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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	WHCCAMP roster (partial) (1 page)	10/19/2000	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43233

FOLDER TITLE:
Town Hall, Seattle, October 30-31, 2000 [1]

2011-0568-S
kc843

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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July 11, 2000

FAX # 301/295-3100
Wayne B. Jonas, M.D.
Department of Family Medicine
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799

Dear Wayne,

The following is a summary of policy related complementary and alternative medicine integration activities which Bastyr University is either leading or participating in locally, regionally and nationally. Executive summaries and concept papers for these initiatives are attached. These initiatives focus on the challenges and opportunities involved in the integration of CAM into mainstream health care delivery systems. Participants and affiliations include conventional medicine, public health and government representatives. Additional integrated clinical, research and academic activities are also underway.

- **King County Integrated Health Care 2010**
  Goal is to develop a co-ordinated strategic plan to integrate CAM with mainstream health care delivery in King County. First major stakeholder meeting held April 7, 2000. Includes conventional and CAM health care, government and community stakeholders; integration data and community priorities research. Modeled on areas of focus identified for the White House Commission on the Integration of Complementary and Alternative Medicine Policy

- **National Plan to Advance Integrated Health Care**
  Developed by The Hon Berkley Bedell, American Preventive Medical Association, American Association of Naturopathic Physicians, and Bastyr University with participation from Citizens for Health and input from a national network of advisors, in response to Senators Tom Harkin and Tom Daschle's recognition of congressional need for comprehensive, accountable, CAM integration planning with mainstream health care delivery.

- **King County Integrative Research Institute**
  Proposed creation of research institute affiliated with Public Health – Seattle and King County to investigate and promote prevention through collaboration of natural medicine and public health. Activities – to develop and evaluate demonstration projects, support applied and collaborative CAM prevention research, and recommend policy to advance prevention and population health.

- **Building Bridges Between Provider Communities Group**
  Coalition of agencies and organizations in the Pacific Northwest region with mutual interests in the integration of alternative and conventional health care. Includes public health leaders, health care providers, and health educators. Meeting for over three years, the Group has sought to develop information exchange, discussion, programs, and activities fostering integration of alternative and conventional health care to improve community health. Co-chaired by DHHS, US Public Health Service, Region X and Bastyr University.

- **Northwest Center for Community Health, Traditional Medicine and Public Health**
  Developing under joint leadership of Northwest Indian College, Bastyr University, and DHHS, US Public Health Service, Region X to create a synergistic co-ordinated approach to improving health of Northwest population by integrating CAM, traditional medicines and public health, with a special emphasis on underserved populations. Focus on research, teaching, clinical services, human resource and policy development necessary to accomplish such health improvements.

- **Health Shortage Areas: Integrated Care Options**
  Outreach project designed to advise clinics, boards, staff groups, health care providers and communities regarding integrating emerging CAM and conventional health care professions in underserved areas. Advisory group includes Washington State Health Professional Loan Repayment and Scholarship Program, Community Health Centers of King County and DHHS, US Public Health Service, Region X.

- **Integrative Medicine Industry Leadership Summit: Emerging Market, Merging Paradigms: *A Collaborative Exploration at Integration's Leading Edge*.**
  Summit convened by THE INTEGRATOR *for the Business of Alternative Medicine* and IntegrativMedicine (Newton, Massachusetts) May 2000 to engage challenges and opportunities facing the CAM integration movement and emerging industry sector; collaborative action, knowledge base and infrastructure issues addressed. Post conference survey data available. Summit 2001 planning underway.

- **Complementary and Alternative Medicine: Evaluating Emerging Professions, UCSF Center for the Health Professions**
  This is a project of the UCSF Center for the Health Professions. "Project seeks to develop uniformly accepted methods and criteria for evaluating emerging professions. It is anticipated that health care professions, including emerging CAM professions, can be described and defined using continua of education, training and accreditation standards . . . generally known and accepted in the world of conventional medicine." (excerpt from Complementary and Alternative Medicine: Evaluating Emerging Professions: Project Summary, June 1, 2000, The Center for Health Professions, University of California, San Francisco). Contact Ed O'Neil, PhD, Catherine Dower, JD for further information.

Contact information, participant and affiliation lists are available. Please let me know if you need this or any additional information.

Sincerely,

Pamela Snider N.D.

Pamela Snider, ND
Associate Dean, Naturopathic Medicine
Bastyr University

III. Training, Education, Certification, Licensure, and Accountability of Health Care Practitioners in Complementary and Alternative Medicine

(A) How can uniform standards of education, training, licensure and certification be applied to all CAM practitioners?
(B) What training and education should be required of all health care providers to assure access to safe and effective CAM practices and interventions?
(C) What sources of funds exist for the education and training of CAM practitioners?
(D) Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

IV. Delivery of Reliable and Useful Information on Complementary and Alternative Medicine to Health Care Professionals and the Public

(A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible? How would you like to receive such information?
(B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?
(C) As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?

The Town Hall Meeting is open to the public and opportunities for oral comments and written statements by the public will be provided.

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy.
Date: October 30-31, 2000.
Place: Town Hall Seattle, Seneca Room, 1119 Eighth Avenue, Seattle, WA 98101.
Contact Persons: Stephen C. Groft, Pharm. D., Executive Director, or Michele Chang, CMT, MPH, Executive Secretary; 6701 Rockledge Drive, Room 1010, MSC-7707, Bethesda, MD 20817-7707; Phone: (301) 435-7592, Fax: (301) 480-1691, E-Mail:WHCCAMP@od.nih.gov.

The President established the White House Commission on Complementary and Alternative Medicine Policy on March 7, 2000 by Executive Order 13147. The mission of the White House Commission on Complementary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Because of the need to obtain the views of the public on these issues as soon as possible and because of the early deadline for the report required of the Commission, this notice is being provided at the earliest possible time.

Public Participation

The Town Hall meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral comment may register by calling 1-800-953-3298 or by accessing the website at http://www.whccamp.hhs.gov no later than October 25, 2000. Oral comments will be limited to five minutes. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. Individuals interested in attending the meeting to observe the proceedings but not to provide oral testimony should also register.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement at the conclusion of the morning and afternoon sessions, if time permits, and at the chairperson's discretion.

Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record. When mailing or faxing written comments, please provide, if possible, an electronic version or a diskette.

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed no later than October 25, 2000.

Dated: October 11, 2000.
LaVerne Y. Stringfield,
Director, Office of Federal Advisory Committee Policy.
[FR Doc. 00-26869 Filed 10-18-00; 8:45 am]
BILLING CODE 4140-01-M

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland, 20817-7707
tel: 301-435-7592, fax: 301-480-1691, e-mail:whccamp@od.nih.gov Website: whccamp.hhs.gov

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[001]

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White House Commission on Complementary and Alternative Medicine Policy

Proposed Meeting Schedule*

DATE	SITE	TYPE	TOPIC
September 8, 2000	San Francisco, CA	Town Hall (1)	West Coast/Region IX
October 5-6, 2000	**Washington, D.C.**	**WHC (2)**	**RESEARCH Part I**
October 30-31, 2000	Seattle, WA	Town Hall (2)	Pacific Northwest/Region X
December 4-5, 2000	**Washington, D.C.**	**WHC (3)**	**ACCESS & DELIVERY Part I**
January 25-26, 2001	New York, NY	Town Hall (3)	North/Region II
February 19 -20, 2001	**Washington, D.C.**	**WHC (4)**	**EDUCATION/TRAINING**
February 23, 2001	Albuquerque, NM	Town Hall (4)	SouthWest/Region VI
March 5-6, 2001	**Washington, D.C.**	**WHC (5)**	**INFO DISSEMINATION**
March 12, 2001	Minneapolis, MN	Town Hall (5)	Mid-West/Region VII
March 16, 2001	Atlanta, GA	Town Hall (6)	South/Region IV
April 9-10, 2001	**Washington, D.C.**	**WHC (6)**	**RESEARCH Part II**
May 14-15, 2001	**Washington, D.C.**	**WHC (7)**	**ACCESS & DELIVERY (REIMBURSEMENT) Part II**
July 5-6, 2001	**Washington, D.C.**	**WHC (8)**	**REVIEW INTERIM REPORT DRAFT**
November 5-6, 2001	**Washington, D.C.**	**WHC (9)**	**REVIEW FINAL REPORT**
December 6-7, 2001	**Washington, D.C.**	**WHC (10)**	**FINAL FULL MEETING**
March 2002	**Washington, D.C.**	**WHC (11)**	**CLOSING EVENT**

* This information, including dates and locations of Town Hall Meetings, may change based on recommendations from the Commission

ANNOUNCEMENT

White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
October 30-31st, 2000 in Seattle, WA

The **White House Commission on Complementary and Alternative Medicine Policy** is sponsoring a town meeting on complementary and alternative medicine (CAM) practices and products. Members of the community are invited to present comments and suggestions to the Commission about the coordination of CAM research, information dissemination, access to and delivery of CAM practices and products, and training and education of CAM practitioners and other health care providers.

NOTE: The event is free and space is limited on a first come, first serve basis. **Registration to speak must be received by October 23rd, 2000.**

WHEN AND WHERE:

Monday, October 30, 9:00 a.m. – 6:00 p.m.
Tuesday, October 31, 8:30 a.m. – 2:00 p.m. at the
Town Hall, Seattle, Seneca Room
1119 Eighth Avenue
Seattle, WA (206-652-4255)

COMMISSIONERS ATTENDING:

James Gordon, Chair of the White House Commission on Complementary and Alternative Medicine Policy, and Director of the Center for Mind-Body Medicine in Washington, D.C.

Tom Chappell, co-founder and CEO of Tom's of Maine, and founder and CEO of the Saltwater Institute, a learning institute of leaders seeking to integrate their values into their personal and professional lives.

Effie Poy Yew Chow, Qigong Grandmaster, founder of the East West Academy of Healing Arts in San Francisco in 1973 and, more recently, The EWAHA Qigong Institute, the American Qigong Association, and the World Qigong Federation.

Joseph Fins, Director of Medical Ethics at New York Weill Cornell Medical Center of New York - Presbyterian Hospital, who lectures extensively and has written widely in the field of Medical Ethics.

Tieraona Low Dog, Medical Director for the Tree House Center of Integrative Medicine in Albuquerque, and Chairperson for the Dietary Supplements and Botanicals Expert Panel for the United States Pharmacopoeia.

Linnea Larson, Associate Director of West Suburban Health Care, Center for Integrative Medicine in Oak Park, Illinois.

Veronica Gutierrez, Board member for the World Chiropractic Alliance, contributing editor to the Chiropractic Journal, and owner-practitioner at Gutierrez Family Chiropractic in Arlington, Washington.

Xiaoming Tian, Director of Wildwood Acupuncture Center in Bethesda, Maryland and Director of the Academy of Acupuncture and Chinese Medicine.

HOW TO REGISTER: (DEADLINE IS OCTOBER 23rd!)

Call 1-800-953-3298 or register on-line at http://www.whccamp.hhs.gov To contact the Commission, e-mail us at whccamp@od.nih.gov or call 301-435-7592.

White House Commission on Complementary and Alternative Medicine Policy

An Open Letter of Welcome

We are pleased to welcome you to this Town Hall Meeting of the **White House Commission on Complementary and Alternative Medicine Policy**. The Commission, established by Executive Order on March 7, 2000, has been charged to submit a report to the President and Congress by March 2002, providing policy recommendations to help guide the nation's use of complementary and alternative medicine (CAM) practices and interventions.

We are glad you are here today. Your participation in this important process is critical.

The President's Executive Order outlined four broad topic areas for consideration by the Commission: (1) coordinated research to increase knowledge about CAM practices and products; (2) the provision to health care professionals of reliable and useful information about CAM that can be made readily accessible and understandable to the general public; (3) guidance for appropriate access to and delivery of CAM; and (4) the education and training of health care practitioners in CAM. A copy of Executive Order 13147 is included in this information packet.

To maximize the opportunity to receive public input, the Commission will hold a series of Town Hall Meetings throughout the country over the next several months. A proposed schedule is included in this information packet. Although the sites and dates of the Town Hall Meetings may change, there will be ample opportunity for interested individuals throughout the country to provide their input. Additionally, the public will be invited to present comments during Commission meetings held in Washington, D.C. throughout the coming year.

Because of the diversity and scope of issues related to CAM practices and products, we have developed a list of questions to help guide and focus discussion. We encourage you to review these questions and use them when you prepare your oral or written statements. A copy of these questions are included in your packet as part of the "Federal Register Notice" for this meeting.

Registration has now begun for the next Commission Town Hall Meeting. An announcement of the meeting is included in this information packet, and may be copied and distributed freely. To attend Town Hall Meetings, please register by calling 1-800-953-3298 or logon through our website: http://whccamp.hhs.gov If you have general questions, or need to contact us, please call Ms. Michele Chang, at 301-435-7592, or send us an e-mail at WHCCAMP@od.nih.gov.

We invite you to inform others about our work and hope that you will encourage your colleagues and constituents to participate in this critical process, particularly by attending our Town Hall Meetings.

James S. Gordon, M.D.
Chair

Stephen C. Groft, Pharm.D.
Executive Director

White House Commission on Complementary and Alternative Medicine Policy

Fact Sheet
Complementary and Alternative Medicine

Complementary and Alternative Medicine (CAM) practices and products covers a broad range of healing philosophies (schools of thought), approaches, and therapies that mainstream Western (conventional) medicine does not commonly use, accept, study, understand, or make available. A few of the many CAM practices include the use of acupuncture, herbs, homeopathy, therapeutic massage, and traditional oriental medicine to promote well-being or treat health conditions.

People use CAM treatments and therapies in a variety of ways. Therapies may be used alone, as an alternative to conventional therapies, or in addition to conventional, mainstream therapies, in what is referred to as a "complementary" or an integrative approach.

Many CAM therapies are called holistic, which generally means they consider the whole person, including physical, mental, emotional, and spiritual aspects.

CAM's Growing Popularity in the United States

A published survey shows that the number of Americans using an alternative therapy rose from about 33 percent in 1990 to more than 42 percent in 1997.[1] People in this study reported using the following therapies most often: herbal medicine, massage, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy.

In addition, Americans spent more than $27 billion on these therapies in 1997, exceeding out-of-pocket spending for all U.S. hospitalizations.

A survey published in 1994 reveals that more than 60 percent of doctors from a wide range of specialties recommended alternative therapies to their patients at least once. In addition, 47 percent of the doctors in this study reported using alternative therapies themselves.[2]

Indeed, 75 out of 117 U.S. medical schools offered elective courses in CAM or included CAM topics in required courses, according to an article published in 1998.[3]

Another survey found that people used CAM not only because they were dissatisfied with conventional medicine, but because these health care alternatives mirrored their own values, beliefs, and philosophical orientations toward health and life.[4]

Health care professionals and the public need policies to help coordinate and stimulate rigorous research of CAM practices and products, as well as the access and delivery of such services, education and training of practitioners and the provision of evidence-based information to the public.

---

1 Eisenberg, D.M., Davis, R.B., Ettner, S.L., Appel, S., Wilkey, S., Van Rompay, M., Kessler, R.C. "Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-Up National Survey." JAMA. November 11, 1998 280(18):1569-75

2 Borkan, J., Neher, J.O., Anson, O., Smoker, B. "Referrals for Alternative Therapies." Journal of Family Practice. 1994. 39(6):545-50.

3 Wetzel, M.S., Eisenberg, D.M., Kaptchuk, T.J. "Courses Involving Complementary and Alternative Medicine at U.S. Medical Schools." JAMA. September 2, 1998. 280(9):784-7

4 [illegible]

THE WHITE HOUSE

Office of the Press Secretary
(Camp David, Maryland)

For Immediate Release July 24, 2000

PRESIDENT CLINTON NAMES TIERAONA LOW DOG TO THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

President Clinton today announced the appointment of Tieraona Low Dog, M.D., to the White House Commission on Complementary and Alternative Medicine Policy.

Dr. Tieraona Low Dog, of Corrales, New Mexico, currently serves as the Medical Director for the Tree House Center of Integrative Medicine in Albuquerque. With more than twenty years in the field of botanical medicine, she was recently elected to serve as Chairperson for the Dietary Supplements and Botanicals Expert Panel for the United States Pharmacopoeia. Dr. Low Dog received her medical degree from the University of New Mexico School of Medicine. She is part of the core faculty for Columbia University's Botanical Medicine Course for Physicians. Dr. Low Dog is currently working with Beth Israel on the development of a continuing medical education program on herbal medicine for physicians. She frequently lectures on the subject of herbal medicine. In 1998, she received the International Martina de la Cruz award for her work with indigenous remedies.

The White House Commission on Complementary and Alternative Medicine will provide a report, through the Secretary of Health and Human Services, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

30-30-30

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release September 15, 2000

EXECUTIVE ORDER

AMENDMENT TO EXECUTIVE ORDER 13147, INCREASING THE MEMBERSHIP OF THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App.), and in order to increase the membership of the White House Commission on Complementary and Alternative Medicine Policy from not more than 15 members to up to 20 members, it is hereby ordered that the second sentence of section 1 of Executive Order 13147 of May 7, 2000, is amended by deleting "not more than 15" and inserting "up to 20" in lieu thereof.

The White House Commission on Complementary and Alternative Medicine Policy

Fact Sheet

The White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) was established by Executive Order 13147 on March 7, 2000, to develop a set of legislative and administrative policy recommendations that will maximize the benefits of complementary and alternative medicine (CAM) practices and products for the general public. The Commission has been charged to submit a report to the President and Congress by March 2002.

The President's Executive Order outlined four broad topic areas for consideration by the Commission:

1. coordinated research to increase knowledge about CAM practices and products;
2. the provision to health care professionals of reliable and useful information about CAM that can be made readily accessible and understandable to the general public;
3. guidance for appropriate access to and delivery of CAM; and
4. the education and training of health care practitioners in CAM.

Commission Membership

Currently 19 Commissioners have been appointed by the President, representing a diverse range of expertise in medical, scientific and CAM fields. The Commissioners include the Chair, James S. Gordon, M.D., and George M. Bernier, Jr., M.D.; David E. Bresler, Ph.D.; Thomas M. Chappell; Effie Poy Yew Chow, Ph.D.; George T. DeVries, III; William R. Fair, M.D.; Joseph J. Fins, M.D.; Veronica Gutierrez, D.C.; Wayne B. Jonas, M.D.; Charlotte R. Kerr, R.S.M.; Linnea S. Larson, LCSW; Dean Ornish, M.D.; Conchita M. Paz, M.D.; Buford L. Rolin; Julia Scott; Xiaoming Tian, M.D.; and Donald W. Warren, D.D.S. Eventually, the Commission will comprise a total of 20 members.

Full Commission Meetings

In response to its mandate, the Commission will focus on one or more of the four major topic areas during each of its full group meetings. The meeting held on October 5-6 focused on Coordinated CAM Research; subsequent meetings include: December 4-5 on Access and Delivery of CAM Services and Products; February 19-20, 2001 on Education, Training and Credentialing for CAM Practices; and March 5-6, 2001 on Dissemination of CAM Information to the Public. There may be additional meetings to revisit one or more of these topics. All meetings are open to the public and will be held in Washington, D.C.

Town Hall Meetings

To maximize the opportunity to receive public input, the Commission will hold a series of Town Hall Meetings throughout the country over the next several months. The first was held in San Francisco, California; others are planned for Seattle, New York City, Minneapolis, Albuquerque, and Atlanta. Additionally, the public will be invited to present comments during Commission meetings held in Washington, D.C. throughout the coming year. Written comments may be sent electronically, by fax or mail to the addresses below.

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Please visit our White House Commission on Complementary and Alternative Medicine Policy website at:

http://www.whccamp.hhs.gov

- White House Press Releases
- Commissioner's Biographies
- Future Meetings
- Register for Upcoming Meetings

And Much Much More!

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release October 19, 2000

PRESIDENT CLINTON NAMES FIVE MEMBERS TO THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

The President today announced his intent to appoint David Bresler, Veronica Gutierrez, Linnea Larson, Xiao Ming Tian and Donald Warren as members of the White House Commission on Complementary and Alternative Medicine Policy.

Dr. David E. Bresler, of Los Angeles, California, is one of the first contemporary American scientists to study and research acupuncture, guided imagery, and other mind/body approaches. As a professor in the UCLA Departments of Anesthesiology, Gnathology/Occlusion and Psychology, he applied his findings to treating clinical problems that did not respond well to conventional care, beginning with chronic pain. As the Founder and Executive Director of the UCLA Pain Control Unit, he and his team created the first multi-disciplinary, university-based chronic pain program in America. Dr. Bresler has authored or co-authored numerous publications, as well as twenty books and workbooks. Currently, Dr. Bresler serves as Associate Clinical Professor of Anesthesiology at the UCLA School of Medicine, Executive Director of the Bresler Center, Clinical Consultant to the UCLA Pain Medicine Center, Dean of Mind/Body/Spirit of the University of Integrated Studies, and Co-Director of the Academy for Guided Imagery. Dr. Bresler received his B.A. from Brandeis University, his M.A. from Bryn Mawr College, and his Ph.D. from UCLA. He received his Certificate in Acupuncture from the Institute for Taoist Studies.

Dr. Veronica Gutierrez, of Lake Stevens, Washington, practices with Gutierrez Family Chiropractic. She is a professional member of the World Chiropractic Alliance, serving on the Board of Directors. She serves as Chair of the Council on Women's Health and Director of Programs in Public Policy. Dr. Gutierrez has been very active in the chiropractic community, serving on many boards and commissions. She has received numerous awards in her profession, including awards from the Chiropractic Society of Washington, the Straight Chiropractic Academic Standards Association, and the International Chiropractic Association. Dr. Gutierrez received her Doctor of Chiropractic from Palmer College of Chiropractic and did post-graduate work at Cleveland College of Chiropractic.

Ms. Linnea Larson, of Oak Park, Illinois, is Associate Director of West Suburban Health Care (WSHC), Center for Integrative Medicine in Oak Park. Previously, she was the Behavioral Science Coordinator at WSHC Family Practice Residency Program. She was a clinical social worker at St. John's Hospital in Springfield, Illinois, where she provided inpatient and home hospice services and was also associated with the St. John's Center for Mind-Body Medicine. She also has worked as a family therapist and as a lecturer at the University of Illinois at Springfield. Ms. Larson received a B.A. from Knox College and a M.S.W. from the University of Illinois at Urbana-Champaign.

Dr. Xiao Ming Tian, of Bethesda, Maryland, is Director of the Academy of Acupuncture and Chinese Medicine and Wildwood Acupuncture Center. Dr. Tian is currently conducting a National Institute of Health (NIH) supported clinical trial with Georgetown University Medical School to treat fibromyalgia patients using acupuncture. He has completed many research projects on the use of Chinese herbal medicine and dietary supplements to treat and prevent arthritis, sports injuries, and fibromyalgia, in collaboration with NIH and the U.S. Department of Agriculture Nutrition Center. In 1991, Dr. Tian was the first person to be appointed a Clinical Consultant of Acupuncture to the NIH medical staff. He is an Adjunct Assistant Professor of Preventive Medicine at the United States Uniformed Health Service. Dr. Tian is the President of the American Association of Chinese Medicine. He is also the Honorary Director of the China Association of Traditional Chinese Medicine and Vice President of The International Academy of Medical Qigong, both in Beijing, China. He currently serves as an advisor to World Health Organization and Pan-American Health Organization on traditional medicine. Dr. Tian received his Medical Degree from Beijing Medical University and was a Ph.D. Research Fellow at NIH.

Dr. Donald W. Warren, of Clinton, Arkansas, currently practices general dentistry, which includes dental cranial osteopathy, an alternative and complementary approach to health; temporomandibular joint dysfunction treatment, an alternative treatment for head, neck and facial pain and orthodontics/orthopedics. Since 1989, Dr. Warren has presented seminars on dental cranial osteopathy, temporomandibular joint dysfunction treatment, contact reflex analysis and designed clinical nutrition, and correct dental occlusion. Since 1999, these seminars have been accredited by the Academy of General Dentistry. He also instructed a hands-on clinic at the Texas College of Osteopathic Medicine, hosted by the Sutherland Cranial Teaching Foundation. Dr. Warren has taught in the United States, the United Kingdom, and Australia. Dr. Warren received a B.A. from Hendrix College and a D.D.S. from the University of Tennessee College of Dentistry. Since then, he has continued to study in his fields of expertise and is a diplomat of the American Board of Head, Neck and Facial Pain.

The White House Commission on Complementary and Alternative Medicine shall provide a report, through the Secretary of Health and Human Services, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

30-30-30

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release July 13, 2000

PRESIDENT CLINTON NAMES THIRTEEN MEMBERS TO THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

President Clinton today announced the appointment of the following members of the White House Commission on Complementary and Alternative Medicine Policy: Chair: James S. Gordon, M.D.; George M. Bernier, Jr., M.D.; George Thomas DeVries, III; William R. Fair, M.D.; Joseph J. Fins, M.D.; Wayne B. Jonas, M.D.; Charlotte Rose Kerr, R.S.M.; Dean Ornish, M.D.; Conchita M. Paz, M.D.; Buford L. Rolin; and Julia Scott. President Clinton today also announced his intent to appoint Thomas M. Chappell and Dr. Effie Poy Yew Chow as members of the White House Commission on Complementary and Alternative Medicine Policy.

Dr. James S. Gordon, of Washington, DC, who will serve as Chair of the Commission, is currently the Director of the Center for Mind-Body Medicine. Previously, he chaired the Program Advisory Council at the Office of Alternative Medicine of the National Institutes of Health. In addition to maintaining a private practice in Psychiatry and Medicine, Dr. Gordon has been a Clinical Professor at the Georgetown University School of Medicine in the Departments of Psychiatry and Family Medicine since 1980. He is a member of the National Institute of Health's Cancer Advisory Panel and was the Director of a Special Study of Alternative Services for the President's Commission on Mental Health. He has written extensively on the subjects of psychiatry and alternative and holistic care, and serves on the Editorial Boards of Alternative and Complementary Therapies and Alternative Therapies in Health and Medicine. He received his A.B. from Harvard College and his M.D. from Harvard Medical School.

Dr. George M. Bernier, Jr., of Galveston, TX, is a hematologist/oncologist and is currently the Vice President for Education at the University of Texas Medical Branch. Previously, he was Vice President for Academic Affairs, Dean of Medicine, and a Professor of Medicine at the University of Texas. Dr. Bernier has held academic appointments at the University of Pittsburgh, Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire, and at Case Western Reserve University in Cleveland, Ohio. He has published numerous articles and abstracts, and several books. He received a B.A. degree from Boston College and a M.D. degree from Harvard University.

Mr. George Thomas DeVries, III, of Rancho Santa Fe, CA, is Chairman, President, CEO and co-founder of American Specialty Health and its subsidiaries, American Specialty Health Plans, American Specialty Health Networks, and American Specialty Health & Wellness. In his position, he manages complementary and alternative health care benefits, networks and services for over 60 health plans covering over 25 million Americans. American Specialty Health Plans

is a licensed specialty health plan covering over 3.7 million Californians for chiropractic and acupuncture. American Specialty Health Networks is a national health services organization serving over 21 million Americans and offering a provider network of over 19,000 chiropractors, acupuncturists, massage therapists, dieticians, naturopaths, and fitness clubs. American Specialty Health & Wellness is an alternative healthcare consumer products company offering e-commerce and mail order. Mr. DeVries has published a number of articles and has lectured on alternative health care in managed care and third-party reimbursement. He received a B.A. from the University of California at San Diego.

Dr. William R. Fair, M.D., of Longboat Key, FL, was, until recently, the Florence and Theodore Baumritter/Enid Ancell Chair of Urology, and was Chief of the Urology Service at Memorial Sloan-Kettering Cancer Center in New York City. Currently, he is Emeritus Professor of Urology at the Joan and Sanford I. Weill Medical College of Cornell University and Member Emeritus at Memorial Sloan-Kettering. Dr. Fair serves on the Cancer Advisory Panel for the National Center for Complementary and Alternative Medicine. He is the Editor-in-Chief of Molecular Urology and the Associate Editor of Alternative Therapies in Health and Medicine, and on the editorial boards of other highly respected journals. He has published extensively in the areas of urology and oncology. He chairs the Committee on Complementary and Alternative Medicine of the American Urological Association, and is Chairman of the Clinical Advisory Board of Haelth, LLC. Dr. Fair received his B.S. from the Philadelphia College of Pharmacy and Science and his M.D. from Jefferson Medical College.

Dr. Joseph J. Fins, of New York, NY, is an internist and Director of Medical Ethics at New York Weill Cornell Medical Center of New York - Presbyterian Hospital, Associate Professor of Medicine and Medicine in Psychiatry at the Joan and Sanford I. Weill Medical College of Cornell University, Associate Professor in the Program in Clinical Epidemiology and Health Services Research at Weill Cornell Graduate School of Medical Sciences, and Associate for Medicine at The Hastings Center. He lectures extensively and has written widely in the field of Medical Ethics. Dr. Fins received his B.A. from Wesleyan University and his M.D. from Cornell University Medical College.

Sister Charlotte Rose Kerr, R.S.M., of Baltimore, MD, is a Registered Nurse, a Practitioner of Traditional Acupuncture and, since 1977 a Senior Faculty Member at the Traditional Acupuncture Institute. Previously, she was an Assistant Professor of Nursing at the University of Maryland School of Nursing. Sister Kerr has been a member of the Advisory Council of the National Institutes of Health (NIH) Alternative Medicine Program. She has spent several summers in Europe, studying such subjects as Theology and Healing. In her work, Sister Kerr emphasizes the integration of Western traditional medicine and complementary healing methods. Sister Kerr received her B.S.N. from the University of Maryland School of Nursing. She received her Master's Degree in Public Health from the University of North Carolina and another Master's Degree in acupuncture from the College of Traditional Chinese Medicine, U.K.

Dr. Wayne B. Jonas, of Alexandria, VA, is currently a member of the Department of Family Medicine of the Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine. Previously, Dr. Jonas served as the Director of the Office of Alternative Medicine

for the National Center for Complementary and Alternative Medicine at the National Institutes of Health. Prior to that, he served as the Director of the World Health Organization Collaborating Center for Traditional Medicine. He has authored and co-authored numerous publications on alternative and homeopathic treatment and care. Some of his current research includes projects in environmental toxicology, neurotoxicology, stroke, and biofield healing. Dr. Jonas received a B.A. from Davidson College and a M.D. from Bowman Gray School of Medicine.

Dr. Dean Ornish, of Sausalito, CA, is the founder, president, and director of the non-profit Preventive Medicine Research Institute. He is Clinical Professor of Medicine at the University of California, San Francisco, and a founder of the Osher Center for Integrative Medicine there. He was the first to prove that heart disease is reversible by changing diet and lifestyle. He has published many books and academic papers and has received numerous awards in recognition of his work. Dr. Ornish received a B.A. from the University of Texas and completed his medical training at the Baylor College of Medicine in Houston, Harvard Medical School, and the Massachusetts General hospital. He was a clinical fellow in medicine at the Harvard Medical School. Dr. Ornish was recognized by Life magazine as "one of the 50 most influential members of his generation."

Dr. Conchita M. Paz, of Las Cruces, NM, has maintained a private practice, in which she specializes in family medicine, for ten years. Currently, she serves as a part-time faculty member at the University of New Mexico School of Medicine and at the Southern New Mexico Family Practice Residency Program. She was Chairperson of the Family Practice Department and serves on a number of committees at Memorial Medical Center. Dr. Paz received her B.S. and M.D. degrees from the University of New Mexico.

Mr. Buford L. Rolin, of Atmore, AL, has been the Health Administrator for the Poarch Band of Creek Indians since 1984. He is a member of the State of Alabama Public Health Advisory Board and a member of the Board of Directors of the Creek Indian Heritage Memorial Association. Mr. Rolin is currently the Chairman of the Creek Indian Arts Council. He is the former Chairman of the National Indian Health Board, and he still serves as a member of the Executive Committee and as a Member-At-Large. He has received several awards from the National Indian Health Board, and he has also received a Lifetime Achievement Award from the Poarch Band of Creek Indians. Mr. Rolin attended the Health Services Administrators Development Program at the School of Community and Allied Health of the University of Alabama and Pensacola Junior College.

Ms. Julia Scott, of Washington, DC, is President of the National Black Women's Health Project (NBWHP), a national membership organization that focuses on wellness, self-help, and health advocacy. Previously, she was Director of the Public Policy and Education Office of NBWHP. Ms. Scott was Special Assistant to the President and Coordinator of the Adolescent Pregnancy Child Watch at the Children's Defense Fund. She has directed and administered to several foundations and community health agencies and has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

Mr. Thomas Chappell, of Kennebunk, ME, is the co-founder and CEO of Tom's of Maine, which he co-founded with his wife Kate in 1970. It is a company that produces innovative, natural personal products and natural wellness products in a caring and creative work environment. Mr. Chappell is founder and CEO of the Saltwater Institute, a learning institute of leaders seeking to integrate their values into their personal and professional lives. He is active in many philanthropic organizations, among them an Advisory Council member for the Center for Study of Values in Public Life at Harvard Divinity School, Harvard Divinity School Dean's Council, and a Board Member of the Nature Conservancy of Maine. He has written two books, The Soul of a Business and Managing Upside Down. Mr. Chappell received his B.A. from Trinity College and his Master's in Theology from the Harvard Divinity School.

Dr. Effie Poy Yew Chow, of San Francisco, CA, is the founder of the East West Academy of Healing Arts in 1973 and, more recently, The EWAHA Qigong Institute, the American Qigong Association, and the World Qigong Federation. She is the recipient of over twenty awards including "The Humanitarian of the Year 1999" and the "Visionary of the Decade 2000" awards. She has been the only Qigong Grandmaster and acupuncturist involved in the development of national health policies within DHHS. She was also involved in the first Ad Hoc Advisory Panel of the Office of Alternative Medicine at NIH. She has made over two hundred and fifty media appearances and interviews in the area of complementary and alternative medicine. Dr. Chow received her training in Traditional Chinese Medicine and Qigong in China, Hong Kong, Taiwan, Canada, and the United States. She is a registered public health and psychiatric nurse and has received a Master's degree and a Ph.D.

The White House Commission on Complementary and Alternative Medicine Policy shall provide a report, through the Secretary of Health and Human Services, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

30-30-30

DRAFT SPEAKER SCHEDULE FOR TOWN HALL MEETING

	Monday	
Time	Topic	Speaker
8:30 AM		
8:40		
8:45		
8:50		
8:55		
9:00	I. Welcome/WHC	Gordon, Groft et al.
9:05	II. Introduce Dignitaries	Gordon
9:10	Welcome/KC2010 and other "welcomers"	Fimia, Pullen
9:15	Continue intros and welcomes	
9:20	Continue intros and welcomes	
9:25	III. Key Messages (15 minutes)	Pizzorno 7.5
9:30		Pizzorno 7.5
9:35		Pizzorno
9:40	IV-Lead Speaker, NW Region/Unique Environment	Lyons 5/5
9:45		Lyons
9:50	IV-A-1. Native Amer & traditional medicines	Finkbonner
9:55	IV-A-2. Asian-Pacific Islander	Wong
10:00	IV-A-3. DHHS Contract	Lewis
10:10	IV-A-4. Northwest Collaboration for Comm Health	Ziegler
10:20	Overview of IV-B, which is scheduled later; and IV-B-2. Every category of provider law (10 mins.)	Deborah Senn
10:25		Senn
10:30	IV-C-1. Establishment of Nat Med Clinic at Kent CHC	Pullen
10:35	IV-C-2. KC public health initiatives	Nickels/Plough

Tuesday	
Topic	Speaker
Brief Welcome/ WHC and Dignitary Introductions	WHC/Gordon
Brief welcome/ KC IHC 2010	Pullen/Fimia
VI-D-2-a. Reimbursement and Ayurvedic med; VII-C-2 funding for training	Shangbhag
VI-D-2-b. Reimbursement and chelation; VII-C-2 funding for training	ACAM (need a local representative)
VI-D-2-c. Reimbursement and herbal medicine; VII-C-2 funding for training	Khalsa
VI-D-2-d. Reimbursement and homeopathy; VII-C-2 funding for training	King or Jacobs
VI-D-2-e. Reimbursement and spiritual counseling; VII-C-2 funding for training	Bezy
VI-D-2-a Reimbursement and other emerging disciplines; VII-C-2 funding for training	Relationship-centered care - McGill/Fetzer Inst.
VII-Lead Speaker, Education, Training and Certification (10 mins.)	Shepherd
	Shepherd
VII-A. Uniform standards	Levin
VII-A-1. Effective regulatory models	Zimmerman
VII-A-2. Regulation and emerging professions	Mitchell
VII-A-3. National certification models	Myers-Cieko
VII-A-4. National board exams	Moore
VII-B-1. Standards information dissemination	? ~~Weeks videotape~~; ? Trachtenberg
VII-B-2. Referral and co-management training	Alschuler
VII-B-3. Herb-drug-nutrient interactions	Novack
VII-B-4. Educating conventional providers about CAM. VII-C-1-a. Training funds. VII-C-3 Level playing field.	Shook
VII-B-5. Cross-disciplinary training	Forquera
Open Mike	

DHHS, KING STATE/COUNTY STATE MEDICAL SOCIETY

State Hospitals

Press Release

Mark Steine

Bill Hall

Seattle Times

TV

Word out to Folks

Evening Mtg

Hospitals

Preserve Availability

DRAFT SPEAKER SCHEDULE FOR TOWN HALL MEETING

	Monday		Tuesday	
Time	Topic	Speaker	Topic	Speaker
10:40	IV-C-3. KCC Support Resolution	Fimia		
10:45	IV-C-4. Community Health Centers of King County	Trompeter	Break	
10:50	IV-D-1. KC Nat Med Clinic Provider Group	Featherstone		
10:55	IV-D-2. Clinician Work Group/OIC	Bielinski		
11:00	IV-D-3. Building Bridges	Snider		
11:05	V-Lead Speaker, Research, include V-A-3, V-B-1-b (10 minutes)	Standish	VII-C-1-c. Funding for massage training	Brenneke
11:10		Standish	VII-C-1-d. Funding for midwifery training; and VII-C-3. CAM Health Ctrs of Excellence	Martin
11:15	V-A. Expand research environment	J Bland	VII-C-1-e. Funding for naturopathic medicine training; and VII-C-3. CAM Health Ctrs of Excellence	Daley
11:20	V-A-1. Whole systems; V-A-3 Emerging therapies; and V-B-1-e. Health services research	Hammerschlag	VII-D. Performance standards overview	Stretch
11:25	V-A-2. Research infrastr. at CAM schools; V-A-3/C-3. Joint research planning; VII-C-1-b. Funding for training; VII-C-3 Level playing field.	Dallas	VII-D-1. Practice guidelines	Booker (nat med); Taylor (midwifery); McMillian (chiropractic); Rosen (massage)
11:30	V-A-4. Research CAM professions/PCPs, etc.	Mootz	Practice guidelines continued	
11:35	V-B Incentives, V-C-1-a,b. Level playing field, and V-C-2. Use of CAM experts	Jensen	Practice guidelines continued	
11:40	V-B-1-a. Joint research; consortium models	Taylor or Richards	VII-D-2. Strengthening accountability in an imperfect world	Quinn
11:45	V-B-1-d. Research/data and pilot projects; V-C-2. Use of CAM experts; V-C-3 Joint research planning	Cherkin ~~Vickstape~~ (?)	VII-D-3. Alternatives to a utility model...market forces...govt regulation	Matteson
11:50	V-B-1-e. Applied research and effectiveness studies	Kestin	VIII. Information Delivery to Public and Professionals	Cather
11:55	V-B-1-f. Product quality/Canadian model	Saunders	VIII-A. Making information more accessible	Fields
12:00	V-B-2-b. Payer database studies	Lafferty	VIII-A-1. Internet	Lininger
12:05	V-C-4. Reorient focus of CAM research	Hudson or MacIntosh	VIII-A-2. Adverse events and positive outcomes reporting	Stargrove
12:10	**Open Mike**		VIII-B. Consumer information	Flye
12:15			VIII-B-1-a/b. Product quality and efficacy information	still seeking patients/consumers as speakers
12:20			VIII-B-1-c. Product interactions and side effects information	still seeking patients/consumers as speakers
12:25			VIII-B-1. Selecting qualified practitioners	still seeking patients/consumers as speakers

DRAFT SPEAKER SCHEDULE FOR TOWN HALL MEETING

	Monday	
Time	Topic	Speaker
12:30	**Lunch**	
12:35		
12:40		
12:45		
12:50		
12:55		
1:00 PM		
1:05 AM		
1:10		
1:15		
1:20		
1:25		
1:30	VI-Lead	Leet
1:35	VI-A-2. Uniform licensure, regulation, public safety	Labriola
1:40	VI-A-3-a. Patient presentations on access, delivery of care, reimbursement, etc.	Koopman
1:45	VI-A-3-b. Underserved/uninsured	Patients from community health centers
1:50	VI-A-3-c. Health-related vs. disease-related coverage	Bomonti
1:55	VI-A-3-d. Special-needs populations	Patients from community health centers
2:00	...leaving time for multiple	
2:05	presentations of VI-A-3	
2:10	VI-A-4. Payer perspectives	Scott
2:15	VI-B. Improving access to CAM practices	Patton
2:20	VI-B-1-a,b,c. Strengthening accountability	Goldblatt
2:25	VI-B-1-d. National certification boards VII-A-3. National standards.	Myers-Cieko
2:30	VI-B-2. Regulatory accountability	Haegar
2:35	VI-B-3-a,b,c. Improving service to underserved	Bastyr and OCOM students (Simon, Chinnock, LePisto + 1-2 others)
2:40		Students continued
2:45		Students continued
2:50	VI-B-3-d. CAM in minority health concerns	Trompeter will find appropriate speaker
2:55	VI-B-4-a,b,c-I. Strategies for expanding integrated care in community clinics	Breed
3:00	VI-B-4-c-ii. Integrated clinics: Bastyr (training model)	Guiltinan
3:05	VI-B-4-c-iii. Integrated clinics: Seattle Healing Arts (private model)	Vega
3:10	VI-B-4-c-iv. Integrated clinics: Colville Clinic (private model)	Hatfield

Tuesday	
Topic	Speaker
VIII-B-3. Expectations for patients in co-management and referrals	still seeking patients/consumers as speakers
VIII-B-4. CAM and mental health	Weeks, B./Well Mind Association
VIII-C-1,2,3. Information to providers.	Wright, Jonathan (videotape)
VIII-C-4. Opposition view	Huson
...catch-up time; room for	
other speakers...	
Open Mike	
Session Ends	

DRAFT SPEAKER SCHEDULE FOR TOWN HALL MEETING

	Monday		Tuesday	
Time	Topic	Speaker	Topic	Speaker
3:15	VI-B-4-c-v. CTCA (cancer care model)	Reilly		
3:20	VI-B-4-c-vi. Integrated Birth Center (birth model)	Shelly		
3:25	VI-B-4-d. Hospitals - Harborview	Barnhart		
3:30	**Afternoon Break**			
3:35				
3:40				
3:45	VI-B-4-d. Hospitals - Evergreen	Kliger		
3:50	VI-B-4-d. Hospitals - Children's	Molteni		
3:55	VI-B-4-d. Hospitals - Swedish	Ornish Program		
4:00	VI-D-1-a. Reimbursement and acupuncture	Courtney		
4:10	VI-D-1-b. Reimbursement and chiropractic	Vlasuk		
4:20	VI-D-1-c. Reimbursement and massage	Thompson/LeBrun		
4:30	VI-D-1-d. Reimbursement and midwifery	Doyle		
4:35	VI-D-1-e. Reimbursement and naturopathic medicine	Milliman		
4:40	Catch-up space			
4:45	VI-D-3. Public perspective on reimbursement	Fredin		
4:50	IV-B-1. WA Health Care Reform; HPRP	Sloma		
4:55	IV-B-3. Licensing/regulation of CAM-WA	Nicoloff		
5:00	IV-B-4. CAM and student loan reimbursement-WA	McVay		
5:05	IV-B-5. WA Health Care Authority	Whitten		
5:10	**Open Mike**			
5:15				
5:20				
5:25				
5:30				
5:35				
5:40				
5:45				
5:50				
5:55				
6:00	**Session Ends**			

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[Federal Register: October 19, 2000 (Volume 65, Number 203)]
[Notices]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

White House Commission on Complementary and Alternative Medicine
Policy; Notice of Meeting

Notice is hereby given that the White House Commission on Complementary and Alternative Medicine Policy will convene the second Town Hall Meeting. Additional Town Hall meetings are anticipated at future dates and other locations. The purpose of the meeting is to convene the Commission for a public hearing to receive public testimony from individuals and organizations interested in the subject of federal policy regarding complementary and alternative medicine. Comments received at the meeting may be used by the Commission to prepare the report to the President as required by the Executive Order.

Comments should focus on the four areas that follow. Questions for consideration include, but are not limited to those presented below. For each question, please consider including in your response concerns, possible obstacles, existing programs, and suggested solutions to guide the Commission in their deliberations.

I. Coordinated Research and Development to Increase Knowledge of Complementary and Alternative Medicine Practices and Interventions

(A) What can be done to expand the current research environment so that practices and interventions that lie outside conventional science are adequately and appropriately addressed?
(B) What types of incentives are needed to stimulate the research of CAM practices and interventions by the public and private sectors?
(C) How can we more effectively integrate the CAM and conventional research communities to stimulate and coordinate research?

II. Guidance for Access to, Delivery of, and Reimbursement for Complementary and Alternative Medicine Practices and Interventions

(A) Do you have ready access to CAM practices and interventions?
(B) How can access to safe and effective CAM practices and interventions be improved?
(C) What types of CAM practices and interventions should be reimbursable through federal programs or other health care coverage systems?

White House Commission on Complementary and Alternative Medicine Policy

A Note to Commissioners

Welcome to Seattle!

Your briefing folder includes three items:

- This cover letter, which provides you with a simple itinerary and other important information on our visit.
- The Agenda-At-A-Glance, providing you with an overview of the schedule for both meeting days. Please note that 111 speakers have pre-registered to provide oral statements, leaving us with a very packed and exciting agenda!
- Your personal Speakers' Roster, including space for you to note down comments and questions for each panel.

ITINERARY:
There are three segments to this visit: The Town Hall Meeting; an independently hosted reception; and three simultaneous site visits of integrated clinics.

Sunday, 6:30 pm	No Host Dinner. If you are interested in joining some of the Seattle "locals" who have helped us to organize this event, please meet us in the lobby of the Crowne Plaza by 6:00 p.m. We will go over to the restaurant for dinner at 6:30. I am told it is one of the city's favorite seafood houses.
Monday, 8:15 am	Please meet in the hotel lobby and we will walk over to the meeting site, which is 2-3 blocks away. Breakfast will be available on-site.
9:00 am	Meeting is convened. Dr. Gordon will introduce you; feel free to make VERY brief (1 minute) comments if you wish. Opening remarks from Seattle leaders will follow. Public testimony begins at 9:40 am and concludes by 6:00 pm
6:30 pm	Please meet in the hotel lobby NO LATER THAN 6:30 pm to drive over to the reception together. If the meeting runs over, we will return to the hotel but depart immediately.

Tuesday, 7:45 am	Staff will walk meet in the lobby and walk over together; you are welcome arrive more leisurely–but promptly! Breakfast will be available on-site and the meeting begins promptly at 8:30 am
8:30 am	Meeting is convened at 8:30 am and concludes by 2:00 pm
3:00 pm	Please meet in the hotel lobby NO LATER THAN 3:00 pm to cathc your ride to your site visit. If the meeting runs over, we will return to the hotel but depart immediately.
3:30 – 5:30 pm	Site visits. Please let Michele Chang know your first and second choices for site visits by lunchtime Monday. We will try to accommodate your first choice, but will want to cover all 3 sites evenly.
6:45 pm	For any Commissioners and staff remaining in Seattle, who may be interested in sharing dinner, meet in the lobby at 6:45 pm

TOWN HALL MEETING FORMAT:
The speakers are roughly clustered so that members of each 4-5 person panel will address similar or related issues. Each speaker has been allotted3 minutes to make an oral statement; most also will bring a written copy for you to follow as they speak.

There will be an 8-minute Q & A session following each panel. *Please refrain from making statements of any kind; limit yourself to short, focused questions.* We are anticipating that many more people than are listed here will register to speak on-site; we would like to accommodate them if time allows. Thank you for your help to keep us on schedule!

MONDAY EVENING RECEPTION:
The reception is sponsored jointly by Basytr and the King County 2010 Council. This will be an opportunity for you to socialize informally with members of the Seattle CAM community, including many of the speakers participating in these proceedings. We hope that you will attend; please let me know if you are planning NOT to attend.

SITE VISITS: ***(please choose a 1st and 2nd choice by lunch on Monday)***
At your request and interest, three simultaneous site visits have been arranged and scheduled from approximately 3:30 p.m.– 5:30 p.m. on Tuesday, after the Town Hall Meeting has adjourned. All these sites represent examples of integrated (CAM/conventional) health care services, with differences mostly in patient demographics.

(1) King County Community Health Centers delivers integrated care primarily to the poor and uninsured. 97% of the patients seen here are below the poverty line.

(2) Country Doc delivers integrated care at the community level; the majority of its

patients are HIV-positive.

(3) Baystr Natural Health Clinic is a teaching clinic and serves a primarily student population.

The basic format that has been suggested to our hosts is:

Tour of Facilities (15-20 minutes)

Discussion with Clients/Patients to understand how the clinic has impacted their healthcare, what barriers and obstacles they have faced in trying to get care (generally speaking), and what suggestions they might have to improve the access and availability of the healthcare that they want and need. (20-30 minutes)

Discussion with Operations Staff and Practitioners to understand the challenges faced in running the clinic, both operational and practice-based, and what suggestions they might have to improve their ability to provide the care, and access greater numbers of patients/clients. (20-30 minutes)

In closing.....

We are delighted to have you with us for this Town Hall Meeting, especially our three newly appointed members! Please feel free to call my cell phone if you have any questions: **301-646-5045** or leave me or Doris Kingsbury a message at the hotel front desk.

Michele M. Chang, CMT, MPH
Executive Secretary

CINDY FARRICKER, MS, RD

NUTRITION THERAPY ❖ Cardiovascular Disease, Diabetes, Oncology
NUTRITION COUNSELING ❖ Weight Issues, Wellness, Sports & Fitness

Called Parkinson's
Walk DC

Suite 224 Arbor Building
1621 - 114th Avenue SE
Bellevue, WA 98004

(425) 466-4373
eatsmart@earthlink.net

EVIDENCE MOUNTS ON THE EFFECTIVENESS OF MEDICAL NUTRITION THERAPY

IOM urges Medicare coverage of nutrition therapy

The Institute of Medicine of the National Academy of Sciences has recommended that medical nutrition therapy – with physician referral – be a covered benefit under the Medicare program. The IOM report, *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*, was requested by Congress in the Balanced Budget Act of 1997. The study found that nutrition therapy has been shown to be effective in the management and treatment of many chronic conditions which affect Medicare beneficiaries, including dyslipidemia, hypertension, heart failure, diabetes and chronic renal insufficiency. Medicare beneficiaries undergoing cancer treatment may also benefit from nutrition therapy aimed at controlling side effects or improving food intake. (National Academy Press, December 15, 1999, http://www.nap.edu)

Nutritional assessment reduces hospital

Screening programs designed to assess the nutritional status of patients not only decrease the likelihood of complications in hospitalized patients but also decrease hospital costs, according to data presented in July 1999 at the American Association for Clinical Chemistry annual meeting. The Leonard J. Chabert Medical Center in Houma, LA, reduced readmission rates by four percent and reduced costs by approximately $6 million during the first year of a nutritional assessment program. The John T. Mather Memorial Hospital in Port Jefferson, NY, found that more half of the 350 patients entering the facility's emergency room were malnourished, with 30 percent showing improvement after nutrition therapy. Study directors recommend a multidisciplinary nutrition support team approach once the patients' nutritional needs are established. (Reuters Health Information, July 28, 1999)

Aggressive therapy benefits diabetic patients

The New England Journal of Medicine in February 2000 reports that a study found long-lasting benefits from an aggressive treatment of diabetes, including daily insulin injections, frequent blood glucose monitoring, diet and exercise. The study found that after four years, patients who were treated aggressively, had a significantly lower risk of vision complications and saw the risk of kidney complications nearly cut in half. (*New England Journal of Medicine*, February 10, 2000)

RD intervention improves lipid values, saves medication cost for hyperlipidemia

Individualized dietitian intervention with patients diagnosed with hyperlipidemia can be effective in lowering lipid levels and saving costs of antihyperlipidemic medications, according to a study reported in the February 2000 issue of *The Journal of The American Dietetic Association*. After an average of three dietitian intervention visits of one hour each over an 8-week period, 50 percent fewer patients required antihyperlipidemic medications. The study found that for each dollar spent on nutrition therapy, $3.03 was saved through averted statin therapy, with a net cost benefit of $638.35 per patient. (*Journal of the American Dietetic Association*, February 2000)

THE COST OF MEDICAL NUTRITION THERAPY COVERAGE

Institute of Medicine

In a December 1999 study, the Institute of Medicine of the National Academy of Sciences estimates that the cost of providing nutrition therapy for all diagnoses (physician referral required) for a five-year period, 2000 to 2004, would be $1.43 billion. For low utilization the estimated cost is $873 million while the high utilization estimated cost is $2.63 billion. Some of these costs will be passed on to Medicare beneficiaries through associated premium increases. Initial estimates indicate that savings could range from $52 to 168 million for hypertension, $132 to 330 million for diabetes and $54 to 164 million for dyslipidemia. IOM recommends that these services be reimbursed given the reasonable evidence of improved patient outcomes associated with nutrition care, whether or not expanded coverage reduces overall Medicare expenditures. The study was conducted in response to the Balanced Budget Act of 1997.

The Lewin Group

A study conducted in 1997 for The American Dietetic Association by The Lewin Group estimates net seven-year costs for coverage of medical nutrition therapy for all Medicare beneficiaries of $370 million. Savings from decreased hospitalizations and physician visits would be $1.2 billion from patients with diabetes and cardiovascular disease only. After the third year, savings were projected to exceed costs in each year. The study looked at the experience of Group Health of Puget Sound, which provided nutrition therapy based on self-referral.

Department of Defense

A study completed last year by The Lewin Group for the Department of Defense estimates annual net savings of $3.1 million if medical nutrition therapy was included as a covered benefit in the TRICARE contracts (care provided to DOD beneficiaries of all ages by civilian health care organizations). The study showed that MNT is associated with a substantial reduction in health care spending for inpatient and outpatient services for persons with diabetes, cardiovascular disease, and/or renal disease. Cost of providing MNT for all nutrition-related diagnoses would be more than offset by reductions in health care spending for diabetes, cardiovascular disease and renal disease.

Oxford Health Plans

Following a successful pilot program in Brooklyn, NY, in which the health plan realized a tenfold return on investment, Oxford Health Plans has broadened its nutrition program for at-risk elderly patients to all 160,000 Medicare members in New York, New Jersey, Connecticut, and eastern Pennsylvania. Oxford reports that for every dollar spent, it recognized $10 in savings.

The Congressional Budget Office

Congressional supporters of legislation to provide Medicare coverage of medical nutrition therapy first requested a score from the Congressional Budget Office in 1996. Despite numerous repeated requests from a growing number of Members of Congress, CBO has not provided official estimates of the costs of medical nutrition therapy.

INSTITUTE OF MEDICINE URGES MEDICARE COVERAGE OF NUTRITION THERAPY

In a study released on December 15, 1999, the National Academy of Sciences Institute of Medicine has recommended that medical nutrition therapy – with physician referral – be a covered benefit under the Medicare program. The IOM report, ***The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population***, was requested by Congress in the Balanced Budget Act of 1997. Highlights of the study include:

- Nutrition therapy has been shown to be effective in the management and treatment of many chronic conditions which affect Medicare beneficiaries, including dyslipidemia, hypertension, heart failure, diabetes and chronic renal insufficiency. Medicare beneficiaries undergoing cancer treatment may also benefit from nutrition therapy aimed at controlling side effects or improving food intake.

- Nutrition counseling is best conducted outside the hospital setting. Currently, coverage for nutrition therapy in ambulatory settings is at best inconsistent, but most often, non-existent.

- Because of the comparatively low treatment costs and ancillary benefits associated with nutrition therapy, expanded coverage will improve the quality of care and is likely to be a valuable and efficient use of Medicare resources. Expanded coverage is likely to generate economically significant benefits to beneficiaries, and in the short term to the Medicare program itself, through reduced health care expenditures.

- The estimated cost of providing nutrition therapy for all diagnoses (physician referral required) for a five-year period, 2000 to 2004, is $1.43 billion. For low-utilization the estimated cost is $873 million while the high utilization estimated cost is $2.63 billion. Some of these costs will be passed on to Medicare beneficiaries through associated premium increases. Initial estimates indicate that savings could range from $52-168 million for hypertension, $132-330 million for diabetes or $54-164 million for dyslipidemia.

- Whether or not expanded coverage reduces overall Medicare expenditures, the committee recommends that these services be reimbursed given the reasonable evidence of improved patient outcomes associated with nutrition care.

- Two levels of nutrition services were identified. Nutrition therapy, which IOM recommended for Medicare coverage, includes the assessment of nutritional status, evaluation of nutritional needs, intervention that ranges from counseling on diet prescriptions to the provision of enteral and parenteral nutrition, and follow-up care as appropriate. Basic nutrition education or advice, which is generally brief, informal, and typically not the focal reason for the health care encounter, was not recommended for Medicare coverage.

- The registered dietitian is currently the single identifiable group with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy.

Legislation is currently pending in the 106th Congress that would provide coverage of medical nutrition therapy under Medicare Part B. The Medicare Medical Nutrition Therapy Act of 1999 (H.R. 1187/S. 660) has received bipartisan support of a majority of the House of Representatives and one-quarter of the Senate in the past two Congresses. Congress should take action now to enact legislation which will provide coverage of medical nutrition therapy provided by registered dietitians.

For additional information, call The American Dietetic Association at 202/371-0500.

FOR IMMEDIATE RELEASE

CONTACT:
Danielle Devine
King County Integrated Health Care 2010
(206) 296-0325
danielle.devine@metrokc.gov

King County Integrated Health Care 2010 Announces White House Commission on Complementary and Alternative Medicine Policy, Town Hall Meeting

SEATTLE, WA – October 23, 2000 – King County Integrated Health Care 2010, a coordinated vision and innovative strategic plan for the integration of complementary and alternative medicine (CAM) with conventional health care delivery in King County with the goal of improving the health of King County residents, is pleased to announce the White House Commission on Complementary and Alternative Medicine Policy, Seattle Town Hall Meeting, October 30-31 at The Town Hall, 1119 Eighth Avenue, Seattle.

The purpose of the Town Hall Meeting is to convene the White House Commission for a public hearing and to begin receiving public testimony from individuals and organizations interested in the subject of federal policy regarding complementary and alternative medicine.

President Clinton established the White House Commission on Complementary and Alternative Medicine Policy on March 7, 2000 by Executive Order 13147. The mission of the White House Commission on Complementary and Alternative Medicine Policy is to provide a report by 2002, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to all Americans.

The Town Hall Meeting is open to the public and all are encouraged to attend. Monday's meeting will be held from 9:00 a.m. to 6:00 p.m. and Tuesday's meeting will be from 8:30 a.m. to 2:00 p.m. There will be over two hours of open microphone time for the public to address the Commissioners. The agenda will also include formal testimony by experts in local, state and regional government, public health, CAM and conventional providers, CAM schools and consumers.

Metropolitan King County and the Puget Sound region have a national reputation for health care reform. The Northwest region enjoys national visibility for education, leadership, clinical services, and research in CAM medicine, placing King County in a unique position to help initiate and facilitate changes in national policy related to complementary and alternative medicine.

Please contact Danielle Devine, (206) 296-0325, for more information.

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ANNOUNCEMENT

White House Commission on Complementary and Alternative Medicine Policy Town Hall Meeting October 30-31st, 2000 in Seattle, WA

The **White House Commission on Complementary and Alternative Medicine Policy** is sponsoring a town meeting on complementary and alternative medicine (CAM) practices and products. Members of the community are invited to present comments and suggestions to the Commission about the coordination of CAM research, information dissemination, access to and delivery of CAM practices and products, and training and education of CAM practitioners and other health care providers.

NOTE: The event is free and space is limited on a first come, first serve basis. **Registration to speak must be received by October 23rd, 2000.**

WHEN AND WHERE:

Monday, October 30, 10:00 a.m. – 7:00 p.m.
Tuesday, October 31, 8:30 a.m. – 2:00 p.m. at the
Town Hall, Seattle/ The Great Hall
1119 Eighth Avenue
Seattle, WA (206-652-4255)

HOW TO REGISTER: (DEADLINE IS OCTOBER 23rd!)

Call 1-800-953-3298 or register on-line at https://safe2.sba.com/whccamp/index.cfm. To contact the Commission, e-mail us at whccamp@od.nih.gov or call 301-435-7592.

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Annotated Agenda

Divider Title: _____

White House Commission on Complementary and Alternative Medicine Policy

TOWN HALL MEETING
OCTOBER 30-31, 2000

SEATTLE TOWN HALL
1119 Eighth Avenue, Seattle, Washington

AGENDA AT-A-GLANCE

8:30 a .m. – 9:00 a.m. Pre-registrant Check-in and On-site Registration

9:00 a.m. **Welcome and Introductions**

Stephen C. Groft, Pharm.D.
Executive Director
White House Commission on Complementary and Alternative Medicine Policy

Commissioners:

The Honorable James Gordon
Chair and Moderator

The Honorable Tom Chappell
The Honorable Effie Poy Yew Chow
The Honorable Joseph Fins
The Honorable Tieraona Low Dog
The Honorable Linnea Larson
The Honorable Veronica Gutierrez
The Honorable Xiaoming Tian

9:15 a.m. **Opening Remarks**

Richard C. Kelley, PhD.
Regional Director, Department of Health and Human Services, Region X

Robert Harkins
Office of the Insurance Commissioner

King County Council
Maggi Fimia and Kent Pullen

Joseph Pizzorno, ND
Expert Health Systems

9:40 a.m. – 11: 15 a.m.	Speakers 1- 17
11:15 – 11:30 a.m.	BREAK: 15 minutes
11:30 a.m. – 12:15 p.m.	Speaker 18 – 25
12:15 p.m. – 1:15 p.m.	LUNCH BREAK
1:15 p.m. – 3:45 p.m.	Speakers 26 – 53
3:35 – 4:05 p.m.	BREAK: 15 minutes
4:05 p.m. – 6:00 p.m.	Speakers 54 – 75
6:00 p.m. ADJOURN	

Tuesday, October 31

7:00 a.m. – 8:30: a.m.	Pre-registrant Check-in and On-site Registration
8:30 a.m.	Welcome and Opening Remarks Stephen C. Groft, Pharm.D. The Honorable James Gordon
8:45 a.m. – 10:10 a.m.	Speakers 76 – 91
10:10 – 10:25 a.m.	BREAK: 15 MINUTES
10:25 a.m. – 12:00 p.m.	Speakers 92 – 107
12:00 – 12:45 p.m.	LUNCH BREAK (45 minutes)
12:45 p.m. – 1:15 p.m.	Speakers 108- 111
1:15 p.m. – 2:00 p.m.	Walk-in (On-site Registrants in the order received and at the discretion of the Chair)
2:00 p.m. ADJOURN	

- INTRODUCE THE FOLLOWING SPEAKERS WHO WILL HELP US SET THE STAGE FOR TODAY:

9:15 a.m.
(25 min)

Opening Remarks

Richard C. Kelley, PhD.
Regional Director, Department of Health and Human Services, Region X

Robert Harkins
Office of the Insurance Commissioner

King County Council
Maggi Fimia and Kent Pullen

Joseph Pizzorno, ND
Expert Health Systems

9:40 a.m. [CONVENE – 11: 15 a.m. [FIRST BREAK] **Speakers (in order of appearance; 3-minute statements)**

[9:40]

1. Richard Lyons, MD, MPH
   Regional Health Administrator, US Public Health Service, Region X
2. Dorothy Wong
   International Community Health Centers
3. Gail Zimmerman
   Health Professions/Quality Assurance, WA Department of Health
4. Henry Ziegler, MD, MPH
5. Kathy Abascal, BS, JD
   Botanical Medicine Academy

QUESTIONS FROM COMMISSIONERS

[10:07]

6. Lori Bielinski, LMP
   Office of the Insurance Commissioner (WA)
7. Kent Pullen
   King County Council, District 9
8. Alonzo Plough, MD
   Seattle-King County Health Department
9. Maggi Fimia
   King County Council, District 1

QUESTIONS FROM COMMISSIONERS

[10:27]
10. Tom Trompeter
Community Health Centers of King County

11. Judy Featherstone, MD
Kent Community Health Center

12. Kathy Lynn Boulanger
Washington Reflexology Association

13. Pamela Snider, ND
Bastyr University

QUESTIONS FROM COMMISSIONERS

[10:49]
14. Leanna Standish, PhD, ND
Bastyr University

15. Jeffrey Bland, PhD
Institute for Functional Medicine

16. Richard Hammerschlag, PhD
Oregon College of Oriental Medicine

17. William Dallas, DC
Western States Chiropractic College

QUESTIONS FROM COMMISSIONERS

BREAK: 15 minutes

11:30 a.m. [RECONVENE] – 12:15 p.m.[LUNCH BREAK]

[11:30]
18. Robert D. Mootz, DC
Washington State Labor & Industries

19. Clyde Jensen, PhD
National College of Natural Medicine

20. Jim Taylor, MD
University of Washington

21. Karen Sherman, PhD
Northwest Institute of Acupuncture and Oriental Medicine

QUESTIONS FROM COMMISSIONERS

[11:50]
22. Suzzanne Myer, MS, RD

Bastyr University

23. Jacqueline Obando, DVM
MercyVet PLLC

24. William E. Lafferty, MD
University of Washington

25. Charles Simpson, DC
Complementary Healthcare Plans, Inc.

QUESTIONS FROM COMMISSIONERS

LUNCH BREAK: 12:15 p.m. – 1:15 p.m.

1:15 p.m. [RECONVENE] – 3:45 p.m.[First Break]

[1:15]

26. Arlene M. Darby
Citizens for Alternative Health Care

27. Nicole Ellis

28. Rose Eng-Lum, NMN
Dai Wai Association

29. Bruce Milliman, ND
WA Association of Naturopathic Physicians

QUESTIONS FROM COMMISSIONERS

[1:35]

30. Jayne Leet
Birdsong Ranch

31. Daniel J. Labriola, ND
WA State Department of Health (Consultant)

32. Gay Koopman

33. Kathy McVay
WA State Professional Loan Repayment & Scholarship Program

QUESTIONS FROM COMMISSIONERS

[1:57]

34. Fred Bomonti, DC
WA State Chiropractic Association

35. Laurence M. DeShields
Community Health Center (Board Member)

36. Tracy Turner

37. John Stephen Huber, DC
Highline Community College

QUESTIONS FROM COMMISSIONERS

[2:17]
38. M. Jacobson, MPH, MHRN, LLC

39. Laura Patton, MD
Group Health Cooperative of Puget Sound

40. Elizabeth Goldblatt, MPH/PA, PhD
Commission on Colleges, A/OM Accrediting Agency

41. JoAnne Myers-Ciecko, MPH
Seattle Midwifery School

QUESTIONS FROM COMMISSIONERS

[2:37]
42. Susan Haeger
Citizens for Health (National)

43. Michelle Simon

44. Julie Chinnock

45. Chris LePisto

Students at Bastyr

QUESTIONS FROM COMMISSIONERS

[2:57]
46. Don Taylor

47. Cindy Breed, ND
Community Health Centers of King County

48. Jane Guiltinan, ND
Natural Medicine Clinic, Bastyr University

49. Fernando Vega, MD
Seattle Healing Arts Clinic

QUESTIONS FROM COMMISSIONERS

50. Judith Aileen Kaufman
Emerald City Healing Arts

51. Stan Lippmann, PhD, JD
Natural Medicine Party

52. Valerie Sasson, LM
Puget Sound Birth Center

53. Scott Barnhart, MD, MPH
Harborview Medical Center, University of Washington

QUESTIONS FROM COMMISSIONERS

BREAK: 15 minutes

4:05 p.m. [RECONVENE] – 6:00 p.m. [ADJOURN]

[4:05]
54. Leah Kliger, MD
Evergreen Community Health Center

55. Brenda Loew, MRP
Japanese Acupuncture Center

56. Robert A. May, ND
Alternare Health Services

57. Terry Courtney, LAc
Bastyr University

QUESTIONS FROM COMMISSIONERS

[4:25]
58. Sue Vlasuk, DC
DABCO

59. Diana Thompson, LMT

60. Houston LeBrun, LMT
American Massage Therapy Association-WA Chapter

61. Heike Doyle, LM
Puget Sound Midwives & Birth Center

QUESTIONS FROM COMMISSIONERS

[4:45]
62. Upledger Institute

63. Jerri Fredin
Citizens for Alternative Healthcare

64. Don Sloma

65. Robert Nicoloff
WA State Department of Health

QUESTIONS FROM COMMISSIONERS

[5:05]

66. Richard Whitten, MD
Washington Health Care Authority

67. Andrew John Brunskill, MD
Uniform Medical Plan, Health Care Authority

68. Karl D. Peterson, DC, ND
NW Naturopathic Physicians Convention

69. Pat Prinz, PhD
Department of Biobehavioral Nursing, U WA School of Nursing

QUESTIONS FROM COMMISSIONERS

[5:25]

70. Kay Lahdenpera

71. Jane Bernice Nelson, MA
North Bend Elementary

72. Sheila Kennedy Rhodes
Mt. Baker Care Center

73. Vera Ridderbusch
Well Mind Association

QUESTIONS FROM COMMISSIONERS

[5:45]

74. Katherine R. Schmidt
Bellevue Massage School

75. Ronald Schneeweiss, MBChB
Department of Family Medicine, University of Washington

QUESTIONS FROM COMMISSIONERS

6:00 p.m. ADJOURN

GORDON TALKING POINTS:

- Thank you for your participation in today's proceedings.
- We invite you to attend tomorrow's session, which is scheduled to begin at 8:30 a.m. and adjourn by 2:00 p.m.

- A reminder that you are invited to submit written comments at these sessions, or to send them to us by logging onto our website:

  http://www.whccamp.hhs.gov

Tuesday, October 31

7:00 a.m. – 8:30: a.m. Pre-registrant Check-in and On-site Registration

8:30 a.m. **Welcome and Opening Remarks**

Stephen C. Groft, Pharm.D.
Executive Director
White House Commission on Complementary and Alternative Medicine Policy

The Honorable James Gordon
Chair and Moderator

8:45 a.m. [CONVENE]– 10:10 a.m. [FIRST BREAK] Speakers Continued

[8:45]
76. Paul Saunders, ND, PhD
Office of Natural Health Products

77. Karta Purkh Khalsa, AHG, CN

78. Jennifer Jacobs, MD, MPH
American Institute of Homeopathy

79. Emma Bezy, MA
Spirituality Program, Bastyr University

QUESTIONS FROM COMMISSIONERS

[9:05]
80. Tom Shepherd, DHA
Bastyr University

81. Robert Arthur Anderson, MD
American Board of Holistic Medicine

82. Charlotte Coon
Hellerwork International

83. Jeffrey Goin
Coalition for Natural Health

QUESTIONS FROM COMMISSIONERS

[9:27]

84. Barbara Mitchell, JD, LAc, MAc
Standards Management, Inc.

85. Mark Tomski, MD
Washington Chapter of the AAMA

86. Christa Louise, MS, PhD
North American Board of Naturopathic Examiners

87. Todd L. Richards, Ph.D.
University of Washington

QUESTIONS FROM COMMISSIONERS

[9:47]

88. Lise Alschuler, ND
Bastyr University

89. Jeff Novack, PhD
Bastyr University

90. Sevak S. Kroesen, DC
Integrative Health Care Center, Inc. P.S.

91. Robert Shook
Northwest Institute for Acupuncture & Oriental Medicine

QUESTIONS FROM COMMISSIONERS

BREAK: 15 MINUTES

10:25 a.m.[RECONVENE] – 12:00 p.m.[LUNCH BREAK]

[10:25]

92. Tommy Lewis
Northwest Indian College

93. Ralph Forquera, MPH
Seattle Indian Health Board

94. Graham Patrick, PhD
Seattle University School of Nursing

95. Wayne William Topping, PhD
Topping International Institute, Inc.

QUESTIONS FROM COMMISSIONERS

[10:45]

96. Wendy J. Weber

97. Heida Brenneke
Brenneke Massage School

98. Paul Reilly, ND, MS, BS
WANP, AANP

99. John Daley, PhD

QUESTIONS FROM COMMISSIONERS

[11:05]
100. Eileen Stretch, ND
American Whole Health Network

101. Jennifer Booker, ND
American Association of Naturopathic Physicians

102. Victoria M. Taylor, LM
Quality Midwifery Associates

103. Austin McMillin, DC

104. Susan Rosen, LMT
American Massage Therapy Association-WA Chapter

QUESTIONS FROM COMMISSIONERS

[11:25]
105. Sheila Quinn
King County Integrated Health Care 2010

106. David Matteson
Pacific Solutions

107. James K. Rotchford
Medical Acupuncture Research Foundation

QUESTIONS FROM COMMISSIONERS

LUNCH BREAK : 12:00 – 12:45 p.m. **45 MINUTES ONLY**

12:45 p.m. [RECONVENE]– 1:15 p.m. [CONVENE ON-SITE REGISTRANTS]

[12:45]
108. Mitch Stargrove, ND
Integrated Body/Mind Information System

109. Bradford S. Weeks, MD
Well Mind Association

110. David A. Butters, DC

111. Christopher Huson, LAc
Acupuncture Association of Washington

QUESTIONS FROM COMMISSIONERS

1:15 p.m. [CONVENE ON-SITE REGISTRANTS]– 2:00 p.m. [ADJOURN]

Walk-in (On-site Registrants in the order received and at the discretion of the Chair)

2:00 p.m. ADJOURN

GORDON TALKING POINTS:

- Thank you for your participation in this Town Hall Meeting.
- In 3-4 weeks, a transcript of these proceedings will be available on our website:

  http://www.whccamp.hhs.gov

- You are invited to submit written comments at these sessions, or to send them to us by logging onto our website. More information about our activities, including other Town Hall Meetings, also can be found on our website.

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Divider Title: Speakers Roster

White House Commission on Complementary and Alternative Medicine Policy

TOWN HALL MEETING
OCTOBER 30-31, 2000

SEATTLE TOWN HALL
1119 Eighth Avenue, Seattle, Washington

SPEAKERS' ROSTER

1. Richard Lyons, MD, MPH
   Regional Health Administrator, US Public Health Service, Region X

✍ Your notes and questions: Training Programs - 3700 Chiropr
2 of 3 N.D. schools, 4 Med Schools (140) 500 licensed Z
900 Drs
MT (1200 licensed
* Extend Loan Repayment Program - Extend Federal Loan
Reimbursement - Mandated Program -
Develop a list of criteria (AOM Practices in Community
Rewards Reimbursed -
{Naturopathy Midwifery}
@ Loan repayment
@ with extend to other
intervention, DC, L.Ac, LMT

2. Dorothy Wong
   International Community Health Centers

✍ Your notes and questions:

3. Gail Zimmerman
Health Professions/Quality Assurance, WA Department of Health

Your notes and questions: Professional Assurance, disciplinary
50 license, certification, regulation Health Professions
26 Boards
All Practitioners + Responds to Public Complaints
1989 164,000 — 204,000 ↑ 1989
→ use National or Regional licensure exam

4. Henry Ziegler, MD, MPH underserved care, Community Based Rotations

Your notes and questions: to address disparities in underserved
area care – all practitioners
- Loan Repayment
- medicare - Medicaid
- Rule on 1° Care needs to be reexamined (evaluated)
- Rural vs Urban Critical
- CAM Providers need to be licensed in Public Health
- Guidelines - need info -

5. Kathy Abascal, BS, JD
Botanical Medicine Academy +

Your notes and questions:
Support a nat'l Voluntary Standards for Practice of Botanical Medicine
- Different Standards / State by State /
Need same Standards for all practitioners
BMA + American Herbalists Guild - Advanced Practitioner
ex, Dose SE, Interactions Drug

6. Lori Bielinski, LMP
Office of the Insurance Commissioner (WA)

Your notes and questions: Reimbursement / coverage limit
1° Care Provider as gatekeeper + referral
Herbal therapy - not covered because of lack of

7. Kent Pullen
King County Council, District 9

define Natural Medicine/Healing through
natural

Your notes and questions:

Removal / avoid, allergens
altering diet, avoid toxins/fats, etc.
Include natural Medicine in Health Benefits for employees

8. Alonzo Plough, MD
Seattle-King County Health Department

School of Public Health

Your notes and questions:

Integration of CAM + Conventional Medicine
transformation of U.S. Medicine
Formation of Health + Well Being
Public Health
Community Based Health Centers
CAM
King County Clinic

Partnerships

- Feedback Loops -
- Cross learning Phase

Dr Bill Lafferty
NIH Grant Applic
- Cost Utilization
- Cost/Benefit Analysis

9. Maggi Fimia
King County Council, District 1

Your notes and questions: Role of Govt
Continuum of Health Care + bad words -
$480 $640 / employee Cattle / Months - Med grants benefits for Wellness
- Provide a forum for different models to come together - Govt role in Interlocal Com + reform
KC 2010 integrative Measures
Strategic Planning document
① Celebrate accomplishments
② Map Oil Inventory
③ Cattle Dendeon S-6 goals / and I Decade

Recap
+ reform
constraints
Insurance

10. Tom Trompeter
Community Health Centers of King County

Your notes and questions: 6 - medical - 4 Dental
2 → include

Uninsured Pop
Retain 40% are uninsured - 60% are < 200% below poverty level
Constraints - Referral

me
Better Records
Community Based Lobbying + recruit Program
Practice Incentives for Underserved Pop — Loans, Scholarship
- Economic Breakdown —
ND Salary vs MD Salary

11. Judy Featherstone, MD
Kent Community Health Center

Your notes and questions: "Uncomfortable" feeling when integration
Evidence Based Medicine
Education of alt. Med Practices
- Have only licensed Practitioners
Pt given a choice of seeing patients
Chiro
Podiatrist
Reflexologists
— MT Licensing
Mary & Cindy

12. Kathy Lynn Boulanger Cindy Berg
Washington Reflexology Association

Your notes and questions:

13. Pamela Snider, ND
Bastyr University

Your notes and questions:

"Building Budget Groups" = Dr Lyons
Immunization Practice
Guidelines
Ex Rec –
① Focus
② Establish an Immunity task Force
③ Survey
④ Conduct Regional Conferences – Present
⑤
⑥ Demonstration Projects

14. Leanna Standish, PhD
Bastyr University

Your notes and questions:

Practice Based Research – = Measurement End Point
7 NC – 96% to CAM Researchers
76 Centers Specialize in
CAM Centers Need Infrastructure + Research
Potential Role of CAM Researchers will be Lost
in Mainstreaming
① NCCAM Future Planning Grants Clinical Trials
② Consortium
③ Request NCCAM RFA - Research Infrastructure - 7 years
④ Request FDA Task Force to look at CAM They very Capital (125K)
⑤ NCCAM exploratory research Grants - not
⑥ Educate IRB –
⑦ RFP for Insurance Company Research – does CAM
Lower Dose Additives Substitutes Co-
⑧ NCI – Best Care Study
⑧ Prospective Base Conferences

15. Jeffrey Bland, PhD
Institute for Functional Medicine
Bob Lerman - medical director
Pharmanex

Your notes and questions:

Bio > Homocysteine levels
Bio
① support studies - alternative to DB PC trials
② Focus research on age-related research
(HMO, MCO)
Medical Economics, Ψ, Gerontology
③
④ Find Base Known Need
Need Govt' Subsidized Botanical Research
- looking at underlying condition would be improving

16. Richard Hammerschlag, PhD
Oregon College of Oriental Medicine

Your notes and questions: Research Needs Rheumatology

3 Questions -
what kinds of CAM research - Real World Treatments
How to disseminate research findings more widely
what strategies to incorporate research into ↓ to assess research
Partners Based medicine
Oregon Kaiser Study N P, CD, MD
- demonstration
① call for Real World Research
what treatments will work for this Patient for this Condition
Q of L., Ψ profiles

Nouveau drame
for part to

17. William Dallas, DC
Western States Chiropractic College
Portland Oregon

Your notes and questions:

- Need Valid Chiropractic Outcomes - measurement
- Need Funds for Research Infrastructure & Training
- Delegation of Clinical Roles - M.D., NP
- Establish Standards of Practice and Care
- Focus on Biomechanical Dysfunction of Body (Ergonomic, Physical Conditioning, Diet, Lifestyle)
- Develop Bullets of Working together MD, DO, CO, RD, ND.

Pharmacists should be working with us = Groups

Break

18. Robert D. Mootz, DC Testimony
Washington State Labor & Industries

Your notes and questions:

(1) NCM - Indexing of CAM Journals
(2) Consistency in CAM - - Fed Govt. Behind Regulations
NCAM - Have NCM - use CAM Providers/Researchers Lessons review onsite for info to get evidence materials

19. Clyde Jensen, PhD Katherine Downey
National College of Natural Medicine NP/

Your notes and questions:

Facilitate
- Doctors that train together / teach together - residency on a district
- Fed support for integrative training programs
- " " for Graduate Medical Education Prog.
- Research Programs - Foster Post doctoral training + Faculty Positions

20. Jim Taylor, MD Pediatrician
University of Washington

Your notes and questions: Opportunities for NMD's + Naturopaths unlimited

Echinacea - Colds in Children
Zn, Homeop, Acupuncture
w/ collabo
- Lack of familiarity
- Suspicion of CAM therapies
- Mistrust of practitioners
- more Allopathic / reluctant

WWA – Baxter

Lessons Learned –

21. Karen Sherman, PhD
Northwest Institute of Acupuncture and Oriental Medicine

Your notes and questions:

Epidemiologist
- Unfunded research

+ How to encourage CAM Researchers + Traditional Researchers to Collaborate
Rigorous Research Methods and to Research Acupuncture
to CAM Providers

22. Suzzanne Myer, MS, RD
Bastyr University

Your notes and questions:

Nutrition
- More outcomes research in Nutrition / More Nutrition Research
- Prevent chronic disease

23. Jacqueline Obando, DVM
MercyVet PLLC

Your notes and questions:

Health

24. William E. Lafferty, MD
University of Washington

Your notes and questions:

Steps in Medicine

Health Services / Health Care

17% of GNP - on Health

42% of

Income

Good Education

Social Context

Cost Effectiveness Data — will be studies of at lower

Medical Care Costs.

Good Economic Data

Bigger, Better ~~*~~ More data — Look at Decision

~~*that~~ have already been made —

"Patients Bill of Rights"

25. Charles Simpson, DC
Complementary Healthcare Plans, Inc.

Your notes and questions:

Potential Research Community CAM Professionals Payors Managed Care Org

Health Plan Care Driven Market Driven In Oregon - Need to develop expertise about CAM to help companies

AAAR - AHRQ Building Budget

Center for Health Research & Kaiser Hospital in Portland

Compound analyses

Lunch

26. Arlene M. Darby
Citizens for Alternative Health Care

Your notes and questions:

27. Nicole Ellis

Your notes and questions: (nursing)

28. Rose Eng-Lum, NMN
Dai Wai Association

Your notes and questions: Suicide for youth
domestic violence
Substance abuse
Sexual orientation
Available to PHS Clinics for Migrant Health Clinics

When Pictures
Do Not Have

29. Bruce Milliman, ND
WA Association of Naturopathic Physicians

Your notes and questions:

Health plans / Reimbursement
Some Health
Limiting Access to Care
= $ Cap
– Referrals
– Providers

all CAM services Reimbursed for all Federal Programs
Provider should be
Defined + Licensed

30. Jayne Leet
Birdsong Ranch

NSA, NBA, Adult Licensed Home

Your notes and questions:

Need comprehensive first-class CAM services

Sec – Require Insurance Providers to provide services through all program
– Medicare / Medicaid Recovery
– Care Non-Refundable //
– Include (Access) – CAM Providers in group of CAM Plan

Some low income elderly +
– Encourage to conduct studies to show cost/effectiveness may be higher/lower

Goods Bad Experience

31. Daniel J. Labriola, ND
WA State Department of Health (Consultant)

Your notes and questions:
- Concerning costs of cancer Treatment
- Some Good outcomes -

Encourage - functional Licensure
Freedom of choice throughout the Country

32. Gay Koopman Access, Delivery of Care

Your notes and questions;
more education about cultural and unfair da

33. Kathy McVay
WA State Professional Loan Repayment & Scholarship Program

Your notes and questions:

shortages for medically underserved population
State Program Match
- Provides loan repayment + Schol
ND, LMHC, ~~OT~~ - Will be willing to
serve Medicare/Medicaid population
② CAM professions have taken to develop
outreach materials
* WA Health Service Corps Program should
include CAM provider

34. Fred Bomonti, DC Copy
WA State Chiropractic Association

Your notes and questions:

Health via a Partnership
- SF Licensure /

35. Laurence M. DeShields
Community Health Center (Board Member)

Your notes and questions: Patient Expenses

1 1/2 hour session
Surgery & surgery
come doctor

Health Insurance / Reimbursement

36. Tracy Turner

Your notes and questions: Studies for Acupuncture

HIV/AIDS - Geriatrics

Acupuncture
Chiropractic
massage

- aggressive study
- financing services for low income

37. John Stephen Huber, DC
Highline Community College - Nursing, Dental, Chiropractic, X ray - Technician training program

Your notes and questions:

Startup costs ← Curriculum ~~Grants~~ development Grants
- Getting students into training programs
- Doctors + Para professionals teaching / training Progs
- CAM Education

Lawrence

38. M. Jacobson, MPH, MHRN, LLC

Your notes and questions:

worked + promoters + Health Plan
Clinician work Group - To bring together practitioners
Health care Reconciliation
- Solicit Opportunities
- Up to date ~~formation~~ information about depo / Ready accurate info
- Roll Multidisciplinary
- More

39. Laura Patton, MD
Group Health Cooperative of Puget Sound

Your notes and questions:

40. Elizabeth Goldblatt, MPH/PA, PhD
Commission on Colleges, A/OM Accrediting Agency

Your notes and questions:

ADS-

41. JoAnne Myers-Ciecko, MPH
Seattle Midwifery School

Your notes and questions:

Add comments
Need professional training

I DM recommendation

42. Susan Haeger
Citizens for Health (National)

Your notes and questions:

- Access to Ensuring Choices – Practitioners + Providers
- Remove Barriers to Choice – Credentialed, licensed
- Ensure procedures to avoid unscrupulous Providers
- Freedom of informed medical options

→ Need Accountability of Providers

43. Michelle Simon 3rd year Student Body — Underserved/Rural Counties

Your notes and questions:

Clinics & Integrative Medicine Clinics

Grants to Away to

Scholarship Loan

PHS Action

Primary Care Physicians

44. Julie Chinnock 3rd Year "Retto"

Your notes and questions:

Federal Funding for licensed providers — Grants + Scholarships

? Public Health Service Officer Commissioned

HR 3657

Access to Medical Treatment NSO

ERISA

Employment Remedies

45. Chris LePisto

Your notes and questions:

Currently
NHS Corps — does not include en
National Health Services Corps
≈60% of students willing to practice in
underserved areas
— access to scholarships
— access to loan repayment program
(2) Support licensure of N.D. in all 50 states

46. Don Taylor Portland State University

In all studies brief form to include - # of subjects, SE to be included,
Pts not well prepared to judge Sx ∈ / + SE of treatment
Careful choice of placebo effects are needed
— must explore ineffective treatment

47. Cindy Breed, ND
Community Health Centers of King County

Your notes and questions:

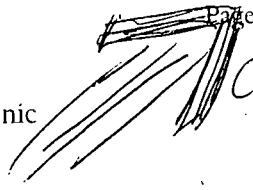
Lack of Accountability in some state
" " Licensing " " " consumer
Accessible Medicare/Medicaid Reimbursement
" to Health training Programs Scholarships

48. Jane Guiltinan, ND
Natural Medicine Clinic, Bastyr University

Your notes and questions:

Provide reimbursement for
All Licensed Health care providers
Hardware DS for training Programs for CME
Direct + Indirect Care

49. Fernando Vega, MD
Seattle Healing Arts Clinic



Clinical, CAC, CMT
Proximity requirement tolerance

Your notes and questions:

50. Judith Aileen Kaufman
Emerald City Healing Arts

CAc

Your notes and questions:

Worked at FOH + drug addiction treatment
Give the person the power to be their own Healer/Teacher

51. Stan Lippmann, PhD, JD
Natural Medicine Party

- Damage done by Natl Vaccine Program responsible for many chronic disease program

Your notes and questions:

Vaccine =Rx=

52. Valerie Sasson, LM (Midwife)
Puget Sound Birth Center

Comment
Women's Self Referral Act -
to Health care Provider

Your notes and questions:

www.pugetsoundbirthcenter.com

53. Scott Barnhart, MD, MPH Medical Director
Harborview Medical Center, University of Washington

Your notes and questions:

Owned by King County, Run by UW WA
Service to Uninsured
Mt, LAC, Research - SA Disorder
- Pain, Burn
Mind Body Relationship, natural medicine
- magnetism - Depression
Need an Rx Research Program
- Working on Affiliation agreement - Boston Uni

54. Leah Kliger, ~~MD~~ Hospital Administrator
Evergreen Community Health Center

Your notes and questions: Formulary - Germany
Natural Products / Botanicals

ABC
Nat
Hu Green
School of Pharmacy
C Pol Clinic
Gen Medicine

80% of Botanical products sold are due to 20 products

Need School of Pharmacy

55. Brenda Loew, MRP
Japanese Acupuncture Center

Your notes and questions:

56. Robert A. May, ND
Alternare Health Services

Your notes and questions:

CPA requirement
CBD code

57. Terry Courtney, LAc
Bastyr University

1997 - Tech Assessment Conference
Current - No Medicare for Acupuncture
- Some Medicare for Drug/Alcohol

✍ Your notes and questions:

58. Sue Vlasuk, DC
~~DABCO~~ DACBR

✍ Your notes and questions:

Diplomate American Chiropractic Board Radiology
- No Gatekeeper
- Fair reimbursement for smaller towns
Minimum 1 real internship after college to DC
HX, PE, Hands on Manipulation

59. Diana Thompson, LMT — no to her

✍ Your notes and questions:

60. Houston LeBrun, LMT
American Massage Therapy Association-WA Chapter

✍ Your notes and questions:

"Imitation Massage"

61. Heike Doyle, LM
Puget Sound Midwives & Birth Center

17 Midwifery licenses

Your notes and questions:

Women Babies get better care in states that license midwifery.

1700 Midwifery –
8000-12,000 Same –

Pregnancy

1/3M

Nail Certified Nurse Midwife for Nurses in Hospital

Midwifes can reduce the loan amount with practicing in an underserved area.

62. Upledger Institute

DNS

Your notes and questions:

63. Jerri Fredin
Citizens for Alternative Healthcare

Dave Comments

✍ Your notes and questions:

64. Don Sloma

✍ Your notes and questions:

65. Robert Nicoloff
WA State Department of Health

Your notes and questions:

997-999
500,000 Requests for Information
Adverse Actions on Practitioners
+ Medicaid

CAM ≤

Possible Application to Federal Employees

State Employees

Dr Richard Deyo
Both Studies spoke of Chiropractic

66. Richard Whitten, MD
Washington Health Care Authority

Your notes and questions:

3 Criteria / Guides
① To eliminate arbitrary exclusion
Create an entitlement — hard to focus
② to Avoid mandates a specific on optimizing
What is cost effective
③ Structure benefits that show best
effective intervention is based on
outcomes research / scientific effects

Openness
Uncharacteristic Medical

Enabled + Encouraged

67. Andrew John Brunskill, MD
Uniform Medical Plan, Health Care Authority

✍ Your notes and questions: self funded Plan

68. Karl D. Peterson, DC, ND
NW Naturopathic Physicians Convention

✍ Your notes and questions:

69. Pat Prinz, PhD
Department of Biobehavioral Nursing, U WA School of Nursing

Your notes and questions:

70. Kay Lahdenpera Public Health Nurse, M.P.H.

Your notes and questions: CAM in Alaska Well

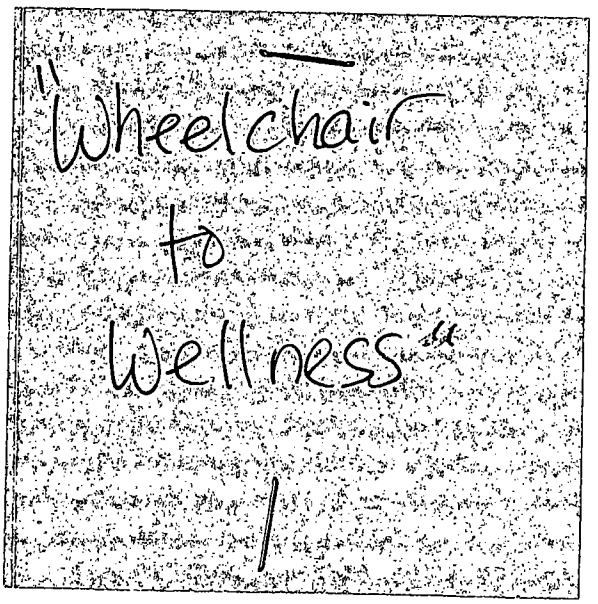
Training Education + Certification + Licensing
In all Schools of Nursing, Pharmacy,

CAM Education + Services

Medical Oregon — Acupuncture (TCM)

71. Jane Bernice Nelson, MA
North Bend Elementary

✍ Your notes and questions:



72. Sheila Kennedy Rhodes
Mt. Baker Care Center

Hard arguments Bellingham

✍ Your notes and questions:

How the MD can use the procedure as an MCO to work collaboratively with the patient

Investigate the notion + try to balance that all physicians in MCO setting evenly spend for all patients

Pharmaceutical industry influence

Best Care Issues Studies for all Institutes

73. Vera Ridderbusch
Well Mind Association

Your notes and questions:

74. Katherine R. Schmidt
Bellevue Massage School – Reflexology

Your notes and questions:

intention
Referral to another practitioner
Preventive Care – teaching Preventive Care
Healing

75. Ronald Schneeweiss, MBChB DNS
Department of Family Medicine, University of Washington

Your notes and questions:

Tuesday, October 31

76. Paul Saunders, ND, PhD Toronto
Office of Natural Health Products, Canada

Your notes and questions:
- Regulation of Natural Health Products by any supplement or medical
- Products regulated as drugs or foods
- Separate office
- Establish at transition team
- Dr Phil Wallace(?) decision, Holding Public Hearings
- Levels of efficacy — Review DESI

77. Karta Purkh Khalsa, AHG, CN

Your notes and questions: American Herbalists Guild
- Reimbursements - for Non-Physician Herbalists
- Ayurveda
- TCM; TOM

Herb standardization of herbal products -
How can we protect individual cultures
& herbs

78. Jennifer Jacobs, MD, MPH — See later
American Institute of Homeopathy

Your notes and questions:

79. Emma Bezy, MA
Spirituality Program, Bastyr University

Your notes and questions:
Hospitals = Hospice staff + do things that are working

80. Tom Shepherd, DHA
Bastyr University

Your notes and questions:
- CAM is about systems of Healing not individual product
- Consumer-demand is so great

(Doc) ① Fund CAM institutions
② Health Loan Forgiveness
③ ↑ Funding for Research Infrastructure at CAM ~~institutions~~
④ Credentialing + licensing of CAM Providers

81. Robert Arthur Anderson, MD
American Board of Holistic Medicine

Your notes and questions:

- M.D, D.O Board Physician
- Body, Mind Spirit
- assembling a database of publications
- CE + survey
- Peer review for license
- ED Students + Residents for + surv
- ED
- Expand to DC, ND,

82. Charlotte Coon
Hellerwork International

Your notes and questions:

Structural integration to alignment of mind/body

83. Jeffrey Goin will lead info + Testimony 2000 natural Healers in U.S.
Coalition for Natural Health

Your notes and questions:

Naturopathy - Natural Basic - 5 Drugs (Naturopath)

Naturopathic Medicine

Mexico / Canada / America + Indian

Doctors Learning

(1) Distinguish between Naturopathy vs Medicine

(2) Naturopathic + naturopathic Physicians

(3) Licensing

84. Barbara Mitchell, JD, LAc, MAc
Standards Management, Inc. NAOM

Your notes and questions:

Recommendation - need to talk about Medicare

(1) Several groups have validation of program - internally

(2) Task force established to provide guidance and assist alternative entities in validating methods

(3) Get into Competency Guidelines - Develop for all professions

(4) Pain

(5) Include CAM in Medical

(6) Include CAM in Dementia

39 States + DC Require LCAc - 5 States require examination

85. Mark Tomski, MD
Washington Chapter of the AAMA

Your notes and questions:

86. Christa Louise, MS, PhD
North American Board of Naturopathic Examiners

Your notes and questions:

NPLEX
Naturopathic Physician Licensing Exam
Nat'l Conference - for Nat'l Standards for CAM Practitioners
- support for Critical Infrastructure to
develop testing exams
- Criteria to be looked for in a legislative person
Nat'l Certification Board
Certification agencies - Independent from org/Professional Exam

87. Todd L. Richards, Ph.D.
University of Washington

Your notes and questions:

Neurosciences
Neurofeedback
Magnetic Therapy, Energy Medicine
Subtle Energy measurements
How can we measure all that to standardize — need?
an FDA acceptable
MS Walking, Cognitive Tests,
Energy Medicine measurement Environment
Energy (Elan Kim Kemp)

88. Lise Alschuler, ND
Bastyr University

Medical Doctor

Your notes and questions:

Training Residencies
CAM + CAM — Integration of Training
- Referral
- Learning
Federal Trust & Grants

89. Jeff Novack, PhD
Bastyr University

Your notes and questions:
Science based research, drug-herb interactions.
Research funding — for herb
— Chinese herb/western

90. Sevak S. Kroesen, DC
Integrative Health Care Center, Inc. P.S.

Your notes and questions: Types of systems should be reimbursable

Supplements that are assayed
Hanna
Physical Med

Education to get to nat'l Credentialing Standards

+ Different approach to treating disease
Healthcare

91. Robert Shook
Northwest Institute for Acupuncture & Oriental Medicine 20th Anniversary - 6 students

Your notes and questions:

Currently 60-70/year

Funding for education

* Expansion of Accreditation Council for Graduate Medical Education

* Expand Clinical Program

* Etc

Give Commissioners Ideas How they Refer?

92. Tommy Lewis
Northwest Indian College

Your notes and questions: