No. 1.4: "The Secretary should conduct a study to analyze nationally used coding processes, CAM coding systems, and the issues associated with the single-merged versus separate coding systems, and make recommendations.

Further, the Secretary should facilitate implementation of the study's recommendations."

George.

MR. DeVRIES: I am not quite comfortable with the last sentence saying, "Further, the Secretary should facilitate implementation." I mean, that is a pretty bold step. I mean, it just seems like, do the study: publish the results. They are available for provider associations, health plans, and others to look at and to evaluate and potentially adopt.

DR. GORDON: Comments on this? Yes, Don.

DR. WARREN: Would the insurance industry then take the findings of the survey and then formulate whether they are going to use the single system, or merged system, or two separate systems and use it industry-wide?

MR. DeVRIES: Well, if the Secretary is required to facilitate the implementation of the study's

recommendations, and whatever comes out of the recommendations gets implemented, I think there are various CAM professions that would say, we are satisfied, for example, with the CPT code process and we like billing using CPT codes because it keeps us on an equivalent basis with other types of providers, conventional providers.

Whereas, if this study says, gee, there is a lot of value to one-offing and going into this unique system, a CAM profession might say, we respect that recommendation but we would rather stay in the CPT code system because we think it is better for us as a profession.

So, making the recommendation that the Secretary has to facilitate implementation is, maybe, a little overly restrictive.

DR. GORDON: Okay, other comments on this? Joe.

DR. FINS: I think we should simply say "Health and Human Services should conduct," not the Secretary. It is not initially at the level of the Secretary, and there may be agencies within that would do the study. I

think I would take that last sentence out as well. I think it is presumptuous to implement something when you don't know the results.

DR. GORDON: Is there agreement to taking out the last sentence and accepting the recommendation of the action step, otherwise?

DR. FINS: Without saying, "the Secretary should conduct," but "Health and Human Services should conduct."

DR. GORDON: Saying the Department should conduct?

DR. FINS: Right, right.

DR. GORDON: Maureen, do you want to say why it said "Secretary" in here?

MS. MILLER: Saying "the Department" is fine.

DR. GORDON: "Department" is fine, okay. Let's move on. We are okay with this?

MS. AXELROD: Just for clarification, this is a term we have used throughout the whole document, "the Secretary," because the Secretary has the authority to delegate.

So, just for clarification of the other

sections, do you all want that removed?

DR. GORDON: I think it is fine to say, "the Secretary." I think this is a term of art in the government.

MS. MILLER: It is. It is.

DR. FINS: Then I will retract it. Thank you.

DR. GORDON: Okay. Good. Thank you, Corrine.

No. 1.5: "The National Center for Complementary and Alternative Medicine, through its clearinghouse, should provide information on health services research, demonstrations, and evaluations of CAM services and products."

Basically, that is within the congressional mandate for NCCAM. We are just being very specific about it, saying give us some information about health services research.

Joe.

DR. FINS: I think that we heard testimony that people did not know how to do this kind of research, and I would like to add some kind of language, "provide information and technical guidance, including referral to appropriate agencies on health services research."

DR. GORDON: I would think that would be another action item. I think it gets too confusing. If you want to make that another action item, that is fine. I think putting it in here is confusing and two issues.

DR. FINS: It would be nice if an investigator called up NCCAM and needed help with the design of a clinical trial, they would also be able to be directed to the evaluative side to do it, if they are doing a population study or something like that.

DR. GORDON: Actually, NCCAM has an expert in health services research on staff.

Maureen.

MS. MILLER: Well, personally, having spent 20 years at CMS, I would not want to exclude them, and I think AHRQ is also very beneficial. I think what we would want to do, and I think this is an excellent idea to add, is, we really want to increase the health services research capabilities across the board.

DR. GORDON: I would like to put that as a separate action item. Do you want to state that?

So, if we can approve this as the information piece of the action item. Do you want to make a

recommendation right now before we lose it, for the other action item?

DR. FINS: "The National Center for Complementary and Alternative Medicine should" -- you disagree?

DR. GORDON: Maureen?

MS. MILLER: I just think it should be "the Department," so it is broader than NCCAM.

DR. FINS: I guess the issue is, if it is the whole department, people are not going to get referred properly. It could be in the central office.

DR. GORDON: Do you want to explain how the process works? That may help Joe formulate. Or, how it might work, if we wanted it to work better.

MS. MILLER: I think if the language included "NCCAM in conjunction with other federal agencies."

DR. GORDON: So, Maureen, do you want to state it, or do you want to have Joe state it? Either one of you.

DR. FINS: I mean, you would probably do it better. "The National Center, along with other agencies, should offer technical assistance in health services

research to CAM investigators as requested or as necessary."

DR. GORDON: Maureen, can you work on that a little bit? It is just about there.

MS. MILLER: Yes.

DR. GORDON: Do we agree on that one? Let's move on. That will be a new action item. My suggestion would be, we put it as No. 1.5, and then put the information as No. 1.6. That would be more logical.

The next one is the current No. 1.6, which would be No. 1.7: "Health professionals, service, insurance, managed care, and other industry associations and organizations should provide their members with information about CAM and incorporate CAM onto the agendas of their professional meetings."

Discussion about this.

DR. FINS: I think it is sort of a silly recommendation. I mean, it doesn't do anything, it is not actionable. It is the private sector is out of our Executive Order. It doesn't help, and it keeps the numbers straight. The next won't be 1.7.

[Laughter.]

DR. GORDON: Maureen, do you want to explain why it was in here as an action item?

MS. MILLER: Well, in this whole area of information and lack of information out there, I think it has been there all along, not as a major action step or recommendations but as a minor wake-up call to the industry to say, hey, come on, guys.

DR. FINS: How about if we put it in the text? Because it is really not actionable in the context of the Executive Order. We could say, "Along with the recommendations." I mean, this language could just be lifted and put in the text. It would be more appropriate as text versus an action item. I mean, it is not a major point, I really don't care about it.

DR. GORDON: Any other discussion on this?

MS. MILLER: I wouldn't fall on my sword, either.

MR. DeVRIES: I'm not sure how you would get this done either, other than providing encouragement, and most health plans aren't going to provide information about something that maybe they don't have expertise in, or that there is not a reason to provide.

DR. FINS: No. 1.7, actually, more effectively achieves the goal of 1.6.

DR. GORDON: Let me get a sense of the Commission. Are we okay with putting this one in the text? Yes? Yes?

COMMISSION MEMBERS [En masse]: Yes.

DR. GORDON: Okay. Then, No. 1.7: "Public agencies and private organizations should support the development of informational programs on CAM targeted to help plan purchasers and sponsors, health insurers, managed care organizations, consumer groups, and others involved in the provision of health care services."

So this is something that the government can do to connect with private industry, insurers, et cetera.

Are we okay with this one?

DR. WARREN: So we are not telling them what to do, we are just giving the information and making it available so that they can make their informed decisions?

DR. GORDON: Yes. Okay? Good.

No. 1.8: "Congress should request periodic reports from appropriate federal departments of the status of and impediments to coverage and reimbursement

of CAM services and products for federal beneficiaries, federal employees, military personnel, veterans and eligible family members, and retirees."

Seems like an action step to me. Are we okay with this?

DR. FINS: Jim?

DR. GORDON: Yes.

DR. FINS: Line 29, "of CAM services and products demonstrated to be safe and effective."

DR. GORDON: Is that okay with everyone?

DR. WARREN: Wait a minute, this is just a report, isn't it?

DR. FINS: Yes, but it is not reimbursement of all CAM services.

DR. GORDON: Actually, I think I might disagree on this because I think it might be better if we had a report on everything and they explained that we are not covering this because it is not safe and effective, and that would be the reason.

So, for example, if somebody says, "Well, are you covering interdimensional pedicures?" They would say, "No, we are not covering it because it is not safe

and effective."

[Laughter.]

DR. GORDON: You haven't had one of those yet?

Do you understand what I am saying? What we are interested in is what they are doing, what they are not doing.

DR. FINS: Right, but when you say on Line 28, "impediments," you are implying that those things should be covered. It reads like, barriers towards.

MR. DeVRIES: Another way to look at this, too, is that this would require reporting on literally hundreds of therapies, and that is a lot to put on them when the reality is, if there was a safe and effective requirement on it, it would probably narrow that down considerably and make it more reasonable, and perhaps enhance possibilities.

DR. GORDON: I guess I would like them to address the whole area a bit more broadly. I understand your point about "safe and effective" being there, but I would like to ask them where they are more generally than dealing with safe and effective.

Maureen, maybe you can clarify how to do that.

MS. MILLER: Well, we didn't put that in here for a couple reasons. One example is, the Veterans Administration is currently very innovative, and they are providing, on a site-by-site basis, various CAM therapies, probably most of which have not been demonstrated as safe and effective.

Likewise, OPM, for the federal employees, basically told all the bidders on the Federal Employee Benefits Program that they could develop whatever packages they wanted, and again, this may include things that haven't been proven.

DR. GORDON: Joe.

DR. FINS: I have got, maybe, language that might help here: "Congress should request periodic reports from appropriate federal departments on the status of CAM benefit packages for federal beneficiaries, federal employees, military personnel," et cetera.

Basically, what you are doing is you are getting a periodic snapshot of what the benefit package is for analysis.

MS. MILLER: That is one aspect of this, but the big thing for most of the federal agencies that I

think will move coverage and reimbursement forward is understanding what the impediments are, such as CMS will outline their legislative barriers, "The 55 benefit categories do not include CAM services."

I mean, these reports don't necessarily have to be huge or long, but they can outline that the current legislative authority for Medicare limits the benefit categories and the types of practitioners who can receive reimbursement under Medicare.

DR. GORDON: I think unless we do this we are not going to get the information we want. They can simply say, "This is not safe and effective, so we are not covering it." That's fine. Or, they can say, "We are covering it even though it is not safe and effective." We want all those pieces of information, and I don't want to exclude that.

DR. FINS: I think there is so much confusion in this one recommendation. I mean, there are lots of different elements. I know what you are intending, I know what I am intending, and I know what Maureen has just said. I agree with the sentiment of what you want to do.

DR. GORDON: Could we let Maureen look at it a little more?

DR. FINS: I think that is a good idea.

DR. GORDON: If we are all agreed with the sentiment. Effie, yes?

DR. CHOW: Yes. I agree that we should include everything and not limit it to "safe and effective, established," to get the kind of data that we would want.

DR. GORDON: Because I think this is really important. The VA, as Maureen says, is using many different approaches that are not safe and effective. Why not find out what they are doing? They are already covering them, so we ought to know what is going on with them.

DR. FINS: Let's move on.

DR. GORDON: Thank you, Joe.

Recommendation No. 2 on page 20: "Purchasers, insurers, and managed care organizations should extend health plan coverage to safe and effective CAM services and products provided by qualified practitioners."

Everyone look over the items, please.

[Pause.]

DR. GORDON: Let's look at, first of all, the recommendation. How are we with the recommendation?

DR. FINS: I think it is too prescriptive. We are telling the private sector what to do, and it is really their purview. I just think it is a bit of an overreach.

Maureen, I think we had language last time about a mechanism for CMS and for other entities to make a judgement about whether things would be included or not, and if they were safe and effective they should be considered for inclusion, the same process without bias.

So, it seems to me that is what this recommendation should convey, to say that they should.

DR. GORDON: Maureen, do you want to say a few words about this? Then let's hear other comments about this recommendation.

MS. MILLER: This is the recommendation, not the action steps?

DR. GORDON: The recommendation right now.

MS. MILLER: I'm sorry, I was distracted.

DR. GORDON: Did you hear Joe's concern?

MR. DeVRIES: I will offer a comment. Would

that be all right?

DR. GORDON: Go ahead, George.

MR. DeVRIES: In the subcommittee there was a lot of back and forth, and there was an opinion which said, well, if it is proven safe and effective, then health plans absolutely ought to offer it.

I think where Maureen and I came out is, and I don't mean to skip down to the action item, but if you read that carefully, what it says is, really, health plans and insurance companies would basically offer purchasers the opportunity to purchase coverage for safe and effective CAM interventions. It doesn't mean that the health plan would be mandated to automatically provide coverage and benefits for everybody, but that they would basically at least make it available and let purchasers purchase additional coverage for the services.

In some cases, some health plans will do it for everybody, and some groups, like Federal Employees, will do it across the board, also.

Maureen, is that a fair statement?

MS. MILLER: That is very true. I might add to what you are saying, for the general consideration here,

that we had this exercise in editing for this meeting the whole report, under the direction to take out the word "consider," like "we should consider," and "as appropriate," those kind of things, so that we are more bold.

Now, I have to say, in one of the last, final edits, I had left that in this recommendation because I thought we were getting a little too far out ahead. What Max just distracted me on is this issue of, will we be causing inflation in health care by saying, you have to provide all the conventional stuff and now you have to add this. So, I just put that out there for your deliberation.

MR. DeVRIES: If we look at the recommendation and if we were to say, "Insurers and health plans should offer health plan coverage to safe and effective CAM services and products provided by qualified practitioners to purchasers," period, that basically is saying it is not mandated but the health plans would offer the benefits, and then the purchasers would have the option of purchasing them.

DR. FINS: I agree with that completely,

because this looks like you are requiring them to do that.

MR. DeVRIES: Yes. The recommendation doesn't match the action item.

DR. FINS: Right. What you just said, can you just read it? Because I want to add something at the very end of what you said.

MR. DeVRIES: What's that?

DR. FINS: Repeat what you just said, George.

MR. DeVRIES: "Insurers and health plans should offer health plan coverage for safe and effective CAM services and products provided by qualified practitioners to purchasers," or maybe it should say they should "offer health plan coverage to purchasers of safe and effective CAM services."

DR. FINS: Keep purchasers and say "for their consideration."

MR. DeVRIES: "For their consideration."

DR. FINS: Because the real issue here is that if it has been documented to be safe and effective, they should develop benefit packages that could be offered in the panoply of benefit packages that they offer.

MR. DeVRIES: Exactly. Exactly.

DR. GORDON: I want to get other reactions to this from anyone else, concerns about this.

DR. BERNIER: Jim?

DR. GORDON: Yes, George.

DR. BERNIER: I guess the one concern is if you took one from Column A, and two from Column B for your coverage, would that be safeguarded in this picture? It is.

MS. MILLER: If I might, just before we go too far down this road, at one point we had this broken up into two. We had one thing for health plans, for insurers and managed care companies, and one for purchasers, because if this replaces Recommendation No. 2, the problem is, a lot of the government agencies because for their benefit packages they don't go to insurers and managed care companies. They are the purchaser and the insurer. So, we need a second recommendation.

MR. DeVRIES: Do you need a second recommendation, or can you simply say, "Health plans, insurers, and administrators shall make available to

purchasers," whether it is on an insured basis or a fully self-funded basis?

MS. MILLER: Well, I would have to think about this, but what comes to mind is TriCare for the Defense Department. I don't think they are just an administrator, they actually provide services, too.

MR. DeVRIES: Right. But ultimately, even if it is a government agency and they are the purchaser, they make the ultimate choice of whether to add coverage for a particular benefit or not.

MS. MILLER: In some cases they would decide, and in some cases Congress would have to decide.

MR. DeVRIES: Congress would decide, right.

DR. GORDON: Maybe other people want to enter the discussion.

Effie, you had your hand up. No?

DR. CHOW: I'm sorry, I have to leave you.

DR. GORDON: You have to go. Thank you. Bye, Effie.

[Applause.]

DR. GORDON: Let me raise one question for consideration. Why wouldn't we want to mandate safe and

effective CAM practices the same way we would mandate safe and effective conventional practices, just out of curiosity?

MR. DeVRIES: There are safe and effective conventional practices that aren't covered under some benefit plans. So it isn't required on the conventional side, necessarily. State by state, there may be, for example, legislative regulation in a particular state regarding a particular type of insurance plan or health plan that will require a minimum set of conventional medical benefits, but that does differ from state to state and it is not always consistent.

So you don't have a package of conventional services and products that are mandated or required. If you are going to be consistent with that practice and apply it across to complementary health care, it seems like we would lose credibility saying it is mandated.

DR. GORDON: I just wanted to clarify that. Thank you.

MR. DeVRIES: Sure.

DR. GORDON: So, where are we now? Maureen?

MS. MILLER: Well, I think, because of the

complexity and trying to distinguish between purchasers and purchasers, employers as purchasers and Medicare as a purchaser, we had come up with this recommendation that was a bold, out-there kind of statement.

Is part of what I am hearing, people think it is a little too bold? Because then the action steps went on to clarify specifically what each of those pieces could do.

DR. GORDON: If George's amendment works for everyone, would the action steps then work as well? Or, could we modify the action steps?

Let's talk about your amendment and see if that is appropriate or not, and then we can go on and deal with the action steps.

MR. DeVRIES: On the recommendation, you could actually say, maybe something like, "Insurance companies, health plans, and government entities should."

Maybe we can go with the original and go through the action steps and see. Maybe it will work. I am withdrawing that as I think about it.

DR. FINS: One of the problems is, what is the basic benefit. I mean, this is a question that has

plagued the universal axis question forever, and we are not going there. The issue is, we don't compel insurance companies to offer a coverage for everything on the conventional side, even if those things are safe and effective.

Like, bone marrow transplants may not be covered. It was demonstrated in the mid '90s. Before new data came out, breast cancer was thought to be treated, refractory breast cancer, with a bone marrow transplant. We did not compel managed care companies to cover bone marrow transplants. Subsequently, there were some cases and it got compelled, and then it got retracted.

So, I think George's point that this is often regulated by the states. I think what we are trying to say here, which is a more generic thing, is if a CAM product or service or intervention has been demonstrated to be safe and effective, the standard by which an insurance company constructs its benefit package should not be unduly prejudicial against the CAM intervention simply because it is a CAM intervention.

DR. GORDON: Why not say it in a more positive

way. I understand exactly what you are saying. I thought George's recommendation was coming in that direction, the way he was amending it was coming in the direction you are talking about, Joe. So, I wonder why you are withdrawing it. I thought you were modifying this and making it more gentle and less compelling.

MR. DeVRIES: I was, but on the second round of the amendment I was trying to somehow work into it government agencies as well as private insurers and health plans. I think Maureen was indicating earlier, she had tried that earlier and it is hard to blend the two. You have one or you have the other.

DR. GORDON: Why not have one recommendation that has to do with government agencies, and one recommendation where we have a different authority, perhaps, and another recommendation that has to do with the private sector where we have less authority.

MR. DeVRIES: Right.

DR. GORDON: Does that make sense?

MS. MILLER: It does. Then these action steps would be under both recommendations?

DR. FINS: Yes.

MS. MILLER: The other thing that may happen is, the action steps may go away, because I think we are turning some of the action steps into recommendations, like if you look at No. 2.2.

MR. DeVRIES: Right.

SISTER KERR: What I want to say, and this is certainly not my strength or the hour, but just to give the example of what I deal with clinically, Marylanders who have Blue Cross and Blue Shield, certain aspects of the policy, they are covered with acupuncture, but the government employees who work in Maryland, because the policy is from Washington, and Blue Cross and Blue Shield, don't have acupuncture covered. What I am wondering is -- I kind of just lost it.

It is like the issue of reciprocity again, and licensure, how can you have the same policy in one state? I am not sure that is accurate, but say they are the same Blue Cross -- you probably would know -- is the exact same policy. One is purchased in Washington and one is in Maryland, and one patient gets payment and the other doesn't.

MR. DeVRIES: In that particular case, I don't

want to generalize, but you have got state insurance laws which may mandate, for example, something like acupuncture. So a local employer in that state who buys coverage from that insurance company would have coverage.

Now, if it was a large corporation in that state, or one, perhaps, that was a national company that qualified with self-funded under federal ERISA guidelines, then they are preempted from the state insurance laws and mandated benefit coverage, have more freedom in creating their own benefit programs.

DR. GORDON: I would like to move through these in some expeditious way.

MR. DeVRIES: I agree with that.

DR. GORDON: Joe, yes.

DR. FINS: I think that we are confusing two issues here. Charlotte's question is a nice example of it. You are not compelling people to purchase it, you are just requiring that it be offered, and that is really what the recommendation is about.

So the problem would be if Blue Cross didn't want to offer it -- but they are obviously offering it because they have two different plans -- but the

purchasers have decided in one case to include it, in another case not to include it. So we can't compel the purchasers to purchase, but we want to say that the plan should offer the options, and that is really as simple as it gets.

DR. GORDON: George, I think your recommendation did that. I would like to come back to that recommendation and see if we can agree with it, and if there are little wrinkles that need to be worked out for some of these specific action steps, I would like to deputize Maureen to work them out.

SISTER KERR: Can I just say, back to my point on the federal, why Maureen, I think, had singled out before, is it just true we can't say any more? For example, what we want to say is to the government, hey, how do you all get out of this, and the answer you are giving me is, they have a right to not purchase it, right?

And that's just the answer? We can't request anything any differently than another purchaser who just decides not to buy something, even though it is unfair, unjust, and un-American?

[Laughter.]

MS. MILLER: Especially if it is unjust, unfair, and unAmerican.

MR. DeVRIES: How do you really feel, Sister Charlotte?

[Laughter.]

MS. MILLER: It has been discussed before, the Commission could recommend that all federal programs and federal purchasers, such as Defense and VA, cover safe and effective CAM, you could. It is overly simplistic, and it had been thought of in the past as overreaching. It could change today, but it is overly simplistic because you really, then, have to go to Congress and make a recommendation that Congress change the laws with regard to these federal purchasers.

Just as a point of clarification, it is not only optional for purchasers to do these things, and we may say they should do it, but it remains optional that health insurers and HMOs offer this.

DR. FINS: I think we are making a contribution by simply saying it should be offered for their consideration.

DR. GORDON: George, let's hear that again, okay?

MR. DeVRIES: "Insurance companies and health plans should offer health plan coverage to purchasers for their consideration of safe and effective CAM services and products provided by qualified practitioners."

DR. GORDON: We okay with this?

DR. FINS: They should offer benefit packages that include.

MR. DeVRIES: How about if we say, "offer benefit plans"?

DR. FINS: Sorry?

MR. DeVRIES: "Offer benefit plans."

DR. GORDON: "Benefit plans." Okay, are we all right with this? Let's move on, then.

Action Item No. 2.1: "Health insurance and managed care companies should modify their benefit design and coverage processes in order to offer purchasers products that include safe and effective CAM interventions."

That is an action item. Do you want to address that? Don.

DR. WARREN: Boyd brought up an interesting thing. If this plan is offered for services and products, does that mean that the beneficiaries could only purchase from practitioners? Say, it is nutrition, could they purchase from a health food store and still be covered?

MR. DeVRIES: That is really going to depend, I believe, on the health plan and the insurance company. If it is an indemnity product, the member can go anywhere. If it is an HMO, HMOs are going to go out and contract with providers or facilities to render those services or products for them.

So, it is really going to depend on the type of health plan, insurance company, the type of coverage that the member is being offered.

DR. WARREN: Will we then just forget about products, and just say CAM services, and then spell it out?

DR. GORDON: It says "CAM interventions" right now. "Product" is a confusing word here because it is not a CAM product, it is an insurer's product, right?

DR. WARREN: What are you saying?

DR. FINS: Why don't we call it "benefit package."

DR. GORDON: Yes, call it "benefit package."

DR. WARREN: A CAM intervention. CAM benefit.

DR. FINS: No, it is a benefit package that includes CAM stuff.

DR. WARREN: Okay, but do we have to delineate services and products, then if you say "CAM benefit package."

DR. FINS: Right.

DR. GORDON: You're saying, when it comes to the word "intervention," you want to delineate services and products.

DR. WARREN: Yes.

DR. GORDON: Why not just leave it as "interventions"?

DR. WARREN: I am in the recommendation. I am still stuck in the recommendation.

DR. GORDON: Oh, you are still stuck in the recommendation. I'm sorry.

DR. WARREN: Yes. I mean, we have got interventions, interventions, interventions. Can we just

put "effective CAM interventions" in the recommendation? That way we don't spell it out and somehow possibly preclude somebody from going to a health food store.

DR. GORDON: Is this all right with everybody? I would like to complete the recommendation. Do we have it complete?

DR. WARREN: Complete.

DR. GORDON: Joe, have we got it complete?

DR. FINS: Yes.

DR. GORDON: Let's go to No. 2.1. What do we feel about that action item? George.

MR. DeVRIES: I would change Line 12 to, "offer purchasers benefit plans that include."

DR. GORDON: "Benefit plans."

DR. FINS: I just say, "for their consideration," again. It is in no way to be prescriptive or a requirement, "for their consideration."

MR. DeVRIES: That is good.

DR. GORDON: Are we all right with this?

Let's go on to No. 2.2: "Employers, federal agencies, and other purchasers and sponsors should enhance" -- a word that some people don't like -- "the

processes they use to develop health benefits and give consideration to safe and effective CAM interventions."

MS. MILLER: If I might make a technical point here, given the change in the recommendation where we are now focusing on health insurers and managed care organizations, No. 2.2 doesn't fit here anymore. It almost needs its own recommendation.

SISTER KERR: Isn't that taken care of under Recommendation No. 2?

MS. MILLER: Well, again, health insurers and managed care companies are very different from purchasers.

DR. GORDON: You're saying we have eliminated purchasers from the recommendation. Why did we eliminate purchasers?

MS. MILLER: You have to ask George.

MR. DeVRIES: Well, we can put purchasers in there.

DR. GORDON: I don't see why not.

MR. DeVRIES: Well, the only thing is, is if we are recommending a different process for government agencies, but it sounds like we are not. At first we

were, but it doesn't quite read right to say, "Government agencies should offer health plan coverage to purchasers," because that is the way it would read. It doesn't read quite right.

DR. FINS: There are two issues. The first, if I may, big issue was that when you construct your benefit packages, options, that you include this stuff. This here is, how do you make the choice about whether or not you are going to purchase this or not, which is a whole different kind of question, as I read it. This is like whether we are going to buy it or not, whether we are going to include it.

So there are two steps here. One is, that if you are a company, you are a simple company, and you want to purchase these options, the first set of recommendations was your insurance company include these options in the available products that can be sold to you.

MR. DeVRIES: I was just going to say, No. 1.7 previously, on page 14, almost seems like what we are trying to accomplish here: "Public agencies and private organizations should support the development of

informational programs on CAM targeted to purchasers."

DR. FINS: "Informational programs" is different from "providing benefits," which is what No. 2.2 does. It is different, providing information is different from providing benefits.

MR. DeVRIES: Yes.

DR. FINS: Maureen, even though this is different from the recommendation, why couldn't it stand nevertheless?

MS. MILLER: It could. It lessens what the Commission is saying to purchasers, but again, if that is your choice, it can stay down here as an action item.

SISTER KERR: What is the difference here? I mean, why do you say that, Maureen?

MS. MILLER: Well, the recommendation is a recommendation toward the Aetnas, the Blue Crosses, the Kaisers, insurers and managed care organizations. It is not addressing Ford Motor, Proctor & Gamble, Medicare, Medicaid.

DR. GORDON: Maureen, what about to, maybe, simplify? I just make this as a suggestion, to have another recommendation that would address the purchasers,

have those two up ahead, and then all of these could fit under as action items. Then we wouldn't get so complicated.

MS. MILLER: Yes, exactly.

DR. FINS: I think there is a real confusion between the products that are offered, which we have just been discussing, and then how a purchaser decides whether or not to include it or not. So I really think they have to be disaggregated.

DR. GORDON: George, could you frame a recommendation for purchasers that we might use?

MR. DeVRIES: Sure.

DR. GORDON: Can you do it --

MR. DeVRIES: Right now?

DR. GORDON: Yes.

MS. MILLER: I think we could use as a basis No. 2.2, because No. 2.2 is it.

DR. GORDON: Okay.

MS. MILLER: You could elevate it to be a recommendation.

DR. GORDON: That would be fine.

SISTER KERR: I just want to further clarify

for my own learning. I think I am still confused on purchasers, George and Maureen. Is it true, then, that there are basically these categories, like Maureen just said, the Aetnas, the managed care, and then Ford and the government are just purchasers who have their own policy, their whole own deal?

MR. DeVRIES: Whether it is Joe's Manufacturing with 50 employees, or a dry cleaning shop with five employees, or Ford, or the federal government, they all purchase health care for their employees.

SISTER KERR: Okay. The government, then, is in that same relationship with them.

DR. GORDON: May we fashion No. 2.2 as another recommendation that relates to the purchasers?

MR. DeVRIES: So, are you saying that, "Purchasers should enhance the processes they use to evaluate and purchase health benefits and give consideration to safe and effective CAM intervention benefit plans"?

DR. GORDON: That sounds fine to me. I mean, it is a modest recommendation.

DR. FINS: The No. 1.7 recommendation is

actually less global and probably more effective in achieving the consideration.

MS. MILLER: No. 1.7 is totally different.

MR. DeVRIES: They really are accomplishing different things. I mean, I thought we were going a different direction when I steered you back to No. 1.7, but hearing where the Commission is at, I think amending No. 2.2 the way we just did will accomplish that.

DR. GORDON: If we can do that, if we can agree to that, then we can take a look at the rest of the action steps.

MR. DeVRIES: Sure.

DR. GORDON: Which I would like to do, if we can.

Charlotte.

SISTER KERR: The only consideration I have is, could we get a more action thing on "should enhance the process." What do we want them to do, revisit the literature, reconsider safe and effective, evaluate, or is that okay?

DR. GORDON: I think George had a different wording. Say it again, George, for No. 2.2.

MS. LARSON: You said, "to evaluate the processes." That is what you said.

MR. DeVRIES: Yes.

MS. MILLER: It is stated here very generally because, again, because this is a private system of mainly employer-based, but also, even within the government -- every government agency does this differently -- it is basically, you have a couple thousand different coverage processes.

MR. DeVRIES: Everybody does it differently.

MS. MILLER: Everybody does it differently. We have made some general statements in the text to give people a feel for what this is, but there is no standard way of doing this.

DR. GORDON: How can we word this, then, please?

MR. DeVRIES: "Purchasers should enhance the processes they use to evaluate their health benefits and give consideration to the addition of safe, effective CAM intervention benefit plans."

DR. GORDON: Maybe a simpler way would be to say, "Purchasers should evaluate the possibility of

giving benefits to safe and effective intervention." I am just thinking of trying to simplify it, because Charlotte's concern is that "enhance the processes" is vague. If we just say, "should evaluate the possibility of developing benefits and evaluate."

MR. DeVRIES: "Purchasers should evaluate the possibility of offering health benefits for safe and effective CAM interventions."

DR. GORDON: Yes. Is that okay? There we bring in evaluation, and they are taking a look at it, and that is all we are asking them to do.

Charlotte.

DR. FINS: It dovetails with No. 1.7, and that will help them, informationally, with that delivery of processes.

SISTER KERR: My comment wants to follow only if we feel that we have come to closure on this, even though it is related. Is that okay?

DR. GORDON: Have we come to closure on this?

DR. WARREN: Let's hear it one more time.

MR. DeVRIES: I think you are just doing this to see if I keep remembering it.

MS. MILLER: You are doing good, George.

MR. DeVRIES: "Purchasers should consider the possibility" --

MS. LARSON: "Should evaluate the possibility."

MR. DeVRIES: Thank you. Thank you. "Purchasers should evaluate the possibility of adding" --

DR. GORDON: "Enlarging health benefits to include safe and effective CAM interventions."

MR. DeVRIES: Good.

DR. GORDON: Okay?

MR. DeVRIES: I hope that is written down.

MS. LARSON: "Of enlarging health benefits," not "adding"?

MR. DeVRIES: No, no, "Of adding health benefits."

DR. GORDON: Fine.

MR. DeVRIES: "Of including health benefits."

DR. GORDON: "Of offering health benefits that include safe and effective CAM interventions."

MR. DeVRIES: Better.

DR. GORDON: Okay? We are back to the "offering" word. We have the "evaluation" word. We have

them all there.

Are we okay with this now? Charlotte, you have another issue.

SISTER KERR: Yes. This is going to be a little bold, so we are either going to up it or out it. I really feel like I have to speak this for the speaking I've heard from people for so many years. I am aware, also, of what we have said, but I am going to say that I would like to know if we want to include an action statement that specifically asks Congress to revisit the benefits of federal employees as regards the inclusion of safe and effective CAM.

That may not be the right wording, but it is going beyond what we have just said to say, give them an option, bring it to their consciousness. People ask for this, and I don't know if we want to do it or not.

DR. GORDON: Specifically, what would you like Congress to do?

SISTER KERR: Well, I understand that the federal benefits have to be mandated by Congress, the changes. What we have said so far is that we should treat the government like we have treated other

purchasers. So the request is, do we want to say to Congress, hey you all, take a look again, and do we want you to revise what you purchase for federal employees.

How come you are waving your head, Boyd?

DR. GORDON: Julia.

MS. SCOTT: This is just process. I think we should discuss new things, but I do think we need to get through the ones that are here. George already mentioned some time constraints, and other people. If we could just quickly go through the remaining three and then come back to any additions.

DR. GORDON: No, we have many more. We've got seven.

MS. SCOTT: No, we are down to two. Oh, Lord, I didn't even see those.

DR. GORDON: The only reason to address this one here is that it fits in with No. 2.2. I appreciate and I understand the time constraints. So let's see if we can move extremely fast through the rest of them and come back.

No. 2.3: "Including CAM practitioners and experts on advisory boards, work groups, et cetera,

considering CAM benefits." Yes? Okay?

No. 4: "CAM practitioners -- no?

MR. DeVRIES: Let's go back. Let's go back. No. 2.3, we say, "public and private organizations." Do we mean purchasers or do we mean health plans and insurance companies?

MS. MILLER: All of the above.

MR. DeVRIES: Because Joe's Manufacturing Company isn't going to develop a committee with a CAM practitioner to decide on a benefit plan. So I am just saying maybe we can encourage health plans and insurance companies to do it, but to say to a purchaser that they are going to go through this process for benefit development for the vast majority of employers, they won't go through this.

DR. GORDON: So, George, what would you like to say?

MS. MILLER: If I might, it is not intended that they have to do it. This is just, if these things exist, where these things exist, they should have a CAM expert on it. It is primarily Medicare working groups, DOD, and the large insurers, but it could be Robert Wood

Johnson or somebody discussing hospice benefits or something.

MR. DeVRIES: Could we say something more like, if public and private organizations have advisory bodies, work groups, and committees for considering health benefits and coverage, that if they look at CAM benefits they should also include CAM practitioners in those committees?

Could we say it something to that effect? Because the way it reads is, you need to have these committees.

DR. TIAN: I think we should have these committees. We should put a little bit of pressure to the organizations; not too polite.

DR. GORDON: I don't see that it says they should, because it is only when they have the advisory bodies, work groups, et cetera. We are not saying they should have these things. We are saying essentially the same thing you said.

MR. DeVRIES: Does everybody pretty much see it as existing bodies and committees?

COMMISSION MEMBERS [En masse]: Yes.

MR. DeVRIES: All right. I will defer.

DR. GORDON: Let's move on to No. 2.4: "CAM practitioners," et cetera, "identifying opportunities and actively seeking to participate on public and private advisory bodies, especially in areas of health services research on CAM and coverage of CAM interventions."

Maureen, do you want to say a word about why this is here? Or, Julia, what do you want to say?

MS. SCOTT: My feeling about it is the same as No. 1.6, that it is a nice thought but what can you do?

MS. MILLER: This was put there in response to some earlier Commission discussions, that these advisory boards can create the opportunities but unless the CAM community goes out and seeks them, it is not going to happen. John White from CMS specifically addressed that. He said they put out these invitations all the time and they have never had a CAM practitioner apply.

DR. GORDON: We need to move through these. We need a little bit of time at the end for the Joes' agreement to be presented to us, which is an important item that was left hanging. So we need to move through these in five minutes, one minute each, in order to do

that. If we need to come back, let's come back afterwards.

I am willing to sit and do this, but you need to go anyway, soon. Everybody needs to go very soon. So let's move fast.

MR. DeVRIES: No. 2.4 is approved.

MS. SCOTT: It is approved?

DR. GORDON: No. 2.5: "List of opportunities for CAM experts to participate." I think this is perfectly reasonable. We are moving in that direction.

MS. SCOTT: Well, I just would like to be on record to say that I don't believe No. 2.4 should be there. I think it is something that is nice, we would like it to happen, but you can't make it happen. There is no body that is going to make it happen.

DR. GORDON: You would like to strike it, Julia?

MS. SCOTT: I would like to put it in the text because I think it certainly should be mentioned.

DR. GORDON: Okay. Put it in the text, fine.

MS. SCOTT: It is important but I don't see how we --

DR. GORDON: Thank you, Julia.

Got that, Maureen? Okay.

So No. 2.5, we are okay.

No. 2.6: "Amending the tax code to include CAM in the favorable tax treatment of health benefits."

DR. FINS: I would recommend that we use the language to evaluate, exactly what we did in the Wellness section, and just adopt that language here.

MR. DeVRIES: That's fine.

DR. GORDON: Fine? Okay, got it.

No. 2.7: "The Secretary should direct the agencies to convene workgroups and conferences to assess the state of the science of CAM services and products, and develop consensus and other guidance on their use."

This is a recommendation, I assume, that is a function of CAM Central, if it exists. Is that right, Maureen?

MS. MILLER: Correct.

DR. GORDON: So, are we okay with this, then?

MR. DeVRIES: Yes.

DR. FINS: I think we might want to say in parentheses, "through the central office," or something,

"the proposed office."

DR. GORDON: This is in case the office doesn't exist.

MS. MILLER: Actually, I retract my agreement. These kinds of groups are convened primarily in NIH, but AHRQ does it and CMS does it, so it really would be the operating component.

DR. GORDON: Thank you.

No. 2.8: "Health insurers, managed care, CAM," et cetera, et cetera, "develop medical criteria, and federal agencies should support cooperative efforts to develop criteria and guidelines for the use of CAM services and products."

Maureen, do you want to explain this one?

MS. MILLER: This goes back to the medical necessity discussion that is written up in the text. It basically promotes the concept that these organizations be more proactive in developing the kind of criteria that health insurance companies need, to say, okay, we have an acupuncture benefit but that doesn't mean everybody who gets acupuncture is going to get it paid for. They do a case-by-case review for medical necessity, and those

criteria are often not there.

DR. GORDON: Are we okay with this, then, with that understanding? David, are you okay?

DR. BRESLER: Yes.

DR. GORDON: Joe, you okay?

DR. FINS: Yes.

DR. GORDON: Veronica.

DR. GUTIERREZ: This looks like an ideal spot to insert "clinical necessity" instead of "medical criteria." Or, it could read, "to develop medical criteria and federal agencies should support cooperative efforts to develop appropriate clinical criteria and guidelines for the use of CAM."

DR. GORDON: Is that fine for everyone, "appropriate clinical criteria"?

PARTICIPANT: Yes.

DR. GORDON: Thank you.

MR. DeVRIES: Excuse me.

DR. GORDON: Yes?

MR. DeVRIES: No. 2.8, I mean, saying "should support" sounds like they must, and I am wondering if there is a way to make it more voluntary. No. 2.8, line

12, "should support" sounds like it is required.

DR. FINS: "Should foster"?

MR. DeVRIES: "Are encouraged to support"? I realize that weakens it a little bit.

DR. GORDON: Are we okay with that?

MS. MILLER: As long as no one later tells me we are not allowed to use the word "encourage."

DR. GORDON: One time is okay.

[Laughter.]

DR. GORDON: No. 2.9, "State governments should address barriers to third-party coverage of safe and beneficial CAM interventions that stem from the practitioner's need for legal authority to provide those interventions."

Do you want to explain this, George?

MR. DeVRIES: This is the whole issue of licensure. This is the whole issue of making sure that a barrier to third-party coverage of naturopathic services is if naturopathic physicians are not licensed to provide their services and therefore it is practicing medicine without a license. It won't be reimbursed, and it won't be covered.

DR. FINS: What used to be that morass that was on the back wall here, from the last section, right here, where we were talking about the evaluation of the guidelines and the various implications, I think that this really follows, related to the licensure and regulation issues, whether or not it impedes or enhances access.

So I would move to put that in that section because this is really an access question, not a coverage and reimbursement issue.

MR. DeVRIES: I would actually argue back that this is such an important issue, that it is both.

DR. FINS: Okay, you win.

MR. DeVRIES: I don't mind taking your language, the language you proposed and we all agreed upon in Access, and incorporating it here.

Maybe, Maureen, if you want to change it to fit the issues of third-party reimbursements ever so slightly.

But I think it is such a broad issue, the legal regulatory ability of a provider, that it really covers both ends.

DR. GORDON: Don, please.

DR. WARREN: I don't understand. I see this, and I don't understand. If you are not licensed, they are not going to pay. So why do we have to put it in there at all?

MR. DeVRIES: Well, the issue is naturopathic services in California are not paid by any health plans.

DR. WARREN: Are they licensed in California?

MR. DeVRIES: No, they are not, but if they were licensed in California, I believe there are health plans that would say, okay, we will cover services provided by naturopathic physicians. So the lack of license is a barrier for third-party reimbursement for those services.

Again, it kind of goes back, Don, to the whole issue of having the appropriate regulatory approval to be able to operate within your scope of practice, your training, and your education. So that is really it.

DR. GORDON: So if this is comprehensible, there still is the question, and there is a difference on the floor, between George who feels that should be included here as well as in Access, and Joe who feels it

should just be in Access.

DR. FINS: I don't care.

DR. GORDON: You don't care.

DR. FINS: NO, I think it is fine.

DR. GORDON: It's okay. All right. Are we okay with it here? Fine.

MR. DeVRIES: So Maureen will put it in?

DR. GORDON: In the same language as in Access.

Charlotte, you raised one more that we need to address here, and then we do need to address the Joes' issue, and then I need a couple of other pieces of information from the Commission at this point. I would like a couple of other pieces.

DR. WARREN: I go back. I vote no on that last item.

DR. GORDON: Which last item, Charlotte's?

DR. WARREN: No. 2.9. I vote no.

DR. GORDON: You vote no on No. 2.9.

DR. WARREN: Yes. I don't think it is necessary. I think it ought to be stricken.

DR. GORDON: I'm sorry, Don?

DR. WARREN: I think it ought to be stricken.

DR. GORDON: Because?

DR. WARREN: It doesn't make sense. They are either licensed or they are not licensed. If they are licensed, they get coverage; if they are not licensed, they don't get coverage.

DR. GORDON: I think what No. 2.9 is saying is that licensure ought to be facilitated.

DR. FINS: I think what it is saying is that without licensure there is no hope for those individuals to be funded, and without funding, you don't have people coming to your state, so therefore you have decreased access.

So it is not that we are saying they should be licensed or not. That is a different question. We have addressed that. We are simply saying that the lack of legal authority for individuals to practice has economic implications, and that is what is being raised here for questioning.

MR. DeVRIES: This section is about third-party reimbursement and facilitating third-party reimbursement, how to facilitate third-party reimbursement. This is not about providers who choose to be exempted and to practice

in a different way and do cash-only business. This is about facilitating third-party reimbursement.

If you start from that premise, then it is understanding that they have to have the legal authority to practice in order to be reimbursed under third-party reimbursement, and that is what this is trying to address.

DR. WARREN: They still have the option of doing cash-only.

MR. DeVRIES: Of course, absolutely. We will use the same exact language we agreed upon before.

DR. GORDON: Are you okay with that, then, Don?

DR. WARREN: It's just like dentistry.

DR. GORDON: What is that?

DR. WARREN: It's just like dentistry, then. You've got the possibility of being reimbursed if are you are licensed. If you aren't licensed, you won't get paid for it, and if you want to be cash-only, you can be cash-only.

DR. GORDON: It would be like if they refused to license dentists in Florida.

DR. WARREN: Thank you for saying that.

DR. GORDON: You think that should happen there?

[Laughter.]

DR. GORDON: Is that right, that is sort of equivalent?

MR. DeVRIES: Yes.

DR. GORDON: If there is a direct obstacle to licensure for people who want licensure. Just because you have licensure doesn't mean you are going to be covered, but licensure is a prerequisite for coverage.

So, is it okay here?

DR. WARREN: Well, since it's explained in those terms, it makes more sense.

DR. GORDON: I'm sorry?

DR. WARREN: Since it is explained in those terms, it makes more sense.

[Laughter.]

MR. DeVRIES: Thank you, Don.

DR. GORDON: For a minute, let's come back to Charlotte's.

SISTER KERR: I have a clear position on this. I have a feeling that either it has already happened in

press requests or it will be asked of the Commission. Did you all recommend to include CAM in Medicare, Medicaid in federal employee benefits?

If we say no, that is an answer. If we say yes, and we say something like, "We ask Congress to revisit," which is what I stated before.

DR. GORDON: So, what would your recommendation be?

SISTER KERR: I am not making a recommendation. I am asking the Committee because it is very controversial. Is the answer that we have decided to include the federal government as any other purchaser, so that we have asked all purchasers to re-look at their benefits, and we are leaving it like that? This question is going to be asked.

DR. GORDON: Charlotte, let me say where I stand on this. I don't think it is so controversial. I think it is fine. I think it is fine for us to say that Congress should consider, evaluate and reconsider whether or not safe and effective CAM benefits should be covered for federal employees. It doesn't seem to me any different in principle. We are not going any further

than we are for anything else. It is the same as we are suggesting to any purchaser.

MR. DeVRIES: Could we suggest, maybe, creating one more action step where we would specifically say, "Congress should consider the coverage of safe and effective CAM interventions as benefit plans"?

DR. GORDON: I would say, "Congress should evaluate the available evidence and consider the possibility of including safe and effective CAM benefits."

MR. DeVRIES: Joe, that is not recommending. Congress is going to go through their entire financial --

DR. FINS: I know, but I have to go in two minutes. This is a huge decision, and this can't be decided now. We have brushed up against this issue. We have decided not to go there, and at the eleventh hour it is very hard to make that decision. I mean, a third of the people aren't here. It is troubling.

I think this is a big, big issue because now it opens up the issue of other things that aren't covered that Congress should consider, and the priority-setting issue. I said this at the first meeting and I will say

it again now, I have a hard time endorsing things that are yet to be proven to be safe and effective against the Medicare drug benefit.

DR. GORDON: Joe, that was not the intention of the recommendation, but I appreciate your saying it is a big issue.

SISTER KERR: Do you agree, though, that the press and the country is going to ask us this question?

MR. DeVRIES: Well, the reality is, in a sense we have already answered that question in the way we have worded the action steps because we have said that purchasers should consider coverage, and that includes federal government, that includes Medicare, that includes Medicaid, or the state Medicaid programs. It really does include all government programs as well as private entities.

DR. GORDON: Conchita and Ming, we need to move ahead. We have an issue that we have got to decide while these folks are here. I don't quite know how to deal with the congressional issue. We have a difference.

I see we have already said it, we just haven't said it at the level of Congress. We have said it at the

level of agencies already. So I don't know that we ever considered in detail the recommendation to Congress before. I appreciate your concern at the same time, and I don't want to try to push it through.

DR. FINS: Charlotte, the answer is, in my view, that there is no such thing as CAM coverage. It is a case-by-case intervention, and we have made recommendations whereby purchasers and funders can begin to evaluate the relative merits of individual safe and effective modalities.

DR. GORDON: That is right. All this recommendation would be saying is we are making the same recommendation to Congress with the same steps. So that's what I'm saying.

MR. DeVRIES: Charlotte and Joe, we have kind of addressed both sides, haven't we?

SISTER KERR: I think it is highlighting it by pulling it out. The other thing, and this is just clarifying, I imagine if you work for Ford or you buy into Kaiser, you feel like you participate, perhaps, in the choice of benefits. It may be the same thing with the government where, if a person asks, to say what you

have to do is keep writing your members of Congress.

DR. GORDON: What I would like to do, because of concern about this and because of its high profile, we can talk about it on the conference call when the conference call comes. I would like to address a couple of the other issues. I think Joe's point is well taken, that there may be all kinds of concerns, and I don't want to push this at the last moment.

SISTER KERR: Mr. Chairman, I would like to request that you hold this for us. It is not a particular recommendation that I want included, it is a particular consideration I want us to discuss. So I want to give the ownership of the responsibility to you.

DR. GORDON: I will accept it. Ming.

DR. TIAN: I think this is a very important issue. I do not quite understand why we cannot suggest to Congress to evaluate it. Why not? I do not want to use Congress as a purchaser.

DR. GORDON: I agree with you completely, but let me just say that because of the consideration that Joe raised, because this is high profile, because it may make people uneasy for whatever reason, that we ought to

wait until we have the whole Commission and slightly longer time, which we will have on a conference call. Then, I will bring it up on the conference call.

Maureen, do you want to add anything?

DR. TIAN: I also want to say that so many government employees, the patients ask us, many, many times, from the very beginning, at least two years. I strongly insist on my point. I think we should clearly tell Congress it should consider it.

DR. GORDON: Yes. In my role as the chair, I feel that without the other members of the Commission here, bringing up a new item that is at this level of profile, I think we need them here, and they need to have the opportunity to have input.

Steve, maybe we can mention that this is something that has been discussed and ask people to think about it, but I don't want to push it on them because these things are so delicate that I would rather discuss it when everybody has had a chance to evaluate it.

Is that okay with people? Are you with me on this? Yes, Conchita.

DR. PAZ: We have kind of touched on it here

and there, nothing directly, but here and there. I mean, we came across it with the Access and some of the studies that we talked about doing. I think those are places that incorporate Medicaid-type services. We have never really addressed it directly, but I think that will be part of what has touched it.

DR. FINS: I disagree, I think we have discussed it. I think the issue was safe and effective mechanisms, that there is no such thing as a CAM benefit, and that is going to be particular, and there is specificity and there is a process. I think we have discussed this a lot.

DR. GORDON: The process is the same for Medicaid and Medicare as it is in the other situations.

DR. FINS: Right. That CMS would make this decision, if it is safe and effective.

DR. GORDON: We need to discuss the issue that was raised before about National Health Service Corps, and we need the three Joes to do this. So, could we take a minute to do this?

DR. FINS: This was the loan issue for the National Health Service Corps, Education 1.6.

Basically, Joe Pizzorno and I have agreed on this, and it is a step-wise approach to this issue: "Health and Human Services should conduct a feasibility study to determine whether appropriately educated and trained CAM practitioners enhance and/or expand health care provided by primary care teams which include family practice, internists, pediatricians, OB/GYNs, as well as PAs, nurse practitioners, nurse midwives, dentists, and mental health professionals.

"This feasibility study could lead to demonstration projects to identify, (1) the type of CAM practitioner; (2) the necessary education and training for practitioners; (3) the practice setting; and (4) the health outcomes associated with the addition of these practitioners and services to comprehensive care."

The point here is, we are not addressing the loan issue and loan forgiveness and whether or not these people are primary care providers or not, because it is premature to do that, and that we need to demonstrate the feasibility, we have to have demonstration projects and see whether or not it is value-added. If it is value-added, at some future time the federal government might

consider some additional support for the education of these individuals.

DR. GUTIERREZ: Did you include chiropractic in that?

DR. FINS: Sorry?

DR. GORDON: Thank you for your hard work.

DR. GUTIERREZ: Did you include chiropractic in that?

DR. FINS: Chiropractic is not defined as a primary care provider, and Congress recently decided to reaffirm --

DR. GORDON: We have not tackled the issue here -- Joe, correct me if I'm wrong -- of who is and who is not a primary care provider.

DR. FINS: This is not how we are going to resolve this. I mean, half the people have left and half the people are leaving.

DR. WARREN: This is such a long statement. I would like to get a document so that I can look it over.

DR. FINS: Okay, why don't do that.

DR. GORDON: Let's get this in writing. This will be another item for discussion on the conference

call.

DR. FINS: I want to say one other thing.

DR. GORDON: Yes, go ahead, please.

DR. FINS: I want to say that all of us reaffirm our rights about our endorsement, or not, about the report based on how the written report comes to us.

The second point is that we have not discussed the vision statement.

DR. GORDON: That's right.

DR. FINS: I think that the vision statement will make some of us have double vision, and I think we have to be very careful about that. We haven't done it, and I think that is an area that, without discussion, could really lead to an unbalancing of any kind of consensus that is evolving.

DR. GORDON: Let me say, since I am going to be the author of the vision statement that I did not want to write the vision statement until I had heard the vision of the Commission. So it has been deliberately put off until this time so I can listen and attend to these two days of discussion.

The vision statement will be sent to everybody,

and there will be time to look at it and comment on it, to say what one wants to say about it. Then you can get in touch with me individually, and then I can make revisions, and then it will be back in a second iteration.

So the vision statement I would have written before is not the same as the vision statement I will write now.

DR. FINS: I just think the report should speak for itself. The vision is in all the text that we have crafted and all the discussions we have had. To have another document with the time frame of two weeks --

DR. GORDON: The document will be about two or three pages.

DR. FINS: I know, but some of us had urged not to have that at all. I understand and I appreciate the fact that it wasn't written before we had this meeting because it wouldn't reflect the vision.

I also want to just emphasize that, at this late hour, to introduce a new text that could not necessarily capture the sentiments around the table is something that could upset the work.

DR. GORDON: If indeed the statement does not capture the sentiments around the table accurately, it won't be included. That is the whole point of the vision statement, is that it will capture the statements.

DR. FINS: Okay.

DR. GORDON: So I hope you will extend the same courtesy of evaluating it.

DR. FINS: Absolutely. I really look forward to it, and I wish you well in doing that, but I just think that of all the elements in the report that could drift into an advocacy mode or revert back to old text. There is a risk.

DR. GORDON: I hear your concerns, and I hope you will evaluate it with the same thoughtfulness you have extended for the whole report.

DR. FINS: Thank you. I appreciate that.

SISTER KERR: Jim, are you foreseeing this as just a general three-page thing, or five, or one?

DR. GORDON: Yes. We have two other documents that none of us have seen. We have an executive summary and we have a vision statement that have not been issued. Those will be sent out to all the commission members over

the next few days, as we pull together all the information from these meetings.

There are a couple of other issues that are still pending which we haven't decided. One has to do with the order of the sections, and what I would like to suggest is that staff will posit a tentative order for the sections that will be submitted along with the sections.

Does that seem right?

Secondly, there is an issue that Don raised that we still have not addressed -- and I don't know, we may not want to address it, but I am remembering it -- that has to do with practitioners' vulnerability to prosecution. I am just saying that this is one issue that, clearly in my mind, has been left out.

We have it there in terms of research, but I know that you wanted to have it addressed in Access and Delivery. We didn't have a chance to talk about it. So that is something for the staff and for Max to be considering.

DR. WARREN: One more point. At numerous times today Joe has brought up that Congress has said that the

chiropractors were not considered primary care. When did that happen, how did it happen, and in what bill?

DR. FINS: I don't have that information.

DR. WARREN: How long ago did it happen?

DR. FINS: Within the last couple of months.

DR. WARREN: Last couple of months.

DR. FINS: You should ask staff for that information. They will provide it to you.

DR. GORDON: So, Steve, do you want to say in a few words what the process is going to be now?

DR. GROFT: Real briefly, we are going to take what we gained from this meeting, collapse it, and try and get, hopefully, a very thoughtful document out to everyone. It will be coming out in pieces. It will not come out as one document.

I think each section has a different level of revision, and we are not going to hold them all up. So please keep an eye on your Emails and get back to us as soon as possible. I will try to put a time frame on it, something like 48 hours or something, to get your comments back.

Then, the Access and Delivery piece, which is

going to be a major rewrite, we are starting Sunday to work on that, and we hope by Wednesday, perhaps Wednesday night, that we will have a draft ready to go out to you.

DR. GORDON: I also just want to thank all of you for staying so long. Joe Fins, I want to thank you and others, who had doubts to begin with, for your commendable willingness to participate totally in the process and to be available.

I have really appreciated this on all sides, all the people who sent Emails, who had concerns, have been able to come together and really work together wonderfully.

So thank you all for this and for all the time that you have been here.

DR. TIAN: Thank you for your leadership, Jim and Steve.

[Applause.]

MS. SCOTT: And thank all the staff for their tireless work.

[Applause.]

[Whereupon, at 7:00 p.m., the meeting was adjourned.]

CERTIFICATION

This is to certify that the attached proceedings

BEFORE: White House Commission on Complementary and Alternative Medicine Policy

HELD: February 21-22, 2002

were held as herein appears and that this is the official transcript thereof for the file of the Department or Commission.

DEBORAH TALLMAN, Court Reporter