

# **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><b>Bruce N. Davidson</b> 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 &amp; 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><b>Diparshi Mukherjee, D.O., M.S. Ed., CAQSM</b> 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><b>Vera Singleton, ND, MBA</b> 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><b>Setareh Tais, ND</b> 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><b>Dara Thompson, N.D.</b> 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
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.				
<b>Andrew Yam, MPP</b> 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.	06/26/2023	01/01/2026	Speaker of the Assembly	Public
<b>Minna Yoon, ND, MSTOM</b> 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.	12/20/2022	01/01/2026	Governor	Professional (ND)
<b>Vacant</b>	–	–	Governor	Professional (ND)
<b>Vacant</b>	–	–	Governor	Professional (Physician)

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.

<b>Table 2. Fund Condition</b>							(list dollars in thousands)	
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26**	FY 2026/27**		
Beginning Balance <sup>1</sup>	\$638	\$732	\$895	\$841	\$787	\$782		
Revenues and Transfers	\$536*	\$558	\$622	\$667	\$724	\$736		
<b>Total Resources</b>	<b>\$1,174</b>	<b>\$1,290</b>	<b>\$1,517</b>	<b>1,508</b>	<b>\$1,511</b>	<b>\$1,518</b>		
Budget Authority	\$406	\$391	\$770	\$755	\$654	\$678		
Expenditures <sup>2</sup>	\$416	\$402	\$689	\$721	\$729	\$761		
Loans to General Fund	-	-	-	-	-	-		
Accrued Interest, Loans to General Fund	-	-	-	-	-	-		
Loans Repaid from General Fund	-	-	-	-	-	-		
<b>Fund Balance</b>	<b>\$758</b>	<b>\$888</b>	<b>\$828</b>	<b>\$787</b>	<b>\$782</b>	<b>\$757</b>		
<b>Months in Reserve</b>	<b>22.6</b>	<b>15.5</b>	<b>13.8</b>	<b>12.9</b>	<b>12.3</b>	<b>11.6</b>		

<sup>1</sup> The beginning balance does not match the prior year ending balance because of prior year adjustments.

<sup>2</sup> 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.

<b>Table 3. Expenditures by Program Component</b> (list dollars in thousands)								
	FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$42	\$27	\$50	\$26	\$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
<b>TOTALS</b>	<b>\$268</b>	<b>\$106</b>	<b>\$304</b>	<b>\$70</b>	<b>\$367</b>	<b>\$293</b>	<b>\$442</b>	<b>\$253</b>
* 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.

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

## 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.

<b>Naturopathic Doctor’s License</b>	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>
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 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.

<b>Fiscal Year</b>	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>	<b>Total</b>
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.

<b>Table 8(b). National Examination.</b>		
License Type		<b>Naturopathic Doctor’s License</b>
Exam Title		<i>NATUROPATHIC PHYSICIANS LICENSING EXAMINATION (NPLEX)</i>
<b>FY 2021/22</b>	Number of Candidates	133
	Overall Pass %	70%
	Overall Fail %	30%
<b>FY 2022/23</b>	Number of Candidates	425
	Overall Pass %	84%
	Overall Fail %	16%
<b>FY 2023/24</b>	Number of Candidates	248
	Overall Pass %	80%
	Overall Fail %	20%
<b>FY 2024/25</b>	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](http://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.*

**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.*

**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.*

### **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.*

**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 fee 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.*

## **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:

<b>DCA Healing Arts Boards Fictitious Name Permits</b>			
<b>Board</b>	<b>Initial Fee</b>	<b>Renewal Fee</b>	<b>Active Permits</b>
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.*

**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.*

### **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.*

**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.*

**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.*

## **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.*

**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.*

**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.*

**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.*

## ***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.*

## **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 important 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.*