

Department of Consumer Affairs



Board Meeting

Wednesday, September 17, 2025
9:00 AM

Main Meeting Location:

*Department of Consumer Affairs
1625 N. Market Blvd.
El Dorado Room – Suite N-220
Sacramento, CA 95834*

Various Location and Virtual Meeting Options

California Board of Naturopathic Medicine
Phone: (916) 928-4785

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TAB 1

Agenda



CALIFORNIA BOARD OF NATUROPATHIC MEDICINE
NOTICE OF TELECONFERENCE MEETING
September 17, 2025

Members of the Board

Dara Thompson, ND, **President**
Minna Yoon, ND, **Vice President**
Andrew Yam, MPP, **Secretary**
Bruce Davidson, PhD
Diparshi Mukherjee, DO
Setareh Tais, ND
Vera Singleton, ND

**Action may be taken on
any item listed on the
agenda.**

**The California Board of Naturopathic Medicine (Board) will meet by
teleconference in accordance with Government Code section 11123 (b)(2) at
9:00 a.m., on Wednesday, September 17, 2025, with the following locations
available for Board and public member participation:**

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

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

Garvey School Dist. Office 2730
Del Mar Ave Conference Room
One Rosemead, CA 91770

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

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

This meeting will be held via WebEx Events. To participate in the WebEx Events meeting, please log on to the website at the bottom of this page on the day of the meeting or you may attend in person at one of the locations listed above.

Instructions to connect to the meeting can be found at the end of this agenda. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format:
XXXXX@mailinator.com.

To participate in the WebEx Events meeting on September 17, 2025, please log on to this website the day of the meeting:

[Link Here](#)

or

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m20b7382730bfd84328ad62f94805ea74>

If joining using link above

Webinar number: 2486 327 1409

Webinar password: CBNM917

If joining by phone

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

Access Code: 2486 327 1409, followed by #

Passcode: 2266917, followed by #

AGENDA

1. Call to Order/Roll Call/Establishment of Quorum
2. Public Comment on Items Not on the Agenda
Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)
3. Discussion and Possible Action on Department of Consumer Affairs (DCA) Updates
 - a. Executive Office
4. Review and Possible Approval of August 20, 2025, Board Meeting Minutes
5. Update, Discussion, and Possible Action on 2025 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Naturopathic Doctors Profession
 - a. [AB 667](#) (Solache) Professions and vocations: license examinations : interpreters.
 - b. [AB 742](#) (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
 - c. [SB 470](#) (Laird) Bagley-Keene Open Meeting Act: teleconferencing.
 - d. [SB 641](#) (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.
 - e. [AB 447](#) (Gonzalez) Emergency room patient prescriptions: dispensing unused portions upon discharge.

- f. [AB 489](#) (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.
- 6. Update, Discussion and Possible Action on 2026 Sunset Review Report
- 7. Future Agenda Items and Next Meeting Dates
- 8. Adjournment

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

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

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

TAB 2

Public Comments

TAB 3

Department of Consumer Affairs Updates

a) Executive Office

TAB 4

Review and Possible Approval of 08/20/2025, Board Meeting Minutes

California Board of Naturopathic Medicine

Meeting Minutes

August 20, 2025

DRAFT

**MEMBERS
PRESENT:**

Dara Thompson, ND, President
Minna Yoon, ND, Vice President
Andy Yam, MPP, Secretary
Setareh Tais, ND
Diparshi Mukherjee, DO
Bruce Davidson, PhD

**MEMBERS
ABSENT:**

Vera Singleton, ND – Absent with cause

STAFF PRESENT:

Rebecca Mitchell, Executive Officer (EO)
Yuping Lin, Program Legal Counsel, Legal Affairs Div., DCA
Navdeep (Deepi) Miller, Regulations Counsel, Legal Affairs Div., DCA
David Bouilly, Moderator, SOLID Unit, DCA
Shelly Jones, Chief, on behalf of Board and Bureau Relations, DCA
Harmony DeFillippo, Budget Manager, Budget Office, DCA
Kaila Van Lindt, Budget Analyst, Budget Office, DCA
Catherine Bachiller, Office of Human Resources, DCA
Stephanie Louie, Office of Human Resources, DCA
Matthew Wainwright, Manager, Legislative Affairs Div., DCA
Raquel Oden, Program Analyst, Co-Moderator, CBNM
Florencia Francisco, Consumer Protection Svc. Analyst, CBNM

**MEMBERS OF
THE AUDIENCE:**

None

Agenda Item 1

Call to Order/Roll Call/Establishment of a Quorum

Dara Thompson, N.D., President, California Board of Naturopathic Medicine (CBNM or Board) called the meeting of the CBNM to order on August 20, 2025, at 10:56 a.m. A quorum was present, and due notice was provided to all interested parties.

Agenda Item 2

Public Comment

The Board invited public comments on items not included in the agenda. No public comments were received at any of the meeting locations.

Agenda Item 3

Discussion and Possible action on Advisory Committee Meeting Updates and Recommendations

a. Minor Office Procedures Advisory Committee

The MOP Advisory Committee members are Dr. Diparshi Mukherjee, DO and Dr. Chris Farley, ND, LAc (board consultant and MOP instructor at Bastyr University – CA).

The following meetings were held:

- The Minor Office Procedure (MOP) Advisory Committee meeting was held on **April 11, 2025**. The Committee Reviewed educational standards and competencies for minor office procedures.

The members confirmed exam comparability across licensing pathways (NPLEX, COMLEX, USMLE, COMVEX). They concluded NDs are competent to perform punch biopsies and small incisions for hormone pellet insertion.

The members directed staff to draft recommendation report for review before next meeting (April 18, 2025).

- The Minor Office Procedure Advisory Committee held an follow-up meeting on **April 18, 2025**.

The Committee Reviewed the draft Minor Office Procedures Recommendation Report and finalized content for Board consideration.

The members Examined MOP scope in Oregon and Washington to assess alignment with California's scope of practice. Additionally, the discussed potential NPLEX MOP elective requirement for licensure and the relevance of postgraduate residencies.

The Committee requested the finalized recommendation report be presented to the full Board.

During today's meeting the full Board was provided with the recommendations in a Memorandum from the Advisory Committee. The recommendation included a thorough review of the scope and applicability of standard minor office procedures for licensed NDs in California, focusing on training, NPLEX competencies, patient safety, and national alignment.

Recommended procedures within ND scope: includes punch biopsies, superficial minor incisions (for hormone pellet insertions), cryotherapy, and wound care needing simple suturing.

Rationale: The recommended procedures align with accredited ND education, NPLEX clinical competencies, improving patient access, and provide regulatory clarity.

Next Steps: Board approval of recommendations, draft clear scope language, consider supplemental training for current licensees, and communicate scope clarification during Sunset Review.

The full Board discussed the recommendation of the MOP Advisory Committee. Secretary Yam moved to adopt the recommendation as submitted by the Advisory Committee, to include it in the 2026 Sunset Review Report, and to further use the report to advance the original intent of the naturopathic doctor scope of practice.

No public comments were made during this agenda item.

Motion – Yam / Second – Yoon, to adopt the recommendation as submitted by the Advisory Committee, to include it in the 2026 Sunset Review Report, and to further use the report to advance the original intent of the naturopathic doctor scope of practice. Roll call vote taken; motion carried 6-0-0. (YES – Thompson, Yoon, Tais, Mukherjee, Yam, Davidson / NO – none / Abstentions – none).

b. Legislative Advisory Committee

The Legislative Advisory Committee members are Dr. Minna Yoon, ND and Mr. Andy Yam.

The following meeting was held:

- The Legislative Advisory Committee met on **April 18, 2025**. During the first meeting, the committee reviewed current statutes and regulations for modernization and alignment with current practice.

Discussed Board authority to update continuing education, DEI policy incorporation, and potential registration or tracking system of traditional naturopaths.

The members requested recent Sunset Review materials and review of prior Joint Oversight Committee recommendations.

The Committee anticipated follow-up meetings to continue discussions after full Board session.

No public comments were made during this agenda item.

There was no motion or action taken on this update.

c. Drug Formulary Advisory Committee

The Drug Formulary Advisory Committee members are Dr. Minna Yoon, ND, Dr. Diparshi Mukherjee, DO and Dr. Peter Koshland, PharmD (board consultant).

The following meeting was held:

- The Drug Formulary Advisory Committee met on **May 5, 2025**. Members reviewed current educational standards, clinical competencies, and regulatory limitations related to ND pharmacology, including historical prescribing rights and scope disparities with neighboring states.

The Committee discussed creating an exclusionary formulary to define prohibited drug classes, allowing regulatory flexibility while maintaining patient safety. Members also considered cannabis-related compounds (CBD permitted, THC prohibited) and emphasized the importance of allowing NDs to discuss these with patients without regulatory constraints.

Next steps include staff gathering formularies and statutes from other states, reviewing CBD/THC regulations, compiling enforcement data, and scheduling a follow-up meeting to continue formulary development.

President Thompson asked whether the prior proposed formulary had been used or reviewed. Staff responded that members reviewed much of the prior information and determined it was in the best interest to create a new list, incorporating both prior recommendations and new suggestions.

No public comments were made during this agenda item.

There was no motion or action taken on this update.

d. Intravenous (IV) and Advanced Injection Therapy Advisory Committee

The IV and Advanced Injection Advisory Committee members are Dr. Dara Thompson, ND and Dr. Virginia Osborne, ND, a consultant to the Board.

The following meetings were held:

- The IV and Advanced Injection Therapy Advisory Committee met on **May 30, 2025**. The Committee reviewed authority and proposed updates for IV therapy, including recertification and CPR requirements.

Members recommended revisions to CCR §§4237.1–4237.5 to align with statutory authority, agreeing with prior regulatory counsel guidance.

The Committee continued the work of developing infection control standards, clarifying “sterile” vs. “non-sterile” procedures; next steps include Sunset Review analysis and finalizing definitions.

- The IV and Advanced Injection Therapy Advisory Committee met on **August 14, 2025**.

The Committee continued review and refinement of infection control language, focusing on clarity, clinical accuracy, and alignment with statutory authority.

The Committee finalized definitions distinguishing “sterile” vs. “non-sterile” procedures and ensured enforceable standards reflecting safe, modern practice. The Committee submitted the recommended infection control language to the full Board and will reconvene as needed to continue work on CCR §§4237.1–4237.5 or if amendments are needed for CCR section 4209.

During today's meeting, the Board reviewed the proposed regulatory text for CCR section 4209, Infection Control. Regulatory counsel Miller noted, and EO Mitchell agreed, that the proposed regulatory text had not yet been reviewed or approved by legal. Following discussion, the Board directed staff to forward the proposed regulatory text to legal for review and to proceed with next steps in the rulemaking process.

No public comments were made during this agenda item.

Motion – Thompson / *Second* – Mukherjee, to approve the proposed language for CCR section 4209 – Infection Control, as presented and subject to legal review, to submit the proposed language to legal for review and approval, and to proceed with the rulemaking process. Roll call vote taken; motion carried 6-0-0. (YES – Thompson, Yoon, Tais, Mukherjee, Yam, Davidson / NO – none / Abstentions – none).

Agenda Item 4 Presentation on Continuing Education Tracking – CE Broker

Licensees have requested an easier way to track continuing education (CE), especially since the Board now conducts audits that go back 6 years. CE Broker is a vendor that provides CE tracking for licensees and other professionals across the nation. CE Broker provided a presentation to the board about the services they offer.

VP Yoon stated that as a health care practitioner that is dually licensed, a tracking system/service such as CE Broker would make tracking two separate CE requirements

easier. She asked if this service would show the different courses and which requirements they would satisfy. CE Broker staff stated that each course shows which requirements each would satisfy and would in turn make finding courses that would satisfy both license requirements easy.

Member Davidson inquired how many other naturopathic boards were customers of CE Broker. The presenters were able to use one of the naturopathic boards as a sample board when providing a walk-through and can get the numbers of how many ND boards currently use the services.

EO Mitchell advised board members that DCA is looking into solutions for CE tracking services for board/programs. It is also important to note that per state policies, any vendor contract outside of a statewide contract, would need to go through the vendor bidding process.

No public comments were made during this agenda item.

Agenda Item 5 Review and Possible Approval of January 23, 2025, Board Meeting Minutes

EO Mitchell provided the Board members with a draft copy of the 01/23/2025 Board meeting minutes. The Board had an opportunity to review the minutes prior to the commencement of the meeting.

The Board members approved the January 23, 2025, minutes as submitted.

No public comments were made during this agenda item.

Motion – Davidson / Second – Mukherjee, to approve the 01/23/2025 board meeting minutes as submitted. Roll call vote taken; motion carried 6-0-0. (YES – Thompson, Yoon, Tais, Mukherjee, Yam, Davidson / NO – none / Abstentions – none).

Agenda Item 6 Discussion and Possible Action on Executive Officer's Report

EO Mitchell provided reports on the following items:

a. Program Update

Board Member Vacancies: The Board is still experiencing appointment vacancies. Currently, the following Board Member positions are vacant:

- 1 professional member (ND, licensed in the state of CA) vacant since 2/2022
- 1 physician and surgeon, (MD/DO physician) vacant since 9/2019

Additionally, EO Mitchell advised the Board that as of 01/01/2026, four of the current board members terms will expire and will enter a 1-year grace period. Staff is working with DCA and the Governor's Appointment Office to get the last two positions filled.

b. Licensing Program

The applications processed for Quarter 3: January 1, through March 31, 2025, and Quarter 4: April 1 through June 30, 2025, data was reported as follows:

Application Type	Quarter 3		Quarter 4	
	Received	Approved	Received	Approved
License Application	3	8	3	5
Initial License Fee	7	7	6	6
Renewal Application	118	118	113	113
Totals	128	133	122	124

Total Licensee count as of June 30, 2025, is 1,225 under CBNM's jurisdiction.

License Status	Number of Licensees
Active/Current	1,047
Inactive/Current	27
Delinquent	138
Other (Retired, etc.)	13
Total	1,225

c. Consumer Protection Services Program

Case Intake and Closures for Quarter 3: January 1 through March 31, 2025, and Quarter 4: April 1 through June 30, 2025, data was reported as follows:

Metric	Q3	Q4	Total
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New Case Intake	22	19	41
Cases Closed	14	22	36
Citations Issued	1	0	1

Unlicensed vs. licensed enforcement activity as of June 30 2025:

- **Unlicensed Activity:** Accounts for approximately 56% of the Board's enforcement caseload. The Board has increased educational outreach to traditional naturopaths who use the ND title without a license or violate the Naturopathic Doctors Act. Compliance is often achieved before citations or fines are issued.
 - **5 pending cases.**
 - **Violations include:**
 - 4 cases (80%) - Misuse of the ND title (CA Bus. Prof. Code §3660).
 - 1 case (20%) - Causing harm or death to clients (CA Bus. Prof. Code §3644).
- **Licensed Naturopathic Doctors/Applicant Cases:** Accounts for 44% of the Board's enforcement caseload.
 - **9 pending cases.**
 - **Violations include:**
 - 2 cases (50%) - Unprofessional Conduct/Sexual Misconduct.
 - 2 cases (50%) - Incompetence/Unsafe Practice: 3 cases (30%).

d. Strategic Plan 2025 – 2030 Final Product

The 2025 – 2030 Strategic Plan was adopted by the board during the October 4, 2024, meeting. The DCA Publications Unit created the final product, and it has since been posted to the board's website under the publications tab. EO Mitchell thanked DCA's SOLID and PDE Units for their ongoing support during the creation of the Board's newest strategic plan.

e. New Doctor of Naturopathic Medicine Program- University of Western States (UWS) Granted Candidacy Status with Council on Naturopathic Education (CNME)

EO Mitchell reported that the University of Western States has a new naturopathic medicine program.

- The program is recognized by the Council on naturopathic medical education (CNME) and received candidacy status on April 24, 2025.
- Candidacy is not equal to accreditation but is recognized as progressing towards accreditation.
- Students are allowed to sit for NPLEX as long as CNME placed the program in this status.
- The new program is an on-campus program located in Portland, OR offering labs, lectures, clinical rotations and team-based learning.
- The program is 14 quarters in length with first classes starting October 2025.

f. Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) Update

EO Mitchell reported on the Federation of Naturopathic Medicine Regulatory Authorities – May 2025 Member Meeting.

- **Council on Naturopathic Medical Education Re-recognitions:** was in middle of review by the U.S. Department of Education; the Council will continue accrediting naturopathic doctor programs while monitoring potential diploma-mill or online-only schools trying to scope creep.
- **North American Board of Naturopathic Examiners / Naturopathic Physicians Licensing Exam:** NABNE plans to simplify reporting of exam results to a clear Pass/Fail format; the Licensing Exam continues to be administered twice yearly (February and August).
- **Scope Modernization & Reciprocity:** Updates provided on regulatory alignment in states such as Alaska, Colorado, and Maine; letters of support issued for Texas and Florida where they are attempting regulatory efforts; Idaho dual-board licensing concerns discussed.
- **Next Steps:** The Federation requested member suggestions for meaningful regulatory metrics they would like to see.

g. Naturopathic Coordinating Council (NCC) Update on Federal-level Executive Orders, Proposals, to Change/Eliminate Dept.. Of Education and Potential Impact to Accreditation, Congressional Budget Considerations Affecting GradPLUS Loans, Capacity and Sustainability of Existing Residencies.

The Naturopathic Coordinating Council (NCC) was reconvened to discuss the following matters:

- Discussed Update on Trump Executive Orders
 - Proposals to Change/Eliminate Dept. of Education and Potential Impact to Accreditation

- Congressional Budget Considerations Affecting GradPLUS loans.
 - This would cap the loans to \$200k for medical professional degrees.
 - Additional loans would need to be personal loans which are not guaranteed, especially for students without income.
 - Would need co-signers
 - High interest rates
 - This could discourage potential ND student candidates.
- The Council also discussed the capacity and sustainability of existing residency infrastructures for naturopathic medical programs if not enough funding can be allocated for these programs.

No public comments for this item.

Agenda Item 7 Status Update and Report of the Board's Current Rulemaking Proposals

EO Mitchell provided an update to the board's current Rulemaking proposals with the following anticipated target dates for providing a final draft of text:

Subject	Current Status	Target Completion Dates
Name Change (Sec. 100)	Approved by OAL and now effective.	03/06/2025
Delegation of Functions	Reg Pkg approved by DCA Director and sent to OAL for approval and rcv'd date-stamped form 400 on 8/11/2025.	08/12/2025
Inactive Status	Allow for inactive fee to collect half of current/active status. Notice of Publication est. for October 2025.	05/22/2025
Retired Status	Under development. Need to determine appropriate fee for the application process (authority BPC 464). Notice of Publication est. for October 2025.	05/22/2025
IV/Advanced Injection Therapies	Staff researching infection control for action in this area. Held advisory committee meeting 05/30/2025. Proposed to submit by end of 2026.	05/30/2025
Disciplinary Guidelines (DG)/Uniform Standards	Staff to start working with Regulatory Counsel on this package. Notice of Publication est. for Sept 2025.	05/22/2025

No public comments were made during this agenda item.

Agenda Item 8

Discussion and Possible Action on Department of Consumer Affairs (DCA) Updates

a. Executive Office

Shelly Jones, Chief on behalf of Board and Bureau Relations, DCA, provided the DCA Leadership update to the Board. Ms. Jones thanked the members for their service.

Ms. Jones provided an update on the reorganization of the California Business, Consumer Services and Housing Agency, which will be divided into two separate agencies. She noted that the Department of Consumer Affairs (DCA) will keep stakeholders informed as the process progresses and indicated that the reorganization is not expected to result in significant changes to DCA operations.

It was also reported that state employees were mandated to return to the office for a minimum of 4 days per work week through the Governor's Executive Order. After further negotiations between union groups and the Governor, this Executive Order was suspended for 1 year.

Lastly, Ms. Jones advised that due to budgetary constraints, all out of state travel is limited to essential, mission critical needs.

There were no public comments made.

b. Legislative Office – Oversight (Sunset) Review Process

Matthew Wainwright, Legislative Manager provided a brief overview of the sunset review process to the Board members and provided members with the opportunity to ask any questions that they may have on the process. Mr. Wainwright also stated that DCA, Legislative Affairs can provide technical assistance as we move forward through the process.

There were no public comments made.

c. Budget Office

Kaila Van Lindt, Budget Analyst, Budget Office, DCA, provided the Board's budget update. Projections for Expenditures, Revenue and Fund Condition were presented to the board members and was provided in the meeting materials.

The new fees were included in the projections, providing a better snapshot of the fund condition. This shows the fund in a better condition than what was originally

projected, but still shows an imbalance between revenue and expenditures, mostly around the pro-rata expenditures.

Member Davidson asked if there was a recommendation for funding in the months of reserve. Ms. Van Lindt stated that it should be anywhere from 3-6 months of reserves.

There were no public comments made.

d. Office of Human Resources

Catherine Bachiller, Manager, Office of Human Resources (OHR), DCA, was present to provide technical guidance to the board members if they had any questions or concerns with the Executive Officer Evaluation.

There were no member questions or public comments made during this item.

Agenda Item 9

Update, Discussion, and Possible Action on 2025 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Naturopathic Doctors Profession

Mr. Matthew Wainwright provided status of the following bills and where they currently stand in the current legislative session.

a. AB 667 (Solache) Professions and Vocations: License examinations: interpreters.

Requires each board within the Department of Consumer Affairs (DCA), other than boards that license health care professionals, to allow an applicant to use an interpreter when taking the written and oral portions of a licenser examination if the applicant cannot read, speak, or write in English. Requires each board to notify applicants that they may use an interpreter on its website in English, Spanish, Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic. Requires annual review and reporting of the language preference of each board's applicant's language preferences.

This bill is in Senate Appropriations.

b. AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

AB 742 requires each board within the Department of Consumer Affairs (DCA) to expedite the applications for applicants seeking licensure who are descendants of American slaves, once a certification process is established by the to-be created Bureau for Descendants of American Slavery (Bureau). AB 742

specifies its provisions are operative only upon enactment of Senate Bill 518 (Weber Pierson, 2025), which would establish the Bureau.

This bill is in Senate Appropriations (Suspense file).

c. SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.

This bill extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

This bill is in Assembly Appropriations.

d. SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

This bill authorizes licensing boards under the Department of Consumer Affairs (DCA) and the Department of Real Estate (DRE) and to waive certain licensure and fee-related laws and regulations for licensees impacted by a declared emergency or disaster.

Additionally, this bill prohibits unsolicited below-fair-market-value purchase offers for property located in a disaster area and imposes fines and penalties on a real estate licensee or any person who engages in such behavior. Finally, this bill establishes contractor requirements for debris removal during a declared emergency or disaster.

This bill is set for first hearing – placed on Appropriations suspense file.

e. AB 447 (Gonzalez) Emergency room patient prescriptions: dispensing unused portions upon discharge.

This bill authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an emergency room patient upon the discharge of that patient if the medication was ordered for and administered to the emergency room patient, according to specified conditions.

This bill is read for the second time. Ordered to Consent Calendar.

f. AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.

AB 489 prohibits artificial intelligence (AI) and generative AI (GenAI) systems, programs, devices, or similar technology from misrepresenting themselves as licensed or certified healthcare professionals and provides that

developers and deployers of these systems are subject to the regulatory authority of state healthcare licensing boards and enforcement agencies.

This bill is in Senate Appropriations. Referred to suspense file.

The Board decided to take actions during the next meeting to take positions on these bills.

No public comments were made during this agenda item.

Agenda Item 10 Update, Discussion, and Possible Action on 2026 Sunset Review Report

EO Mitchell provided the following information on the sunset review:

DCA Leadership facilitated a meeting with programs undergoing Sunset Review in 2026 and the Joint Oversight Review Committee staff. On August 13, 2025, the Board met with consultants who provided key information regarding the Sunset Review process.

Important Dates for Sunset Review Oversight 2026

Report Due Date: January 5, 2026.

Sunset Hearings: Late February or Early March 2026. *Anticipate a Monday or Tuesday.*

First Policy Hearings: March or April.

Prior Sunset Issues

- Brief summary of actions or current progress on issues raised in previous staff background paper.

New Issues Section in Report

- Legislative Proposals. Please include justification and any relevant data.
- They ask that boards submit any language for legislative proposals with the 30-day response, Committees can assist with drafting if necessary.
- Most importantly, work with stakeholders.

Concerns or Issues with Report Format, Questions, or Data

- Recent format change.
- Please include any data or information the Board deems important not covered by current report template.

Fee Requests

- Provide Fee studies, if available.
- What is Stakeholder feedback, if known.

Stakeholder Involvement and Notification

- Hearing testimony and Board/Bureau positions.
- Timing of Board meetings and approval.
- Stakeholder involvement and notification.
- Division of sunset reports between Committee staffs.
- Please reach out/include both Policy Committee consultants in discussions.

No member questions or public comments were made during this agenda item.

Agenda Item 11 Discussion and Creation of Sunset Review Report and Data Governance Committee:

In order to facilitate alignment between the Board's data and the narrative portions of the Sunset Review report, and due to the staffing resources, members believe that it may be beneficial to create a sunset review report and data governance committee. This should be made up of no more than 2 people so that they can work with the Executive officer on an ad hoc basis between actual board meetings, without the need to notice a public meeting.

President Thompson and EO Mitchell discussed that member Bruce Davidson would be a great member for this group, if he was interested. Dr. Davidson agreed to be on this committee. Member Setareh Tais stated that she would also be interested.

President Thompson appointed Members Davidson and Tais to the Sunset Review Report and Data Governance Committee

No public comments were made during this agenda item.

Agenda Item 12 Future Agenda Items and Next Meeting Dates

Items added for upcoming meeting:

- Budget Imbalance (Davidson)
- Surveys for licensee population to gather data of why licensees allow CA license to lapse (Yam)
- Can Legislative Advisory Committee represent the board and complete outreach with Legislators/potential authors for bills (Yam)

The next meetings will be scheduled for the following:

- Special Meeting Mid Sept (Sunset Report Review): 9/17/2025, 9am – 3pm
- Quarter 4 2025 – Wed., Oct 8, 2025 (will review report again)
- Special Meeting End Nov (Finalize Sunset Report): 11/19/2025, 9am – 3pm
- Special Meeting Early-Mid December (Approve Sunset Report Production before Print): Will send a Doodle Poll out for this meeting

- Quarter 1 2026 (Jan-Mar): Will send a Doodle Poll out for this meeting
- Quarter 2 2026 (Apr-Jun): Will send a Doodle Poll out for this meeting
- Quarter 3 2026 (Jul-Sept): Will send a Doodle Poll out for this meeting
- Quarter 4 2026 (Oct-Dec): Will send a Doodle Poll out for this meeting

No public comments were made during this agenda item.

Agenda Item 13 The Board will hold Discussion and Possible Action Regarding the Board's Executive Officer Exempt Level Increase

No public comments were made during this agenda item.

Agenda Item 14 Closed Session and Adjournment

Pursuant to Government Code section 11126(a)(1) the Board will conduct the annual performance evaluation and consider the salary of its Executive Officer.

There being no further business or public comment, Dr. Thompson adjourned the meeting at 4:08 p.m.

TAB 5

Update, Discussion and Possible Action on 2025
Legislation Impacting the Board, the Dept. of Consumer
Affairs, and/or the Naturopathic Doctor's Profession

- a) AB 667
- b) AB 742
- c) SB 470
- d) SB 641
- e) AB 447
- f) AB 789

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a. AB 667 (Solache) Professions and Vocations: License examinations: interpreters.

Requires each board within the Department of Consumer Affairs (DCA), other than boards that license health care professionals, to allow an applicant to use an interpreter when taking the written and oral portions of a licenser examination if the applicant cannot read, speak, or write in English. Requires each board to notify applicants that they may use an interpreter on its website in English, Spanish, Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic. Requires annual review and reporting of the language preference of each board's applicant's language preferences.

9/11/2025: This bill has been ordered to inactive file at the request of Sen. Durazo.

b. AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

AB 742 requires each board within the Department of Consumer Affairs (DCA) to expedite the applications for applicants seeking licensure who are descendants of American slaves, once a certification process is established by the to-be created Bureau for Descendants of American Slavery (Bureau). AB 742 specifies its provisions are operative only upon enactment of Senate Bill 518 (Weber Pierson, 2025), which would establish the Bureau.

9/10/2025: Senate amendments concurred in. To Engrossing and Enrolling. *(SB 518 Assembly amendments concurred in. Ordered to Engrossing and Enrolling)*

c. SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.

This bill extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

9/08/2025: This bill is in Senate. Ordered to Engrossing and Enrolling.

d. SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

This bill authorizes licensing boards under the Department of Consumer Affairs (DCA) and the Department of Real Estate (DRE) and to waive certain licensure and fee-related laws and regulations for licensees impacted by a declared emergency or disaster.

Additionally, this bill prohibits unsolicited below-fair-market-value purchase offers for property located in a disaster area and imposes fines and penalties on a real

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estate licensee or any person who engages in such behavior. Finally, this bill establishes contractor requirements for debris removal during a declared emergency or disaster.

09/16/2025: This bill is ordered to Engrossing and Enrolling.

e. AB 447 (Gonzalez) Emergency room patient prescriptions: dispensing unused portions upon discharge.

This bill authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an emergency room patient upon the discharge of that patient if the medication was ordered for and administered to the emergency room patient, according to specified conditions.

9/02/2025: Enrolled and presented to the Governor at 3 p.m.

f. AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.

AB 489 prohibits artificial intelligence (AI) and generative AI (GenAI) systems, programs, devices, or similar technology from misrepresenting themselves as licensed or certified healthcare professionals and provides that developers and deployers of these systems are subject to the regulatory authority of state healthcare licensing boards and enforcement agencies.

9/08/2025: Senate amendments concurred in. To Engrossing and Enrolling.

TAB 6

Update, Discussion and Possible Action on 2026 Sunset
Review Report

California Board of Naturopathic Medicine

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of June 30, 2025

Section 1 –

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).²

The California Board of Naturopathic Medicine (CBNM or Board) was originally established as the Bureau of Naturopathic Medicine in 2004 following the enactment of Senate Bill 907 (Burton, Chapter 485, Statutes of 2003), which created a statutory framework for the licensure and regulation of naturopathic doctors (NDs) in the state. Operating under the Department of Consumer Affairs (DCA), CBNM has since transitioned to an independent board within the Healing Arts family of agencies, reflecting the maturation of the profession and the growing public interest in integrative and preventive care.

CBNM exists to protect the health and safety of California consumers through the licensing and regulation of naturopathic doctors. Its statutory authority is rooted in a practice act—not merely a title act—meaning it governs both the use of the “naturopathic doctor” title and the scope of clinical services NDs are permitted to provide under California law. This includes diagnosing and treating patients using a variety of natural and conventional therapies, ordering diagnostic tests, performing minor office procedures, and—in some cases—prescribing certain classes of pharmaceuticals, subject to specific statutory conditions.

To qualify for licensure in California, candidates must graduate from an accredited four-year naturopathic medical program, pass the national licensing examinations administered by the North American Board of Naturopathic Examiners (NABNE), and meet additional state-specific requirements. The board oversees the entire licensing process, monitors compliance with continuing education standards, and enforces statutes and regulations pertaining to professional conduct and scope of practice.

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

CBNM currently utilizes the following committees to support its operations:

- **Minor Office Procedure Advisory Committee**

Function: Reviews naturopathic medical education, training, and scope of practice standards in regulated states and territories across North America. Provides recommendations to the full Board on areas where California’s scope of practice may be lacking and advises on potential updates to ensure equity and alignment with neighboring jurisdictions, with the goal of protecting and benefiting consumers through safe, modern,

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

² The term “license” in this document includes a license, certificate, permit or registration.

and consistent access to care.

Make-up: Comprised of Physician and Surgeon members and Naturopathic Doctor members.

- **Drug Formulary Advisory Committee**

Function: Reviews and evaluates the naturopathic drug formulary in comparison with those authorized in other regulated states and territories across North America. Provides recommendations to the full Board on potential updates or modifications to California's formulary to ensure it remains current, safe, and consistent with best practices. The Committee's work supports consumer protection and benefits the public by promoting safe prescribing, improving access to appropriate treatments, and aligning California's formulary with modern standards of care.

Make-up: Comprised of Physician, Pharmacist, and Naturopathic Doctor members.

- **Legislative Advisory Committee**

Function: Reviews proposed legislation and regulations that may affect naturopathic practice or Board operations. Identifies potential impacts on consumer protection and provides recommendations to the full Board to ensure laws and regulations support safe, effective, and accessible care for the public. Provides these recommendations to the full board.

Make-up: Comprised of both public members and professional members.

- **Intravenous and Advanced Injection Therapy Advisory Committee**

Function: Reviews naturopathic education, training, and Centers for Disease Control and Prevention (CDC) standards related to intravenous and advanced injection therapies. Provides recommendations to the full Board on regulations to ensure these therapies are performed safely, consistently, and in alignment with public health standards, with the primary goal of protecting consumers.

Make-up: Comprised of subject matter experts and professional members.

Table 1a. Attendance			
DARA THOMPSON			
Date Appointed: 12/29/2015 AND Reappointed 12/20/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/20/2025	WebEx	Yes
Intravenous and Advanced Injection Therapy Advisory Committee	8/14/2025	Teleconference	Yes
Intravenous and Advanced Injection Therapy Advisory Committee	5/30/2025	Teleconference	Yes
Board Meeting	5/14/2025	Teleconference	Yes
Board Meeting	1/23/2025	Teleconference	Yes
Board Meeting	10/4/2024	Teleconference	Yes
Board Meeting	6/27/2024	Teleconference	Yes
Board Meeting	3/28/2024	Teleconference	Yes
Board Meeting	12/27/2023	Teleconference	Yes
Board Meeting	12/14/2023	Teleconference	Yes
Board Meeting	6/29/2023	Teleconference	Yes
Board Meeting	11/10/2022	Teleconference	Yes

Table 1a. Attendance			
DARA THOMPSON			
Board Meeting	7/14/2022	Teleconference	No
Board Meeting	3/24/2022	Teleconference	Yes
Board Meeting	3/8/2022	Teleconference	Yes
Board Meeting	12/2/2021	Teleconference	Yes
Board Meeting	11/17/2021	Teleconference	Yes

Table 1b. Board/Committee Member Roster

Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Minna Yoon, ND	07/16/2018	12/20/2022	01/01/2026	Governor	Professional
Dara Thompson, ND	12/29/2015	12/20/2022	1/1/2026	Governor	Professional
Greta D'Amico, ND*	12/29/2015	12/23/2019	1/1/2023	Governor	Professional
Mina Yoon, ND	7/16/2018	12/20/2022	1/1/2026	Governor	Professional
Vera Singleton, ND	7/16/2018	12/20/2022	1/1/2026	Governor	Professional
Shirley Worrels*	8/10/2018	n/a	1/1/2022	Speaker of the Assembly	Public
Bruce Davidson, PhD	8/15/2018	1/24/2022	1/1/2026	Senate Rule Committee	Public
Thomas Gregory, MD*	12/26/2018	n/a	1/1/2022	Governor	Physician
Elspeth Seddig, ND*	1/24/2022	n/a	1/1/2023	Governor	Professional
Diparshi Mukherjee, DO	2/14/2022	n/a	1/1/2026	Governor	Physician
Andrew Yam	6/26/2023	n/a	6/26/2026	Speaker of the Assembly	Public
Setareh Tais, ND	3/5/2024	n/a	1/1/2027	Governor	Professional
Vacant**				Governor	Professional
Vacant***				Governor	Physician

*Board members no longer on the board due to expiration of term or resignation.

**Professional member position vacant since 12/31/2023.

*** Physician member position vacant since 9/21/2019.

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?
3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:
 - Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)
 - All legislation sponsored by the board and affecting the board since the last sunset review.

- All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.
4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).
5. List the status of all national associations to which the board belongs.
- Does the board's membership include voting privileges?
 - List committees, workshops, working groups, task forces, etc., on which the board participates.
 - How many meetings did board representative(s) attend? When and where?
 - If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

Section 2 – Fiscal and Staff

Fiscal Issues

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

No, the Board is not continuously appropriated.

7. Using Table 2, **Fund Condition**, describe the board's current reserve level, spending, and if a statutory reserve level exists.

Table 2. Fund Condition (list dollars in thousands)						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27
Beginning Balance						
Revenues and Transfers	536	546				
Total Resources						
Budget Authority	407	395				
Expenditures	374	376				
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	-	-	-	-	-
Loans Repaid From General Fund	-	-	-	-	-	-
Fund Balance						
Months in Reserve						

8. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.
9. Using Table 2, **Fund Condition**, describe year over year expenditure fluctuations and the cause for the fluctuations.
10. Using Table 3, **Expenditures by Program Component**, describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement								
Examination								
Licensing								
Administration *								
DCA Pro Rata								
Diversion (if applicable)								
TOTALS	267	107	304	69				
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

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

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

Table 4. Fee Schedule and Revenue							(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
Application Fee	\$600	\$600	\$38.4	\$34	\$33.2	\$38	
Initial License Fee	\$1,200	\$1,200	\$71.4	\$64.8	\$56.1	\$60.4	
Biennial Renewal Fee	\$1,200	\$1,200	\$432.5	\$423.6	\$486	\$520.9	
Delinquent Renewal Fee	\$225	\$225	\$3.6	\$3.8	\$4.3	\$3.6	
Duplicate License Fee	\$38	\$38	\$1.3	\$1.1	\$1.4	\$1	
Cert License Verification	\$30	\$30	\$1.5	\$1.9	\$1.7	\$1.4	

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

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-026-BCP-2024-GB	2024-25	Personnel Services	-	-	\$38,000			

Staffing Issues

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

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

Section 3 – Licensing Program

Table 6. Licensee Population

Naturopathic Doctor's License		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
	Active ³	961	1,001	1,037	1,057
	Out of State	260	265		277
	Out of Country	9	11		10
	Delinquent/Expired	129	116	126	128
	Retired Status <i>if applicable</i>	7	10	9	10
	Inactive	27	27	25	28
	Other ⁴	0	0	0	0

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

16. What are the board's performance targets/expectations for its licensing⁵ program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board has established performance targets of 45 days for processing complete initial license applications at Step 1 (application review; 1020 transactions) and 25 days for Step 2 (payment of the initial license fee, pro-rated by birth month and license cycle; 1021 transactions).

For State Fiscal Years 2021–22, 2022–23, 2023–24, and 2024–25, the Board has consistently met or exceeded these targets. Performance data is publicly available on the Department of Consumer Affairs (DCA) website.

17. Using Table 7a, **Licensing Data by Type**, describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The volume of initial license applications fluctuates from year to year, with no clear long-term trend. However, application spikes have been observed during legislative efforts that could expand naturopathic scope of practice in California, suggesting that applicants may be motivated by the possibility of obtaining full practice authority. The Board has noted these increases, but it remains unclear whether they directly reflect anticipation of expanded scope. At the same time, the attrition rate of new licensees—particularly graduates of Bastyr University San Diego who do not renew after their initial two-year licensure—has remained higher than expected.

Similarly, processing times for initial license applications vary annually but have consistently remained within established performance targets. Importantly, all pending

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

applications are incomplete and therefore outside the Board's control (see Table 7a, below). Applications cannot proceed to completion until the applicant submits the required information, and applicants are notified of any deficiencies promptly.

To improve efficiency, the Board continues to encourage applicants and licensees to utilize the BreEZe online system for application and renewal services. This automated system reduces staff time spent on data entry, minimizes errors, and significantly streamlines application review and processing.

All application and performance data is publicly available on the Department of Consumer Affairs (DCA) website.

Table 7a. Licensing Data by Type										
Naturopathic Doctor's License		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2021/22	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	97	89		5	0	5			
	(Renewal)	439	439							
FY 2022/23	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	92	86		4					
	(Renewal)	458	458							
FY 2023/24	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)									
	(Renewal)									
FY 2024/25	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	74	69		13		13			
	(Renewal)	506	506							
* Optional. List if tracked by the board.										

Table 7b. License Denial				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
License Applications Denied (no hearing requested)				1
SOIs Filed				0
Average Days to File SOI (from request for hearing to SOI filed)				0
SOIs Declined				0
SOIs Withdrawn				0
SOIs Dismissed (license granted)				0
License Issued with Probation / Probationary License Issued				0
Average Days to Complete (from SOI filing to outcome)				0

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or

duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

One application was denied due to non-qualifying education. No other application denials were issued by the Board.

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

The Board requires that transcripts, examination results, and license verifications be sent directly from the issuing school, examination administrator, or licensing authority. Any required court documents must be submitted directly by the source court.

- What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

The Board requires all applicants to complete fingerprinting, either manually or via Live Scan, pursuant to Business and Professions Code Division 1, Chapter 1, section 144; Division 2, Chapter 8.2, section 3630; and California Code of Regulations section 4212(a)(8). In addition, the Board requires a background check through the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA), which identifies actions taken on licenses the applicant may hold in other jurisdictions and discloses whether any prior or current disciplinary actions have been imposed by another regulatory entity.

- Does the board fingerprint all applicants?

Yes, the Board requires all applicants to submit fingerprints prior to licensure.

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

Yes, the Board has required all applicants to be fingerprinted since the establishment of the Naturopathic Medicine Bureau (now the Board) in 2005, as part of its ongoing commitment to public safety and regulatory oversight.

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

Yes, the Board requires a background check through the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) Disciplinary Actions (DA) list, which identifies any licenses held by the applicant in other states and reveals whether prior or current disciplinary actions have been taken by another regulatory entity. The Board also consults the National Practitioner Data Bank (NPDB) to obtain additional disciplinary information, including malpractice cases filed against the applicant or licensee. All disciplinary actions are subsequently reported to FNMRA. These processes ensure the Board can protect consumers by verifying the fitness of applicants and licensees to practice safely and ethically.

- Does the board require primary source documentation?

Yes, the Board requires that all naturopathic school transcripts, NPLEX scores, and license verifications from other states be submitted directly by the primary source. This ensures the accuracy and authenticity of applicant information, supporting the Board's mandate to protect consumers by verifying that licensees meet all educational and professional qualifications.

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

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

Out-of-state and out-of-country applicants must comply with the same licensing requirements as in-state applicants. However, applicants who do not plan to come to California prior to licensure often must use fingerprint cards instead of Live Scan services.

There are no provisions in law for applicants who obtained a naturopathic degree outside of the United States or Canada. All applicants must graduate from a Council on Naturopathic Medical Education (CNME)–approved school, which are located only in the U.S. and Canada. The Board does not grant exceptions to CNME's educational program approval standards. Applicants with a medical or naturopathic degree from another country are directed to contact one or more CNME-approved North American naturopathic medical schools to discuss the potential for classroom credits in basic sciences courses.

Per California Code of Regulations, Title 16, § 4220, the basic sciences board exam (NPLEX I) may be waived or deemed "era appropriate" by the North American Board of Naturopathic Examiners (NABNE) on a case-by-case basis. For example, an applicant who has passed another qualifying U.S. medical board exam (such as USMLE I) deemed equivalent by NABNE may receive a waiver, or a graduate who passed a state exam prior to the implementation of NPLEX may have the test deemed "era appropriate." The second set of required board exams, NPLEX II, which test diagnosis and treatment, cannot be waived or challenged.

These requirements ensure that all licensees meet rigorous educational and professional standards, supporting the Board's mission to protect consumers by ensuring safe, competent, and qualified naturopathic practice in California.

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

The military does not offer educational credits that can be applied toward obtaining a Naturopathic Doctor degree. Consequently, the Board does not grant college credit equivalency, licensure, or credentialing based on military education, training, or experience. Applicants must meet all standard educational and professional requirements through a CNME-approved naturopathic medical program. This ensures that all licensees possess the necessary knowledge and training to provide safe and competent care, supporting the Board's mission to protect consumers.

- How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?
- How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?
- How many applications has the board expedited pursuant to BPC § 115.5?

Examinations

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

To qualify for licensure as a naturopathic doctor in California, applicants must successfully complete a **national licensing examination**. The examination used is the Naturopathic Physicians Licensing Examinations (NPLEX), which is developed and maintained by the NPLEX organization and administered by the North American Board of Naturopathic Examiners (NABNE).

NPLEX is responsible for the development of the examination, including conducting the Occupational Practice Analysis (OA), test construction, and psychometric validation. NPLEX contracts with independent psychometric experts to ensure the validity and reliability of the examination.

NABNE oversees the administration of the NPLEX exams, manages candidate documentation, and serves as the liaison with state licensing authorities. NABNE contracts with NPLEX to provide the examination content.

At this time, there is no California-specific examination required for licensure. Additionally, the NPLEX examination is only offered in English; it is not available in any other language.

Applicants must meet all examination requirements as outlined in the California Business and Professions Code (BPC) section 3631.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for **all** examinations offered, including examinations offered in a language other than English. *Include a separate data table for each language offered.*

Table 8(a). Examination Data ⁶
California Examination N/A – No California State Examination Exists for Naturopathic Doctors

⁶ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

License Type				
Exam Title				
FY 2021/22	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2022/23	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2023/24	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2024/25	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
Date of Last OA				
Name of OA Developer				
Target OA Date				

Table 8(b). National Examination.				
License Type		Naturopathic Doctor's License		
Exam Title		NATUROPATHIC PHYSICIANS LICENSING EXAMINATION (NPlex)		
FY 2021/22	Number of Candidates	133		
	Overall Pass %	70%		
	Overall Fail %	30%		
FY 2022/23	Number of Candidates	425		
	Overall Pass %	84%		
	Overall Fail %	16%		
FY 2023/24	Number of Candidates	248		
	Overall Pass %	80%		
	Overall Fail %	20%		
FY 2024/25	Number of Candidates	984		
	Overall Pass %	59.2%		
	Overall Fail %	40.8%		
Date of Last OA		2021		
Name of OA Developer		Mountain Measurement, Inc		
Target OA Date		2025-26		

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

The NPLEX is not currently administered via computer-based testing. All examinations are offered twice per year, in February and August, at locations in or near cities where accredited ND programs are based. For California, the designated testing site is in San Diego, where the Bastyr University California campus is located.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the Board approved any amendments, or is the Board considering amendments to address the hindrances presented by these statutes?

26. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The national NPLEX examination undergoes regular Occupational Analysis (OA) conducted by independent psychometric experts, Mountain Measurement in Portland, OR on behalf of the North American Board of Naturopathic Examiners (NABNE). This nationally validated process ensures the exam reflects current naturopathic practice and aligns with the intent of Business and Professions Code § 139. Requiring a separate, state-specific OA would duplicate efforts and impose unnecessary costs on the Board in excess of \$50,000. The Board respectfully requests that the Legislature recognize the NABNE OA as sufficient to meet the statutory requirements of § 139.

Regarding NPLEX in general, the most recent Occupational Practice Analysis was conducted in 2021. The schedule for routine OAs are every 5-7 years. There have been no issues that would require revisiting that sooner than anticipated.

School Approvals

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

Pursuant to Business and Professions Code (BPC) section 3623, the California Board of Naturopathic Medicine (CBNM) approves naturopathic medical education programs that are accredited by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body for the naturopathic medical profession.

To qualify for approval, a naturopathic medical education program must meet the following minimum statutory requirements:

- **Admission Requirements:** Applicants must have completed at least three-quarters of the credits required for a bachelor's degree from a regionally accredited or pre-accredited institution, or the equivalent as determined by CNME.
- **Program Requirements:** The program must include a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic

medicine. Of these, at least 2,500 hours must be academic instruction and at least 1,200 hours must be supervised clinical training approved by the naturopathic medical school.

- **Degree Requirements:** The program must offer full-time, graduate-level studies leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine.
- The institution must be accredited or a candidate for accreditation by a regional institutional accrediting agency recognized by the U.S. Secretary of Education and CNME (or an equivalent federally recognized accrediting body).

Programs located in the United States or Canada must meet these standards and ensure that graduates are eligible to apply for licensure in California and to sit for the national licensing examination administered by the North American Board of Naturopathic Examiners (NABNE).

The Bureau for Private Postsecondary Education (BPPE) does not have a role in approving naturopathic medical schools located outside of California. However, BPPE approval is required for naturopathic medical schools operating within California. For example, BPPE approved the San Diego campus of Bastyr University, the first naturopathic medical school to open in California. This approval was in addition to the CNME accreditation required under the Naturopathic Doctors Act.

The Board does not have a formal role in BPPE's school approval process but maintains awareness of BPPE's oversight when California-based institutions seek to operate within the state. The Board relies on CNME accreditation as the primary standard for determining whether a naturopathic medical program meets the statutory requirements for licensure eligibility.

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

The California Board of Naturopathic Medicine (CBNM) does not directly approve or review naturopathic medical schools. Instead, the Board relies on the accreditation process conducted by the Council on Naturopathic Medical Education (CNME), which is recognized by the U.S. Department of Education as the accrediting body for naturopathic medical programs.

As of the date of this report, seven naturopathic medical schools in North America are accredited by CNME and therefore meet the requirements for licensure eligibility in California under Business and Professions Code section 3623.

CNME conducts a comprehensive evaluation and accreditation review every five years for each naturopathic medical school. Prior to full accreditation, a program may be granted "candidate" status, which indicates that it meets CNME's 18 eligibility requirements. These include standards related to institutional organization, financial stability, facilities, faculty qualifications, curriculum, and transparency in student communications.

A program must graduate its first class before it can be considered for full accreditation. If a candidate program does not achieve accreditation within five years, it loses its affiliation with CNME for at least one year and must correct any deficiencies before reapplying. CNME will not grant candidacy until the program has completed at least one academic year with full-time enrolled students.

Students and graduates of CNME-accredited or candidate programs are eligible to sit for the Naturopathic Physicians Licensing Examinations (NPLEX) administered by the North American Board of Naturopathic Examiners (NABNE), which is a requirement for licensure in California.

While the Board does not conduct its own school reviews, it retains the authority to deny licensure to graduates of programs that do not meet the statutory requirements outlined in BPC § 3623. In this way, the Board can effectively disallow recognition of a school if it no longer meets the required accreditation standards.

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

There are currently no laws or regulations that compel or prohibit the Board from approving international naturopathic medical schools. Additionally, the Board does not have statutory authority or established criteria to independently evaluate or approve international institutions.

Instead, the Board relies on accreditation by the Council on Naturopathic Medical Education (CNME) or an equivalent federally recognized accrediting body, as required under Business and Professions Code section 3623. CNME is responsible for evaluating and accrediting naturopathic medical programs in both the United States and Canada.

As of the date of this report, two Canadian naturopathic medical schools are accredited by CNME and therefore meet California's licensure eligibility requirements:

- Canadian College of Naturopathic Medicine (CCNM) – Ontario, Canada
- CCNM – Boucher Campus (formerly Boucher Institute of Naturopathic Medicine) – British Columbia, Canada

Graduates of these CNME-accredited Canadian programs are eligible to apply for licensure in California, provided they meet all other statutory and examination requirements.

Continuing Education/Competency Requirements

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

Under the Naturopathic Doctors Act, all licensed naturopathic doctors in California are required to complete a minimum of 60 hours of continuing education (CE) during each two-year license renewal period. CE is not required for the first license renewal following initial licensure.

The Act outlines specific requirements and limitations for CE content:

1. At least 20 hours must be in pharmacotherapeutics.
2. No more than 15 hours may be completed through non-interactive formats, such as:
 - Naturopathic, osteopathic, or allopathic medical journals
 - Audio or video presentations
 - Slides, programmed instruction, computer-assisted instruction, or preceptorships
3. No more than 20 hours may be in any single topic area.
4. No more than 15 hours of CE completed for the specialty certificate in naturopathic childbirth attendance may be applied toward the 60-hour requirement.

CE courses must be completed within the two-year license period immediately preceding the license expiration date. Courses taken after the expiration date are only accepted if they are required to meet the minimum 60-hour requirement for the prior license period. Excess CE hours cannot be carried over to the next renewal cycle.

Approved CE courses may be offered by the following organizations:

- The California Board of Naturopathic Medicine (CBNM)
- California Naturopathic Doctors Association (CNDA)
- American Association of Naturopathic Physicians (AANP)
- California State Board of Pharmacy
- State Board of Chiropractic Examiners
- Other providers that meet the standards for continuing education for licensed physicians and surgeons in California

Recent Changes and Oversight

Since the last Sunset Review, the Board has implemented a continuing education audit process to ensure compliance. On a quarterly basis, the Board conducts a random audit of 10% of licensees. Licensees selected for audit must provide documentation verifying completion of the required CE hours.

To date, the audit process has shown a high level of compliance. Only XXX licensee was found to be missing documentation for all reported CE hours and was granted a 30-day extension to fulfill the requirement.

This audit process has strengthened the Board's oversight of licensee competency and ensures that naturopathic doctors maintain current knowledge and skills in their field.

Board Concerns Regarding CE Authority

The Board has expressed concern that it lacks the statutory authority that other healing arts boards possess to update or refine continuing education requirements through regulation. This limitation restricts the Board's ability to respond to evolving clinical practices and public safety needs.

One area of particular concern is intravenous (IV) therapy, a specialty practice that requires additional training and oversight. The Board currently has no authority to mandate CE specific to IV therapy for licensees who hold this specialty certification. As IV therapy continues to grow in popularity and complexity, the Board believes it is essential to have the ability to require targeted CE to ensure safe and competent practice.

The Board recommends that future legislative changes consider granting it regulatory authority to update CE requirements, including the ability to establish topic-specific CE mandates for specialty practices.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Naturopathic Doctor's License	Every 2 years	60 (20 pharmacotherapeutics)	10%

- How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

The California Board of Naturopathic Medicine (CBNM) verifies compliance with continuing education (CE) requirements through a monthly audit process. Each month, the Board randomly selects 10% of licensees for audit. Selected licensees must submit:

- A list of CE courses completed during the renewal period,
- CE certificates of completion for each course.

Board staff reviews each submission to ensure:

- The course was completed within the correct renewal period,
- The course meets the statutory CE requirements (e.g., pharmacotherapeutics, interactive vs. non-interactive formats),
- The course was offered by an approved provider.

If any certificate appears questionable, the Board contacts the CE provider directly to verify the authenticity of the documentation.

Most naturopathic doctors complete CE through courses approved or presented by the California Naturopathic Doctors Association (CNDA) or the American Association of Naturopathic Physicians (AANP). CNDA provides the Board with a list of approved courses and conferences, which helps facilitate the verification process.

Technology and Future Improvements

Although the Board has made progress in transitioning many of its processes to online and cloud-based systems, it has not yet implemented primary source CE verification through the Department of Consumer Affairs' (Department) cloud services. However, the Board recognizes the value of such a system and plans to explore integration in the future.

To improve efficiency and reduce administrative burden, the Board is currently evaluating third-party CE tracking vendors that offer no-cost solutions to both licensees and the Board. These platforms would allow for real-time CE tracking, automated verification, and streamlined audits—enhancing compliance oversight while minimizing manual workload.

The Board remains committed to modernizing its CE verification process and ensuring that licensees maintain the competencies necessary to practice safely and effectively.

- Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

Yes, the California Board of Naturopathic Medicine (CBNM) conducts regular continuing education (CE) audits to ensure licensee compliance with statutory CE requirements.

CE Audit Policy

The Board has updated its CE audit policy to improve oversight and ensure licensees maintain ongoing competency. The audit is now conducted on a quarterly basis, with approximately 10% of renewing licensees selected randomly each year for review.

Licensees selected for audit are required to submit:

- A list of CE courses completed during the relevant renewal period,
- CE certificates of completion for each course listed.

Board staff performs a manual review of each submission to verify:

- The course was completed within the correct two-year renewal cycle,
- The course meets the content and format requirements outlined in the Naturopathic Doctors Act (e.g., pharmacotherapeutics, interactive vs. non-interactive),
- The course was provided by an approved CE provider.

If any certificate appears questionable, the Board contacts the CE provider directly to verify authenticity.

Future Improvements

As part of its modernization efforts, the Board is currently evaluating CE tracking vendors that offer no-cost solutions to both licensees and the Board. These platforms would allow for automated CE tracking and verification, reducing administrative burden and improving audit efficiency.

- What are consequences for failing a CE audit?

Noncompliance and Enforcement

If a licensee fails to meet CE requirements during the audit:

- They are given 30 days to either submit missing documentation or complete the deficient CE hours.
- If the licensee does not comply within the 30-day period, their license is placed on inactive status until they fulfill the CE requirement.

This policy ensures that licensees remain in good standing only if they meet the continuing education standards necessary for safe and competent practice.

If a naturopathic doctor fails the audit by either not responding or failing to meet the requirements as set forth by BPC section 3635, the licensee will be allowed to renew their license one time following the audit to make up any deficient CE hours. However, the Board will not renew the license again until all the required hours have been documented and submitted to the Board.

It is considered unprofessional conduct for a naturopathic doctor to misrepresent their compliance with meeting the CE requirements pursuant to BPC section 3635.1. In addition, the Board has the authority to issue citations for failing to comply with CE requirements.

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

The Board conducted XXX CE audits from FY 2021/22 through FY 2024/25.
Of the XXX audits, there were XX failures, which is a XX% failure rate.

Fiscal Year	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Selected for Audit				
Failed Audit				
Failed Audit Percentage				

- Who approves CE courses? What is the board's course approval policy?
- Who approves CE providers? If the board approves them, what is the board's application review process?
- How many applications for CE providers and CE courses were received? How many were approved?
- Does the board audit CE providers? If so, describe the board's policy and process.
- Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

Section 4 – Enforcement Program

31. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?
32. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Table 9. Enforcement Statistics				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
COMPLAINTS				
Intake				
Received	70	58	93	76
Closed without Referral for Investigation	0	0	0	0
Referred to INV	73	56	95	77
Pending (close of FY)	1	3	1	0
Conviction / Arrest				
CONV Received				
CONV Closed Without Referral for Investigation				
CONV Referred to INV				
CONV Pending (close of FY)				
Source of Complaint⁷				
Public	17	29	33	25
Licensee/Professional Groups	15	10	12	4
Governmental Agencies	6	6	26	12
Internal	2	0	0	0
Other	0	0	1	0
Anonymous	30	13	21	35
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	10	16	6	3
Average Time to Closure (from receipt of complaint / conviction to closure at intake)				
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)				
INVESTIGATION				
Desk Investigations				
Opened	73	56	95	77
Closed	46	64	87	79
Average days to close (from assignment to investigation closure)				
Pending (close of FY)	37	27	28	22
Non-Sworn Investigation				

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

Opened				
Closed				
Average days to close (from assignment to investigation closure)				
Pending (close of FY)				
Sworn Investigation				
Opened				
Closed				
Average days to close (from assignment to investigation closure)				
Pending (close of FY)				
All investigations ⁸				
Opened				
Closed				
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)				
Average days for investigation closures (from start investigation to investigation closure)				
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)				
Average days from receipt of complaint to investigation closure				
Pending (close of FY)				
CITATION AND FINE				
Citations Issued	0	3	3	6
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	0	164	98	162
Amount of Fines Assessed	\$0	\$3,500	\$10,500	\$11,750
Amount of Fines Reduced, Withdrawn, Dismissed	\$0	\$0	\$0	\$250
Amount Collected	\$0	\$3,500	\$0	\$500
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	3	0	0
ACCUSATION				
Accusations Filed	1	1	1	0
Accusations Declined	0	0	0	0
Accusations Withdrawn	0	0	0	0
Accusations Dismissed	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	20			0
INTERIM ACTION				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Issued	0	0	0	0
Other Suspension/Restriction Orders Issued	0	0	0	0
Referred for Diversion	0	0	0	0
Petition to Compel Examination Ordered	0	0	0	0
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	1	1	0	0
AG Cases Pending Pre-Accusation (close of FY)	0	1	0	0
AG Cases Pending Post-Accusation (close of FY)	1	0	0	0
DISCIPLINARY OUTCOMES				
Revocation	0	1	0	0

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

Surrender	0	0	1	0
Suspension only	0	0	0	0
Probation with Suspension	0	0	0	0
Probation only	0	0	0	0
Public Reprimand / Public Reprimand / Public Letter of Reprimand	0	0	0	0
Other	0	0	0	0
DISCIPLINARY ACTIONS				
Proposed Decision	0			0
Default Decision	0			0
Stipulations	0			0
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	0			0
Average Days from Closure of Investigation to Imposing Formal Discipline	0	324	296	0
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	0	673	336	0
PROBATION				
Probations Completed	0	0	0	0
Probationers Pending (close of FY)	0	0	0	0
Probationers Told *	0	0	0	0
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	0	0	0
SUBSEQUENT DISCIPLINE⁹				
Probations Revoked	0	0	0	0
Probationers License Surrendered	0	0	0	0
Additional Probation Only	0	0	0	0
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	0	0	0	0
SUBSTANCE ABUSING LICENSEES **				
Probationers Subject to Drug Testing	0	0	0	0
Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0
PETITIONS				
Petition for Termination or Modification Granted	0	0	0	0
Petition for Termination or Modification Denied	0	0	0	0
Petition for Reinstatement Granted	0	0	0	0
Petition for Reinstatement Denied	0	0	0	0
DIVERSION **				
New Participants	0	0	0	0
Successful Completions	0	0	0	0
Participants (close of FY)	0	0	0	0
Terminations	0	0	0	0
Terminations for Public Threat	0	0	0	0
Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0

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

Table 10. Enforcement Aging						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	36	28	52	60	176	64%
91 - 180 Days	8	6	10	10	34	12%
181 - 1 Year	1	13	17	4	35	13%
1 - 2 Years	1	12	7	4	24	9%
2 - 3 Years	0	3	1	1	5	2%
Over 3 Years	0	2	0	0	2	0%*
Total Investigation Cases Closed	46	64	87	79	276	100%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	0	1	1	0	2	100%
1 - 2 Years	0	0	0	0	0	0
2 - 3 Years	0	0	0	0	0	0
3 - 4 Years	0	0	0	0	0	0
Over 4 Years	0	0	0	0	0	0
Total Attorney General Cases Closed	0	1	1	0	2	100%

*The cases closed over 3 years is less than 1%.

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

34. How are cases prioritized? What is the board's compliant prioritization policy?

- Please provide a brief summary of the Board's formal disciplinary process.

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

- What is the dollar threshold for settlement reports received by the board?
- What is the average dollar amount of settlements reported to the board?

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

- What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?
- What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?
- What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

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

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

Cite and Fine

39. Discuss the extent to which the board utilizes cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit? Does the board have authority to issue fines greater than \$5,000? If so, under what circumstances?

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

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

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

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

44. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

Cost Recovery and Restitution

45. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.
46. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.
47. Are there cases for which the board does not seek cost recovery? Why?
48. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

Table 11. Cost Recovery¹⁰ (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Total Enforcement Expenditures				
Potential Cases for Recovery *	0	1	1	0
Cases Recovery Ordered	0	1	1	0
Amount of Cost Recovery Ordered	\$0	\$31,285	\$24,537	\$0
Amount Collected	\$0	\$0	\$0	\$0

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

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

Table 12. Restitution (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Amount Ordered	\$0	\$0	\$0	\$0
Amount Collected	\$0	\$0	\$0	\$0

¹⁰ Cost recovery may include information from prior fiscal years.

Section 5 – Public Information Policies

50. How does the board use the internet to keep the public informed of board activities? Does the board post board-meeting materials online? When are they posted? How long do they remain on the board's website? When are draft-meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?
51. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long will archived webcast meetings remain available online?
52. Does the board establish an annual meeting calendar and post it on the board's web site?
53. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*?
- Does the board post accusations and disciplinary actions consistent with BPC § 27, if applicable?
 - Does the board post complaint date on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.
54. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?
55. What methods does the board use to provide consumer outreach and education?

Section 6 – Online Practice Issues

56. Discuss the prevalence of online practice and whether there are issues with unlicensed activity.
- How does the board regulate online/internet practice?
 - How does the board regulate online/internet business practices outside of California?

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

Section 7 – Workforce Development and Job Creation

57. What actions has the board taken in terms of workforce development?
58. Describe any assessment the board has conducted on the impact of licensing delays.
59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.
60. Describe any barriers to licensure and/or employment the board believes exist.
61. Provide any workforce development data collected by the board, such as:
- a. Workforce shortages
 - b. Successful training programs.
62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

Section 8 – Current Issues

63. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.
- Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?
 - If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? Is the board currently using a bridge or workaround system?

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

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

Issue #1: Name and Placement of the Committee. Does statute establishing the Committee within the Osteopathic Medical Board accurately reflect its status as an independent regulatory entity?

Background: When the Naturopathic Doctors Act was first enacted through SB 907 (Burton) in 2003, the regulatory entity established to administer it was a Bureau of Naturopathic Medicine under the DCA. The Act additionally required the Director of Consumer Affairs to establish an advisory council, consisting of three NDs, three physicians and surgeons, and three public members appointed by the Governor and the Legislature. Both the Bureau and its advisory committee were untethered from any other regulatory bodies, with the bureau chief reporting directly to the Director of Consumer Affairs. When the DCA underwent a reorganization under Governor Schwarzenegger, the Bureau was abolished and replaced with the Committee, whose membership was similarly structured to the prior advisory council. The language of ABX4-20 (Strickland), which implemented this portion of the reorganization plan in 2009, provided that the Committee was both “created within” and “within the jurisdiction of” the OMBC. The bill additionally required the OMBC’s approval for the Committee to appoint its own Executive Officer and charged the OMBC with employing officers and employees to discharge the duties of the Committee.

However, it appears as though the Committee was never functionally under the direction or supervision of the OMBC. According to the Committee, the Director of Consumer Affairs was provided a legal opinion stating “that the OMBC was in no way responsible for the actions of the Committee and the Committee was deemed, independent, solely responsible for the regulation of naturopathic medicine in California.” It also does not appear as though the OMBC and the Committee shared any significant resources.

SB 1050 (Yee) was chaptered the following year to make a number of changes to the Committee’s administrative framework. First, the bill explicitly provided that the Committee was solely responsible for the implementation of the Naturopathic Doctors Act. The bill also struck the requirement that the OMBC approve the Committee’s appointment of an Executive Officer and that the Committee would employ its own officers and employees.

Despite these changes to clarify the effective autonomy of the Committee in regulating NDs, statute continues to refer to the Committee as being “within the Osteopathic Medical Board of California.” It

would appear that this language inaccurately describes the structure Committee, which was never under the oversight or control of the OMBC. It may arguably be more accurate to retitle the Committee as a standalone board under the DCA.

Committee Staff Recommendation: The Committee should provide the Legislative Committees with its perspective on whether there would be any value in considering a renaming that would reflect its status as an independent regulatory body.

CNMB's 2022 Response to Recommendation: The Committee believes that changing the naming convention and allowing the program to be a board, would be more in line with the true independence of Committee. Since the two programs are autonomous of one another, and each have their respective board/committee members, executive leadership, and staff, continuing to keep the naturopathic program as a committee under the Osteopathic Medical Board (OMBC) would continue the illusion that the OMBC has oversight of the Committee. Further, since the two professions attempt differing legislative initiatives, it would be beneficial that the programs are separate in all matters, including changing the committee to a board and separating the two programs.

Current Response: Since the 2021 Sunset Review, the Board has taken steps to reinforce its independence and clearly distinguish itself from the Osteopathic Medical Board of California (OMBC). The Board has formally changed its name from the Naturopathic Medicine Committee to the California Board of Naturopathic Medicine (CBNM), reflecting its status as a standalone regulatory entity.

The Board has also relocated to a separate office location, establishing distinct administrative and operational facilities independent of the OMBC. All executive leadership, staff, and program functions now operate solely under the authority of the CBNM, with no oversight or shared resources with the OMBC.

These changes fully sever the functional and operational ties to the OMBC, eliminating any perception of oversight or control by another regulatory body. The Board continues to exercise autonomous responsibility for licensure, enforcement, and regulatory programs for naturopathic medicine in California. These measures strengthen public confidence in the Board's independence and ensure that its structure accurately reflects its regulatory authority.

Section 10 – New Issues

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

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

Issue #1: Fictitious Name Permits.

Issue: The Board seeks authority to establish a Fictitious Name Permit (FNP) program to improve consumer protection and regulatory oversight of naturopathic medical practices. Currently,

consumers may only know a practice by its business name, making it difficult to identify or track the responsible licensee when filing a complaint or investigation. An FNP program would require licensees to register and disclose ownership of any practice operating under a name other than their own, aligning with practices already in place at the Medical Board of California and Osteopathic Medical Board. This would enhance enforcement by allowing the Board to link business names directly to licensed naturopathic doctors and prevent confusion from misleading or duplicative practice names.

Background: During the prior two Sunset Reviews, the Board requested authorization to establish a Fictitious Name Permit (FNP) Program. During the 2021 Sunset Review, Legislative staff recommended that the Board expand upon its request, providing a clear rationale for how the program would better serve the public.

A fictitious name, also known as a “DBA” (doing business as), is a business name that differs from the legal name of the individual or entity that owns the business. For example, if Dr. Jane Smith operates a clinic under the name “Wellness First Medical Group,” that name would be considered a fictitious name.

The Board strongly believes there is a demonstrated need for a Fictitious Name Permit Program for several reasons. First, it promotes public protection and transparency by ensuring that consumers know who is legally responsible for healthcare services offered under a given business name and by preventing misleading or deceptive names that could imply unearned credentials, such as referring to a solo practice as a “center” or “institute.”

Second, the program enhances accountability and enforcement by allowing the Board to hold licensees responsible for all professional activities conducted under a fictitious name. Linking the name to a license in good standing facilitates disciplinary action when necessary, reinforcing regulatory oversight.

Third, the program helps prevent fraud and misrepresentation. It prohibits business names that could mislead the public about the type or scope of practice, including implying board certification when none exists, and prevents non-licensees from operating under names that could appear as legitimate naturopathic medical practices.

Fourth, the program improves the handling of consumer complaints and investigations. By linking a business name to a specific licensee, patients can more easily file complaints, and investigators can efficiently identify all operations associated with that license.

The benefits of implementing a Fictitious Name Permit Program are substantial. It promotes standardization and consistency in naming practices across all licensees, strengthens regulatory oversight by extending the Board’s authority to business entities, and ensures enforcement of appropriate branding and naming conventions. Importantly, it fosters public confidence by verifying the legitimacy of business names, which strengthens trust in healthcare services. Additionally, it supports the Board’s data collection efforts, aiding in the accurate tracking of practice locations, group affiliations, and the scope of licensee activities.

The Board views the FNP Program as a small but impactful regulatory tool that significantly contributes to consumer protection, regulatory enforcement, and the overall integrity of the naturopathic healthcare profession.

Recommended Solution: The Board recommends authorization to issue Fictitious Name Permits, establish an application fee to cover processing costs, implement a renewal fee to maintain fiscal neutrality, and enforce compliance with permitted fictitious name usage.

Issue #2. Additional Title Protection.

Issue: Unlicensed individuals may continue to offer services focused on lifestyle, nutrition, and general wellness. However, they should be required to use non-clinical, non-medical titles that clearly distinguish their role from that of a licensed naturopathic doctor. Appropriate alternatives may include titles such as “natural health consultant,” “wellness educator,” or “holistic lifestyle advisor.” These titles reflect the nature of their work without implying licensure or medical authority. Consumers, however, have a right to know whether the person they are consulting has met rigorous, state-mandated standards for education, training, and professional accountability.

Background: During the 2021 Sunset Review, the Board requested expanded title protection, including the removal of the terms “naturopath,” “traditional naturopath,” and “naturopathic practitioner” for additional consumer protection. Legislative staff recommended that the Board provide information and data to Legislative Committees regarding:

- Why expanding title protection is important;
- How opposition from the traditional naturopathic practitioner community is being addressed; and
- Whether alternative policies exist for improving oversight of unlicensed naturopaths.

The following outlines the Board's rationale for expanding title protection for licensed naturopathic doctors (NDs) and restricting the use of certain professional titles to those who are duly licensed:

- **Improves Public Protection and Consumer Clarity:** Consumers often cannot distinguish between licensed naturopathic doctors and unlicensed individuals using similar titles. This confusion can lead patients to unknowingly seek care from unregulated providers, potentially resulting in misdiagnosis, delayed treatment, or the use of unproven or unsafe therapies. Expanding title protection ensures that individuals using medical-sounding titles have met the education, training, and professional standards required for licensure.
- **Contributes to Legal and Regulatory Consistency:** Other health professions—such as osteopaths, chiropractors, psychologists, and acupuncturists—enjoy strong title protection under state law. Extending similar protections to naturopathic doctors promotes fairness, consistency, and regulatory clarity across all licensed health professions.
- **Creates Enhanced Enforcement Capability:** Without clear statutory authority to restrict title usage, the Board lacks the tools to prevent fraudulent or misleading representations by unlicensed individuals. Title protection would close this enforcement gap, ensuring that only those who meet licensure standards can present themselves to the public as naturopathic healthcare providers.
- **Preserves Professional Integrity:** Protecting professional titles reinforces public trust in the naturopathic profession and affirms the value of legitimate, state-recognized education and clinical training.

The Board also recognizes and respects the historic and cultural contributions of traditional naturopaths, who have often played meaningful roles in promoting wellness through natural methods and holistic philosophies. However, in today's regulated healthcare environment, ensuring clarity in professional titles must take precedence over preserving professional identity when public safety is at stake.

Importantly, the Board's primary concern is not the practice of natural health or wellness coaching itself, but rather the use of medical-sounding titles that may mislead the public into believing an individual is a licensed healthcare provider when they are not. Expanding title protection would not restrict the practice of wellness approaches or natural therapies. It would simply prohibit the use of protected titles that convey—or appear to convey—state-recognized qualifications that the individual does not possess. This distinction is critical to protecting consumers from unintentional deception and preserving the integrity of the licensed naturopathic profession.

Expanding title protection for licensed naturopathic doctors is a practical and necessary step to enhance patient safety, prevent consumer deception, strengthen enforcement capabilities, and uphold the integrity of the profession.

Recommended Solution: Authorize the Board to expand statutory title protection for licensed naturopathic doctors by restricting the use of protected titles—such as “naturopath,” “traditional naturopath,” and “naturopathic practitioner”—to individuals who hold a valid California license. Unlicensed individuals may continue to provide natural health and wellness services but must use non-clinical titles that clearly indicate their unlicensed status. The Board may establish enforcement mechanisms, including penalties for violations, to ensure compliance and protect consumers.

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

Section 11

Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

TAB 7

Future Agenda Items and Next Meeting Dates

Future Agenda Items

California Board of Naturopathic Medicine

Agenda Items for Future Meetings

[illegible]

Next Meeting Dates

California Board of Naturopathic Medicine
Establish Future Meeting Dates and Locations

<i>Dates</i>	<i>Locations</i>
Q4 2024 Meeting (Oct – Dec) Scheduled for 10/08/2025	Teleconference – Various meeting sites
Special Meeting End Nov 2025 (<i>Finalize Sunset Report</i>) Scheduled for 11/19/2025	Teleconference – Various meeting sites
Special Meeting Beginning Dec 2025 (<i>Finalize Sunset Report</i>) Scheduled for 12/03/2025	Teleconference – Various meeting sites
Q1 2025 Meeting (Jan – Mar)	
Q2 2025 Meeting (Apr – Jun)	
Q3 2025 Meeting (Jul – Sep)	
Q4 2025 Meeting (Oct – Dec)	

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