

Department of Consumer Affairs



Board Meeting

Monday, May 4, 2026
12:00 PM

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
May 4, 2026**

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
Matthew Cappiello, MD
Alex Pereira, ND

**Discussion and 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 12:00 p.m., on Monday, May 4, 2026, with the following locations available for Board and public member 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. 103a
Fresno, CA 93710

Rosewood Branch Library
5655 Jillson St.
Study Room
Commerce, CA 90040

**Azzolino Chiropractic
Neurology & Integrative Wellness**
1545 Broadway
First Floor
San Francisco, CA 94109

Loma Linda Branch Library
25581 Barton Rd.
Meeting Room
Loma Linda, CA 92354

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 May 4, 2026, please log on to this website the day of the meeting:

[Link Here](#)

or

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m3da6a8db064cf4a1fd5e5cd9e67a9359>

If joining using link above

Webinar number: 2498 672 7789

Webinar password: CBNM54

If joining by phone

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

Access Code: 2498 672 7789, followed by #

Passcode: 226654, 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. Introduction of New Board Members
 - a. Matthew Cappiello, MD
 - b. Alex Pereira, ND
4. Discussion on Department of Consumer Affairs (DCA) Updates
 - a. DCA Update - Executive Office
5. Review and Possible Action to Approve November 19, 2026, Board Meeting Minutes
6. Board Sunset Review Background Paper Response – Review, Discussion, and Possible Action to Approve

7. Update, Discussion, and Possible Action on 2026 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Naturopathic Doctors Profession
 - a. [SB 1303](#) (Wahab) Naturopathic Doctors Act.
 - b. [SB 1333](#) (Jones) Naturopathic doctors: scope of practice.
8. Solicitation of Future Agenda Items and Discussion and Possible Action to Set Next Meeting Dates
9. Adjournment

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

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board Chair, at their discretion, may apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting. (Government Code sections 11125, 11125.7(a).)

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

TAB 2

Public Comments

**Name of Public Providing
Comment**

Comment Presented

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TAB 3

Introduction of New Board Members



Matthew Cappiello, MD

Dr. Matthew Cappiello, MD, FASTMH, received his undergraduate degree in Integrative Biology and English Literature from the University of California, Berkeley, and his Doctor of Medicine degree from the University of California San Diego. He completed a dual residency in Internal Medicine and Pediatrics at the University of Southern California.

Dr. Cappiello currently serves as an attending physician at Loma Linda University, where he has held several roles since 2018, including assistant professor in the Division of Infectious Diseases and attending physician in the Department of Internal Medicine. He is also a medical director of infectious diseases and HIV care at SAC Health, one of the largest federally qualified health centers in the United States

Dr. Cappiello is a Member of the CTropMed Committee and Continuing Medical Education Committee at the American Society of Tropical Medicine and Hygiene, as well as the Gold Humanism Honor Society. Dr. Cappiello's research interests include neglected tropical diseases as well as HIV prevention in marginalized populations. He has a longstanding interest in public policy.



Alex Pereira, ND

Dr. Alex Pereira is a licensed naturopathic doctor in California. He is also licensed as a naturopathic physician in Oregon, and Vermont. He specializes in complex chronic and neuroinflammatory illnesses. His clinical focus includes immune dysregulation, Lyme and tick-borne diseases, mold and mycotoxin illness, Mast Cell Activation Syndrome (MCAS), ME/CFS, Long COVID, and autoimmune conditions.

Dr. Pereira is recognized for his work with highly complex, treatment-resistant, multi-system cases, often involving patients who have not improved with conventional or standard integrative approaches. His clinical model integrates advanced diagnostics, IV and injectable therapies, and structured, systems-based treatment strategies designed to address overlapping dysfunction in the immune, neurological, endocrine, and metabolic systems.

His approach emphasizes root-cause resolution while maintaining a strong focus on clinical precision, safety, and long-term recovery. He is particularly known for developing phased, individualized care plans that allow patients to progress through treatment in a measured and sustainable way, even in the setting of significant sensitivity or medical complexity.

Dr. Pereira is committed to advancing naturopathic and integrative medicine through clinical innovation, interdisciplinary collaboration, and a results-driven focus on improving patient outcomes.

TAB 4

Discussion on Department of Consumer Affairs (DCA) Updates

a) DCA Update - Executive Office

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TAB 5

Review and Possible Action to Approve November 19,
2025, Board Meeting Minutes

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TAB 6

Board Sunset Review Background Paper Response –
Review, Discussion, and Possible Action to Approve

BACKGROUND PAPER FOR The California Board of Naturopathic Medicine

**Joint Sunset Review Oversight Hearing, March 24, 2026
Senate Committee on Business, Professions, and Economic Development
and Assembly Committee on Business and Professions
IDENTIFIED ISSUES, BACKGROUND AND RECOMMENDATIONS**

BRIEF OVERVIEW OF THE CALIFORNIA BOARD OF NATUROPATHIC MEDICINE

History and Function of the California Board of Naturopathic Medicine

The California Board of Naturopathic Medicine (CBNM or Board) was originally established as the Bureau of Naturopathic Medicine in 2004 following 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). Operating under the Department of Consumer Affairs (DCA or Department), the Bureau of Naturopathic Medicine transitioned to the Naturopathic Medicine Committee (Committee) within the Osteopathic Medical Board of California (OMBC), then again to the current CBNM, an independent board within the Healing Arts family of programs, reflecting the maturation of the profession and the growing public interest in integrative and preventive care.

The Board protects the health and safety of California consumers through licensing and regulating naturopathic doctors. Its statutory authority is derived from the Naturopathic Doctors Act (Act), a practice act governing 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.

The Board ensures that licensees meet educational and ethical standards, comply with continuing education requirements, and practice within the legal scope defined by the 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.

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. 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, 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 the 1970s, leading to renewed interest in licensure and regulation.

As of June 30, 2025, there were 1,057 active naturopathic doctor licensees in California. 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. Prescribing rights are discussed further in Issue #12.

The practice of naturopathic medicine can often be confused with “traditional naturopathy,” which does *not* include diagnosing, prescribing, or minor office procedures. Naturopathy is a broadly used term encompassing approximately 50 types of complementary and alternative health-care practitioners who may lawfully provide services that do not require medical training or credentials, so long as they comply with the requirements of the Medical Practice Act. The intersection between the Board and unlicensed naturopaths, as well as the impact on the Board and consumers are discussed in Issue #8.

According to the Board’s 2025-2030 Strategic Plan, its mission statement is as follows:

“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.”

In 2022, the sunset extension legislation, AB 2685 (Committee on Business and Professions, Chapter 414, Statutes of 2022) restructured the previous Naturopathic Medicine Committee within the OMBC into a semi-autonomous board. The restructuring reflects that the Naturopathic Medicine Committee was never functionally under the direction or supervision of the OMBC, and the programs did not share resources or responsibility for administering the Act.

The Board consists of nine members. Seven are appointed by the Governor, one public member is appointed by the Senate Committee on Rules, and one public member is appointed by the Speaker of the Assembly. Professional members of the Board include five California-licensed naturopathic doctors and two California-licensed physicians and surgeons. Members serve four-year terms and may serve no more than two consecutive terms with a grace period of up to one year.

Name and Background	Appointment Date	Term Expiration Date	Appointing Authority	Professional or Public
<p>Bruce N. Davidson earned a Ph.D. in Health Policy and Health Services Research and a Master of Population and Family Health from the UCLA Fielding School of Public Health. He was a Pew Health Policy Fellow at RAND during his doctoral studies. He also has a Master of Social Policy and Planning from USC’s School of Urban & Regional Planning and earned a B.S. from MIT. He has held executive positions in healthcare performance improvement, quality analytics, and data governance for prominent healthcare delivery organizations in Southern California. With 40 years of experience in health services delivery and evaluation, Dr. Davidson currently consults for healthcare and human service organizations nationwide.</p>	01/24/2022	01/01/2026	Senate Committee on Rules	Public

Name and Background	Appointment Date	Term Expiration Date	Appointing Authority	Professional or Public
<p>Diparshi Mukherjee, D.O., M.S. Ed., CAQSM received his B.S. in Biology from Rensselaer Polytechnic Institute, a Master of Education in Sports Medicine from the University of Miami (FL) and an Osteopathic Medicine degree from Nova Southeastern University. He completed his internal medicine residency at the University of Florida and sports medicine fellowship at the University of Maryland. He has worked with many Division I and professional teams, at the 1996 Atlanta Summer Olympics, and at the professional ATP tennis tour. Dr. Mukherjee is currently an internist and sports medicine specialist with Kaiser Permanente where he has served as the Chief of Pain Medicine and adjunct clinical professor at the Touro University of Osteopathic Medicine. He is a member of the National Kaiser Permanente Controlled Substances Workgroup to develop strategies to manage opioid and benzodiazepine care in Kaiser Permanente.</p>	02/14/2022	01/01/2026	Governor	Professional (Physician)
<p>Vera Singleton, N.D., MBA is a graduate of Southwest Naturopathic Medical College with publications in the FASEB Journal on cell activation and wound healing. She is an active member of the CA Naturopathic Doctor’s Association, alumni of the University of Michigan (B.S.) and Wayne State University (MBA). Dr. Singleton’s practice is based in Lafayette, CA, where she helps patients restore their bodies holistically using philosophies of natural medicine and performance coaching. Dr. Singleton is an active member of the community, appearing on local news and keynoting in many community events. She was awarded East Bay Express’ 2018’s Best Doctor of the East Bay and has collected numerous leadership awards.</p>	12/20/2022	01/01/2026	Governor	Professional (ND)
<p>Setareh Tais, N.D. received her B.S. in Animal Physiology and Neuroscience from UC San Diego and her Doctorate of Naturopathic Medicine from Bastyr University. After completing a 3–year family medicine residency in Marysville, Washington, she began seeing patients in her hometown of Fresno, CA, at her private medical practice, Fresno Holistic Medicine. Dr. Tais served on the CA Naturopathic Doctors Association Board and co–chaired the Professional Development and Public Affairs Committees. She served as President of CNDA from 2014–2016. She was also a Founding Director of the Endocrinology Association of Naturopathic Physicians from 2013–2016. She was also recognized as the “2018 Doctor of the Year” for her contributions to the practice of naturopathic medicine in California.</p>	03/05/2024	01/01/2027	Governor	Professional (ND)
<p>Dara Thompson, N.D. received a B.S. in Biology from UC Santa Cruz and a doctorate in Naturopathic Medicine from The National College of Naturopathic Medicine in Portland, Oregon. After five years of clinical practice, she completed post–graduate training</p>	12/20/2022	01/01/2026	Governor	Professional (ND)

Name and Background	Appointment Date	Term Expiration Date	Appointing Authority	Professional or Public
<p>in Environmental Medicine. Dr. Thompson taught Anatomy and Physiology, as well as Clinical Nutrition at the Hawaii College of Oriental Medicine for nine years. Dr. Thompson practices at Azzolino Chiropractic Neurology and Integrative Wellness in San Francisco where she enjoys collaboration with medical doctors and chiropractors. She combines the foundations of naturopathic medicine with her knowledge of environmental influences and genomic analysis to find solutions for complex medical conditions. She is currently the Acting Chair of the CBNM and Former Chair of the CBNM Formulary Subcommittee. Dr. Thompson was first appointed by Governor Brown in December 2015.</p>				
<p>Andrew Yam, MPP received a B.A. in Political Science from UC Irvine and Master of Public Policy from the USC Sol Price School of Public Policy. Mr. Yam worked in various policy areas at the local government level and currently works as a Policy Analyst with a nonprofit in Los Angeles. Public service experience includes Monterey Park Library Board of Trustees, Los Angeles County Library Commission, Los Angeles County Public Social Services Commission, and in November 2022, election to the Board of Education of his local school district.</p>	06/26/2023	01/01/2026	Speaker of the Assembly	Public
<p>Minna Yoon, N.D., MSTOM received her B.A. in Biology from Washington University in St. Louis, Missouri, her Doctorate in Naturopathic Medicine from Bastyr University, and a Master of Traditional Oriental Medicine at Pacific College of Oriental Medicine. For over 10 years, Dr. Yoon has been practicing at her clinic Bay Natural Medicine in San Francisco with an emphasis on treating adults with chronic illnesses, hormone imbalances, and digestive issues. She is also a licensed acupuncturist and Chinese herbalist. Dr. Yoon served as the Legislative Chair for the California Naturopathic Doctors Association from 2009–2015 and was awarded “Doctor of the Year” by the CNDA in 2013.</p>	12/20/2022	01/01/2026	Governor	Professional (ND)
<p>Matthew Cappiello, M.D., FASTMH received his undergraduate degree in Integrative Biology and English Literature from the University of California, Berkeley, and his Doctor of Medicine degree from the University of California San Diego. He completed a dual residency in Internal Medicine and Pediatrics at the University of Southern California.</p> <p>Dr. Cappiello currently serves as an attending physician at Loma Linda University, where he has held several roles since 2018, including assistant professor in the Division of Infectious Diseases and attending physician in the Department of Internal Medicine. He is also a medical director of infectious diseases and HIV care at SAC Health, one of the largest federally qualified health</p>	<p><i>Newly appointed since Sunset Hearing</i></p> <p>03/25/2026</p>	01/01/2030	Governor	Professional (Physician)

<p>centers in the United States.</p> <p>Dr. Cappiello is a Member of the CTropMed Committee and Continuing Medical Education Committee at the American Society of Tropical Medicine and Hygiene, as well as the Gold Humanism Honor Society. Dr. Cappiello's research interests include neglected tropical diseases as well as HIV prevention in marginalized populations. He has a longstanding interest in public policy.</p>				
<p>Dr. Alex Pereira, N.D., is a licensed naturopathic doctor in California and a licensed Naturopathic Physician in Oregon and Vermont. He specializes in complex chronic and neuroinflammatory illnesses, including immune dysregulation, Lyme and tick-borne diseases, mold and mycotoxin illness, MCAS, ME/CFS, Long COVID, and autoimmune conditions.</p> <p>He is known for treating highly complex, treatment-resistant, multi-system cases using advanced diagnostics, IV and injectable therapies, and structured systems-based treatment strategies. His approach emphasizes root-cause resolution, clinical precision, and sustainable long-term recovery through individualized, phased care plans.</p> <p>Dr. Pereira is dedicated to advancing naturopathic and integrative medicine through clinical innovation, interdisciplinary collaboration, and improved patient outcomes.</p>	<p><i>Newly appointed since Sunset Hearing</i></p>	<p>03/23/2026</p>	<p>01/01/2027</p>	<p>Governor Professional (ND)</p>

The Board has consistently maintained quorum. However, there has been a vacancy for one physician member (MD or DO) since 2019. The Board also has a professional ND vacancy. Coincidentally, several Board member terms expire on the same day, creating potential for a nearly completely vacant board if appointments are not extended. Board member appointment dates are discussed in Issue #2.

The Board currently utilizes the following committees to support its operations:

- **Minor Office Procedure Advisory Committee:** Reviews and evaluates 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. Membership is comprised of the physician and naturopathic doctor members of the Board.
- **Drug Formulary Advisory Committee:** Reviews and evaluates the naturopathic drug formulary in comparison with those authorized in other regulated states and territories across North America. The Committee 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. Membership is comprised of the physician and naturopathic doctor

members of the board and a pharmacist.

- **Legislative Advisory Committee:** Reviews proposed legislation and regulations that may affect naturopathic practice or Board operations. The Committee 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. The Committee is made up of public and professional members of the Board.
- **Intravenous and Advanced Injection Therapy Advisory Committee:** Reviews education, training, and Centers for Disease Control and Prevention (CDC) standards related to intravenous and advanced injection therapies. The Committee provides recommendations to the full Board pertaining to regulations that ensure these therapies continue to be performed safely, consistently, and in alignment with public health standards, with the primary goal of protecting consumers. Committee membership includes subject matter experts and professional members of the Board.

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 committee 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 consequently, reduced the committees’ capacities. The physician and surgeon board member vacancy is discussed in Issue #3.

Staffing Levels

Statute authorizes the Board to appoint a person to serve as its Executive Officer. The Board’s current Executive Officer is Rebecca Mitchell, who joined the Board in 2013. In addition to an Executive Officer, the Board employs a licensing analyst, and the most recent sunset extension legislation requires the Board to employ “a full-time staff position whose responsibilities shall include enforcement against violations of this chapter.” (BPC § 3626(b)). Staffing issues are discussed further in Issue #1, Succession Planning.

Fiscal and Fund Analysis

While the Board does not have a specific statute that requires a certain reserve level to be maintained, the CBNM is subject to a maximum reserve limit of two FYs, when if exceeded, the Board would be required by BPC § 128.5 to reduce license or other fees the following fiscal year for the following two fiscal years.

As of year-end FY 2024/25, the Board maintains \$787,000, or approximately 12.9 months of operating reserves. The Board’s annual expenditures have increased from \$416,000 in FY 2021/22 to \$721,000 in FY 2024/25 and are projected to increase to \$761,000 by FY 2026/27. The increase is primarily attributed to rising personnel costs, cost-of-living adjustments, pro rata charges, and enforcement expenditures.

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	\$782

Revenues and Transfers	\$536*	\$558	\$622	\$667	\$724	\$736
Total Resources	\$1,174	\$1,290	\$1,517	1,508	\$1,511	\$1,518
Budget Authority	\$406	\$391	\$770	\$755	\$654	\$678
Expenditures ²	\$416	\$402	\$689	\$721	\$729	\$761
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	-	-	-	-	-
Loans Repaid from General Fund	-	-	-	-	-	-
Fund Balance	\$758	\$888	\$828	\$787	\$782	\$757
Months in Reserve	22.6	15.5	13.8	12.9	12.3	11.6

¹ The beginning balance does not match the prior year ending balance because of prior year adjustments.

² Expenditures include reimbursements and direct draws to the fund, which include Statewide Pro Rata and Supplemental Pension payments that are not included in the program's budget authority, so expenditures may be higher than budget authority.

* Includes EO transfer to General Fund (AB 84)

** Estimate

Based on current projections, the Board does not anticipate an imminent deficit; however, the fund is projected to decline steadily over the next several fiscal years due to increasing expenditures that are expected to outpace revenue growth based on recent incremental licensee population increases.

The Board does not have any fee change scheduled. However, the Board states it is closely monitoring its fund condition and may need to consider a fee cap increase and a fee adjustment in the coming years to maintain fiscal stability and ensure sufficient resources are available to support its core functions, including licensing, enforcement, and public protection. Fees are discussed in Issue #5.

Table 3 illustrates the Board's spending on each of the major program functions. While total expenditures were steady at \$374,000 in FY 2021/22 and FY 2022/23, personnel costs increased in FY 2022/23 and were offset by a lower DCA pro rata. In FY 2023/24, expenditures rose sharply to \$689,000. This is due in part to hiring an Enforcement Analyst, which increased personnel services. More significantly, DCA pro rata increased to \$215,000. This upward trend is expected to continue, with expenditures projected to reach \$747,000 by FY 2026/27.

	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	\$50	\$40	\$121	\$20
Examination	-	-	-	-	-	-	-	-
Licensing	\$42	\$6	\$50	\$12	\$146	\$19	\$148	\$19
Administration *	\$184	\$12	\$204	\$25	\$171	\$19	\$173	\$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.

DCA Pro Rata is determined each year by DCA. When asked for the cause of the year-over-year variance, the Department provided the following explanation:

The Board's variances in DCA distributed costs (prorata) are driven primarily due to fluctuations in the Board's utilization of investigative services provided by the Division of Investigation. When the Board has a significant case or investigation, their case hours increase. Since the DCA prorata allocation for DOI is budgeted based on prior year workload (case hours), it results in certain years having higher than average prorata allocation. Additionally, the Board increased their position authority by one in 2023-24 which also drives an increase in the Board's DCA prorata allocation. In 2022-23, the Board was provided a one-time credit to their prorata allocation to address a budget deficiency. A subsequent one-time augmentation was made to the Board's 2024-25 prorata allocation to offset that credit.

The Board does not receive General Fund support and is entirely funded through license and renewal fees collected from licensees and applicants. Fees are authorized by BPC § 3680 and established by Title 16 of the California Code of Regulations (16 CCR) § 4240. 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 application fee, initial license fees, renewal fees for active and inactive licenses, delinquent fees, duplicate fees, and certified license verification were increased to their statutory maximums. However, the Board approved reducing the inactive license status to half the current fee. This change would make the inactive for half the current fee for an active license, which is more reasonable for a license placed in inactive status.

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

Licensing

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 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.

California licensed NDs are trained in accredited four-year, doctoral-level naturopathic medical programs. 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.

As of June 30, 2025, the Board’s licensing population was 1,057 active Naturopathic Doctors, which is the highest licensee population to date. The volume of initial license has increased slightly each year.

Naturopathic Doctor’s License	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Active	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 <i>if applicable</i>	7	10	9	10
Inactive	27	27	25	28
Other	0	0	0	0

The Board also noted in its previous and current sunset reports that license population spikes have been observed during legislative efforts that could expand the naturopathic scope of practice in California, suggesting graduates of California’s naturopathic medical school and existing licensees are motivated to remain in California where there is a possibility of obtaining full practice authority.

A naturopathic doctor may perform naturopathic childbirth attendance in a low-risk pregnancy that does not include forceps delivery, anesthesia, or cesarean section delivery if the ND has been granted a certificate of specialty practice by the board (BPC § 3650). The naturopathic delivery may include an episiotomy under specified conditions. To be granted a certificate of specialty practice, a naturopathic doctor must pass the American college of Nurse Midwives Written Examination, the American College of Naturopathic Obstetricians Examination, or a substantially equivalent examination approved by the board, and have completed not less than 84 semester units or 126 quarter units of curriculum that complies with statutory requirements for the certification (BPC § 3651). The ND may order and administer various drugs to assist with delivery and recovery (BPC § 3654) and is required to provide the patient with a consultation plan and specified disclosures.

Education

Applicants for an ND license must have graduated from a four-year naturopathic medical education program that is accredited by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body for the naturopathic medical profession. To qualify for approval, statute requires a naturopathic medical education program to be a located in Canada or

the United States and offer a full-time, doctoral-level, naturopathic medical education programs and meet specified admission, program, and degree requirements (BPC § 3623).

Continuing Education and Continuing Education Provider Requirements

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. Continuing education is not required for the first license renewal following initial licensure.

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.

BPC § 3635 authorizes the Board to approve CE courses for naturopathic doctors. However, the Board currently lacks statutory authority to charge a fee for CE course review and approval and must rely on courses approved by external entities meet the standards required under BPC sections 3635 and 3635.2. The Board proposed a CE approval fee, which is addressed by Issue #7.

The Board updated its CE audit policy since its previous sunset review to improve oversight and ensure licensees maintain ongoing competency. An audit is now conducted on a quarterly basis, with approximately 10% of renewing licensees selected randomly each year for review. Of the 198 audits conducted, 15 licensees failed.

Fiscal Year	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Total
Selected for Audit	51 (of 505)	46 (of 461)	50 (of 495)	51 (of 506)	198
Failed Audit	3	2	6	4	15
Failed Audit Percentage	6%	4%	12%	8%	8%

Examinations

To qualify for licensure as a naturopathic doctor in California, applicants must successfully complete 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). 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.

NABNE is responsible for the development of the examination, including conducting an occupational analysis (OA), test construction, and psychometric validation. California does not require a state-specific examination for licensure. Consequently, an OA is not completed by the Board. Despite the lack of a state-specific examination, the Board received multiple recommendations and proposed contracts from DCA to conduct an OA as a strategy to avoid being non-compliant with BPC § 139. National examinations and BPC § 139 are discussed in Issue #4.

Table 8(b) shows Board candidate pass rates on the NPLEX. The number of candidates who pass the exam far exceeds the incremental increase in active licensees each year, indicating movement among the Board's existing license population. The Board conducted a survey of its licensees to determine the causes for this movement, which is discussed further in Issue #11.

Table 8(b). National Examination.		
License Type		Naturopathic Doctor's License
Exam Title		<i>NATUROPATHIC PHYSICIANS LICENSING EXAMINATION (NPLEX)</i>
FY 2021/22	Number of Candidates	133
	Overall Pass %	70%
	Overall Fail %	30%
FY 2022/23	Number of Candidates	425
	Overall Pass %	84%
	Overall Fail %	16%
FY 2023/24	Number of Candidates	248
	Overall Pass %	80%
	Overall Fail %	20%
FY 2024/25	Number of Candidates	381
	Overall Pass %	70%
	Overall Fail %	30%
Date of Last OA		2021
Name of OA Developer		Mountain Measurement, Inc
Target OA Date		2025-26

Enforcement

Average annual complaints have risen each sunset review period. For example, in 2017, the Board averaged 34 complaints per year, 54 complaints during the 2022 sunset review, and currently, the Board averages 74 complaints a year. The Board reports unlicensed activity represents the majority of complaints received – approximately 71%. Consequently, unlicensed activity related violations account for four of the five most commonly occurring violations found – advertising violations, using the “naturopathic doctor” or “ND” titles, failure to comply with consumer notification requirements of complementary and alternative health care practitioners under BPC § 2053.6, and repeat occurrences of these violations by the same unlicensed individuals.

Based on its review of complaints, the Board concludes the high percentage of unlicensed complaints stem from consumers who mistakenly believe they are receiving care from a licensed naturopathic doctor. This problem is addressed in Issue #8.

To address complaints where there is no evidence of patient harm, the Board prefers to use a compliance-focused approach over more punitive responses. For example, when a complaint is received involving unlicensed use of the ND title or failure to provide required disclosures under BPC § 2053.6, the Board issues a notice to educate the respondent about 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, such as:

- Cease and desist letters to individuals unlawfully using protected titles or engaging in unlicensed practice.

- Criminal referrals to local law enforcement or district attorneys for prosecution.
- Citations and fines, when applicable, for violations of state law.
- Collaboration with other regulatory agencies to share information and coordinate enforcement efforts.

Since its last sunset review, the Board has strengthened its enforcement practices by applying the statutory maximum fine of \$5,000 for the most serious violations, rather than the previous mid-point fine amount of \$2,500. The maximum fine is now applied in cases that present an immediate threat to public health and safety, involve two or more prior citations for the same or similar violations, or reflect multiple violations demonstrating a willful disregard for the law.

Disciplinary action has historically been low and remains so. The Board suggests this may reflect effective early resolution, a high level of compliance among licensees, or the nature of complaints not warranting formal discipline. Additionally, most of the Board's enforcement cases involve unlicensed activity, which cannot result in discipline because there is no license to suspend, place probationary conditions upon, or revoke.

Public Information Policies

The Board's official website serves as its central information hub and is regularly updated with timely and relevant content. All Board meeting calendars, agendas, minutes, materials, and links to webcasts are posted indefinitely to ensure public access to Board activity.

The increasing number of complaints about unlicensed naturopaths has led the Board to launch a consumer education and outreach campaign, including:

- Updates to the Board's website clarifying the differences between licensed NDs and unlicensed practitioners with title protection.
- Social media accounts to expand public awareness and provide accessible information.
- Educational materials to support informed consumer decision-making.

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 to share meeting notices and materials, regulatory updates, public outreach campaigns, and news releases and enforcement actions.

Online Practices

Any individual providing services falling within the scope of practice defined by the Act 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, takes enforcement actions when jurisdiction allows, and partners with other agencies when necessary to address violations. However, enforcement can be more complex when the activity originates outside of California or is conducted anonymously online.

The Board is increasingly concerned about potential for unlicensed individuals or entities to offer services online, especially when those services are marketed to California consumers. Websites and social media allow out-of-state individuals and businesses to easily offer regulated services to California residents without proper licensure. This is discussed further in Issue #10.

Workforce Development and Job Creation

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

Approximately 75% of the Board's licensees are women and many of its licensees are small business owners. Additionally, approximately 86% of licensees serve in underserved areas, including low- and moderate-income communities and communities of color. Board licensees generally demonstrate a commitment to serving the needs of vulnerable populations and they often work in their own communities. Consequently, when California loses an ND to a neighboring state due to frustrations over scope limitations or other California-specific regulatory challenges, it disproportionately impacts access to care in underserved areas and more than likely reduces the number of female-owned small businesses in California. The Board reported it is mindful of this dynamic and for this reason, submitted multiple proposals to address barriers and support retention and sustainability of the profession within California. These barriers are discussed in Issue #11.

Additional Information about the Board

For more detailed information about the responsibly, operations, and functions of the Board or to review the 2025 Sunset Review Report, please refer to the website at www.naturopathic.ca.gov.

PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS

CBNM was last reviewed by the Legislature through the sunset oversight review process in 2022. During the previous review, 21 issues were raised. In this report, CBNM described actions it has taken since its prior review to address the recommendations made in the Sunset Review Oversight Background Paper. Following are important programmatic and operational changes, enhancements and other policy decisions or regulatory changes made by the Board since the sunset review. For those which are not addressed and may still be of concern to the Committees, they are addressed and more fully discussed under “Current Sunset Review Issues.”

- **Prior Issue #1: Name and Placement of the Committee:** The sunset extension legislation, AB 2685 (Committee on Business and Professions, Chapter 414, Statutes of 2022) elevated the Naturopathic Medicine Committee within the Osteopathic Medicine Board of California (OMBC) to the semi-autonomous California Board of Naturopathic Medicine. The Board has since implemented the name and structure change throughout its systems, documents, website, and public facing instruments. Additionally, the Board relocated to a new office location, independent from its shared office space with the OMBC. The move fully separates all functional and operational ties to the OMBC, eliminating any perception of oversight or control by another regulatory body.
- **Prior Issue #4: Adequate Staffing:** The Board hired a full-time enforcement analyst to comply with AB 2685, which added a requirement to BPC § 3626 that the board employ a full-time staff position whose responsibilities include unlicensed activity enforcement. The enforcement analyst was hired and onboarded in 2023, allowing the Board’s existing analyst, whose duties were distributed across licensing and enforcement, to focus on licensing functions of the Board.
- **Prior Issue #14: Lack of Formal Discipline:** The Board documented that unlicensed activity is predominantly the subject of complaints received (more than 70%) and these cases are not eligible for disciplinary action. However, the Board filed an accusation in three of the four years of the review period, which resulted in a revocation, a surrender, and one case pending.

CURRENT SUNSET REVIEW ISSUES

The following are unresolved issues pertaining to the Board or areas of concern that should be considered, along with background information for each issue. There are also recommendations Committee staff have made regarding issues or areas that may need to be addressed, and issues raised by the CBNM in its 2026 Sunset Review Report. The Board and other interested parties have been provided with this Background Paper and the CBNM will respond to the issues presented and the recommendations of staff.

CBNM ADMINISTRATIVE ISSUES

ISSUE #1: (SUCCESSION PLANNING) The Board has three staff – the Executive Officer (EO), one Associate Governmental Program Analyst (AGPA), and one Staff Services Analyst (SSA). Absent a second manager level staff member, how are continuous administrative functions carried out when the EO is absent? Without a manager to train or serve as Acting Executive Officer, how has the Board prepared for EO time off and eventual vacancy?

Background: Staffing issues were raised in the previous background paper as a matter of whether the Board had enough staff to meet the many mandates of a program within the Department while also managing its core functions of administering a practice act, including the licensing, enforcement, and administrative functions.

The resulting legislation, AB 2685 (Committee on Business and Professions, Chapter 414, Statutes of 2022) required the Board to hire an enforcement analyst to focus on unlicensed activity enforcement functions of the Board. The Board is currently staffed by three full-time employees – an executive officer (EO), a licensing analyst, and an enforcement analyst. However, while this level of staffing has allowed the Board to meet its current workload, there is little tolerance for contingencies, such as increased workload from new legislation. Additionally, staff time off would cause significant disruptions, whether the leave was planned or unexpected, because staffing would temporarily return to two staff members.

The Board suggested that the lack of a mid-level manager negatively impacts the Board's ability to implement long-term planning, manage special projects, and respond efficiently to legislative changes or develop regulations. Committee staff raised concerns that longer term, without a mid-level manager, it seems improbable that the Board would be able to implement a succession plan. Considering the current EO has been in place since 2013, this point becomes more critical with each passing year.

Staff Recommendation: *The Board should advise the Committees of how it plans for staff time off. The Board should inform the Committees of whether it has implemented a succession plan, and if not, whether it plans to. Finally, the Board should inform the Committees of any steps the Department has taken to assist the Board in ensuring continuity of services in the event of an EO absence or vacancy.*

Board Response:

The Board appreciates the Committees' continued focus on staffing resiliency and long-term program stability. While the Board has established internal practices to manage short-term absences, the current staffing structure contains significant limitations that impede effective succession planning and restrict the Board's ability to meet several statutory responsibilities.

Planning for Staff Time Off

The Board continues to rely on cross-training of its two analysts ((1) analyst I and (1) analyst II) and detailed desk manuals to ensure basic continuity when staff are absent. Licensing and enforcement analysts are trained to maintain essential daily workload, and the Executive Officer (EO) maintains updated written procedures for administrative, legislative, enforcement, and Board operations. During periods of EO absence, routine matters are processed by analysts, and urgent items are addressed in accordance with Department guidance.

While these stop-gap measures allow the Board to function in the short term, they do not substitute for the managerial authority and program oversight needed for sustained continuity.

Critical Need for a Mid-Level Manager (Supervisory Authority)

The Board reiterates that the absence of a mid-level manager—such as a Staff Services Manager I (SSM I), an Assistant Executive Officer (AEO)—level supervisory position—creates substantial operational and legal constraints.

By law, certain enforcement-related decisions cannot be completed by Department staff on the Board's behalf, nor can they be delegated to nonsupervisory analysts. These include, but are not limited to:

- Filing Accusations
- Processing Interim Suspension Orders
- Exercising supervisory approval over sensitive enforcement actions

When the EO is absent or the position becomes vacant, there is no legally authorized staff member within the Board who can perform these actions. As a result, the Board's enforcement program could be significantly disrupted, and statutory timeframes could be jeopardized, and consumer harm becomes a high-risk issue.

State Personnel Board Allocation Limitation

Under existing State Personnel Board (SPB) allocation rules, an SSM I position generally requires five analyst-level direct reports. The Board has only two analyst positions and therefore cannot establish the necessary supervisory classification under existing SPB criteria. This structural limitation prevents the Board from implementing the checks and balances, managerial oversight, and succession planning infrastructure expected of a regulatory program.

The Board respectfully notes that its size does not reduce its statutory or public protection responsibilities; rather, it limits its ability to fulfill them during leadership vacancies.

Necessity of an Exception to Enable Proper Oversight and Succession Planning

The Board believes that an exception to SPB's allocation requirements would allow it to establish a mid-level manager who could:

- Provide continuous supervision of licensing and enforcement units
- Perform legally required enforcement approvals in the EO's absence
- Support legislative, regulatory, and long-term planning functions
- Serve as a trained and knowledgeable Acting EO, providing true succession readiness

With statutory or budgetary authority from the Legislature to create such a position, the Board can fully justify the need and demonstrate the workload, supervisory responsibilities, and program risks

that support this manager classification.

Department Support

The Department has indicated it can provide interim oversight should the EO position become vacant; however, the Department cannot legally perform certain Board-specific enforcement functions, nor can it serve in place of a statutorily delegated EO in several critical areas. As a result, while Department assistance is valuable, it cannot resolve the operational and legal gaps created by the absence of a mid-level manager.

Beyond this temporary support, the Department's Office of Human Resources has not identified viable pathways for the Board to establish a supervisory, mid-level management position necessary for enforcement oversight and succession planning. Due to existing State Personnel Board allocation rules—which require five analyst positions to justify an SSM I—no alternative mechanism has been offered to allow the Board to meet its statutory obligations or ensure continuity of operations.

Consequently, without an exception to these requirements, the Board remains structurally unable to implement the level of managerial oversight and continuity planning that its public protection mandate requires.

ISSUE #2: (BOARD EXPIRATION DATES) Four of the seven members' terms expired on January 1, 2026, and the members are serving their grace year as permitted by BPC § 3621(b). Are new appointments in process or do the Board member terms need to be staggered?

Background: Board members 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.

The Board currently has two vacancies and five of its seven appointed members serving in their second term or ineligible for a second term and serving in their grace year, including the Board President. Without staggering member terms, the Board could effectively be left with two remaining Board members. Without amending member terms, nearly the entire Board roster may need to be replaced at one time, which would place undue pressure on the appointments process and introduce instability to program operations that would be avoidable under a coordinated term expiration calendar.

This issue was raised during the previous sunset review and the Board agreed that member terms should be staggered; however, AB 2685 ultimately did not amend term provisions in the Act. The Board continues to view the current alignment of member term expirations as a significant concern and states, "Having the majority of members term out simultaneously creates challenges in maintaining continuity, institutional knowledge, and effective governance."

Staff Recommendation: *The Committees may wish to amend the law to stagger Board member terms.*

Board Response:

The Board agrees with and appreciates the Committees' recommendation to amend statute to establish staggered terms for Board members. The current alignment of member term expirations presents a clear and ongoing governance risk, as multiple members, including those ineligible for reappointment, are serving in their grace year. Without statutory changes, the Board may

experience significant loss of continuity and institutional knowledge if several positions become vacant simultaneously.

Staggering member terms would help ensure stable Board operations, support consistent oversight of the program, and reduce pressure on the appointments process. The Board welcomes legislative action to address this issue and stands ready to assist in developing an appropriate and coordinated term-staggering structure.

ISSUE #3: (BOARD COMPOSITION). The Board has maintained a physician and surgeon Board member vacancy since 2019. Should the physician and surgeon board member be replaced with a public member or a pharmacist professional member?

Background: The issue of Board membership discussed during the previous sunset review from the perspective of whether there should be more professional members than public members (with licensed physicians and surgeon members of the Board considered to be professional members).

The Naturopathic Doctors Act requires the Board to be comprised of nine members, including five NDs, two physicians and surgeons, and two public members (BPC § 3621(a)). Statute considers physician and surgeon members as “professional members” alongside the ND representatives, although the physician and surgeon members are licensed and regulated by the Medical Board of California and/or the Osteopathic Medical Board of California.

The Board’s sunset report states that one of the physician and surgeon Board member seats has been vacant since 2019. While the vacancy has not impacted the Board’s ability to establish a quorum and hold regular meetings, certain advisory committee activity is hindered. For example, the Minor Office Procedure Advisory Committee (committee) and Drug Formulary Advisory Committee require participation from the physician and surgeon members. Due to the vacancy, the physician and surgeon member on the Board must serve on both committees in addition to the other committees that require professional membership participation. The Drug Formulary Advisory Committee is also comprised of a pharmacist member, who is not a Board member, but is a consultant subject matter expert. Conceivably, the Board could obtain a physician and surgeon subject matter expert to serve in a similar capacity for its committees if the physician and surgeon board member seat were to be transitioned into a public member or different licensee.

The Committees raised the majority Board membership as NDs during the previous sunset review as minor issue because two of the professional members are regulated by other boards and the EO is not a licensee. As stated by the Committees then, “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, any amendment to Board structure may bring up arguments stemming from the Supreme Court ruling in *North Carolina State Board of Dental Examiners v. Federal Trade Commission* that a state must provide active supervision when it relies on active market participants as regulators.

It does not benefit the Board or the consumers of the state of California for a Board member position to continue to remain vacant for years. It may be in the best interest of the Board, its licensees, and the public to amend the Board’s membership with the intent of filling vacancies with members who will provide meaningful input into the Board’s operations and role in protecting consumers. Consideration should be given to whether one of the physician and surgeon Board member positions should be transitioned to a public member. Alternatively, the Committees and Board may wish to transition the vacant position to another licensee who may benefit the Board’s discourse and decision-making

processes, as well as contribute to the Board’s advisory committee activity, such as a pharmacist.

Staff Recommendation: *The Board should provide information about how a change to its composition would make it more effective and successful.*

Board Response:

The Board is pleased to report that since its Sunset Review and related hearing, two board members have been appointed by the Governor: one professional naturopathic doctor member and one professional physician member. With these appointments, the Board now has full professional representation as outlined in statute.

At this time, the Board is comfortable maintaining the physician and surgeon positions as currently structured. While having a pharmacist member could have been more beneficial for Drug Formulary discussions, the Board has effectively relied on subject matter experts to support its advisory committee work and formulary review and development processes. This approach has ensured access to necessary clinical and technical expertise even during periods of Board vacancies.

Given the recent appointments, the Board does not see an immediate need to modify its statutory composition. However, the Board remains open to future discussions with the Committees should additional structural changes be considered beneficial to Board operations or consumer protection.

CBNM BUDGET ISSUES

ISSUE #4: (NATIONAL EXAMINATIONS AND BPC § 139). Should the California Naturopathic Medicine Board be required to conduct an occupational analysis for a license type for which there is no California-specific examination?

Background: To obtain a license from the CBNM, applicants are required to take and pass a written examination. BPC § 3631(a) specifies that an applicant for licensure must, “pass the Naturopathic Physicians Licensing Examination (NPLEX) or an equivalent examination approved by the North American Board of Naturopathic Examiners.” Alternatively, BPC § 3631(b) authorizes the Board to administer a substantially equivalent examination in the absence of an examination approved by the North American Board of Naturopathic Examiners (NABNE). However, there is an examination approved by NABNE and the Board has not developed a substantially equivalent examination.

The objective of a license examination is to determine whether applicants meet minimum competency requirements. Consequently, examination reviews and occupational analyses are conducted to assess whether the examination appropriately evaluates the candidates’ skill levels in carrying out tasks routinely performed by the profession in a safe and competent manner. BPC § 139 requires the DCA and programs within the Department to develop a policy to evaluate examinations and conduct occupational analyses, and define circumstances under which review is appropriate, standards for review of state and national examinations, and standards for determining appropriate costs of reviews, among other examination policy considerations.

National examinations provide many advantages to regulatory programs and licensees alike. For example, licensing entities are not required to develop and administer the examinations, which provides considerable cost and workload savings to the program. For license candidates, advantages include that a national examination provides increased portability, greater assurance that their education will prepare them to pass the examination, and increased availability of test taking dates and locations. However, there is rationale for a California-specific examination in some circumstances that

must be considered on a case-by-case basis. For example, there are professions where the law and ethical standards in California deviate sharply from other states, seismic considerations for engineering and architecture that must be evaluated in California, professions that do not require licensure in other states, and professions for which there is not a national examination.

A key component of BPC § 139 is the legislative findings of subdivision (a), which state in relevant part: “It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus.” During the legislative process and sunset oversight, each program within DCA has established whether its examination for licensure is California-specific, a national examination, or a combination of both. A program can also move to adopt a national examination on its own volition if it is not mandated to require a specific examination.

BPC § 139(c) states, “Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation” [emphasis added]. It is the Committees’ belief that the Legislature did not intend for a DCA program to be required to routinely evaluate a national examination that is not administered by or under contract with a DCA program under the provisions of BPC § 139.

While the Board’s sunset report, Table 3. Expenditures by Program Component, does not show an expenditure on the examination line item, the Board was presented with two contracts by the Department to conduct an occupational analysis or risk being noncompliant with BPC § 139. With annual spending authority of approximately \$700,000, it appears counter to the Board’s duty to serve in the public interest if it were to consider using its limited funding to conduct an occupational analysis of a national examination.

Staff Recommendation: *The Board should update the Committees on the status of OPES Examination review, costs for this work, and any next steps the Board plans to take.*

Board Response:

The Board appreciates the Committees’ attention to this matter and would like to provide an update on examination-related activities. OPES submitted two proposed intra-agency contracts to the Board: one for a review of the Naturopathic Physicians Licensing Examination (NPLEX) and linkage study in the amount of \$26,420, and a second for an occupational analysis totaling \$56,443. Combined, these proposed contracts would have required an expenditure of approximately \$82,863, which is nearly 12 percent of the Board’s annual operating budget.

The Board notes that in the prior fiscal year, OPES provided a contract quote to perform essentially the same work for only \$9,391. The difference of \$73,472 was unexpected and raised significant concerns. The magnitude of the cost increase was staggering and, frankly, difficult for the Board to reconcile given its limited resources and the nature of the work involved.

Given this substantial fiscal impact and the fact that the Board does not administer the NPLEX, nor contract for its administration, the Board declined to approve these expenditures. The Board does not believe that Business and Professions Code section 139 was intended to apply to national examinations that are developed, maintained, and administered entirely outside of California and with which the Board has no contractual relationship.

If BPC section 139 is interpreted to apply in these circumstances, the Board respectfully requests consideration of an exemption. Requiring a small program with limited resources to fund periodic occupational analyses of a national examination imposes a significant and unnecessary fiscal burden without improving consumer protection or examination validity.

The Board remains committed to ensuring that its examination requirements appropriately measure minimum competency and will continue to monitor national exam developments in collaboration with the North American Board of Naturopathic Examiners.

ISSUE #5: (FEE MAXIMUM INCREASE). Although the Board's fund is currently healthy, the Board requested a fee maximum increase. Is there justification to raise the cap during this sunset review period?

Background: The Board requested an increase to its statutory fee caps to ensure long-term fiscal sustainability. The Board states that while it 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.

The most recent fee maximum increase was enacted by SB 1480 (Hill, Chapter 571, Statutes of 2018). This bill increased all Board fee maximums, e.g. the maximum for the application fee increased from \$400 to \$600, initial license from \$800 to \$1,200, and renewal fee from \$800 to \$1,200. This bill also created a \$30 fee for a certified license verification.

Effective January 1, 2025, the following fees were increased to their statutory maximum:

- Application fees increased from \$400 to \$600
- Initial license fees increased from \$1,000 to \$1,200
- Renewal fees for both active and inactive licenses were increased from \$1,000 to \$1,200
- Delinquent renewal fees increased from \$175 to \$225

Duplicate license fees increased from \$35 to \$38. The Board states it has no plans to pursue a fee increase in the immediate future, but it needs to have flexibility in the event of a future shock to its revenue or expenditures. With only three full-time staff and a relatively small spending authority, cost-saving methods that larger programs use to preserve the health of their funds are not available to the Board as those strategies are dependent on economies of scale. Additionally, the Board's fluctuating and high percentage DCA pro rata charges that are a direct result of unlicensed enforcement workload each year (discussed in Issue #8), adds to the uncertainty in projected expenditures.

Staff Recommendation: *The Board should provide the Committees with at least two fiscal years of projected revenue based on proposed updates. The Committees should evaluate the Board's near term fiscal health if other fees were to be implemented and may wish to provide the Board the resources it needs to fulfill its responsibilities.*

Board Response:

The Board completed a comprehensive, multiyear revenue projection to assess the fiscal impact of the proposed Fictitious Name Permit (FNP) program and the revised Inactive License Renewal fee. These projections are based on the current fee structure and Current FY revenue levels

reflected in the Board's fee schedule, with a conservative annual growth factor of 2% applied across all existing fee categories to align with the Board's historically stable licensing population increases.

Implementation of the new FNP program is expected to generate above-average revenue in the first fiscal year due to the one-time requirement that all existing licensees submit an initial FNP application. Approximately 600 applications—roughly 60% of the licensee population—are anticipated during this initial period, compared to an ongoing average of 45–50 applications annually in later years. As reflected in the revenue table, Year 1 FNP application revenue totals \$60,000, followed by \$5,000 annually thereafter.

Additionally, because FNP renewals will be due by December 31 of the program's inaugural year, the Board will collect renewal revenue during Year 1. This results in \$30,000 in Year 1 renewal revenue, increasing gradually to \$35,000 by Year 4 as the licensee population grows.

All existing revenue categories—including application fees, initial licensure, biennial renewals, delinquent renewals, and miscellaneous revenue—scale upward based on the 2% annual growth assumption applied to Current FY baseline amounts. These baselines represent actual operational activity and incorporate the mid-year fee increase that took effect in FY 2024–25.

The revised Inactive Renewal Fee of \$600 replaces the current \$1,200 amount in the projection model, resulting in lower revenue per renewal. However, the Board anticipates that more licensees will choose inactive status rather than allowing their licenses to lapse and eventually cancel. This population shift is reflected in the Population Trend table, which assumes increases to the Inactive License category beginning in Year 1.

The combined effects of the new FNP program, the adjusted inactive renewal fee, and modest population-based revenue growth produce the following total revenue projections, as shown in the table:

- Year 1: \$776,000
- Year 2: \$784,000
- Year 3: \$741,000
- Year 4: \$805,000

The elevated Year 1 revenue reflects the one-time surge associated with initial FNP applications and first-cycle renewals. Beginning in Year 2, revenue levels stabilize as application and renewal volumes normalize and align with steady population growth patterns.

Overall, the projections demonstrate that the proposed fee structure provides sufficient revenue to support the Board's licensing, enforcement, and consumer-protection responsibilities while funding the implementation and ongoing administration of the new FNP program. The model supports long-term fiscal stability and ensures the Board can continue fulfilling its statutory mandate.

Population Trend Table:

Type	2022-23	2023-24	2024-25*	Proposed YR 1 FY	Proposed YR 2 FY	Proposed YR 3 FY	Proposed YR 4 FY
Active License	1,001	1,037	1,057	1,078	1,100	1,121	1,143
Inactive License	27	25	28	56	56	56	56
Delinquent	116	126	128	72	72	72	72

*Rationale: Current actuals of FY 24-25 totals include a mid-year fee increase, so the board used the actual population with the current increased fee amount to approximate the current FY.

Projected Fee Schedule and Revenue Table
(All revenue figures are presented in thousands)

Fee	Current Fee	Stat Limit	Proposed Fee	Current FY	Proposed YR 1 FY	Proposed YR 2 FY	Proposed YR 3 FY	Proposed YR 4 FY
App Fee	\$600	\$600	-	\$50	\$51	\$53	\$54	\$55
Initial Lic Fee	\$1,200	\$1,200	-	\$60	\$62	\$63	\$64	\$65
Biennial Renewal Fee	\$1,200	\$1,200	-	\$566	\$516	\$576	\$527	\$586
Delinquent Renewal Fee	\$225	\$225	-	\$4	\$5	\$5	\$5	\$5
Duplicate License Fee	\$38	\$38	-	\$1	\$2	\$2	\$2	\$2
Cert License Verification	\$30	\$30	-	\$1	\$2	\$2	\$2	\$2
FNP App Fee*	n/a	n/a	\$100	n/a	\$60	\$5	\$5	\$5
FNP Annual Renewal Fee**	n/a	n/a	\$50	n/a	\$30	\$30	\$33	\$35
Inactive Renewal Fee	\$1,200	\$1,200	\$600	\$34	\$31	\$32	\$32	\$33
Citation and Fine	Various	Various	-	\$1	\$2	\$2	\$2	\$2
Misc Revenue	Various	Various	-	\$13	\$14	\$14	\$14	\$15
Total Revenue				\$728	\$776	\$784	\$741	\$805
Fund Balance				\$782	\$787	\$810	\$790	\$843
Months in Reserve				12.3	12.4	12.7	12.4	13.3

* The first year will generate above-average revenue due to the requirement that all licensees submit applications upon program inception. (It is anticipated that approximately 600 (60%) of the license population will be required to apply for an FNP permit in the initial year, compared to an estimated 45-50 per year thereafter.)

** Renewal FNP fees will not be due until the end of Proposed FY Year 1.

CBNM LICENSING ISSUES

ISSUE #6: (FICTITIOUS NAME PERMIT PROGRAM). Should the Board be authorized to issue fictitious name permits to ensure naturopathic practices are complying with Naturopathic Doctors Act naming requirements for corporations?

Background: The Board has requested authority to establish a fictitious name permit (FNP) program during two prior sunset reviews and submitted this request in its current sunset report. 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 and who is licensed by the Board. Currently, consumers may only know a practice by its business or fictitious name. When a consumer files a complaint, this lack of transparency adds a level of complexity to investigations that are meant to be filed against the responsible doctor in the corporation. For example, if Dr. Jane Smith operates a clinic under the name “Wellness First Medical Group,” a consumer will likely file a complaint against the Wellness First Medical Group, not Dr. Smith. According to the Board, an FNP program would improve the Board’s ability to protect the public by enhancing ownership transparency, allowing the consumer and the Board to identify the naturopathic doctor who is responsible for the corporation.

Additionally, BPC § 3674 prescribes naming conventions of naturopathic corporations, requiring they

contain the words, “naturopathic” or “naturopathic doctor” and words to communicate its status as a corporation. Absent an FNP program, the Board is unable to proactively ensure BPC § 3674 compliance during the licensure process and instead, must enforce naming conventions on a reactive basis while investigating a complaint. The process of investigating and educating or citing and issuing an order of abatement for the licensee to correct the deficiency is less effective and more costly for the Board and licensees alike.

Based on the above, the Board strongly believes there is a demonstrated need for an FNP program. The Board additionally cites the benefit to consumers from preventing misleading or deceptive names, such as those: referring to an individual practice as a “center” or “institute”; referencing a type or scope of practice, including implying a board certification when none exists; using names that are nearly identical to well reputed practices, which is intended to fraudulently siphon off clients; among other forms of deceptive practices that can lead to consumer harm.

Several healing arts programs within the Department already have this authority and successfully implemented fictitious name permit programs. The following programs issue fictitious name permits and charge fees for issuance and renewal:

DCA Healing Arts Boards Fictitious Name Permits			
Board	Initial Fee	Renewal Fee	Active Permits
Dental Board of California	\$ 650	\$ 325	7,349
Dental Hygiene Board	\$80	\$160	155
Medical Board of California	\$ 70	\$ 50	13,935
California State Board of Optometry	\$ 50	\$ 50	1,604
Osteopathic Medical Board of California	\$ 100	\$ 100	1,013
Podiatric Medical Board of California	\$ 70	\$ 50	237

* Fee and permit data from [Department of Consumer Affairs Annual Report 2024-2025](#).

Staff Recommendation: *The Board should provide an update on barriers to this change being made and impacts the lack of this statutory update has on patients, licensees, and the public. The Committees may wish to authorize the Board to establish a FNP program. The Board should advise the Committees of any costs it may incur to do this.*

Board Response:

The Board appreciates the Committees' continued attention to the need for a fictitious name permit (FNP) program and welcomes the opportunity to provide an update on barriers, impacts, and anticipated resource needs.

Over the past two Sunset Review cycles, the Board has consistently identified the lack of statutory authority to issue fictitious name permits as a persistent barrier to ensuring compliance with the Naturopathic Doctors Act's naming requirements and to promoting transparency for consumers. Without FNP authority, the Board cannot proactively review or approve business names used by naturopathic practices. As a result, the Board must address naming violations only after a complaint or concern is brought forward. This reactive model delays corrective action and increases investigative workload as staff must determine the responsible licensee and confirm ownership behind a fictitious business entity.

The absence of an FNP program continues to affect patients, licensees, and the public. For consumers, the inability to easily identify the naturopathic doctor responsible for a practice increases the difficulty of filing complaints and reduces transparency in the marketplace. For licensees,

delayed enforcement actions and the need to modify business names after an investigation create unnecessary administrative and financial burdens. From a public protection standpoint, the Board remains limited in its ability to prevent the use of misleading or deceptive business names—such as names implying institutional status, board certification, or affiliations that do not exist—which can misrepresent the scope or legitimacy of services offered.

To prepare for future implementation, the Board recently completed a preliminary workload study and determined that approximately 60 percent of the licensed population (1,057 licensees) would likely require an FNP. This would generate a high rate of initial applications in the program's inception year, followed by stabilization in subsequent years. The Board estimates the inception-year workload would require approximately 300 staff hours to process applications. At this level, the Board believes the workload can be absorbed by current support staff using existing resources. To support the program's operation, the Board anticipates establishing a \$100 application fee. Additionally, due to the Board's small staffing structure, the Board recommends that FNP renewals be required annually rather than biennially. Maintaining an annual renewal cycle will help ensure consistent workload distribution and avoid peaks and valleys in processing volume and Board revenue, helping keep budgeting more consistent. As with comparable programs under other healing arts boards, the Board anticipates that program costs would be supported through reasonable application and renewal fees.

Several healing arts programs within the Department already operate successful FNP programs, and alignment with these existing regulatory structures would support consistency across license types and strengthen consumer safeguards. The Board continues to believe that adopting a similar program for naturopathic doctors would improve transparency, streamline investigations, and reinforce statutory naming requirements.

The Board remains committed to protecting consumers and ensuring the integrity of naturopathic practice in California. The Board supports legislative authorization to establish a fictitious name permit program and stands ready to implement such a program efficiently should the Committees advance this recommendation.

ISSUE #7: (CONTINUING EDUCATION REFORMS). The Board lacks authority to charge a fee for continuing education provider course review and approval. Additionally, the Board does not have explicit authority to audit and take disciplinary action against course providers for failing to meet requirements under the Naturopathic Doctors Act. Finally, the Board does not have authority to mandate topic-specific or “directed” CE for its licensees and must depend on CE approved by other healing arts programs within DCA. The Board contends this limits its capacity to respond to evolving clinical practices, emerging public health concerns, and specialty practice oversight. Should the Board’s CE authority be amended to approach parity with other healing arts programs within the Department?

Background: Naturopathic doctors are required to complete 60 hours of approved continuing education every two years, as specified. Qualifying courses must be approved by the Board, 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, or the State Board of Chiropractic Examiners, or other courses that meet the standards for continuing education for licensed physicians and surgeons in California (BPC § 3635). The Board’s complete approval policy can be found in its current sunset report on pages 34-35.

CE Provider Fees. Although authorized to approved courses, the Board is unable to charge a fee to compensate

for workload associated with course review and approval because it lacks the necessary statutory authority. Consequently, when the Board receives a request to review and approve CE courses, it must absorb the associated workload without dedicated funding. Examples of programs that charge CE course provider fees are (BPC authorizing section in parenthesis): the California Acupuncture Board (§ 4970), Board for Vocational Nursing and Psychiatric Technicians (§ 2892.6), California Board of Chiropractic Examiners (§ 1006.5), Dental Board of California (§§ 1614, 1615), Board of Registered Nursing (§ 2815), and the California Board of Psychology (§ 2915, 2954.2), among others.

Audit and enforcement. Additionally, while CE providers are required by the Act to obtain approval from an approver as provided by BPC § 3635, providers also must meet course content and conflict of interest mandates of BPC § 3635.2. However, the Board states it lacks explicit audit authority to enforce compliance with those provisions. The Board provides comparative examples of other programs' enforcement authority on page 96 of its sunset report and has requested similar enforcement authority to ensure course providers continue to meet requirements after approval.

Board directed CE coursework. The Board currently requires applicants for licensure to pass both the NPLEX Part I-Biomedical Science Examination and Part II-Core Clinical Science Examination. The most recent sunset extension legislation, AB 2685 (Committee on Business and Professions, Chapter 414, Statutes of 2022), authorized the Board to require an applicant to pass any NPLEX elective examination relevant to the licensee's scope of practice in California (BPC § 3631(c)). While developing regulations to require passage of the NPLEX Parenteral Therapeutics elective exam as a condition to qualify to perform IV Therapy, the Board identified a gap in its CE approval authority. Specifically, the Board cannot require ongoing CE specific to this area of practice so while the Board intends to require licensees to pass the elective examination, it does not have authority to require licensees to maintain currency of knowledge once certified.

The Board requested authority to require targeted, ongoing CE for licensees who hold the additional IV therapy scope to maintain public safety in these specialized procedures.

Staff Recommendation: *The Board should inform the Committees of workload impacts and costs the CE proposals will have on the Board. The Committees may wish to implement CE reforms that may enhance the Board's administration of its CE program.*

Board Response:

The Board appreciates the Committees' consideration of the continuing education (CE) issues identified in its sunset report and welcomes the opportunity to provide an update on the workload impacts, resource implications, and public-protection needs associated with CE reforms.

The Board currently approves CE courses but lacks statutory authority to charge fees for CE provider applications. As a result, when CE providers request approval, the Board must absorb all review and processing workload using existing resources. This has become increasingly challenging as CE providers submit more specialized courses to align with evolving naturopathic practice. The absence of fee authority limits the Board's ability to recover costs, maintain timely review processes, and ensure capacity to meet consumer and professional needs. Several healing arts programs within the Department already have explicit authority to charge CE provider fees, which supports more consistent oversight and adequate staffing. The Board seeks parallel authority to implement reasonable CE provider fees to support the administrative workload associated with reviewing, approving, and monitoring courses.

The Board also lacks explicit audit authority over CE providers. While CE providers must meet

course content and conflict-of-interest standards under the Naturopathic Doctors Act, the Board cannot proactively audit or take enforcement action when deficiencies are identified. Audit authority is a standard component of CE oversight in many DCA healing arts programs and is essential to ensuring that approved CE continues to meet statutory and professional standards. Without such authority, the Board can only respond reactively when concerns arise, limiting its ability to maintain educational quality and protect consumers from outdated, misleading, or inappropriate content.

In addition, the Board has identified a structural gap in its ability to regulate targeted CE for specialized practice areas. Recent statutory changes authorize the Board to require passage of relevant NPLEX elective examinations for applicants seeking to practice within specific scopes—such as parenteral (IV) therapy—but the Board lacks authority to require ongoing, topic-specific CE to ensure licensees maintain current competency in these specialized procedures. This gap became clear while developing regulations for the Parenteral Therapeutics elective examination. Without the ability to require directed CE, the Board cannot ensure continuing competency in areas with heightened patient-safety implications, such as IV therapy, emergent modalities, or high-risk clinical interventions.

To assess the operational impact of CE reforms, the Board conducted a preliminary workload analysis. Based on current CE approval volume and expected increases if fee and audit authority are granted, the Board anticipates a manageable rise in workload associated with processing provider applications, conducting audits, and overseeing targeted CE requirements. To support this workload, the Board anticipates establishing a non-refundable CE provider application fee of \$750, with a \$750 renewal fee for timely renewals or \$1,125 for delinquent renewals. Renewal of CE provider approval would occur on a biennial cycle, consistent with other healing arts programs. The Board believes these fees will allow the program to be self-supporting and ensure that staff can maintain timely application review and oversight activities.

CE reforms would enhance the Board's ability to maintain a high-quality CE program, ensure providers meet statutory requirements, and support directed CE for specialized practice areas where public-protection needs are most acute. These reforms would also align the Board's authority with other healing arts programs under the Department and create a consistent regulatory structure.

The Board remains committed to maintaining a robust CE program that supports safe and competent naturopathic practice in California. The Board supports legislative authorization for CE provider fee authority, explicit audit and enforcement authority, and the ability to mandate directed CE in areas critical to public safety.

CBNM ENFORCEMENT ISSUES

ISSUE #8: (NATUOPATH TITLE PROTECTION) The Board reports complaints about unlicensed activity accounts for 71% of its complaints received. 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. Unlicensed naturopaths contend that they do not fall within the jurisdiction of the Board and therefore, the Board should not be expending resources to investigate these complaints. Should the Board have regulatory authority over unlicensed naturopaths?

Background: Naturopathy is a broadly used term encompassing approximately 50 types of complementary and alternative health-care practitioners. Practitioners who might use a naturopath title include those practicing homeopathy, hydrotherapy, reflexology, iridology, nutritional therapy, acupuncture, and others. These practitioners may lawfully provide services that do not require medical training or credentials, so long as they comply with the requirements of the Medical Practice Act. Specifically, naturopaths must disclose to a client in writing: 1) that the practitioner is not a licensed physician; 2) the treatment is alternative or complementary to healing arts services licensed by the state; 3) the services to be provided are not licensed by the state; 4) the nature of the services to be provided; 5) the theory of treatment upon which the services are based; and 6) the practitioner’s educational, training, experience, and other qualifications regarding the services to be provided (BPC § 2053.6). The disclosure must be provided in a language that the client understands and is not intended to limit the right of a client to seek civil remedies for negligence against a person providing services under BPC § 2053.6.

In addition to being protected from violating the Medical Practice Act if the above requirements are met, complementary and alternative health care practitioners are permitted to use the titles of “Naturopath,” “Naturopathic practitioner,” or “Traditional naturopathic practitioner,” by the Naturopathic Doctors Act (Act) if the person using the title is educated and trained as the title suggests.

However, the requisite education and training are not prescribed, and Board licensure is not required (BPC § 3645). Additionally, the Medical Practice Act does not require specified education or training. Placement of title protection for an unlicensed population within the Naturopathic Doctors Act seems to be cause for consumers who file complaints against unlicensed naturopaths with the Board. Equally a cause of confusion for consumers is the similarly phrased protected titles – “naturopathic doctor” and “naturopath” – that may lead consumers to file complaints with the Board.

The Board pays pro rata to help the Department recover costs for providing centralized technical and administrative services to programs under the DCA umbrella. These services include legal, human resources, communications, budgets, IT, training and other services provided by the Department. However, services provided by the Division of Investigation (DOI), which handles field investigations on behalf of the Board, are not included in annual pro rata and are charged by the hour.

The Board’s pro rata contribution has historically been a high percentage of its total expenditures, as demonstrated by sunset report data. Comparing previous report data with the current sunset data shows decrease in FY 2020-2023, then an increase in the Board’s pro rata contributions:

	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
DCA Pro Rata	\$141,000	\$138,000	\$162,000	\$58,000	\$61,000	\$7,000	\$215,000	\$195,000
% of Expenditures	36%	33%	36%	18%	16%	1%	33%	28%

During FY 2020/21 and FY 2021/2022, the pro rata was lower than other years because of state travel restrictions due to the COVID-19 pandemic, i.e. DOI was not in the field and enforcement costs for the Board were not accumulating.

Although unlicensed naturopaths believe the Board should not investigate complaints received about them because the complaints are not jurisdictional, BPC § 129(a) provides the following mandate regarding non-jurisdictional complaints, “If the complaint is not within the jurisdiction of the board or if the board is unable to dispose satisfactorily of the complaint, the board shall transmit the complaint together with any evidence or information it has concerning the complaint to the agency, public or private, whose authority in the opinion of the board will provide the most effective means to secure the relief sought. The board shall notify the complainant of this action and of any other means that may be

available to the complainant to secure relief.” Thus, the Board is not relieved of investigating the complaint. In fact, the Board must determine jurisdiction by first investigating whether its practice act was violated.

For example, BPC § 3643.5(b) of the Act states, “This chapter may not be construed to limit an activity that does not require licensure or is otherwise allowed by law, including the practice of naturopathy, *when performed consistent with Sections 2053.5 and 2053.6.*” [Emphasis added.] Therefore, in order to establish that the naturopath is practicing outside the jurisdiction of the Board, the naturopath must be compliant with the disclosure requirements of BPC § 2053.5 and § 2053.6. The Board must also establish that the naturopath did not perform any regulated activity under the Act. The Board does this through investigation.

When these cases result in enforcement action due to a violation of the Act (such as misuse of the ND title, failure to provide required disclosures, etc.), they are typically addressed through education and time to correct the violation, citations, cease and desist letters, or referrals to local law enforcement or other regulatory agencies. Because there is no license, disciplinary is not an option and cost recovery, which is typically ordered during a disciplinary hearing, is also not available to the Board.

Further, BPC § 129(d) provides, “It shall be the continuing duty of the board to ascertain patterns of complaints and to report on all actions taken with respect to those patterns of complaints to the director and to the Legislature at least once per year. The board shall evaluate those complaints dismissed for lack of jurisdiction or no violation and recommend to the director and to the Legislature at least once per year the statutory changes it deems necessary to implement the board’s functions and responsibilities under this section.” The Board cannot meet this mandate to report patterns of complaints or recommend changes it deems necessary if it does not accept and investigate all complaints submitted.

Staff Recommendation: *The Board should advise the Committees of necessary changes to increase its efficacy in protecting the public from the complaints about unlicensed naturopaths and unlicensed activity in general while simultaneously reducing its enforcement expenditures. The Board should advise the Committees if consumers would be better served if the terms “naturopath,” “naturopathic practitioner,” and “traditional naturopathic practitioner,” were replaced with terms more specific to the actual service being provided or another less confusing term. The Board should update the Committees on whether requiring registration would benefit consumers, naturopaths, and the Board.*

Board Response:

The Board appreciates the Committees’ focus on concerns surrounding unlicensed naturopaths, title confusion, and the significant enforcement burden these issues create. Unlicensed activity represents approximately 71 percent of complaints received by the Board, indicating persistent consumer confusion and the need for statutory improvements to protect the public and use enforcement resources more efficiently.

Under current law, individuals may lawfully practice naturopathy and use certain naturopath titles provided they comply with the disclosure requirements of the Medical Practice Act. However, because these disclosures are required only under BPC §§ 2053.5 and 2053.6 and are not enforced by a single designated entity, the public often remains unaware that the person providing services is not a licensed naturopathic doctor. The nearly identical protected titles in the Naturopathic

Doctors Act—“naturopathic doctor” versus “naturopath,” “naturopathic practitioner,” and “traditional naturopathic practitioner”—further exacerbate this confusion and contribute directly to consumer complaints being filed with the Board.

Although unlicensed naturopaths frequently assert that they do not fall under the Board’s jurisdiction, the Board is required by BPC § 129 to accept and investigate all complaints, determine whether the Naturopathic Doctors Act has been violated, and either take action or appropriately refer the matter to another agency. This investigatory requirement results in substantial workload and enforcement costs. While some cases can be resolved through education, correction, or cease-and-desist letters, others require referral to the Division of Investigation (DOI), whose services are billed hourly and are not covered by pro rata. As the Board’s sunset data reflects, these DOI-related costs have historically driven significant increases in total Board expenditures.

To strengthen consumer protection and reduce enforcement costs, the Board recommends statutory changes to clarify title use. Clearer title protections would reduce consumer confusion and decrease the number of complaints filed with the Board. The Board recommends that the Legislature replace the titles “naturopath,” “naturopathic practitioner,” and “traditional naturopathic practitioner” with terms that more accurately reflect non-licensed, non-medical services and are less likely to be confused with “naturopathic doctor.” If “naturopath” cannot be removed, the Board strongly recommends adopting terminology that clearly distinguishes traditional naturopathy from licensed naturopathic medicine, such as “*non-medical naturopath*” or “*traditional naturopathic health coach*”.

Second, the Board strongly supports the establishment of a registration program for unlicensed naturopaths, which would allow the State to appropriately track, monitor, and enforce compliance with the requirements outlined in BPC § 3644(d)(2). These requirements are central to ensuring that individuals using naturopath titles only perform activities that are legally permissible without licensure and that they provide accurate, complete disclosures to consumers. Placing unlicensed naturopaths under the oversight of a regulatory body—such as the Board—would ensure that compliance determinations are made by an entity that understands the significant differences in education, training, and examination requirements between licensed naturopathic doctors and unlicensed practitioners. The Board believes strongly that consumer protection is best served when regulatory oversight is vested in a state body, rather than relying on voluntary associations or examination entities. Professional associations and exam bodies have inherent limitations and should not be responsible for tracking, monitoring, or enforcing the conduct of their own members or affiliates.

A registration model would not authorize a new scope of practice but would create an enforceable mechanism to verify disclosures, ensure compliance with statutory limits, streamline complaint routing, and reduce reliance on costly DOI field investigations. This structure would benefit consumers, licensed naturopathic doctors, and unlicensed practitioners by creating clarity, improving accountability, and protecting the integrity of the naturopathic doctor license.

Finally, granting clear statutory authority over the use of non-doctor naturopath titles—or delegating that authority to a more appropriate regulatory home—would enable better oversight, improve complaint handling, and allow the Board to meet its mandate under BPC § 129(d) to identify complaint patterns and recommend necessary statutory changes.

The Board remains committed to protecting the public and improving transparency in the marketplace. The Board stands ready to partner with the Committees to evaluate options for title clarity, registration, and oversight mechanisms that strengthen public protection while reducing unnecessary enforcement expenditures.

ISSUE #9: (EMERGING TECHNOLOGY.) Is the CBNM prepared to address the impacts of emerging technology, such as AI, on the delivery of services to naturopathic medicine patients and the public?

Background: The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Among the reasons for the state to take action, the EO states (in part):

GenAI can enhance human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and [T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and [T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies... The Governor’s Executive Order includes direction for various state entities, including, “Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency, department, or board’s authority and recommend necessary updates, where appropriate, as a result of this evolving technology.”

The amount of wellness information and misinformation on the internet and social media can be overwhelming. Consumers are increasingly turning to AI for advice on how to prevent disease or improve existing health conditions using natural remedies. Issues arise when licensees, who consumers trust to be held to the highest professional standards, misuse AI. While AI can be an invaluable tool to conduct research on health trends, evolving treatments and other information that can enhance the naturopathic doctor’s practice, it should not take the place of the naturopathic doctor’s education, judgement, and knowledge of the individual patient’s history and health goals.

Staff Recommendation: *The Board should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The Board should discuss actions it has already taken, if any, to protect consumers, update regulations, and enable proper enforcement in cases using telehealth via AI, while simultaneously keeping up with changes in the safe delivery of services. Finally, the Board should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.*

Board Response:

The Board appreciates the Committees' attention to the emerging role of artificial intelligence (AI) and related technologies in health-care delivery. As AI-driven tools become increasingly accessible to both consumers and licensees, the Board recognizes the importance of ensuring that these technologies are used responsibly, ethically, and in ways that do not compromise patient safety. The Board is committed to taking proactive steps to evaluate and address these evolving risks in alignment with Executive Order N-12-23.

AI can support naturopathic doctors in staying informed about developments in clinical research, treatment protocols, and patient-education strategies. However, AI must never replace the individualized clinical judgment and patient-centered decision-making that are essential to the practice of naturopathic medicine. Misuse of AI—whether by over-reliance on AI-generated treatment recommendations, misrepresenting AI outputs as individualized medical advice, or integrating AI tools into telehealth without clinical oversight—poses significant risks to public safety and may lead consumers to make medical decisions without proper practitioner involvement.

The Board has already begun integrating emerging technology considerations into its enforcement triage, complaint intake, and licensee-education efforts. Enforcement staff now flag complaints involving AI-generated health plans, automated diagnostics, or telehealth encounters mediated through AI tools. The Board is prepared to investigate these matters using existing authority, focusing on whether a licensee relied on AI in a manner that compromised patient care, violated the scope of practice, or resulted in deceptive or misleading representations to the public.

The Board is also reviewing whether regulatory updates may be needed to clarify expectations for the responsible use of AI. Potential areas for updating include: ensuring licensee oversight of AI-generated materials; preventing misuse of AI in advertising or patient communications; establishing expectations for telehealth and remote care involving AI; and ensuring that AI does not substitute for required examinations, evaluations, or informed consent processes.

To support consumer protection and to provide clear expectations for licensees, the Board would benefit from explicit legislative authority to address risks associated with AI. The Board respectfully offers the following statutory concepts that the Committees may wish to consider as part of the Sunset Review extension bill. These concepts would provide reasonable guardrails and enforcement clarity while supporting responsible innovation:

1. **Explicit Authority to Regulate AI Use in Clinical Practice**

A statutory provision authorizing the Board to adopt regulations governing licensee use of AI or other emerging technologies in patient care, advertising, or telehealth. This could include authority to define inappropriate or unsafe reliance on AI tools and to require licensees to verify the accuracy and appropriateness of any AI-generated content before using it with patients.

2. **Clear Prohibition on Substituting AI for Clinical Judgment**

Language clarifying that AI may not be used as a substitute for the professional judgment, examination, or individualized assessment required of a naturopathic doctor, and that responsibility for patient care always rests with the licensee.

3. **Authority to Enforce Against Misrepresentation of AI-Generated Information**

Provisions allowing the Board to discipline licensees who misrepresent AI-generated analysis or treatment recommendations as individualized medical advice or who present AI recommendations without proper interpretation, context, or oversight.

4. **Guardrails for Telehealth Involving AI Tools**

Explicit authority to ensure that telehealth encounters involving AI comply with the standards of care, documentation, consent, and privacy protections required for in-person care.

5. **Compliance Expectations for AI Used in Recordkeeping, Clinical Decision Support, or Communications**

Authority to establish minimum standards ensuring that AI-assisted documentation, patient communication, or health-monitoring tools do not compromise accuracy, patient safety, or confidentiality.

These statutory concepts would provide the Board with the necessary tools to protect consumers while ensuring that licensees use emerging technologies appropriately. As the landscape of AI continues to evolve, the Board remains committed to monitoring developments, updating its enforcement strategies, and collaborating with the Committees to ensure that the Naturopathic Doctors Act reflects modern clinical realities.

ISSUE #10: (ONLINE UNLICENSED ACTIVITY). Is unlicensed practice becoming more common online? How is influencer culture impacting consumers?

Background: The Board suggested in its sunset report that many aspects of online practice are increasingly difficult to manage under its existing enforcement authority. Specifically, the prevalence of websites, mobile apps, and social media platforms that offer regulated services marketed to California residents has steadily increased over the past 10 years.

The Board regulates and enforces online practice just as it would any practice and any person providing services that fall within the scope of a naturopathic doctor must be licensed in California and meet other requirements of the Naturopathic Doctors Act. Online practice poses unique challenges,

especially when the provider is outside California or the United States. Many services are also provided anonymously or under a pseudonym by a person who implies medical qualifications, but they are not required to provide information about where they obtained the credentials to provide medical advice, recommend supplements to treat specific conditions, or to diagnose disease based on a set of symptoms reported by the online user.

There have been recent high-profile cases where social media influencers with substantial followings whose advice had destructive, and sometimes deadly, effects on the health of their followers. Documented cases showed social media influencers made recommendations based on brand partnerships rather than on product efficacy, made controversial recommendations to increase engagement, and made false claims to generate confidence in their abilities to help their followers. While the most notorious cases were not in California and demonstrate worst-case scenarios, they underscore the gaps in authority state regulators have when enforcing minimum qualifications and practice standards when practitioners can easily access California's consumers from worldwide platforms.

Staff Recommendation: *The Board should inform the Committees of the extent of online practice complaints and its efforts to ensure compliance with the Naturopathic Doctors Act. The Board should advise the Committees if there are solutions to close gaps in enforcement authority that would enhance its ability to protect consumers from online unlicensed practice.*

Board Response:

The Board appreciates the Committees' focus on the growing challenges posed by online unlicensed activity and influencer-driven health advice. As noted in the Board's sunset report, the expansion of websites, mobile applications, subscription-based platforms, and social media channels offering health guidance has significantly increased the Board's enforcement workload. Many of these platforms reach California consumers through anonymous or pseudonymous accounts, claims of informal or unverified "credentials," or marketing that implies clinical expertise without licensure.

Online unlicensed practice poses unique risks because individuals can offer diagnosis, treatment recommendations, supplement protocols, or claims of curing disease while operating entirely outside the regulatory framework. These risks are compounded by high-visibility influencers whose advice may be shaped by brand partnerships, financial incentives, or engagement-driven content rather than evidence-based practice. They highlight the vulnerabilities of consumers who rely on online sources of health information and the limitations faced by regulators when conduct originates outside the state or outside the country.

The Board investigates online unlicensed practice using the same standards applied to in-person practice. However, the online environment creates enforcement challenges, including: identifying the true individual behind an online persona; establishing geographic jurisdiction; obtaining evidence from out-of-state platforms; and differentiating between legally permissible wellness information and the unlawful practice of naturopathic medicine. Despite these challenges, the Board continues to monitor online platforms, review consumer complaints, issue cease-and-desist letters when violations can be substantiated, and refer cases to other agencies when appropriate.

The Board is concerned that influencer culture increases consumer vulnerability by encouraging individuals to follow generalized or medically inappropriate recommendations without understanding that the influencer is not a licensed medical professional. These risks are amplified when influencers target consumers with chronic illnesses, high-risk conditions, or reliance on dietary supplements as alternatives to conventional care.

Misrepresentations—whether explicit or implied—can cause significant harm, including delayed diagnosis, worsening of medical conditions, financial exploitation, or reliance on unsafe supplement regimens.

To enhance enforcement effectiveness and protect the public, the Board provides the following recommendations and potential solutions for the Committees' consideration:

1. Clarified Authority to Address Online Unlicensed Practice

The Board would benefit from statutory language explicitly stating that the practice of naturopathic medicine delivered through digital or online platforms is subject to the same licensure requirements as in-person care and that offering diagnosis, treatment, or specific health recommendations to consumers in California constitutes the practice of naturopathic medicine, regardless of the practitioner's location.

2. Authority to Take Action Against Misleading Digital Health Claims

The Board recommends considering statutory authority to address online representations—such as social media posts, digital advertisements, and remote consultations—that imply licensure, medical expertise, or clinical training when none exists. Clarifying this authority would increase the Board's ability to intervene when consumers are misled.

3. Enhanced Cease-and-Desist and Citation Tools for Online Enforcement

Strengthening authority to issue citations and cease-and-desist letters for online violations, including authority to issue orders based on digital evidence alone, would improve the Board's ability to address non-compliant individuals whose identities or locations are difficult to confirm.

4. Potential Registration Pathway for Unlicensed Individuals Providing Online Wellness Services

The Board recommends that the Committees consider aligning this issue with Issue #8 by establishing a registration pathway for individuals who provide non-licensed naturopathic or wellness services online to California consumers. Registration would create a mechanism to track individuals advertising "naturopath," "naturopathic practitioner," or similar titles, ensure compliance with disclosure requirements, and allow the Board to intervene more effectively when online activity crosses into regulated practice.

5. Collaboration with Online Platforms and State Partners

The Board is prepared to work with state partners and digital platforms to encourage compliance with California licensure requirements, including responding to takedown requests, flagging misleading content, and improving public education regarding how to verify a naturopathic doctor's license.

The Board remains committed to protecting consumers from inappropriate, unsafe, or misleading online health information. While the Board continues to use its existing authority to investigate and address online unlicensed activity, the Board believes that the statutory concepts described above would meaningfully enhance its ability to respond to modern enforcement challenges and safeguard Californians seeking naturopathic care online.

WORKFORCE ISSUES

ISSUE #11: (PLATEAUIING LICENSE POPULATION). California is home to a high-profile naturopathic medical school, which draws naturopathic medical students to the state. Many of their graduates become licensed in California then soon leave to practice in neighboring states. What are the causes of licensee migration and what steps can California take to retain its naturopathic doctor licensees?

Background: The Board has observed a consistent trend among graduates of Bastyr University in 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.

This trend is revealed by the Board's data. Each year, there are incremental population increases, which do not align with the number of California applicants who take and pass the license examination. Additionally, the Board routinely has a substantial population of delinquent licenses, so much so, it was identified in the previous sunset review Background Paper as Issue #7. Most recently, from FY 2023/2024 to FY 2024/25, 266 candidates successfully took the examination, yet the license population only increased by 23. Additionally, the Board had 128 delinquent licenses at FY 2024/25 year-end. These data indicate licensees are leaving their California licenses behind.

To determine the causes that lead licensees to leave a practice in California, the Board conducted a survey of current licensees, which was submitted with the Board's sunset report as Attachment C. The responses overwhelmingly pointed to scope limitations. Scope has been a longstanding point of contention. 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. This disparity has been found to place California at a competitive disadvantage in attracting and retaining qualified NDs. Prescribing and minor office procedures are addressed by Issue #12 and vaccines are addressed by Issue #14.

Additionally, the Board identified several areas of concern as barriers to licensure in its report. These include: under-recognition of safety and efficacy due to skepticism, which contributes to restrictive policies and limited employment pathways; reluctance among employers to integrate NDs into clinical settings due to misconceptions about the qualifications of naturopathic doctors; and the financial burden of education is difficult to recoup in California where employment opportunities are limited due to restricted scope and challenges being recognized by insurance providers, hospitals, and other healthcare systems.

Staff Recommendation: *The Board should advise the Committees of lessons learned from the survey that can influence strategies to attract and retain naturopathic doctors to California. The Committees may wish to evaluate statutory changes that may lead to increased retention of licensees.*

Board Response:

The Board appreciates the Committees' attention to the ongoing challenge of recruiting and retaining licensed naturopathic doctors (NDs) in California. The Board's data show a persistent and significant gap between the number of individuals successfully passing the licensure examination and the number of licensees who ultimately maintain an active practice in the state. This represents a substantial missed opportunity to expand access to safe, preventive, holistic care for California consumers at a time when workforce shortages remain a pressing statewide concern.

As noted in the Board's sunset report, the licensee survey conducted by the Board provided valuable insights into the factors driving licensee migration. The overwhelming theme identified was scope of practice limitations. California-trained naturopathic doctors complete four years of accredited medical education with robust training in biomedical sciences, clinical diagnostics, pharmacology, and therapeutic interventions. In many neighboring states, NDs are permitted to practice as primary care providers, prescribe a broader formulary of medications, administer vaccines, and perform minor office procedures independently. The inability to practice to the full extent of their training places California at a competitive disadvantage compared to states such as Oregon, Washington, and Arizona. This disparity results in licensees relocating shortly after obtaining licensure, as demonstrated by the Board's data: despite 266 candidates passing the exam in FY 2023/24–2024/25, the overall license population increased by only 23, with 128 licenses becoming delinquent.

Additional survey themes highlighted systemic barriers affecting recruitment and retention. These include limited employment pathways within integrated clinical settings, stemming from misconceptions or under-recognition of ND education and clinical competencies; skepticism that contributes to restrictive policies; and difficulty recovering the financial investment of graduate medical education due to limited reimbursement and practice opportunities. These factors collectively discourage graduates from establishing long-term practice in California despite initially pursuing licensure.

To support the Committees' evaluation of strategies that may improve licensee retention, the Board offers the following observations and potential approaches based on survey insights and stakeholder feedback:

1. Modernize Scope of Practice to Align with Education and Training

Current and former licensees were surveyed and respondents consistently indicated that broader scope authority—particularly in prescribing, minor office procedures, and vaccine administration—would increase the likelihood of remaining in California. Legislative reforms addressing these areas (covered in Issues #12 and #14) would substantially improve retention and bring California's scope of practice closer to that of other states.

Importantly, modernizing the scope of practice would also allow the Board to fulfill the original legislative intent established in Senate Bill 907 (Burton, Chapter 485, Statutes of 2003). The Legislature created the naturopathic doctor license with the understanding that the initial scope of practice was temporary, intended only as an interim framework until the Board completed its statutory review of naturopathic medical education and training and recommended a permanent scope aligned with that education.

Aligning the scope of practice with the rigorous four-year medical education and clinical training naturopathic doctors receive is essential to carrying out this intent and ensuring that California's regulatory framework reflects the competencies for which NDs are formally educated and examined. Doing so serves the paramount interest of consumer protection by ensuring that Californians have access to appropriately trained providers practicing within a scope that matches their professional preparation.

While the Board respects the perspectives of all professional groups, decisions about scope of practice must be based on education, training, demonstrated competency, and the needs of California patients—not on opposition driven by the interests of any specific professional association. Aligning the scope of practice with naturopathic medical education ensures that the Board's recommendations remain consistent with statutory intent and grounded in what best protects and benefits California consumers.

2. Improve Recognition of Naturopathic Doctors in Healthcare Settings

The Board encourages exploring statutory or regulatory mechanisms that would increase integration of NDs into clinical teams, community health settings, and collaborative care models. Clarifying the role of naturopathic doctors within multidisciplinary systems may reduce employer hesitancy that stems from misunderstandings about ND education, training, and clinical competencies. Additionally, as more insurance companies—including major national carriers such as Blue Cross Blue Shield and Aetna—continue to recognize and reimburse naturopathic medical services, and given that the State's Medi-Cal program already covers all laboratory services, prescription drugs, and diagnostic imaging from NDs, greater integration of naturopathic doctors into care teams aligns with current trends in healthcare access and reimbursement. Taken together, these developments suggest that expanding ND participation in California's healthcare infrastructure is a timely and appropriate strategy to support patient access and improve retention of licensed naturopathic doctors.

3. Address Misconceptions Through Public Education and System Alignment

Survey respondents identified misinformation about ND training as a significant barrier. The Board is prepared to expand consumer and stakeholder education efforts, but broader policy alignment may be necessary to ensure consistent recognition of naturopathic medical education across California's healthcare infrastructure.

5. Consider Streamlined Administrative Processes and Support for New Graduates

Reducing administrative burdens or exploring structured pathways for new graduates—such as mentorship, residency placements, or transition-to-practice models—could help retain more graduates in the state.

The Board is committed to collaborating with the Committees on reforms that strengthen California's naturopathic workforce. Survey data make clear that the primary driver of licensee migration is the inability to practice to the full extent of naturopathic medical training. The Board stands ready to support statutory changes that align California's regulatory framework with modern naturopathic practice, reduce systemic barriers to employment, and ensure that the state benefits from the expertise of the naturopathic doctors it educates and licenses.

ISSUE #12: (EXPANDED AUTHORITY). The legislation that enacted the Naturopathic Doctors Act, SB 907 (Burton, Chapter 485, Statutes of 2003), required the Board to review naturopathic doctor education and training and make recommendations to the Legislature regarding the naturopathic doctor scope. Those recommendations have not yet been adopted. Is it time to align California's naturopathic doctor scope with their education and training? Additionally, the Board believes that NDs should have the authority to provide vaccines as they did during the COVID-19 pandemic.

Background: Despite being highly trained in primary care and integrative medicine, licensed NDs may be limited from practicing to the full extent of their education and clinical training. The limited independent pharmaceutical formulary, requirement for a supervisory protocol agreement, and restrictions on performing minor procedures like suturing may hinder their ability to provide comprehensive care.

When the Naturopathic Doctors Act was first enacted by SB 907 (Burton, Chapter 485, Statutes of 2003), BPC § 3627 required the then named Bureau of Naturopathic Medicine (Bureau) to establish a formulary advisory committee (Committee) composed of equal numbers of physicians and surgeons, pharmacists, and naturopathic doctors. The Committee was charged with reviewing naturopathic education, training, and practice and making recommendations regarding naturopathic doctor scope, specifically, prescribing, ordering, and furnishing authority and supervision protocols for those functions, including those for intravenous and ocular routes of prescription drug administration. The Committee's recommendations were to be submitted to the Legislature for consideration.

The Committee was comprised of three licensed pharmacists, three licensed physicians and surgeons, and three licensed naturopathic doctors. The Committee was chaired by a pharmacist. The Bureau submitted the [*Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor*](#) to the Legislature in 2007. Findings included that when reviewing practice acts in other states, "Of the 13 other states that license NDs, 9 of those states allow NDs to prescribe independently, without any MD supervision or protocol. Only one state, Kansas, which instituted licensure in 2003, requires MD supervision, and Maine requires collaboration with a physician for one year prior to independent prescribing." The Committee recommended several amendments to the Act, including changes to allow NDs to independently prescribe, without supervision or protocol, from a recommended formulary that contained specified antibiotics, pain control agents, dermatologicals, ophthalmic agents, respiratory agents, gastrointestinal agents, cardiovascular agents, renal and genitourinary agents, diagnostic agents, vaccines, and anti-diabetic agents, as well as an IV formulary.

In the years that followed submission of the findings and recommendations, several minor amendments were made to the Act, but none to implement the above recommendation of the Committee, as intended by SB 907. Finally, in 2015, SB 538 (Hueso) would have expanded the scope of naturopathic doctors by authorizing specified procedures and removing physician and surgeon collaboration and supervision requirements for furnishing and ordering drugs. The bill was amended several times until it eventually would have authorized an ND to independently administer, furnish, order, or prescribe

Schedule V controlled substances under the California Uniform Controlled Substances Act and any drug approved by the federal Food and Drug Administration and labeled “for prescription only,” except chemotherapeutics, after completing 12 consecutive months of supervision by a physician and surgeon. This bill eventually died on the Assembly Floor.

In response to the evolving nature of the profession, the Board’s Drug Formulary Advisory Committee convened meetings on May 5, 2025, and November 17, 2025, to consider revising its formulary recommendations. Rather than recommend an inclusive list of drugs similar to the previous Committee, the updated recommendations used an exclusionary methodology, taking into account regulatory scope, clinical setting, and collaborative care considerations. The Board now recommends excluding certain classes of drugs, specifically chemotherapeutic agents, controlled substances, advanced psychiatric medications, immunosuppressants, advanced cardiovascular agents, injectable biologics and monoclonal antibodies, and general anesthetics and neuromuscular blockers.

The Drug Formulary Advisory Committee made the above recommendations based principles delineated in the [meeting materials](#), which included the naturopathic therapeutic philosophy – that naturopathic medicine emphasizes evidence-informed, least-invasive interventions and pharmaceuticals are used when clinically indicated, especially when natural therapies are insufficient or inappropriate. However, the Board’s rationale notes that recommendations, “Excluding certain high-risk medications from routine ND prescribing is a precautionary measure, not a reflection of educational limitations.”

Separately, the California Naturopathic Doctors Association is sponsoring legislation, SB 1333 (Jones of 2026) that would authorize NDs to perform minor office procedures, as defined; remove physician supervision protocols for furnishing or ordering drugs; authorize an ND to furnish, order, or prescribe legend drugs, including Schedule II through V, inclusive, controlled substances under the California Uniform Controlled Substances Act. It would be helpful for the Committees to understand the impact of this bill proposing an inclusive formulary rather than an exclusionary formulary, as recommended by the Board’s Formulary Advisory Committee. It would be helpful for the Committees to understand whether including Schedule II controlled substances poses a conflict with the Formulary Committee’s recommendation to exclude controlled substances.

In response to the COVID-19 pandemic, the Governor issued Executive Order N-39-20, which established a waiver process to maximize the number of qualified and capable medical and healthcare workers so Californians impacted by COVID-19 could access medical treatment. Relative to the Department, the EO stated in part, “To facilitate the continued provision of care to individuals affected by the COVID-19 outbreak, the Director of the Department of Consumer Affairs may to the extent necessary and only for the duration of the declared emergency, waive any of the professional licensing requirements and amend scopes of practice in Division 2 of the Business and Professions Code, and any accompanying regulations. Professional licensing requirements should be interpreted broadly to effectuate the purposes of this executive order, and they include, but are not limited to, the examination, education, experience, and training requirements necessary to obtain and maintain licensure, and requirements governing the practice and permissible activities for licensees.”

The resulting DCA Waiver DCA-21-141, effective March 30, 2021, waived BPC § 2052 (Practice without Certificate) of the Medical Practice Act and § 3640 (What Functions a Naturopathic Doctor May Perform), § 3640.5 (Furnishing or Ordering of Drugs by Naturopathic Doctor; Physician and Surgeon Supervision), and § 3640.7 (Prescription and Administration of Epinephrine and Hormones and other Specified Substances by Naturopathic Doctor) of the Naturopathic Doctors Act. The waivers apply to the extent the waived sections prohibit licensed naturopathic doctors from independently initiating and administering COVID-19 vaccines that are approved or authorized by the federal Food

and Drug Administration to persons 16 years of age or older and, in cases involving a severe allergic reaction, epinephrine or diphenhydramine by injection, subject to specified conditions.

The temporary authority under DCA Waiver DCA-21-141 generally expired when the COVID-19 state of emergency was declared ended on February 28, 2023. As a result, NDs are no longer authorized to independently administer COVID-19 vaccines and must do so under a collaborative protocol with a supervising physician, consistent with the Naturopathic Doctors Act.

During the two years when naturopathic doctors were authorized to independently administer COVID-19 vaccines, the Board did not receive complaints related to COVID-19 vaccine administration. Therefore, the Board is requesting authority for its licensees to independently administer vaccines – COVID and routine – to their patients as part of the approved functions of a naturopathic doctor.

It would be helpful for the Committees to learn about discussions with other healthcare providers, healthcare facilities, and payors about the opportunities that may exist for NDs to take on additional practice authority, as well as discussions with patients, the public, and licensees.

Staff Recommendation: The Board should update the Committees on the discussions it has had with stakeholders and the feasibility of expanded practice authority for the profession.

Board Response:

The Board appreciates the Committees' continued attention to the issue of expanded practice authority for naturopathic doctors (NDs). When the Legislature enacted the Naturopathic Doctors Act through SB 907 (Burton, Chapter 485, Statutes of 2003), it directed the then-Bureau of Naturopathic Medicine to review naturopathic medical education and training and recommend a permanent scope of practice aligned with that education. As noted in the 2007 Findings and Recommendations^{1,2} submitted to the Legislature, the original scope was explicitly intended to be temporary until the Bureau completed its statutory review of naturopathic doctor competencies. Although multiple minor statutory updates have occurred since then, the comprehensive scope modernization envisioned by SB 907 has not yet been implemented.

Over the past two decades, the naturopathic profession has continued to evolve, and the Board has regularly convened experts to review NDs' education, training, and clinical competencies. Most recently, the Board's Drug Formulary Advisory Committee reconvened in 2025 to re-evaluate prescribing authority. Rather than recommending an inclusive list of drugs, the Committee adopted an exclusionary formulary methodology, which emphasizes patient safety, clinical appropriateness, and collaborative care considerations. Under this approach, high-risk categories—such as chemotherapeutics, controlled substances, advanced psychiatric agents, immunosuppressants, injectable biologics, monoclonal antibodies, and general anesthetic agents—would remain excluded. The Committee's recommendations were grounded in naturopathic therapeutic philosophy and reinforced that the exclusions were a precautionary measure, not a reflection of limitations in naturopathic medical education.

¹ https://www.naturopathic.ca.gov/formspubs/formulary_report.pdf

² https://www.naturopathic.ca.gov/formspubs/mop_report.pdf

The Board recognizes that California Naturopathic Doctors Association (CNDA)-sponsored SB 1333 (Jones, 2026) proposes a more inclusive formulary approach, including Schedule II–V controlled substances. The Board appreciates the desire for practice alignment; however, the Board believes that any legislative changes must be grounded in evidence and guided by patient safety considerations. Adopting an inclusive formulary that authorizes categories expressly excluded under the Board's advisory recommendations—particularly controlled substances—would create a direct conflict with the exclusionary framework developed by the Formulary Advisory Committee. The Board welcomes the opportunity to further clarify the clinical and safety rationale underlying its recommendations and to assist the Committees in evaluating the differences between these two approaches.

With respect to vaccines, the Board notes that during the COVID-19 pandemic, naturopathic doctors were temporarily granted independent authority to administer FDA-authorized COVID-19 vaccines under DCA Waiver DCA-21-141. During the two years this expanded authority was in effect, the Board received no complaints or violations related to direct ND vaccine administration. This experience demonstrated that naturopathic doctors are able to safely provide vaccinations consistent with their education and clinical training.

The Board does note however, that one licensee engaged in fraudulent conduct during the pandemic, unrelated to the direct act of administering vaccines. In that case, the Board initiated the very first administrative action in the U.S. against a doctor for providing false and misleading information and worked jointly with the U.S. Drug Enforcement Administration and Department of Justice. The license was revoked, and the individual was subsequently incarcerated. This isolated case underscores the Board's ability to take decisive action when licensee misconduct occurs.

Given the demonstrated safety record of NDs administering vaccines and the Board's proven capacity to enforce against misconduct when necessary, the Board requests statutory authority to allow naturopathic doctors to independently administer routine vaccines as part of their authorized scope.

In preparation for this Sunset Review, the Board engaged in discussions with licensees, patient groups, student organizations, educational institutions, insurers, and other health professions regarding expanded practice authority. These conversations highlighted several themes:

1. Strong Support for Scope Modernization to Reflect Education and Training

Stakeholders emphasized that California's scope of practice has not kept pace with naturopathic medical curriculum standards, which continue to emphasize biomedical sciences, clinical diagnostics, pharmacology, and safe natural and conventional therapeutics. Expanded authority would allow NDs to contribute more fully to statewide access-to-care needs.

2. Broad Recognition That NDs Successfully Performed Expanded Functions During the Pandemic

Healthcare facilities that utilized naturopathic doctors during the COVID-19 emergency reported positive outcomes, efficient vaccine delivery, and high compliance with safety

protocols. This experience has informed support for more permanent authority.

3. Growing Opportunities for ND Integration in Mainstream Healthcare

Payors and providers report that more insurers, including major carriers, are recognizing naturopathic medical services. Expanded statutory authority—particularly in prescribing and vaccine administration—would further support the integration of naturopathic doctors into community health centers, primary-care settings, and collaborative care teams.

NDs are also beginning to participate within the University of California health systems. Licensed naturopathic doctors currently serve on staff at the UCI Susan Samueli Integrative Health Institute and at Harbor-UCLA Medical Center, where they provide integrative primary and chronic-care services. Additionally, ND licensees report that hospital systems such as Sutter Health accept their clinical orders, enabling better continuity of care for shared patients.

4. Continued Misunderstanding of ND Education and Differences Across Practitioner Types

Some healthcare organizations expressed uncertainty about naturopathic medical training. This underscores the importance of aligning scope with demonstrated competencies and ensuring clear, evidence-based public information about ND education and practice.

Overall, stakeholder input strongly supports the need to modernize the scope of practice to align with naturopathic medical training and the original legislative vision of SB 907. Expanded authority in prescribing, minor office procedures, and vaccination would improve access to care, reinforce patient safety through clear regulatory guardrails, and help retain the highly trained naturopathic doctors educated in California.

The Board is committed to working collaboratively with the Committees, stakeholders, and partner agencies to ensure any statutory changes are implemented safely, responsibly, and in a manner that enhances consumer protection while fulfilling the legislative mandate established when the profession was created in California.

ISSUE #13: (INTERSTATE COMPACTS.) The question of California joining professional licensure compacts has been raised for a number of years. What is the benefit to California licensees and patients?

Background: California currently does not participate in any professional licensing compacts. Compacts have proven to be problematic and challenging for California licensees and regulatory programs alike, in terms of compact governance, enforcement options, parity in licensure qualifications, and other aspects of compact pathways. When a state joins a compact, it is subject to the rules of the compact and the bylaws established by a compact governing body. While a member state may have a vote or voice in the governance of a compact and may have some say in the development and amendment of bylaws, that is not the case for all licensing compacts.

Many licensing priorities in California may not be reflected in compacts, such as the ability for individuals in California to become licensed using an individual taxpayer identification number, rather

than only a social security number. Compact rules and specifications cannot be amended by a single member state and updates are not always subject to the transparent and open discussions held in the Legislature or by California regulatory programs subject to the Bagley-Keene Act. Some compacts group categories of licensees together who may be licensed by a separate licensing entity, and there are often a number of key differences between the rules and processes of a compact and the practice acts administered by a California program.

Military spouses, historically one of the populations with the most sympathy surrounding the need for greater licensure portability given the frequency of their movement to other states, are already taken care of and covered by federal action taken in 2023. They can now practice temporarily with their license from another state if they have orders stationing them in California.

Many professions for which a national licensing compact has been established already enjoy streamlined approaches to licensure that California regulatory boards offer out-of-state providers. Unlike other healing arts professions, such as nurses, occupational therapists, physical therapists, mental health therapists, and others, there is no interstate compact for naturopathic doctors. This may be due to several factors including that naturopathic doctors are currently only licensed in 23 states plus Washington D.C., Puerto Rico, and the U.S. Virgin Islands; jurisdictions have approved varying scopes of practice for naturopathic doctors; and some jurisdictions require supervision, while others allow independent practice; among other challenges.

It is unclear that joining compacts, particularly given the pathways available to out-of-state providers to legally engage with California patients and clients, is necessary. Concerns have been raised about the potential for individuals from states with policies and priorities that do not align with California being more easily able to take jobs that California licensees, who attended California schools, would have to compete for. Issues have also arisen about how enforcement works for compact licensees practicing in a state other than their home state and where California's strong consumer protection laws in general could possibly take a back seat to a state that does not prioritize patient and client safety in the same way.

Staff Recommendation: *The Board should update the Committees on its view of an interstate compact, whether there is a shortage of ND's services, and whether creation of an interstate Compact would benefit California licensees and patients.*

Board Response:

The Board appreciates the Committees' interest in understanding whether an interstate licensure compact would benefit California naturopathic doctors and the patients they serve. The Board has carefully considered the implications of licensure compacts generally, as well as the unique regulatory landscape of naturopathic medicine nationwide.

At present, California does not participate in professional licensing compacts for any healing arts board. As noted in prior statewide analyses, compacts can present significant challenges relating to governance, enforcement authority, parity in licensure standards, and alignment with California's consumer-protection priorities. When a state joins a compact, it becomes subject to the compact's bylaws, rules, and decision-making processes—many of which occur outside the transparent public-meeting procedures required under California's Bagley-Keene Open Meeting Act. Additionally, compact rules are not amendable by a single state and may not reflect California's inclusive licensure policies, such as allowing individuals to obtain professional licensure using an Individual Taxpayer Identification Number (ITIN).

Additionally, the substantial variation in naturopathic scopes of practice across states presents a significant challenge. In many jurisdictions, naturopathic doctors are authorized to practice far more broadly than in California, including independent prescribing, minor office procedures, and broader clinical management. If California were to participate in an interstate compact under the current statutory framework, naturopathic doctors entering from other states would be required to restrict—or “step down”—their practice in order to comply with California’s narrower scope laws. This mismatch would create confusion for both practitioners and patients and could undermine continuity of care. These concerns highlight that, until California’s scope of practice is more closely aligned with the education and training of naturopathic doctors, participation in a compact may not serve the best interests of licensees or consumers.

With respect to workforce needs, the Board recognizes the broader concerns regarding naturopathic doctor retention discussed in Issue #11. However, California already provides clear pathways for out-of-state naturopathic doctors to obtain licensure directly, allowing qualified practitioners to enter the state without the structural complications of compact governance, such as licensing reciprocity under [CA BPC §3633](#). Additionally, military spouses—historically a focus of portability initiatives—are already covered under recent federal law permitting temporary practice upon relocation orders.

The Board’s primary mandate is consumer protection, and enforcement considerations are central to that responsibility. Compacts can limit a state’s ability to take direct disciplinary action against out-of-state licensees practicing within California, as enforcement authority may remain with the licensee’s home state rather than the state where the conduct occurred. This raises concerns regarding California’s ability to uphold its rigorous enforcement standards and ensure safe practice for patients seeking naturopathic care.

Based on these considerations, the Board does not believe that creation or participation in an interstate compact for naturopathic doctors would presently benefit California licensees or consumers. The current licensure pathway allows qualified NDs to practice in California without compromising the Board’s ability to maintain high education, training, and enforcement standards. Should the national regulatory landscape evolve in the future—particularly if naturopathic scopes of practice become more aligned across states—this issue may warrant re-evaluation. At present, however, the Board believes that maintaining direct state oversight provides the strongest framework for public protection.

The Board remains committed to working with the Committees, stakeholders, and partner agencies to ensure that California’s regulatory structure for naturopathic doctors continues to support safe, accessible, and high-quality care for the public.

ISSUE #14: (RECOGNITION OF NATUROPATHIC DOCTORS IN PUBLIC HEALTH DOCUMENTATION.) Should Naturopathic Doctors be authorized to submit injury and disability certifications for the purposes of workers' compensation and disability license plates on behalf of their patients?

Background: Naturopathic doctors are recognized as primary care providers in California. The Act provides that NDs, “shall have the same authority and responsibility as a licensed physician and surgeon with regard to public health laws, including laws governing reportable diseases and conditions, communicable disease control and prevention, recording vital statistics, and performing health and physical examinations consistent with their education and training.” (BPC § 3641).

However, Labor Code § 3209.3, which defines the healthcare practitioners who are authorized to evaluate injury or disease arising out of employment for the purposes of determining eligibility for compensation from workers' compensation insurance, does not include naturopathic doctors. Curiously, health care practitioners that are authorized (in addition to licensed physicians) include psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners, which do not have the same authority and responsibility as a licensed physician and surgeon regarding public health laws.

Additionally, NDs are not authorized to complete paperwork certifying a patient's disability for special license plates issued by the Department of Motor Vehicles. Vehicle Code § 5007(c) designates a physician and surgeon, nurse practitioner, certified nurse midwife, physician assistant, podiatrist, chiropractor, and optometrist as the healthcare practitioners who may certify the qualifying disability.

Because NDs frequently work in underserved and rural communities where they are often the first, and sometimes only, line of healthcare available, lack of recognition in the Labor Code and Vehicle Code can be disruptive to the continuity of care for many vulnerable patients, cause the patient to seek out multiple practitioners, or may prevent patients from receiving the services they need altogether, creating inequities not intended by this Legislature.

Staff Recommendation: *The Committees may wish to work with the Labor Committees and Transportation Committees to resolve these gaps in authorization.*

Board Response:

The Board appreciates the Committees' attention to gaps in statutory recognition of naturopathic doctors within California's public health documentation frameworks. Although NDs are recognized in statute as primary care providers and have the same authority and responsibility as physicians and surgeons under public health laws pursuant to [BPC § 3641](#), they are not included in key sections of the Labor Code and Vehicle Code related to injury, disability, and public health certifications. These inconsistencies create barriers for patients and disrupt continuity of care.

Naturopathic doctors frequently serve as frontline providers in underserved, rural, and medically fragile communities. In many of these settings, the ND is the first—and sometimes only—provider patients see when seeking evaluation for work-related injuries, disability-related mobility challenges, or other functional limitations. When NDs are unable to complete the required documentation for workers' compensation or disability license

plates, patients must seek out additional providers solely to obtain signatures, even when their ND is the clinician most familiar with their health status and treatment plan. This creates avoidable delays, unnecessary cost, and inequitable access to services the Legislature intended to support.

Additionally, naturopathic doctors are federally authorized U.S. Department of Transportation (DOT) Medical Examiners, recognized by the Federal Motor Carrier Safety Administration to perform medical certification examinations for interstate commercial drivers. This federal-level designation reflects national recognition of NDs clinical training and demonstrates that naturopathic doctors can be safely entrusted with significant public-safety responsibilities. The Board believes it is reasonable and consistent with consumer protection to allow NDs to complete state-level documentation—such as workers' compensation evaluations and DMV disability certifications—when they are already authorized to perform federal medical determinations for safety-sensitive positions.

The Board further notes that certified nurse midwives—who also hold independent scopes of practice—are authorized to certify disability for DMV disability placards and may place patients on disability or maternity leave. Given that naturopathic doctors have statutory authority to provide childbirth attendance, it is incongruent that midwives are authorized to complete disability documentation while naturopathic doctors are not. From both a clinical training and public-health perspective, the current structure results in inequities for consumers and complications for licensees attempting to coordinate care.

Recognizing naturopathic doctors in [Labor Code § 3209.3](#) and [Vehicle Code § 5007\(c\)](#) would support more efficient access to care, reduce burdens on underserved patients, and provide continuity within the State's broader health-care framework. These changes would align statutory language with NDs' existing responsibilities under BPC § 3641, validate the already-established role of NDs in public health duties, and ensure that California consumers receive timely, coordinated care from the provider who knows their case best. The Board is committed to working with the Committees, the Labor Committees, and the Transportation Committees to resolve these inconsistencies and establish a cohesive statutory structure that supports patient access, provider clarity, and public protection.

TECHNICAL CLEANUP

ISSUE #15: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE NATUROPATHIC DOCTORS ACT AND CBNM OPERATIONS.) There are amendments that are technical in nature but may improve CBNM operations and enforcement of the Act.

Background: There may be instances where non-substantive and technical changes to the Act are needed to correct deficiencies or other inconsistencies in the law. Because of numerous statutory changes, code sections can become confusing, contain provisions that are no longer applicable, make references to outdated report requirements, and cross-reference code sections that are no longer relevant. The Board's sunset review is an appropriate time to review, recommend, and make necessary statutory changes.

Staff Recommendation: *The Committees may wish to amend the Act to include technical clarifications.*

Board Response:

The Board appreciates the Committees' recognition that technical and non-substantive amendments are necessary to ensure that the Naturopathic Doctors Act remains accurate, internally consistent, and aligned with current licensing and enforcement operations. The Board has identified several statutory areas where minor clarifications or corrections would significantly improve implementation of the Act without altering substantive policy.

As part of this Sunset Review, the Board recommends the following technical amendments:

1. Clarify Acceptable Application Filing Methods in BPC § 3630

Amend [BPC § 3630](#) to specify that the Board's online application system is an acceptable filing method for licensure applications. This clarification aligns statute with current Board operations and long-standing DCA practices.

2. Update Continuing Education Language in BPC § 3635(2)

Amend [BPC § 3635\(2\)](#) to specify that:

“No more than 15 hours may be completed through naturopathic medical journals, osteopathic or allopathic medical journals, audio or video presentations, slides, programmed instruction, computer-assisted instruction (not including live webinars), or preceptorships.”

This update reflects the Board's continuing education policies and aligns statutory language with modern CE delivery formats.

3. Correct Use of the Term ‘Committee’ to ‘Board’ in [BPC § 3635.1\(b\) and \(c\)](#)

Replace references to “Committee” with “Board” where applicable. These references were carried forward from earlier versions of the Act and are no longer accurate now that the Bureau of Naturopathic Medicine and/or Naturopathic Medicine Committee has transitioned to a Board within DCA.

4. Clarify Prohibited Procedures Under BPC § 3642(e)

Amend [BPC § 3642\(e\)](#) to clarify that the prohibition on performing a “surgical abortion” applies strictly to surgical procedures and does not include medication abortions. This technical clarification aligns statutory language with established medical terminology and prevents misinterpretation. Currently, the medications used to perform medication abortions—Mifepristone and Misoprostol—already fall within a naturopathic doctor's independent prescribing authority, and clarifying this distinction in statute would ensure consistency with existing prescribing laws.

5. Clarify Recognition of Titles Under BPC § 3660

Add subdivision (c) to [BPC § 3660](#) stating that:

“Any individual using the title “ND” or “naturopathic doctor” based on licensure, certification, or training obtained outside California must meet all requirements of BPC Sections 3630 and 3631 to be recognized by the Board as equivalently trained and eligible for licensure. Individuals who do not meet those statutory standards—including those licensed in other states (e.g., Idaho practitioners) who have completed short continuing-education type programs (e.g., 140-hour naturopathy courses) and subsequently claim the “ND” title—shall not be deemed to satisfy California's training requirements, and may not use the “ND” title within California..”

This amendment helps prevent public confusion and supports accurate title usage without altering scope or licensing criteria.

6. Correct Contradictory Language in BPC § 3680(a) Regarding Fees

Amend [BPC § 3680\(a\)](#) to remove the phrase “no more than” before the \$500 application fee to eliminate contradictory phrasing. The corrected section would read:

“The application fee for a doctor of naturopathic medicine shall be ~~no more than~~ five hundred dollars (\$500) and may be increased to not more than six hundred dollars (\$600).”

This ensures internal consistency in the fee structure.

These recommended revisions are technical in nature and do not expand or alter the substantive scope, authority, or responsibilities of naturopathic doctors. They simply modernize and clarify the Act to reflect current Board processes, prevent misunderstanding, and support effective enforcement.

The Board stands ready to work with Committee staff, Legislative Counsel, and the Department of Consumer Affairs to finalize these technical amendments and ensure the Naturopathic Doctors Act remains clear, accurate, and operationally effective.

CONTINUED REGULATION BY **THE CALIFORNIA NATUROPATHIC MEDICINE BOARD**

ISSUE #16: (CONTINUED REGULATION BY CBNM.) Should the licensing and regulation of Naturopathic Doctors be continued and be regulated by the CBNM?

Background: The welfare of consumers is best preserved under the presence of a strong licensing and regulatory program to oversee naturopathic doctors that can sustain its existence through license fees. Since its last sunset review, the Board has implemented significant policy changes that improve the

Board's effectiveness in protecting consumers and taken steps to maintain a stable fund condition while increasing its enforcement presence. At the same time, the Board is experiencing instability in its pro rata payments, which increases the level of difficulty in managing its budget that larger programs with investigative staff are not required to navigate.

The profession should be recognized in statute by agencies that accept diagnoses from primary care providers and specialists about their patients' conditions to determine eligibility for state programs. This is especially importantly considering the majority of licensees are women who work in underserved communities whose residents may not have access to other providers. Finally, strong consideration should be given to removing barriers that prevent licensees from continuing practice in California, including reforms that promote legitimacy of the profession as highly trained primary care providers who deliver safe, effective, and comprehensive health care and integral contributors to California's health care system.

Staff Recommendation: *The CBNM should be continued and reviewed again on a future date to be determined.*

Board Response:

The Board appreciates the Committees' recognition of the importance of continued regulation of naturopathic doctors in California. The protection of consumers is best ensured through a strong, stable licensing and regulatory program capable of enforcing statutory requirements, investigating complaints, and maintaining clear professional standards. The Naturopathic Doctors Act created a framework intended to promote safe, competent, and accountable practice, and the Board remains committed to fulfilling that mandate.

Since the last sunset review, the Board has made substantial progress in strengthening its operational capacity, improving enforcement efficiency, and enhancing transparency in its regulatory processes. The Board has implemented multiple policy and administrative changes aimed at improving consumer protection, reducing enforcement actions through education, modernizing internal systems, and stabilizing fund conditions. The Board has also increased oversight in areas of high consumer impact, including unlicensed activity, title misuse, and clinical practice concerns, and has demonstrated its willingness to take decisive enforcement action when necessary, including in cases involving fraud or public-health risk.

At the same time, the Board continues to navigate significant fiscal pressures related to unstable pro rata assessments. Unlike larger boards with internal investigative units, the CBNM relies heavily on shared enforcement infrastructure, including the Division of Investigation, where hourly billing can fluctuate sharply depending on enforcement needs. These variations make long-term budget planning more difficult for a smaller program. Nevertheless, the Board has successfully maintained operations through careful fiscal management and strategic workload allocation. Continued regulation under the existing Board structure remains both feasible and necessary to ensure consumer protection.

The Board also agrees that naturopathic doctors must be appropriately recognized within statutes that rely on diagnoses or health-care certifications from primary care providers. Naturopathic doctors frequently practice in underserved communities, rural regions, and areas with limited access to other health-care professionals. Seventy-five percent of licensees are women, and many provide essential services to patients who rely on them as their primary point of care. Ensuring that NDs are acknowledged in laws governing

documentation, public-health reporting, and eligibility determinations for state programs helps prevent delays, reduces inequities, and supports continuity of care.

Finally, the Board believes that continued regulation should be paired with thoughtful statutory reforms that reduce barriers to retention of qualified licensees, improve public transparency, and reinforce the legitimacy of the naturopathic profession as a provider of safe, evidence-informed primary care. As detailed in previous issues, aligning scope of practice with naturopathic medical education, addressing outdated statutory references, and closing gaps that impede efficient enforcement will improve public protection while strengthening the stability of the regulatory program.

For these reasons, the Board supports its continuation and looks forward to further collaboration with the Committees and stakeholders to ensure that the Naturopathic Doctors Act remains effective, modernized, and responsive to the needs of California's consumers and licensees.

DRAFT

TAB 7

Update, Discussion and Possible Action on 2026
Legislation Impacting the Board, the Department of
Consumer Affairs, and/or the Naturopathic Doctors
Profession

- a) SB 1303 (Wahab) Naturopathic Doctors Act.
- b) SB 1333 (Jones) Naturopathic doctors: scope of practice.

a. SB 1303 (Wahab) Naturopathic Doctors Act

MEMORANDUM

DATE	May 4, 2026
TO	Board Members, California Board of Naturopathic Medicine
FROM	Rebecca Mitchell, Executive Officer
SUBJECT	Agenda Item 7a: Update, Discussion, and Possible Action on 2026 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Naturopathic Doctors Profession – SB 1303 (Wahab) Naturopathic Doctors Act

Issue Addressed

The California Board of Naturopathic Medicine is required to undergo Sunset Review every four years. The Board is currently in this review cycle. The Sunset Extension bill is SB 1303 (Wahab), the Naturopathic Doctors Act.

Existing law establishes the California Board of Naturopathic Medicine within the Department of Consumer Affairs to license and regulate naturopathic doctors. These provisions are scheduled to be repealed on January 1, 2027. The Board consists of nine members appointed by the Governor, the Speaker of the Assembly, or the Senate Committee on Rules, each serving a four-year term.

SB 1303 would extend the repeal date of the Naturopathic Doctors Act to January 1, 2031. The bill would also clarify that a member's four-year term begins on the date of appointment and, to ensure staggered terms, specifies transitional term lengths for certain Governor-appointed members. The bill also makes non-substantive updates to provisions regarding appointing authorities.

Current law sets the renewal fee for a naturopathic doctor license at \$1,000, with authority to increase it to no more than \$1,200. SB 1303 would specify that this range applies to active licenses and would require the renewal fee for inactive licenses to be one-half of the active renewal fee. The bill would also authorize voluntary license cancellation upon written request, provided it is not in lieu of an enforcement action.

The bill further establishes a fictitious-name permit requirement for naturopathic doctors, aligning with existing provisions under the Medical Practice Act. It sets the application fee at \$100 and the renewal fee at \$50.

SB 1303 would also repeal outdated provisions allowing licensure for individuals who graduated before 1986 and passed certain examinations, noting that those applications could only be submitted before December 31, 2007.

Additionally, the bill includes legislative intent language stating the Legislature's interest in working with stakeholders and the Board to evaluate opportunities to authorize naturopathic doctors to provide additional services for which they are trained and qualified, with the goal of expanding access to safe, holistic, and preventive care.

The Senate Committee on Business, Professions, and Economic Development (BPED) has indicated that the Sunset process is moving quickly this year. The Committee has expressed a desire to collaborate closely with the Board to incorporate items from the Board's Sunset Review. To do so effectively, Board staff will be engaged in negotiations with stakeholders, BPED, and others. However, the fast-moving nature of amendments during the Sunset process will not allow sufficient time to notice formal Board meetings for each negotiation or proposed revision. The Board will need the ability to respond in real time.

Action Requested

Board staff recommends that the Board take a **support position** on SB 1303 (Wahab) as the Board's Sunset Extension bill. In addition, due to the accelerated timeline of the Sunset Review process and the anticipated need for real-time negotiations with stakeholders and the Senate Committee on Business, Professions, and Economic Development, staff recommends that the Board adopt **Motion A** to ensure timely and consistent representation of Board positions.

To accomplish this, the Board is requested to adopt the following:

1. **A motion to support SB 1303**, the Sunset Extension bill for the California Board of Naturopathic Medicine; and
2. **Motion A**, authorizing delegated authority to address time-sensitive legislative matters related to SB 1303.

Motion A –

In the event that time constraints preclude board action, the Board delegates to the chair of the Board's Legislative Committee the authority to take action on SB 1303 that would change the Naturopathic Medicine License Law in a way that impacts a previously established board policy or affects the public's health, safety, or welfare.

Prior to taking a position on the legislation, the Executive Officer shall consult with the chair of the Legislative Committee. The Board shall be notified of such action as soon as possible.

The Board's delegation shall extend authorization for staff to:

- Communicate in public hearings and in written correspondence the Board's support for SB 1303.
- Negotiate amendments to SB 1303, both technical and substantive, provided the amendments further the policy or purpose identified in the proposal.

Attachments:

1. Bill Text-SB1303 Naturopathic Doctors Act.
2. SB 1303 analysis



SB-1303 Naturopathic Doctors Act. (2025-2026)

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Date Published: 04/28/2026 09:00 PM

AMENDED IN SENATE APRIL 28, 2026

AMENDED IN SENATE APRIL 15, 2026

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

SENATE BILL

NO. 1303

Introduced by Senator Wahab

February 20, 2026

An act to amend Sections 3621, 3680, and 3686 of, to add Sections 3636.1, 3638, and 3661.5 to, and to repeal Section 3633.1 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1303, as amended, Wahab. Naturopathic Doctors Act.

Existing law, the Naturopathic Doctors Act, which is repealed on January 1, 2027, establishes the California Board of Naturopathic Medicine within the Department of Consumer Affairs to license and regulate naturopathic doctors. The act requires the board to consist of 9 members, appointed by the Governor, Speaker of the Assembly, or the Senate Committee on Rules, as specified, and requires each member of the board be appointed to a 4-year term.

This bill would instead repeal those provisions on January 1, 2031. The bill would specify that the 4-year term expires 4 years after the date of the appointment. To ensure staggered terms, the bill would require that specified members appointed by the Governor after the effective date of this bill be appointed for prescribed term lengths and thereafter would require all appointments be for four-year terms. The bill would also make nonsubstantive changes to the provisions specifying the appointment authorities for the board members.

Existing law sets forth fees associated with the application and renewal of a license, including a renewal fee of \$1,000 and authorizing an increase to not more than \$1,200.

This bill would, instead, specify that this fee range applies to the renewal of an active license and would require the renewal fee for an inactive license to be one-half of the current renewal fee for an active license. The bill would authorize the board to accept the voluntary cancellation of a naturopathic doctor's license, as prescribed, upon the written request of the licensee, provided that the cancellation is not in lieu of an administrative

enforcement action.

Existing law, the Medical Practice Act, prohibits use of any fictitious, false, or assumed name by a physician and surgeon or any doctor of podiatric medicine, as specified, in any public communication, advertisement, sign, or announcement of a practice without a fictitious-name permit. Existing law requires the Medical Board of California or the Division of Licensing to issue a fictitious-name permit if the applicant for the permit satisfies certain conditions, including having a name that includes specified designations.

This bill would prohibit the use of any fictitious, false, or assumed name by a naturopathic doctor, as specified, in any public communication, advertisement, sign, or announcement of a practice without a fictitious-name permit. The bill would require the California Board of Naturopathic Medicine to issue a fictitious-name permit if the applicant for the permit satisfies certain conditions. The bill would require the application fee for a fictitious name permit to be \$100 and would require the renewal fee for a fictitious-name permit to be \$50.

The Naturopathic Doctors Act authorizes the board to grant a license to an applicant who meets specified requirements, but who graduated before 1986, and passed a state or Canadian Province naturopathic licensing examination, as specified. The act requires that applications under this provision be received no later than December 31, 2007.

This bill would repeal those provisions.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *It is the intent of the Legislature to work with stakeholders and the California Board of Naturopathic Medicine to evaluate opportunities to authorize naturopathic doctors to provide additional services to patients for which they are trained, educated, and qualified and that will expand access to safe, holistic, and preventive care for California's consumers.*

SECTION 1.~~SEC. 2.~~ Section 3621 of the Business and Professions Code is amended to read:

3621. (a) The board shall consist of nine members. Seven members shall be appointed by the Governor, one public member shall be appointed by the Senate Committee on Rules, and one public member shall be appointed by the Speaker of the Assembly. Members of the board shall include five members who are California-licensed naturopathic doctors, two members who are California-licensed physicians and surgeons, and two public members.

(b) (1) A member of the board shall be appointed for a four-year term that shall expire four years after the date of the appointment. A person shall not serve as a member of the board for more than two consecutive terms. A member shall hold office until the appointment and qualification of the member's successor, or until one year from the expiration of the term for which the member was appointed, whichever first occurs. Vacancies shall be filled by appointment for unexpired terms.

(2) Notwithstanding paragraph (1), to ensure staggered terms, the terms for a member appointed by the Governor after the effective date of the act adding this subdivision shall be as follows:

(A) Two members shall serve an initial term of two years.

(B) Two members shall serve an initial term of three years.

(C) Three members shall serve an initial term of four years.

(D) Thereafter, all appointments shall be for four-year terms.

(c) (1) A public member of the board shall be a resident of this state for at least five years preceding the public member's appointment.

(2) A person shall not be appointed as a public member if the person or the person's immediate family in any manner owns an interest in a college, school, or institution engaged in naturopathic education, or the person or the person's immediate family has an economic interest in naturopathy or has any other conflict of interest. "Immediate family" means the public member's spouse, domestic partner, parents, children, or children's spouses or domestic partners.

(d) Each member of the board shall receive a per diem and expenses as provided in Section 103.

(e) The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in the executive officer by this chapter.

(f) Each appointing authority has power to remove from office at any time any member of the board appointed by that authority pursuant to Section 106.

~~SEC. 2.~~**SEC. 3.** Section 3633.1 of the Business and Professions Code is repealed.

~~SEC. 3.~~**SEC. 4.** Section 3636.1 is added to the Business and Professions Code, to read:

3636.1. (a) The board may accept the voluntary cancellation of a naturopathic doctor's license upon the written request of the licensee, provided that the cancellation is not in lieu of an administrative enforcement action.

(b) A license that has been voluntarily canceled under this section shall be deemed surrendered and shall not be reinstated. A former licensee who wishes to resume practice shall be required to apply for a new license and meet all current requirements for licensure.

(c) The board may adopt regulations as necessary to implement this section, including the process for submitting a written request for voluntary cancellation.

~~SEC. 4.~~**SEC. 5.** Section 3638 is added to the Business and Professions Code, to read:

3638. (a) Any naturopathic doctor who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 3661.5 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious-name permit issued by the board, under the provisions of this section.

(b) The board shall issue a fictitious-name permit authorizing the holder thereof to use the name specified in the permit in connection with their practice if the division or the board finds to its satisfaction that:

(1) The applicant or applicants or shareholders of the professional corporation hold valid and current licenses as naturopathic doctors.

(2) The professional practice of the applicant or applicants is wholly owned and entirely controlled by one or more naturopathic doctors, except as otherwise permitted by law.

(3) The name under which the applicant or applicants propose to practice is not deceptive, misleading, or confusing.

(c) Each permit shall be accompanied by a notice that shall be displayed in a location readily visible to patients and staff. The notice shall be displayed at each place of business identified in the permit.

(d) This section shall not apply to licensees who contract with, are employed by, or are on the staff of, any clinic licensed by the State Department of Health Care Services under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code or any naturopathic medical education program approved by the board, or a faculty practice plan affiliated with that program.

(e) Fictitious-name permits issued under this section shall be subject to renewal and shall expire concurrently with the license of the naturopathic doctor, unless otherwise specified by the board by regulation.

(f) The board may revoke or suspend any permit issued if it finds that the holder or holders of the permit are not in compliance with the provisions of this section or any regulations adopted pursuant to this section. Proceedings to revoke or suspend a fictitious-name permit shall be conducted in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(g) A fictitious-name permit issued to any licensee in a sole practice is automatically revoked in the event the licensee's certificate to practice naturopathic medicine is revoked.

(h) The board may delegate to the executive officer, or to another official of the board, its authority to review and approve applications for fictitious-name permits and to issue those permits.

(i) The board shall adopt and administer regulations to implement this section, including, but not limited to, specifying appropriate naturopathic medical name designations and standards to ensure that the public is not misled regarding the nature of services provided.

~~SEC. 5.~~**SEC. 6.** Section 3661.5 is added to the Business and Professions Code, to read:

3661.5. The use of any fictitious, false, or assumed name, or any name other than their own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of their practice without a fictitious-name permit obtained pursuant to Section 3638 constitutes unprofessional conduct. This section shall not apply to either of the following:

- (a) Licensees who are employed by a partnership, a group, or a professional corporation that holds a fictitious name permit.
- (b) Licensees who contract with, are employed by, or are on the staff of, any clinic licensed by the State Department of Health Services under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code.

~~SEC. 6.~~**SEC. 7.** Section 3680 of the Business and Professions Code is amended to read:

3680. (a) The application fee for a doctor of naturopathic medicine shall be no more than five hundred dollars (\$500) and may be increased to not more than six hundred dollars (\$600).

(b) The initial license fee shall be one thousand dollars (\$1,000) and may be increased to not more than one thousand two hundred dollars (\$1,200).

(c) (1) The renewal fee for an active license shall be one thousand dollars (\$1,000) and may be increased to not more than one thousand two hundred dollars (\$1,200).

(2) The renewal fee for an inactive license shall be one-half of the current renewal fee for an active license.

(d) The late renewal fee for a license shall be two hundred twenty-five dollars (\$225).

(e) The fee for processing fingerprint cards shall be the current fee charged by the Department of Justice.

(f) The fee for a duplicate or replacement license shall be thirty-eight dollars (\$38).

(g) The fee for a certified license verification shall be thirty dollars (\$30).

(h) The application fee for a fictitious name permit shall be one hundred dollars (\$100).

(i) The renewal fee for a fictitious name permit shall be fifty dollars (\$50).

~~SEC. 7.~~**SEC. 8.** Section 3686 of the Business and Professions Code is amended to read:

3686. This chapter shall remain in effect only until January 1, 2031, and as of that date is repealed.

SB 1303 Analysis

**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Dr. Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	SB 1303	Hearing Date:	April 20, 2026
Author:	Wahab		
Version:	April 15, 2026		
Urgency:	No	Fiscal:	Yes
Consultant:	Yeaphana La Marr		

Subject: Naturopathic Doctors Act

SUMMARY: Makes various changes to the operations of the California Board of Naturopathic Medicine (CBNM or Board) based on the sunset review oversight efforts of the Board. Extends the Board's sunset date by four years to January 1, 2031.

Existing law:

- 1) Establishes the Naturopathic Doctors Act (Act) for the purpose of licensing and regulating naturopathic doctors (NDs). (Business and Professions Code (BPC) §§ 3610 et seq.)
- 2) Establishes the Board within the Department of Consumer Affairs (Department of DCA). (BPC § 3612)
- 3) Empowers the Board with sole responsibility for enforcing and administering the provisions of the Naturopathic Doctors Act. (BPC § 3620)
- 4) Provides that the board shall consist of nine members – seven members appointed by the Governor, one public member appointed by the Senate Committee on Rules, and one public member appointed by the Speaker of the Assembly. Specifies that members of the board shall include five members who are California-licensed naturopathic doctors, two members who are California-licensed physicians and surgeons, and two public members and board members shall be appointed for a four-year term. (BPC § 3621(a), (b))
- 5) Requires applicants for licensure to pass the Naturopathic Physicians Licensing Examination (NPLEX) or an equivalent examination approved by the North American Board of Naturopathic Examiners or a substantially equivalent examination in the absence of an examination approved by the North American Board of Naturopathic Examiners. (BPC § 3631)
- 6) Authorizes the Board to grant a license to an applicant who has received a degree in naturopathic medicine from an approved naturopathic medical school where the degree substantially meets the current curriculum requirements of an approved program and has not committed an act or crime that constitutes grounds for denial under BPC § 480, but who graduated before 1986, before the Naturopathic Physicians Licensing Examinations, or NPLEX, and passed a state or Canadian Province naturopathic licensing examination, and submitted an application no later

than December 31, 2007. (BPC § 3633.1)

- 7) Authorizes the Board to charge fees for application processing and licensing issuance. (BPC § 3680)
- 8) Provides that the Naturopathic Doctors Act shall remain in effect only until January 1, 2027, and is as of that date repealed. (BPC § 3686)

This bill:

- 1) Clarifies that board member appointments expire four years from the date of appointment.
- 2) Staggers Governor-appointed board member terms with two members serving an initial term of two years, two members serving an initial term of three years, and three members serving and initial term of four years.
- 3) Repeals board authority to grant a license to an applicant who graduated before 1986, before the NPLEX, and passed a state or Canadian province naturopathic licensing examination.
- 4) Authorizes the Board to accept voluntary license cancelation provided the request is not in lieu of administrative enforcement action.
- 5) Implements a fictitious name permit program, including eligibility criteria, causes for disciplinary action, and authority to adopt regulations.
- 6) Specifies that misuse of a fictitious name is unprofessional conduct.
- 7) Authorizes the Board to charge the following: 1) a fee of one half the current active license fee for an inactive license, 2) a fee for a fictitious name permit, and 3) a fictitious name permit renewal fee.
- 8) Extends the sunset date for the CBNM by four years, until January 1, 2031.

FISCAL EFFECT: Unknown. This bill is keyed as fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill makes various technical updates and revisions along with policy changes to enhance operations and efficiencies at the CBNM stemming from the Board's participation in the Committee's 2026 sunset review process. This bill is one of five sunset bills sponsored by the Author. According to the Author, "this bill is necessary to make changes to the CBNM to improve oversight of the regulated professions under its jurisdiction."
2. **Oversight Hearings and Sunset Review of Licensing Boards and Programs.** In March 2026, the Senate Business, Professions and Economic Development Committee and the Assembly Committee on Business and Professions (Committees) began their comprehensive sunset review oversight of ten regulatory

entities, including CBNM. The Committees conducted three oversight hearings. This bill and the accompanying sunset bills are intended to implement legislative changes as recommended by staff of the Committees, and which are reflected in the Background Papers prepared by Committee staff for each agency and program reviewed this year.

3. **Background on CBNM.** The Board protects the health and safety of California consumers through licensing and regulating naturopathic doctors. Its statutory authority is derived from the Naturopathic Doctors Act (Act), a practice act governing 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.

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

The Board ensures licensees meet educational and ethical standards, comply with continuing education requirements, and practice within the scope defined by the Act. The Board also investigates complaints, enforces disciplinary actions, and protects the public from unlicensed or unsafe practice.

As of June 30, 2025, there were 1,057 active naturopathic doctor licensees in California. 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.

4. **Sunset Review Oversight of the Board.** The CBNM was last reviewed as part of the sunset review program in 2022. Following are select issues pertaining to the CBNM, along with background information concerning the particular issue. As the Committees, the CBNM, and stakeholders continue to discuss statutory changes necessary to improve operations at the Board, following are issues that may be addressed through legislation or continued discussion, as raised during the Sunset Review Oversight Hearing of the Board, and those contained in the staff background paper:

- a) **Board Expiration Dates.**

Background: The Board currently has two vacancies and five of its seven appointed members serving in their second term or ineligible for a second term and serving in their grace year, including the Board President. Without staggering member terms, the Board could effectively be left with two remaining Board members. Without amending member terms, nearly the entire Board roster may need to be replaced at one time, which would place undue pressure

on the appointments process and introduce instability to program operations that would be avoidable under a coordinated term expiration calendar.

Recommendations and Proposed Statutory Changes: The Committees may wish to amend the law to stagger Board member terms.

To address a) above, this bill proposes to modify the next Governor board member appointment terms as follows: two members shall serve two-year terms, two members shall serve three-year terms, and three members shall serve four-year terms. Thereafter, all terms return to four-year terms.

b) Board composition.

Background: The Naturopathic Doctors Act requires the Board to be comprised of nine members, including five NDs, two physicians and surgeons, and two public members (BPC § 3621(a)). Statute considers physician and surgeon members as “professional members” alongside the ND representatives, although the physician and surgeon members are licensed and regulated by the Medical Board of California and/or the Osteopathic Medical Board of California.

The Board’s sunset report states that one of the physician and surgeon Board member seats has been vacant since 2019. While the vacancy has not impacted the Board’s ability to establish a quorum and hold regular meetings, certain advisory committee activity is hindered. For example, the Minor Office Procedure Advisory Committee (committee) and Drug Formulary Advisory Committee require participation from the physician and surgeon members. Due to the vacancy, the physician and surgeon member on the Board must serve on both committees in addition to the other committees that require professional membership participation. The Drug Formulary Advisory Committee is also comprised of a pharmacist member, who is not a Board member, but is a consultant subject matter expert. Conceivably, the Board could obtain a physician and surgeon subject matter expert to serve in a similar capacity for its committees if the physician and surgeon board member seat were to be transitioned into a public member or different licensee.

It does not benefit the Board or the consumers of the state of California for a Board member position to continue to remain vacant for years. It may be in the best interest of the Board, its licensees, and the public to amend the Board’s membership with the intent of filling vacancies with members who will provide meaningful input into the Board’s operations and role in protecting consumers. Consideration should be given to whether one of the physician and surgeon Board member positions should be transitioned to a public member.

Alternatively, the Committees and Board may wish to transition the vacant position to another licensee who may benefit the Board’s discourse and decision-making processes, as well as contribute to the Board’s advisory committee activity, such as a pharmacist.

Recommendations: The Board should provide information about how a change to its composition would make it more effective and successful.

c) Fee maximum increase.

Background: The Board requested an increase to its statutory fee caps to ensure long-term fiscal sustainability. The Board states that while it 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.

Effective January 1, 2025, the following fees were increased to their statutory maximum:

- Application fees increased from \$400 to \$600
- Initial license fees increased from \$1,000 to \$1,200
- Renewal fees for both active and inactive licenses were increased from \$1,000 to \$1,200
- Delinquent renewal fees increased from \$175 to \$225
- Duplicate license fees increased from \$35 to \$38

The Board states it has no plans to pursue a fee increase in the immediate future, but it needs to have flexibility in the event of a future shock to its revenue or expenditures. With only three full-time staff and a relatively small spending authority, cost-saving methods that larger programs use to preserve the health of their funds are not available to the Board as those strategies are dependent on economies of scale. Additionally, the Board's fluctuating and high percentage DCA pro rata charges that are a direct result of unlicensed enforcement workload each year, adds to the uncertainty in projected expenditures.

Recommendations: The Board should provide the Committees with at least two fiscal years of projected revenue based on proposed updates. The Committees should evaluate the Board's near term fiscal health if other fees were to be implemented and may wish to provide the Board the resources it needs to fulfill its responsibilities.

d) Fictitious name permit program.

Background: 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 and who is licensed by the Board. Currently, consumers may only know a practice by its business or fictitious name. When a consumer files a complaint, this lack of transparency adds a level of complexity to investigations that are meant to be filed against the responsible doctor in the corporation. According to the Board, an FNP program would improve the Board's ability to protect the public by enhancing ownership transparency, allowing the consumer and the Board to identify the naturopathic doctor who is responsible for the corporation.

Additionally, BPC § 3674 prescribes naming conventions of naturopathic

corporations, requiring they contain the words, “naturopathic” or “naturopathic doctor” and words to communicate its status as a corporation. Absent an FNP program, the Board is unable to proactively ensure BPC § 3674 compliance during the licensure process and instead, must enforce naming conventions on a reactive basis while investigating a complaint. The process of investigating and educating or citing and issuing an order of abatement for the licensee to correct the deficiency is less effective and more costly for the Board and licensees alike. Several healing arts programs within the Department already have this authority and successfully implemented fictitious name permit programs.

Recommendations and Proposed Statutory Amendments: The Board should provide an update on barriers to this change being made and impacts the lack of this statutory update has on patients, licensees, and the public. The Committees may wish to authorize the Board to establish a FNP program. The Board should advise the Committees of any costs it may incur to do this.

To address d), this bill proposes to authorize the CBNM to implement a fictitious name permit program for any naturopathic doctor, as a sole proprietor, or in a partnership, group, or professional corporation who wants to practice under a fictitious name, including setting application and renewal fees. This bill proposes to establish causes for discipline and designate misuse of a fictitious name as unprofessional conduct for those purposes.

e) Continuing education reforms.

Background: Naturopathic doctors are required to complete 60 hours of approved continuing education every two years, as specified. Qualifying courses must be approved by the Board, 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, or the State Board of Chiropractic Examiners, or other courses that meet the standards for continuing education for licensed physicians and surgeons in California (BPC § 3635). The Board suggested several reforms that may provide efficiencies to the Board’s CE approval and enforcement processes:

- **CE Provider Fees:** Although authorized to approve courses, the Board is unable to charge a fee to compensate for workload associated with course review and approval because it lacks the necessary statutory authority. Consequently, when the Board receives a request to review and approve CE courses, it must absorb the associated workload without dedicated funding.
- **Audit and enforcement:** While CE providers are required to obtain approval from one of the above approvers, providers also must meet course content and conflict of interest mandates of BPC § 3635.2. However, the Board lacks authority to enforce compliance with those provisions. The Board requested enforcement authority similar to other DCA healing arts programs to ensure course providers continue to meet requirements after approval.

- Board directed CE coursework: While developing regulations to require passage of the NPLEX Parenteral Therapeutics elective exam as a condition to qualify to perform IV Therapy, the Board identified a gap in its CE approval authority. Specifically, the Board cannot require ongoing CE specific to this area of practice so while the Board intends to require licensees to pass an elective examination to qualify, it does not have authority to require licensees to maintain currency of knowledge once certified.

Recommendations: The Board should inform the Committees of workload impacts and costs the CE proposals will have on the Board. The Committees may wish to implement CE reforms that may enhance the Board's administration of its CE program.

f) Naturopath title protection.

Background: Naturopathy is a broadly used term encompassing approximately 50 types of complementary and alternative health-care practitioners. Among those who might use a naturopath title include those who practice homeopathy, hydrotherapy, reflexology, iridology, nutritional therapy, and acupuncture. These practitioners may lawfully provide services that do not require medical training or credentials, so long as they comply with disclosure requirements of the Medical Practice Act, as specified by BPC §§ 2053.5 and 2053.6.

Additionally, complementary and alternative health care practitioners are permitted to use the titles, "Naturopath," "Naturopathic practitioner," or "Traditional naturopathic practitioner," by the Naturopathic Doctors Act if the person using the title is educated and trained as the title suggests.

However, the requisite education and training are not prescribed, and Board licensure is not required (BPC § 3645). Placement of title protection for an unlicensed population within the Naturopathic Doctors Act seems to be cause for consumers who file complaints against unlicensed naturopaths with the Board. Equally a cause of confusion for consumers is the similarly phrased protected titles – "naturopathic doctor" and "naturopath" – that may lead consumers to file complaints with the Board.

Although unlicensed naturopaths believe the Board should not investigate complaints received about them because the complaints are not jurisdictional, BPC § 3643.5(b) of the Act states, "This chapter may not be construed to limit an activity that does not require licensure or is otherwise allowed by law, including the practice of naturopathy, *when performed consistent with Sections 2053.5 and 2053.6.*" [Emphasis added.] Therefore, in order to establish that the naturopath is practicing outside the jurisdiction of the Board, the naturopath must be compliant with the disclosure requirements of BPC § 2053.5 and § 2053.6 and the Board must establish that the naturopath did not perform any regulated activity under the Act. The Board does this through investigation.

Recommendations: The Board should advise the Committees of necessary changes to increase its efficacy in protecting the public from the complaints about unlicensed naturopaths and unlicensed activity in general while

simultaneously reducing its enforcement expenditures. The Board should advise the Committees if consumers would be better served if the terms “naturopath,” “naturopathic practitioner,” and “traditional naturopathic practitioner,” were replaced with terms more specific to the actual service being provided or another less confusing term. The Board should update the Committees on whether requiring registration would benefit consumers, naturopaths, and the Board.

g) Emerging technology.

Background: The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI).

The amount of wellness information and misinformation on the internet and social media can be overwhelming. Consumers are increasingly turning to AI for advice on how to prevent disease or improve existing health conditions using natural remedies. Issues arise when licensees, who consumers trust to be held to the highest professional standards, misuse AI. While AI can be an invaluable tool to conduct research on health trends, evolving treatments and other information that can enhance the naturopathic doctor’s practice, it should not take the place of the naturopathic doctor’s education, judgement, and knowledge of the individual patient’s history and health goals.

Recommendations: The Board should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The Board should discuss actions it has already taken, if any, to protect consumers, update regulations, and enable proper enforcement in cases using telehealth via AI, while simultaneously keeping up with changes in the safe delivery of services. Finally, the Board should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.

h) Online unlicensed activity.

Background: The Board suggested in its sunset report that many aspects of online practice are increasingly difficult to manage under its existing enforcement authority. Specifically, the prevalence of websites, mobile apps, and social media platforms that offer regulated services marketed to California residents has steadily increased over the past 10 years.

There have been recent high-profile cases where social media influencers with substantial followings whose advice had destructive, and sometimes deadly,

effects on the health of their followers. Documented cases showed social media influencers made recommendations based on brand partnerships rather than on product efficacy, made controversial recommendations to increase engagement, and made false claims to generate confidence in their abilities to help their followers. The most notorious cases were not in California but demonstrate worst-case scenarios and underscore the gaps in authority state regulators have when enforcing minimum qualifications and practice standards when practitioners can easily access California's consumers from worldwide platforms.

Recommendations: The Board should inform the Committees of the extent of online practice complaints and its efforts to ensure compliance with the Naturopathic Doctors Act. The Board should advise the Committees if there are solutions to close gaps in enforcement authority that would enhance its ability to protect consumers from online unlicensed practice.

i) Plateauing license population.

Background: The Board has observed a consistent trend among graduates of Bastyr University in 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.

To determine the causes that lead licensees to leave a practice in California, the Board conducted a survey of current licensees. The responses overwhelmingly pointed to scope limitations. Scope has been a longstanding point of contention. 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. This disparity has been found to place California at a competitive disadvantage in attracting and retaining qualified NDs.

Recommendations: The Board should advise the Committees of lessons learned from the survey that can influence strategies to attract and retain naturopathic doctors to California. The Committees may wish to evaluate statutory changes that may lead to increased retention of licensees.

j) Expanded authority.

Background: Despite being highly trained in primary care and integrative medicine, licensed NDs may be limited from practicing to the full extent of their education and clinical training. The limited independent pharmaceutical formulary, requirement for a supervisory protocol agreement, and restrictions on

performing minor procedures like suturing may hinder their ability to provide comprehensive care.

When the Naturopathic Doctors Act was first enacted by SB 907 (Burton, Chapter 485, Statutes of 2003), BPC § 3627 required the then named Bureau of Naturopathic Medicine (Bureau) to establish a formulary advisory committee (Committee) composed of equal numbers of physicians and surgeons, pharmacists, and naturopathic doctors. The Committee was charged with reviewing naturopathic education, training, and practice and making recommendations regarding naturopathic doctor scope, specifically, prescribing, ordering, and furnishing authority and supervision protocols for those functions, including those for intravenous and ocular routes of prescription drug administration.

The Committee was comprised of three licensed pharmacists, three licensed physicians and surgeons, and three licensed naturopathic doctors. The Committee was chaired by a pharmacist. The Bureau submitted the Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor to the Legislature in 2007. The Committee recommended several amendments to the Act, including changes to allow NDs to independently prescribe, without supervision or protocol, from a recommended formulary that contained specified antibiotics, pain control agents, dermatologicals, ophthalmic agents, respiratory agents, gastrointestinal agents, cardiovascular agents, renal and genitourinary agents, diagnostic agents, vaccines, and anti-diabetic agents, as well as an IV formulary.

In the years that followed submission of the findings and recommendations, several minor amendments were made to the Act, but none to implement the above recommendation of the Committee, as intended by SB 907. Finally, in 2015, SB 538 (Hueso) would have expanded the scope of naturopathic doctors by authorizing specified procedures and removing physician and surgeon collaboration and supervision requirements for furnishing and ordering drugs.

The bill was amended several times until it eventually would have authorized an ND to independently administer, furnish, order, or prescribe Schedule V controlled substances under the California Uniform Controlled Substances Act and any drug approved by the federal Food and Drug Administration and labeled “for prescription only,” except chemotherapeutics, after completing 12 consecutive months of supervision by a physician and surgeon. This bill eventually died on the Assembly Floor.

Recommendations and Statutory Amendments: The Board should update the Committees on the discussions it has had with stakeholders and the feasibility of expanded practice authority for the profession.

To address j) above, this bill proposes language to express the Committee’s intent to evaluate opportunities for naturopathic doctors to provide additional services to patients for which they are trained, educated, and qualified.

k) Recognition of Naturopathic Doctors in Public Health documentation.

Background: Naturopathic doctors are recognized as primary care providers in California. The Act provides that NDs, “shall have the same authority and responsibility as a licensed physician and surgeon with regard to public health laws, including laws governing reportable diseases and conditions, communicable disease control and prevention, recording vital statistics, and performing health and physical examinations consistent with their education and training.” (BPC § 3641).

However, Labor Code § 3209.3, which defines the healthcare practitioners who are authorized to evaluate injury or disease arising out of employment for the purposes of determining eligibility for compensation from workers’ compensation insurance, does not include naturopathic doctors. Curiously, health care practitioners that are authorized (in addition to licensed physicians) include psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners, which do not have the same authority and responsibility as a licensed physician and surgeon regarding public health laws.

Additionally, NDs are not authorized to complete paperwork certifying a patient’s disability for special license plates issued by the Department of Motor Vehicles. Vehicle Code § 5007(c) designates a physician and surgeon, nurse practitioner, optometrist, physician assistant, podiatrist, chiropractor, and certified nurse midwife, as the healthcare practitioners who may certify the qualifying disability.

Because NDs frequently work in underserved and rural communities where they are often the first, and sometimes only, line of healthcare available, lack of recognition in the Labor Code and Vehicle Code can be disruptive to the continuity of care for many vulnerable patients, cause the patient to seek out multiple practitioners, or may prevent patients from receiving the services they need altogether, creating inequities not intended by this Legislature.

Recommendations: The Committees may wish to work with the Labor and Transportation Committees to resolve these gaps in authorization.

l) Technical cleanup.

Background: There may be instances where non-substantive and technical changes to the Act are needed to correct deficiencies or other inconsistencies in the law. Because of numerous statutory changes, code sections can become confusing, contain provisions that are no longer applicable, make references to outdated report requirements, and cross-reference code sections that are no longer relevant. The Board’s sunset review is an appropriate time to review, recommend, and make necessary statutory changes.

Recommendations and Statutory Amendments: The Committees may wish to amend the Act to include technical clarifications.

To address l), this bill proposes technical changes to improve CBNM operations and enforcement of the Act.

m) Continued regulation by the CBNM.

Background: The welfare of consumers is best preserved under the presence of a strong licensing and regulatory program to oversee naturopathic doctors that can sustain its existence through license fees. Since its last sunset review, the Board has implemented significant policy changes that improve the Board's effectiveness in protecting consumers and taken steps to maintain a stable fund condition while increasing its enforcement presence. At the same time, the Board is experiencing instability in its pro rata payments, which increases the level of difficulty in managing its budget that larger programs with investigative staff are not required to navigate.

The profession should be recognized in statute by agencies that accept diagnoses from primary care providers and specialists about their patients' conditions to determine eligibility for state programs. This is especially importantly considering the majority of licensees are women who work in underserved communities whose residents may not have access to other providers. Finally, strong consideration should be given to removing barriers that prevent licensees from continuing practice in California, including reforms that promote legitimacy of the profession as highly trained primary care providers who deliver safe, effective, and comprehensive health care and integral contributors to California's health care system.

Recommendations and Statutory Amendments: CBNM should be continued and reviewed again on a future date to be determined.

To address m), this bill proposes to extend the Board's existence by four years to January 1, 2031.

5. **Related Legislation.** SB 1333 (Jones of 2026) would expand the scope of an ND by authorizing an ND to perform minor office procedures, as defined, as well as furnish, order, or prescribe legend drugs, including Schedule II to Schedule V drugs inclusive and controlled substances under the California Uniform Controlled Substances Act independent of physician and surgeon supervision. This bill would also repeal the Board's sunset date and replace it with a yet to be determined date. *This bill is pending in the Senate Committee on Business, Professions and Economic Development.*

SB 538 (Hueso of 2015) would have expanded the scope of naturopathic doctors by authorizing specified procedures and removing physician and surgeon collaboration and supervision requirements for furnishing and ordering drugs. *This bill died on the Assembly Floor.*

6. **Arguments in Support.** The American Association of Naturopathic Physicians writes, "Allowing this regulatory structure to lapse would create gaps in oversight, weaken enforcement of title and practice protections, and undermine both patient safety and the Legislature's ability to monitor and improve naturopathic regulation over time. Continued authorization of the Board through the sunset review process maintains public protection, licensing, enforcement, and scope oversight for safe, regulated naturopathic medical care."

The Association of Accredited Naturopathic Medical Colleges (AANMC) notes, “California is home to a growing population with increasing demand for preventive care, chronic disease management, and integrative approaches to health. It is also home to an AANMC member, the San Diego campus of Bastyr University. Licensed naturopathic doctors are trained to meet these needs, and maintaining a stable regulatory framework is essential to ensuring that patients have access to qualified providers. We respectfully urge your support of SB 1303 to ensure the continued oversight and stability of naturopathic medical practice in California.”

The California Board of Naturopathic Medicine writes that the SB 1303 amendments “makes a series of targeted updates to the Business and Professions Code, specifically the Naturopathic Doctors Act, to improve the effectiveness and clarity of the California Board of Naturopathic Medicine’s licensing and regulatory authority... These amendments collectively enhance transparency, regulatory efficiency, and public safety, while ensuring the board maintains modernized tools to oversee naturopathic medical practice in California. By updating outdated statutory provisions and aligning licensing processes with current standards, SB 1303 provides meaningful improvements that benefit both licensees and the consumers they serve.”

The Council on Naturopathic Medical Education writes in support, “Naturopathic doctors are well-positioned to help California with its ongoing challenges related to provider shortages, rising healthcare costs, and increasing rates of chronic disease. SB 1303 will allow naturopathic doctors to continue contributing their valuable services to the residents of California. We respectfully urge your support of SB 1303 to ensure the continued oversight and stability of naturopathic medical practice in California.”

The California Naturopathic Doctors Association states, “Licensure and regulation of the California naturopathic doctor profession by the California Board of Naturopathic Medicine provides California citizens with safe access to a licensed and regulated workforce that helps expand access to primary and preventive care, and an appropriate regulatory structure for the profession.”

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) states it “supports for modernized regulation of naturopathic medicine in California. Reasonable regulation is integral to the safe practice of naturopathic medicine and protection of the public.” Additionally, “modernizing naturopathic medical regulation will effectively increase the number of safe primary care prescribers by improving access and efficient delivery of healthcare.”

- 7. Proposed Author’s Amendments.** The Author proposes amendments to add legislative intent to work with stakeholders and the Board to evaluate opportunities to authorize NDs to provide additional services to patients for which they are trained, educated, and qualified and that will expand access to safe, holistic, and preventive care for California’s consumers.

SB 1303 (Wahab)**SUPPORT AND OPPOSITION:**Support:

American Association of Naturopathic Physicians
Association of Accredited Naturopathic Medical Colleges
California Board of Naturopathic Medicine
Council on Naturopathic Medical Education
Federation of Naturopathic Medicine Regulatory Authorities
The California Naturopathic Doctors Association

Opposition:

None received

-- END --

b. SB 1333 (Jones) Naturopathic doctors: scope of practice



SB-1333 Naturopathic doctors: scope of practice. (2025-2026)

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CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

SENATE BILL

NO. 1333

Introduced by Senator Jones

February 20, 2026

An act to amend Sections 3640, 3640.5, and 3686 of, and to repeal Section 3640.7 of, the Business and Professions Code, and to amend Section 11150 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1333, as introduced, Jones. Naturopathic doctors: scope of practice.

Existing law, the Naturopathic Doctors Act, provides for the licensure and regulation of naturopathic doctors by the California Board of Naturopathic Medicine. Existing law repeals the act on January 1, 2027.

This bill would extend operation of the act until an unspecified date.

Existing law defines naturopathic medicine and authorizes a naturopathic doctor to perform specific health care functions. Existing law authorizes a naturopathic doctor to dispense, administer, order, prescribe, and furnish or perform, among other things, repair and care incidental to superficial lacerations and abrasions, except suturing, and the removal of foreign bodies located in the superficial tissues.

This bill would, instead, authorize a naturopathic doctor to dispense, administer, order, prescribe, and furnish or perform minor office procedures, defined, in part, to mean care and operative procedures relative to lacerations, skin lesions, and abrasions, the incision and drainage of abscesses, and the trephination of subungual hematomas, among other specified procedures.

Existing law authorizes a naturopathic doctor to furnish or order drugs, including Schedule III to Schedule V, inclusive, controlled substances, under specified circumstances, including, among others, that the drugs are furnished or ordered under the supervision of a physician and surgeon and in accordance with standardized procedures or protocols developed by the naturopathic doctor and their supervising physician and surgeon and that the board has certified that the naturopathic doctor has completed coursework in pharmacology, as specified. Existing law authorizes a naturopathic doctor to independently prescribe and administer other specified drugs.

This bill would revise and recast the above-described authorizations to instead authorize a naturopathic doctor to furnish, order, or prescribe drugs, including, among others, Schedule II to Schedule V, inclusive, controlled substances, and would remove the supervision and standardized procedure requirements. The bill would make conforming changes.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 3640 of the Business and Professions Code is amended to read:

3640. (a) A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests.

(b) A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the board, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results.

(c) A naturopathic doctor may dispense, administer, order, prescribe, and furnish or perform the following:

(1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements, and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301 et seq.) consistent with the routes of administration identified in subdivision (d).

(2) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.

(3) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.

(4) Health education and health counseling.

~~(5) Repair and care incidental to superficial lacerations and abrasions, except suturing.~~

~~(6) Removal of foreign bodies located in the superficial tissues.~~

(5) Minor office procedures. For purposes of this paragraph, "minor office procedure" means any of the following:

(A) Care and operative procedures relative to lacerations, skin lesions, and abrasions.

(B) The incision and drainage of abscesses.

(C) The trephination of subungual hematomas.

(D) The removal of foreign bodies.

(E) The topical and parenteral use of local anesthetic solutions, their adjuncts, and diluents.

(F) Obtaining samples of superficial human tissue by means of biopsy, consistent with the practice of naturopathic medicine.

(d) A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular.

(e) The board may establish regulations regarding ocular or intravenous routes of administration that are consistent with the education and training of a naturopathic doctor.

(f) Nothing in this section shall exempt a naturopathic doctor from meeting applicable licensure requirements for the performance of clinical laboratory tests, including the requirements imposed under Chapter 3 (commencing with Section 1200).

SEC. 2. Section 3640.5 of the Business and Professions Code is amended to read:

~~3640.5. Nothing in this chapter or any other law shall be construed to prohibit a naturopathic doctor from furnishing or ordering drugs when all of the following apply:~~

~~(a) The drugs are furnished or ordered by a naturopathic doctor in accordance with standardized procedures or protocols developed by the naturopathic doctor and their supervising physician and surgeon.~~

~~(b) The naturopathic doctor is functioning pursuant to standardized procedure, as defined by subdivisions (a), (b), (d), (e), (h), and (i) of Section 2836.1 and paragraph (1) of subdivision (c) of Section 2836.1, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the naturopathic doctor, and, where applicable, the facility administrator or their designee.~~

~~(c) The standardized procedure or protocol covering the furnishing of drugs shall specify which naturopathic doctors may furnish or order drugs, which drugs may be furnished or ordered under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the naturopathic doctor's competence, including peer review, and review of the standardized procedure.~~

~~(d) The furnishing or ordering of drugs by a naturopathic doctor occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:~~

~~(1) Collaboration on the development of the standardized procedure.~~

~~(2) Approval of the standardized procedure.~~

~~(3) Availability by telephonic contact at the time of patient examination by the naturopathic doctor.~~

~~(e) For purposes of this section, a physician and surgeon shall not supervise more than four naturopathic doctors at one time.~~

~~(f) Drugs furnished or ordered by a~~

3640.5. (a) A naturopathic doctor may ~~include Schedule III through~~ *furnish, order, or prescribe drugs, including, but not limited to, any of the following, provided they comply with the requirements of subdivision (b):*

(1) Legend drugs, including Schedule II to Schedule V, inclusive, controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the naturopathic doctor and physician and surgeon as specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished or ordered by a naturopathic doctor, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the naturopathic doctor's standardized procedure relating to controlled substances shall be provided upon request, to a licensed pharmacist who dispenses drugs, when there is uncertainty about the naturopathic doctor furnishing the order. Code).

(2) Epinephrine to treat anaphylaxis.

(3) Natural and synthetic hormones.

(4) Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription.

~~(g)~~

(b) The board has certified that the naturopathic doctor has satisfactorily completed adequate coursework in pharmacology covering the drugs to be furnished or ordered under this section. The board shall establish the requirements for satisfactory completion of this subdivision.

~~(h)~~

(c) Use of the term "furnishing" in this section, in health facilities defined in subdivisions (b), (c), (d), (e), and (i) of Section 1250 of the Health and Safety Code, shall include ~~both of the following:~~

(1) ~~Ordering~~ *ordering or furnishing* a drug in accordance with the standardized procedure.

~~(2) Transmitting an order of a supervising physician and surgeon.~~

~~(i)~~

(d) For purposes of this section, "drug order" or "order" means an order for medication which is dispensed to or for an ultimate user, issued by a naturopathic doctor as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

~~(j)~~

(e) Notwithstanding any other law, *both of* the following apply:

~~(1) A drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician.~~

(2)

(1) All references to prescription in this code and the Health and Safety Code shall include drug orders issued by naturopathic doctors.

(3)

(2) The signature of a naturopathic doctor on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 3. Section 3640.7 of the Business and Professions Code is repealed.

~~3640.7. Notwithstanding the requirements of Section 3640.5 or any other provision of this chapter, a naturopathic doctor may independently prescribe and administer the following:~~

~~(a) Epinephrine to treat anaphylaxis.~~

~~(b) Natural and synthetic hormones.~~

~~(c) Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription.~~

SEC. 4. Section 3686 of the Business and Professions Code is amended to read:

3686. This chapter shall remain in effect only until January 1, ~~2027~~, _____, and as of that date is repealed.

SEC. 5. Section 11150 of the Health and Safety Code is amended to read:

11150. No person other than a physician, dentist, podiatrist, or veterinarian, or naturopathic doctor acting pursuant to Section ~~3640.7~~ *3640.5* of the Business and Professions Code, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or within the scope of Section 4052.1, 4052.2, or 4052.6 of the Business and Professions Code, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, ~~a naturopathic doctor acting within the scope of Section 3640.5 of the Business and Professions Code~~, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code, or an out-of-state prescriber acting pursuant to Section 4005 of the Business and Professions Code shall write or issue a

SB 1333 Analysis

**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Dr. Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	SB 1333	Hearing Date:	April 20, 2026
Author:	Jones		
Version:	February 20, 2026		
Urgency:	No	Fiscal:	Yes
Consultant:	Yeaphana La Marr		

Subject: Naturopathic doctors: scope of practice

SUMMARY: Expands the scope of a Naturopathic Doctor (ND) licensed by the California Board of Naturopathic Medicine (CBNM or Board) by authorizing an ND to perform minor office procedures, as defined, as well as furnish, order, or prescribe legend drugs, including Schedule II to Schedule V drugs inclusive and controlled substances under the California Uniform Controlled Substances Act independent of physician and surgeon supervision. Repeals the Board's sunset date.

Existing law:

- 1) Establishes the California Board of Naturopathic Medicine (CBNM or Board) within the Department of Consumer Affairs (DCA) to administer and enforce the Naturopathic Doctors Act (Act). (Business and Professions Code (BPC §§ 3612, 3610, 3620))
- 2) Defines "naturopathic medicine" as a distinct and comprehensive system of primary health care practiced by a ND for the diagnosis, treatment, and prevention of human health conditions, injuries, and disease." (BPC § 3613(c))
- 3) Authorizes an ND to order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests. (BPC § 3640(a))
- 4) Authorizes an ND to order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the board, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results. (BPC § 3460(b))
- 5) Authorizes an ND to dispense, administer, order, prescribe, and furnish or perform the following:
 - a) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements, and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301 et seq.) consistent with the routes of administration identified below in 6).

- b) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.
 - c) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.
 - d) Health education and health counseling.
 - e) Repair and care incidental to superficial lacerations and abrasions, except suturing.
 - f) Removal of foreign bodies located in the superficial tissues. (BPC § 3640(c))
- 6) Authorizes an ND to utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular. (BPC § 3640(d))
- 7) Authorizes an ND to furnish or order drugs when all of the following apply:
- a) The drugs are furnished or ordered by an ND in accordance with standardized procedures or protocols developed by the ND and their supervising physician and surgeon.
 - b) The ND is functioning pursuant to standardized procedure, as defined by standards for nurse practitioners or protocol that is developed and approved by the supervising physician and surgeon, the ND, and, where applicable, the facility administrator or their designee.
 - c) The standardized procedure or protocol covering the furnishing of drugs specify which NDs may furnish or order drugs, which drugs may be furnished or ordered under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the ND's competence, including peer review, and review of the standardized procedure.
 - d) The furnishing or ordering of drugs by an ND occurs under physician and surgeon supervision, which is not to be construed to require the physical presence of the physician, but does include all of the following:
 - i) Collaboration on the development of the standardized procedure.
 - ii) Approval of the standardized procedure.
 - iii) Availability by telephonic contact at the time of patient examination by the ND.
 - e) The drugs furnished or ordered by an ND include Schedule III through Schedule V controlled substances under the California Uniform Controlled Substances Act

(Division 10 (commencing with Section 11000) of the Health and Safety Code) and are further limited to those drugs agreed upon by the ND and physician and surgeon as specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished or ordered by an ND, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the ND's standardized procedure relating to controlled substances shall be provided upon request, to a licensed pharmacist who dispenses drugs, when there is uncertainty about the naturopathic doctor furnishing the order. (BPC § 3640.5(a),(b),(c),(d),(f))

- 8) Authorizes an ND to independently prescribe and administer the following:
 - a) Epinephrine to treat anaphylaxis.
 - b) Natural and synthetic hormones.
 - c) Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription. (BPC § 3640.7)
- 9) Provides that the Naturopathic Doctors Act shall remain in effect only until January 1, 2027, and is as of that date repealed. (BPC § 3686)

This bill:

- 1) Authorizes an ND to perform minor office procedures and defines "minor office procedures" as:
 - a) Care and operative procedures relative to lacerations, skin lesions, and abrasions.
 - b) The incision and drainage of abscesses.
 - c) The trephination of subungual hematomas.
 - d) The removal of foreign bodies.
 - e) The topical and parenteral use of local anesthetic solutions, their adjuncts, and diluents.
 - f) Obtaining samples of superficial human tissue by means of biopsy, consistent with the practice of naturopathic medicine.
- 2) Removes the requirement for NDs to furnish or order drugs in accordance with standardized procedures or protocols developed by the ND and their supervising

physician and surgeon.

- 3) As long as the board has certified that the naturopathic doctor has satisfactorily completed adequate coursework in pharmacology covering the drugs to be furnished or ordered, authorizes an ND to furnish, order, or prescribe drugs, including, but not limited to:
 - a) Legend drugs, including Schedule II-V, inclusive.
 - b) Controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code.
 - c) Epinephrine to treat anaphylaxis.
 - d) Natural and synthetic hormones.
 - e) Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription.
- 4) Removes the Board's sunset date and replaces it with an undetermined date.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill is sponsored by the California Naturopathic Doctors Association (CNDA). The Author states, "Naturopathic doctors have been licensed as primary care providers in California for more than 20 years under Senate Bill 907 (Burton, 2003). Although the Naturopathic Practice Act established a broad scope of practice, statutory restrictions still prevent NDs from performing certain functions consistent with their education and training.

Naturopathic doctors complete four-year, post-graduate, accredited medical programs that include pharmacology and minor office procedure training. In other states where independent prescribing and minor procedures are authorized, they have long demonstrated safety, compliance and competence.

Like other primary care providers, NDs diagnose, prevent, and treat disease in accordance with established clinical standards. They also receive extensive training in nutrition, exercise, stress management, and counseling.

The original intent of SB 907 was that physician supervision of prescribing would be temporary. The California Board of Naturopathic Medicine affirmed this intent in 2007 and reiterated in 2015 and 2025 that safety and efficacy standards had been met and that full implementation – as sought in SB 1333) is warranted.

The practice of naturopathic medicine has grown steadily in response to increasing demand for primary care providers trained in both conventional and natural medicine, but California law has failed to keep up.

The requirement for physician supervision when prescribing medications and the prohibition on minor in-office procedures – such as draining an abscess or suturing a minor laceration – continue to impede patient access to timely, appropriate, and cost-effective care and place undue burden on an already stressed medical system in California.

These restrictions, unique to California, are antiquated and unnecessary given naturopathic doctors' now longstanding record of performance and care provision. They contribute to duplicative visits, increased costs, and unnecessary emergency room care visits for manageable conditions such as asthma and elevated blood pressure.

SB 1333 will update the Naturopathic Practice Act, aligning it with the profession's education, training, and national standards and with the intent of SB 907 (Burton, 2003). The bill authorizes NDs to prescribe medications independently and permits them to perform minor in-office procedures, consistent with their accredited medical training.

This update will allow naturopathic doctors to provide comprehensive, evidence-based primary care within their full scope of training, improving access, continuity, and affordability of care for Californians. Modernizing these provisions will also help retain qualified clinicians in the state, addressing the ongoing shortage of primary care providers and countering the discouragement that outdated limitations have created for new naturopathic graduates.”

- 2. Background.** *The Board and Naturopathic Doctors.* The Board protects the health and safety of California consumers through licensing and regulating NDs. Its statutory authority is derived from the Naturopathic Doctors Act (Act), a practice act governing 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.

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

The Board ensures licensees meet educational and ethical standards, comply with continuing education requirements, and practice within the scope defined by the Act. The Board also investigates complaints, enforces disciplinary actions, and protects the public from unlicensed or unsafe practice.

As of June 30, 2025, there were 1,057 active ND licensees in California. 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.

History behind limits on scope and efforts to expand scope of Naturopathic Doctors. When the Naturopathic Doctors Act was first enacted by SB 907 (Burton, Chapter 485, Statutes of 2003), BPC § 3627 required the then named Bureau of Naturopathic Medicine (Bureau) to establish a formulary advisory committee (Committee) composed of equal numbers of physicians and surgeons, pharmacists, and NDs. The Committee was charged with reviewing naturopathic education, training, and practice and making recommendations regarding naturopathic doctor scope, specifically, prescribing, ordering, and furnishing authority and supervision protocols for those functions, including those for intravenous and ocular routes of prescription drug administration. The Committee's recommendations were to be submitted to the Legislature for consideration.

The Committee was comprised of three licensed pharmacists, three licensed physicians and surgeons, and three licensed NDs. The Committee was chaired by a pharmacist. The Bureau submitted the [Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor](#) to the Legislature in 2007. Findings included that when reviewing practice acts in other states, "Of the 13 other states that license NDs, 9 of those states allow NDs to prescribe independently, without any MD supervision or protocol. Only one state, Kansas, which instituted licensure in 2003, requires MD supervision, and Maine requires collaboration with a physician for one year prior to independent prescribing." The Committee recommended several amendments to the Act, including changes to allow NDs to independently prescribe, without supervision or protocol, from a recommended formulary that contained specified antibiotics, pain control agents, dermatologicals, ophthalmic agents, respiratory agents, gastrointestinal agents, cardiovascular agents, renal and genitourinary agents, diagnostic agents, vaccines, and anti-diabetic agents, as well as an IV formulary.

In the years that followed submission of the findings and recommendations, several minor amendments were made to the Act, but none to implement the above recommendations of the Committee, as intended by SB 907. Finally, in 2015, SB 538 (Hueso) would have expanded the scope of NDs by authorizing specified procedures and removing physician and surgeon collaboration and supervision requirements for furnishing and ordering drugs. The bill was amended several times until it eventually would have authorized an ND to independently administer, furnish, order, or prescribe Schedule V controlled substances under the California Uniform Controlled Substances Act and any drug approved by the federal Food and Drug Administration and labeled "for prescription only," except chemotherapeutics, after completing 12 consecutive months of supervision by a physician and surgeon. This bill eventually died on the Assembly Floor.

In response to the evolving nature of the profession, the Board's Drug Formulary Advisory Committee convened meetings on May 5, 2025, and November 17, 2025, to consider revising its formulary recommendations. Rather than recommend an inclusive list of drugs similar to the previous Committee, the updated

recommendations used an exclusionary methodology, taking into account regulatory scope, clinical setting, and collaborative care considerations. The Board now recommends excluding certain classes of drugs, specifically chemotherapeutic agents, controlled substances, advanced psychiatric medications, immunosuppressants, advanced cardiovascular agents, injectable biologics and monoclonal antibodies, and general anesthetics and neuromuscular blockers.

- 3. Arguments in Support.** The California Naturopathic Doctors Association (sponsor) writes in support, “The vast majority of naturopathic doctors practice in a primary care capacity, yet current law imposes unnecessary barriers on the patients who rely on them. Patients are often required to seek outside referrals for medication management or minor procedures, such as wound suturing, even when their ND is trained and qualified to provide these services. These inefficiencies increase health care costs, delay timely treatment, and may place patients at risk of preventable complications when acute conditions, such as streptococcal (strep throat) infections, are not addressed promptly.”

The Alliance for Pharmacy Compounding notes, “SB 1333 would update California law to better align naturopathic doctors’ scope of practice with their education and training, including removing the requirement for a written supervision agreement for prescribing and allowing certain minor procedures. From our perspective, enabling qualified providers to practice to the full extent of their training supports more timely and efficient patient care, particularly in primary care settings where access challenges persist.”

The American Association of Naturopathic Physicians writes, “SB 1333 appropriately modernizes California law by aligning naturopathic scope of practice with the education, training, and clinical competencies of licensed Naturopathic Doctors. The bill removes outdated structural barriers that limit patient access to care, including unnecessary physician supervision requirements, and clarifies the authority of NDs to perform minor office procedures and utilize therapeutic modalities that are already part of their accredited doctoral training. These updates reflect current clinical practice standards and ensure that regulatory frameworks keep pace with the realities of modern primary care delivery.”

The Association of Accredited Naturopathic Medical Colleges writes, “California faces ongoing challenges related to provider shortages, rising healthcare costs, and increasing rates of chronic disease. Allowing qualified healthcare professionals to fully utilize their training is a practical, patient-centered solution that supports system-wide capacity. SB 1333 represents a thoughtful and appropriate update that aligns regulatory language with modern educational standards and clinical practice.”

The California Board of Naturopathic Medicine writes in support, “Notably, SB 1333 directly addresses several of the same issues identified in the Board’s 2026 Sunset Review Report, particularly the need for practice-as-trained alignment and statutory updates that improve continuity of care for consumers, reduce fragmentation in the healthcare system, and help address California’s growing primary-care shortage. SB 1333 aligns the statutory scope of practice with the current education and clinical competencies of naturopathic doctors trained in accredited doctoral-level naturopathic medical programs.”

The Council on Naturopathic Medical Education states, “SB 1333 will allow naturopathic doctors to practice to the full extent of their training, improving efficiency within the healthcare system—including increased access to care. Naturopathic doctors are well-positioned to help California with its ongoing challenges related to provider shortages, rising healthcare costs, and increasing rates of chronic disease.”

The Federation of Naturopathic Medicine Regulatory Authorities, “supports modernized regulation of naturopathic medicine in California. Reasonable regulation is integral to the safe practice of naturopathic medicine and protection of the public.” Further, “Limiting access to independent primary care providers causes a significant delay in obtaining timely health and wellness services, resulting in barriers that are directly linked to negative health outcomes. Ensuring that Californians have access to comprehensive, quality primary care services is imperative not only for their physical and mental health, but it improves access to preventive measures such as managing disease, which reduces unnecessary disability and premature death while improving overall quality of life. In short, limiting the independent prescribing rights of NDs only widens healthcare inequity and disparity.”

4. **Arguments in Opposition.** A coalition of the American College of Obstetricians & Gynecologists, California Academy of Child & Adolescent Psychiatry, California Academy of Family Physicians, California Chapter of the American College of Cardiology, California Medical Association, California Orthopaedic Association, California Podiatric Medical Association, California Radiological Society, California Rheumatology Alliance, California Society of Anesthesiologists, California Society of Dermatology and Dermatologic Surgery, California Society of Pathologists, California Society of Plastic Surgeons, California State Association of Psychiatrists, Osteopathic Physicians & Surgeons of California, and Psychiatric Physicians Alliance of California cite that, “this bill will expand prescribing authority and alter care delivery standards in ways that are not aligned with the education, training, and clinical experience required of physicians...Specifically, we have concerns with the expansion of dermatologic procedures placing patients at risk. This bill is proposing to include procedures such as incision and drainage, hematoma evacuation, biopsies of the skin, etc. This expansion can reasonably lead to mismanagement of cancers, incomplete staging, and patient harm due to lack of training. These procedures and management of dermatologic conditions are taught in many Accreditation Council for Graduate Medical Education (ACGME) residencies, which NDs do not participate in.”

The California Chapter of the American College of Cardiology opposes this bill, stating that, “Cardiovascular disease is the leading cause of death in California. Safe management of heart patients requires extensive, rigorous medical training, particularly regarding the use of controlled substances, anticoagulants, and complex cardiovascular medications. We believe SB 1333 poses a significant risk to patient safety,” citing inadequate training for high-risk medication management, removal of supervision safeguards, and concern for the safety of cardiac patients.

The California Rheumatology Alliance states, “Rheumatologists manage complex, chronic autoimmune diseases—such as rheumatoid arthritis, lupus, and vasculitis—that require the use of high-risk medications, including Schedule II controlled

substances, biologics, and immunosuppressants. These drugs require rigorous monitoring, expertise in immunology, and comprehensive training to manage severe adverse effects... The current legal structure requiring physician oversight of NDs is crucial for the safety of California patients. Removing these safeguards will lead to delayed diagnosis of severe autoimmune conditions, mismanagement of medications, and increased healthcare costs due to complications.”

The California Society of Plastic Surgeons notes, “Naturopathic education and residency training are fundamentally different from those of licensed medical physicians (MD/DO). ND training lacks the necessary depth, hospital-based rotations, and acute care experience required to manage the complex pharmacological needs associated with Schedule II-V controlled substances. Allowing independent prescription authority without physician supervision (removing current requirements for standardized procedures) invites higher risks of drug misuse and adverse reactions. Patient safety is maintained through standardized, rigorous medical care, not by relaxing standards for non-physician practitioners.”

5. **Related Legislation.** SB 1303 (Wahab of 2026) makes various changes to the operations of the CBNM based on the sunset review oversight efforts of the Board; extends the Board’s sunset date by four years to January 1, 2031; and proposes to add legislative intent language to work with stakeholders and the Board to evaluate opportunities to authorize NDs to provide additional services to patients for which they are trained, educated, and qualified and that will expand access to safe, holistic, and preventive care for California’s consumers. *This bill is pending in the Senate Committee on Business, Professions and Economic Development.*

SB 538 (Hueso of 2015) would have expanded the scope of naturopathic doctors by authorizing specified procedures and removing physician and surgeon collaboration and supervision requirements for furnishing and ordering drugs. *This bill died on the Assembly Floor.*

6. Policy Issues for Consideration.

Could this issue be resolved through the current comprehensive sunset review oversight process for the CBNM? The Board is currently undergoing the Committee’s comprehensive sunset review oversight process. The sunset review oversight process provides an opportunity for the Department of Consumer Affairs (DCA), the Legislature, the boards, interested parties and stakeholders to discuss the performance of the boards and make recommendations for improvements. This Committee, along with the Assembly Committee on Business and Professions, continues to follow the sunset process, as was originally established under the Joint Legislative Sunset Review Committee in 1994, to conduct regular oversight of entities primarily under the DCA, but also within other state government agencies. The sunset date for each board allows enough time for the board to be reviewed by the Committees and for legislation to be passed to extend the sunset date of the board when appropriate, as well as simultaneously make appropriate policy changes to board operations and regulation of the profession.

The Committees review each entity’s submitted reports and staff draft background papers, which raise several issues related to the operations, oversight of the

professions, programmatic operations, among a variety of topics related to the boards, and subsequently conduct public hearings to review the issues and provide preliminary recommendations. Boards undergoing sunset review oversight are provided an opportunity to respond, along with the regulated industry, consumer groups and the public. Necessary statutory changes, which may include elimination of a program, are made through sunset bills that make their way through the legislative process as any other bill does.

SB 1303 (Wahab of 2026) is the vehicle to address the multitude of issues raised in the CBNM's 2026 Sunset Review Report, the staff background paper, and during the CBNM's sunset review oversight hearing on March 24th of this year. As that vehicle is already in the process to consider legislative changes for the Board stemming from the comprehensive sunset review oversight process, it may be the appropriate vehicle to consider changes related to any expanded practice authority for NDs.

Committee staff included this topic as Issue #12 in the CBNM sunset review oversight background paper, which stated, "It would be helpful for the Committees to learn about discussions with other healthcare providers, healthcare facilities, and payors about the opportunities that may exist for NDs to take on additional practice authority, as well as discussions with patients, the public, and licensees." Ultimately, the Committee recommendation read, "The Board should update the Committees on the discussions it has had with stakeholders and the feasibility of expanded practice authority for the profession."

The Board's responses are not yet due to the Committee. Consequently, the amendments to expanded practice authority contained in this measure may be premature. SB 1303 is also being considered at the Committee's April 20 hearing and will be amended to include intent language to evaluate the role that NDs can play in providing access to quality care and services through expansions in their practice authority.

Sunset Date. This bill removes the Board's sunset date and replaces it with a yet to be determined date. It is unclear why legislation to expand ND authority would address extending the Board's sunset date. By including any provisions related to the Board's operations, this bill inherently creates a conflict with the sunset bill intended to comprehensively address the Board's continued existence along with its administration of the ND act.

Would this bill increase access to care for most Californians, specifically those in underserved or rural communities? Existing law establishes a physician-supervised pathway for broader drug furnishing authority. BPC § 3640.5 authorizes an ND to furnish or order drugs pursuant to standardized procedures or protocols developed with and approved by a supervising physician and surgeon, with such drug orders treated as prescriptions of the supervising physician and subject to specified training, furnishing number, and regulatory requirements. (BPC § 3640.5; Title 16 of the California Code of Regulations § 4236). This bill proposes to repeal and recast these provisions, including removing the physician protocol framework and expanding ND authority to furnish, order, or prescribe legend drugs and controlled substances. In that context, while the bill's references to vitamins, minerals, amino

acids, and related substances are largely duplicative of existing BPC § 3640.7 authority as applied to over-the-counter-identical products, a primary effect of the bill would be to broadly expand prescribing authority, especially for prescription drugs, and to remove the current physician supervision requirements.

However, expanding independent prescribing authority for NDs does not necessarily translate to increased access to care, particularly for underserved populations, because naturopathic services are not broadly integrated into California's payer systems. NDs are not recognized as covered providers under the federal Medicare statute, which defines covered practitioner types and does not include naturopathic physicians. (42 U.S.C. § 1395x.) Similarly, California's Medi-Cal program generally limits reimbursement to licensed provider types enumerated in statute and regulation, which do not include NDs as independent billing providers for physician services. (Welfare and Institutions Code § 14000 *et seq*; 22 CCR § 51000 *et seq*.)

As a result, many patients receiving naturopathic care pay out of pocket and under current law, NDs who furnish drugs pursuant to standardized procedures do so under a supervising physician's authority, including reliance on the physician's furnishing and prescribing framework, and, where applicable, federal controlled substance registration requirements. (BPC § 3640.5; 21 C.F.R. § 1301.12.) While SB 1333 would expand independent prescribing authority, it may not on its own address any of the primary drivers of access to care in California like health insurance coverage and provider network participation. This bill is more likely to affect a subset of patients already accessing care through cash-pay or out-of-network arrangements, rather than those facing systemic barriers to care.

SUPPORT AND OPPOSITION:

Support:

California Naturopathic Doctors Association (Sponsor)
 Alliance for Pharmacy Compounding
 American Association of Naturopathic Physicians
 Association of Accredited Naturopathic Medical Colleges
 Council on Naturopathic Medical Education
 Department of Consumer Affairs, California Board of Naturopathic Medicine
 Federation of Naturopathic Medicine Regulatory Authorities

Opposition:

American College of Obstetricians & Gynecologists - District Ix
 California Academy of Child and Adolescent Psychiatry
 California Academy of Family Physicians
 California Chapter American College of Cardiology
 California Medical Association (CMA)
 California Orthopaedic Association
 California Podiatric Medical Association
 California Radiological Society

SB 1333 (Jones)

California Rheumatology Alliance
California Society of Anesthesiologists
California Society of Dermatology & Dermatologic Surgery
California Society of Pathologists
California Society of Plastic Surgeons
California State Association of Psychiatrists (CSAP)
Osteopathic Physicians and Surgeons of California
Psychiatric Physicians Alliance of California (PPAC)

-- END --

TAB 8

Solicitation of Future Agenda Items and Discussion and Possible Action to Set Next Meeting Dates

Future Agenda Items

Next Meeting Dates

Naturopathic Medicine Committee
Establish Future Meeting Dates and Locations

<i>Dates</i>	<i>Locations</i>
Q4 2024 Meeting (Oct – Dec) Scheduled for 10/08/2025	
Special Meeting Mid Sept 2025 (<i>Sunset Report</i>)	
Special Meeting End Nov 2025 (<i>Finalize Sunset Report</i>)	
Q1 2025 Meeting (Jan – Mar)	
Q2 2025 Meeting (Apr – Jun)	
Q3 2025 Meeting (Jul – Sep)	
Q4 2025 Meeting (Oct – Dec)	

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

TAB 9

Adjournment

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