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March 20, 2026

Honorable Aisha Wahab, Chair and Members,
Senate Business, Professions, and Economic Development Committee
State Capitol, Room 2053
Sacramento, CA 95814

Honorable Marc Berman, Chair, and Members
Assembly Business and Professions Committee
Legislative Office Building, Room 379
Sacramento, CA 95814

Re: Joint Sunset Oversight Hearing, Board of Naturopathic Medicine

Dear Senator Wahab, Assemblymember Berman, and Members of the Committees:

The Consumer Protection Policy Center (CPPC) respectfully submits the following testimony relevant to the Committees' sunset review of the Board of Naturopathic Medicine (CBNM). As set forth in detail below, we are concerned that **the naturopathic medicine profession has significant control over the Board and its decision making**. Not only does this raise antitrust concerns, but CBNM's enforcement record and policy recommendations suggest an undue focus on protecting the economic interests of its licensees to the detriment of public protection, the Board's paramount priority.

Accordingly, CPPC proposes retention of the Board but makes the following major recommendations (which are explained more fully below):

1) **Establish a Non-Licensee Majority on the Board:** Change the Board structure to 3 California-licensed naturopathic doctors, 1 California licensed physician or surgeon, and 5 public members—keeping the Board size the same while creating a public member majority—to ensure public protection remains its highest priority.
2) **Maintain the Supervisory Protocol Agreement Requirement**: NDs are currently required to operate under a supervisory protocol agreement with a physician to furnish or order certain medications. This requirement reduces the risk of medication-related harm and supports public health.
3) **Maintain the Standardized Protocol for Vaccines:** The Board is recommending legislation to establish an independent pharmaceutical formulary,

including access to vaccines. Due to significant evidence of disproportionately high vaccine skepticism among NDs, this proposal risks posing a danger to public health and safety.

4) **Oppose Authorization for Suturing**: Suturing is commonly considered a difficult technical skill to master, with potentially dangerous consequences if performed incorrectly. The Legislature specifically excluded NDs from applying sutures in its enabling statute, and that decision should not be altered.

About the Consumer Protection Policy Center

CPPC is a nonprofit, nonpartisan academic and advocacy center based at the University of San Diego School of Law. Since 1980, CPPC has studied the state's regulation of business, professions, and trades, and monitors the activities of state occupational licensing agencies and regulatory boards within the DCA. CPPC publishes the *California Regulatory Law Reporter*, which chronicles the activities and decisions of California regulatory agencies. CPPC has participated in the sunset review of DCA boards and commissions since the onset of sunset review in 1996.

U.S. Supreme Court Precedent Demands Reform at CBNM

CBNM's actions over the previous sunset cycle raise concerns that the naturopathic medicine profession exerts tremendous influence over the Board's decision making, often in ways that appear to protect licensees rather than the public. For example, CBNM's enforcement program has produced a shockingly low number of formal disciplinary actions. From FY 2018-2019 through FY 2020-2021, the Naturopathic Medicine Committee received 163 complaints and engaged in 175 investigations, yet disciplined no licensees.[1] In the current sunset cycle, the Board received 297 complaints, closed 276 investigations, and disciplined two licensees. This means that 0.72% of investigations resulted in discipline, which contrasts starkly with other health professional boards. By comparison, around 9% of investigations closed by the Board of Registered Nursing led to formal discipline, around 5% of investigations closed by the Physical Therapy Board led to formal discipline, and around 6% of investigations closed by the State Board of Chiropractic Examiners led to formal discipline.[2] It is difficult to believe that naturopathic licensees are dramatically less prone to conduct warranting discipline than practitioners in other regulated health professions.

The Board's primary enforcement actions are focused on unlicensed naturopathic practitioners. Approximately 71% of the Board's enforcement workload is focused on unlicensed activity. The Board has described unlicensed activity as posing "the greatest

[1] California Board of Naturopathic Medicine Sunset Review Report 2026 p. 34-36.

[2] *See* California Board of Registered Nursing Sunset Report 2026 p. 84-85 (3479 disciplines and 37,490 investigations closed), Physical Therapy Board of California Sunset Review Report 2025 p. 59-61 (109 disciplines and 2000 investigations closed), Board of Chiropractic Examiners Sunset Review Report 2026 p. 41-42 (125 disciplines and 1979 investigations closed)

risk to public safety."[3] While unlicensed activity represents a significant threat to consumer safety, the amount of resources dedicated to combating unlicensed naturopathy, combined with CBNM's request to expand statutory title protection, suggests that the Board may be unduly focused on protecting licensees over protecting the public. Additionally, the Board's relatively quick average time to complete investigations—which was as low as 18 days in FY 2021-2022 Q2—suggests that CBNM's investigative process may not be meaningfully thorough.

CPPC has long argued that regulatory boards composed of a majority of licensee members — who can then control their own regulation and stand to benefit from anticompetitive decisions the board makes — violate federal antitrust law. In 2015, the U.S. Supreme Court validated CPPC's position in *North Carolina State Board of Dental Examiners v. FTC*, 574 U.S. 494 (2015) ("*North Carolina*"). In that case, the Court recognized the inherent conflict of interest that exists when a state licensing board is controlled by members of the profession regulated by that board, and unequivocally held that state regulatory boards are not immune from federal antitrust scrutiny unless they are controlled by public members (and not "active market participant" licensees) **or** the state has created a mechanism to actively supervise the acts and decisions of these boards to ensure they benefit the public, and not merely the professions themselves. Since the issuance of the *North Carolina* decision, CPPC has participated in public hearings, submitted numerous letters explaining the decision, and supported legislation that would properly implement the decision.[4]

CBNM's Board consists of nine members: 5 California-licensed naturopathic doctors, 2 California-licensed physicians or surgeons, and 2 public members. The 7/2 licensee majority composition (Bus. & Prof. Code § 3621) not only presents fertile ground for anticompetitive conduct, but also places CBNM in an especially vulnerable position with respect to antitrust liability in light of the *North Carolina* decision.

Accordingly, CPPC strongly recommends that the Legislature take the following actions to strengthen public protection and decrease the influence of the profession over Board decision making:

1) **Restructure the Board to three California-licensed naturopathic doctors, one California-licensed physician or surgeon, and five public members** to give the public, and not the profession, the majority of the voting members of the Board, and guard against potentially anticompetitive conduct in the future.

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[3] CBNM Sunset Report at p. 81.

[4] *See*, *e.g.*, SB 1195 (Hill) in 2016, which was vehemently opposed by the California Nursing Association. CPPC also respectfully disagrees with those who argue that DCA boards are "actively supervised" by the state. Board members make final disciplinary and other policy decisions which are not subject to review or ratification by the Department of Consumer Affairs or any other state agency. Although the DCA Director is authorized to review and reject CBNM rulemaking under the Administrative Procedure Act (APA), the Board may — by a unanimous vote — override the Director's disapproval of regulations. *See* Bus. & Prof. Code § 313.1(e)(3).

2) **Scrutinize CBNM's Enforcement Program:** CBNM's investigations lead to far fewer outcomes involving discipline compared to other healthcare-regulating boards. Scrutinizing whether CBNM properly takes enforcement action against its licensees would benefit the public.

3) **Add a public member seat on every Board advisory committee.** Currently, the only advisory committee within the Board with a public member is the Legislative Advisory Committee. Having at least one public member on every Board committee would ensure that the public is adequately involved in all of the Board's policy decisions.

The Legislature Should Oppose Eliminating the Supervisory Protocol Agreement Requirement

In Section 10, Issue #3 of the Sunset Review Report, the Board is asking for legislation to "[eliminate] the requirement for a supervisory protocol agreement with a physician."[5] Section 3640.5 of the Business and Professions Code (BPC) requires NDs to furnish drugs pursuant to a standardized procedure under supervision from a physician and surgeon.[6] This supervision requires the physician and surgeon to collaborate on the development of the standardized procedure, approve the standardized procedure, and be available by telephonic contact when the ND examines their patients. The standardized procedure specifies which NDs may furnish drugs, which drugs may be furnished, and the method for periodic review of the ND's competence. This process protects the public by helping to ensure that NDs provide accurate and appropriate prescriptions to patients. Eliminating this requirement would reduce clinical oversight and could potentially risk public health.

Medication-related errors are among the most common and avoidable causes of injury to patients. Around 1.3 million Americans experience medication-related harms every year, with over half of these harms resulting from prescription errors, and over 26% of medication errors are considered to be severe or life-threatening.[7] These errors are preventable and can be mitigated by review and oversight over prescribed medications. Unlike physicians and surgeons, NDs are not required to undergo residency programs before obtaining licensure. While naturopathic programs do require a minimum of 1,200 hours of clinical training, this pales in comparison to the rigor and experience that a postgraduate residency program provides. Supervision from physicians and surgeons ensures that medical practitioners with significantly greater postgraduate training can review and guide medication decisions to prevent avoidable patient harm.

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[5] CBNM Sunset Report at p. 94-95.

[6] Bus. & Prof. Code §§ 3640.5.

[7] *See* Ankur Sinha, Yevgeniya Scherbak, Rayhan A. Tariq, and Rishik Vashisht, *Medication Dispensing Errors and Prevention*, StatPearls (Last Updated February 12, 2024); *Medication without harm: Policy brief*, World Health Organization (2023) at p. 6.

Furthermore, the standardized procedure does not currently impose an unreasonable burden on NDs. BPC specifically states that "[p]hysician and surgeon supervision shall not be construed to require the physical presence of the physician."[8] Additionally, NDs are independently authorized to prescribe epinephrine for anaphylaxis, hormones, and other substances like vitamins or minerals if they are chemically identical to those for sale without a prescription. These carve-outs ensure that NDs may appropriately administer medications that are for pressing medical needs or are traditionally procured by naturopathic practitioners, while other potentially harmful drugs have safeguards in place. Therefore, the Legislature should maintain the supervisory protocol requirement as-is.

The Legislature Should Maintain the Standardized Protocol for Vaccines

In Section 10, Issue #3 of the Sunset Review Report, the Board is asking for legislation to "[establish] an independent pharmaceutical formulary, including access to vaccines."[9] Currently, NDs have no independent authority to administer vaccinations and may only do so pursuant to a standardized protocol under supervision from a physician and surgeon. This protocol should be maintained for the reasons stated above, and because various studies have historically shown higher rates of vaccine hesitancy among naturopathic practitioners.

For example, a study conducted in 2000 among NDs in Massachusetts found that only 20% of surveyed NDs actively recommended childhood vaccination, with the remaining practitioners either openly opposing it or not making recommendations.[10] Similarly, a 2010 study found that "naturopathic care remained a significant predictor of reduced rates of all vaccinations" and that "parents who use naturopathic physicians . . . for pediatric care are less likely to meet recommendations for vaccinations."[11] Additionally, while a 2014 study conducted among students at the National College of Natural Medicine found that 82% supported the general concept of vaccinations, 96% reported that they would recommend a different schedule than the CDC-ACIP supports, with the majority citing concerns such as vaccines being administered too early or there being too many vaccines overall.[12] Furthermore, 90% of the respondents claimed they were more critical of vaccines than mainstream medical doctors and students.

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[8] Bus. & Prof. Code § 3640.5.

[9] CBNM Sunset Report at p. 94-95.

[10] *See* Kathi J. Kemper and Anne C. C. Lee, *Homeopathy and Naturopathy Practice Characteristics and Pediatric Care*, Arch Pediatr Adolesc Med, Volume 154, No. 1 (2000).

[11] *See* Lois Downey,, Patrick T. Tyree, Colleen E. Huebner, and William E. Lafferty, *Pediatric Vaccination and Vaccine-Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers*, Matern Child Health J., Volume 14 (2010) p. 6-7.

[12] *See* Ather Ali, Carlo Calabrese, Robert Lee, Daniel Salmon, and Heather Zwickey, *Vaccination Attitudes and Education in Naturopathic Medicine Students*, The Journal of Alternative and Complementary Medicine : Paradigm, Practice, and Policy Advancing Integrative Health, Volume 20, Issue 5 (May 2014) .

These studies raise concerns about the advisability of allowing NDs to independently administer vaccines. While the studies do not show that all, or even a majority of California NDs share vaccine-hesitancy views, they indicate that independent vaccination authority could undermine adherence to evidence-based immunization guidelines. The BPC's current procedure of requiring vaccines to be administered pursuant to a standardized protocol appropriately constrains the potential for vaccine-related misuse or harm and should be maintained.

The Legislature Should Deny Authorization for NDs to Perform Suturing

In Section 10, Issue #3 of the Sunset Review Report, the Board is asking for legislation to "[authorize] the use of suturing in minor office procedures."[13] Section 3640(c) of the BPC describes the tests and treatments that NDs are authorized to perform. The Act states, "A naturopathic doctor may dispense, administer, order, prescribe, and furnish or perform the following: (5) Repair and care incidental to superficial lacerations and abrasions, except suturing."[14] It is clear that the section is intended to prevent NDs from performing high-risk invasive procedures that pose a serious threat to public health if performed incorrectly. For example, NDs are prevented from performing surgical procedures, abortions, or general anesthesia. Suturing is similarly difficult and risky to perform.

Suturing is a complex procedure that requires the medical professional to make decisions at various points to prevent patient injury. Before a wound is sutured, the professional must evaluate it for damages to underlying blood vessels, nerves, and other structures, as well as for any foreign bodies or body cavity penetration. Failure to recognize these issues can lead to serious complications. Suturing itself requires high precision and dexterity, as the professional has to be extremely precise in the angle at which the needle pierces the skin, and in the distance between sutures. If done incorrectly, sutures could lead to complications such as infection, necrosis, wound reopening, and nerve damage. At worst, it could lead to sepsis or wound dehiscence.[15]

While NDs do receive course training in suturing, students practice on non-human subjects, such as pig feet, and are currently unable to perform on real patients during clinical instruction. Without supervised experience performing on live patients, there is insufficient evidence that California NDs are equipped with the skills to handle bleeding, contamination, and other potential complications. Additionally, many states other than California do not permit NDs to perform sutures. Kansas explicitly bans NDs from performing sutures, and states like Massachusetts, Connecticut, and Rhode Island do not permit NDs to perform any invasive procedures.[16] BPC appropriately allows NDs to perform minor repair to lacerations and abrasions, while leaving more complicated

[13] CBNM Sunset Report at p. 94-95.

[14] Bus. & Prof. Code § 3640(c).

[15] *See* Adam J. Singer, *Skin Lacerations*, Merck Manual (Reviewed/Revised May 2025)

[16] K.S.A. § 65-7202, M.G.L. c. 112, § 267, R.I. Gen. Laws § 5-36. 1-3., C.G.S § 373

surgical procedures for medical professions with the appropriate experience and training. Therefore, the Legislature should maintain its prohibition on NDs performing sutures.

CPPC appreciates your consideration of this testimony and these recommendations.

Sincerely,

Marcus Friedman

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cc Rebecca Mitchell, Executive Officer, Board of Naturopathic Medicine
Christine Lally, Acting Director, Department of Consumer Affairs
Hon. Monique Limón, Senate President pro Tempore
Hon. Robert Rivas, Speaker of the Assembly