NATUROPATHIC MEDICINE COMMITTEE
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of October 1, 2012

Section 1 – Background and Description of the Board and Regulated Profession

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

HISTORY AND FUNCTION OF THE NATUROPATHIC MEDICINE COMMITTEE

BRIEF HISTORY OF NATUROPATHIC MEDICINE

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

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

Naturopathic medicine is one of the oldest continuously licensed health care professions in these United States. Dr. Benedict Lust, considered the Father of Naturopathic Medicine, "invented" naturopathy by expanding upon the European water cure and herbal therapies to develop a comprehensive philosophy and system of health that he brought to the United States around the turn

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

of the 20th century. In 1901, Dr. Lust opened the American School of Naturopathy in Manhattan. Its approach emphasized diet, exercise, physical medicine, herbs, and homeopathy as ways to improve and maintain good health. Naturopathic medicine grew quickly as a profession and by 1925 there were approximately 2,500 practicing naturopathic physicians and more than a dozen schools. During this period, regulations were enacted in many states, with about half of the states licensing or regulating naturopathic medicine.

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

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

NATUROPATHIC MEDICINE TODAY

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

In 2003, California became the 13th state to recognize the profession of naturopathic medicine and provide licensure to naturopathic doctors. Currently, 16 states, the District of Columbia, and the US territories of Puerto Rico and the US Virgin Islands have licensing laws for naturopathic physicians and there are movements toward licensure in many other states. (In almost all other licensing states and territories, NDs are naturopathic physicians. California law prohibits the use the title of "physician" by anyone other than an allopathic or osteopathic physicians and surgeons.) The scopes of practice vary from state to state, but all naturopathic physicians abide by the same six principles:

The Healing Power of Nature:

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

Identify and Treat the Cause:

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

First Do No Harm:

Naturopathic doctors follow three guidelines to avoid harming patients:

1. Utilize methods and medicinal substances that minimize risks of side effects, using the least force needed to diagnose and treat.

2. Avoid, when possible, the harmful suppression of symptoms.

3. Acknowledge and work with the individual's self-healing process.

Doctor as Teacher:

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

Treat the Whole Person:

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

Prevention:

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

EARLY HISTORY OF NATUROPATHIC MEDICINE IN CALIFORNIA

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

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

The CANP spent the next two years securing grants and forming committees for legislation, fundraising, and outreach to naturopathic medical schools. In October 2000, representatives from the CANP and AANP testified at a hearing in San Francisco for the White House Commission for Complementary and Alternative Medicine Policy. In the spring of 2001, Dr. Sally LaMont, CANP executive director, gave testimony about naturopathic medicine to the newly formed Alternative Medicine Committee of the Medical Board of California. Later that year, the California Senate Business and Professions Committee met with the CANP and several unlicensable practitioner groups (lay practitioners) to sort out their issues. California's Health Freedom Bill (SB 577) became law effective January 1, 2003, which allowed the unlicensed practice of health education by lay persons.

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

BUREAU OF NATUROPATHIC MEDICINE BECOMES

THE NATUROPATHIC MEDICINE COMMITTEE

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

Business and Professions Code (B & P) Section 3621 established the Bureau of Naturopathic Medicine Advisory Council. The Advisory Council was responsible for providing information and, upon request, made recommendations to the Bureau Chief. The Advisory Council consisted of three naturopathic doctors (ND), three medical doctors (MD), and three public members. Between December 2004 and October 2009, the appointees to the Advisory Council, chaired by Carl Hangee-Bauer, N.D., L.Ac, remained nearly constant while at the same time the Bureau was administered by three different Hearing Aid Dispensers Bureau Chiefs and four Acting Bureau Chiefs. The Advisory Council reviewed legal opinions, discussed regulations, made recommendations regarding enforcement, reviewed continuing education standards, and reviewed the Formulary, Childbirth, and Minor Offices Procedures Reports to Legislature. However, as an advisory council, they lacked authority to direct the Bureau to act on any of their recommendations.

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

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

The first Committee members were appointed in February 2010 consisting of three naturopathic doctors (ND), three medical doctors (MD), and three public members; the Committee elected Dr. David Field, N.D., L.Ac.as its chair. Legislation in 2010 [SB 1050 (Yee; Chapter 143, Statues of 2010)] codified the autonomy of the Committee with respect to administration of the Act and changed the composition of the Committee to five NDs, two MDs, and two public members. Revising the composition of the Committee made it consistent with other healing arts boards in California in that the majority of Committee members are representatives of the profession.

Beginning with their first meeting in April 2010, the nine-member Committee has undertaken an ambitious agenda to bring the Naturopathic Medicine Committee and the profession of naturopathic medicine in California into compliance with the standards of the practice of naturopathic medicine and with California laws relating to enforcement and discipline. The Committee appointed an interim executive officer to carry out its administrative duties. They also approved regulations pertaining to

continuing education and enforcement, created a strategic plan, and created sub-committees to develop a scope of practice document, standards of practice document, disciplinary guidelines, update findings from the 2007 Reports to the Legislature, and create job descriptions for the executive officer and future staff. However, AB X420 was not accompanied by a legislative budget change proposal, so the Committee was unable to hire a staff person in addition to the EO. The lack of staff has hindered efforts of the Committee to carry out the mandates of the Act and new enforcement legislation that affected all the boards under the Department of Consumer Affairs. This left the Committee with only one person to function as executive officer and to carry out all licensing, enforcement, budgetary, legislative, regulatory, and administrative duties.

THE PRACTICE OF NATUROPATHIC MEDICINE IN CALIFORNIA

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

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

Several naturopathic doctors with established practices in California offer residency programs to graduates of approved naturopathic medical schools; residency programs are approved by the Council of Naturopathic Medical Education (CNME). Many NDs are also licensed acupuncturists, more than a dozen are licensed chiropractors, one is an osteopathic physician and surgeon (as well as a naturopathic medical school professor), several are licensed midwives (under the Medical Board of California), one is a licensed psychologist, one is a registered nurse, and two were physician assistants prior to becoming NDs. Two naturopathic doctors licensed in California are also completing allopathic (MD) medical school and residency programs in order to be able to fully practice naturopathic medicine in California as primary care physicians.

EDUCATION AND TRAINING

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

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

Bastyr University lists the following career opportunities for graduates with a doctorate of naturopathic medicine:

- Naturopathic doctor working as a primary natural care physician in private practice or at a clinic dedicated to integrative medicine
- Research scientist studying natural medicine
- Naturopathic consultant/advocate in industry, insurance or the political arena
- Wellness entrepreneur
- Natural medicine spokesperson/advisor
- Rural community doctor
- Dietary supplement entrepreneur or natural products specialist
- Corporate wellness educator
- Public health administrator
- Natural medicine author/public speaker
- Faculty member in naturopathic or conventional medical institution

APPROVED NATUROPATHIC COLLEGES

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

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

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

Basic & Diagnostic Sciences	Anatomy, neuroanatomy, neurosciences, physiology, histology, pathology, biochemistry, genetics, microbiology, immunology, lab diagnosis, clinical diagnosis, physical diagnosis, medical research, epidemiology, public health, medical ethics, and others.
Clinical Sciences	Family Medicine, ENT, cardiology, pulmonary medicine, gastroenterology, rheumatology, neurology, dermatology, urology, infectious disease, pediatrics, geriatrics, obstetrics, gynecology, pharmacology, pharmacognosy, minor surgery, ophthalmology, psychiatry, and others.
Naturopathic Therapeutics	Clinical nutrition, botanical medicine, homeopathy, naturopathic manipulative therapy, hydrotherapy, lifestyle counseling, naturopathic philosophy, naturopathic case management, advanced naturopathic therapies, acupuncture and traditional Chinese medicine, & Ayurvedic medicine.
	Source: Jensen, CB Common Paths in Medical Education: The training of allopaths, osteopaths, and naturopaths. *Alternative Complementary Therapies* 1997; 3:376-280

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

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

Second year focuses on the study of disease and diagnosis while beginning course work in botanical medicine, therapeutic manipulation, clinical nutrition, and homeopathic medicine sequences. To enter

into the clinical training of the third year, students must pass all basic science courses and diagnostic courses, as well as a clinic entrance examination.

Third year continues focusing on the botanical medicine, manipulation, clinical nutrition, and homeopathic medicine sequences, begins the organ systems courses (which emphasize case management), and gives major emphasis to clinical training. Students must pass a clinical primary status exam to proceed in the clinic.

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

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

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

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

School	**Year Established**	**2012 ND Program Enrollment**
National College of Naturopathic Medicine Portland, Oregon	1956	447
Bastyr University Seattle, Washington	1977	260
Canadian Naturopathic Medical College Toronto, Ontario, Canada	1978	65
Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	1993	343
University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut	1996	135
Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada	2001	16
National University of Health Sciences Lombard, IL	2008	87
Bastyr University San Diego, CA Campus	2012	40

NATUROPATHIC PHYSICIANS LICENSING EXAMINATION

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

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

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

The NPLEX Part II - Clinical Elective Examinations in Minor Surgery and Acupuncture may also be required for eligibility to become licensed to practice as a naturopathic physician in some jurisdictions. California does not require the passage of these elective examinations because the naturopathic scope of practice does not allow for minor surgery and the practice of acupuncture requires a separate license under the Acupuncture Board. Most other states include acupuncture under the ND scope of practice with passage of this elective exam.

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

NATUROPATHIC DOCTOR'S SCOPE OF PRACTICE IN CALIFORNIA

The Act authorizes a naturopathic doctor to:

- Order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests [Section 3640(a)].
- Order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the Bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results [Section 3640(b)].
- Dispense, administer, order, and prescribe or perform the following [Section 3640(c)]:
    a) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, consistent with the routes of administration as specified.
    b) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.
    c) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.
    d) Health education and health counseling.
    e) Repair and care incidental to superficial lacerations and abrasions, except suturing.
    f) Removal of foreign bodies located in the superficial tissues.
- Utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular. [Section 3640(d)] [The California Code of Regulations [Section 4323(d)] further specifies that an ND may only utilize the ocular and intravenous routes of administration if he or she is clinically competent in those areas.]
- Train and supervise naturopathic assistants per B & P Section 3640.2 to perform the following:
    1. Administer medication by intradermal, subcutaneous, or intramuscular injections
    2. Perform skin tests
    3. Perform venipuncture or skin puncture in order to draw blood
    4. Administer medications orally, sublingually, topically, vaginally, rectally, or by inhalation, as well as give medication to patients
    5. Apply & remove bandages
    6. Collect specimens for testing
    7. Collect and record patient data including blood pressure and pulse
    8. Perform simple lab and screening tests customarily performed in a medical office
- Independently prescribe epinephrine to treat anaphylaxis, and natural and synthetic hormones (Section 3640.7).
- Furnish or order drugs, including Schedule III-V Controlled Substances under supervision of a medical doctor, with requirements for standardized procedures and protocols identical to those for nurse practitioners (Section 3640.5).

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

- Prescribe, dispense, or administer a Controlled Substance, except under supervision as authorized.
- Administer therapeutic ionizing radiation or radioactive substances.

- Practice or claim to practice any other system or method of treatment for which licensure is required, unless otherwise licensed to do so.
- Administer general or spinal anesthesia.
- Perform an abortion.
- Perform any surgical procedure.
- Perform acupuncture or traditional Chinese and Asian medicine, including Chinese herbal medicine, unless otherwise licensed in California to perform acupuncture (eg, LAc, MD, DO).

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

ISSUES RELATING TO THE PRACTICE OF NATUROPATHIC MEDICINE IN CALIFORNIA

Although naturopathic medicine is defined as primary health care [B & P 3613(c)], California law restricts naturopathic doctors from practicing medicine to the full extent of their education and training. Compared to the other states that license naturopathic medicine, California has one of the most restrictive scopes of practice.

- The laws that are generally considered the "scope of practice" under the Naturopathic Doctors Act are unclear and confusing to consumers, naturopathic doctors, the Committee, and other health care professionals (Article 4, B & P Sections 3640, 3640.5, 3640.7). The naturopathic doctor's scope of practice exists as multiple sections within the Naturopathic Doctors Act, but has not been re-written for easy reference for licensees because portions of the law are contradictory or confusing. For more than two years, the Committee has been unable to establish disciplinary guidelines because of the poorly defined scope of practice. Disciplinary guidelines are essential to the Committee's primary function of protecting the public as it relates to complaints regarding the practice of medicine. Lack of disciplinary guidelines means the Committee cannot fully meet its mandate to comply with the enforcement standards required of all healing arts boards and bureaus under the Department of Consumer Affairs.

- Consumers and health insurance companies cannot decipher which therapies may be performed by NDs, many pharmacists cannot interpret the naturopathic laws with regards to prescribing, and other health care providers are often confused about the legitimacy of treatments available from a licensed naturopathic doctor. In addition, California licensed NDs take continuing education classes to learn new therapies, often alongside MDs, DOs, and chiropractors; however, naturopathic doctors struggle with whether or not they can utilize their training in their practice of medicine because their scope, as written, is high level and compartmentalized. The MDs and DOs know automatically they can incorporate whatever they learn into their practice; NDs, however, cannot make that assumption, even though they are equally trained. As a result, NDs either call the Committee to discuss the newly –learned therapy and/or must consult a lawyer to determine if they are practicing within their scope. If the law simply allowed NDs to practice to the full extent of their education and training, consumers, insurance companies, and other health care providers would be assured that NDs are performing therapies for which they are trained.

- Most of the healing arts boards in California have no working knowledge of the scope of practice of naturopathic doctors. As a result, several MDs and consumers filed complaints with the Medical Board of California against naturopathic doctors for erroneous reasons. In 2010, the Medical Board initiated an investigation which resulted in the arrest of an ND for practicing medicine without a license; those charges were later dropped when it was discovered that NDs are fully licensed to practice medicine in California. Even though NDs have been practicing medicine in California since 2005, the Medical Board investigators and the district attorney's office both were ill informed enough to not only conduct an lengthy undercover investigation but to also arrest a licensed doctor for practicing medicine.

- The scope of practice for naturopathic doctors has changed little since original bill language was chaptered, except for the addition of NDs under Health and Safety Codes as clinical laboratory directors (CLIA Waive Testing), the ability to train and employ naturopathic assistants [SB-1246, (Statutes 2010)], and attempts to clarify administration of natural substances separate from legend and scheduled drugs [SB-1446, Negrete-McLeod (Statutes 2012)]**.** The intent of the original licensing bill, SB907, was to allow naturopathic doctors to independently administer nutritional therapies by intramuscular (IM) and intravenous (IV)

routes per section 3640 (d): “A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular”. Unknown at the time that naturopathic laws were written, a Federal law states that all injectable solutions must be labeled as “prescription only" even if the substances are non-prescription items (like vitamins) when given orally; in other words, the substances become prescriptions due to their route of administration. Therefore, there was ambiguity in SB907 as to whether or not NDs could independently prescribe & administer natural substances via IM & IV. This contradiction in law confused doctors, pharmacists, consumers, and the Bureau/Committee.

- As a first attempt to resolve the issue of intravenous and intramuscular administration of natural substances, AB302 (2005) added clarifying language with the intent to allow NDs to independently prescribe and furnish natural substances without supervision. Unfortunately, the language change did not resolve the issue. In 2010, the Naturopathic Medicine Committee asked the Business, Professions, and Economic Development Committee (BPECD) for guidance on the issue; the BPECD sought the opinion of the Legislative Counsel’s Office who determined that a statutory change would be required to clarify the issue. SB 1446 [Negrete-McLeod (Statutes 2012)], clarified the original intent of the Naturopathic Doctor’s Act by specifying that naturopathic doctors may independently prescribe and administer natural substances (such as vitamins, minerals and amino acids) that would not require a prescription except that they become a 'drug' based solely on the route of administration (IM or IV); i.e., only when such substances are chemically identical to those for sale without a prescription.

- Most health insurance providers do not cover or reimburse naturopathic care, so a California consumer who chooses an ND as their primary care provider must pay out-of-pocket to see the ND. This severely limits the number of consumers who can afford naturopathic care and restricts the population of patients that NDs may treat. Current US health care policy, as addressed in The Affordable Care Act, addresses this issue of insurance equality by including licensed or certified NDs. These provisions take effect in 2014 but the qualifying regulations have yet to be written. When these regulations are created, California law will need to be made consistent with this mandate.

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

- The inability of NDs to use the title of “physician” also prohibits NDs from employing, writing orders, and supervising nurses and other allied health care professionals. Naturopathic

doctors in California can, according to the California Code of Corporations, own a corporation and employ a host of medical professionals, including MDs, DOs, nurses, and physical therapists. However, even though naturopathic doctors are primary care providers and the law says they can employ other professionals, they are not "physicians" so they cannot write orders or give direction to MDs, DOs, registered nurses, nurse practitioners, and licensed vocational nurses they may employ. Multiple, individual practice acts and laws within those practice acts would need statutory changes in order for "doctors", instead of "physicians", to direct other professionals. Changing each of these laws presents a prohibitive burden on the legislature; rather, the use of the title "physician" by naturopathic doctors would be much more efficient.

- Until 2011, NDs could not use the services of a medical assistant, requiring the ND to perform all the routine duties required for a visit to a medical office such as weighing the patient, taking blood pressure, etc.. With the passage of SB 1246 Negrete-McLeod (Statutes of 2010), NDs could finally employ and give orders to naturopathic assistants. Still, even though an ND can own a corporate practice and employ MDs and RNs, the ND cannot direct any other professional in their employ except a naturopathic assistant. This is an especially difficult situation when MDs & NDs are in an integrative practice – the MD can give orders to a nurse to start an IV, but the ND must actually start and finish the IV themself. This makes the office visit much more costly to the consumer and keeps the ND from seeing additional patients.

- Naturopathic doctors cannot practice in California to the full extent of their medical school training and education. As a result, naturopathic physicians who move to California to practice are often required to "dumb down" their practices in order to comply with California law. Many find the laws regarding the furnishing of drugs restrictive and feel unable to adequately provide primary care; many eventually move out of California in order to resume a full primary care practice in other states. When an ND leaves California, they take with them (1) a primary care doctor (of which California is in desperate need), (2) a small business that employed one or more persons, and (3) a health care provider who referred patients to California labs, diagnostic imaging centers, and pharmacies. Although California needs more primary care doctors and more small businesses, these physicians can more easily thrive in other states and often leave the state after a year or more of licensure in California.

- Naturopathic doctors who set up practice in California frequently spend their time educating hospitals, imaging centers, laboratories, and pharmacists about the naturopathic scope of practice; the Committee, as well, spends ample time educating these health care affiliates by phone or e-mail so that NDs are not restricted from writing prescriptions for labs, x-rays, scans, and hormones.

FURNISHING AND ORDERING DRUGS

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

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

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

School	**Pharmacology Hours Required for Graduation**
National College of Naturopathic Medicine Portland, Oregon	72
Bastyr University Seattle, Washington	55
Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	110
University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut	44
Canadian Naturopathic Medical College Toronto, Ontario, Canada	110
Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada	42
National University of Health Sciences Lombard, Illinois	90
Bastyr University San Diego, California	55

All licensing states are required by law to establish a formulary then review and modify that formulary at regular intervals. California Business and Professions Code Section 3627 states:

> "(a) The committee shall establish a naturopathic formulary advisory subcommittee to determine a naturopathic formulary based upon a review of naturopathic medical education and training.
> (b) The naturopathic formulary advisory subcommittee shall be composed of an equal number of representatives from the clinical and academic settings of physicians and surgeons, pharmacists, and naturopathic doctors.
> (c) The naturopathic formulary advisory subcommittee shall review

naturopathic education, training, and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of a naturopathic doctor and the required supervision and protocols for those functions."

The review takes into account new drugs available since the establishment of the last formulary, as well as drugs that are no longer available for prescription. Licensed naturopathic doctors are adequately trained in medical school in pharmacology to prescribe a wide range of drugs in other licensing states; in addition, most naturopathic medical schools continue to increase the number of pharmacology hours required to graduate as a naturopathic physician.

Naturopathic doctors in California can independently prescribe all natural and synthetic hormones, epinephrine, and vitamins, minerals, and amino acids independent of MD/DO supervision. In order to prescribe hormones that are scheduled drugs (testosterone or human growth hormone), or prescribe other scheduled drugs under MD/DO supervision, NDs must obtain registration from the United States Drug Enforcement Agency. California NDs are also required to complete a minimum 20 hours of pharmacotherapeutic training every two years after licensing as part of their 60 hour continuing education requirement.

With the signing of SB 1446 [Negrete-McLeod (Statutes of 2012)], the ND scope of practice was clarified, allowing NDs to independently prescribe and administer vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents utilizing all routes of administration already prescribed in the Naturopathic Doctors Act, including oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular, only when such substances are chemically identical to those for sale without a prescription.

The attached "Naturopathic Physicians Scope of Practice – State by State Comparison" document was compiled by the American Association of Naturopathic Physicians (AANP). This document gives a brief comparison of the scopes of practice of each of the licensing states and District of Columbia. See Attachment 1.

ISSUES RELATING TO THE ORDERING AND FURNISHING OF PHARMACEUTICALS

- A naturopathic doctor is required to have a supervising physician (MD or DO) in order to prescribe or furnish pharmaceutical drugs except for natural and synthetic hormones, epinephrine, and natural substances. This means that naturopathic doctors cannot fully function as primary care physicians as trained in medical school. For example, if it is determined by an ND that a patient needs antibiotics, the patient must make another appointment with a MD, DO, or physician assistant in order to secure that prescription medication. Persons who do not have health insurance and have a naturopathic doctor as a primary care provider must then pay out-of-pocket for that second office visit with an MD/DO. Even though naturopathic medicine is defined as a primary care practice [B & P Section 3613.(c)], California consumers cannot take full advantage of their primary care doctor's training.

- The Formulary Committee recommendations in the Report to the Legislature have not been adopted by the Bureau or the Committee. Adopting a formulary would mean that NDs could fully function as primary care doctors. The Committee has formed a sub-committee to update the formulary recommendations in the 2007 "Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor" Report to the Legislature. It is unclear at this time when those findings will be completed and how they will be adopted.

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

FORMULARY COMMITTEE

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

Prior to the establishment of the Committee, the Bureau was required to make recommendations to the Legislature not later than January 1, 2007 regarding the prescribing and furnishing authority of naturopathic doctors and any supervision and protocols, including those for the utilization of intravenous and ocular routes of prescription drug administration. The formulary committee held fifteen meetings in a fifteen-month period. In 2006, the Bureau chief approved the report entitled "Prescribing and Furnishing Authority of a Naturopathic Doctor" that was complied by Bureau staff from the findings and recommendations of the formulary committee; it was presented to the Legislature in January 2007 along with two other mandated reports.

The formulary committee did not continue to meet after the initial Report to the Legislature was completed. However, the law requiring a formulary committee is still in statute and the Committee has appointed a subcommittee to update the findings of the formulary report.

In an effort by the Governor to reduce unnecessary reports in state government, 3627 (d) will be deleted with the signing of SB 71 [Leno, (Statues 2012)]. (didn't this one get saved???)

CHILDBIRTH COMMITTEE

Business and Professions Code Section 3628 requires the "Committee to establish a naturopathic childbirth attendance advisory subcommittee to issue recommendations concerning the practice of naturopathic childbirth attendance based upon a review of naturopathic medical education and training." The naturopathic childbirth attendance advisory subcommittee must be composed of an equal number of representatives from the clinical and academic settings of physicians and surgeons, midwives, and naturopathic doctors.

The childbirth committee met five times in 2006 and bureau staff constructed a report utilizing the findings and recommendations of the committee. As with the formulary report, the Bureau chief approved and submitted to the Legislature a report entitled "The Practice of Naturopathic Childbirth" in late 2006. Like the formulary committee, the childbirth committee did not meet after the reports were approved and submitted, and the Committee may appoint another subcommittee to update the findings of the report.

In an effort by the Governor to reduce unnecessary reports and committees in state government, this section will be deleted with the signing of SB 71 [Leno, (Statues 2012)].

MINOR OFFICE PROCEDURES SUB-COMMITTEE

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

The subcommittee originally consisted of one ND and one MD, so there was no statutory requirement to hold public meetings. The sub-committee did not meet after the reports were approved and submitted. The Committee will likely appoint another subcommittee to update the findings of the report.
In an effort by the Governor to reduce unnecessary reports and committees in state government, this section will be deleted with the signing of SB 71 [Leno, (Statues 2012)].

Table 1a. Attendance			
David Field, ND, LAc			
Date Appointed:	2004 & February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	Yes
Meeting 8	1/21/2007	San Francisco	Yes
Meeting 9	9/16/2007	Burbank	Yes
Meeting 10	3/9/2008	Sacramento	Yes
Meeting 11	11/16/2008	Los Angeles	Yes
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	Yes
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	Yes
Meeting 17	9/26/2011	Sacramento	Yes
Meeting 18	4/23/2012	Sacramento	Yes
Meeting 19	9/17/2012	Sacramento	Yes

Table 1a. Attendance			
Soram Khalsa, MD			
Date Appointed:	2004 & February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	Yes
Meeting 8	1/21/2007	San Francisco	Yes
Meeting 9	9/16/2007	Burbank	Yes
Meeting 10	3/9/2008	Sacramento	Yes
Meeting 11	11/16/2008	Los Angeles	Yes
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes

Table 1a. Attendance			
Cynthia Watson, MD			
Date Appointed:	2004 & February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	Yes
Meeting 8	1/21/2007	San Francisco	Yes
Meeting 9	9/16/2007	Burbank	Yes
Meeting 10	3/9/2008	Sacramento	Yes
Meeting 11	11/16/2008	Los Angeles	No
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes

Table 1a. Attendance			
Trevor Cates, ND			
Date Appointed:	2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	Yes
Meeting 8	1/21/2007	San Francisco	Yes
Meeting 9	9/16/2007	Burbank	Yes
Meeting 10	3/9/2008	Sacramento	Yes
Meeting 11	11/16/2008	Los Angeles	Yes

Table 1a. Attendance			
Carl Hangee-Bauer, ND, LAc			
Date Appointed:	2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	Yes
Meeting 8	1/21/2007	San Francisco	Yes
Meeting 9	9/16/2007	Burbank	Yes
Meeting 10	3/9/2008	Sacramento	Yes

Table 1a. Attendance			
Mary Hardy, MD			
Date Appointed:	2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	No
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	No
Meeting 7	9/17/2006	Burbank	No
Meeting 8	1/21/2007	San Francisco	No
Meeting 9	9/16/2007	Burbank	Yes
Meeting 10	3/9/2008	Sacramento	Yes
Meeting 11	11/16/2008	Los Angeles	No

Table 1a. Attendance			
Alexandra Cock, JD			
Date Appointed:	2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	No
Meeting 4	9/19/2005	Los Angeles	No
Meeting 5	1/29/2006	Sacramento	Yes
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	No
Meeting 8	1/21/2007	San Francisco	Yes

Table 1a. Attendance			
Daisy Ma			
Date Appointed:	2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 2	3/14/2005	San Francisco	Yes
Meeting 3	6/6/2005	Sacramento	Yes
Meeting 4	9/19/2005	Los Angeles	Yes
Meeting 5	1/29/2006	Sacramento	No
Meeting 6	5/21/2006	Sacramento	Yes
Meeting 7	9/17/2006	Burbank	Yes

Table 1a. Attendance			
Elissa Harris-Beck			
Date Appointed:	2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 1	12/13/2004	Los Angeles	Yes

Table 1a. Attendance			
Caleb Zia, Ed D			
Date Appointed:	2008 & February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 11	11/16/2008	Los Angeles	No
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	No
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	No
Meeting 17	9/26/2011	Sacramento	No
Meeting 18	4/23/2012	Sacramento	No
Meeting 19	9/17/2012	Sacramento	No

Table 1a. Attendance			
Michael Hirt, MD			
Date Appointed:	February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	Yes
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	No
Meeting 17	9/26/2011	Sacramento	Yes
Meeting 18	4/23/2012	Sacramento	No
Meeting 19	9/17/2012	Sacramento	No

Table 1a. Attendance			
Susan Brooks			
Date Appointed:	February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	Yes

Table 1a. Attendance			
Tara Levy, ND			
Date Appointed:	February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	Yes
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	Yes
Meeting 17	9/26/2011	Sacramento	Yes
Meeting 18	4/23/2012	Sacramento	Yes
Meeting 19	9/17/2012	Sacramento	Yes

Table 1a. Attendance			
Kitak Leung, CPA			
Date Appointed:	February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	Yes
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	Yes
Meeting 17	9/26/2011	Sacramento	Yes
Meeting 18	4/23/2012	Sacramento	Yes
Meeting 19	9/17/2012	Sacramento	No

Table 1a. Attendance			
Beverly Yates, ND			
Date Appointed:	February 11, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 12	4/11/2010	Beverly Hills	Yes
Meeting 13	5/7/2010	Sacramento	Yes
Meeting 14	11/5/2010	Sacramento	Yes
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	No
Meeting 17	9/26/2011	Sacramento	Yes
Meeting 18	4/23/2012	Sacramento	Yes
Meeting 19	9/17/2012	Sacramento	No

Table 1a. Attendance			
Koren Barrett, ND			
Date Appointed:	December 22, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	Yes
Meeting 17	9/26/2011	Sacramento	Yes
Meeting 18	4/23/2012	Sacramento	Yes
Meeting 19	9/17/2012	Sacramento	Yes

Table 1a. Attendance			
Gregory Weisswasser, ND			
Date Appointed:	December 22, 2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Meeting 15	1/24/2011	Sacramento	Yes
Meeting 16	2/14/2011	Sacramento	Yes
Meeting 17	9/26/2011	Sacramento	No
Meeting 18	4/23/2012	Sacramento	Yes
Meeting 19	9/17/2012	Sacramento	Yes

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Dr. David Field, ND, LAc	2-11-2010	N/A	1-1-2014	Governor	Naturopathic Doctor
Dr. Tara Levy, ND	2-11-2010	N/A	1-1-2014	Governor	Naturopathic Doctor
Dr. Beverly Yates	2-11-2010	N/A	1-1-2014	Governor	Naturopathic Doctor
Dr. Koren Barrett, ND	12-22-2010	N/A	1-1-2015	Governor	Naturopathic Doctor
Dr. Gregory Weisswasser, ND	12-22-2010	N/A	1-1-2015	Governor	Naturopathic Doctor
Dr. Michael Hirt, MD	2-11-2010	N/A	1-1-2014	Governor	Physician/Surgeon
Dr. Caleb Zia, EdD	2-11-2010	N/A	1-1-2014	Governor	Public
Kitak Leung, CPA	2-11-2010	N/A	1-1-2014	Governor	Public
Vacant					Physician/Surgeon

Table 1b.1 Advisory Council Meeting – Los Angeles – November 16, 2008	
Advisory Council Member	Attendance
Dr. David Field, ND, LAc	Yes
Dr. Trevor Cates, ND	Yes
Dr. Soram Khalsa, MD	Yes
Dr. Cynthia Watson, MD	Yes
Dr. Mary Hardy, MD	No
Dr. Caleb Zia, Ed D	No

Table 1b.2 Committee Meeting – Beverly Hills – April 11, 2010	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Susan Brooks, ND	Yes
Dr. Michael Hirt, MD	Yes
Dr. Soram Khalsa, MD	Yes
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Cynthia Watson, MD	Yes
Dr. Beverly Yates, ND	Yes
Dr. Caleb Zia, Ed D	Yes

Table 1b.3 Committee Meeting – Sacramento – May 7, 2010	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Susan Brooks, ND	Yes
Dr. Michael Hirt, MD	Yes
Dr. Soram Khalsa, MD	Yes
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Cynthia Watson, MD	Yes
Dr. Beverly Yates, ND	Yes
Dr. Caleb Zia, Ed D	Yes

Table 1b.4 Committee Meeting – Sacramento – November 10, 2010	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Susan Brooks, ND	Yes
Dr. Michael Hirt, MD	Yes
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Beverly Yates, ND	Yes
Dr. Caleb Zia, Ed D	No

Table 1b.5 Committee Meeting – Sacramento – January 24, 2011	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Dr. Koren Barrett, ND	Yes
Dr. Michael Hirt, MD	Yes
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Gregory Weisswasser, ND	Yes
Dr. Beverly Yates, ND	Yes
Dr. Caleb Zia, Ed D	Yes

Table 1b.6 Committee Meeting – Sacramento – February 14, 2011	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Dr. Koren Barrett, ND	Yes
Dr. Michael Hirt, MD	No
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Gregory Weisswasser, ND	Yes
Dr. Beverly Yates, ND	No
Dr. Caleb Zia, Ed D	No

Table 1b.7 Committee Meeting – Sacramento – September 26, 2011	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Dr. Koren Barrett, ND	Yes
Dr. Michael Hirt, MD	Yes
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Gregory Weisswasser, ND	Yes
Dr. Beverly Yates, ND	Yes
Dr. Caleb Zia, Ed D	No

Table 1b.8 Committee Meeting – Sacramento – April 23, 2012	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Dr. Koren Barrett, ND	Yes
Dr. Michael Hirt, MD	No
Kitak (KT) Leung, CPA	Yes
Dr. Tara Levy, ND	Yes
Dr. Gregory Weisswasser, ND	Yes
Dr. Beverly Yates, ND	Yes
Dr. Caleb Zia, Ed D	No

Table 1b.9 Committee Meeting – Sacramento – September 17, 2012	
Committee Member	Attendance
Dr. David Field, ND, LAc	Yes
Dr. Koren Barrett, ND	Yes
Dr. Michael Hirt, MD	No
Kitak (KT) Leung, CPA	No
Dr. Tara Levy, ND	Yes
Dr. Gregory Weisswasser, ND	Yes
Dr. Beverly Yates, ND	No
Dr. Caleb Zia, Ed D	No

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

   Neither the Bureau of Naturopathic Medicine nor the Naturopathic Medicine Committee has been unable to meet their statutory meeting requirements due to a lack of quorum.

3. Describe any major changes to the board since the last Sunset Review, including:

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

The Bureau of Naturopathic Medicine (Bureau) was originally housed with the Hearing Aid Dispensers Bureau and Telephone Medical Advice Bureau at the Department of Consumer Affairs (DCA) headquarters building on "P" Street in downtown Sacramento in 2004. In January 2006, the Bureaus moved with DCA to its new headquarters building at 1625 North Market Boulevard in the Natomas area of Sacramento. Dubbed the "Tri-Bureaus", the three bureaus were administered under one bureau chief. There were two permanent bureau chiefs and three acting bureau chiefs that administered the Bureau from 2004 through 2007. The Tri-Bureaus relocated again in late 2007 to another suite at the North Market Boulevard building and were placed under another permanent bureau chief who also administered the Professional Fiduciaries Bureau; the four bureaus came to be known as the "Quad-Bureaus". When that bureau chief left in early 2009, the Quad-Bureaus were placed under temporary supervision of two different acting bureau chiefs.

The Bureau of Naturopathic Medicine Advisory Council was established in 2004 with the appointment of a nine-person council. The council was made up of appointees from the Governor's Office, the Senate Pro Tem, and the Speaker of the Assembly. The advisory council was composed of three naturopathic doctors, three physicians and surgeons, and three public members. Dr. Carl Hangee-Bauer, ND, LAc was elected chair of the council and Alexandra Cock, JD was elected vice-chair. Upon her departure in 2006, Ms. Cock was replaced by Dr. Trevor Cates, ND as vice-chair. Dr. Hangee-Bauer left the advisory council in 2008 to assume the role as president of the American Association of Naturopathic Physicians, the national professional organization. Dr. Cates maintained leadership until the Bureau was replaced by the Naturopathic Medicine Committee in October 2009, although no meetings were held after the departure of the last permanent bureau chief in February 2009.

With the creation of the Naturopathic Medicine Committee in AB X420 in October 2009, Committee staff (the single analyst who worked for the Bureau) and all working files were moved to the Osteopathic Medical Board offices on National Drive in the Natomas area of Sacramento (personnel files and some historical files were boxed by unknown persons and are in an unknown location). The new law abolished the bureau and bureau chief, and established an executive officer (EO) for the Committee. The law also created the Committee and placed the Committee under the Osteopathic Medical Board (OMBC), but the statutory language was unclear and created confusion for the OMBC, the Committee, and the DCA Executive Office. During the brief period of time it took to create a legal opinion that would define the relationship between the OMBC and the Committee, the executive director of the OMBC assumed the role of administrator for the Committee. Once the legal opinion was rendered, the Committee was declared autonomous and the OMBC was absolved of any responsibility for the administration or actions of the Committee. The Committee had become DCA newest "baby board" with the responsibility of self-administration as codified in Senate Bill 1050 (Yee) Statutes of 2010.

AB X420 eliminated the advisory council and created the Committee. Initially, the statutory composition of the Committee was the same as the advisory council. SB 1050 [Negrete-McLeod (Statutes of 2010)] changed the composition of the Committee to five naturopathic doctors, two physicians and surgeons, and two public members effective January 1, 2011; the change in composition brought the Committee into alignment with other healing arts boards by giving of the

licensed professionals a majority of seats on the Committee. All appointments to the Committee are made by the Governor.

As a bureau, a strategic plan was developed in 2006 by the bureau chief with comments from the advisory council. It was patterned after the DCA strategic plan to bring the goals of the bureau into alignment with the Department's mission statement.

In 2010, the newly-formed Committee created its own strategic plan that would reflect its primary goal of protecting the public through licensing qualified doctors and enforcing the laws that define the practice of naturopathic medicine in California. With the assistance of DCA Training Unit staff, the Committee was able to establish clear goals for the Committee. They include:

Mission Statement:
To serve the public and licensed naturopathic doctors through the promotion and enforcement of laws and regulations which protect the health and safety of Californians, thus ensuring access to high quality naturopathic medical care.

Vision:
To create an inviting, thriving environment for naturopathic doctors and the public by educating and informing consumers, and supporting the safe and effective practice of naturopathic medicine.

Values:
To be Efficient, Accessible, Effective, and Informative.

To Operate with:
Professionalism and Integrity

Goal 1: Licensing
Ensure that all applicants and licensees are qualified to provide Naturopathic services

Goal 2: Enforcement
Reduce, eliminate, or prevent unlicensed activity and unprofessional conduct that pose a threat to public health, safety, and welfare.

Goal 3: Legislation
Ensure that statutes, regulations, policies, and procedures strengthen and support the Naturopathic Medicine Committee's operations.

Goal 4: Administration
Enhance organizational effectiveness, and improve the quality of customer service in all programs.

Goal 5: Outreach and Education
Educate consumers to make informed choices about Naturopathic services and ensure that licensed naturopathic doctors are properly educated.

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

Neither the Bureau of Naturopathic Medicine nor the Naturopathic Medicine Committee has sponsored legislation.

In 2005, AB 302 was created by the Committee on Business and Professions to clarify the naturopathic scope of practice by defining “prescription drug” as any drug required to bear the statement “RX only”. (The language did not have its intended effect and the issue of non-prescription items becoming dangerous drugs because of their route of administration continued to confuse the Bureau, Committee, licensees, other health care providers, and pharmacists.)

In 2009, budget bill AB X420 abolished the Bureau of Naturopathic Medicine and created the Naturopathic Medicine Committee under the Osteopathic Medical Board of California. The bill:

- Abolished the Advisory Council, created the Committee, and all Committee members are Governor Appointees.
- Created an executive officer to carry out the duties of the Committee.
- Required a minimum of two Committee meetings per year.

In 2010, the Osteopathic Physicians and Surgeons Association of California, with support from the California Naturopathic Doctors Association (CNDA), sponsored SB 1050 (Yee). This accomplished the following:

- Made the Naturopathic Medicine Committee (Committee) solely responsible for implementation of the Naturopathic Doctor’s Act. [Business & Professions Code (B & P) Section 3620]
- Changed the composition of the Committee to include 5 licensed naturopathic doctors (NDs), 2 licensed MDs, and 2 public members. (B & P Section 3621)
- Authorized the Committee to appoint an executive officer and other officers and employees as necessary. [B & P Section 3621 (e) and 3626]
- Removed the two ND positions from the Osteopathic Medical Board.

Also in 2010, the CNDA sponsored SB 1246 (Negrete McLeod) which:

- Added licensed naturopathic doctors (NDs) to the category of persons who may act as laboratory director and perform clinical laboratory tests or exams that are classified as waived (CLIA waived tests). (B & P Section 1206.5), and
- Authorized a naturopathic assistant (NA) to perform certain medical procedures and technical support services under the supervision of a licensed naturopathic doctor. (B & P Section 1209)

In 2011, the Committee consulted with the Senate Business, Professions, and Economic Development Committee consultants to determine how to proceed in order to clarify certain aspects of the existing scope of practice regarding non-prescription IV nutrients. The Legislative Counsel’s Office determined that a statutory change would be most appropriate to clarify the law. The Committee, with the assistance of the California Naturopathic Doctors Association (CNDA), secured an author for a bill SB 667(Runner) to remove that clarifying language added in AB 302; the bill turned into a two-year bill and, due to the ill health of the sponsor, the bill was dropped.

In 2012, the CNDA secured Senator Negrete-McLeod to become the new author of the Runner bill for (SB 1446) which defined non-prescription foods, vitamins, minerals, homeopathics, neutraceuticals, and supplements, their routes of administration, and training requirements. This bill was passed by the legislature and signed into law September 14, 2012.

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

In 2004, emergency regulations were created to implement the Naturopathic Doctors Act. The new regulations included the following categories:

a) General Provisions: § 4200 - § 4208
b) Applications: § 4210 - § 4218
c) Examinations: § 4220
d) Licenses: § 4222 - § 4228
e) Schools: § 4230
f) Practice of Naturopathic Medicine: § 4232 - § 4236
g) Fees: § 4240
h) Citations: § 4242 - § 4254
i) Enforcement: § 4256 - § 4260
j) Advertising: § 4262
k) Naturopathic Corporations: § 4264 - § 4268

In 2010, non-substantive changes were made to the existing regulations due to the implementation of AB X420 which abolished the Bureau of Naturopathic Medicine and created the Naturopathic Medicine Committee. The regulations deleted all references to the Bureau of Naturopathic Medicine, Bureau, Bureau chief, and chief, and replaced them with Naturopathic Medicine Committee, Committee, or Executive Officer.

In 2010, 2011, and 2012 the Committee approved regulatory language pertaining to the following:

a) §4214, §4232 Faculty Certification of Registration to practice naturopathic medicine incidental to instruction at a naturopathic medical school.
b) §4261 Adoption of Disciplinary Guidelines
c) §4222, §4229 Continuing Education
d) §4207, §4213, §4216, §4260, §4261 Consumer Protection Enforcement Initiative (SB 1111)
e) § 4276 thru §4279 Sponsored Free Health Care Events (AB 2699)
f) §4240 Purchase of Naturopathic Brochures
g) §4234 Administration of Intravenous Solutions

The above regulatory language will be processed in late 2012/early 2013, after the completion of Breeze conversion and completion of this report.

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

Neither the Bureau of Naturopathic Medicine nor the Naturopathic Medicine Committee conducted studies from 2005 to the present. The Bureau of Naturopathic Medicine produced three Reports to the Legislature: “Findings and Recommendations Regarding the Practice of Naturopathic Childbirth Attendance”, “Findings and Recommendations Regarding Minor Office Procedures”, and “Findings and Recommendations Regarding Prescribing and Furnishing Authority of a Naturopathic Doctor”.

These reports were presented to the Legislature in January 2007. The reports may be viewed in their entirety on our web site at http://www.naturopathic.ca.gov/formspubs/index.shtml. The findings for each of the reports can be found in Attachments 2, 3, &4 of this report.

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

Neither the Bureau of Naturopathic Medicine nor the Naturopathic Medicine Committee belong to any national associations. There is a move by several other licensing states to create a national federation of naturopathic licensing boards – the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA). Once this association is established, any participation in meetings by the Committee will probably be via teleconference or video conference.

- Does the board’s membership include voting privileges? NA
- List committees, workshops, working groups, task forces, etc., on which board participates. NA
- How many meetings did board representative(s) attend? When and where? NA
- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

The national examination body does not enlist administrative bodies for purposes of examination development. Exam items are written and referenced by NDs and other qualified professionals in the U.S. and Canada. Various committees within the examination organization review the assembled examinations and finalize the content.

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

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

Neither the Bureau nor the Committee has customer satisfaction data to report. From 2005 to 2010, the Bureau had numerous, short-lived bureau chiefs with no enforcement expertise so there was scant attention paid to departmental-wide enforcement processes. The Committee was first made aware of the existence of a survey in mid-2011; a link to the survey was then placed on the Committee's web site. There have been no responses to survey requests or at this time.

Fiscal Issues

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

At the end of fiscal year (FY) 2011/12, the Committee had 24.6 months in reserve, or $351,000.

The Bureau/Committee has seen steady growth in the number of licensees from zero (0) in FY 2004/05 to 536 at the end of FY 2011/12. Likewise, renewal applications increased from zero (0) in FY 2004/05 to 156 in FY 2011/12. The steady increase in the number of licensees each year, coupled with zero (0) increase in the number of Committee staff and zero ($0) dollars spent on enforcement created the current surplus.

The Committee was budgeted in FY 2011/12 at $143,563.00, which produced a surplus of $34,461. The Committee would like to see an increase in their budget in the areas of personnel and enforcement. The Committee is budgeted a total of $5000.00 for Attorney General costs, and $0.00 (zero) for Division of Investigation and all other enforcement related activities such as Office of Administrative Hearings. The Committee utilized the services of the Division of Investigations (DOI) at the Department of Consumer Affairs in FY 2010/11 and FY 2011/12; charges for those two investigations will exceed the $0 amount budgeted for investigations in FY 2012/2013 and FY 2013/14 as well as the $5,000 budgeted for Attorney General Costs each year.

The Committee is budgeted for one (1) position (an "exempt" position of executive officer) and has no other staff. This has severely limited the activities of the Committee, most notably in the areas of enforcement and regulations. In order to complete this initial sunset report and fully participate in conversion to the DCA Breeze Licensing and Enforcement System (same as above) licensing and enforcement system, the lag time has increased for completing enforcement activities. Regulation packages also could not be developed until the report and conversion were completed.

The Committee would like to be more timely and proactive in its enforcement activities by reducing enforcement timeframes, making site visits to unlicensed persons who claim to consumers to be licensed by the Committee, and collecting fines. The Committee would also like to regularly promulgate needed or required regulations to keep the Committee's program in alignment with constantly changing statutes. Without a budgeted position for an additional staff person, the timeframes for initial applications, renewal applications, enforcement activities, and regulation promulgation will grow longer.

These budgetary shortfalls prevent the Committee from meeting its commitment to ensure the safety of California's citizens.

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

The Committee is not projecting a deficit in the foreseeable future. However, due to the extremely limited enforcement budget of $5000 for Attorney General Costs only, the Committee will spend in excess of the $0 budgeted for investigations by the Division of Investigation (DOI) in 2012-2013 and 2013-2014, as DOI has a two-year billing cycle. The Committee does not anticipate either an increase or decrease in the fees it charges, even though the surplus has grown each of the last six years. As the licensee population continues to grow, the increase in licensees creates an increase in annual revenues; the continuous increase in licensees also creates an increased workload of applications, renewals, and enforcement activities. The annual growth in all workloads eventually demands an increase in staffing. It is anticipated that the number of licensees will continue to grow due to the opening of the first naturopathic medical school in California in September 2012. Since the Committee was unable to secure an additional personnel position for either FY 2011/12, FY 2012/13, or FY 2013/14, the surplus will continue to rise until another position is authorized and filled.

Additionally, investigation charges are billed by DOI two years out; those charges will be at least $9,000 for FY 2012/13 and could easily exceed $15,000 for FY 2013/14. As the number of licensees increases, so will enforcement costs.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14
Beginning Balance	78	100	188	280	351	419
Revenues and Transfers	147	116	204	212	239	211
Total Revenue	$225	$216	$392	$492	$590	$630
Expenditures	125	128	112	141	171	174
Loans to General Fund	0	0	0	0	0	0
Accrued Interest, Loans to General Fund	0	0	0	0	0	0
Loans Repaid From General Fund	0	0	0	0	0	0
Fund Balance	$100	$88	$280	$351	$419	$456
Months in Reserve	9.4	8.1	23.8	24.6	28.8	30.7

10. Describe history of general fund loans. When were the loans made? When were payments made? What is the remaining balance?

There have been no general fund loans made to either the Bureau of Naturopathic Medicine or the Naturopathic Medicine Committee.

The Naturopathic Doctors Act was enacted without an appropriation. In order to hire staff and pay for office space, the Department of Consumer Affairs brokered a loan from the Bureau of Automotive Repair to fund the start-up of the Bureau. The original loan was in the amount of $92,000.00, secured in FY 2004/2005, and paid in full in FY 2005/2006 from application fees as well as initial license fees.

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

FY 2008/09 and FY 2009/2010:
As the Bureau of Naturopathic Medicine, there were no funds budgeted for executive staff, advisory council, and administrative support. The Bureau was administered by multiple shared bureau chiefs to whom the Bureau contributed no funds. There is no data available to break down expenditures between licensing and enforcement duties as all licensing and enforcement functions were performed by one (1) employee, listed under the "Licensing" section.

FY 2010/11:
The Committee had one (1) employee who spent approx. the first seven months of the year as the licensing and enforcement staff and last five months of the year as the licensing and enforcement and administrative staff/executive officer. All licensing and enforcement activities for the first seven months are listed under the "Licensing" section. All licensing, enforcement, and administrative functions from the last five months are listed under "Administration". Percentage is split according to personnel classification, not percentage of time spent working on specified duties.

FY 2011/2012:
The Committee had one (1) employee who spent the year as the licensing and enforcement, administrative staff/executive officer. 100% of year is listed according to personnel classification under "Administration", not percentage of time spent working on specified duties.

Table 3. Expenditures by Program Component

	FY 2008/09		FY 2009/10		FY 2010/11		FY 2011/12	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	0	0	0	0	0	0	0	0
Examination	0	0	0	0	0	0	0	0
Licensing	.75%	.04%	.65%	.10%	%0	0	0	0
Administration *					28 %	.07%	79%	.06%
DCA Pro Rata		.21%		.25%		21%		15%
Diversion (if applicable)	0	0	0	0	0	0	0	0
TOTALS	$ 84765	$28643	$74118	$39318	$82118	$32448`	$85933	$23165

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

All statistics for 2009/10, 2010/11, and 2011/12 are skewed: The Committee and the Osteopathic Medical Board were unaware that the Budget Office needed a "Memorandum of Understanding" in order for the Committee to reimburse the Board for renting a cubical. When the technical adjustments are made, the OE & E percentages will increase, driving down the percentages for Personnel Services and Pro Rata.

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

The Committee issues a two-year license in the amount of $800.00 that is prorated for the first licensing period to expire at the end of the licensee's birth month, 13 to 24 months after the license issue date.

There have been no changes to any of the fees originally established by emergency regulations in 2004 under the Bureau of Naturopathic Medicine.

Table 4. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	FY 2008/09 Revenue	FY 2009/10 Revenue	FY 2010/11 Revenue	FY 2011/12 Revenue	% of Total Revenue
Application	400		18,800	18,800	24,000	26,000	12.0
Initial License	433-800		33,836	33,293	41,559	38262	20.1
Renewal	800		127,350	105,600	134,550	123,100	67.2
Late Charge	150		1050	750	1,800	900	0.6
Duplicate License	25		175	100	175	275	0.1

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years. (can you elaborate on each of these?? Like you did at the meeting – why they denied, etc)

2010/11 – There was no BCP developed for this budget year.

2011/12 – BCP submitted requesting 1 Executive Officer position (EO), committee member travel, and committee member per diem reimbursement and per diem. Denied at Agency

2012/13 – BCP submitted requesting 1 SSA/AGPA. Denied at DOF
Technical adjustments approved for internal distributed shared costs.

2013/14 - BCP submitted requesting 1 SSA/AGPA Denied at Agency at the time this report was written

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-16	2011-12	Request Ex Officer position, Committee member travel & per diem newly required by AB X420	EO	None	107,000	0	20,000	7,000
1110-12	2012-13	Request Staff Position	SSA/AGPA	None	78,000	0	7,000	0
None	2013-14	Request Staff Position	SSA/AGPA	None	78,000	0	7,000	0

Staffing Issues

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

The average annual workload increase from 2004/05 through 2011/12 for licensing activities was 18% per year; enforcement activities have risen 6% per year for the same time period. The renewal workload was added in 2007 and has risen an average of 14% per year through 2012. The Executive Officer (administrative) workload was added in late 2009.

All functions of the Bureau were performed by 1.5 PYs from July 2003 through December 2005 under the oversight of a Bureau Chief shared with two other licensing programs. Beginning January 2006, the 1.5 PYs were reduced to 1 PY with intermittent assistance from shared office staff, all with administrative oversight by a shared Bureau Chief. Since mid-2006, the licensee population has grown steadily resulting in an ever-expanding workload; even though overtime was eliminated for the single position, all required functions of the Bureau/Committee have been performed by the lone AGPA. Multiple shared bureau chiefs performed all administrative functions for the Bureau and the AGPA performed all the daily licensing and enforcement duties, facilitated public meetings, and performed legislative analysis functions.

In budget bill AB X420 (2009), the Bureau and Bureau Chief were replaced by a Committee and Executive Officer. The Committee delegated authority to an Executive Officer (EO) to carry out all administrative functions, act on challenging licensing issues and enforcement cases, prepare budget analysis, interact with DCA executive office, meet departmental and statewide reporting requirements, and make recommendations to the Committee. In order to appoint the required EO, the AGPA position was converted to the EO position. This resulted in one person, the EO, performing all the executive and administrative functions normally performed for and by a board, plus the steadily growing licensing and enforcement functions of the full-time AGPA. A new naturopathic medical school was established in California which requires implementation of a statutory requirement for an instructor certification process; this is a new, workload that will require applications, issuance of certificates, and renewal processing. Certification was scheduled to begin in September 2012.

The consequences of the Committee having only one postion are as follows:

- The EO can no longer perform all the required licensing, enforcement, and administrative functions in a timely manner. As a result, there is a lag time in processing license applications and renewals, and there are enforcement cases more than 30 days old that have not been worked.
- The Committee has approved regulations to comply with the requirements of legislation pertaining to enforcement, free health care clinics, and continuing education; however, the Committee lacks the staff to complete the regulation process.
- There can be no transfer of knowledge about the program because there is no staff to train. If the EO was to suddenly leave due to illness, death, or to take a position with another state agency, there would be no one remaining to train the new EO in any process or function.

As the licensing population continues to grow, licensing timelines and unworked enforcement cases will continue to increase until the Committee can hire additional staff.

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

The Bureau's analyst and, eventually, first EO had sufficient training in analysis, report writing, and project management prior to hiring. Therefore, the only classes taken by the former EO were investigator training (CLEAR) at a cost of $375.00 and the DCA Enforcement Academy which was no cost to the Committee. Any new EO will need the same training classes to perform effectively in the area of enforcement.

Section 4 – Licensing Program

16. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The current Committees strategic plan Licensing Goal (1) is to "Ensure that all applicants and licensees are qualified to provide Naturopathic services." The strategic plan goes on to list the following goals**:**

- **Ensure applicant integrity by validating all information supplied by applicant, through appropriate sources**. All documentation must be received from the originator, including transcripts of education and board examinations. Meeting Expectations.
- **Encourage increased numbers of applicants for licensing**. The Committee and EO would like to travel out of state to visit approved naturopathic medical schools to encourage new graduates to license in California. Not Meeting Expectations. Unfortunately, the state does not approve this out of state travel for these purposes.
- **Implement processes and procedures to audit Continuing Education**. The Committee must create processes and regulations. Not Meeting Expectations. After Sunset Review and BrEeze conversion, Committee staff will draft procedures and regulations.
- **Maintain (the) national level standards for licensure**. The Committee continues to meet the same standards for licensing naturopathic physicians as that in other states. Meeting Expectations.
- **Ensure all licensed naturopathic doctors meet requirements for licensure**. The Committee maintains a standardized process by which applications and required documentation for licensure are reviewed and accepted. Meeting Expectations.
- **Create and clarify scope of practice**. The Committee has a sub-committee that is working on a scope of practice document; however, the document cannot be completed until legislation is passed which clarifies certain elements of the existing scope. With the signing of SB, the sub-committee can go forward with drafting a scope of practice.
- **Ensure all licensing processes are current and efficient**. The Committee was in the first release of boards/bureaus to convert to the new Breeze automated licensing and enforcement system. The EO attended all licensing, enforcement, on-line processing, administrative, and forms meetings in order that the program be correctly converted from an entirely manual process to an automated system. Meeting Expectations.

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

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

The greatest performance barrier for the Committee is lack of staffing. When the Bureau became the Committee, all administrative duties of the Committee were added to the job duties of the single staff person. The Committee licenses a consistent number of applicants each year; along with consistent application processing comes an ever-growing number of renewal applications and enforcement activities. Administrative functions in addition to the growth in licensee population and enforcement activities have increased licensing and enforcement processing timelines. The resulting processing times for application review and approval process increased from one day to an average of five days after receipt. The number of days required to issue an initial or renewal license also increased from two days to five days. Licensing and renewal processing is expected to continue to grow exponentially in the coming years due to the opening of the first naturopathic medical college in California in 2012. The Committee submitted a Budget Change Proposal in 2010, 2011, and 2012 seeking authority to create an additional staff position, but these proposals have been denied.

The Committee administers no exams.

18. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

Table 6. Licensee Population					
		FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12
Naturopathic Doctor License	Active	332	356	394	437
	Out-of-State	74	83	94	98
	Out-of-Country	0	0	1	1
	Delinquent Out-of-State	7	19	25	39
	Delinquent Out-of-Country	0	0	0	0
	Delinquent	33	53	48	57

Table 7a. Licensing Data by Type *Naturopathic Committee not on ATS/CAS											
						Pending Applications			Cycle Times		
	Application Type	Received	Approved	Closed	Issued	Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2009/10	(Exam)	Na	Na	Na	Na	Na	Na	Na	Na	Na	na
	(License)	47	43	0	55	12-	12-	0-	unk	unk	unk
	(Renewal)	unk	unk	n/a	137	unk	unk	unk	unk	unk	unk
FY 2010/11	(Exam)	Na	Na	Na	Na	Na	Na	Na	Na	Na	na
	(License)	56	53	0	62	11	11	0	23	unk	unk
	(Renewal)	unk	unk	n/a	168	unk	unk	unk	unk	unk	unk
FY 2011/12	(Exam)	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na
	(License)	65	59	1	64	5	5	0	19	unk	unk
	(Renewal)	unk	unk	n/a		unk	unk	unk	unk	unk	unk
* Optional. List if tracked by the board.											

Table 7b. Total Licensing Data *Naturopathic Committee not on ATS/CAS			
	FY 2009/10	FY 2010/11	FY 2011/12
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	47	56	65
Initial License/Initial Exam Applications Approved	47	53	59
Initial License/Initial Exam Applications Closed	0	0	1
License Issued	55	62	64
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	12	11	5
Pending Applications (outside of board control)*	12	11	5
Pending Applications (within the board control)*	Na	0	0
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	Unknown	23	20
Average Days to Application Approval (incomplete applications)*	Unknown	Unknown	Unknown
Average Days to Application Approval (complete applications)*	Unknown	23	19
License Renewal Data:			
License Renewed	137	168	153
* Optional. List if tracked by the board.			

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

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

a. What process is used to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

The Committee requires both Federal Bureau of Investigation (FBI) and California Department of Justice (DOJ) fingerprint results prior to licensing. The Committee also requires license verification from all healing arts boards that issued a license or certificate to the applicant; one of the verification requirements is to identify prior disciplinary actions. The applicant is also compelled to disclose prior convictions and pending convictions on the application for licensure.

b. Does the board fingerprint all applicants?

Yes

c. Have all current licensees been fingerprinted?

Yes

If not, explain.

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

Other states' naturopathic licensing boards utilize the National Practitioner Databank. As the Bureau, the Databank was not utilized. The Committee EO learned of the Databank in 2011 and applied; but the Committee required a CalCard credit card in order to complete the process. Not having a CalCard, the Committee then undertook the process to secure a CalCard. As of the date of this report, the Committee is still lacking a CalCard; the lack of a CalCard and lack of follow-up by the DCA Administrative Unit staff in processing the CalCard request now requires that the application to the Databank be resubmitted by the Committee once the CalCard is issued.

e. Does the board require primary source documentation?

The Committee requires only primary source documentation. One of the medical schools began utilizing a secure, third-party, electronic document company in 2011. Regulatory language has been approved by the Committee that would allow the electronic submission of transcripts via a contracted, secure source. Those regulations are part of the Committee's pending regulation package.

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

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

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

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

21. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis?

Yes. The list of expired licenses is reviewed quarterly to determine if a No Longer Interested notification should be sent.

Is this done electronically?

The notification is either faxed or mailed to the Department of Justice

Is there a backlog? If so, describe the extent and efforts to address the backlog.

There is no backlog.

Examinations

Table 8. Examination Data				
California Examination (include multiple language) if any:				
	License Type	NA	NA	NA
	Exam Title	NA	NA	NA
FY 2008/09	# of 1st Time Candidates	NA	NA	NA
	Pass %	NA	NA	NA
FY 2009/10	# of 1st Time Candidates	NA	NA	NA
	Pass %	NA	NA	NA
FY 2010/11	# of 1st Time Candidates	NA	NA	NA
	Pass %	NA	NA	NA
FY 2011/12	# of 1st time Candidates	NA	NA	NA
	Pass %	NA	NA	NA
	Date of Last OA	NA	NA	NA
	Name of OA Developer	NA	NA	NA
	Target OA Date	NA	NA	NA
National Examination (include multiple language) if any:				
	License Type	Naturopathic Physician		
	Exam Title	NPLEX II		
FY 2008/09	# of 1st Time Candidates	359		
	Pass %	80		
FY 2009/10	# of 1st Time Candidates	378		
	Pass %	85		
FY 2010/11	# of 1st Time Candidates	440		
	Pass %	84		
FY 2011/12	# of 1st time Candidates	437		
	Pass %	87		
	Date of Last OA	2012		
	Name of OA Developer	Mountain Measurement, Portland, OR		
	Target OA Date	2017		

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

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

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

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

The State of California does not require an additional or a separate examination.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Average pass rate for the past four years is 84% (data available for first-time takers only).

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

The Committee administers no examinations.

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

N/A

School approvals

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

Business and Professions Code 3623 states:

> "(a)The committee shall approve a naturopathic medical education program accredited by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body for the naturopathic medical profession that has the following minimum requirements: (1) Admission requirements that include a minimum of three-quarters of the credits required for a bachelor's degree from a regionally accredited or preaccredited college or university or the equivalency, as determined by the council.
>
> (2) Program requirements for its degree or diploma of a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic medicine. Of the total requisite hours, not less than 2,500 hours shall consist ofb academic instruction, and not less than 1,200 hours shall consist of supervised clinical training approved by the naturopathic medical school.

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

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

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

27. How many schools are approved by the board? How often are schools reviewed?

Schools are not approved or reviewed by the Committee.

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

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

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

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

Continuing Education/Competency Requirements

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

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

(1) At least 20 hours shall be in pharmacotherapeutics.
(2) No more than 15 hours may be in naturopathic medical journals or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships. (Non-interactive)
(3) No more than 20 hours may be in any single topic.
(4) No more than 15 hours of the continuing education requirements for the specialty certificate in naturopathic childbirth attendance shall apply to the 60 hours of continuing education requirement.

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

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

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

a. How does the board verify CE or other competency requirements?

NDs must sign a CE certification in order to renew their license. Most NDs take courses either approved by the CNDA or AANP, or take classes and conferences presented by the CNDA or AANP. The CNDA provides the Committee with a list of courses they have approved as well as conferences presented by the CNDA.

In addition, if a class listed on the certification page of the doctor's CE certification form appears questionable, the Committee will contact the doctor for a copy of the CE certificate(s).

Despite the certification statement of CE, many NDs routinely mail copies of the CE certificates or copies of their on-line CE course list to the Committee either with their renewal or during the license period to ensure they can use the courses for CE credit.

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

The Committee performs CE audits on an as-needed basis; that is, if the information on the certification appears questionable, the Committee may ask for copies of the completion certificate or verify classes using the list provided by the CNDA. At this time the staffing of the Committee is not sufficient to conduct random audits as are done by other licensing boards.

c. What are consequences for failing a CE audit?

Normally, the license will be renewed but will be placed on Inactive status until such time as the CE requirements are met, or other requirements of the Committee are fulfilled.

d. How many CE audits were conducted in the past four fiscal years? How many fails?

No statistics for CE audits have been tracked.

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

Due to a lack of staff, the Committee has no process to certify providers or classes. Under exceptional circumstances, the Committee may grant course approval.

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

The law requires that providers and classes be approved by either the California Naturopathic Doctors Association (CNDA), the American Association of Naturopathic Physicians (AANP), the California Board of Chiropractic Examiners, the California Board of Pharmacy, or the Committee. Continuing education classes approved for physicians and surgeons in California are also accepted.

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

   NA

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

   NA

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

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

Section 5 –
Enforcement Program

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

    Until such time as addition staff can be hired, the Committee will remain "reactive" to enforcement issues instead of "proactive" in investigating doctors and unlicensed persons claiming to be licensed.

    The Committee addressed its performance expectations in its Strategic Plan:

- **Adopt policies and procedures that encourage voluntary compliance**. This includes creating clear instructions regarding licensing and renewals, creating a clear scope of practice, and making them available on-line. Meeting Expectations.

- **Continue informing the public on status of enforcement activities.** The Committee accomplishes this by posting disciplinary and enforcement actions on their web site. Meeting Expectations.

- **Develop policies and procedures that create a fair and efficient process for enforcement**. The Committee created an enforcement workflow consistent with law, regulation, and DCA guidelines developed from Enforcement Academy training. The process will be documented after the conversion to Breeze. Meeting Expectations.

- **Develop policies and procedures to work with other governmental and law enforcement agencies.** This includes working with law enforcement, other boards/bureaus, the Attorney General's Office, and District Attorneys' Offices. Meeting Expectations.

- **Develop procedures, regulations and laws to bring Naturopathic Medicine Committee into compliance with current DCA standards**. The Committee has approved regulatory language relating to substance abusers and enforcement standards. The Committee has formed a sub-committee to develop disciplinary guidelines, but due to lack of staff, the committee has been unable to promulgate regulations. Not Meeting Expectations

- **Train staff to manage enforcement processes**. The current EO graduated from both investigator training and the DCA Enforcement Academy. Any future EO, and staff will also undergo the same training. Meeting Expectations.

- **Create a fair adjudication process for regulatory compliance.** The Committee will follow the standards created by legislation and adopted under the regulatory process. Meeting Expectations.

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

The largest performance barrier to decreasing enforcement timeframes is lack of staff to perform investigative andother enforcement related functions. The Committee continues to submit Budget Change Proposals each spring to secure a budgeted position, but none of these have been approved. Other factors include a high volume of complaints filed against unlicensed persons and persons licensed under other state healing arts boards who illegally use the title of "ND", "NMD", or "naturopathic doctor".

The majority of complaints received by the Bureau/Committee have been for illegal use of title of "ND" or "naturopathic doctor". While illegal use of title may sound innocuous, it has meant the difference between life and death for more than one California consumer. The Committee spends ample time writing warning letters, citations, and fines to unlicensed individuals and to individuals licensed under other healing arts boards. Enforcement of illegal use of title is one of the most important means by which the committee protects the public safety.

Licensees of other boards/bureaus who illegally call themselves naturopathic doctors include medical doctors, registered nurses, dentists, acupuncturists, chiropractors, and respiratory therapists. One respiratory therapist convinced an MD that he was a licensed naturopathic doctor; the MD hired the fake "ND" at his pulmonary medical center where the fake "ND" was not only injecting patients and giving IVs, but was also using the MD's prescription pad to order Botox for his own use at his "rejuvenation spa" in another city.

One licensed chiropractor, passing herself off as an "NMD" on her patient intake form, refused to refer a patient (who had an obvious growth on her back) to a physician for treatment. The patient died and the family filed a complaint with the Committee because they thought she was a licensed ND. The Committee cited and fined her for illegal use of title and forwarded the complaint package to the Board of Chiropractic Examiners. The Board took action and the chiropractor gave up her license. Her file was turned over to the district attorney's office and she is currently awaiting trial on criminal charges.

Several registered nurses, again illegally posing as "NDs", are under investigation by the Board of Registered Nursing after the Committee received and forwarded complaints from several of the victims' next of kin; one nurse titled herself "ND", called herself "Dr.", and refused to refer a patient to a qualified doctor which contributed to the patient's death. Another nurse is still under investigation for aiding and abetting an unlicensed practitioner posing as an "ND", and prescribing hormones to the "ND's" "patients". Unfortunately, we cannot shut down the practitioner until the BRN completes their investigation of the nurse.

There have been many more complaints regarding unlicensed persons whose "treatments" have sent their clients to the hospital. Unfortunately, the Committee does not have the authority, personnel, or funds to investigate all these complaints. Instead, the Committee provides options to consumers by explaining that they can contact the Medical Board of California to file a complaint and they can contact law enforcement and/or the district attorney's office in the cases where an unlicensed person may have practiced medicine without a license, committed fraud, or inflicted bodily harm. If the practitioner is licensed under another board, the Committee forwards the case to that board for investigation. The Committee has been forced on more than one occasion to wait for another board

to complete an investigation before it can issue a citation and fine. The unlicensed person continues to practice illegally until the other board acts on its investigation.

Table 9a. Enforcement Statistics			
Naturopathic Committee is NOT on CAS/ATS	FY 2009/10	FY 2010/11	FY 2011/12
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	62	66	87
Closed	46	54	55
Referred to INV	0	1	1
Average Time to Close	93	158	
Pending (close of FY)			
Source of Complaint (Use CAS Report 091)			
Public	18	23	30
Licensee/Professional Groups	18	21	29
Governmental Agencies	8	5	5
Other - Anonymous	18	17	23
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	0	1	0
CONV Closed	0	0	0
Average Time to Close	-0	0	0
CONV Pending (close of FY)	0	0	0
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied	1	1	1
SOIs Filed	0	0	0
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	0	0	0
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed	NA	NA	NA
Accusations Withdrawn	NA	NA	NA
Accusations Dismissed	NA	NA	NA
Accusations Declined	NA	NA	NA
Average Days Accusations	NA	NA	NA
Pending (close of FY)	NA	NA	NA

Table 9b. Enforcement Statistics (continued)			
	FY 2009/10	FY 2010/11	FY 2011/12
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)	0	0	0
Proposed/Default Decisions	0	0	0
Stipulations	0	0	0
Average Days to Complete	-NA	NA	NA
AG Cases Initiated	0	0	0
AG Cases Pending (close of FY)	0	0	0
Disciplinary Outcomes (Use CAS Report 096)			
Revocation	0	0	0
Voluntary Surrender	0	0	0
Suspension	0	0	0
Probation with Suspension	0	0	0
Probation	0	0	0
Probationary License Issued	0	0	0
Other	0	0	0
PROBATION			
New Probationers	0	0	0
Probations Successfully Completed	0	0	0
Probationers (close of FY)	0	0	0
Petitions to Revoke Probation	0	0	0
Probations Revoked	0	0	0
Probations Modified	0	0	0
Probations Extended	0	0	0
Probationers Subject to Drug Testing	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0
Petition for Reinstatement Granted	0	0	0
DIVERSION			
New Participants	0	0	0
Successful Completions	0	0	0
Participants (close of FY)	0	0	0
Terminations	0	0	0
Terminations for Public Threat	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0

Table 9c. Enforcement Statistics (continued)			
	FY 2009/10	FY 2010/11	FY 2011/12
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned			
Closed			
Average days to close	-		
Pending (close of FY)			
Desk Investigations (Use CAS Report EM 10)			
Closed	-		
Average days to close	-		
Pending (close of FY)	-		
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	NA	NA	NA
Average days to close	NA	NA	NA
Pending (close of FY)	NA	NA	NA
Sworn Investigation			
Closed (Use CAS Report EM 10)	NA	1	0
Average days to close	NA	235	NA
Pending (close of FY)	NA	0	1
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	0	0	0
Referred for Diversion	0	0	0
Compel Examination	0	0	0
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	1	11	19
Average Days to Complete	-		
Amount of Fines Assessed	$1,000.00	$15,000.00	$29,750.00
Reduced, Withdrawn, Dismissed	0	4	
Amount Collected	$1,000.00	$5,000.00	$3,500.00
CRIMINAL ACTION			
Referred for Criminal Prosecution	0	0	0

Table 10. Enforcement Aging						
	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	NA	NA	NA	NA	NA	NA
2 Years	NA	NA	NA	NA	NA	NA
3 Years	NA	NA	NA	NA	NA	NA
4 Years	NA	NA	NA	NA	NA	NA
Over 4 Years	NA	NA	NA	NA	NA	NA
Total Cases Closed	NA	NA	NA	NA	NA	NA
Investigations (Average %) All Investigations						
Closed Within:						
90 Days	45	62	65	85	171	64
180 Days						
1 Year			1	1	1	50
2 Years						
3 Years						
Over 3 Years						
Total Cases Closed						

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

    This is the Committee's first review. As of June 2012, the Bureau/Committee had initiated two formal investigations of licensees. One of those investigations was only completed a month prior to editing this report. As of August 31, 2012, the Committee has had no cause to file an accusation, and therefore has not disciplined a licensee under the Naturopathic Doctors Act.

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

    The Committee follows DCA's *Complaint Prioritization Guidelines for Health Care Agencies.* Essentially, the cases are triaged so the Committee can act swiftly when client or patient harm has been alleged or there is a potential for harm to a patient or consumer.

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

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

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

    The Committee has no statute of limitation regarding enforcement timelines.

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

The Committee spends most of its enforcement effort addressing unlicensed activities because the majority of complaints made to the Committee are for unlicensed activity, the majority of the complaints being for illegal use of title. From 2005 through 2009, the Bureau primarily sent warning and education letters to unlicensed individuals posing as naturopathic doctors; the Bureau only cited three individuals during that time period. In 2010, the Committee took a tougher stance against unlicensed practice/use of title. Between April 2011 and June 2012, the Committee issued 37 citations and fines to first-time and repeat offenders.

Cite and Fine

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

Between 2005 through 2008, the Bureau issued warning letters to persons who illegally used the titles of "ND" and "naturopathic doctor". In 2008, the Bureau began using its cite and fine authority after receiving repeated complaints against a person who illegally used the titles of "Dr", "ND", and "naturopathic doctor", who diagnosed and treated patients, and who refused to cease and desist when contacted by the Bureau. In 2009, the Bureau issued a citation for to a registered nurse who repeatedly refused to comply with our cease and desist orders; the Committee also contacted the Board of Registered Nursing and the appropriate district attorney's office. She was eventually convicted of fraud and paid heavy civil fines and the citation issued by the Bureau. When the Bureau became the Committee, the EO asked the Committee for permission to cite and fine all individuals on their first offense of illegal use of title instead of waiting for multiple offenses to occur before action was taken. The Committee agreed with that policy and all first-time offenders of illegal use of title are issued a citation and fineThe overwhelming majority of citations and fines have been to unlicensed persons claiming to be a naturopathic doctor.

The Committee has also cited and fined several naturopathic doctors for such offenses as selling opened and expired supplements, illegal use of the title of "physician", and aiding and abetting the unlicensed practice of medicine.

The original regulations written for the Bureau set the maximum fine at $5000.00 per occurance.

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

The Bureau/Committee has issued 41 citations and fines, 38 of which were issued against unlicensed persons for illegal use of the titles of "ND" or "naturopathic doctor". In some cases, the unlicensed person had been warned in prior years regarding illegal use of title and the potential of citation of fine.

There have been four citations and fines levied against licensees. All were issued for unprofessional conduct as defined in regulations: one for selling outdated supplements, two for illegal use of the title of "physician", and one for aiding and abetting the practice of an unlicensed person.

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

The Bureau/Committee held 14 informal office conferences, thirteen pertaining to illegal use of title by unlicensed persons. There were no reviews by the Disciplinary Review Committee or formal hearings per the Administrative Procedure Act.

40. What are the 5 most common violations for which citations are issued?

- Illegal use of title of “ND” or “naturopathic doctor” by an unlicensed person (95% of violations)
- Unprofessional conduct: illegal use of the title of “physician” by a licensee
- Unprofessional conduct: aiding and abetting the practice of an unlicensed person by a licensee
- Unprofessional conduct: obtaining a fee by fraud (selling outdated supplements) by a licensee

41. What is average fine pre and post appeal?

    Pre appeal: $1700, post appeal: $510

42. Describe the board’s use of Franchise Tax Board intercepts to collect outstanding fines.

    The Committee has not yet utilized the Franchise Tax Board’s program to collect outstanding fines.

Cost Recovery and Restitution

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

    There has been no formal discipline and, therefore, no attempts at cost recovery. Cost recovery is neither a part of the Naturopathic Doctors Act nor regulations, but will be written into regulation at the time disciplinary guidelines are adopted.

44. How many and how much is ordered for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

    There have been no revocations, surrenders, or probationers so, consequently, no charges.

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

    The Bureau/Committee has had no cases for which to seek cost recovery and has no authority to seek cost recovery.

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

    The program has not been utilized by the Bureau/Committee.

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

    The Bureau/Committee has not sought restitution for individual consumers; consumers are referred to the small claims court process and/or to seek legal counsel.

Table 11. Cost Recovery

	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Total Enforcement Expenditures	0	0	0	unknown
Potential Cases for Recovery *	0	0	0	1
Cases Recovery Ordered	0	0	0	unknown
Amount of Cost Recovery Ordered	0	0	0	unknown
Amount Collected	0	0	0	unknown

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

Table 12. Restitution

	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

Section 6 –
Public Information Policies

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

    The Bureau posted each meeting location, agenda, and meeting minutes for Advisory Council Meetings, Formulary Committee meetings, and Childbirth Committee meetings.

    The Committee posts the location, agenda, meeting minutes, and meeting materials; the first meeting does not have posted meeting materials, and there were no meeting materials for the May 7, 2010 and February 14, 2011 meetings. The Committee posts the draft meeting minutes from the previous meeting as part of the meeting materials; final meeting minutes are posted after the Committee approves them. The agenda is posted at least ten days prior to the meeting date and meeting materials are also posted.

49. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings?

    The Committee attempted to web cast their meetings on two occasions in 2011 but was been unable to secure web casting and did not attempt to set-up a web cast in 2012.

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

    The Committee does not establish an annual meeting calendar.

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

    Since there have been no disciplinary actions against licensees, nothing has been posted on the web site.

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

    Citations against licensees are posted on the web site. When the Committee does discipline a licensee, it will be posted on the web site. After the implementation of the BreEZe licensing and enforcement system, the Committee will be posting enforcement actions in the same format used by the other DCA boards/bureaus.

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

    Outreach was provided by the Bureau to licensees at twice-yearly conferences held in California by the California Naturopathic Doctors Association. The Committee EO also attended one conference for outreach to licensees, but has not had the opportunity to provide licensee or consumer outreach and education since state-wide travel restrictions were imposed in 2011.

Section 7 –
Online Practice Issues

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

    The Committee does not regulate online practice by licensees, but recognizes that some NDs utilize the Internet in their practice and that the Committee should develop policies associated with the practice.

    The Committee is well aware of the existence of unlicensed persons misrepresenting themselves as qualified doctors on the Internet and issues a citation and fine for those found to be in violation of the Naturopathic Doctors Act by advertising their services at a California location while unlicensed.

Section 8 –
Workforce Development and Job Creation

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

    The Committee has taken no action relating to workforce development other than adopting a strategic plan and attempting to keep the licensing turnaround times to a minimum.

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

    There have been no assessments.

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

    In 2005 and 2006, the Bureau provided several of the naturopathic medical schools with application packets for their graduates. In 2007, the Bureau posted all application forms on-line. Until September 2012, all approved schools were located outside of California; the Bureau/Committee was not allowed to travel outside of California to meet with students at those medical schools. The California Naturopathic Doctors Association visited several of the schools to give the California licensing program a presence.

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

    a. Workforce shortages

       The State of California and the Committee recognize that there is a shortage of primary care doctors in California. If every naturopathic physician in the country became licensed in California, there would only be 10,000 total which is not nearly enough to address current and projected healthcare provider shortfalls in California.

    b. Successful training programs.

       Naturopathic Medicine is a re-emerging health field with a limited number of accredited colleges in the United States and Canada. To that end, the opening of the first accredited naturopathic medical program in California in September 2012 is another step to increasing safe and effective health care options for California consumers.

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

One of the main components of SB 1441 is the ability for a substance abusing licensee to have access to a diversion program. The Bureau and the Committee have attempted four over four years to be added to an existing diversion contract or to be included in a new or re-negotiated diversion contract. The Committee will continue to pursue inclusion in a diversion program.

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

The latest version of the CEPI regulations were adopted by the Committee in April 2012 and will be part of the Committee's next regulation package scheduled for Fall 2012.

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

The Committee is part of Release One of the BreEZe system. The EO attended every licensing, enforcement, on-line, forms, and data conversion meeting to ensure a successful transition from multiple manual processes to an integrated licensing and enforcement system with on-line processing capabilities. The biggest challenge has been the amount of time the EO (the only person working for the Committee) spent away from other duties in order to attend the myriad of meeting and complete "homework" assignments necessary for the project. The time spent on BreEZe lengthened licensing and enforcement timeframes as did the creation of the sunset report.

Secondary issues would be the inordinate amount of time it took to complete procurement of a single personal computer and desktop printer through the department's IT purchasing process due to the State's CMAS procurement list requirements. The new CMAS list is issued effective March 1 each year, so IT purchasing is put on hold at the end of January until the new list is issued. Once the hold is removed in March, the purchaser must research their IT options from the new list, seek demonstrations, and start the bidding process. Most IT items are not readily available for demonstration, so the purchaser either must buy without testing the product or seek a demonstration from a local vendor or retail store. If the procurement packet isn't completed by the end of May, the IT procurement will be put on hold until the State budget is signed, which can be any time from July through October. The contract moratorium usually voids the bids in the procurement packet (which are typically only good for 60 days), so more bids must be secured again after the moratorium is lifted. This scenario resulted in a 10-month procurement of a simple desk top personal computer and printer and is repeating itself with current efforts to procure a desktop printer/scanner that will be utilized after the conversion to BreEZe.

Section 10 –
Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.

   This is the Committee's first Sunset Report

2. Short discussion of recommendations made by the Committee/Joint Committee during prior sunset review.

   This is the Committee's first Sunset Report

3. What action the board took in response to the recommendation or findings made under prior sunset review.

   NA

4. Any recommendations the board has for dealing with the issue, if appropriate.

   NA

Section 11 – New Issues

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

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

   None – this is the first Sunset Review for the Bureau/Committee

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

Issue	Proposed Resolution
1.NDs, insurance companies, pharmacies, laboratories, and consumers are unclear regarding the ND scope of practice because existing law attempts to define the scope by listing generic actions (i.e., order diagnostic imaging, use medical devices, etc.). By attempting to define a scope, the law actually confuses NDs, the Committee, and the others who wish to determine if specific procedures fall under the "scope". MDs, DOs, dentists, nurses, and physician assistants have undefined scopes of practice and rely on policies to create a standard of care. Quoting the *MBC Sunset Notes* (2003): **Standards of practice and appropriate treatment: "**The <u>standard for medical care as it relates to professional conduct is determined by the medical community, not the Board</u>. This has been established in statute and in case law. The Board does not determine the appropriate treatment for any disease or condition, nor does it have the authority to determine the efficacy or safety of any drug, device, or treatment. The Federal Drug Administration is the entity that has jurisdiction over drugs and medical devices. While the Board, through its disciplinary actions, may determine on a case-by-case basis that a certain treatment was an extreme departure from the community standard of care, and therefore negligent or incompetent, these decisions are relevant only to events and circumstances in that case and do not have global impact to all who would use that treatment or drug." Likewise, nurses are held to a "Community Standard", which essentially allows nurses to perform any procedure that society thinks they are allowed to perform.	The Naturopathic Doctors Act (Act) scope of practice should be written in the same manner as these other licensed health care professionals; i.e., NDs should be able to practice to the full extent of their education and training. The Committee should develop policies regarding certain therapies, as they become necessary. In other words, hold NDs to *naturopathic* medical community standards in the same way other primary care health providers are held to their own standards, instead of imposing the standards for other primary care providers on to NDs and allowing unrelated associations to dictate naturopathic standards of care.

Issue	Proposed Resolution
2. When an ND is trained in a new therapy or procedure, often alongside MDs and DOs, they must seek clarification from the Committee as to whether or not they can perform the therapy. MDs, DOs, dentists, nurses, and physician assistants have undefined scopes of practice and rely on the medical community itself to create standardized procedures.	The Naturopathic Doctors Act (Act) scope of practice should be written in the same manner as these other licensed health care professionals; i.e., NDs should be able to practice to the full extent of their education and training and the Committee should develop policies regarding certain therapies, as they become necessary. In other words, hold NDs to naturopathic medical community standards, the same as physicians and surgeons and other primary care health providers.
3. NDs cannot practice in California to the full extent of their medical training. Attempts to change laws meet resistance and opposition from certain medical associations, even when the statutory change aligns with the original intent of the Naturopathic Doctors Act and has been recommended by the Legislative Counsel.	The Naturopathic Doctors Act (Act) scope of practice should be written in the same manner as these other licensed health care professionals; i.e., NDs should be able to practice to the full extent of their education and training and the Committee should develop policies regarding certain therapies, as they become necessary. In other words, hold NDs to naturopathic medical community standards, the same as physicians and surgeons and other primary care health providers.
4. Naturopathic physicians who move to California from other states usually leave a practice in which they can fully practice naturopathic medicine as taught in medical school. Upon coming to California, must "dumb down" their practice and, finding their ability to practice restricted, often move back out of California so they can resume the full practice of naturopathic medicine in another state. .	The Naturopathic Doctors Act (Act) scope of practice should be written in the same manner as these other licensed health care professionals; i.e., NDs should be able to practice to the full extent of their education and training and the Committee should develop policies regarding certain therapies, as they become necessary. In other words, hold NDs to naturopathic medical community standards, the same as physicians and surgeons and other primary care health providers.
5. Some NDs may be trained in minor surgery, suturing, grade V spine & joint manipulation, and acupuncture but cannot practice same in California under their license.	NDs should be able to practice to the full extent of their education and training, the way physicians and surgeons are allowed to practice any modality in which they are trained. The Committee should develop policies regarding certain therapies, as they become necessary.

Issue	Proposed Resolution
6. The Naturopathic Doctors Act states in B & P Code Section 3641 “(b) A naturopathic doctor shall have the same authority and responsibility as a licensed physician and surgeon with regard to public health laws, including laws governing reportable diseases and conditions, communicable disease control and prevention, recording vital statistics, and performing health and physical examinations consistent with his or her education and training.” NDs in California are responsible for public health and adhering to the law, yet, NDs cannot independently prescribe any prescription medication such as those that would be used in communicable disease control.	The Committee should update the 2007 formulary (found in the Report to the Legislature), and then adopt the formulary in regulations.
7. An ND’s ability to practice as a primary care doctor is limited due to limited prescriptive authority. B & P Code Section 3613 states “(c) "Naturopathic medicine" means a distinct and comprehensive system of primary health care practiced by a naturopathic doctor for the diagnosis, treatment, and prevention of human health conditions, injuries, and disease.” For example, a patient who sees an ND and needs a simple antibiotic or other pharmaceutical must put off treatment and make an appointment with an MD/DO/PA/NP and pay for a second doctors visit in order to obtain a prescription for a medication that NDs are qualified to prescribe.	The Committee should update the 2007 formulary (found in the Report to the Legislature), and then adopt the formulary in regulations.
8. Thirteen of sixteen states that license naturopathic physicians have a formulary more extensive than that of California ND’s; most of those states do not require additional or supervised training because they already met the pharmacology requirements necessary for licensing as a requirement for graduation from medical school.	The Committee should update the 2007 formulary (found in the Report to the Legislature), and then adopt the formulary in regulations.

Issue	Proposed Resolution
9. It is common practice for MDs/DOs to require a fee from an ND, over and above the increase in the cost of their malpractice insurance, in order that the MD/DO provide drug oversight per B & P 3640.5. The practice of requiring payment for these services likely would be considered unprofessional conduct by the Medical Board of California and the Osteopathic Medical Board of California.	The Committee should update the 2007 formulary (found in the Report to the Legislature), and then adopt the formulary in regulations.
10. The Naturopathic Doctors Act states in B & P Code Section 3641 "(b) A naturopathic doctor shall have the same authority and responsibility as a licensed physician and surgeon with regard to public health laws, including laws governing reportable diseases and conditions, communicable disease control and prevention, recording vital statistics, and performing health and physical examinations consistent with his or her education and training." Yet, NDs may not sign many physical examination forms, including those for the Employment Development Department and school districts, because of the myriad of laws imbedded in multiple codes such as the Health & Safety Code, Vehicle Code, Worker's Comp, etc..	The Naturopathic Doctors Act should be amended to the Naturopathic Physicians Act, and NDs should be allowed to use the title of "physician" as it appears on their diploma. An optional solution would be to amend all applicable codes sections to include "naturopathic physicians" or "physicians".
11. Graduates of an approved naturopathic medical college in North America are granted the title "Naturopathic Physician" and are licensed in most states as such. California licensees are forbidden from using their title of "physician" in California because of political opposition from other health care professions.	The Naturopathic Doctors Act should be amended to the Naturopathic Physicians Act, and NDs should be allowed to use the title of "physician" as it appears on their diploma and as they are recognized in most other licensing states.

Issue	Proposed Resolution
12. By using the title of “doctor” instead of “physician”, NDs cannot purchase and use some medical devices or supervise nurses and other health professionals. Utilizing allied health care professionals and devices would allow NDs to deliver more primary care services to a larger volume of consumers.	The Naturopathic Doctors Act should be amended to the Naturopathic Physicians Act, and NDs should be allowed to use the title of “physician” as it appears on their diploma and as they are recognized in most other licensing states.
13. The California Corporations Code gives doctors licensed under the Naturopathic Doctors Act the authority to hire allied health professionals from multiple disciplines, yet NDs cannot supervise them or write orders because NDs are not specifically named in each profession’s laws.	The Naturopathic Doctors Act should be amended to the Naturopathic Physicians Act, and NDs should be allowed to use the title of “physician” as it appears on their medical school diploma.
14. A naturopath, by law in most states, is a licensed naturopathic physician; California law allows an unlicensed person to call themself a “naturopath”. Unlicensed persons who refer to themselves as naturopaths give consumers the false idea that they are qualified medical professionals. Multiple deaths have occurred in California as a result of improper care or negligence by unlicensed persons who call themselves “naturopath”.	Business and Professions Code Section 3645 should be deleted to ensure public safety, to eliminate confusion, and to align California laws with those of other licensing states.
15. Most health insurance companies in California do not cover naturopathic care, or reimburse only a percentage of naturopathic care in lieu of full coverage. California has a severe shortage of primary care doctors and 95% of the naturopathic doctors licensed in California provide primary care but are underutilized because insurance does not pay for naturopathic care.	Health insurance companies and health maintenance organizations doing business in California should be required to cover the services of a naturopathic doctor.

Issue	Proposed Resolution
16. The Committee is unrepresented at naturopathic medical schools and at national medical functions because of out-of-state travel restrictions. California cannot compete for primary care doctors the way other states are allowed to.	The Committee should be allowed to attend outreach programs at the approved medical schools and participate in conferences in other states that shape the profession and regulation of naturopathic medicine in the United States.
17. The Committee can only be reactive to enforcement issues because it has not been allowed to hire a staff person. Enforcement timelines grow longer each year. This creates the potential for consumer harm.	The Committee should be allowed to hire an analyst to perform the increasing workload that is a result of a growing license population and enforcement duties.
18. There are multiple regulations approved by the Committee that have not been processed through the Office of Administrative Law.	The Committee should be allowed to hire an analyst.

3. New issues not previously discussed in this report.

Nowhere in the Naturopathic Doctors Act or the Medical Practices Act does it state that MDs or DOs can supervise NDs except in the area of prescribing drugs. Yet many MDs "supervise" NDs inappropriately. NDs often find themselves in a "catch-22" when it comes to employment in an established allopathic or osteopathic medical practice; they need and are grateful for employment, yet feel they cannot report potentially illegal practices to the Medical Board of California or the Osteopathic Medical Board of California, as described below, as they will potentially lose their job.

Many MDs and DOs "supervise" NDs in areas other than prescribing drugs and use them as mid-level practitioners, such as physician assistants, in their practices. In doing so, the MD can bill the patient's medical insurance company, MediCare, or MediCal for services not ordinarily reimbursed when performed by the ND; because the MD is responsible for the front-office, including billing, the ND usually does not know the patient's the method of payment. This, NDs are unwittingly providing services that cannot legally be reimbursed. This practice could be construed as insurance fraud and could jeopardize the MD's practice. With the inclusion of naturopathic care in the Affordable Care Act, it is anticipated that this situation will resolve itself in 2014.

NDs may independently perform procedures utilizing a medical device. The Federal Drug Administration determines which level of practitioner can purchase medical devices. Some devices can only be purchased by "physicians", which means an ND in California cannot purchase the device, whereas a naturopathic physician in another state may do so. It is common practice for MDs in California to purchase physician-only devices and supervise RNs and PAs to use those devices. However, MDs are also training NDs to use these devices and then "supervising" the ND performing procedures with those devices when there is no authority to do so.

4. New issues raised by the Committee.

There are none at this time.

Section 12 – Attachments

Please provide the following attachments:

A. Board's administrative manual.

The Committee does not have an administrative manual, per se. Flow charts and process descriptions for original and renewal applications are in Attachment 5. Enforcement processing follows DCA Enforcement Academy guidelines.

Converting to BreEZe will define various internal processes; collaboration between the EO and the BreEZe team will result in a manual that will incorporate licensing and enforcement processes and procedures.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

See Attachment 6

C. Major studies, if any (cf., Section 1, Question 4).

See Attachments 2, 3, & 4.

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

See Attachments 7, 8, & 9.