Date of Hearing: August 25, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1303 (Wahab) – As Amended August 20, 2026

**NOTE:** This bill is being heard pursuant to Assembly Rule 77.2.

**SENATE VOTE**: 39-0

**SUBJECT**: Naturopathic Doctors Act

**SUMMARY**: Extends the sunset date for the California Board of Naturopathic Medicine (Board) until January 1, 2031 and makes additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

**EXISTING LAW**:

1) Establishes the Naturopathic Doctors Act for the purpose of licensing and regulating naturopathic doctors (NDs). (Business and Professions Code (BPC) §§ 3610 *et seq.*)

2) Establishes the Board to administer and enforce the Naturopathic Doctors Act. (BPC § 3612)

3) Provides that the Board shall consist of five NDs, two physicians and surgeons, and two public members, with members appointed by the Governor, the Senate Committee on Rules, and the Speaker of the Assembly. (BPC § 3621)

4) Establishes minimum requirements for naturopathic medical education programs approved by the Board. (BPC § 3623)

5) Authorizes the Board to employ officers and employees as necessary to discharge its duties. (BPC § 3626)

6) Provides that NDs may engage in specified activities and provide specified services as part of their scope of practice, including the following:

   a) Order and perform physical and laboratory examinations for diagnostic purposes.

   b) Order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training.

   c) Dispense, administer, order, prescribe, and furnish or perform dietary supplements and nonprescription drugs; hot or cold hydrotherapy; devices, as provided; health education and counseling; repair and care incidental to superficial lacerations and abrasions, except suturing; and removal of foreign bodies located in the superficial tissues.

   (BPC § 3640)

7) Authorizes an ND to furnish or order drugs, including Schedule III through Schedule V controlled substances, in accordance with standardized procedures or protocols and subject to specified requirements and limitations. (BPC § 3640.5)

8) Additionally authorizes an ND to independently prescribe and administer epinephrine to treat anaphylaxis, natural and synthetic hormones, and specified substances that are chemically identical to those for sale without a prescription. (BPC § 3640.7)

9) Provides that the Naturopathic Doctors Act does not prevent or restrict the practice, services, or activities by specified individuals, and specifies that an unlicensed person may represent that they "practice naturopathy" but may not use the title "naturopathic doctor" unless they have been issued a license by the Board. (BPC § 3644)

10) Specifies various fees that may be charged by the Board to its applicants and licensees. (BPC § 3680)

11) Provides that the Naturopathic Doctors Act shall be repealed on January 1, 2027 unless extended by the Legislature. (BPC § 3686)

12) Defines "physician" for purposes of workers' compensation laws. (Labor Code § 3209.3)

13) Requires applicants for a special license plate for disabled persons or veterans to submit a certificate to the Department of Motor Vehicles (DMV) signed by an eligible health care provider. (Vehicle Code § 5007)

**THIS BILL**:

1) Extends the Board's sunset date until January 1, 2031.

2) Staggers the terms of members appointed by the Governor after the bill's effective date as follows:

   a) Two members shall serve an initial term of two years.

   b) Two members shall serve an initial term of three years.

   c) Three members shall serve an initial term of four years.

   d) Thereafter, all appointments shall be for four-year terms.

3) Repeals obsolete language exempting applicants who graduated prior to 1986 from specified application requirements for applications received prior to December 31, 2007.

4) Authorizes the Board to accept the voluntary cancellation of an ND license upon the written request of the licensee, provided that the cancellation is not in lieu of an administrative enforcement action.

5) Establishes a process for an ND to obtain a fictitious-name permit, which would allow for ND to practice under a name other than their own.

6) Provides that it is unprofessional conduct to use any fictitious, false, or assumed name, or any name other than their own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of their practice without a fictitious-name permit.

7) Revises the requirements for a naturopathic medical education program to obtain approval.

8) Authorizes NDs to perform minor office procedures as part of their scope of practice, including the following:

   a) Care and operative procedures relative to lacerations, skin lesions, and abrasions.

   b) Incision and drainage of abscesses.

   c) Trephination of subungual hematomas.

   d) Removal of foreign bodies beyond the superficial tissues.

   e) Topical and parenteral use of local anesthetic solutions, their adjuncts, and diluents.

   f) Obtaining samples of superficial human tissue by means of biopsy, consistent with the practice of naturopathic medicine.

9) Expands the authority for an ND to furnish, order, or prescribe controlled substances to include Schedule II controlled substances under specified circumstances.

10) Limits the authority of an ND to furnish, order, or prescribe controlled substances to require standardized procedures or protocols to be developed jointly with, and approved by, a physician and surgeon, and requires any standardized procedures or protocols to include patient-specific authorization.

11) Requires the Board to adopt an exclusionary drug formulary identifying drug classes that shall not be independently furnished, ordered, or prescribed by an ND, including but not limited to chemotherapeutic agents, antipsychotic medications and mood stabilizers, immunosuppressants, antiarrhythmics and intravenous vasolidators or inotropes, and general anesthetics and neuromuscular blockers.

12) Revises provisions of the Labor Code to include NDs as an eligible practitioner for purposes of workers' compensation laws.

13) Authorizes NDs to sign certificates submitted to the DMV as part of the application for a special license plate for disabled persons.

14) Establishes new penalties for the unlicensed practice or advertising of naturopathic medicine, or the aiding or abetting thereof.

15) Provides that an unlicensed person may provide authorized services not within the reserved scope of practice of an ND and may use the title "naturopath" in conjunction with those services under the existing framework for alternative and complementary care.

**FISCAL EFFECT**: According to the Assembly Committee on Appropriations, costs of approximately $761,000 per year to continue operation of the Board; the Board anticipates minor and absorbable costs for an increase in workload to create and implement retired status, as well as increases in revenue; the Department of Consumer Affairs (DCA) anticipates absorbable costs for system updates to support the new fictitious name permit program.

**COMMENTS**:

**Purpose**. This bill is the sunset review vehicle for the California Board of Naturopathic Medicine, authored by the Chair of the Senate Committee on Business, Professions, and Economic Development. The bill extends the sunset date for the Board and enacts technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

**Background**.

*Sunset review*. To ensure that California's myriad professional oversight entities are meeting the state's public protection priorities, authorizing statutes for these regulatory bodies are subject to statutory dates of repeal, at which point the entity "sunsets" unless the date is extended by the Legislature. The sunset process provides for a regular forum for discussion around the successes and challenges of various programs and the consideration of proposed changes to laws governing the regulation of professionals. Currently, the sunset review process applies to approximately three dozen different boards, bureaus, and commissions housed within the DCA, as well as the Department of Real Estate and three nongovernmental nonprofit councils.

On a schedule averaging every four years, each entity is required to present a report to the Legislature's policy committees, which in return prepare a comprehensive background paper on the efficacy and efficiency of their licensing and enforcement programs. Both the Administration and regulated professional stakeholders actively engage in this process. Legislation is then subsequently introduced extending the repeal date for the entity along with any reforms identified during the sunset review process.

*California Board of Naturopathic Medicine.* The Board is responsible for licensing and regulating NDs under the Naturopathic Doctors Act. The foundational principle of naturopathy is a belief that the human body is capable of healing itself with the assistance of natural therapies and treatments. Naturopathic medicine is a system of primary health care that integrates the values and practices of traditional naturopathy with modern methods and modalities for the diagnosing, treating, and preventing of health conditions, injuries, and disease. As of June 30, 2025, there were 1,057 active ND licensees in California. NDs provide care in a variety of settings, including solo practices, integrative clinics, and academic institutions.

*Issues Raised during Sunset Review*. The background paper for Board's sunset review oversight hearing contained a total of 16 issues and recommendations, each of which is eligible to result in statutory changes enacted through Board's sunset bill.[1]

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[1] https://abp.assembly.ca.gov/media/1284

*Board Expiration Dates.* Issue #2 in the sunset background paper for the Board noted that four of the seven members' terms expired on January 1, 2026, and those members are serving their grace year. The sunset background paper considered whether Board member terms need to be staggered. Board members serve four-year terms, and members may not serve more than two consecutive terms. Members may continue to serve after their term's expiration date until a replacement is appointed or one year has elapsed, whichever occurs sooner. Appointments for prematurely vacated positions are initially for the remainder of the term only.

At the time that the sunset background paper was published, the Board had two vacancies and six 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 have effectively been left with one remaining Board member. Without amending member terms, nearly the entire Board roster could need to be replaced at one time, which would place undue pressure on the appointments process and introduce instability to program operations that would be avoidable under a coordinated term expiration calendar. This bill would stagger the terms of future members of the Board to ensure greater stability and continuity in the future.

*Fictitious Name Permit Program.* Issue #6 in the sunset background paper for the Board posed the question of whether the Board should be authorized to issue fictitious name permits to ensure naturopathic practices are complying with Naturopathic Doctors Act naming requirements for corporations. The Board has requested authority to establish a fictitious name permit program during two prior sunset reviews and submitted this request in its current sunset report. During the 2021 sunset review, legislative staff recommended that the Board expand upon its request, providing a clear rationale for how the program would better serve the public.

A fictitious name, also known as a "DBA" (doing business as), is a business name that differs from the legal name of the individual or entity that owns the business and who is licensed by the Board. Currently, consumers may only know a practice by its business or fictitious name. When a consumer files a complaint, this lack of transparency adds a level of complexity to investigations that are meant to be filed against the responsible doctor in the corporation.

For example, if Dr. Jane Smith operates a clinic under the name "Wellness First Medical Group," a consumer will likely file a complaint against the Wellness First Medical Group, not Dr. Smith. According to the Board, a fictitious name permit program would improve the Board's ability to protect the public by enhancing ownership transparency. Establishing a fictitious name permit program would allow both the consumer and the Board to identify the naturopathic doctor who is responsible for the corporation.

Additionally, statute 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 a fictitious name permit program, the Board is unable to proactively ensure compliance with that law during the licensure process and instead, must enforce naming conventions on a reactive basis while investigating a complaint. The process of investigating and educating or citing and issuing an order of abatement for the licensee to correct the deficiency is less effective and more costly for the Board and licensees alike.

Based on the above, the Board strongly believes there is a demonstrated need for a fictitious name permit program. The Board additionally cites the benefit to consumers from preventing misleading or deceptive names, such as those: referring to an individual practice as a "center" or "institute"; referencing a type or scope of practice, including implying a board certification when none exists; using names that are nearly identical to well reputed practices, which is intended to fraudulently siphon off clients; among other forms of deceptive practices that can lead to consumer harm. This bill would establish a framework for the Board to implement a fictitious name permit program.

*Naturopath Title Protection.* Issue #8 in the sunset background paper for the Board noted that the Board reports that complaints about unlicensed activity accounts for 71 percent of its complaints received. Complainants frequently report confusion when individuals use these titles without licensure, leading consumers to mistakenly believe they are receiving care from a licensed naturopathic doctor. Unlicensed naturopaths contend that they do not fall within the jurisdiction of the Board and therefore, the Board should not be expending resources to investigate these complaints. The sunset background paper considered whether the Board has regulatory authority over unlicensed naturopaths.

As discussed in the sunset background paper, naturopathy is a broadly used term encompassing approximately 50 types of complementary and alternative health care practitioners. Practitioners who might use the title "naturopath" may include those practicing homeopathy, hydrotherapy, reflexology, iridology, nutritional therapy, acupressure, and others. These practitioners may lawfully provide services that do not require medical training or credentials, so long as they comply with the requirements of the Medical Practice Act.

The Medical Practice Act broadly prohibits the unlicensed practice of medicine, which is punishable as a misdemeanor. However, in 2002, the Legislature enacted SB 577 (Burton), which was intended "to allow access by California residents to complementary and alternative health care practitioners who are not providing services that require medical training and credentials." The legislation cited a report by the National Institute of Medicine and other studies that found that "millions of Californians, perhaps more than five million, are presently receiving a substantial volume of health care services from complementary and alternative health care practitioners" but that "the provision of many of these services may be in technical violation of the Medical Practice Act."

SB 577 established an exception to the Medical Practice Act's prohibitions on the unlicensed practice of medicine for practitioners who provide alternative or complementary care. Those practitioners may not imply that they are licensed physicians, and must disclose in any advertisements that they are not licensed by the state. Additionally, alternative and complementary care practitioners must provide patients with various specified disclosures prior to providing services, which must be acknowledged in writing by the patient.

In addition to being protected from violating the Medical Practice Act if the above requirements are met, complementary and alternative health care practitioners are permitted to use the titles of "Naturopath," "Naturopathic practitioner," or "Traditional naturopathic practitioner," by the Naturopathic Doctors Act 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. Additionally, the Medical Practice Act does not require specified education or training.

Placement of title protection for an unlicensed population within the Naturopathic Doctors Act seems to be cause for consumers who file complaints against unlicensed naturopaths with the Board. Equally a cause of confusion for consumers is the similarly phrased protected titles – "naturopathic doctor" and "naturopath" – that may lead consumers to file complaints with the Board.

The sunset background paper recommended that the Board 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 was also urged to 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 was directed to update the Committees on whether requiring registration would benefit consumers, naturopaths, and the Board.

This bill would revise the authority of the Board to take action against individuals engaged in, or aiding or abetting, the unlicensed practice or advertising of naturopathic medicine. The bill would codify specific penalties that may be imposed for violations of the Naturopathic Doctors Act. The bill would then specifically exempt the provision of services authorized by SB 577 and the use of the title "naturopath" when the unlicensed individual is complying with the disclosure and consent requirements for alternative and complementary care providers. This language is intended to ensure that consumers who receive unlicensed "naturopathy" services are aware that they are not receiving services from an ND and that the Board does not have oversight over those services.

*Expanded Authority.* Issue #12 in the sunset background paper for the Board noted that when the Naturopathic Doctors Act was enacted through SB 907 (Burton), the Board was directed to review naturopathic doctor education and training and make recommendations to the Legislature regarding the naturopathic doctor scope, but that those recommendations have not yet been adopted. The Committees considered whether it is time to align California's naturopathic doctor scope with their education and training.

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. In response to the evolving nature of the profession, the Board's Drug Formulary Advisory Committee convened meetings on May 5, 2025, and November 17, 2025, to consider revising its formulary recommendations. Rather than recommend an inclusive list of drugs similar to the previous Committee, the updated recommendations used an exclusionary methodology, taking into account regulatory scope, clinical setting, and collaborative care considerations. The Board now recommends excluding certain classes of drugs, specifically chemotherapeutic agents, controlled substances, advanced psychiatric medications, immunosuppressants, advanced cardiovascular agents, injectable biologics and monoclonal antibodies, and general anesthetics and neuromuscular blockers.

This bill would expand the licensed scope of practice for naturopathic medicine. First, it would allow NDs to perform minor office procedures, including the following:

A) Care and operative procedures relative to lacerations, skin lesions, and abrasions.

B) Incision and drainage of abscesses.

C) Trephination of subungual hematomas.

D) Removal of foreign bodies.

Further, this bill would broaden the authority for NDs to furnish, order, or prescribe controlled substances. NDs would only be allowed to furnish, order, or prescribe Schedule II drugs pursuant to standardized procedures or protocols developed jointly with, and approved by, a supervising physician and surgeon, which would be required to include patient-specific authorization. The supervising physician and surgeon would be required to be available at the time of the patient examination.

The Board would additionally be required to adopt an exclusionary drug formulary identifying drug classes that shall not be independently furnished, ordered, or prescribed by an ND. This exclusionary drug formulary would include but not be limited to chemotherapeutic agents, antipsychotic medications and mood stabilizers, immunosuppressants, antiarrhythmics and intravenous vasolidators or inotropes, and general anesthetics and neuromuscular blockers. The Board would be required to regularly review and update the exclusionary drug formulary to reflect changes in clinical practice, education, and patient safety standards.

*Recognition of Naturopathic Doctors in Public Health Documentation.* Issue #14 in the sunset background paper for the Board posed the question of whether NDs should be authorized to submit injury and disability certifications for the purposes of workers' compensation and disability license plates on behalf of their patients. NDs are recognized as primary care providers in California. Additionally, statute 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."

Provisions of the Labor Code define the health care 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. However, this definition does not currently include NDs. Psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners are all included in the Labor Code definition, despite not possessing 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 designates a physician and surgeon, nurse practitioner, certified nurse midwife, physician assistant, podiatrist, chiropractor, and optometrist as the healthcare practitioners who may certify the qualifying disability. NDs are not currently authorized to sign the required certificates.

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. The sunset background paper suggested that the Committees may wish to resolve these gaps in authorization. This bill would add NDs to both the Labor Code and the Vehicle Code for these purposes.

*Technical Changes.* Issue #15 in the sunset background paper for the Board suggested that there may be instances where nonsubstantive and technical changes to the Naturopathic Doctors 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. This bill includes changes of this nature.

*Continued Regulation.* Issue #16 in the sunset background paper for the Board considered whether the licensing and regulation of NDs should be continued and regulated by the Board. The sunset background paper concluded that the welfare of consumers is best preserved under the presence of a strong licensing and regulatory program to oversee NDs that can sustain its existence through license fees. The sunset background paper recommended that the Board should be continued and reviewed again on a future date to be determined. This bill would extend the Board's sunset date by an additional four years.

**Current Related Legislation**. AB 2771 (Berman) is the sunset review vehicle for the California Board of Private Postsecondary Education. *This bill is currently pending on the Senate Floor.*

AB 2772 (Berman) is the sunset review vehicle for the California Council for Interior Design Certification. *This bill is currently pending on the Senate Floor.*

AB 2773 (Committee on Business and Professions) is the sunset review vehicle for the California Board of Occupational Therapy. *This bill is currently pending on the Senate Floor.*

AB 2774 (Berman) is the sunset review vehicle for the Physical Therapy Board of California. *This bill is currently pending on the Senate Floor.*

AB 2775 (Berman) is the sunset review vehicle for the State Board of Chiropractic Examiners. *This bill is currently pending on the Senate Floor.*

SB 1302 (Wahab) is the sunset review vehicle for the California Board of Registered Nursing. *This bill is currently pending on the Assembly Floor.*

SB 1304 (Wahab) is the sunset review vehicle for the California Respiratory Care Board. *This bill is currently pending on the Assembly Floor.*

SB 1363 (Wahab) is the sunset review vehicle for the Board of Barbering and Cosmetology. *This bill is currently pending on the Assembly Floor.*

SB 1368 (Wahab) is the sunset review vehicle for the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. *This bill is currently pending on the Assembly Floor.*

SB 1333 (Jones) would have expanded the scope of an ND licensed by the Board 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 did not receive a hearing in the Senate Business, Professions & Economic Development Committee.*

**Prior Related Legislation**. AB 2485 (Committee on Business and Professions) extended the sunset date for the Board until January 1, 2027 and made additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

**ARGUMENTS IN SUPPORT**:

The *California Naturopathic Doctors Association* (CNDA) writes in support of this bill: "Most naturopathic doctors practice in primary care, yet current law creates unnecessary barriers for the patients who depend on them. Patients are often required to seek outside referrals for medication management or minor procedures, such as wound suturing, even when their ND is trained and qualified to provide those services. These inefficiencies increase health care costs, delay treatment, and may expose patients to preventable complications when acute conditions (such as streptococcal infections or urinary tract infections) are not addressed promptly." The CNDA further writes: "We agree with the CBNM that modernizing the naturopathic doctor scope of practice to better reflect both their education and training, as well as standards in other states that license naturopathic doctors, can improve access to care, reduce unnecessary health system burden, and help California attract and retain more primary care providers."

**ARGUMENTS IN OPPOSITION**:

The *California Medical Association* (CMA) writes in opposition to this bill in a letter co-signed by a coalition of physician specialty organizations: "While we share the Legislature's commitment to improving access to care and strengthening California's health care system, SB 1303 raises significant concerns regarding patient safety, clinical education and training standards, and the integrity of medical practice." The CMA specifically opposes recent amendments to the bill that would expand the authority of NDs to prescribe controlled substances and perform minor office procedures, as well as the language authorizing NDs to certify disabilities for purposes of the DMV or make disability determinations within the workers' compensation system. The CMA letter further states: "Additionally, this bill risks further fragmenting care by creating ambiguity in clinical roles and accountability. High-quality care depends on coordinated, physician-led teams in which each member practices within a clearly defined, evidence-based scope. Although improving access, particularly in underserved communities, is an important goal, there is insufficient evidence that expanding ND scope in this manner will meaningfully improve access without creating additional risks to patient safety, continuity, and follow-up care."

**POLICY ISSUES**:

*Consideration of Scope of Practice Expansions.* Recent amendments to this bill would revise and augment the current scope of practice for NDs, including by extending the authority of an ND to prescribe controlled substances or perform minor office procedures. Proposals to provide for a more extensive scope of practice for naturopathic medicine were thoroughly discussed both in the Board's sunset review background paper and during the joint sunset oversight hearing held earlier this year. Additionally, intent language was amended into this bill in April 2026 stating: "It is the intent of the Legislature to work with stakeholders and the California Board of Naturopathic Medicine to evaluate opportunities to authorize naturopathic doctors 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."

While proposals to enhance ND scope of practice have been subject to public discussion for several months, the language itself was only amended into this bill. The current legislative timeline allows for only minimal discussion of these proposals, which have received significant opposition. There may be cogent arguments in favor of the expanding the scope of practice for NDs; nevertheless, consideration of these proposals would benefit from further deliberation and discussion on a less accelerated timeline than is currently possible through this bill.

**AMENDMENTS**:

To remove provisions of the bill expanding the ND scope of practice, strike the entirety of Sections 7, 8, 9, 10, 17, 18, and 19 from the bill.

**REGISTERED SUPPORT**:

American Association of Naturopathic Physicians
Association of Accredited Naturopathic Medical Colleges
California Board of Naturopathic Medicine
California Naturopathic Certification Board
California Naturopathic Doctors Association
Council on Naturopathic Medical Education
Federation of Naturopathic Medicine Regulatory Authorities
Water's Edge Natural Medicine

**REGISTERED OPPOSITION**:

American Association of Payers Administrators and Networks
American College of Obstetricians & Gynecologists - District IX
American Naturopathic Association
American Property Casualty Insurance Association
Associated Naturopathic Schools and Colleges of America
Association of California Healthcare Districts
California Academy of Child and Adolescent Psychiatry
California Academy of Family Physicians
California Association of Joint Powers Authorities
California Chamber of Commerce

California Chapter American College of Cardiology
California Coalition on Workers Compensation
California Medical Association
California Orthopaedic Association
California Podiatric Medical Association
California Radiological Society
California Rheumatology Alliance
California Society of Anesthesiologists
California Society of Dermatology & Dermatologic Surgery
California Society of Pathologists
California Society of Plastic Surgeons
California Special Districts Association
California State Association of Counties
National Board of Naturopathic Examiners
Osteopathic Physicians and Surgeons of California
Public Risk Innovation, Solutions, and Management
Rural County Representatives of California
Urban Counties of California

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