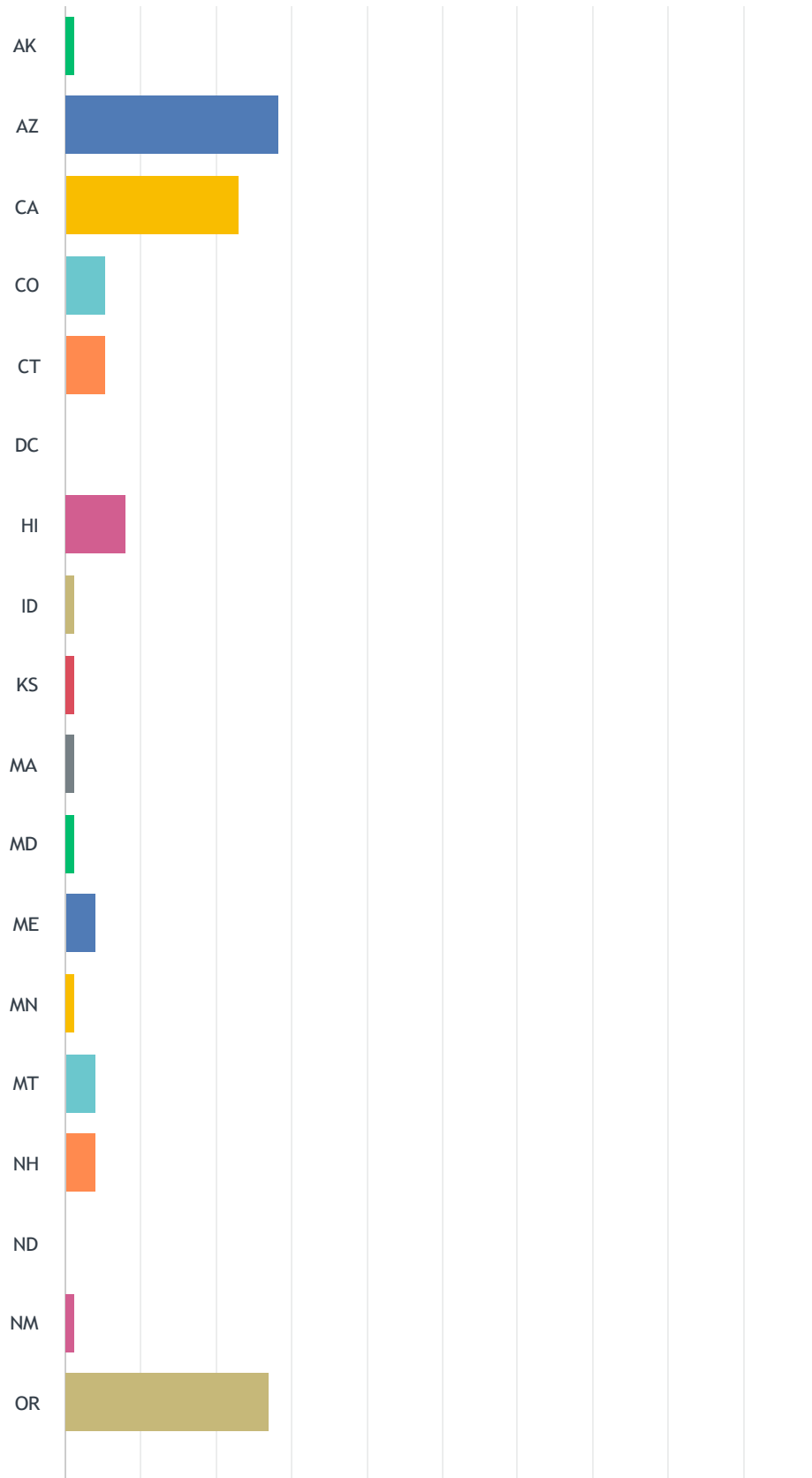
Answered: 222 Skipped: 26

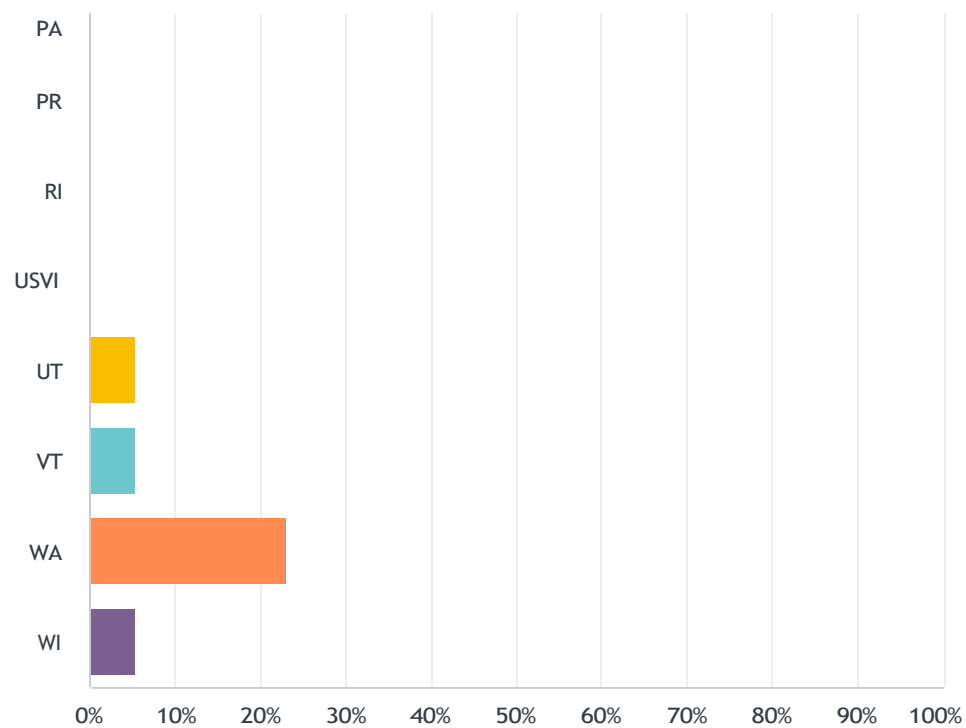


ANSWER CHOICES	RESPONSES	
Yes	33.33%	74
No	66.67%	148
TOTAL		222

Q21 If yes, please select all states where you are licensed.

Answered: 74 Skipped: 174



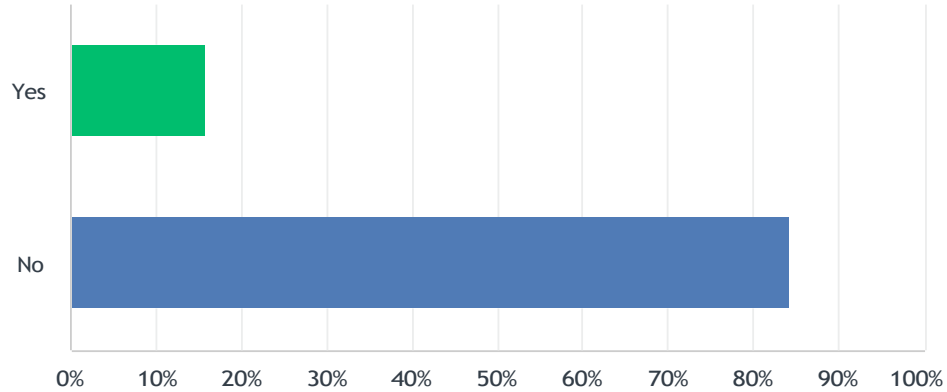


ANSWER CHOICES	RESPONSES	
AK	1.35%	1
AZ	28.38%	21
CA	22.97%	17
CO	5.41%	4
CT	5.41%	4
DC	0.00%	0
HI	8.11%	6
ID	1.35%	1
KS	1.35%	1
MA	1.35%	1
MD	1.35%	1
ME	4.05%	3
MN	1.35%	1
MT	4.05%	3
NH	4.05%	3
ND	0.00%	0
NM	1.35%	1
OR	27.03%	20
PA	0.00%	0
PR	0.00%	0
RI	0.00%	0
USVI	0.00%	0
UT	5.41%	4
VT	5.41%	4
WA	22.97%	17
WI	5.41%	4

Total Respondents: 74

Q22 Do you currently hold any other healthcare practitioner license(s) in California or another state?

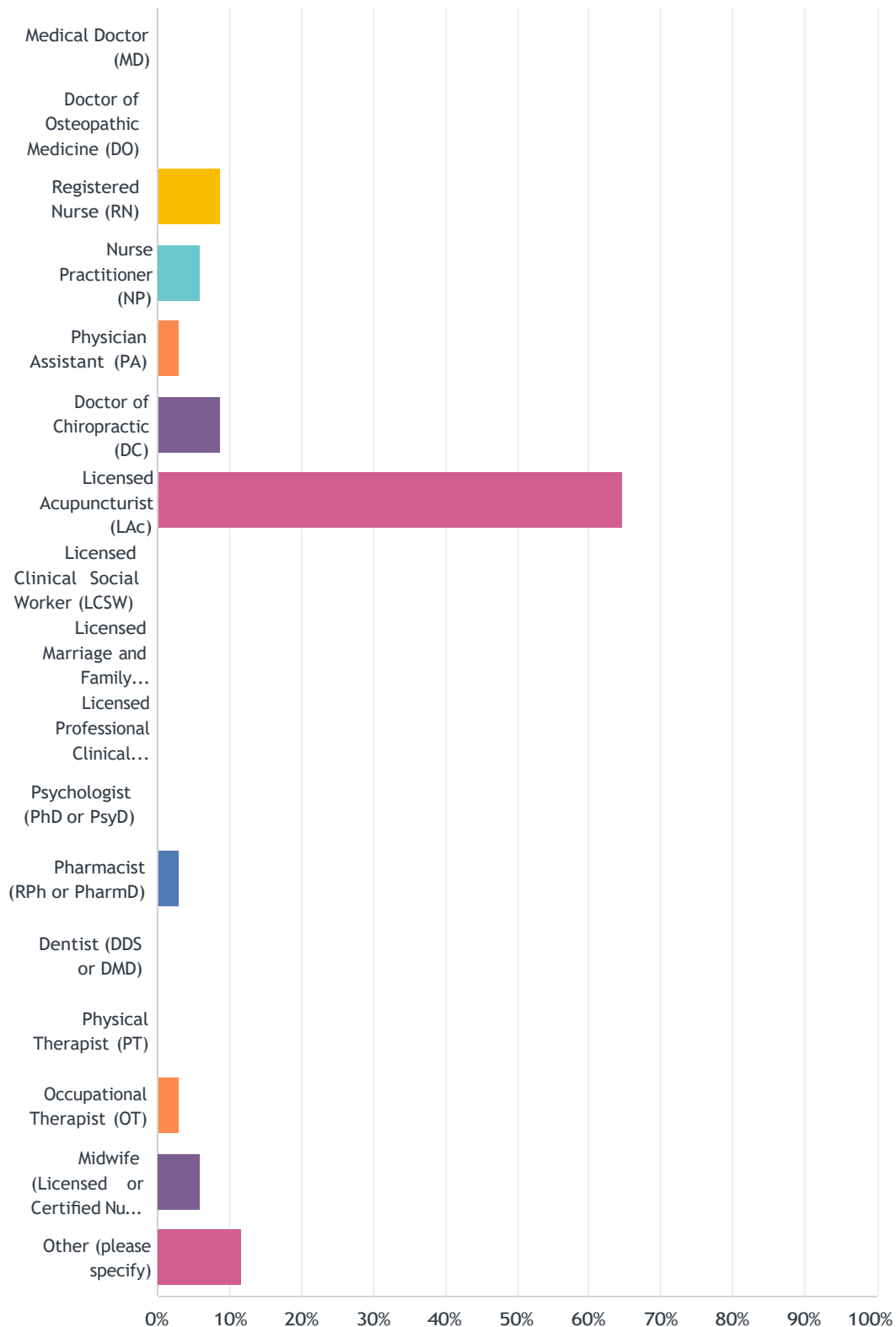
Answered: 222 Skipped: 26



ANSWER CHOICES	RESPONSES	
Yes	15.77%	35
No	84.23%	187
TOTAL		222

Q23 If yes, please select all that apply.

Answered: 34 Skipped: 214



ANSWER CHOICES	RESPONSES	
Medical Doctor (MD)	0.00%	0
Doctor of Osteopathic Medicine (DO)	0.00%	0
Registered Nurse (RN)	8.82%	3
Nurse Practitioner (NP)	5.88%	2
Physician Assistant (PA)	2.94%	1
Doctor of Chiropractic (DC)	8.82%	3
Licensed Acupuncturist (LAc)	64.71%	22
Licensed Clinical Social Worker (LCSW)	0.00%	0
Licensed Marriage and Family Therapist (LMFT)	0.00%	0
Licensed Professional Clinical Counselor (LPCC)	0.00%	0
Psychologist (PhD or PsyD)	0.00%	0
Pharmacist (RPh or PharmD)	2.94%	1
Dentist (DDS or DMD)	0.00%	0
Physical Therapist (PT)	0.00%	0
Occupational Therapist (OT)	2.94%	1
Midwife (Licensed or Certified Nurse Midwife)	5.88%	2
Other (please specify)	11.76%	4
Total Respondents: 34		

#	OTHER (PLEASE SPECIFY)	DATE
1	inactive RN	10/21/2025 9:31 AM
2	Phlebotomy Certificate	10/21/2025 9:31 AM
3	DDS	10/20/2025 1:24 PM
4	Certified Nutrition Specialist	10/6/2025 1:56 PM

Sunset Review Report: *Sample Report Covers*

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TAB 9

Solicitation of Future Agenda Items and Discussion of
Potential 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>
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)	

****A Doodle poll will be sent out for Q1-Q4 meetings.***

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