

Fee Guide Update 2026 – Rationale

Purpose

BCND is asking members¹ to vote on an annual adjustment to the [clinical](#) and [non-clinical](#) fee guides. This note explains how the fee guide was developed, what economic factors are affecting naturopathic clinics across British Columbia, why BCND is presenting two options for 2026, and why the fee guide remains important for the profession.

Importance to the Profession

This proposed adjustment is intended to ensure the BCND fee guide continues to reflect the real cost of delivering naturopathic care in British Columbia.

Clinic operating costs have increased by approximately 5–8% due to inflation, rising wages, regulatory fees, supply costs, and growing administrative and compliance requirements. Without periodic updates, the fee guide no longer reflects actual practice costs, which can contribute to declining clinic sustainability.

Maintaining an accurate, economically grounded fee guide supports:

- Sustainable clinic operations across all regions of BC
- Consistent benchmarks for patients, insurers, and government
- Stronger advocacy by demonstrating that naturopathic fees are based on real clinic economics

Maintaining a coherent fee guide also supports how naturopathic care is understood within the broader healthcare system. Consistent, economically grounded pricing helps strengthen public and institutional understanding of the value of naturopathic services and supports the long-term growth and stability of the profession.

Members are being asked to determine how the fee guide should respond to these documented cost pressures.

How the fee guide was developed & Why it is Important

The fee guide was developed to answer a practical question raised by naturopathic doctors across British Columbia: what does a naturopathic visit actually need to cost in order to support a functioning clinic?

The development of the fee guide was also supported by extended health providers who requested a cohesive fee schedule for naturopathic services in British Columbia. A consistent provincial schedule provided insurers with a benchmark when determining coverage levels for naturopathic visits. Extended health plans often group naturopathic services alongside other supplementary health services such as chiropractic, physiotherapy, acupuncture, and massage therapy, making consistent fee benchmarks particularly important for insurers when setting reimbursement levels. Prior to the introduction of a formal fee guide, insurers would frequently contact BCND (then the BCNA) seeking guidance on typical naturopathic visit fees.

Members had also expressed the need for a fee guide grounded in real clinic costs. Surveys were conducted with naturopathic doctors, allied provider fee schedules were reviewed, and clinic financials from practices across British Columbia were analyzed using both member-submitted clinic data and publicly available fee information to identify the true cost components of naturopathic practice. More than half of BCND members provided clinic fee schedules as part of the baseline analysis used to establish the initial spread of fees across the profession.

This work examined a range of practice settings across the province and identified the major components of clinic operating cost. These included labour costs, rent or mortgage, regulatory fees, professional liability insurance, software and EMR systems, equipment purchase and amortization, clinic materials and supplies, laboratory-related expenses, administrative time, merchant and payment processing fees, and other operating expenses.

Those inputs were used to build a loaded-cost spreadsheet model. The costing model was originally developed with external accounting input to ensure that the methodology reflected standard approaches to operational cost loading. The purpose of the model was to calculate the full cost of delivering care by allocating total clinic operating expenses

¹ Members” in this document refers to eligible voting members under BCND bylaws.

across clinical services. This approach reflects the reality that the cost of a visit is not just the treatment itself, but the entire clinic infrastructure required to provide care. Staff wages, space costs, regulatory expenses, supplies, equipment, and administrative support must all be covered by services delivered in the clinic. ([BCND Loaded Cost Model Calculator](#))

The model was tested against real clinic results to confirm that recommended fees would support a viable practice rather than simply covering marginal treatment costs. The resulting fee guide was adopted as a reference point to help naturopathic doctors set fees that reflect the real cost of providing care while maintaining consistency across the profession.

The fee guide therefore exists to provide three things. First, a realistic benchmark so naturopathic doctors can set fees that reflect the real cost of providing care. Second, consistency across the profession so patients, insurers, and government understand the value of naturopathic services. Third, credible data to support advocacy by demonstrating that naturopathic fees are grounded in real clinic economics rather than arbitrary pricing. A fee guide grounded in real clinic economics also supports discussions with insurers, government, and partners by clearly demonstrating the cost of providing naturopathic care.

Members remain free to set their own fees based on their clinic model and community needs. The fee guide is not a requirement, but it is an important professional reference because it is grounded in real clinic economics and reflects the cost of providing naturopathic care across British Columbia. A consistent fee guide also supports the profession by providing a common benchmark for patients, insurers, and partners when interpreting the cost of naturopathic services.

Annual percentage updates are intended to keep the guide aligned with changes in those same cost drivers. When clinic costs rise and the fee guide does not, the guide stops reflecting real practice economics and clinic margins decline. Members report clinic margins tightening as operating costs rise faster than reimbursement levels and patient revenue. In some clinics, expenses related to staffing, supplies, and operating infrastructure have increased significantly over the past several years, while gross revenues have remained relatively stable. The result is a steady erosion of clinic operating margins, particularly over the past two to three years as cost pressures have accelerated.

Recent review of those cost components shows that clinic operating costs across British Columbia have increased by roughly 5–8 percent, reflecting documented changes in inflation, wage pressure, regulatory fees, clinic materials and supplies, software costs, and other operating expenses.

A broader update of the underlying clinic costing work has begun. This is a significant undertaking that requires collecting updated financial information from clinics across the Lower Mainland, Vancouver Island, the Interior, and Northern British Columbia, reviewing different practice models, and testing results against real clinic operations. BCND is committed to doing this work carefully so that future fee guide recommendations remain credible, transparent, and grounded in real clinic economics.

The original fee guide development process also included reviewing comparative fee schedules across other health professions to ensure recommended naturopathic fees fell within the broader range of healthcare service pricing. This included professions such as physicians, chiropractors, physiotherapists, and massage therapists, and future reviews may continue to assess comparable professions to ensure the fee guide remains aligned with the wider healthcare landscape.

This approach helps ensure that future fee guide updates reflect the realities of naturopathic practice across all regions of British Columbia and maintain member confidence in the process.

Maintaining a coherent fee guide also contributes to broader professional positioning. Consistent and economically grounded pricing helps strengthen the public and institutional understanding of the value of naturopathic care and supports the long-term growth and stability of the profession.

Because that review is in its early stages, this year's recommendation is intentionally conservative. The two options presented to members are based on cost increases that are already clear and documented, while the deeper analysis is completed for future updates.

BCND fee guide baseline²

Current BCND clinical fee guide (2025)

| Service | Fee |
|-------------------------|-------|
| Initial visit (1 hr) | \$257 |
| Return visit (30 min) | \$136 |
| Extended visit (45 min) | \$207 |
| Acupuncture | \$113 |
| Prolotherapy | \$230 |
| Neural therapy | \$193 |
| IV Meyers drip | \$202 |
| High dose Vit C IV drip | \$216 |
| B12/B9 injection | \$74 |

Non-clinical fee examples

| Service | Fee |
|-------------------------------|---------|
| Insurance form – short report | \$207 |
| Medical-legal simple report | \$1,467 |
| Testimony per day | \$4,002 |
| Records transfer basic fee | \$51 |
| Telephone advice (15 min) | \$120 |

Illustrative fee adjustments (2026 options)

To support interpretation of the proposed percentage increases, the following examples show how current recommended fees would change under each option. The same percentage adjustment applies across all clinical and non-clinical fees.

Clinical fee examples

| Service | Current Fee | 5% Increase | 8% Increase |
|-------------------------|-------------|-------------|-------------|
| Initial visit (1 hr) | \$257 | \$270 | \$278 |
| Extended visit (45 min) | \$207 | \$217 | \$224 |
| Return visit (30 min) | \$136 | \$143 | \$147 |

² Economic figures are drawn from Statistics Canada CPI data, BC labour statistics, CCHPBC fee schedules, and BCND member survey data.

Non-clinical fee examples

| Service | Current Fee | 5% Increase | 8% Increase |
|-------------------------------|-------------|-------------|-------------|
| Insurance form – short report | \$207 | \$217 | \$224 |
| Medical-legal simple report | \$1,467 | \$1,540 | \$1,584 |
| Records transfer basic fee | \$51 | \$54 | \$55 |
| Telephone advice (15 min) | \$120 | \$126 | \$130 |

Public clinic pricing across BC shows similar ranges:

| Service | Typical BC clinic range |
|--------------------------|-------------------------|
| Initial visit (60 min) | \$220–\$300+ |
| Return visit (30–45 min) | \$100–\$180 |

These ranges appear across Vancouver, Victoria, Nanaimo, Kelowna, Kamloops, Prince George, Terrace, Fort St. John, and smaller and medium sized communities.

BCND survey data shows wide variation in practice size and patient volume across the Lower Mainland, Vancouver Island, Interior, and Northern BC. Because fixed overhead must be spread across visits, increases in operating costs raise the per-visit cost of care in every clinic regardless of size.

Key cost drivers with numbers

Inflation baseline

Canada Consumer Price Index annual averages

| Year | CPI increase |
|------|--------------|
| 2023 | ~3.9% |
| 2024 | ~2.4% |
| 2025 | ~2.1% |

Prices rose about 19.9% over five years.

A clinic that has not increased fees by roughly 2–3% annually has already experienced a real income decline. Inflation alone supports a minimum increase of about 2–3%.

Wage pressure

BC minimum wage

| Year | Minimum wage |
|------|--------------|
| 2024 | \$17.40 |
| 2025 | \$17.85 |
| 2026 | \$18.25 |

Increase from 2024–2026 ≈ 4.9%.

Administrative wages track the labour market rather than CPI. Staff costs typically represent 25–40% of clinic overhead. Rising labour costs therefore increase clinic costs faster than inflation.

Estimated impact on clinic overhead: approximately 1–2%.

Clinic space costs

Clinic space costs, including rent, property taxes, and utilities, have risen significantly across the Lower Mainland, Vancouver Island, Interior, and Northern British Columbia. For many practices, rent is one of the largest fixed expenses, and increases in commercial lease rates and utilities directly increase the cost of delivering care.

Estimated impact on clinic overhead: approximately 1–2%.

Regulatory costs

| Stage | Renewal fee |
|-----------------|-------------|
| Previous | ~\$2,090 |
| Stage 1 | \$2,645 |
| Stage 2 planned | \$3,200 |

Increase Stage 1 = +\$555
 Stage 2 adds another +\$555.

Spread across a typical naturopathic practice, this represents roughly \$0.30–\$1.20 per visit depending on clinic size and model.

In addition to registration fees, regulatory changes under the Health Professions and Occupations Act are increasing administrative and compliance costs. Clinics are facing higher expenses for EMR upgrades, privacy and record-keeping requirements, secure communications, cyber-security, and billing systems. These costs are not captured in CPI but affect clinic operating expenses directly.

Estimated impact on required fee increase: approximately 0.5–1.5%.

Additional professional entry costs

New graduates entering practice may also face significant education debt and licensing costs associated with entering the profession. Tuition for naturopathic medical education is substantial, and many graduates rely on government or private loans to complete their training. Licensing examinations and regulatory fees can also represent meaningful upfront expenses at the beginning of practice. While these factors are not part of the clinic operating cost model used to

calculate the fee guide, they are part of the broader economic realities new practitioners face when establishing sustainable practices. BCND does not yet have comprehensive data on average education debt levels across the profession, and exam fee structures may continue to evolve as the new regulatory framework under the Health Professions and Occupations Act is implemented. These issues will be considered as part of future work examining the broader economics of naturopathic practice.

Supply chain and tariff impacts

Naturopathic clinics rely heavily on imported goods, including supplements, botanicals, injectable nutrients, IV supplies, packaging materials, and equipment components. Global supply-chain disruptions and tariff changes have increased costs in these categories. These increases are not fully reflected in CPI but are experienced directly by clinics.

Estimated impact on clinic overhead: approximately 1–2%.

Insurance reimbursement stagnation

Many extended health plans reimburse approximately \$20–\$25 per visit with annual limits around \$250–\$300 per practitioner. These limits have not tracked inflation. Clinics therefore absorb rising operating expenses without corresponding increases in insurer reimbursement.

This dynamic reinforces the importance of maintaining clear and consistent positioning for naturopathic services within the broader health system. Consistent fee structures, credible economic data, and a coherent professional profile help insurers, patients, and partners understand the value and role of naturopathic care. Over time, this positioning supports discussions about appropriate reimbursement levels and broader recognition of naturopathic services within extended health coverage.

WorkSafeBC benchmark

| Service | Maximum |
|-----------------|---------|
| Initial visit | \$180 |
| Follow-up visit | \$135 |

These rates are below what most clinics charge privately and show that public reimbursement levels do not reflect real clinic operating costs.

Composite cost increase estimate

| Cost driver | Estimated effect |
|---|------------------|
| Inflation | 2–3% |
| Wage pressure | 1–2% |
| Regulatory fees | 0.5–1.5% |
| Supply chain / tariffs | 1–2% |
| Other overhead (software, utilities, insurance, compliance) | 0.5–1.5% |

These increases have occurred even in clinics that have not expanded services or staffing, reflecting system-wide cost growth rather than individual business decisions.

Estimated total clinic cost increase: 5–8%.

Cost components in one view

| Cost component used to build the BCND fee guide | Recent change affecting clinics | Effect on clinic costs |
|---|--|------------------------|
| General inflation | ~20% increase in prices over 5 years | +2–3% annually |
| Staff wages | BC minimum wage up ~5% since 2024; admin wages track labour market | +1–2% |
| Regulatory fees | CCHPBC renewal rising from ~\$2,090 → \$2,645 → ~\$3,200 | +0.5–1.5% |
| Clinic materials & supplies | Supplements, injectables, IV supplies, packaging, shipping up due to inflation and trade costs | +1–2% |
| Software & compliance | EMR, privacy, merchant fees rising | +0.5–1.5% |

Estimated total increase in clinic operating costs: 5–8%.

Regional realities across British Columbia

| Region | Typical cost pressures |
|------------------|---|
| Lower Mainland | High rent, staff competition |
| Vancouver Island | Rising rent, staffing shortages |
| Interior | Lower rent but lower patient density |
| Northern BC | Recruitment costs, travel costs, smaller patient base |

Across all regions, increases in regulatory fees, wages, supplies, and software costs raise per-visit costs.

Why two options

Presenting many percentage options produces fragmented voting results that do not meaningfully reflect member views. Two options allow members to choose between a conservative increase that tracks minimum documented cost growth, and a fuller increase that reflects all major clinic cost drivers identified in BCND’s costing methodology.

Why BCND is approaching this year conservatively

As noted, BCND has begun a deeper review of clinic operating costs across British Columbia. Because that work is underway but not yet complete, this year’s recommendation is intentionally conservative.

Last year’s update applied the larger percentage available based on the information available at the time. This year’s options reflect updated cost information and a more cautious approach while the full clinic costing review is completed.

The 5% and 8% options are based on documented increases in clinic operating costs that are already clear. A broader update of clinic financial data across the Lower Mainland, Vancouver Island, the Interior, and Northern British Columbia is underway. Because that work is not yet complete, BCND is taking a more conservative approach this year rather than recommending a larger adjustment based on incomplete information. A more detailed analysis will be provided next year once the updated clinic costing review is finished.

Options

- **Option A: Increase fee guide by 5%**
Reflects CPI inflation, wage pressure, and part of the regulatory cost increase.
- **Option B: Increase fee guide by 8%**
Reflects CPI, wage pressure, regulatory fees, and supply-chain and tariff-related cost increases affecting clinics.

Both options are grounded in BCND's clinic costing methodology and in documented economic data.

BCND recognizes the importance of keeping care accessible for patients. The fee guide is intended to balance affordability with the need for clinics to remain sustainable and continue providing care across British Columbia.

Acknowledgements

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