



Department of Commerce
Office of Professional Licensure Review

2026 Periodic Review

Naturopathic Physicians

Published September 2026

Executive Summary

Background

Naturopathic physicians (NDs)¹ are educated, licensed primary care providers specializing in natural, low-intervention preventive medicine. ND treatment focuses on diet, behavior change, supplements, botanical medicine and physical manipulation, but can include prescribing pharmaceuticals, providing limited obstetrics, and performing minor surgical procedures. NDs typically work in non-acute settings and treat patients of all ages with a variety of conditions. Unlike “lay” or “traditional” naturopaths, NDs complete four-year postgraduate didactic and clinical medical education and training.

Utah, along with twenty-two other states, requires NDs to be licensed. In states where NDs are not licensed, NDs cannot engage in much of their taught scope of practice. While core educational and examination standards are fairly uniform across states with licensure, specific scopes of practice vary considerably. While Utah has a relatively broad scope of practice for NDs, it is the only state requiring NDs to complete a one year clinical residency program.

Regulatory Model Recommendation: Continue to license NDs

- NDs practice with considerable scope that has potential for severe and permanent harm
- Most NDs provide care independently in solo practice settings, engaging in one-on-one visits that may necessitate physical examination or manual treatment

Recommended Regulatory Adjustments:

- *Consider removing the clinical residency requirement for NDs to become licensed*
 - NDs practicing in Utah via endorsement may not have completed a residency
 - Naturopathic residencies vary in structure and focus and there are limited clinical residency opportunities in Utah to help build up an ND workforce
 - Licensed NDs in other states appear to be practicing competently without a clinical residency requirement
- *Remove restrictions on naturopathic manipulation to reflect ND training*
- *Remove restrictive insurance clauses in the Practice Act; payors set their own policies*

Additional Recommendations:

- *Better align the profession-specific and universal endorsement pathways*

Other Considerations:

- *Consider removing barriers to approval as well as broadening ND prescriptive authority in future, if the number of NDs increases substantially in Utah and they practice safely*

¹ The acronym “ND” means “naturopathic doctor”. OPLR will use ND rather than NP to distinguish naturopathic physicians from nurse practitioners, who are commonly referred to as NPs.

Context

Consistent with its legislative mandate, the Office of Professional Licensure Review (OPLR) reviewed Utah's licensing laws for naturopathic physicians. The review evaluated how well current regulations:

1. Protect the public from present and consequential physical and financial harm
2. Balance public and practitioner access to the occupation
3. Limit the economic impact of regulation on consumers, practitioners, and the state²

OPLR's research for this review included analysis of Utah's current laws and rules, licensing and complaint data from the Division of Professional Licensing (DOPL), academic literature, health workforce data, and laws and policies in other states. OPLR also conducted interviews with naturopathic physicians, naturopathic physician university administrators, and industry members. See [Appendix 1.1](#) for more information.

Background

Profession Overview

Naturopathic physicians (NDs) are doctorate-prepared, state-licensed primary care providers who train in natural medicine. Naturopathy "recognizes the body's innate healing capacity, emphasizes disease prevention, and encourages individual responsibility to obtain optimal health."³

NDs are trained to provide treatment through modalities such as diet and clinical nutrition, behavior and lifestyle change, botanical medicine, physical medicine, pharmaceuticals, and minor surgery. NDs follow a therapeutic order that progresses from minimal to high intervention.⁴ NDs report using the following modalities most commonly: supplement counseling, clinical nutrition, botanical medicine, counseling, hormone replacement therapy, homeopathy, and pharmaceutical drugs (non-opioid).^{5,6}

Like several other non-conventional healthcare occupations (acupuncture, chiropractic), there is mixed evidence of effectiveness for the treatments and modalities employed by NDs separate from pharmacology. Some have stronger evidence, such as nutrition counseling,⁷ physical manipulation,⁸ hormone replacement therapy,⁹ or botanical medicine, and are thus a useful adjunct to conventional medicine. Others, such as homeopathy, lack basic evidence and as

² Utah Code § 13-1b

³ Fleming and Gutknecht, "Naturopathy and the Primary Care Practice."

⁴ The exact order depends on the patient and condition. For example, NDs also treat some acute illnesses, such as bacterial infections, where pharmacological intervention is typically immediately necessary.

⁵ The modalities of an ND may be limited by state licensing laws.

⁶ American Association of Naturopathic Physicians, 2022 AANP Benchmarking Survey, 9.

⁷ Patnode et al., "Behavioral Counseling Interventions."

⁸ UK BEAM Trial Team, "United Kingdom Back Pain Exercise."

⁹ Tang et al., "Hormone Replacement Therapy."

such should be treated more cautiously by patients, healthcare systems, and payors.¹⁰ In general, NDs appear to be effective in treating conditions that are responsive to intensive lifestyle changes, such as chronic conditions, cardiovascular disease, and anxiety.¹¹ Given this mix of evidence, the State should ensure a minimum safety standard for patients who choose to pursue non-conventional treatments.

NDs share similar medical education coursework with allopathic (MD) and osteopathic (DO) physicians initially, but differ in their emphasis and have much more limited clinical experience prior to full licensure. Both attend accredited, four-year doctoral medical programs that provide foundational biomedical coursework in subjects related to primary care, including cardiology, neurology, radiology, gynecology, immunology, dermatology, pediatrics, pharmacology, and minor surgery.¹² Both integrate clinical, patient-based training into their education, but NDs complete approximately 1,200 hours and MDs/DOs complete approximately 3,000.¹³ While MD/DO education includes substantial training in surgery, hospital-based care, and emergency management, ND programs do not, instead emphasizing disease prevention and whole-person wellness.¹⁴ Additionally, MD/DOs must complete a three-year structured clinical residency for community-based family medicine (most similar to the practice of naturopathic medicine), whereas NDs in most states are not required to complete a clinical residency and many do not.¹⁵

Of note, the programmatic accreditor for ND programs, the Council on Naturopathic Medical Education (CNME), received an unfavorable recommendation from the relevant federal body, the National Advisory Committee on Institutional Quality and Integrity (NACIQI) earlier this year. This stemmed from concerns about CNME's oversight of student achievement, including graduation and licensing exam outcomes, and whether its accreditation processes met federal recognition requirements. The U.S. Department of Education has given CNME 12 months to address these issues.¹⁶

Given their philosophy and training, NDs work almost exclusively in non-acute ambulatory and outpatient settings as primary care providers, whereas it is much more common for MDs and DOs to work as specialists and in acute care.^{17,18}

¹⁰ National Health and Medical Research Council, Effectiveness of Homeopathy.

¹¹ Myers and Vigar, "State of the Evidence"; Mondal et al., "Naturopathic Interventions"; Fleming and Gutknecht, "Naturopathy and the Primary Care Practice."

¹² Council on Naturopathic Medical Education, Handbook of Accreditation, 46. See also Burch et al., "Common Paths in Medical Education."

¹³ OPLR analysis of ND/MD/DO/PA/NP education requirements.

¹⁴ Fleming and Gutknecht, "Naturopathy and the Primary Care Practice."

¹⁵ Utah is the only state that requires NDs to complete a clinical residency. Clinical residency programs for NDs are shorter than those for MD/DOs, typically one year in length, and are in school or private clinics. Education program administrators that OPLR spoke with estimate approximately one-third of ND students go on to complete a clinical residency. OPLR Stakeholder Series.

¹⁶ National Advisory Committee on Institutional Quality and Integrity, *NACIQI Report of Meeting*.

¹⁷ Over 90% of NDs work in non-acute settings (i.e. all settings excluding hospital and urgent care). Association of Accredited Naturopathic Medical Colleges, 2020 Graduate Success, 9.

¹⁸ In DOPL's renewal surveys for allopathic and osteopathic physicians and surgeons, one quarter of respondents indicated they work primarily in primary care and around one-third of respondents work in acute settings.

NDs treat patients of all ages with a wide range of conditions,^{19,20} often working in collaboration with other healthcare providers to co-manage patient care. A 2020 study noted that only one-third of ND patients were known to be consulting solely with the participant naturopath to manage their primary health concern.²¹ In OPLR's practitioner interviews, NDs reported that the majority of their patients also see an MD regularly.

It is important to distinguish “naturopathic physicians” or “naturopathic doctors” from unlicensed lay or traditional “naturopaths” or “homeopaths”. Although they all share a common philosophy, NDs undertake significant formal education and training, while a “naturopath” may have no formal training whatsoever.

Profession in Utah

Utah regulates NDs through licensure. There are 111 licensed NDs in Utah, with 60% using an out-of-state address on their licensing record with DOPL.²²

To become licensed as an ND in Utah, applicants must: 1) earn a Doctor of Naturopathic Medicine degree from a naturopathic medical school accredited by the Council of Naturopathic Medical Education (CNME),²³ 2) complete a 12-month clinical residency program accredited or recognized by CNME, 3) pass the two core Naturopathic Physicians Licensing Examinations (NPLEX) administered by the North American Board of Naturopathic Examiners (NABNE) — the NPLEX Part I Biomedical Science Examination (BSE) and the Part II Core Clinical Science Examination (CCSE) — and 4) pass the Elective Minor Surgery Examination (MSEE), which is one of four Clinical Elective Examinations offered by NABNE.²⁴

Utah is currently the only state that requires a clinical residency for ND licensure. Utah law also provides an endorsement pathway for experienced practitioners that waives this clinical residency requirement if the applicant has completed 6,000 hours of ND practice in the preceding five years.

NDs must renew their license with DOPL every two years. To renew, an ND must complete 48 hours of continuing education, 20 of which must relate to pharmacology.

¹⁹ Chronic conditions may include allergies, hormonal imbalances, heart disease, fertility problems, gastrointestinal disorders, diabetes, mental health concerns, and autoimmune conditions. NDs may also treat acute illnesses or injuries, such as infections, flu, strep, rashes, diarrhea, UTIs, hepatitis, and musculoskeletal conditions and injuries. Fleming and Gutknecht, “Naturopathy and the Primary Care Practice.”

²⁰ NDs reported the following as the most common reasons why patients seek care: gastroenterological, women's health and aging, fatigue, endocrinology other than diabetes, autoimmune disorders, and general primary care. American Association of Naturopathic Physicians, “2022 AANP Naturopathic Profession Benchmarking Survey,” 8.

²¹ Steel et al., “International Naturopathic Practice.”

²² DOPL Licensee Data, accessed January 13, 2026.

²³ To be accredited by the CNME, a program must be residential, consist of a minimum of four academic years, and require a minimum of 4,100 clock hours, including a minimum of 1,200 hours devoted to clinical training. Council on Naturopathic Medical Education, *Handbook of Accreditation for Naturopathic Medicine Programs*, 9.

²⁴ Utah Admin. Code R156-71. As the scope of practice for NDs varies significantly by state, the core exams are intended to cover topics that an ND licensed in any state would encounter in practice. North American Board of Naturopathic Examiners, “NPLEX Examination Overview.”

Utah's Naturopathic Physician Practice Act allows a fairly broad scope of practice for NDs and includes acts disallowed in some states, such as minor surgical procedures, limited obstetrics, limited prescribing, acupuncture, and limited naturopathic manipulations.

Approaches in Other Jurisdictions

Twenty-two states within the U.S. (including Utah) license NDs. In states where NDs are not licensed, ND practice is limited, as many aspects of naturopathic medicine overlap with the practice of general medicine.

States that license NDs have fairly uniform education requirements. All states require applicants to graduate with a Doctor of Naturopathic Medicine accredited by the CNME and pass the two core BSE and CCSE NPLEX exams. A little over half (12) of states require additional NPLEX exams.²⁵ Five states, including Utah, require just one additional exam; six states require two (most typically covering pharmacology and minor surgery),²⁶ and one state requires three. Utah is one of ten states that require the MSEE. A few states also require a state-specific jurisprudence exam.²⁷

Utah has the highest requirements for licensure, as it is the only state to require a clinical residency. A handful of states also require applicants to hold malpractice insurance.

NDs in all states share a core scope of practice that includes evaluation and diagnosis, use of physical agents (e.g., cold, heat, electricity), hydrotherapy, botanical medicines, homeopathy, nutrition and dietetics, and health education and counseling.²⁸ However, states differ on whether ND scope includes higher-risk or more invasive practices such as minor surgery, obstetrics and natural childbirth, joint manipulation (naturopathic manipulation), intravenous and parenteral therapies, acupuncture, and prescribing pharmaceuticals. Some states explicitly ban certain practices outright, whereas others severely restrict them or remain “silent.” At least thirteen states have some degree of prescriptive authority,²⁹ sixteen states allow some minor surgical procedures, six states explicitly allow for the practice of obstetrics, sixteen allow for some degree of joint manipulation, and six states explicitly allow the practice of acupuncture. Furthermore, some states that do allow these practices require additional training to engage in that scope, most commonly for intravenous/parenteral therapies and obstetrics and natural childbirth.

²⁵ These exams are the NPLEX Elective Pharmacology Exam (EPE), Elective Minor Surgery Exam (MSEE), Elective Acupuncture Exam (AEE), and the Parenteral Medicine exam (PMEE). Some states may only require an exam if a licensee is going to practice that modality.

²⁶ North American Board of Naturopathic Examiners, State and Provincial Requirements.

²⁷ See [Appendix 1.2](#) for details on how OPLR conducted policy scans.

²⁸ Scope of practice analysis does not include Pennsylvania, as OPLR faced difficulty locating their state statutes.

²⁹ This estimate does not include Colorado or Kansas. OPLR deemed those states as not materially allowing prescribing, as both only allow NDs to prescribe a few specific substances.

As mentioned above, Utah allows NDs a fairly broad scope of practice, allowing many practices that are restricted in other states.³⁰ However, around ten states allow NDs broader prescriptive authority than Utah and eleven states allow broader joint/naturopathic manipulation scope.³¹

Regulatory Model Assessment & Recommendation

Framework

In an effort to standardize how appropriate regulatory models are determined for each profession (e.g., license, registry, or no regulation), OPLR developed a framework that incorporates its statutory review criteria.³² Appropriate models are determined principally by an evaluation of the potential for harm and related factors that may aggravate or mitigate the potential for harm. These factors include the availability of consumer choice, vulnerability of patients, and independence of practice. See [Appendix 2.1](#) for potential regulatory models and the factors in OPLR's framework.

Recommendation

OPLR determined that licensing is an appropriate form of regulation for naturopathic physicians. Significant considerations for this recommendation include: the potential for harm inherent to the practice of the profession, the downstream consequences of untrained care, and the absence of other forms of oversight.³³

An additional consideration, given the substantial overlap in scope between NDs and MDs/DOs, is that licensure enables NDs to engage in much of their trained scope of practice, which would otherwise be considered the practice of medicine. This opens up economic opportunities for additional healthcare providers, allows additional primary care providers in the market, and gives Utahns more choice over their healthcare.

Potential for harm

Naturopathic physicians serve as primary care providers for many of their patients. Although their scope of practice does not include all the same high-risk practices as MD/DOs, NDs can diagnose disease and illness, prescribe pharmaceuticals as well as botanicals or homeopathics, use manual therapies (e.g., naturopathic manipulation, acupuncture), perform minor surgery, provide limited obstetrics, and provide counseling on how to treat and/or prevent chronic

³⁰ OPLR Policy Scan.

³¹ For prescribing, NDs in Utah may not prescribe: any controlled substance except for testosterone, anticoagulants for the management of bleeding disorders, anticonvulsants, antineoplastics, antipsychotics, barbiturate, cytotoxic, sedatives, sleeping drugs, tranquilizers, and any drug category added after April 1st, 2022, unless DOPL determines the drug category to be consistent with the practice of naturopathic medicine. Utah Code Ann. tit. 58, ch. 71.

³² Among other criteria, OPLR is required to evaluate "whether the regulation of the occupation is necessary to address a present, recognizable, and significant harm to the health, safety, or financial welfare of the public" and consider "potentially less burdensome alternatives to the... existing regulation". Utah Code Ann. § 13-1b-302.

³³ This is not a comprehensive list of all factors. Please see [Appendix 2.2](#) for more information on OPLR's analysis of the potential for harm related to naturopathic physicians.

disorders. Poor or untrained performance of this broad scope may cause severe injury or infection, exacerbate a patient's current injury or disability, or fail to prevent progression of a chronic disorder.³⁴ NDs treat acute patients much less often than MD/DOs, which may reduce the risk of permanent harm or death as a result of poor care.

The potential for harm is exacerbated by the downstream implications of untrained primary care. For example, failure to correctly diagnose a condition or refer to another healthcare provider may lead to disease progression that necessitates further, potentially risky, corrective medical interventions from other providers.

Furthermore, NDs frequently see patients one-on-one for long visits that may necessitate physical examination or manual treatment. This setting is necessary to practice but increases the risk of harm from abuse or misconduct.

Related harm factors

NDs operate with full independence and in solo practice settings. A national survey of the profession indicates that the majority of NDs work in private practice,³⁵ with over 50% indicating that they are the sole owners of one or more businesses. There is little oversight from employers as a result and low government oversight beyond that provided through occupational licensure. Additionally, many NDs work in cash-only practices, limiting oversight by insurers.

Consumer oversight mitigates some risk, as individuals may choose their practitioner based on reviews or word of mouth. While the Utah Consumer Sales Practices Act (CSPA) and courts are avenues for pursuing consumer harm, professional licensing enables a practitioner's license to be revoked.

For more detail on OPLR's analysis of naturopathic physicians according to OPLR's review framework, see [Appendix 2.2](#).

Regulatory Model Adjustments & Recommendations

Framework

After determining an appropriate regulatory model, OPLR's framework also evaluates whether adjustments should be made within a recommended model to address any material and existing safety and access issues affecting the Utah public and practitioners. Regulatory model

³⁴ The following article details eight case reports in which adverse events followed practice by NDs; two cases resulted in the death of a patient. Sasagawa et al., "Evaluation of Case Report Publications."

³⁵ 60% of respondents indicated that they work in solo private practice and 56% reported working in group private practice (respondents were allowed to indicate multiple employment settings). Few indicated working in settings likely to have more intensive employer oversight (e.g., only 5% in hospitals, 5% in community health clinics, and 2% in urgent care). Association of Accredited Naturopathic Medical Colleges, *2020 Graduate Success and Compensation Study*, 9.

adjustments may include changing entry qualifications, the scope of practice, unprofessional or unlawful conduct, and/or supervision and independence provisions (see [Appendix 3.1](#)).

Safety Issues

OPLR did not find evidence that licensed naturopathic physicians in Utah are causing widespread, serious harm to the public based on the information available, acknowledging that data are limited in part due to the small size of the ND profession. OPLR analyzed complaint data from the Division of Professional Licensing (DOPL) and found that NDs had the highest rate of substantiated complaints among all healthcare professions reviewed this year and last.³⁶ Although initially concerning, a review of all case notes associated with these complaints revealed that: 1) half of all complaints related to one licensee and those complaints were not related to direct patient care, and 2) only one complaint involved a practitioner harming a patient (which was serious). OPLR does not find the actions of the two licensees concerned to be representative of the profession overall. The remaining complaints all alleged title misuse (i.e., an ND advertising as a doctor without the naturopathic designation). Title issue complaints do stem from licensees violating the Naturopathic Physician Practice Act, but OPLR distinguishes complaints of this nature from those related to direct patient harm.

National disciplinary action from the Federation of Naturopathic Medicine Regulatory Authorities data similarly indicates a lack of widespread safety issues.³⁷ Naturopathic physicians receive few disciplinary actions in general and almost none in Utah. From 2010 to 2026, there were 241 total disciplinary actions against 7,000 practitioners nationwide; Utah licensees represented two of these.³⁸ Furthermore, OPLR found no strong pattern in complaint type outside of prescription errors (common to prescribing practitioners). About two-thirds of all actions fall within the following five categories: inappropriate prescribing (90), substandard care (24), provider impairment (14), failure to meet continuing education requirements (13), and poor record-keeping (12).³⁹ Prescribing issues relate to inappropriate prescribing of controlled substances (e.g., opioids, marijuana),⁴⁰ which is not relevant to the safety of practice in Utah, as NDs cannot prescribe any controlled substances besides testosterone.

Access Issues

OPLR found some evidence that the ND workforce may be constrained in Utah, though reliable data is very limited. State and national data on the workforce is sparse; none of the Utah Department of Workforce Services (DWS), the Health Resources and Services Administration

³⁶ DOPL Complaint Data. 8 substantiated complaints were investigated and closed between 2017-2024, resulting in a rate of 7.3 complaints per 100 practitioners for both the periods 2017-22 and 2017-24. The rate is so high despite the low volume of complaints because of the small number of licensees. See [Appendix 3.2](#) for more details on OPLR's use of this data.

³⁷ Disciplinary actions involve more serious complaints that result in a formal, public administrative action. Complaints that result in verbal warnings or letters of concern are not included in this.

³⁸ Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) disciplinary action tally.

³⁹ FNMRA disciplinary action tally.

⁴⁰ OPLR Stakeholder Series.

(HRSA), or the U.S. Bureau of Labor Statistics (BLS) gathers reliable data on NDs.⁴¹ Licensing data indicates steady growth in the profession (8% annualized growth in licensees from 2014 to 2024), although the number of licensees has remained low, approximately 110.⁴² National data from the American Association of Naturopathic Physicians (AANP) on the number of licensees in each state suggests that Utah's per-capita number of NDs is slightly below the overall national median but roughly in line with states that either do not have an accredited ND school or that began regulating the profession around the same time as Utah.^{43,44}

However, the number of licensees may overestimate the number of practitioners actively working in Utah. Nearly 60% of all actively licensed NDs in Utah currently list an out-of-state address. This is much higher than the average of 35% out-of-state licensees among nine states with data that OPLR could access to compare.⁴⁵ Almost all of Utah's out-of-state licensees appear to be from states where NDs are also licensed. These practitioners may treat Utahns via telehealth, but it is unlikely that they provide the same amount of care to Utahns as an in-state provider.

Some ND practitioners indicated that limitations in their current scope of practice may affect patients in Utah by restricting the care NDs can provide.⁴⁶ This is principally related to prescribing.

Insurance coverage for ND services is very limited, which presents access barriers. Due to limited reimbursement, the majority of NDs accept cash only,⁴⁷ limiting services primarily to those individuals who can pay out-of-pocket.

NDs face barriers to entry into the profession due to education requirements, which OPLR deems appropriate given the scope of practice. There are only six private accredited or pre-accredited naturopathic programs in the U.S., none of which are in Utah.⁴⁸ Similar to other doctoral-level programs, naturopathic programs are costly in terms of time and money. Accredited programs require students to hold a bachelor's degree and to have completed a number of prerequisite courses. Programs must be 4,200 hours in length, with the majority of students graduating in four to five years, and tuition costs range from about \$145,000 to

⁴¹ DWS does have some data on NDs, but the data are very limited and estimate a working population three times the actual licensed population. Utah Department of Workforce Services, "Utah Economic Data Viewer."

⁴² Between 2014-2024, the population of licensed NDs grew at an annualized rate of 8%. Utah Licensee Data. See [Appendix 3.3](#) for information on how OPLR uses this data.

⁴³ The AANP compiles information directly from publicly available data published by each state's regulatory board or agency. It is important to note that individuals may be licensed in multiple states, making the number of licensees an imperfect estimate for the number of practitioners actively working in each state.

⁴⁴ Utah has 0.31 licensed NDs per 10,000, which is the median among states without schools (19 states) and states that began regulating NDs between 1980-2016 (14 states). Utah began regulating the profession in 1996. The national median for all states is 0.35 per 10,000.

⁴⁵ OPLR utilized publicly available data from naturopathic board websites.

⁴⁶ OPLR Stakeholder Series, see [Appendix 4.1](#).

⁴⁷ According to a 2020 survey, 57% of U.S. respondents indicated that they ran a cash-only practice, compared with 40% that indicated running a cash-and-insurance-based practice. Only 3% used an insurance-only model.

Association of Accredited Naturopathic Medical Colleges, *2020 Graduate Success and Compensation Study*, 17.

⁴⁸ There are 7 unique campuses among these 6 programs. One school, the University of Western States, gained initial candidacy with CNME very recently and thus is in pre-accreditation.

\$170,000.^{49,50} This is less expensive than MD/DO programs, but an NDs salary is also lower, with average estimates around \$95,000 per year.⁵¹

As mentioned above, individuals seeking ND licensure in Utah face higher barriers to entry than in any other state. Utah requires in-state applicants to complete a 12-month clinical residency, whereas no other state that regulates NDs requires any number of post-graduation clinical hours.⁵² Utah law also provides an endorsement pathway for experienced practitioners that waives this clinical residency requirement if the applicant has completed 6,000 hours of ND practice in the preceding five years.

Discussion

Given that licensing appears appropriate for ND scope and potential for harm, and there are few identifiable safety concerns, increasing the regulation of naturopathic physicians is unnecessary and would be burdensome.

Given the state has opted to legitimize a certain form of naturopathic practice through licensure and a defined scope of practice for naturopathic physicians, and notwithstanding the current concerns about program quality, OPLR's statutory criteria require licensure reviews to consider regulatory barriers and less burdensome alternatives to current regulation. As a result, OPLR recommends Utah consider removing the clinical residency requirement. Additionally, OPLR recommends removing restrictions on NDs' ability to perform naturopathic manipulation to align with their training. Finally, OPLR recommends removing from the Naturopathic Physician Practice Act the insurance-related clauses stating that licensure of NDs does not mandate insurance coverage for their services.⁵³

These recommendations are described in more detail below.

Recommendation 1: Consider removing the clinical residency requirement

OPLR recommends Utah considers removing the requirement that ND applicants for licensure must complete a 12-month clinical residency. Currently, applicants must complete either a year-long, post-education clinical residency approved by and affiliated with a CNME-accredited

⁴⁹ 9% graduate in fewer than four years, while 4% graduate in more than five years. Association of Accredited Naturopathic Medical Colleges, *2020 Graduate Success and Compensation Study*, 7.

⁵⁰ Tuition estimates are from program websites using either 2025-2026 or 2026-2027 tuition rates.

⁵¹ One survey from 2020 estimated the average ND salary at \$95,642 and the median salary at \$70,000. A 2022 survey found that 56% of recent graduates make more than \$90,000 a year and around 65% of all respondents make more than that. American Association of Naturopathic Physicians, "2022 AANP Naturopathic Profession Benchmarking Survey," 17; Association of Accredited Naturopathic Medical Colleges, *2020 Graduate Success and Compensation Study*, 18.

⁵² OPLR Policy Scan.

⁵³ Utah Code Ann. § 58-71-804 states that "(1) This chapter does not mandate health insurance coverage for naturopathic medical services. (2) This chapter does not establish a class of health care providers for the purposes of Section 31A-22-618. (3) This chapter does not mandate health insurance coverage for the prescription or administration of testosterone by a naturopathic physician."

naturopathic physician program, or a year-long, division-approved clinical residency associated with a naturopathic medical school or college.⁵⁴

NDs receive clinical practice hours during their schooling. Formal requirements include completing 1,200 clock hours involving patient contact in residential clinical settings, with a minimum of 850 hours in patient care in either a primary or secondary capacity. During these clinical hours, guidelines indicate students must complete 450 scheduled patient interactions, 225 of which must be in a primary provider capacity.⁵⁵ In those clinical hours, guidelines indicate students must show competency in all naturopathic modalities and treat a variety of patient ages and disorders.⁵⁶

While clinical hour requirements are structured in-school experiences, post-graduate residencies vary in structure and focus. Residents are not guaranteed to practice higher-risk modalities, and experience will vary in the scope of population and conditions that are seen in a clinic.⁵⁷

Additional clinical hours in a clinical residency increase the quality and experience of the licensee but may not be necessary to ensure minimum competency. From available data, licensed NDs in all states appear to be practicing competently, regardless of the clinical residency requirement. Adverse actions related to substandard care (not including prescribing errors) are infrequent.⁵⁸ Only six of the 21 states included in the national disciplinary data reported adverse actions related to the provision of substandard care, and Utah was one of those six.⁵⁹ OPLR acknowledges the limitations of disciplinary action data, as it does not accurately measure all harm caused by any given profession. However, very little data related to this topic exists. OPLR found no academic literature specific to NDs connecting residencies or clinical hours with patient outcomes in an out-patient/ambulatory primary care setting.⁶⁰

Further, in Utah, applicants may seek licensure by endorsement, a pathway that waives the clinical residency requirement for practitioners who have held an active license in good standing in another state and practiced 6,000 hours in five years. Nearly half of all currently licensed NDs in Utah have become licensed by endorsement,⁶¹ and therefore were not required to complete a clinical residency.

Utah's clinical residency requirement may discourage growth in the naturopathic physician workforce. Unlike conventional medical residencies, which are largely funded by the federal

⁵⁴ Utah Admin. Code R156-71.

⁵⁵ Council on Naturopathic Medical Education, Handbook of Accreditation for Naturopathic Medicine Programs.

⁵⁶ OPLR Stakeholder Series.

⁵⁷ OPLR Stakeholder Series.

⁵⁸ A total of 24 adverse actions were taken against all licensed NDs nationally, between 2010-2022, for substandard care. FNMRA Disciplinary Data Tally (2010-2022) provided to OPLR.

⁵⁹ FNMRA Disciplinary Data Tally (2010-2022) provided to OPLR.

⁶⁰ Several studies connect patient outcomes with clinical hours between NPs and MDs/DOs; however, these studies were conducted in acute, hospital settings, where patients are far more acute and the potential for harm much higher.

⁶¹ 45% of all actively licensed NDs obtained licensure by endorsement compared to 48% which obtained licensure by application (and thus completed a clinical residency). The pathway for the remaining 8% is unknown. DOPL Licensing Data.

government and take place in acute settings, ND residencies rely on institutional and private funding and are more likely to take place in primary care settings.⁶² Many clinical residency positions are attached to naturopathic programs and, hence, located in other states. New graduates interested in Utah would likely need to complete a clinical residency elsewhere, and may then be reluctant to move again after completion. They may also choose to work in another state with a similar or broader scope of practice than in Utah, without a clinical residency requirement.

This recommendation seemingly contradicts a prior recommendation from OPLR to increase the clinical hours requirements for nurse practitioners (NPs). Reasons include the following: NPs have a broader scope than NDs (particularly their prescriptive authority), may work in higher-risk settings,⁶³ and use higher-risk interventions, such as prescribing controlled substances. Additionally, NDs attend a longer initial education program and must complete a higher number of clinical hours than NPs during their programs.⁶⁴

OPLR acknowledges there is also a legitimate argument for maintaining a baseline clinical residency requirement for providers with a certain scope of practice, including prescribing. Requiring a clinical residency would support a state norm or standard that all primary care clinicians, regardless of discipline, complete postgraduate clinical training prior to independent practice. This may also help distinguish NDs from lay naturopaths who do not have any formal medical training. State legislators may choose to uphold a clinical residency requirement for NDs (and extend similar requirements to NPs) for these reasons.

This discussion raises broader questions regarding consistency across occupations and NDs' status as primary care providers, such as how they should be defined in statute relative to physicians, physician assistants, and nurse practitioners. Additionally, it highlights questions regarding state support for ND clinical residency training and preceptors. OPLR takes no position on these issues, but highlights them for legislators to consider while evaluating Utah's primary care standards and public health offerings.

Recommendation 2: Remove restrictions on naturopathic manipulation

OPLR recommends removing provisions that prohibit NDs from manipulating or adjusting the joints beyond the elastic barrier (i.e., outside of a joint's physiologic range of motion).

Naturopathic manipulation in Utah is currently defined as the mechanical treatment of body structures or tissues for the purpose of restoring normal physiological function to the body, excluding manipulation beyond the elastic barrier and chiropractic adjustment. The

⁶² While residencies are encouraged by ND programs, stakeholder estimates suggest roughly one-third of ND graduates complete one. AANP, AANMC 2026 Letter to OPLR, OPLR Stakeholder Series.

⁶³ DOPL survey renewal data indicates that only one quarter of NPs work as primary care practitioners, while roughly one third work in hospitals or other acute settings. DOPL APRN Renewal Survey, 2025. The survey achieved a response rate of 51%.

⁶⁴ ND programs are four to five years long and require 1,200 clinical hours; NP programs are two to three years long and require 750 clinical hours. Office of Professional Licensure Review, APRN Report, 32.

industry-standard practice of naturopathic manipulation involves adjustments beyond the elastic barrier. Naturopathic manipulation is used as part of an integrated approach to the diagnosis and treatment of a broad spectrum of health disorders. It includes a broad range of manipulation techniques, including the use of high- and low-velocity techniques, traction, and repositioning of displaced body tissues and organs.⁶⁵

While there are certainly risks associated with manipulation, the majority of adverse events associated with manipulation are mild to moderate in severity.⁶⁶ Naturopathic physicians appear to be trained carefully on manipulation techniques in their courses.⁶⁷

This conclusion is reflected in other states' approaches to naturopathic manipulation. Sixteen states allow naturopathic manipulation explicitly in statute, eleven of which define the practice broadly and without exclusions.⁶⁸ Those states with exclusions typically exclude spinal adjustment, small-amplitude movement, or chiropractic services. OPLR recommends a broad definition of naturopathic manipulation without exclusions, with the explicit exception of chiropractic services. This would enable NDs to practice to the full extent of their training and would allow practice to evolve with changes in education and technology.

Recommendation 3: Remove restrictive insurance coverage clauses in Practice Act

Although barriers introduced by insurers/payors cannot be addressed through licensure model adjustments, OPLR recommends removing the clauses in the current Naturopathic Physician Practice Act stating that licensure of NDs does not mandate insurance coverage for their services. OPLR's understanding is that such provisions have no legal effect unless the Legislature explicitly mandates or prohibits reimbursement for a specific practitioner. Payors are free to set appropriate reimbursement policies for ND services. A similar provision was repealed from the Acupuncture Licensing Act through S.B. 31 in the Utah Legislature's 2026 General Session.⁶⁹

Additional Recommendations

Better align the profession-specific and universal endorsement pathways

One avenue to licensure in Utah for naturopathic physicians from other U.S. states is through a profession-specific endorsement pathway. Among other requirements, applicants must demonstrate they have either worked under an ND license for at least 6,000 hours over the previous five years and meet with DOPL to be evaluated.

⁶⁵ American Association of Naturopathic Physicians, "Naturopathic Manipulative Therapy." OPLR Stakeholder Series; OPLR Curriculum Review.

⁶⁶ Pankrath, Nilsson, and Ballenberger, "Adverse Events."

⁶⁷ OPLR Stakeholder Series, OPLR Curriculum Review.

⁶⁸ Only two states explicitly prohibit any joint manipulation, four states are silent on the issue. OPLR Policy Scan.

⁶⁹ Utah Code Ann. § 58-72-601 ("Acupuncture license not authorizing medical practice — Insurance payments"), repealed by S.B. 31, 2026 Gen. Sess. (Utah 2026).

In 2020, the Utah Legislature approved a universal endorsement framework within DOPL, which allows out-of-state applicants to obtain licensure in Utah with at least one year of work in a similar scope of practice on a license that is in good standing.

OPLR recommends evaluating these pathways and bringing them into alignment as appropriate, for example, by removing the 6,000 hour requirement. This recommendation is consistent with other healthcare professions OPLR reviewed in 2026 (e.g., physicians, dentists and dental hygienists, pharmacists and chiropractors). It may also contribute to growing the ND workforce in Utah.

Other Considerations

Prescribing Authority

Along with the recommendations above, OPLR considered whether to recommend expansion of ND prescribing to additional legend drugs (but not controlled substances). This consideration arose from OPLR's state policy scans and practitioner conversations. Ultimately, OPLR does not recommend expanding authority at this time given Utah's small ND population, its already broad prescriptive scope, and general practitioner satisfaction with the current exclusion-based formulary.

Currently, Utah law prohibits NDs from prescribing ten drug categories: 1) anticoagulants for the management of a bleeding disorder, 2) anticonvulsants, 3) antineoplastics, 4) antipsychotics, 5) barbiturates, 6) cytotoxics, 7) sedatives, 8) sleeping drugs, 9) tranquilizers, and 10) any drug category added after April 1, 2022, unless DOPL determines the drug category to be consistent with the practice of naturopathic medicine.⁷⁰

OPLR considered recommending that NDs be allowed to prescribe all legend drugs, excluding controlled substances. Though NDs emphasize non-pharmaceutical treatments, accredited naturopathic medical programs require formal didactic and clinical training in pharmacology.⁷¹

Expanding prescribing authority would support NDs acting as primary care providers without necessarily requiring patients to see an additional physician for certain medications. While public concern about prescribing safety of providers is legitimate and important, national disciplinary data shows that nearly all adverse actions against NDs involve controlled substances (which Utah-licensed NDs may not prescribe), not standard legend drugs, and Utah has had no legend-drug disciplinary cases against NDs since 2010.

⁷⁰ Utah Code Ann. § 58-71-102(8)(d); Utah Code Ann. § 58-71-203. The latter directs DOPL to seek input from the Medical Licensing Board.

⁷¹ OPLR's Stakeholder Series, OPLR Curriculum Review. Pharmacology education at Naturopathic Universities typically includes 3-5 pharmacology classes, practice prescribing in following integrated classes, and 1,200 clinical hours in patient contact.

Despite the arguments for expansion, immediate expansion of ND prescribing authority may be unnecessary given the current landscape of the profession in Utah. OPLR found that Utah's scope for prescriptive authority is still fairly broad compared with many states that license NDs, and the NDs that OPLR interviewed did not find it a major barrier to their practice. Given such a limited number of NDs in the state, OPLR recommends that legislators consider expanding ND prescribing authority only if the number of NDs licensed in Utah increases materially and NDs are practicing safely.

If state legislators are hesitant to allow NDs to prescribe all legend drugs, an alternative could be to reduce the number of excluded drug categories by removing those deemed lower-risk.

Additionally, in the future, Utah legislators may consider removing the requirement in statute for DOPL to consult with the Medical Licensing Board when expanding ND prescriptive authority. While careful consultation is appropriate when considering the scope of prescribing for any profession, Medical Licensing Board members may not be familiar with ND training, and requiring MD/DO approval could also be viewed as an unnecessary barrier imposed by a competing occupation.

Rule Review

In accordance with Utah Code Ann. § 13-1b-203(5), OPLR conducted an in-depth review of DOPL's Naturopathic Physician rules, found in Utah Admin. Code R156-71.

The rule review covered potential rule changes needed to:

1. Address specific rules that may be overly burdensome (e.g., for individuals seeking to practice a profession or given the potential risk to public safety from a profession) or insufficient (e.g., to ensure safe practice);
2. Address rules misaligned with statutory language;
3. Clarify language, and correct references to statute or other rules; or
4. Support OPLR's recommendations.

OPLR's review of R156-71 found:

1. No overly-burdensome or insufficient rules.
2. No rules misaligned with statutory language.
3. Using DOPL's newly rewritten R156-71⁷², no incorrect references to statute.
4. New rules will need to be written to support OPLR's recommendations addressing clinical residency requirements and naturopathic manipulation.

⁷² As of July 27, 2026, OPLR is using DOPL's final rewritten rules, which are currently being filed.

Appendix

Contents

1. [Context](#)
 - 1.1 [General Research Methodology](#)
 - 1.2 [Naturopathic Physician Policy Scan](#)
2. [Regulatory Model Assessment & Recommendations](#)
 - 2.1 [Menu of Regulatory Models and Factors Considered in Framework](#)
 - 2.2 [Model Assessment of Naturopathic Physicians](#)
3. [Regulatory Model Adjustments & Recommendations](#)
 - 3.1 [Possible Adjustments](#)
 - 3.2 [DOPL Complaint Data](#)
 - 3.3 [DOPL Licensee Data](#)
4. [Stakeholder Outreach](#)
 - 4.1 [OPLR Stakeholder Series](#)
 - 4.2 [Stakeholder Engagement Summary](#)
5. [References](#)

1. Context

1.1 General Research Methodology

OPLR's methodology combines qualitative and quantitative methods with robust stakeholder engagement. Methods include:

- Analyzing data from workforce surveys administered by the Division of Professional Licensing (DOPL) as part of licensure renewal
- Conducting quantitative analysis of DOPL licensee and complaint data and publicly available data from other state and federal government entities (e.g., DWS, HRSA, NPDB)
- Reviewing academic literature and reports on a profession's practice, efficacy, and safety
- Scanning education and credentialing requirements, programs, and content
- Reviewing state occupational regulation policies across the U.S.
- Engaging with a wide range of stakeholders, including: Utah and other state governments and agencies, industry organizations, researchers, practitioners, educators, and business owners and employers within a variety of settings

1.2 Naturopathic Physician Policy Scan

To better understand the regulatory environment for NDs, OPLR conducted a review of state occupational regulation in the U.S., which made use of industry resources and NotebookLM. Results of the policy scans were used to both understand the regulatory landscape as well as inform recommendations.

OPLR used the State and Provincial Requirements Table from NABNE to map basic licensure requirements related to the NPLEX exams.⁷³ OPLR did not independently validate these results.

OPLR then used Google's NotebookLM tool to engage in an in-depth review of twenty-two states to understand the scope of practice, practice requirements, and anything else related to the licensure of NDs. These results helped shape OPLR's initial research and informed final recommendations. To perform this policy scan, OPLR analysts downloaded the statute and administrative rules governing the ND regulation in each state (using each state's websites) and uploaded them to NotebookLM as source material. Pennsylvania was excluded from this analysis, as OPLR analysts could not easily access those statutes. After prompting the AI tool, OPLR analysts validated policy scan results by checking periodically that the sources included in the response matched the language of the linked statute and/or rule.

Below are example prompts OPLR used:

- "Provide me a detailed account of the scope of practice for licensed naturopathic physicians in each state listed in the sources."

⁷³ North American Board of Naturopathic Examiners, State and Provincial Requirements.

- “Conduct a systematic literature search for peer-reviewed clinical studies, case reports, epidemiological data, and government health agency reports (e.g., FDA, CDC, NHS, WHO) that document direct, quantifiable impact of clinical residency or clinical hours on performance for primary care physicians or NPs or NDs.”

This review does contain limitations related to normal human error. It is possible that there is slight misreporting of some data due to limited accessible state information, errors in data entry, or mistakes made by NotebookLM that were not caught by OPLR’s manual verification. Potential bias or measurement error introduced by these limitations likely did not substantially alter any information.

2. Regulatory Model Assessment & Recommendations

2.1 Menu of Regulatory Models and Factors Considered in Framework

Please see [this working document](#), OPLR’s Occupational Regulation Framework, for a more detailed explanation of OPLR’s approach to assessing occupational regulation and evaluating different regulatory models.⁷⁴

2.2 Model Assessment of Naturopathic Physicians

The following table summarizes OPLR’s analysis of naturopathic physicians according to factors that OPLR determined should influence the appropriate regulatory model for an occupation. Factors that OPLR considered particularly determinative in its assessment are highlighted in bold.

Model Assessment of Naturopathic Physicians	
Harm Factors	
Mechanism of Harm	Incorrect diagnosis, prescribing error, failure to refer, physical injury from manual or minor surgical treatments
Severity, Permanence, and Likelihood of Harm	High likelihood of moderate to severe injury if untrained; low likelihood of severe injury if trained
Consequence of Error ⁷⁵	67
Downstream Impact	Important

⁷⁴ The document is also available on OPLR’s website in the “About OPLR” section, accessible at <https://commerce.utah.gov/oplr/about/>.

⁷⁵ O*NET rates professions on a 100-point scale based on the seriousness of a consequence of making an error. OPLR has not been able to confirm the legitimacy of that methodology, so while this ranking is a consideration, OPLR does not consider it a deciding factor. National Center for O*NET Development, “Consequence of Error.”

Consumer & Setting Factors	
Patient Vulnerability	Variable; NDs treat all ages & conditions, although patients are not frequently acute
Frequency of Physical Touch	Frequent. Examination and treatment may require physical touch.
Frequency of Private Setting	Frequent
Information Asymmetry	Moderate to high. It is likely difficult for patients to ascertain the efficacy or competency of a practitioner
Related Factors	
Level of Independence	Structural: High. Very independent as the majority of NDs work in small, independent clinics and ~60% consider themselves sole practitioners Clinical: High. NDs conduct examinations, make diagnoses, and determine and implement treatment plans
Patient Choice	High. Patients choose the ND they want to see
Information Availability	Moderate to high. Patients can use online or word-of-mouth reviews to make a fairly informed choice about their provider.
Level of Oversight	Employers: Low. The majority of NDs work for themselves or in small outpatient clinics Government: Low. Outside of licensure, the Utah Consumer Sales Practices Act (CSPA) or tort law are the only avenues. Low levels of reimbursement mean low payor oversight. <i>Private Bodies: Low.</i>

* [O*Net Consequence of Error Ranking](#)

3. Regulatory Model Adjustments & Recommendations

3.1 Possible Adjustments

Please see [this working document](#), OPLR's Occupational Regulation Framework, for a more detailed explanation of how OPLR approaches whether adjustments should be made within a recommended regulatory model.⁷⁶

3.2 DOPL Complaint Data

The Division of Professional Licensing (DOPL) receives complaints from individuals, other state agencies, co-workers, professional associations, and licensing boards. DOPL is required to “investigate unlicensed practice in regulated professions, acts or practices inconsistent with recognized standards of conduct, allegations of gross negligence or incompetence, and patterns of gross negligence or incompetence.” Violations that meet the criteria for investigation are then prioritized and assigned to an investigator. DOPL may resolve investigations in a variety of ways, including: closing an investigation due to a lack of evidence; referring the case to another agency or to law enforcement if appropriate; carrying out informal or formal administrative sanctions or stipulated agreements; issuing a citation; or denying, suspending, or revoking an individual's license.

To analyze complaints sent to DOPL, OPLR used My License Office (MLO) and Salesforce to access closed complaints investigated by DOPL between 2017 and 2024. This data contains information on the license name, the complaint type, and the disposition of the complaint, among many other data fields not relevant to OPLR's analysis. DOPL personnel helped code the complaint dispositions as either substantiated, unsubstantiated, or no jurisdiction. Substantiated complaints are those where a disposition includes some type of disciplinary action, whether formal or informal (e.g., letter of concern, verbal warning, surrender of license). Unsubstantiated complaints have dispositions without a disciplinary action (e.g., dismissed, lack of evidence, unfounded). ‘No jurisdiction’ complaints are complaints that may or may not have basis, but DOPL was not able to take action on the case.

OPLR filtered complaints to exclude any likely duplicates and then used substantiated complaints to calculate the number of complaints per license type or profession. OPLR estimated the complaint rate for each license type by dividing the number of substantiated complaints by the number of unique individuals who held that license type over the same period.

⁷⁶ Office of Professional Licensure Review, *Occupational Regulation Framework*. The document is also available on OPLR's website in the “About OPLR” section, accessible at <https://oplr.utah.gov/about-oplr/>.

Complaint Case Notes Analysis

A more detailed analysis of historical case notes was conducted on all naturopathic physician complaints categorized as substantiated, pending, or no jurisdiction,⁷⁷ closed between 2017-2024.⁷⁸ Of the eight complaints against NDs, all were substantiated. OPLR analysts read through the case notes for each complaint and summarized the issue, noted whether client harm occurred or potentially occurred, and, if harm was present, noted the type and severity.

Limitations

There are significant limitations to these analyses, and the information collected should not be interpreted as a precise estimate of harm caused by naturopathic physicians. DOPL data likely underestimates true harm, as many instances of harm may be handled in other ways (e.g., directly by employers), reported to other entities, or may never be reported. Additionally, some unsubstantiated complaints may have resulted in harm but the necessary evidence was not produced.

There could also be latent factors correlated with both the likelihood of complaint and the profession, systematically biasing the comparisons across professions. This is especially true in healthcare, as certain professions, by their nature, include a greater potential for harm and may generate more complaints.

Additionally, small professions may end up with “inflated” complaint rates due to multiple complaints sent in against one practitioner or clinic, as happened in this review. In large professions, this is unlikely to significantly affect the rate. However, in a profession of only about 200 individuals, the difference between four and eight complaints is substantial. The actions of one “bad actor” should not reflect upon the profession as a whole, and in these instances a larger complaint rate may not indicate any systemic issues.

For these reasons, OPLR uses DOPL complaint data as directionally informative, but avoids direct comparisons across professions wherever possible. Fine comparisons across professions are unwarranted and unsupported by these data.

3.3 DOPL Licensee Data

OPLR used DOPL licensee data queried in October 2025 to conduct analyses on the number of licensees per year. The dataset included individuals first licensed after 1970 to those actively licensed as of January 2026. Each row in this dataset is a unique combination of individual and license type and contains information regarding when the license was issued, the status of the

⁷⁷ No jurisdiction complaints were included in the case note analysis and not the complaint rate analysis because they are not complaints where DOPL took an action, but they may include legitimate client harm that DOPL had to refer to another agency. Although they can not be classified as “substantiated”, OPLR felt these complaints could help contextualize client harm resulting from LACs.

⁷⁸ One complaint did not have sufficient information to categorize the disposition, thus it was excluded.

license, the date the status was last updated, and the sex and year of birth of the individual. OPLR estimated the number of licensees in each year by summing the number of unique individuals whose licenses were active during any point in each year. Additionally, OPLR excluded any individual with a null or incorrect value for the license issue date and license expiration date, as OPLR could not determine how long or for what years they were actively licensed. License counts may slightly underestimate the true number of licensees due to this, but the effect is fairly negligible given OPLR's use of the data to determine trends over time rather than estimate with precision for specific dates.

OPLR also used the licensing data to conduct an age analysis. To do this, OPLR found the age of each individual who was active in a given year, according to that year and the birth date on their license. OPLR then grouped the data by year and found descriptive statistics for the age of licensees actively practicing in each year. Licensees without a birth date or with unreasonably high ages were excluded from the analysis.

4. Stakeholder Outreach

4.1 OPLR Stakeholder Series

OPLR relied heavily on stakeholder engagement and qualitative interview data, combined with OPLR's other analysis, to conduct this review and develop recommendations. OPLR engaged with NDs, educators, industry associations, Utah legislators, and Utah and other state regulators. OPLR prioritized diversity of perspective and relevance to the industry in selecting stakeholders.

Interviews were conducted in person, over the phone, and via video conferencing using semi-structured interview methods; they were conducted one-on-one and with multiple members. Extensive notes were taken for all interviews.

OPLR conducted initial interviews to understand the naturopathic profession, determine the largest issues related to safety and access, and identify potential areas for change. OPLR engaged with stakeholders later in its review to test initial findings from analysis and preliminary recommendations. OPLR reflected on and synthesized feedback across multiple discussion sessions to develop clear and achievable evidence-based recommendations.

Limitations

This interview sample was not randomly selected and, therefore, is not completely representative. OPLR spoke to individuals most likely to represent the broad aims and concerns of their groups. Additionally, OPLR did not contact "consumers" of naturopathic physicians (i.e., patients), so their perspectives were not incorporated into this review. Thus, the stakeholder engagement and findings from these interviews should not be understood to be fully representative of the views of all Utahns, naturopathic physicians, clinic owners or employers, or any other person, group, or population.

Note that stakeholders' views are not always reflected in OPLR's recommendations. OPLR is directed by Utah Code Ann. § 13-1b-302 to apply specific review criteria. These can and do lead to recommendations that diverge from stakeholder preferences. A stakeholder's appearance here is not an endorsement of OPLR's recommendations as such.

4.2 Stakeholder Engagement Summary

Stakeholder Engagement Summary	
Government Stakeholders	
Utah Department of Commerce	Deborah Blackburn , Assistant Division Director, Division of Professional Licensing Larry Marx , Bureau Manager, Division of Professional Licensing Allison Pulsipher , Board Secretary, Division of Professional Licensing Mark Steinagel , Deputy Commissioner, Department of Commerce & Director, Division of Professional Licensing
Other State Governmental Agencies	Mary-Beth Baptista , Executive Director, Oregon Board of Naturopathic Medicine Sandra Mellott , Executive Director of Alternative Medicine, State of Montana
Industry Stakeholders	
Industry Associations	Shannon Braden , Administrator In-Charge, FNMRA Rachel Burnett , Vice President, Utah Association of Naturopathic Physicians Daniel Reed , President, Utah Association of Naturopathic Physicians
Subject-Matter Experts	
Academics, Researchers, & Clinicians	Katie Brussard , Utah ND Kristina Conner , Dean of the School of Naturopathic Medicine, Bastyr University Alice Holman , Utah ND, Holman Health Leslie Peterson , Utah ND, Full Circle Care Integrative Medicine Marcia Prenguber , Dean of Naturopathic Medicine, University of Western States

5. References

- American Association of Naturopathic Physicians. 2022 AANP Naturopathic Profession Benchmarking Survey. 2023.
https://cdn.ymaws.com/naturopathic.org/resource/resmgr/documents/benchmarking/2022_AANP_Naturopathic_Profe.pdf.
- American Association of Naturopathic Physicians. "Naturopathic Manipulative Therapy." Position paper, n.d.
https://cdn.ymaws.com/naturopathic.org/resource/resmgr/documents/governance_docs/manipulative_therapy_pp.pdf.
- Association of Accredited Naturopathic Medical Colleges. 2020 Graduate Success and Compensation Study. June 2020.
<https://aanmc.org/wp-content/uploads/2020/06/2020-Graduate-Success-and-Compensation-Study.pdf>.
- Burch, Jacob, Rachel Leavitt, Fraser Smith, and Jason P. Curtis. "Common Paths in Medical Education: An Updated Look at the Training of Allopathic, Osteopathic, and Naturopathic Physicians." *Integrative Medicine: A Clinician's Journal* 21, no. 5 (2022): 20–29.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC9831133/>.
- Council on Naturopathic Medical Education. Handbook of Accreditation for Naturopathic Medicine Programs. September 2025.
<https://cnme.org/wp-content/uploads/2025/09/CNME-Handbook-of-Accreditation-September-2025-Edition.pdf>.
- Fleming, Sara A., and Nancy C. Gutknecht. "Naturopathy and the Primary Care Practice." *Primary Care* 37, no. 1 (2010): 119–36. <https://doi.org/10.1016/j.pop.2009.09.002>.
- Mondal, Himel, Satyalakshmi Komarraju, Sathyanath D, and Shrikanth Muralidharan. "Naturopathic Interventions for Reduction of Perceived Pain in Patients Suffering from Arthritis: A Systematic Review and Meta-Analysis." *Cureus* 16, no. 2 (2024): e54589.
<https://doi.org/10.7759/cureus.54589>.
- Myers, Stephen P., and Vanessa Vigar. "The State of the Evidence for Whole-System, Multi-Modality Naturopathic Medicine: A Systematic Scoping Review." *Journal of Alternative and Complementary Medicine* 25, no. 2 (2019): 141–68.
<https://doi.org/10.1089/acm.2018.0340>.
- National Advisory Committee on Institutional Quality and Integrity. *NACIQI Report of Meeting: March 24–25, 2026*. U.S. Department of Education, April 2026.

https://sites.ed.gov/naciqi/files/2026/04/NACIQI-Report-of-Meeting-March-24-25-2026_508-Compliant.Approved2.pdf.

National Center for O*NET Development. "Consequence of Error." O*NET OnLine. Accessed July 27, 2026. <https://www.onetonline.org/find/descriptor/result/4.C.3.a.1>.

National Health and Medical Research Council (Australia). NHMRC Information Paper: Evidence on the Effectiveness of Homeopathy for Treating Health Conditions. Canberra: National Health and Medical Research Council, 2015. <https://apo.org.au/node/53563>.

North American Board of Naturopathic Examiners. "NPLEX Examination Overview." Accessed July 27, 2026. <https://nabne.org/exam-overview/>.

North American Board of Naturopathic Examiners. State and Provincial Requirements Table. June 2026. <https://www.nabne.org/pdf/State-and-Provincial-Requirements-rev0626.pdf>.

Office of Professional Licensure Review. APRN (CRNA, CNM, NP) Report. 2025. <https://commerce.utah.gov/wp-content/uploads/2021/10/APRN-CRNA-CNM-NP-Report.pdf>.

Pankrath, Natalie, Svenja Nilsson, and Nikolaus Ballenberger. "Adverse Events After Cervical Spinal Manipulation: A Systematic Review and Meta-Analysis of Randomized Clinical Trials." *Pain Physician* 27, no. 4 (2024): 185–201. <https://www.painphysicianjournal.com/current/pdf/NzgzNQ%3D%3D/161>.

Patnode, Carrie D., Nadia Redmond, Megan O. Iacocca, and Michelle Henninger. "Behavioral Counseling Interventions to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Known Cardiovascular Disease Risk Factors: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force." *JAMA* 328, no. 4 (2022): 375–88. <https://doi.org/10.1001/jama.2022.7408>.

Sasagawa, Masa, Jennifer L. Cornell, Heather A. Flood, and Paul S. Amieux. "Evaluation of Case Report Publications on Naturopathic Medicine." *Journal of Restorative Medicine* 6, no. 1 (2017): 77–86. <https://doi.org/10.14200/jrm.2017.6.0103>.

Steel, Amie, Hope Foley, Ryan Bradley, Claudine Van De Venter, Iva Lloyd, Janet Schloss, Jon Wardle, and Rebecca Reid. "Overview of International Naturopathic Practice and Patient Characteristics: Results from a Cross-Sectional Study in 14 Countries." *BMC Complementary Medicine and Therapies* 20 (2020): 59. <https://doi.org/10.1186/s12906-020-2851-7>.

Tang, Yu, Rui Ma, Lili Zhang, Xuemei Sun, and Yanping Wang. "Effectiveness and Safety of Hormone Replacement Therapy in the Treatment of Menopausal Syndrome: A

Meta-Analysis." American Journal of Translational Research 17, no. 1 (2025): 1–15.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11826161/>.

UK BEAM Trial Team. "United Kingdom Back Pain Exercise and Manipulation (UK BEAM) Randomised Trial: Effectiveness of Physical Treatments for Back Pain in Primary Care." BMJ 329, no. 7479 (2004): 1377–81. <https://doi.org/10.1136/bmj.38282.669225.AE>.

Utah Department of Workforce Services. "Utah Economic Data Viewer." Accessed July 27, 2026. <https://jobs.utah.gov/utwid/occupation-information/29-1299.01/overview>.