



- b) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.
  - c) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.
  - d) Health education and health counseling.
  - e) Repair and care incidental to superficial lacerations and abrasions, except suturing.
  - f) Removal of foreign bodies located in the superficial tissues. (BPC § 3640(c))
- 6) Authorizes an ND to utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular. (BPC § 3640(d))
- 7) Authorizes an ND to furnish or order drugs when all of the following apply:
- a) The drugs are furnished or ordered by an ND in accordance with standardized procedures or protocols developed by the ND and their supervising physician and surgeon.
  - b) The ND is functioning pursuant to standardized procedure, as defined by standards for nurse practitioners or protocol that is developed and approved by the supervising physician and surgeon, the ND, and, where applicable, the facility administrator or their designee.
  - c) The standardized procedure or protocol covering the furnishing of drugs specify which NDs may furnish or order drugs, which drugs may be furnished or ordered under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the ND's competence, including peer review, and review of the standardized procedure.
  - d) The furnishing or ordering of drugs by an ND occurs under physician and surgeon supervision, which is not to be construed to require the physical presence of the physician, but does include all of the following:
    - i) Collaboration on the development of the standardized procedure.
    - ii) Approval of the standardized procedure.
    - iii) Availability by telephonic contact at the time of patient examination by the ND.
  - e) The drugs furnished or ordered by an ND include Schedule III through Schedule V controlled substances under the California Uniform Controlled Substances Act

(Division 10 (commencing with Section 11000) of the Health and Safety Code) and are further limited to those drugs agreed upon by the ND and physician and surgeon as specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished or ordered by an ND, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the ND's standardized procedure relating to controlled substances shall be provided upon request, to a licensed pharmacist who dispenses drugs, when there is uncertainty about the naturopathic doctor furnishing the order. (BPC § 3640.5(a),(b),(c),(d),(f))

- 8) Authorizes an ND to independently prescribe and administer the following:
  - a) Epinephrine to treat anaphylaxis.
  - b) Natural and synthetic hormones.
  - c) Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription. (BPC § 3640.7)
- 9) 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) Authorizes an ND to perform minor office procedures and defines "minor office procedures" as:
  - a) Care and operative procedures relative to lacerations, skin lesions, and abrasions.
  - b) The incision and drainage of abscesses.
  - c) The trephination of subungual hematomas.
  - d) The removal of foreign bodies.
  - e) The 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.
- 2) Removes the requirement for NDs to furnish or order drugs in accordance with standardized procedures or protocols developed by the ND and their supervising

physician and surgeon.

- 3) As long as the board has certified that the naturopathic doctor has satisfactorily completed adequate coursework in pharmacology covering the drugs to be furnished or ordered, authorizes an ND to furnish, order, or prescribe drugs, including, but not limited to:
  - a) Legend drugs, including Schedule II-V, inclusive.
  - b) Controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code.
  - c) Epinephrine to treat anaphylaxis.
  - d) Natural and synthetic hormones.
  - e) Vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents that may be administered utilizing routes of administration, pursuant to subdivision (d) of Section 3640, only when such substances are chemically identical to those for sale without a prescription.
- 4) Removes the Board's sunset date and replaces it with an undetermined date.

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

**COMMENTS:**

1. **Purpose.** This bill is sponsored by the California Naturopathic Doctors Association (CNDA). The Author states, "Naturopathic doctors have been licensed as primary care providers in California for more than 20 years under Senate Bill 907 (Burton, 2003). Although the Naturopathic Practice Act established a broad scope of practice, statutory restrictions still prevent NDs from performing certain functions consistent with their education and training.

Naturopathic doctors complete four-year, post-graduate, accredited medical programs that include pharmacology and minor office procedure training. In other states where independent prescribing and minor procedures are authorized, they have long demonstrated safety, compliance and competence.

Like other primary care providers, NDs diagnose, prevent, and treat disease in accordance with established clinical standards. They also receive extensive training in nutrition, exercise, stress management, and counseling.

The original intent of SB 907 was that physician supervision of prescribing would be temporary. The California Board of Naturopathic Medicine affirmed this intent in 2007 and reiterated in 2015 and 2025 that safety and efficacy standards had been met and that full implementation – as sought in SB 1333) is warranted.

The practice of naturopathic medicine has grown steadily in response to increasing demand for primary care providers trained in both conventional and natural medicine, but California law has failed to keep up.

The requirement for physician supervision when prescribing medications and the prohibition on minor in-office procedures – such as draining an abscess or suturing a minor laceration – continue to impede patient access to timely, appropriate, and cost-effective care and place undue burden on an already stressed medical system in California.

These restrictions, unique to California, are antiquated and unnecessary given naturopathic doctors' now longstanding record of performance and care provision. They contribute to duplicative visits, increased costs, and unnecessary emergency room care visits for manageable conditions such as asthma and elevated blood pressure.

SB 1333 will update the Naturopathic Practice Act, aligning it with the profession's education, training, and national standards and with the intent of SB 907 (Burton, 2003). The bill authorizes NDs to prescribe medications independently and permits them to perform minor in-office procedures, consistent with their accredited medical training.

This update will allow naturopathic doctors to provide comprehensive, evidence-based primary care within their full scope of training, improving access, continuity, and affordability of care for Californians. Modernizing these provisions will also help retain qualified clinicians in the state, addressing the ongoing shortage of primary care providers and countering the discouragement that outdated limitations have created for new naturopathic graduates.”

- 2. Background. *The Board and Naturopathic Doctors.*** The Board protects the health and safety of California consumers through licensing and regulating NDs. 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 ND 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.

*History behind limits on scope and efforts to expand scope of Naturopathic Doctors.* 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 NDs. 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's recommendations were to be submitted to the Legislature for consideration.

The Committee was comprised of three licensed pharmacists, three licensed physicians and surgeons, and three licensed NDs. 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. Findings included that when reviewing practice acts in other states, "Of the 13 other states that license NDs, 9 of those states allow NDs to prescribe independently, without any MD supervision or protocol. Only one state, Kansas, which instituted licensure in 2003, requires MD supervision, and Maine requires collaboration with a physician for one year prior to independent prescribing." 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 recommendations of the Committee, as intended by SB 907. Finally, in 2015, SB 538 (Hueso) would have expanded the scope of NDs 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.

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.

- 3. Arguments in Support.** The California Naturopathic Doctors Association (sponsor) writes in support, “The vast majority of naturopathic doctors practice in a primary care capacity, yet current law imposes unnecessary barriers on the patients who rely 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 these services. These inefficiencies increase health care costs, delay timely treatment, and may place patients at risk of preventable complications when acute conditions, such as streptococcal (strep throat) infections, are not addressed promptly.”

The Alliance for Pharmacy Compounding notes, “SB 1333 would update California law to better align naturopathic doctors’ scope of practice with their education and training, including removing the requirement for a written supervision agreement for prescribing and allowing certain minor procedures. From our perspective, enabling qualified providers to practice to the full extent of their training supports more timely and efficient patient care, particularly in primary care settings where access challenges persist.”

The American Association of Naturopathic Physicians writes, “SB 1333 appropriately modernizes California law by aligning naturopathic scope of practice with the education, training, and clinical competencies of licensed Naturopathic Doctors. The bill removes outdated structural barriers that limit patient access to care, including unnecessary physician supervision requirements, and clarifies the authority of NDs to perform minor office procedures and utilize therapeutic modalities that are already part of their accredited doctoral training. These updates reflect current clinical practice standards and ensure that regulatory frameworks keep pace with the realities of modern primary care delivery.”

The Association of Accredited Naturopathic Medical Colleges writes, “California faces ongoing challenges related to provider shortages, rising healthcare costs, and increasing rates of chronic disease. Allowing qualified healthcare professionals to fully utilize their training is a practical, patient-centered solution that supports system-wide capacity. SB 1333 represents a thoughtful and appropriate update that aligns regulatory language with modern educational standards and clinical practice.”

The California Board of Naturopathic Medicine writes in support, “Notably, SB 1333 directly addresses several of the same issues identified in the Board’s 2026 Sunset Review Report, particularly the need for practice-as-trained alignment and statutory updates that improve continuity of care for consumers, reduce fragmentation in the healthcare system, and help address California’s growing primary-care shortage. SB 1333 aligns the statutory scope of practice with the current education and clinical competencies of naturopathic doctors trained in accredited doctoral-level naturopathic medical programs.”

The Council on Naturopathic Medical Education states, “SB 1333 will allow naturopathic doctors to practice to the full extent of their training, improving efficiency within the healthcare system—including increased access to care. 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.”

The Federation of Naturopathic Medicine Regulatory Authorities, “supports modernized regulation of naturopathic medicine in California. Reasonable regulation is integral to the safe practice of naturopathic medicine and protection of the public.” Further, “Limiting access to independent primary care providers causes a significant delay in obtaining timely health and wellness services, resulting in barriers that are directly linked to negative health outcomes. Ensuring that Californians have access to comprehensive, quality primary care services is imperative not only for their physical and mental health, but it improves access to preventive measures such as managing disease, which reduces unnecessary disability and premature death while improving overall quality of life. In short, limiting the independent prescribing rights of NDs only widens healthcare inequity and disparity.”

4. **Arguments in Opposition.** A coalition of the American College of Obstetricians & Gynecologists, California Academy of Child & Adolescent Psychiatry, California Academy of Family Physicians, California Chapter of the American College of Cardiology, California Medical Association, California Orthopaedic Association, California Podiatric Medical Association, California Radiological Society, California Rheumatology Alliance, California Society of Anesthesiologists, California Society of Dermatology and Dermatologic Surgery, California Society of Pathologists, California Society of Plastic Surgeons, California State Association of Psychiatrists, Osteopathic Physicians & Surgeons of California, and Psychiatric Physicians Alliance of California cite that, “this bill will expand prescribing authority and alter care delivery standards in ways that are not aligned with the education, training, and clinical experience required of physicians... Specifically, we have concerns with the expansion of dermatologic procedures placing patients at risk. This bill is proposing to include procedures such as incision and drainage, hematoma evacuation, biopsies of the skin, etc. This expansion can reasonably lead to mismanagement of cancers, incomplete staging, and patient harm due to lack of training. These procedures and management of dermatologic conditions are taught in many Accreditation Council for Graduate Medical Education (ACGME) residencies, which NDs do not participate in.”

The California Chapter of the American College of Cardiology opposes this bill, stating that, “Cardiovascular disease is the leading cause of death in California. Safe management of heart patients requires extensive, rigorous medical training, particularly regarding the use of controlled substances, anticoagulants, and complex cardiovascular medications. We believe SB 1333 poses a significant risk to patient safety,” citing inadequate training for high-risk medication management, removal of supervision safeguards, and concern for the safety of cardiac patients.

The California Rheumatology Alliance states, “Rheumatologists manage complex, chronic autoimmune diseases—such as rheumatoid arthritis, lupus, and vasculitis—that require the use of high-risk medications, including Schedule II controlled

substances, biologics, and immunosuppressants. These drugs require rigorous monitoring, expertise in immunology, and comprehensive training to manage severe adverse effects... The current legal structure requiring physician oversight of NDs is crucial for the safety of California patients. Removing these safeguards will lead to delayed diagnosis of severe autoimmune conditions, mismanagement of medications, and increased healthcare costs due to complications.”

The California Society of Plastic Surgeons notes, “Naturopathic education and residency training are fundamentally different from those of licensed medical physicians (MD/DO). ND training lacks the necessary depth, hospital-based rotations, and acute care experience required to manage the complex pharmacological needs associated with Schedule II-V controlled substances. Allowing independent prescription authority without physician supervision (removing current requirements for standardized procedures) invites higher risks of drug misuse and adverse reactions. Patient safety is maintained through standardized, rigorous medical care, not by relaxing standards for non-physician practitioners.”

5. **Related Legislation.** SB 1303 (Wahab of 2026) makes various changes to the operations of the CBNM based on the sunset review oversight efforts of the Board; extends the Board’s sunset date by four years to January 1, 2031; and proposes to add legislative intent language 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. *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. **Policy Issues for Consideration.**

*Could this issue be resolved through the current comprehensive sunset review oversight process for the CBNM?* The Board is currently undergoing the Committee’s comprehensive sunset review oversight process. The sunset review oversight process provides an opportunity for the Department of Consumer Affairs (DCA), the Legislature, the boards, interested parties and stakeholders to discuss the performance of the boards and make recommendations for improvements. This Committee, along with the Assembly Committee on Business and Professions, continues to follow the sunset process, as was originally established under the Joint Legislative Sunset Review Committee in 1994, to conduct regular oversight of entities primarily under the DCA, but also within other state government agencies. The sunset date for each board allows enough time for the board to be reviewed by the Committees and for legislation to be passed to extend the sunset date of the board when appropriate, as well as simultaneously make appropriate policy changes to board operations and regulation of the profession.

The Committees review each entity’s submitted reports and staff draft background papers, which raise several issues related to the operations, oversight of the

professions, programmatic operations, among a variety of topics related to the boards, and subsequently conduct public hearings to review the issues and provide preliminary recommendations. Boards undergoing sunset review oversight are provided an opportunity to respond, along with the regulated industry, consumer groups and the public. Necessary statutory changes, which may include elimination of a program, are made through sunset bills that make their way through the legislative process as any other bill does.

SB 1303 (Wahab of 2026) is the vehicle to address the multitude of issues raised in the CBNM's 2026 Sunset Review Report, the staff background paper, and during the CBNM's sunset review oversight hearing on March 24th of this year. As that vehicle is already in the process to consider legislative changes for the Board stemming from the comprehensive sunset review oversight process, it may be the appropriate vehicle to consider changes related to any expanded practice authority for NDs.

Committee staff included this topic as Issue #12 in the CBNM sunset review oversight background paper, which stated, "It would be helpful for the Committees to learn about discussions with other healthcare providers, healthcare facilities, and payors about the opportunities that may exist for NDs to take on additional practice authority, as well as discussions with patients, the public, and licensees." Ultimately, the Committee recommendation read, "The Board should update the Committees on the discussions it has had with stakeholders and the feasibility of expanded practice authority for the profession."

The Board's responses are not yet due to the Committee. Consequently, the amendments to expanded practice authority contained in this measure may be premature. SB 1303 is also being considered at the Committee's April 20 hearing and will be amended to include intent language to evaluate the role that NDs can play in providing access to quality care and services through expansions in their practice authority.

*Sunset Date.* This bill removes the Board's sunset date and replaces it with a yet to be determined date. It is unclear why legislation to expand ND authority would address extending the Board's sunset date. By including any provisions related to the Board's operations, this bill inherently creates a conflict with the sunset bill intended to comprehensively address the Board's continued existence along with its administration of the ND act.

*Would this bill increase access to care for most Californians, specifically those in underserved or rural communities?* Existing law establishes a physician-supervised pathway for broader drug furnishing authority. BPC § 3640.5 authorizes an ND to furnish or order drugs pursuant to standardized procedures or protocols developed with and approved by a supervising physician and surgeon, with such drug orders treated as prescriptions of the supervising physician and subject to specified training, furnishing number, and regulatory requirements. (BPC § 3640.5; Title 16 of the California Code of Regulations § 4236). This bill proposes to repeal and recast these provisions, including removing the physician protocol framework and expanding ND authority to furnish, order, or prescribe legend drugs and controlled substances. In that context, while the bill's references to vitamins, minerals, amino

acids, and related substances are largely duplicative of existing BPC § 3640.7 authority as applied to over-the-counter-identical products, a primary effect of the bill would be to broadly expand prescribing authority, especially for prescription drugs, and to remove the current physician supervision requirements.

However, expanding independent prescribing authority for NDs does not necessarily translate to increased access to care, particularly for underserved populations, because naturopathic services are not broadly integrated into California's payer systems. NDs are not recognized as covered providers under the federal Medicare statute, which defines covered practitioner types and does not include naturopathic physicians. (42 U.S.C. § 1395x.) Similarly, California's Medical program generally limits reimbursement to licensed provider types enumerated in statute and regulation, which do not include NDs as independent billing providers for physician services. (Welfare and Institutions Code § 14000 et seq; 22 CCR § 51000 et seq.)

As a result, many patients receiving naturopathic care pay out of pocket and under current law, NDs who furnish drugs pursuant to standardized procedures do so under a supervising physician's authority, including reliance on the physician's furnishing and prescribing framework, and, where applicable, federal controlled substance registration requirements. (BPC § 3640.5; 21 C.F.R. § 1301.12.) While SB 1333 would expand independent prescribing authority, it may not on its own address any of the primary drivers of access to care in California like health insurance coverage and provider network participation. This bill is more likely to affect a subset of patients already accessing care through cash-pay or out-of-network arrangements, rather than those facing systemic barriers to care.

## **SUPPORT AND OPPOSITION:**

### Support:

California Naturopathic Doctors Association (Sponsor)  
 Alliance for Pharmacy Compounding  
 American Association of Naturopathic Physicians  
 Association of Accredited Naturopathic Medical Colleges  
 Council on Naturopathic Medical Education  
 Department of Consumer Affairs, California Board of Naturopathic Medicine  
 Federation of Naturopathic Medicine Regulatory Authorities

### Opposition:

American College of Obstetricians & Gynecologists - District IX  
 California Academy of Child and Adolescent Psychiatry  
 California Academy of Family Physicians  
 California Chapter American College of Cardiology  
 California Medical Association (CMA)  
 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 State Association of Psychiatrists (CSAP)  
Osteopathic Physicians and Surgeons of California  
Psychiatric Physicians Alliance of California (PPAC)

**-- END --**