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**SENATE COMMITTEE ON  
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**

**Senator Dr. Aisha Wahab, Chair  
2025 - 2026 Regular**

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<b>Bill No:</b>	SB 1303	<b>Hearing Date:</b>	April 20, 2026
<b>Author:</b>	Wahab		
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<b>Urgency:</b>	No	<b>Fiscal:</b>	Yes
<b>Consultant:</b>	Yeaphana La Marr		

**Subject:** Naturopathic Doctors Act

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

**Existing law:**

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

than December 31, 2007. (BPC § 3633.1)

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

**This bill:**

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

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

**COMMENTS:**

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

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

3. **Background on CBNM.** The Board protects the health and safety of California consumers through licensing and regulating naturopathic doctors. Its statutory authority is derived from the Naturopathic Doctors Act (Act), a practice act governing both the use of the “naturopathic doctor” title and the scope of clinical services NDs are permitted to provide under California law. This includes diagnosing and treating patients using a variety of natural and conventional therapies, ordering diagnostic tests, performing minor office procedures, and in some cases, prescribing certain classes of pharmaceuticals, subject to specific statutory conditions.

Naturopathic medicine is a distinct system of primary health care that emphasizes prevention, the self-healing process, and the use of natural therapies. NDs are trained to diagnose, treat, and manage patients using a combination of modern science and traditional healing methods. As the profession evolves, the Board is committed to modernizing regulations, improving public awareness, and supporting licensees in delivering safe, effective, and comprehensive naturopathic care.

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

As of June 30, 2025, there were 1,057 active naturopathic doctor licensees in California. NDs in California provide care in a variety of settings, including solo practices, integrative clinics, and academic institutions. They often collaborate with MDs, DOs, chiropractors, and acupuncturists to deliver patient-centered care.

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

- a) **Board Expiration Dates.**

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

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

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

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

**b) Board composition.**

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

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

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

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

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

**c) Fee maximum increase.**

Background: The Board requested an increase to its statutory fee caps to ensure long-term fiscal sustainability. The Board states that while it has managed its fund responsibly, it faces growing financial pressures due to a small licensee population, rising operational costs, and external economic factors. Without the flexibility to adjust fees in the future, the Board may be unable to support essential regulatory functions, staffing, and enforcement activities.

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

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

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

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

**d) Fictitious name permit program.**

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

Additionally, BPC § 3674 prescribes naming conventions of naturopathic

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

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

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

**e) Continuing education reforms.**

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

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

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

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

**f) Naturopath title protection.**

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

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

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

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

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

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

**g) Emerging technology.**

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

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

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

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

**h) Online unlicensed activity.**

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

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

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

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

**i) Plateauing license population.**

Background: The Board has observed a consistent trend among graduates of Bastyr University in San Diego, who become licensed in California upon graduation but do not renew their licenses. Instead, many relocate to neighboring states such as Oregon, Washington, or Arizona, where they are able to practice to the full extent of their training. This trend represents a significant loss of potential healthcare providers for California and a missed opportunity to expand access to safe, holistic, and preventive care for consumers.

To determine the causes that lead licensees to leave a practice in California, the Board conducted a survey of current licensees. The responses overwhelmingly pointed to scope limitations. Scope has been a longstanding point of contention. Naturopathic doctors are trained as primary care providers with a strong foundation in biomedical sciences, clinical diagnosis, pharmacology, and integrative therapies. Their education includes four years of graduate-level medical training from accredited institutions, followed by national board examinations. In many states, NDs are authorized to prescribe medications, administer vaccines, and perform minor office procedures independently. This disparity has been found to place California at a competitive disadvantage in attracting and retaining qualified NDs.

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

**j) Expanded authority.**

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

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

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

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

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

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

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

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

**k) Recognition of Naturopathic Doctors in Public Health documentation.**

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

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

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

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

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

**l) Technical cleanup.**

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

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

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

**m) Continued regulation by the CBNM.**

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

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

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

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

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

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

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

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

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

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

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

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

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

**SUPPORT AND OPPOSITION:**

Support:

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

Opposition:

None received

**-- END --**