

Supplemental Insurance and Naturopathic Care in BC: Gaps and Inconsistencies

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Purpose

This briefing note outlines key issues related to insurance coverage for naturopathic doctors (NDs) in British Columbia. It highlights how outdated benefit structures limit patient access and fail to reflect the regulated role and broad scope of NDs within British Columbia's healthcare system. It also summarizes BCND's strategy to engage insurers and government to ensure coverage aligns with regulation, patient need, and the full range of naturopathic practice.

Context

Naturopathic doctors are regulated primary care providers under the *Health Professions Act* and, effective April 2026, the *Health Professions and Occupations Act*. Since 2009, NDs in British Columbia have held one of the most comprehensive scopes of practice for any regulated complementary health profession in Canada.

In practice, naturopathic doctors are often the first point of contact for patients seeking care and continue to support those patients over time. They address acute issues, manage chronic disease, and guide preventive health. Their work reaches into every corner of community health, from hormone support, healthy aging, managing chronic conditions, mental wellness to digestive, metabolic, and musculoskeletal conditions. In both urban and rural settings, NDs fill gaps left by an overstretched primary care system that is failing to meet the needs of the population.

NDs extensive education allows them to diagnose, prescribe with certification, order and interpret laboratory tests, and integrate a range of therapies that include nutritional, lifestyle, and procedural care. What defines the profession is the approach: individualized, patient-centred care that emphasizes prevention, education, and long-term health.

NDs serve as primary care providers for families and communities. Others may focus in specific clinical areas such as women's health, mental health, chronic disease management, or integrative oncology. Collectively, their work builds a more continuous and accessible layer of care that strengthens the broader system. However, the policy environment has not caught up with the reality of ND practice. The provincial definition of primary care remains narrowly drawn around physicians and nurse practitioners:

"Primary care is defined as the first point of contact in the healthcare system, focusing on patient well-being through long-term relationships with family doctors or nurse practitioners. Services include promoting healthy lifestyles, managing chronic conditions, and treating illness or injury within a team-based, person-centered framework."

While the work of medical doctor and nursing professionals is foundational and an incredibly important pillar of care, these professions simply cannot manage the load of health care on their own. Moreover, this definition fails to reflect how care is delivered in British Columbia. When definitions exclude NDs, insurers and employers tend to follow, designing benefits that omit or restrict coverage for the services patients already rely on.

Common Coverage Barriers

Across major insurers such as Manulife, Sun Life, Canada Life, Pacific Blue Cross, and GMS, BCND members and patients consistently report:

- **Provincial health plan exclusions** – Naturopathic care is not covered under MSP or other public plans, leaving patients reliant on extended benefits.
- **Uneven extended coverage** – Benefit maximums and eligible services vary widely, often covering only consultations while excluding laboratory testing, medications, or procedures.
- **Designation-based denials** – Claims may be rejected because the provider is an ND even when the service itself, such as psychotherapy, injection therapy, or hormone therapy, is otherwise covered.
- **Referral requirements** – Some insurers require referrals from medical doctors despite NDs' independent authority to diagnose and treat.
- **Administrative inconsistency** – Conflicting information from insurer representatives causes confusion, frustration, and inequitable outcomes for patients.

Illustrative Example: Pacific Blue Cross Medical Botox Denial

BCND was made aware of a case in which a patient's claim for therapeutic Botulinum toxin (medical Botox) treatment was denied by Pacific Blue Cross. The explanation provided was that "naturopathic physicians are not accepted as prescribers for medical Botox."

This case highlights a broader issue. Therapeutic Botulinum toxin is within the authorized scope of practice for certified naturopathic doctors under the CCHPBC Scope of Practice Standards as of October 2025. In this case, the therapy involved the use of medical Botox for pain management and neurological conditions. When a treatment that is explicitly within scope is denied, it reveals a disconnect between regulation and insurance recognition.

Following correspondence with BCND, Pacific Blue Cross reviewed the case, confirmed that naturopathic doctors are eligible prescribers, and committed to updating internal systems and staff education. The example remains significant because it shows how insurer policies can lag behind current regulation. When that happens, both patients and providers are placed in difficult positions that compromise access to appropriate care.

For the patient involved, the error resulted in delayed treatment, out-of-pocket costs, and uncertainty about whether care could continue. It also underscores a larger concern. If a therapy that is within scope and medically necessary can be denied, other in scope treatments may be at similar risk. Patients should not lose coverage based on the professional providing care rather than the treatment's medical necessity or regulatory authorization.

Why This Matters: Patient and System Impact

The impact of these gaps is significant. Patients who lose coverage for ND-prescribed medications or therapies face real barriers to care and difficult choices about their health. Many end up discontinuing treatment or returning to overburdened clinics for services that could have remained in ND care.

Coverage inconsistencies also disrupt continuity. Patients managing chronic pain, perimenopause, or post-cancer recovery often rely on naturopathic doctors for ongoing support that integrates medical and lifestyle care. When that coverage is denied, the treatment plan unravels, outcomes suffer, and the public system absorbs the fallout.

At a broader level, these denials create inequity among regulated providers. A medication or therapy should not be covered when prescribed by one professional and denied when prescribed by another regulated under the same provincial framework. Each denial erodes public trust, creates confusion for patients, and undermines efforts to modernize the health system toward integrated and equitable care.

BCND's Approach

BCND is advancing a coordinated strategy to align insurer policy with the realities of naturopathic practice. This work complements ongoing engagement with the Ministry of Health and the Allied Health Policy Secretariat to strengthen ND recognition and integration within the health system.

BCND's approach includes:

1. **Government and regulatory collaboration** – Continuing advocacy with the Ministry of Health to ensure ND roles are recognized within an evolving definition of primary care and reflected in policy and funding frameworks.
2. **Public and professional education** – Expanding communications that highlight how naturopathic doctors contribute to prevention, chronic care, and wellness through relationship-based, individualized care rooted in patient partnership and clinical accountability.
3. **Direct insurer engagement** – Launching structured discussions with major insurers including Manulife, Sun Life, Canada Life, Pacific Blue Cross, and GMS to review policies, identify inconsistencies, and support alignment with ND scope and regulation.
4. **Coverage tracking and reporting** – Establishing a formal mechanism for members to report coverage denials or inconsistencies, building a clear evidence base for advocacy with insurers and policy makers.

Next Steps

Over the next several months, BCND will:

- Develop a comprehensive insurer briefing package summarizing ND scope, prescribing authority, and where gaps currently exist.
- Meet with insurer policy and pharmacy teams to address identified discrepancies and explore opportunities for alignment.
- Report findings to members and integrate outcomes into BCND's ongoing advocacy on primary care recognition and system modernization.

Summary

Insurance coverage for naturopathic doctors remains one of the clearest examples of system misalignment. Benefit policies and definitions of primary care have not kept pace with how healthcare is delivered in communities, and this results in inconsistent and fragmented patient care.

NDs hold a comprehensive, regulated scope of practice and provide care that bridges prevention, chronic management, and patient-driven wellness. Yet coverage policies continue to reflect a narrow understanding of who delivers primary care.

BCND's advocacy will focus on closing that gap through direct insurer engagement, education, and collaboration to ensure that patients who choose naturopathic care are supported by the insurance and policy frameworks around them.