STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

NATUROPATHIC MEDICINE COMMITTEE

2016 Oversight Review Report

NATUROPATHIC
MEDICINE
COMMITTEE

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NATUROPATHIC MEDICINE COMMITTEE
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of December 1, 2016

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

Provide a short explanation of the history and function of the Committee.[1] Describe the occupations/profession that are licensed and/or regulated by the Committee (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 uses "materia medica", a Latin medical term for the body of collected knowledge about the therapeutic properties of any substance used for healing (i.e., medicines). The term derives from the title of a work by the Ancient Greek physician Pedanius Dioscorides in the 1st century AD, De Materia Medica. The term materia medica was used from the time of the Roman Empire until the twentieth century, and has been replaced in medical education by the term of "pharmacology".

In the late 1800s, the deans of the leading American medical schools (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 Aristotelian model often found in French and British medical schools. The focus of the experimental model medical school was specifically on disease and not the totality of health, so prevention education fell out of favor. Research became experimentally based and by the 1930s and 1940s, medical schools had 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.

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

Naturopathic medicine is one of the oldest continuously licensed health care professions in the United States. Dr. Benedict Lust, considered the Father of Naturopathic Medicine, founded naturopathy by expanding upon the European water cure and herbal therapies to develop a comprehensive philosophy and system of health that he brought to the United States around the turn of the 20th century. In 1901, Dr. Lust opened the American School of Naturopathy in Manhattan. Its approach emphasized diet, exercise, physical medicine, herbs, and homeopathy as ways to improve and maintain good health. Naturopathic medicine grew quickly as a profession and by 1925 there were approximately 2,500 practicing naturopathic physicians and more than a dozen schools. During this period, regulations were enacted in many states, with about half of the states licensing or regulating naturopathic medicine.

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

Naturopathic medicine experienced a significant decline in popularity from the post-World War II era until the 1970s during which time the allopathic medical model became the new "traditional medicine" along with the increased use and development of surgery, drugs, and antibiotics. The 1970s brought an increased interest in holistic and alternative health care, and naturopathic medicine experienced resurgence with expanded educational programs and state licensure. In the past 30 years, naturopathic medicine saw 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, 17 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 titled naturopathic physicians. California law prohibits the use the title of "physician" by anyone other than 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.

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.

Identify and Treat the Cause:

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

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 collaborated 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 laypersons.

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, to make 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., LAc, 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 equivalent, 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: Handbook of Accreditation for Naturopathic Medicine Programs. *Counsel of Naturopathic Medical Education* April 2016; 34-52

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**	**2016 ND Program Enrollment**
National College of Naturopathic Medicine Portland, Oregon	1956	440
Bastyr University Seattle, Washington	1977	102
Canadian Naturopathic Medical College Toronto, Ontario, Canada	1978	500
Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	1993	376
University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut	1996	100
Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada	2001	192
National University of Health Sciences Lombard, IL	2008	206
Bastyr University San Diego, CA Campus	2012	54
Universidad del Turabo Gurabo, Puerto Rico	2015	44

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. In fact, the state of Oregon contracted with the medical board and utilized the same step one (1) of the United States Medical Licensing Examination (USMLE).

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)]:
    - 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.
    - 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.
    - Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.
    - Health education and health counseling.
    - Repair and care incidental to superficial lacerations and abrasions, except suturing.
    - 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) (Refer to Section 12, Attachment # H). 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. Consumers and health insurance companies cannot decipher which therapies may be performed by NDs, many pharmacists cannot interpret the naturopathic laws with regard 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 that 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, even with the implementation of the Affordable Care Act. This causes a California consumer who chooses an ND as their primary care provider to double up on doctor visits to comply with Medi-Cal laws. This severely limits the number of consumers who can afford naturopathic care and restricts the population of patients that NDs may treat. Although NDs are PCPs, the statutes treat the NDs more as a specialist than a primary care provider. 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 took 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 cannot employ medical assistants, but can now train their own naturopathic medical assistants pursuant to B&PC 3640.2 and 3640.3. The burden of conducting and documenting the training and education is on each hiring ND. 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 themselves. 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 limit 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.

- Naturopathic doctors find it difficult to secure prescriptive oversight from physicians due to limits of malpractice insurance and liabilities.

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 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	141
Bastyr University Seattle, Washington	121
Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona	110
University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut	125
Canadian Naturopathic Medical College Toronto, Ontario, Canada	110
Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada	56
National University of Health Sciences Lombard, Illinois	90
Bastyr University San Diego, California	121
Universidad del Turabo Gurabo, Puerto Rico	90

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. This level of continuing education for pharmacotherapeutics is not required for allopathic or osteopathic physicians, who use drugs as a main form of treatment.

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. *(Refer to Section 12, Attachment H).*

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 and other substances and equipment requiring a prescription, except for natural and synthetic hormones, epinephrine, and natural substances. This means that naturopathic doctors cannot fully function as primary care providers 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 or DO 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 published recommendations in the Report to the Legislature in the 2007 "Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor" Report to the Legislature. A revised report was issued in January 2014 and in February 2015.

1. **Describe the make-up and functions of each of the Committee's sub-committees** *(Refer to Section 12, Attachment B).*

Functions of each of the Committee's subcommittees

FORMULARY SUBCOMMITTEE

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 compiled 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.

In January 2012, the Formulary subcommittee published a revised report to the Committee echoing the original findings. Again, in February 2015, the subcommittee made an addendum to Formulary Sub-Committee Report to the Naturopathic Medicine Committee which was published to the legislature.

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 February 2015, the Committee published the Minor Procedures Report to the legislature.

(Refer to Section 12, Attachment I)

Table 1a. Attendance			
DAVID FIELD, ND, LAC - CHAIR			
Date Appointed:	03/04/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Yes
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	Yes
Committee Meeting	04/27/2015	Teleconference	Yes
Committee Meeting	07/27/2015	Teleconference	Yes
Committee Meeting	01/14/2016	Sacramento, CA	Yes

Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

TARA LEVY, ND – VICE-CHAIR			
Date Appointed:	03/18/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	No
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Yes
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	Yes
Committee Meeting	04/27/2015	Teleconference	Yes
Committee Meeting	07/27/2015	Teleconference	Yes
Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

GREGORY WEISSWASSER, ND			
Date Appointed:	09/07/2011		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	No
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Yes
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	No
Committee Meeting	04/27/2015	Teleconference	Yes
Committee Meeting	07/27/2015	Teleconference	Yes
Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

KOREN BARRETT, ND			
Date Appointed:	01/02/2011		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Yes
Committee Meeting	07/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Yes
Committee Meeting	09/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Yes
Committee Meeting	03/03/2014	Sacramento, CA	Yes
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Yes
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	Yes
Committee Meeting	04/27/2015	Teleconference	Yes
Committee Meeting	07/27/2015	Teleconference	Yes
Committee Meeting	01/14/2016	Sacramento, CA	Separated
Committee Meeting	06/06/2016	Sacramento, CA	Separated
Committee Meeting	10/04/2016	Sacramento, CA	Separated

MICHAEL HIRT, MD			
Date Appointed:	03/16/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Yes
Committee Meeting	07/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Yes
Committee Meeting	09/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Yes
Committee Meeting	03/03/2014	Sacramento, CA	Yes
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Yes
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	Yes
Committee Meeting	04/27/2015	Teleconference	Yes
Committee Meeting	07/27/2015	Teleconference	No
Committee Meeting	01/14/2016	Sacramento, CA	No
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes
KITAK (KT) LEUNG			
Date Appointed:	01/02/2011		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes

Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Yes
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Separated
Committee Meeting	03/30/2015	Teleconference	Separated
Committee Meeting	04/27/2015	Teleconference	Separated
Committee Meeting	07/27/2015	Teleconference	Separated
Committee Meeting	01/14/2016	Sacramento, CA	Separated
Committee Meeting	06/06/2016	Sacramento, CA	Separated
Committee Meeting	10/04/2016	Sacramento, CA	Separated

BEVERLY YATES, ND			
Date Appointed:	03/31/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	No
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	No
Committee Meeting	11/17/2014	San Diego, CA	Separated
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Separated
Committee Meeting	03/30/2015	Teleconference	Separated
Committee Meeting	04/27/2015	Teleconference	Separated
Committee Meeting	07/27/2015	Teleconference	Separated
Committee Meeting	01/14/2016	Sacramento, CA	Separated
Committee Meeting	06/06/2016	Sacramento, CA	Separated
Committee Meeting	10/04/2016	Sacramento, CA	Separated

CALEB K. ZIA, ED D			
Date Appointed:	03/10/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	No
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member

Committee Meeting	09/30/2013	Sacramento, CA	No
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	No
Committee Meeting	11/17/2014	San Diego, CA	Separated
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Separated
Committee Meeting	03/30/2015	Teleconference	Separated
Committee Meeting	04/27/2015	Teleconference	Separated
Committee Meeting	07/27/2015	Teleconference	Separated
Committee Meeting	01/14/2016	Sacramento, CA	Separated
Committee Meeting	06/06/2016	Sacramento, CA	Separated
Committee Meeting	10/04/2016	Sacramento, CA	Separated

TABATHA PARKER, ND			
Date Appointed:	11/10/2014		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Not appointed
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	Yes
Committee Meeting	04/27/2015	Teleconference	No
Committee Meeting	07/27/2015	Teleconference	Separated
Committee Meeting	01/14/2016	Sacramento, CA	Separated
Committee Meeting	06/06/2016	Sacramento, CA	Separated
Committee Meeting	10/04/2016	Sacramento, CA	Separated

MYLES SPAR, MD			
Date Appointed:	10/14/2014		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Not appointed

Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	No
Committee Meeting	04/27/2015	Teleconference	Yes
Committee Meeting	07/27/2015	Teleconference	Yes
Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

THYONNE GORDON, PH D			
Date Appointed:	11/17/2014		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Not appointed
Committee Meeting	11/17/2014	San Diego, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Yes
Committee Meeting	03/30/2015	Teleconference	Yes
Committee Meeting	04/27/2015	Teleconference	No
Committee Meeting	07/27/2015	Teleconference	No
Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

ALEXANDER KIM, MBA			
Date Appointed:	05/26/2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Not appointed
Committee Meeting	11/17/2014	San Diego, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Not appointed

Committee Meeting	03/30/2015	Teleconference	Not appointed
Committee Meeting	04/27/2015	Teleconference	Not appointed
Committee Meeting	07/27/2015	Teleconference	Yes
Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

GRETA D'AMICO, ND			
Date Appointed:	12/29/2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Not appointed
Committee Meeting	11/17/2014	San Diego, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Not appointed
Committee Meeting	03/30/2015	Teleconference	Not appointed
Committee Meeting	04/27/2015	Teleconference	Not appointed
Committee Meeting	07/27/2015	Teleconference	Not appointed
Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	Yes
Committee Meeting	10/04/2016	Sacramento, CA	Yes

DARA THOMPSON, ND			
Date Appointed:	12/29/2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Committee Meeting	02/25/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Not a member
Committee Meeting	07/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Not a member
Committee Meeting	09/30/2013	Sacramento, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Not a member
Committee Meeting	03/03/2014	Sacramento, CA	Not appointed
Committee Meeting	11/17/2014	San Diego, CA	Not appointed
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Not a member
Committee Meeting	02/23/2015	Teleconference	Not appointed
Committee Meeting	03/30/2015	Teleconference	Not appointed
Committee Meeting	04/27/2015	Teleconference	Not appointed
Committee Meeting	07/27/2015	Teleconference	Not appointed

Committee Meeting	01/14/2016	Sacramento, CA	Yes
Committee Meeting	06/06/2016	Sacramento, CA	No
Committee Meeting	10/04/2016	Sacramento, CA	Yes

PETER KOSHLAND, PHARM D			
Date Appointed:	12/29/2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Formulary Advisory Subcommittee Mtg.	07/29/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	08/12/2013	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/03/2014	Sacramento, CA	Yes
Formulary Advisory Subcommittee Mtg.	02/23/2015	Teleconference	Yes

Table 1b. 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	02/11/2010	03/20/2014	01/01/2018	Governor	**Naturopathic Doctor**
Dr. Tara Levy, ND	03/18/2010	10/13/2014	01/01/2018	Governor	**Naturopathic Doctor**
Dr. Gregory Weisswasser, ND	09/07/2011	12/28/2015	01/01/2019	Governor	**Naturopathic Doctor**
Dr. Michael Hirt, MD	03/16/2010	05/06/2014	01/01/2018	Governor	**Physician/Surgeon**
Dr. Myles Spar, MD	10/14/2014	-	01/01/2018	Governor	**Physician/Surgeon**
Dr. Greta D'Amico, ND	12/29/2015	-	01/01/2019	Governor	**Naturopathic Doctor**
Dr. Dara Thompson, ND	12/29/2015	-	01/01/2018	Governor	**Naturopathic Doctor**
Dr. Thyonne Gordon, Ph D	11/17/2014	-	01/01/2018	Governor	**Public**
Alexander Kim, MBA	05/26/2015	-	01/01/2018	Governor	**Public**
Dr. Koren Barrett, ND (Separated)	12/22/2010	n/a	01/01/2015	Governor	**Naturopathic Doctor**
Kitak (KT) Leung (Separated)	02/11/2010	n/a	01/01/2014	Governor	**Public**
Dr. Tabatha Parker, ND (Separated)	10/13/2014	n/a	01/01/2018	Governor	**Naturopathic Doctor**
Dr. Beverly Yates, ND (Separated)	02/11/2010	n/a	01/01/2014	Governor	**Naturopathic Doctor**
Dr. Caleb Zia, Ed D (Separated)	02/11/2010	n/a	01/01/2014	Governor	**Public**

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

   The Naturopathic Medicine Committee has been able to meet all statutory meeting requirements and did not have to cancel any meetings due to a lack of quorum.

3. **Describe any major changes to the Committee since the last Sunset Review, including, but not limited to:**

- Leadership Changes:

  New Executive Officer, Rebecca Mitchell, was appointed by the Committee in August 2013

  Election of Officers: Chair, David Field, ND, LAc

  Vice-Chair, Tara Levy, ND

- The Committee's new Strategic Plan was developed in June 2016 (Refer to Section 12, Attachment C)
- The Committee did not sponsor any legislation, but was in support of SB 538 (Block/Hueso) to expand scope of practice to allow NDs to practice as trained. This bill would have permitted California consumers to receive the same naturopathic medical care as the consumers of the neighboring states. (This 2-year bill failed in Assembly Appropriations.)

Recent major legislation, which affected the Naturopathic Medicine Committee:

- SB 809 – CURES program (Health and Safety Code section 11165.1) establishes the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES and would make related finding and declarations.
- AB 1057 – License application expedite for Military/Honorably Discharged Veterans (Business and Professions Code section 115.4) requires each board, commencing January 1, 2015, to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.
- AB 2744 (Gordon, Chapter 360, Statutes of 2016) establishes that payment for advertising, where a licensee sells services through a third party advertiser, shall not constitute a referral of patients when the third party advertiser does not recommend, endorse, or otherwise select a licensee itself. Additionally, this bill entitles the purchaser of services to a full refund in the event the licensee determines, after consultation with the purchaser, that the service is not appropriate, or if the purchaser elects not to receive the service for any reason and requests a refund.
- AB 2859 (Low, Chapter 473, Statutes of 2016) allows boards, bureaus, commissions, or programs within the Department of Consumer Affairs to establish a regulatory framework for a retired license category, if the program does not currently have the statutory authority.
- SB 482 (Lara, Chapter 708, Statutes of 2016) requires health care practitioners to consult the Controlled Substance Utilization Review and Evaluation System (CURES) prescription drug database prior to prescribing a Schedule II, Scheduled III, or Schedule IV controlled substance to the patient for the first time, and at least every four months thereafter if the patient continues using the medication as part of his or her treatment. This bill allows for certain exemptions and limited quantities in specified situations. Additionally, this bill prohibits a

regulatory board whose licensees do not prescribe or dispense controlled substances from obtaining data from CURES.

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

  Disciplinary Guidelines – In Regulations process

  Sponsored Free Healthcare Events – In Regulation process

4. Describe any major studies conducted by the Committee

The Naturopathic Medicine Committee has only conducted one study on workforce creation. This study assisted in determining how many potential applicants the Committee loses to surrounding states due to the limitations on scope of practice. This study was conducted by collecting potential applicant data between the periods of August 1, 2015 through October 31, 2015. The study showed a trend of loss to our neighboring states due to the four (4) main reasons below:

- Restrictive prescribing
- Minor Office Procedures not allowed (Minor Office Procedures)
- Applicants licensed as NDs in other states stated they would need to lower their level of service to the consumer in order to practice in California. (Scope of Practice)
- Did not meet the licensing clause per B&PC 3633.1, and was licensed as an ND by another regulating entity prior to the NPLEX exam. The applicants would have had to apply for licensure by December 31, 2007 to meet the licensing requirement. (EXAM)

In total, the Committee established that there were 82 potential applicants lost during the period 8/1 – 10/31/2015, due mostly to California NDs inability to practice naturopathic medicine as trained. *(Refer to Section 12, Attachment D).*

This equates to a loss of revenue as follows:

Application Fee:	$32,800 (Annual potential approx. $120k)
Licensing Fee:	$35,506 – 65,600 (Annual potential approx. $120k – 240k)
Biennial Renewal:	$65,600 (Biennial potential approx. $240k)

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

<u>National Organizations</u>

The Committee is a dues paying member of the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA). The Committee has not been able to attend many of their annual meetings due to the mandated state limitation on out-of-state travel for Committee members and staff. FNMRA is comprised of membership (with representation) of naturopathic medical boards of all U.S. States and Territories, and Canadian provinces. During the annual meeting current important topics including, but not limited to, overprescribing, Interstate Licensing Compact,

Telemedicine, enforcement, credentialing, underserved populations, and assisting new and existing regulatory organizations to fulfill their statutory obligations to regulate the profession in the interest of public protection are discussed.

- **Does the Committee's membership include voting privileges?**

  The Committee's membership includes voting privileges. The voting delegate is the Executive Officer. However, the Executive Officer votes at the direction of the Committee.

- **List committees, workshops, working groups, task forces, etc., on which Committee participates.**

  Due to out-of-state travel restrictions, the Committee must attend via phone or webinar. This greatly limits participation.

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

  Due to out-of-state travel restrictions, the Committee must attend via phone or webinar. This greatly limits participation.

  The Executive Officer has attended meetings as follows:

  FNMRA

  - August 15, 2013 – Annual Meeting (Teleconfernce)
  - September 29, 2015 – Annual Meeting (Teleconfernce)

  CNDA

  - April 18-19, 2015 – Merging Medicine XVII Conference – Marina del Rey, CA

  AANP

  - August, 7, 2015 – 30th Annual AANP Conference and Exposition – Oakland, CA

- **If the Committee is using a national exam, how is the Committee 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.

Section 2 –
Performance Measures and Customer Satisfaction Surveys

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

   (Refer to Section 12, Attachment F)

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

   It is the policy of the Committee to include a Consumer Satisfaction Survey and prepaid postage to consumers at the close of their respective enforcement case(s). Overall, there has not been a large submission of Consumer Satisfaction Surveys received by the Committee (21 responses total). With so few responses, it is difficult to conclude the level of satisfaction with the Committee in response to consumer complaints because a vast number of consumers who the Committee has served did not submit a survey response. This could be interpreted as general satisfaction by the majority of consumers.

   There were no unfavorable reviews.

   Summary of Comments

   Of the surveys received by the Committee, please see the table below for results for each question answered. *(Refer to Section 12, Attachment G)*.

	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Survey Responses Received	4	7	5	4	1

	Was our representative courteous?	**Do you feel that the representative who handled your complaint understood your problem?**	**How did you contact our Committee?**	**How satisfied were you with the format and navigation of our website?**	**How satisfied were you with information pertaining to your complaint available on our website?**	**Would you contact us again for a similar situation?**	**Would you recommend us to a friend or family member experiencing a similar situation?**
FY 2010/11 (4)	-	-	1 Email 1 Phone 1 In-person	-	-	-	-
FY 2011/12 (7)	-	-	2 Reg. Mail 2 Phone 1 In-person	1 Neither Satisfied nor Dissatisfied	1 Neither Satisfied nor Dissatisfied	-	-

FY 2012/13 (5)	-	-	1 Reg. Mail 2 Phone	1 Neither Satisfied nor Dissatisfied 1 Somewhat Satisfied	1 Neither Satisfied nor Dissatisfied 1 Somewhat Satisfied	Definitely	Definitely
FY 2013/14 (4)	-	-	1 In Person	-	-	-	-
FY 2014/15 (1)	-	-	1 Email	-	-	-	-

Section 3 –
Fiscal and Staff

Fiscal Issues

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

No, the Committee's fund is not continuously appropriated.

9. Describe the Committee's current reserve level, spending, and if a statutory reserve level exists.

At the end of fiscal year (FY) 2015/16, the Committee had 18.3 months in reserve, or $510,000.

The Committee has seen steady growth in the number of licensees from 536 in FY 2011/12 to 813 at the end of FY 2015/16. Likewise, renewal applications increased from 156 in FY 2011/12 to 271 in FY 2015/16. 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 through 2014 has added to the current surplus.

The Committee was budgeted in FY 2015/16 at $378,000. The Committee received an increase in their enforcement budget line. The Committee is budgeted a total of $5000 for Attorney General costs, and $78,000 for Division of Investigation and all other enforcement related activities such as Office of Administrative Hearings. The Committee has had an increase in enforcement costs due the reduction of the backlog created while developing, testing and implementing BreEZe.

Pursuant to Business and Professions Code section 128.5, the Committee should maintain a fund balance of no more than 24 months in reserve.

10. 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 Committee.

In 2015-16, the Committee's expenditures were slightly higher than the revenue that it received. This will result in a fund reserve balance decreasing over time. The Committee is taking the necessary steps to ensure our fund reserve balance continues to stay at an appropriate level. The ability to retain licensed NDs in California by allowing a scope that allows NDs to practice as trained would dramatically assist in this issue.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
*Beginning Balance	362	478	577	588	510	404
Revenues and Transfers	259	250	298	295	228	244
Total Revenue	$621	$728	$875	$ 883	$738	$648
Budget Authority	$171	$177	$314	$378	$334	$341
**Expenditures	141	151	286	372	334	341
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	$480	$577	$ 589	$510	$404	$307
Months in Reserve	38.1	24.2	18.9	18.3	14.2	10.6

*Includes prior year adjustments.
**Includes direct drawls from FI$CAL.

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the Committee? Has interest been paid? What is the remaining balance?

Not applicable to the Naturopathic Medicine Committee.

12. 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 Committee in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

In FY 2012/13, the Committee had only one (1) staff (Executive Officer). The one (1) staff carried out all the functions of the Committee. The expenditures by program component for 2012/13 were as follows:

- Licensing – 50%, totaling $52,000
- Enforcement – 20%, totaling $34,000
- Administration – 30%, totaling $31,000

In FY 2013/14, the Committee had only one (1) staff (Executive Officer). The one (1) staff carried out the functions of the Committee. The expenditures by program component for 2013/14 were as follows:

- Licensing – 50%, totaling $63,000
- Enforcement – 20%, totaling $38,000
- Administration – 30%, totaling $37,000

In FY 2014/15, the Committee had two (2) staff (Executive Officer & AGPA). The functions of the Committee were divided between the two positions accordingly. The expenditures by program component for 2014/15 were as follows:

- Licensing – 35%, totaling $82,000
- Enforcement – 40%, totaling $123,000
- Administration – 25%, totaling $58,000

In FY 2015/16, the Committee had two (2) staff (Executive Officer & AGPA). The functions of the Committee were divided between the two positions accordingly. The expenditures by program component for 2015/16 were as follows:

- Licensing – 35%, totaling $84,000
- Enforcement – 40%, totaling $177,000
- Administration – 25%, totaling $60,000

Table 3. Expenditures by Program Component (list dollars in thousands)

	FY 2012/13		FY 2013/14		FY 2014/15		FY 2015/16	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	17	17	21	17	76	47	81	96
Examination	-	-	-	-	-	-	-	-
Licensing	44	8	52	11	67	15	71	13
Administration *	26	5	31	6	48	10	51	9
DCA Pro Rata	-	25	-	19	-	23	-	51
Diversion (if applicable)	-	-	-	-	-	-	-	-
TOTALS	$ 87	$ 55	$ 104	$53	$191	$95	$203	$169

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

13. Describe the amount the Committee has contributed to the BreEZe program. What are the anticipated BreEZe costs the Committee has received from DCA?

Program Name	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Naturopathic Medicine Committee	$38	$98	$279	$648	$2,231	$1,941	$3,201	$4,231	***Unavailable**

**FY 2017/18 and FY 2018/19 costs are still pending approval; therefore, figures have not been released to the Committee.*

14. 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 Committee.

Licenses are renewed on a biennial basis on the last day of the licensee's birth month. The fee for an active or inactive license is $800. Delinquent Tax and Registration fee is $150. There have been no changes to any of the fees originally established by emergency regulations in 2004 under the Bureau of Naturopathic Medicine.

Authority cited: Naturopathic Doctors Act (Business and Professions Code, Division 2, Chapter 8.2) Sections 122, 3622, 3634, 3680, and 3685. Reference: Sections 122, 3630, 3634, 3680 and 3685, Business and Professions Code. See California Code of Regulations Article 7, Section 4240 Fees.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
Other Regulatory Fees	Various	n/a	1	0	0	6	<1%
*Applications, Licenses and Permits	$400 - 800	n/a	65	76	90	67	23%
*Renewal Fees	$800	n/a	190	171	204	217	74%
*Delinquent Fees	$150	n/a	1	1	2	1	<1%

**There is no fee limit set in statute. However, a fee schedule was established in CCR 4240 per B&PC section 3680.*

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

2012/13 – BCP submitted requesting one (1) Staff (SSA/AGPA) and augmentation. The BCP did not meet the criteria set forth by Dept. of Finance (DOF) and was not approved.

2013/14 – BCP submitted requesting one (1) Permanent, full time, Staff (SSA/AGPA), and augmentation. The BCP was approved for both the position and augmentation after three (3) consecutive years of denied BCP requests. Although this position was approved, the position was only approved on a 3-year limited term basis. Per CalHR, a limited term position can only be established for a term no more than 1-year, with a 1-year extension (totaling a 2-year term).

2016/17 – BCP submitted requesting the limited term position be converted to a permanent position and funding to start in 2017/18 as the 2013/14 BCP approved funding for a 3-year term.

The BCP was approved and the Committee was able to secure the additional staffing bringing the Committee's staff size up to two (2).

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
1110-12	2012-13	Request Staff/Funding	1 – SSA/AGPA	0	$78	0	$7	0
1110-201111-018-BCP-BR-2016-GB	2013-14 2016-17	Enforcement / Licensing Augmentation Conversion of LT position to PERM/Funding	1 – SSA/AGPA 1-AGPA	1 – AGPA 1-AGPA	$101 $89	$101 $89	$12 $12	$12 $12

(Dollar amounts are listed in thousands)

Staffing Issues

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

The Committee does not currently have any vacancies to report. In July 2014, the Committee was finally able to secure a 2-year limited term position through the BCP process. In July 2016, through another BCP request, the limited term position was converted to a permanent position. With the addition of the one staff member, the Committee has been able to reduce the enforcement backlog, which was caused during the development, testing, and implementation of BreEZe.

17. Describe the Committee's staff development efforts and how much is spent annually on staff development.

With the appointment of the new Executive Officer in August 2013 and the addition of a new staff member in July 2014, the Committee provided training in the areas of enforcement, licensing, Legislative and Regulatory training, and other administrative classes needed to adequately carry out the duties of the Committee. (See annual training costs below.)

Training/Development Years	Cost of Staff Training/Development
FY 2013/14	$128
FY 2014/15	$1,027
FY 2015/16	$299

Section 4 – Licensing Program

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

The Committee continuously meets or exceeds the current performance targets/expectations for its licensing program.

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

Although the Committee has had an increase of applications of 36.14% in the last four (4) years, the processing times remain well within the performance targets. At this time, the only performance barrier the Committee has identified is the delay in automation for the initial licensing payment. However, the Committee is currently working with DCA to offer this service to licensees; the online application to pay an initial license fee will be available in the next system release.

20. How many licenses or registrations does the Committee issue each year? How many renewals does the Committee issue each year?

See tables below

Table 6. Licensee Population

		FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Naturopathic Doctors	Active	463	538	579	678
	Out-of-State	107	Unavailable	Unavailable	129
	Out-of-Country	1	Unavailable	Unavailable	2
	Delinquent	61	150	148	118

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

Table 7a. Licensing Data by Type											
						Pending Applications			Cycle Times		
	Application Type	Received	Approved	Closed	Issued	Total (Close of FY)	Outside Committee control*	Within Committee control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2013/14	(License)	98	69	-	69	-	-	-	-	-	-
	(Renewal)	151	151	n/a	151	-	-	-	-	-	-
FY 2014/15	(License)	84	81	-	81						
	(Renewal)	266	266	n/a	266						
FY 2015/16	(License)	68	65	-	65						
	(Renewal)	271	271	n/a	271				17.6	-	
* Optional. List if tracked by the Committee.											

Table 7b. Total Licensing Data			
	FY 2013/14	FY 2014/15	FY 2015/16
Initial Licensing Data:			
Initial License Applications Received	98	84	68
Initial License Applications Approved	69	81	65
Initial License Applications Closed	-	-	-
License Issued	69	81	65
Initial License Pending Application Data:			
Pending Applications (total at close of FY)	29	3	3
Pending Applications (outside of Committee control)*	29	3	3
Pending Applications (within the Committee control)*	0	0	0
Initial License Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	-	-	7
Average Days to Application Approval (incomplete applications)*			
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed	151	266	277
* Optional. List if tracked by the Committee.			

21. How does the Committee verify information provided by the applicant?

The Committee requires transcripts, examination results, and license verification to be sent 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 does the Committee use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?**

   The Committee requires that all applicants have fingerprints completed either manually or via Livescan per Business and Professions Code, Division 1, Chapter 1, section 144, Business and Professions Code, Division 2, Chapter 8.2, section 3630, and California Code of Regulations section 4212(a)(8). Furthermore, the Committee also requires a Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) background check, which reveals licenses held by the applicant in any other state, in order to obtain whether any prior or current disciplinary actions have been taken against the applicant by another regulatory entity. The applicant is also compelled to disclose prior convictions and pending convictions on the application for licensure.

b. **Does the Committee fingerprint all applicants?**

   Yes, the Committee requires fingerprints from all applicants prior to licensure.

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

   Yes

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

   Yes, the Committee requires a Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) background check, which reveals licenses held by the applicant in any other state, in order to discover whether any prior or current disciplinary actions have been taken against the applicant by another regulatory entity. The Committee then uses the National Practitioner Data Bank (NPDB) to obtain further disciplinary information. The NPDB is also used to obtain information on malpractice cases filed against the applicant/licensee. The Committee reports all disciplinary actions to both FNMRA and NPDB.

e. **Does the Committee require primary source documentation?**

   Yes, the Committee requires that all naturopathic school transcripts, NPLEX scores, and license verifications from other states, be submitted directly to the Committee by primary source.

22. **Describe the Committee'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 Council on Naturopathic Medical Education (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.

23. Describe the Committee's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the Committee identify or track applicants who are veterans? If not, when does the Committee expect to be compliant with BPC § 114.5?

Yes, the Committee is tracking applicants who are veterans.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the Committee?

See answer for question "c", below.

c. What regulatory changes has the Committee made to bring it into conformance with BPC § 35?

The military does not offer educational credits, which can be applied towards obtaining a Naturopathic Doctors degree; therefore regulatory changes are not necessary.

d. How many licensees has the Committee waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on Committee revenues?

To date the Committee has not received any waiver requests of fees and continuing education requirement pursuant to Business and Professions Code section 114.3, therefore there has been no loss of revenue.

e. How many applications has the Committee expedited pursuant to BPC § 115.5?

The Committee has not received any waiver requests to expedite an application for initial licensure or license renewal, pursuant to Business and Professions Code section 115.5.

24. Does the Committee send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Committee sends No Longer Interested (NLI) notifications to DOJ on a regular and ongoing basis. The NLI is prepared manually and sent to DOJ when the license is canceled.

There is no backlog for NLI notifications at this time.

Examinations

Table 8. Examination Data				
California Examination (include multiple language) if any: N/A				
	License Type	-	-	-
	Exam Title	-	-	-
FY 2012/13	# of 1st Time Candidates	-	-	-
	Pass %	-	-	-
FY 2013/14	# of 1st Time Candidates	-	-	-
	Pass %	-	-	-
FY 2014/15	# of 1st Time Candidates	-	-	-
	Pass %	-	-	-
FY 2015/16	# of 1st time Candidates	-	-	-
	Pass %	-	-	-
	Date of Last OA	-	-	-
	Name of OA Developer	-	-	-
	Target OA Date	-	-	-
National Examination (include multiple language) if any: No language other than English				
	License Type	Naturopathic Physician		
	Exam Title	Naturopathic Physicians Licensing Examination Part I&II	Part I – Biomedical Science Examination	Part II – Core Clinical Science Examination
FY 2012/13	# of 1st Time Candidates		482	420
	Pass %		82%	84%
FY 2013/14	# of 1st Time Candidates		469	442
	Pass %		77%	85%
FY 2014/15	# of 1st Time Candidates		540	441
	Pass %		74%	84%
FY 2015/16	# of 1st time Candidates		538	504
	Pass %		79%	80%
	Date of Last OA	2012		
	Name of OA Developer	Mountain Measurement, Portland, OR		
	Target OA Date	2018		

25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

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.

The NPLEX is only offered in the English language.

26. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

The average pass rate for NPLEX Part 1 over the past four years is 78%, (data available for first-time takers only).

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

The Committee does not administer any examinations.

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

N/A

School approvals

29. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Committee 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 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 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.

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

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.

31. What are the Committee'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

32. Describe the Committee's continuing education/competency requirements, if any. Describe any changes made by the Committee 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 Committee 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).

Even though it is not required, 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.

At this time, the Committee is creating a policy in order to conduct random audits as are done by other licensing boards. The Committee will use the BreEZe system in order to select a specific percentage of licensees to audit once every quarter.

b. Does the Committee conduct CE audits of licensees? Describe the Committee'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 Committee is creating a policy in order to conduct random audits, as are done by other licensing boards. The Committee will use the BreEZe system in order to select a specific percentage of licensees to audit once every quarter.

c. What are consequences for failing a CE audit?

Normally, the license will be renewed but will be placed on Inactive status until 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? What is the percentage of CE failure?

No statistics for CE audits have been tracked.

e. What is the Committee'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 Committee approves them, what is the Committee application review process?

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

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

N/A

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

N/A

i. Describe the Committee's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's 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

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

The performance target for intake is 30 days (1 month) from the complaint received date to the date the complaint was assigned to an investigator (Performance Measure 2). The majority of the performance targets were met within 40 days . This is due in part to the board's hiring an additional enforcement analyst in July 2014.

Due to the lack of staffing there was a backlog in enforcement which is now being worked and current cases are falling within the performance targets.

The performance target for investigations is 360 days (12 months) from the complaint received date to closure of the investigation (Performance Measure 3). This performance measure includes both internal and field (sworn) investigations. The Committee has consistently met this target for the last three years. The highest average cycle time was 97 days during FY 14-15. The lowest average cycle time was 15 days during FY 13-14.

The performance target for Formal Disciplines is 540 days (18 months) from the complaint received date to the disciplinary order filed date (Performance Measure 4). This performance target is largely outside the of the Committee's control once the case is transmitted to the Attorney General. In general, these cases are heavily investigated by sworn investigators and require a medical expert to provide an opinion. During the last 3 fiscal years, the Committee was able to meet the performance target at 246 days.

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

The Committee has noticed a trend in the cases received. The majority of cases is for unlicensed practice. Since the addition and training of an additional enforcement staff, the Committee plans to do more to utilize the cite and fine program and will work towards "naturopath" title protection to fully protect the consumers.

Table 9a. Enforcement Statistics

	FY 2013/14	FY 2014/15	FY 2015/16
COMPLAINT			
Intake			
Received	32	32	39
Closed	3	4	7
Referred to INV	*135	28	25
Average Time to Close	15	97	95
Pending (close of FY)	23	44	51
Source of Complaint			
Public			
Licensee/Professional Groups			

Governmental Agencies			
Other			
Conviction / Arrest			
CONV Received	0	0	0
CONV Closed	0	0	0
Average Time to Close	0	0	0
CONV Pending (close of FY)	N/A	N/A	N/A
LICENSE DENIAL			
License Applications Denied	0	0	0
SOIs Filed	0	0	0
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	N/A	N/A	N/A
ACCUSATION			
Accusations Filed	0	1	0
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	0	0	1
Average Days Accusations	0	246	0
Pending (close of FY)	0	1	0

Table 9b. Enforcement Statistics (continued)

	FY 2013/14	FY 2014/15	FY 2015/16
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	0	0	0
Stipulations	0	1	0
Average Days to Complete	0	246	0
AG Cases Initiated	0	1	0
AG Cases Pending (close of FY)	0	0	0
Disciplinary Outcomes			
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	1	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	-	-	-
Successful Completions	-	-	-
Participants (close of FY)	-	-	-
Terminations	-	-	-
Terminations for Public Threat	-	-	-
Drug Tests Ordered	-	-	-

Table 9c. Enforcement Statistics (continued)

	FY 2013/14	FY 2014/15	FY 2015/16
INVESTIGATION			
All Investigations			
First Assigned			
Closed			
Average days to close			
Pending (close of FY)	4	6	6
Desk Investigations			
Closed			
Average days to close			
Pending (close of FY)	0	4	4
Non-Sworn Investigation			
Closed			
Average days to close			
Pending (close of FY)			
Sworn Investigation			
Closed			
Average days to close			
Pending (close of FY)	5	4	5
COMPLIANCE ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	1	0
Cease & Desist/Warning			
Referred for Diversion	0	0	0
Compel Examination	0	0	0
CITATION AND FINE			
Citations Issued	1	0	
Average Days to Complete	60	0	
Amount of Fines Assessed	2,500	0	
Reduced, Withdrawn, Dismissed	500	0	
Amount Collected	0	0	0
CRIMINAL ACTION			
Referred for Criminal Prosecution	0	0	0

**Due to implementation of BreEZe and limited staffing resources, all complaints were sent to DOI INV for review.*

Table 10. Enforcement Aging						
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year			1		1	
2 Years						
3 Years						
4 Years						
Over 4 Years						
Total Cases Closed			1		1	
Investigations (Average %)						
Closed Within:						
90 Days						
180 Days						
1 Year						
2 Years						
3 Years						
Over 3 Years						
Total Cases Closed						

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

The overall statistics show a vast improvement in the disciplinary actions since the last review. This is due to the Committee's ability to secure a staff position for the enforcement program and reduce the backlog created during the implementation of BreEZe. Unfortunately, until recently, the data was not being captured properly due to the inability to convert the prior data to the new BreEZe system.

36. How are cases prioritized? What is the Committee'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.

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

a. What is the dollar threshold for settlement reports received by the Committee?

b. What is the average dollar amount of settlements reported to the Committee?

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.

The Committee may look into adding NDs to the provisions within BPC 801, 801.1, and 802 as it requires insurers who provide professional liability insurance to a licensee, to report malpractice settlements over $30,000 to the regulatory authority of the provider.

Additionally, by following the regulations for other primary care providers, adding NDs to BPC section 803 would require the clerk of the court to report an ND who has committed a crime, or is liable for any death or personal injury resulting in a judgement of any amount caused by his/her negligence or incompetence.

The inclusion of NDs within BPC section 803.5 would require the district attorney, city attorney, or other prosecuting agency to notify the Committee and the clerk of the court in which the charges have been filed, of any felony charge filings against a licensee of the Committee. The clerk of the court in which a licensee is convicted of a crime would, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the Committee.

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

A Stipulated Settlement offer can be made to the licensee and/or his/her legal counsel. Once a settlement offer is reached, the Deputy Attorney General will prepare a Stipulated Settlement and Disciplinary Order, which is signed by both the respondent, his/her legal counsel, if applicable, and the Deputy Attorney General. The document is then submitted to the Committee members for their vote. If the Committee members vote to adopt the settlement, then the Stipulated Settlement and Disciplinary Order is filed.

The Committee follows their Disciplinary Guidelines to ensure that the terms and conditions of the probation fit the violations committed by the licensee. The probationary period, on an average, is 5 years. If the violation includes negligence or incompetence, the probationary term may include a comprehensive assessment and clinical evaluation course, a supervised, structured practice, or a practice monitor. The Committee will require the licensee take courses, such as recordkeeping, prescribing courses, ethics course and other courses that would fit the violations committed by the licensee. If the violation includes drug and/or alcohol impairment, the licensee would need to enter and participate in a diversion program until such time the program feels the licensee is rehabilitated and no longer in need of monitoring. The Committee also collects cost recovery of investigative and prosecuting costs.

a. What is the number of cases, pre-accusation, that the Committee settled for the past four years, compared to the number that resulted in a hearing?

Decision Type Outcome	Case Count From 07/01/2012 – 06/30/2016
Stipulations Pre-Accusation / SOI	1
Hearing Decisions	0
*Default Decisions	0

**Default decisions are included as they represent another potential method through which a disciplinary action can be taken.*

b. What is the number of cases, post-accusation, that the Committee settled for the past four years, compared to the number that resulted in a hearing?

Number of Cases Ending in Stipulation Post-Accusation/Statement of Issues vs. Hearing

Decision Type Outcome	Case Count From 07/01/2012 – 06/30/2016
Stipulations Pre-Accusation / SOI	1
Hearing Decisions	0
*Default Decisions	0

**Default decisions are included as they represent another potential method through which a disciplinary action can be taken*

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

Decision Type Outcome	Case Count From 07/01/2012 – 06/30/2016
Stipulations	100%
Hearing Decisions	0
*Default Decisions	0

**Default decisions are included as they represent another potential method through which a disciplinary action can be taken*

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

The Committee has no statute of limitation regarding enforcement timelines.

40. Describe the Committee's efforts to address unlicensed activity and the underground economy.

The unlicensed activity and underground economy of naturopathic medicine continues to be an issue for the Committee. While lobbying for SB 538, we noticed that there is a mass misconception in the public between individuals calling themselves "naturopaths", and licensed "naturopathic doctors". This causes consumers to unknowingly seek out "naturopaths", not realizing these individuals are unlicensed and do not meet the extensive education and training that NDs are required to have for licensure.

During FY 2013/14, the make-up of the enforcement workload within the Committee was as follows:

Unprofessional Conduct	1 (1%)
Advertising Violations	11 (8%)
Unlicensed Activity	126 (91%)
TOTAL CASES	138

The investigative costs associated with these cases was $30,077, which is 9.6% of our total budget.

Not only does this type of violation significantly increase the risk of harm to the consumers in California, it also takes away potential patients from licensed Naturopathic Doctors (NDs). Additionally, this causes a potential loss of income for California NDs, causing yet, another workforce issue.

In the interest of carrying out our mandated duties of protecting the public, the Committee would like to carry legislation for the title protection of "naturopath". The Committee requested additional funding through the BCP process to carry legislation; however, the request was viewed as "Legislative", and did not meet DOFs criteria for the budget change process at the time.

Cite and Fine

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

The Committee, as an enforcement measure, uses citations and fines for licensees who remain refractory to Committee policies and orders. The Committee envisions this as a tool to remind its licensees that failure to be compliant can result in penalty. The current limit is set at $2,500. However, the Committee may include a fine of $2,501 up to $5,000 if the citation involves a violation that has an immediate relationship to the health and safety of another person; the cited individual has a history of two or more prior citations of the same or similar violation, the citation involves multiple violations that demonstrate a willful disregard of the law, or the citation involves a violation or violations perpetrated against a senior citizen or disabled person.

Citations and Fines are also used for individuals who are in violation of illegal use of the protected titles within the Act.

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

A cite and fine is issued for minor violations of the law. If is not considered a disciplinary action under the California law, but is an administrative action. Payment of the fine amount represents satisfactory resolution of the matter.

43. How many informal office conferences, Disciplinary Review Committee reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

There has been one informal office conference of a citation and fine in held FY 2015/16. There have been no Disciplinary Reviews or Administrative Procedure Act appeals of a citation or fine since the last review.

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

The most common violations for which a cite and fine is utilized are:

- Illegal use of title of “ND” or “naturopathic doctor” by an unlicensed person (91% 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: advertising violations

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

The average fine, pre- and post- appeal, is $1,500.

46. Describe the Committee’s use of Franchise Tax Committee intercepts to collect outstanding fines.

The Committee has not yet utilized the Franchise Tax Board’s program to collect outstanding fines; however, the Committee intends to use FTB when needed.

Cost Recovery and Restitution

47. Describe the Committee’s efforts to obtain cost recovery. Discuss any changes from the last review.

Pursuant to Business and Professions Code section 125.3, the Committee has the authority to collect cost recovery of investigative and enforcement costs from the licensee. The Administrative Law Judge (ALJ) may order the licensee to reimburse the Committee for investigative and enforcement costs as part of a disciplinary order. During a settlement conference, cost recovery can be used as a negotiating tool. Once a licensee is placed on a probation and a cost repayment becomes a condition of the probationary order, the Committee’s probation monitor tracks compliance of the repayment. Those whose order allows for a payment plan will set up a plan with the probation monitor. The probation monitor ensures that the payments are made in a timely manner. For those who may become delinquent or miss a payment, the probation monitor will contact them either by phone or in writing, to get the probationer current with their payment(s). If the probationer does not comply with the probation monitor’s request, a Petition to Revoke Probation will be filed for violation of probationary order. With the probation monitor’s active involvement, the Committee can be successful in obtaining the ordered cost recovery.

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

The amount ordered is found in Table 11, Cost Recovery. When an ALJ orders cost recover in a revocation case, it is usually difficult to collect as the revocation takes away the licensees means of income and therefor may have little or no financial resource. The Committee considers their mission is met when the ultimate result is revocation of a license in the most egregious cases; and that the cost incurred in these cases are well spent in the protection of the consumers. However, one of the terms in the final order will state that the full cost recovery will need to be paid before the respondent can petition the Committee for reinstatement of their license. This language is also included in a Stipulated Surrender of a license.

49. Are there cases for which the Committee does not seek cost recovery? Why?

When negotiating a stipulated surrender of a license, sometimes, it is best to waive cost recovery in exchange for a surrender of a license. This saves hearing costs and other additional administrative costs, which could be a cost saving to the Committee. In some cases, which are heard before the ALJ, the ALJ may reduce the amount of cost recovery sought by the Committee or may reject the Committee's request for cost recovery.

50. Describe the Committee's use of Franchise Tax Committee intercepts to collect cost recovery.

The Committee has not had the need to use the FTB interception as a collection tool. Should there be a need in the future to use FTB intercept to collect outstanding cost recovery, the Committee could utilize this method of collecting.

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

Table 11. Cost Recovery (list dollars in thousands)

	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Total Enforcement Expenditures				
Potential Cases for Recovery *				
Cases Recovery Ordered				
Amount of Cost Recovery Ordered		$7		
Amount Collected		$7		

* "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 (list dollars in thousands)

	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Amount Ordered	-	-	-	-
Amount Collected	-	-	-	-

Section 6 – Public Information Policies

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

The Committee uses its website to provide information regarding committee activities as well as legislative and regulatory changes. All committee and subcommittee meetings are noticed a

minimum of ten (10) days prior to the meeting. At this time, the Committee agendas and materials on the website date back to December 2004.

53. Does the Committee webcast its meetings? What is the Committee's plan to webcast future Committee and committee meetings? How long to webcast meetings remain available online?

The Committee has not webcast any meetings to date due to availability and location of meetings. However, the Committee will begin using webcasting in order to provide consumers and other interested parties, an opportunity to view our meetings.

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

The Committee establishes meetings on an "as needed" basis, normally meeting dates are scheduled in advance during meetings and are posted on the website. However, the Committee does not establish an annual meeting calendar.

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

The Committee's complaint disclosure policy is consistent with the DCA's Recommended Minimum Standards for Consumer Complaint Disclosure. All accusations, petition to revoke probation, statement of issues and all disciplinary actions are posted on the website. These disciplinary documents are linked to the licensee's individual records and consumers may view all documents by selecting the link provided.

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

The Committee does not provide information regarding licensee's education, specialty areas, certifications, and/or awards. However, the Committee does provide information regarding each licensee's license status, address of record, whether the ND is qualified to furnish drugs (NDF Qualified), along with the original issuance date of licensure and the expiration date.

Additionally, all discipline, past and current are published. The Committee's website home page provides a link to licensure verification through BreEZe. Using the BreEZe system, consumers may verify license status, including the information detailed above.

57. What methods are used by the Committee to provide consumer outreach and education?

The Committee's website has a "Consumer" tab that provides links to information such as the complaint process, frequently asked questions and answers, additional resources, and a link to our publication, "A Consumer's Guide to Naturopathic Medicine".

Additionally, the Committee offers a subscriber list that allows consumers to sign up for alerts on enforcement actions and/or information such as board meeting agendas and materials, legislative changes, and opportunity to comment on pending regulations.

Section 7 – Online Practice Issues

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

Telehealth (previously called telemedicine) is seen as a tool in medical practice, not a separate form of medicine. There are no legal prohibitions to using technology in the practice of medicine, as long as the practice is done by a California licensed naturopathic doctor. Telehealth is not a telephone conversation, email/instant messaging conversation, or fax; it typically involves the application of videoconferencing or store and forward technology to provide or support health care delivery.

The standard of care is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care. NDs need not reside in California, as long as they have a valid, current California license.

As of January 1, 2012, AB 415 (2011), repealed existing law related to telemedicine and replaced this law with the Telehealth Advancement Act of 2011, which revised and updated existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal program. This law also expanded the previous medical professional list of whom could offer telehealth services to include all professionals licensed under Division 2 of the State's healing arts statute, allowing for expanded provider use of telehealth services and expanded access to needed services.

Additionally, in 2015, AB 809 revised the informed consent requirements relating to the delivery of health care via telehealth by permitting consent to be made verbally or in writing, and by deleting the requirement that the health care provider who obtains the consent be at the originating site where the patient is physically located. This bill requires the health care provider to document the consent.

NDs using telehealth technologies to provide care to patients located in California must be licensed in California. NDs are held to the same standard of care, and retain the same responsibilities of providing informed consent, ensuring the privacy of medical information, and any other duties associated with practicing medicine regardless of whether they are practicing via telehealth or face-to-face, in-person visits.

The main charge of the Committee is the protection of the public, and the only reason to consider regulation of internet business practices would be in an instance where action of a business is a threat to the public as interpreted under the Naturopathic Doctors Act. Currently, there are no apparent threats. However, the Committee plans to remain vigilant.

Section 8 –
Workforce Development and Job Creation

59. What actions has the Committee taken in terms of workforce development?

The Committee expedites license applications of naturopathic doctors who can demonstrate that he or she will be practicing in an underserved as defined by Health and Safety Code section 128565. Additionally, the Committee expedites license applications of all naturopathic doctors who are spouse or domestic partner of a current military personnel actively stationed in California.

The Committee also supported the SB 538 (Block/Hueso) bill, sponsored by the CNDA, to assist with bringing parity to the other regulatory boards. The bill did not pass. The Committee would like to discuss sponsoring a similar bill that would allow NDs to practice as trained and provide full naturopathic medical services to the consumers of California

60. Describe any assessment the Committee has conducted on the impact of licensing delays.

The Committee has not conducted any assessment on the impact of licensing delays. However, during the 2013 BreEZe implementation, and the restriction of staffing (1), the Committee noticed some backlogs in the application process. The current Executive Officer implemented changes to the initial and renewal license application processes. These internal changes, along with the addition of an analyst, have reduced the number of days to process applications. The Committee is currently meeting and/or exceeding the current performance targets/expectations for its licensing program.

Additionally, the Committee has placed initial and renewal license applications online by means of the BreEZe system. The Committee is presently in the process of adding other online services for licensees, such as, the ability to provide address changes and requesting duplicate or replacement certificates.

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

The Committee has held meetings at the naturopathic college (Bastyr) in San Diego, in order to allow students to familiarize themselves with the regulatory process. This has allowed students to interact with the Committee and staff, learn about the application process, and find out about the scope of practice in California.

The Committee was satisfied with the outcome of student participation and feedback from the administration. There are plans to hold additional meetings at the college to allow this type of outreach and education for potential licensees.

62. Describe any barriers to licensure and/or employment the Committee believes exist.

Naturopathic medicine in the U.S. has risen dramatically in response to the increasing demand for primary care providers trained in both natural and conventional medicine. The number of NDs in North America increased by 91% from 2001-2006 and continues to grow rapidly.

Additionally, NDs licensed in other states looking to relocate to California have to limit their practice and dramatically reduce the level of service to their patients. This creates a huge disservice, not only to the ND, but ultimately to the consumer/patient.

Specific limitations for NDs in California include supervision requirements when prescribing most medications, prohibitions on performing minor procedures, and the inability to oversee nurses in a medical practice. These limitations interfere with patient access to appropriate primary care, costing patients added time, money, and risk, especially in the case of acute conditions such as asthma or high blood pressure. NDs are trained in each of these areas during their four year, post-graduate accredited naturopathic medical education, yet the current law creates obstacles for patients seeing NDs for their primary care needs.

NDs have a strong record of performing these procedures safely in other states; with excellent standing and no malpractice cases being reported to date. The language of the original Naturopathic Physicians Act, clearly intended for MD/DO supervision of prescriptions to be short-lived and replaced by a more comprehensive independent formulary, and for minor procedures to become part of naturopathic practice following a demonstrated safety record, which we believe that has been proven. Recommendations to this effect were published by the Committee in 2007, and formulary subcommittee recently published additional findings echoing the earlier recommendations.

63. Provide any workforce development data collected by the Committee, such as:

a. Workforce shortages

See answer to Question 4 (Page 32).

b. **Successful training programs.**

Section 9 – Current Issues

64. What is the status of the Committee'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 Committee is currently in negotiations to be added to the current diversion contract. The Committee should be able to offer a diversion program for any licensee or applicant as soon as the contract has been fully executed.

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

No regulations were necessary because the provisions in CPEI are already in statute. Government Code section 11500 et seq., provides delegated authority to the Executive Officer of the Naturopathic Medicine Committee to accept and sign Default Decisions and Stipulated Surrender of Licenses. Pursuant to the CPEI, in 2013, we added an analyst to assist with the enforcement workload.

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

a. Is the Committee utilizing BreEZe? What Release was the Committee included in? What is the status of the Committee's change requests?

Yes, the Naturopathic Medicine Committee is currently utilizing the BreEZe platform and was implemented with Release 1.

The Committee has submitted 49 System Investigations Requests (SIRs) since implementation, with 12 SIRs being rejected and 30 SIRs resolved. The Committee continually works with the established DCA team of business integration analysts to analyze system operations and request changes. The business integration team focuses on aligning the program's business needs with system standards, flow, and function.

There are currently 7 SIRs awaiting program prioritization and assignment, by DCA, to a future software release.

b. If the Committee is not utilizing BreEZe, what is the Committee's plan for future IT needs? What discussions has the Committee had with DCA about IT needs and options? What is the Committee's understanding of Release 3 Committees? Is the Committee currently using a bridge or workaround system?

Not applicable to the Naturopathic Medicine Committee.

Section 10 – Committee Action and Response to Prior Sunset Issues

Include the following:

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

Issue #1 – Is the NMC able to meet the goals and objectives of its 2010 Strategic Plan?

The Joint Oversight Committee was concerned that the NMC had difficulty operationalizing the majority of its goals and tasks outlined in its 2010-2012 Strategic Plan in the following areas:

- **Licensing:**
  - Ensuring applicant integrity by validating all information supplied by the applicant through the appropriate sources.
  - Implement processes and procedures to audit Continuing Education.

- **Enforcement:**
  - Train staff to manage enforcement processes.
  - Create a fair adjudication process for regulatory compliance.
- **Legislation:**
  - Monitor laws of naturopathic medicine in other states.
  - Develop parity with other state naturopathic medical laws.
- **Administration:**
  - Ensure the Committee has the staffing and resources necessary to carry out its mission.

Action Taken by Committee – Issue #1:

- The Committee currently ensures applicant integrity by validating all information supplied on the application. It is required that any and all naturopathic school transcripts, National Exam (NPLEX) score transcripts, license verifications, and any disciplinary/court documentation, are submitted to the Committee by primary source.
- Creation and implementation of a continuing education (CE) audit system has been developed using the BreEZe CE audit component, which randomly selects specific percentages of renewal applicants for review. Currently, the Committee has not found any deficiencies with the random samples.
- With the addition of an analyst position, the Committee made efforts in reducing the large backlog in enforcement that had been created during the BreEZe implementation. The Committee continues to work the backlog and is now using standardized adjudication process for regulatory compliance. The Committee used the DCAs Division of Investigation to assist with this process.
- Naturopathic laws in other states have been closely monitored in order to assist with developing parity between California and the other regulatory states.

  The Committee strongly supported SB 538 (Block/Heuso), sponsored by the California Naturopathic Doctors Association (CNDA), which would have allowed NDs in California to practice as trained and bring the naturopathic laws and services in line with the other regulating states. Unfortunately, the bill failed. The Committee plans to carry a similar bill during an upcoming session in order to meet the recommendations in the last review.
- Changes to staffing and resources (budget), has been increased to ensure that the NMC may carry out its primary mission of public protection.
- Furthermore, the NMC has created a new Strategic Plan (2016-2019) which will assist the Committee in meeting the recommendations of the Joint Review Committee. An Action Plan has also been generated to assist in meeting the missions and goals as outlined in the Strategic Plan. (Refer to section 12, Attachment C).

Issue #2 – Are there steps the NMC should take in order to make enforcement data available to the public?

The Joint Oversight Committee was concerned that the quarterly performance measures have not been publicly posted.

Staff Recommendations:

The NMC should detail their plan for ensuring the quarterly enforcement data is posted publicly.

Action Taken by Committee – Issue #2:

The Committee's complaint disclosure policy is consistent with the DCA's Recommended Minimum Standards for Consumer Complaint Disclosure. All accusations, petition to revoke probation, statement of issues and all disciplinary actions are posted on the website. These disciplinary documents are linked to the licensee's individual records and consumers may view all documents by selecting the link provided.

Furthermore, the Committee's quarterly performance measures are posted on the Department's (DCA) and Committee's websites.

Issue #3 – Should the NMC use a national data bank to check the background of applicants for licensure?

The Joint Oversight Committee was concerned that the NMC was not utilizing methods such as the National Practitioners Data Bank (NPDB) to thoroughly examine a potential licensee's professional background and criminal history.

Staff Recommendations:

The NMC should work with DCA to ensure that they receive a CalCard in order to apply for the National Practitioner Databank and conduct other critical business. The NMC should also provide an alternative plan for registering for the National Practitioner Databank should the CalCard process continue to be delayed.

Action Taken by Committee – Issue #3:

The Committee requires a Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) background check, which reveals licenses held by the applicant in any other state in order to obtain whether any prior or current disciplinary actions have been taken against the applicant by another regulatory entity. The Committee then uses the National Practitioner Data Bank (NPDB) to obtain further disciplinary information. The NPDB is also used to obtain information on malpractice cases filed against the applicant/licensee. The Committee reports all disciplinary actions to both FNMRA and NPDB.

Issue #4 – Should the NMC utilize the Franchise Tax Board's Interagency Intercept Collections program (IIC)?

The Joint Oversight Committee was concerned that the NMC is not using the Franchise Tax Board's intercepts to collect outstanding fines.

Staff Recommendations:

The NMC should provide an explanation why the NMC is not using the Franchise Tax Board's intercepts.

Action Taken by Committee – Issue #4:

The Committee has not yet utilized the Franchise Tax Board's program to collect outstanding fines as we have not had any outstanding fines that have not been paid utilizing internal collection process; however, the Committee intends to use FTB when needed and has policy in place.

Issue #5 – What is the status of the NMC's implementation of the Uniform Standards for Substance Abusing Licensees?

The Committee is concerned that the NMC has not identified a diversion program for its licensees and is in violation of the law.

Staff Recommendations:

The NMC should inform the committee of their attempts to acquire a diversion contract. What are the specific impediments that have made this task difficult to accomplish? The Committee suggests that the NMC proceed with securing a contract immediately.

Action Taken by Committee – Issue #5:

One of the main components of SB 1441 is the ability for a substance-abusing licensee to have access to a diversion program. The Committee is currently in negotiations to be added to the current diversion contract. The Committee should be able to offer a diversion program for any licensee or applicant as soon as the contract has been fully executed. There have been no enforcement issues relating to substance abuse in the last four (4) years, additionally, there have been no substance related enforcement issues since the creation of the Committee.

Issue #6 – How does the NMC regulate online practice?

The Committee is interested in learning about the dynamics of a NDs online practice. Specifically, how are NDs utilizing the Internet to treat patients?

Staff Recommendations:

The NMC should advise the Committee of the dynamics of online practice. The NMC should consider developing a committee to create policies to govern the practice of naturopathic medicine via the Internet.

Action Taken by Committee – Issue #6:

Telehealth (previously called telemedicine) is seen as a tool in medical practice, not a separate form of medicine. There are no legal prohibitions to using technology in the practice of

medicine, as long as the practice is done by a California licensed naturopathic doctor. Telehealth is not a telephone conversation, email/instant messaging conversation, or fax; it typically involves the application of videoconferencing or store and forward technology to provide or support health care delivery.

The standard of care is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care. NDs need not reside in California, as long as they have a valid, current California license.

As of January 1, 2012, AB 415 (2011), repealed existing law related to telemedicine and replaced this law with the Telehealth Advancement Act of 2011, which revised and updated existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal program. This law also expanded the previous medical professional list of whom could offer telehealth services to include all professionals licensed under Division 2 of the State's healing arts statute, allowing for expanded provider use of telehealth services and expanded access to needed services.

Additionally, in 2015, AB 809 revised the informed consent requirements relating to the delivery of health care via telehealth by permitting consent to be made verbally or in writing, and by deleting the requirement that the health care provider who obtains the consent be at the originating site where the patient is physically located. This bill requires the health care provider to document the consent.

NDs using telehealth technologies to provide care to patients located in California must be licensed in California. NDs are held to the same standard of care, and retain the same responsibilities of providing informed consent, ensuring the privacy of medical information, and any other duties associated with practicing medicine regardless of whether they are practicing via telehealth or face-to-face, in-person visits.

Issue #7 – Why are there discrepancies in the NMC's cite and fine statistics?

The Committee recognizes the importance of citing and fining unlicensed and licensed practitioners and is concerned about the NMCs ability to track, cite and fine data due to the discrepancies in cite and fine statistics they provided in their report. The Committee also desires to understand why there was more than 50% decrease in fines post-appeal and what the status of outstanding fines is.

Staff Recommendations:

The NMC should clarify the discrepancy in the report. The NMC should also provide a rationale for the more than 50% decrease in fines post-appeal. The NMC should provide an update on the status of outstanding fines.

Action Taken by Committee – Issue #7:

The Committee has implemented a policy to utilize the tracking system within BreEZe to track and monitor cite and fines issued by the Committee. Largely, infractions are corrected once

the Committee issues a cease and desist letter and educational material (i.e., B&PC and CCR sections), which offer an information and educational outreach to unlicensed individuals and licensees.

Issue #8 – Why is there so much missing licensing data?

The Committee is concerned about the significant amount of missing renewal application data. The Committee is also concerned about the NMCs ability to track data effectively.

Staff Recommendations:

The NMC should take immediate steps to ensure that licensing data is collected.

Action Taken by Committee – Issue #8:

The Committee has been able to correct the issues with data collection and data tracking with the implementation to the BreEZe system. Although the Committee had some issues with the system in the beginning, DCA leadership was able to implement new processes and with the Release 2 phase, the Committee was able to get individualized support to correct these issues.

Due to the initial issues with BreEZe and the inability for data conversion for the Committee's Enforcement data, some of the data during the first two (2) fiscal years were skewed; however, the system is now working as intended. Moving forward, the Committee does not foresee any issues with data collection and tracking of licensing and enforcement data.

Issue #9 – Should the NMC collect customer satisfaction data?

The Committee considers this type of data collection to be of great importance and encourages the NMC to continue its data collection efforts.

Staff Recommendations:

The NMC should detail its plan for collecting consumer satisfaction data and reporting it to the Committee.

Action Taken by Committee – Issue #9:

It is the policy of the Committee to include a Consumer Satisfaction Survey and prepaid postage to consumers at the close of their respective enforcement case(s). Overall, there has not been a large submission of Consumer Satisfaction Surveys received by the Committee (21 responses total). With so few responses, it is difficult to conclude the level of satisfaction with the Committee in response to consumer complaints because a vast number of consumers who the Committee has served did not submit a survey response. This could be interpreted as general satisfaction by the majority of consumers.

There were no disparaging reviews.

Issue #10 – Webcasting meetings.

The Committee is concerned about the NMC's lack of use of technology in order to make the content of the NMC meetings more available to the public. Webcasting is an important tool that can allow for remote members of the public to stay apprised of the activities of the NMC as well as trends in the professions.

Staff Recommendations:

The Committee recommends that the NMC utilize webcasting at future meetings in order to allow the public the best access to meeting content, activities of the NMC and trends in the professions.

Action Taken by Committee – Issue #10:

The Committee has not webcast any meetings to date due to availability and location of meetings. However, the Committee will begin using webcasting in order to provide consumers and other interested parties an opportunity to view our meetings.

Issue #11 – Why have the NMC's budget change proposals (BCPs) been denied?

The NMC reported deficiencies that were directly related to a lack of staff that would be responsible for completing salient tasks. Currently, the NMC has an Executive Officer and no other support staff. Additionally, the NMC reported that their BCPs for additional staff have been denied for several years.

The Committee is extremely concerned about the NMC's ability to regulate the profession, as they have no staff other than their EO, which prevents them from performing essential tasks.

Staff Recommendations:

The NMC should inform the Committee of the specific reasons their BCPs were denied by DCA. The NMC should apprise the Committee of its plan to continue carrying out its various duties if the BCPs continue to be denied. The NMC may want to explore the possibility of hiring temporary or part-time staff to assist with completing critical tasks.

Action Taken by Committee – Issue #11:

In 2013/14 a BCP was submitted requesting one (1) Permanent full-time Staff (SSA/AGPA), and augmentation. The BCP was approved for both the position and augmentation after three (3) consecutive years of denied BCP requests. Although this position was approved, the position was only approved on a 3-year limited term basis. Per CalHR, a limited term position can only be established for a term no more than 1-year, with a 1-year extension (totaling a 2-year term).

Additionally, in 2014/15 another BCP was submitted requesting the limited term position be converted to a permanent position and funding to start in 2017/18 as the 2013/14 BCP approved funding for a 3 year term. The BCP was approved and the Committee was able to secure the additional staffing bringing the Committee's staff size up to two (2).

Section 11 – New Issues

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

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

   The Committee believes that title of "naturopath" should protected under the Naturopathic Doctors Act in order to fully protect the consumers from unknowingly seeking out an unlicensed individual.

2. **New issues that are identified by the Committee in this report.**
3. **New issues not previously discussed in this report.**
4. **New issues raised by the Committees.**

ATTACHMENTS

Section 12 – Attachments

Please provide the following attachments:

A. Committee's Administrative Manual.

B. Current organizational chart showing relationship of sub-committees to the Committee and membership of each sub-committee (Refer to Section 1, Question 1).

C. Strategic Plan (Referenced Section 1, Page 31).

D. Major studies, if any (Refer to Section 1, Question 4).

E. 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.) (Refer to Section 3, Question 15).

F. Enforcement Performance Measures (Referenced in Section 5, Page 52).

G. Customer Satisfaction Survey (Referenced in Section 2, Page 34).

H. Naturopathic Physicians Scope of Practice – State by State Comparison (AANP)

I. 2015 Minor Procedures Report

Section 13 – Committee Specific Issues

THIS SECTION ONLY APPLIES TO SPECIFIC BOARDS, AS INDICATED BELOW.

Diversion

Discuss the Committee's diversion program, the extent to which it is used, the outcomes of those who participate and the overall costs of the program compared with its successes.

Diversion Evaluation Committees (DEC) (for BRN and Osteo only)

This section does not apply to the Naturopathic Medicine Committee at this time.