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WHCCAM Committee Records
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01 -- Specific Recommendations from Meetings *2000-2001*
02 -- Agenda 7/13-14/2000
03 -- WHCCAM Meeting #1 7/13-14/2000
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09 -- Issue: Education and Training *c. 2001*
10 -- February 21-22, 2001 WHCCAM Meeting
11 -- February 22-23, 2001 Mtg. - Hubert Humphrey Building
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25 Recommendations
103 Actions

Briefing

Recommendations and Actions

CAM in Wellness and Health Promotion

Recommendation 1: Safe and effective CAM practices should be utilized to help achieve the Nation's health promotion and disease prevention goals and to promote wellness throughout life.

Actions

1.1 CAM practices that improve nutrition, promote exercise, and teach stress management should be integrated into the school curriculum for children from kindergarten to 12th grade.

1.2 Federal agencies such as the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Department of Agriculture should incorporate CAM practices into national guidelines on wellness and prevention practices for children.

1.3 The Department of health and Human Services should conduct a national campaign that includes public service announcements and involvement of public figures to teach and encourage healthy behaviors among children.

1.4 Federal agencies, in partnership with the business community, should develop incentives for schools to make available healthier school lunches and snacks, and to limit the sale—and eliminate the advertising—of high-fat snacks, soft drinks, and other products that do not contribute to healthy lifestyles.

1.5 The Healthy People Consortium should include CAM professionals in its review of the 10 leading health indicators and develop strategies to encourage the use of CAM practices in these areas.

1.6 Questions on the extent and intended use of CAM products and practices should be included in the national surveys and other assessment tools including the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the Medical Expenditure Panel Survey, and these data should be incorporated into the *Healthy People 2020* goals and objectives.

Recommendation 2: Research on the role of CAM in wellness and health promotion, the application of CAM principles and practices, and the role of CAM practitioners in the management of chronic disease should be expanded.

Actions

2.1 DHHS should fund demonstration projects that include underserved and special populations to evaluate the clinical and economic impact of comprehensive health promotion programs that include CAM.

2.2 The Federal government and private health organizations should evaluate CAM approaches that are currently being used for wellness and health promotion to determine their effectiveness and applicability to the management of chronic disease.

Recommendation 3: Safe and effective CAM practices used in the workplace to promote wellness and health should be expanded.

Actions

3.1 CAM wellness and prevention activities should be included in Federal worksite wellness and health promotion programs and Federal health coverage plans.

3.2 Federal agencies, in conjunction with the business community, should develop incentives for employers to include CAM wellness and prevention activities in their workplace wellness programs and health coverage, and to decrease insurance premiums for those that participate in them.

Recommendation 4: Public, private, and Federal health care delivery systems and health-related programs should incorporate safe and effective CAM practices into their services to help promote wellness and health.

Actions

4.1 The Secretaries of the Department of health and Human Services and the Department of Agriculture, and the Commissioner of the Administration for Children and Families, should establish task forces to develop strategies for incorporating CAM wellness and health promotion activities and professionals into Federal health programs such as Head Start, Meals on Wheels, The Special Supplemental Nutrition Program for Women, Infants and Children, the Healthy Mothers/Healthy Babies Program, and the State Children's Health Insurance Program.

4.2 Federal health care delivery systems in the Department of Defense, Department of Veterans Affairs, Indian Health Service, and community and migrant health centers should establish task forces to develop strategies that will incorporate CAM wellness and health promotion activities and professionals in their services.

4.3 Funding should be provided for demonstration projects to evaluate the impact of CAM practices in wellness, health promotion, chronic illness, and end-of-life programs offered by the Department of Veterans Affairs and Department of Defense.

4.4 The Secretary of Health and Human Services should establish a task force to develop strategies for incorporating CAM wellness and health promotion activities in the nation's hospitals and long-term care facilities and in programs serving the aging, the dying, and those with chronic illness.

4.5 CAM and conventional health professional training programs should include the teaching of self-care and lifestyle decision making to improve practitioners' health and to enable practitioners to impart this knowledge to their patients or clients.

Coordination of Research

Recommendation 1: Federal agencies should receive increased funding for clinical, basic, and health services CAM research.

Actions

1.1 All Federal agencies with research or related health care missions should increase their research and related activities with respect to CAM and make them known to CAM professionals. Activities should include funding initiatives such as requests for applications and proposals; CAM-focused offices or centers; CAM-focused staff positions; CAM planning and advisory committees or the representation of qualified CAM professionals on such groups.

1.2 Congress should provide adequate public funding for research on frequently used or promising CAM products that would be unlikely to receive a patent and therefore unlikely to attract private research support.

Recommendation 2: Congress and the Administration should enact legislative and administrative reforms to provide greater incentives to stimulate private sector investment in CAM research on products that may not be patentable.

Actions:

2.1 Incentives to stimulate private sector investment in CAM research should focus on (1) research on dietary supplements and other natural products that may not be patentable; (2) research on other CAM products that may not be patentable, including therapeutic devices; and (3) the development of analytical methods for producing better quality CAM products.

2.2 The Federal and private sectors should provide support for workshops to discuss the research needed by regulatory agencies for their review and approval processes for CAM products and devices.

2.3 Federal agencies should develop outreach programs to inform manufacturers of CAM products and devices about the Federal research support available to private industry and how the agency can assist them.

2.4 Manufacturers of CAM products and devices should become acquainted with potential sources of research funding and the requirements they must meet to access such resources successfully.

Recommendation 3: Federal, private, and nonprofit sectors should support research on CAM practices that build on lifestyle and self care, and on therapeutic approaches that integrate CAM and conventional medicine.

Actions

3.1 The Federal government should stimulate private investment in research on CAM modalities and approaches that are designed to improve self care and wellness behaviors.

Recommendation 4: Federal, private, and nonprofit sectors should support new and innovative CAM research on CAM practices and products, and on core questions posed by frontier areas of scientific study associated with CAM that might expand our understanding of health and disease.

Actions:

4.1 The Federal, private, and nonprofit sectors should support more research on (1) complex compounds/mixtures frequently found in CAM products, (2) clinical interventions consisting of multiple treatments, (3) patient-practitioner interactions, and (4) individualizing treatments.

4.2 NCCAM, assisted by the National Science Foundation, the Institute of Medicine, the World Health Organization, or other Federal or non-Federal body, should conduct a review on core research questions associated with CAM that are outside the current research paradigm.

4.3 The National Institute of General Medical Sciences of the NIH, the Department of Energy, the Department of Defense, and the National Science Foundation are among the Federal organizations that should consider contributing collaboratively or independently to the support of research on core questions in areas described in many CAM systems.

4.4 Multidisciplinary workshops and expert panels should be convened by Federal, private and nonprofit organizations, collaboratively or independently, to explore the challenges in design and methodology presented by research questions in CAM areas that are outside the current research paradigm.

Recommendation 5: It should be duly noted that human subjects participating in CAM related clinical trials are entitled to the same protections as required in conventional medical research.

Actions

5.1 Licensed practitioners using CAM systems and modalities who wish to conduct or collaborate in clinical research should follow the same requirements as in conventional medical research. They should develop, or partner with a research institution to develop, a scientifically valid research protocol and obtain IRB approval to ensure that they meet accepted standards of ethical conduct and their responsibilities to protect human subjects.

5.2 Accredited CAM institutions and CAM professional organizations should establish IRBs where possible, and guide their colleagues and members to utilize the IRB process, which is required to conduct clinical research.

5.3 IRBs that review CAM research studies should include the expertise of qualified CAM professionals in the review.

5.4 Research institutions, NIH Institutes and Centers, and other Federal research and health care agencies should be more proactive in developing programs that (1) provide opportunities for expert review of promising CAM practice-based observational data by experienced researchers, (2) stimulate practitioner response to the opportunities offered by the programs and (3) facilitate communication and stimulate partnerships between CAM practitioners and conventionally-trained researchers in designing and implementing clinical studies.

Recommendation 6: State professional regulatory bodies should include language in their guidelines stating that licensed or other authorized practitioners will not be sanctioned *solely* because they are engaged in CAM research if they are (1) engaged in research that is approved by an appropriately constituted IRB, (2) are following the requirements for the protection of human subjects, and (3) are meeting the same licensing or other authorizing standards of practice to which all similarly licensed or authorized practitioners are held.

Recommendation 7: To facilitate CAM integration into the health care system, increased efforts should be made to strengthen the emerging dialogue among CAM and conventional medical practitioners, researchers and accredited research institutions; Federal and state research, health care, and regulatory agencies; the private and nonprofit sectors; and the general public.

Actions:

7.1 CAM and conventional medical researchers and practitioners should adhere to the same high standards of quality and ethics in all aspects of research and related activities.

7.2 Federal agencies should develop programs to stimulate cooperation and partnerships between CAM and conventional medical professionals and accredited institutions.

7.3 Committees reviewing or advising on research, journal submissions, regulatory compliance, and health insurance coverage in both the public and private sectors should include as members or consultants trained, experienced, and properly qualified CAM health care professionals.

7.4 Multidisciplinary conferences, workshops, and expert panels on CAM research and related activities, including research methodology, should be supported independently or collaboratively by the public, private, and nonprofit sectors.

7.5 The nonprofit sector and the private sector should create funding partnerships, whether independently or with Federal agencies, to augment support for CAM research, research infrastructure and training, research conferences, and information dissemination.

7.6 The Federal government should support research, including population-based research, to learn more about why people use CAM practices and products, how they determine the safety and effectiveness of the practices and products they use, and what they find satisfying or unsatisfying about them.

7.7 To benefit patients and future research protocol development and to add to our knowledge about the use of CAM, IRBs should consider requiring that all research subjects be asked about their use of herbal or other dietary supplements, and hospitals should consider requiring that all inpatients and outpatients be asked about their supplement use.

7.8 Federal agencies supporting biomedical and health services research should develop orientation and training programs for public representatives to enhance the effectiveness of their participation on advisory committees concerned with CAM.

Recommendation 8: Public and private resources should be increased to strengthen the CAM research and research training infrastructure at conventional medical and CAM institutions and to expand the cadre of basic, clinical, and health services researchers who are knowledgeable about CAM and have received rigorous research training.

Actions:

8. 1 The leadership at accredited CAM and conventional medical institutions should develop programs that examine CAM research questions and that stimulate cross-institutional collaborations involving faculty and students in research and research training.

8.2 The leadership at accredited CAM and conventional medical institutions should support joint research and professional education and training programs to enhance the quality and clinical relevance of CAM research and link the research with evidence-based education and training of practitioners.

8.3 Federal health agencies with research training programs and responsibilities that encompass CAM-related questions should be given adequate support to increase research training in CAM.

8.4 Existing resources, such as NCCAM-supported centers and the National Center for Research Resources' General Clinical Research Centers should be utilized to increase opportunities to conduct clinical research and training on CAM and examine the integration of CAM into the clinical setting.

8.5 Federal support should be increased for career development awards, including those that enable investigators focusing on CAM to develop into independent investigators and faculty members, and mid-career awards that provide the time required to mentor new CAM investigators.

Recommendation 9: Public and private resources should be used to support, conduct, and update systematic reviews of the peer-reviewed research literature on the safety and efficacy of CAM practices and products.

Actions:

9.1 The Agency for Health Care Research and Quality should expand its Evidence-based Practice Center systematic reviews on CAM systems and treatments for use by private and public entities in developing tools, such as practice guidelines, performance measures, and review criteria, and for identifying future research needs.

9.2 NCCAM should issue a comprehensive and regularly updated summary of current clinical evidence on the safety and efficacy of CAM systems and treatments for health care practitioners and the public.

Education and Training

Recommendation 1: The education and training of CAM and conventional practitioners should be improved to ensure public safety, and to increase the availability of qualified CAM practitioners and knowledgeable conventional practitioners.

Actions:

1.1 Conventional health professional schools, postgraduate training programs, and continuing education programs should develop core curricula of knowledge about CAM in conjunction with CAM experts and CAM institutions so that conventional health professionals can discuss CAM with their patients and clients and guide them in the appropriate use of CAM

1.2 All CAM education and training programs should develop curricula that reflect the fundamental elements of biomedical science and conventional practice in order to ensure safe and beneficial care of patients.

1.3 All CAM and conventional education and training programs should develop curricula and other methods to facilitate communication and foster collaboration between CAM and conventional students, practitioners, researchers, educators, institutions and organizations.

1.4 Increased Federal, state, and private sector support should be made available to

expand CAM faculty, curricula, and program development at accredited CAM and conventional institutions.

1.5 The eligibility of CAM students for existing loan and scholarship programs should be expanded.

1.6 The Department of Health and Human Service should conduct demonstration projects to determine the feasibility of CAM students participating in the National Health Service Corps scholarship program.

1.7 The Department of Health and Human Services and other Federal Departments and Agencies should convene conferences of the leaders of CAM, conventional health, public health, evolving health professions, and the public; of educational institutions; and of appropriate organizations to facilitate establishment of CAM education and training. Subsequently, the guidelines should be made available to the states and professions for their consideration.

1.8 Demonstration projects of residencies and postgraduate training for appropriately educated and trained CAM practitioners should be conducted to determine the feasibility of such programs and their impact on clinical competency, quality of health care, and collaboration with conventional providers.

1.9 All practitioners who provide CAM services and products should consider completing appropriate CAM continuing education programs to enhance and protect the public's health and safety.

CAM Information Development and Dissemination

Recommendation 1: The availability of reliable, useful, and easily accessible information for the public on CAM practices and products should be enhanced.

Actions:

1.1 The Secretary of Health and Human Services should establish a task force to enhance the development and dissemination of CAM information within the Federal government and to eliminate existing gaps in CAM information. The task force should include consumers, CAM providers, scientists, and conventional health care practitioners. Resources should subsequently be provided to close identified gaps and improve the availability, coordination, and dissemination of information.

1.2 All Federal Departments and Agencies with missions or activities relevant to CAM should 1) develop informational materials about CAM that are easy to understand and use; and 2) support and collaborate with national and local community leaders and CAM leaders and organizations to identify strategies for enhancing the development, availability, and accessibility of information on the safety and effectiveness of CAM products.

1.3 Increased funding should be provided to the National Library of Medicine and the American Library Association to expand training of librarians to include helping consumers find information on CAM.

1.4 The Secretary of Health and Human Services should direct resources to streamline the process of identifying and making available relevant, high-quality CAM information from other countries and in other languages.

Recommendation 2: The quality and accuracy of CAM information on the internet should be improved.

Actions:
2.1 The Secretary of Health and Human Services should form a public-private partnership to review new and existing websites and to develop ***voluntary*** standards promoting accuracy, fairness, comprehensiveness, and timeliness of information on CAM web sites, as well as the disclosure of sources of support and any conflicts of interest. Sites reviewed and found in compliance with the standards could publicize the fact and display a logo denoting their merit.

2.2 Funding should be provided to the Department of Health and Human Services and the Department of Education to conduct a joint public education campaign that teaches consumers how to evaluate health care information, including CAM information, on the internet and elsewhere.

2.3 Congress should protect consumers' privacy by requiring all health information sites, including CAM sites, to disclose whether they track users and if so, how that information is used and stored, including whether it is sold to third parties.

Recommendation 3: Information on the training and education of providers of CAM services should be made easily available to the public.

Actions:
3.1 States should require all persons providing CAM services to make information regarding their level and scope of training easily available to consumers.

3.2 States should make information on state guidelines, requirements, licensure, certification, and disciplinary actions of health providers, including CAM providers, available and easily accessible to the public.

Recommendation 4: CAM products that are available to U.S. consumers should meet or exceed minimum standards of quality and consistency.

Actions
4.1 The efforts of both the public and private sectors to ensure the development, validation, and dissemination of analytical methods and reference materials for dietary

supplements should be enhanced and accelerated.

4.2 The proposal concerning Good Manufacturing Practices for Dietary Supplements should be published expeditiously, followed by a timely review of comments and completion of a final rule. The Food and Drug Administration should be provided with adequate resources to complete this complex task.

4.3 Adequate funding should be provided to appropriate Federal agencies, including U.S. Customs and Food and Drug Administration inspection authorities, to enforce current laws monitoring the quality of imported raw materials and finished products intended for use as dietary supplements.

4.4 Manufacturers should make available scientific information to substantiate their determinations of safety, and current statutory provisions should be periodically reexamined to determine whether safety requirements for dietary supplements are adequate.

Recommendation 5: The public should have accurate information on the quality and safety of CAM products.

Actions

5.1 Congress and the Department of Health and Human Services should expeditiously solicit further public input on the labeling of dietary supplements, followed by proposed rulemaking, and/or appropriate oversight and legislative reform by Congress so that consumers have truthful, complete, and scientifically valid information on the benefits and appropriate uses of dietary supplements on the product label and at the point of sale.

5.2 Congress should provide additional support to the Federal Trade Commission to 1) expand efforts to identify false and deceptive advertising of CAM- related health services and products and take appropriate enforcement action when necessary; 2) use CAM experts in the process of examination of CAM-related advertising, 3) increase activities to help consumers distinguish useful and reliable information from deceptive and unsubstantiated advertising in all forms of marketing and advertising, including at the point of purchase; and 4) seek additional public comment on the benefits and potential problems in the advertising of CAM-related services and products.

5.3 Current provisions requiring disclosure of material facts by manufacturers of CAM products should be enforced and manufacturers should meet their responsibility to disclose material facts so that the public will know about known risks and well-documented significant interactions.

5.4 An independent review board should be established to develop objective methods of evaluating and reviewing the safety of dietary supplements.

5.5 The Food and Drug Administration and other agencies with regulatory responsibilities should be provided with additional resources to 1) enforce current

requirements regarding labeling of dietary supplements, 2) enforce current provisions requiring that dietary supplements be labeled in English, even if the same information is also included in another language, and 3) employ additional professionals with expertise in dietary supplements.

Recommendation 6: The collection and dissemination of information about adverse events stemming from the use of dietary supplements should be improved.

Actions

6.1 Congress should require dietary supplement manufacturers and suppliers to register with the Food and Drug Administration and the agency should encourage voluntary registration until such a requirement is in effect so that manufacturers and suppliers can be promptly notified if a serious adverse event is identified.

6.2 Recent congressional support for improving the Food and Drug Administration's adverse events reporting system should be enhanced by requiring dietary supplement manufacturers and suppliers to maintain records and report serious adverse events to the agency.

6.3 Additional resources and support should be provided to the Food and Drug Administration to 1) simplify the adverse event reporting system for dietary supplements to make it easier to use; 2) streamline the database for timely review and follow-up on received reports, and 3) increase outreach activities to consumers, health professionals (including poison control centers, emergency room physicians, CAM practitioners, and mid-level marketers) in order to improve both manufacturer's and the public's awareness of and participation in voluntary event reporting.

Access to and Delivery of CAM

Recommendation 1: Access to qualified and competent practitioners, and to safe, effective, affordable CAM services and beneficial CAM products should be improved for all Americans.

Recommendation 2: Practitioners who provide CAM services and products should be regulated by states using a standard, understandable framework that ensures accountability to the public and that contains provisions for registration, licensure, and exemptions.

Actions:

2.1 The Secretary of Health and Human Services should convene a national policy advisory committee to address issues related to the regulation of CAM practitioners, provide guidance to the states, and provide a forum for dialogue on other issues related to maximizing access.

2.2 The Federal government, in collaboration with states, should assist CAM practitioners in developing consensus on the definition of their profession or practice and standards of practice, including education and training. Their conclusions should be

considered by states and regulatory bodies in determining the appropriate status of these practitioners, including registration, licensure, or exemption.

2.3 The Department of Health and Human Services' advisory committee should work closely with state legislatures, regulatory boards, and CAM practitioners to develop guidelines for the regulation and oversight of licensed and registered practitioners who utilize CAM services and products.

2.4 Nationally recognized accrediting bodies of health care organizations and facilities should establish ongoing access to CAM expertise to ensure that accreditation standards reflect emerging developments in CAM.

2.5 Nationally recognized accrediting bodies of health care organizations and facilities should clarify how accreditation requirements apply to CAM and should promote appropriate collaboration with CAM practitioners in order to foster understanding and awareness of CAM.

2.6 The Department of Health and Human Services and other appropriate Federal agencies should use health care workforce data; data from national surveys on CAM, and regional public health reports on CAM activities to identify current and future health care needs that qualified CAM practitioners may help address.

2.7 The Federal Government should convene conferences on effective approaches to the integration of safe and beneficial CAM practices and products into conventional medical settings and make this information available to practitioners and the public.

2.8 The Secretary of Health and Human Services should identify common uses and practices of indigenous healing in the United States and recommend ways of improving collaboration between indigenous healing traditions and the current health care system. This should be done in a manner that protects the cultural heritage of indigenous healing traditions, educates health care practitioners, includes members of indigenous groups, and maximizes access to qualified practitioners, safe and beneficial services, and effective products.

Coverage and Reimbursement

Recommendation 1: Evidence should be developed and disseminated as to the cost-effectiveness of CAM interventions as well as optimum models for complementary and integrated care.

Actions:

1.1 The Secretary of Health and Human Services should convene a joint public and private task force to identify and set priorities for studying health services issues related to CAM and to help purchasers and health plans make prudent decisions regarding coverage of and access to CAM.

1.2 Federal agencies, states, and private organizations should increase funding for health services research, demonstrations, and evaluations related to CAM, including outcomes of CAM interventions, coverage and access, effective sequencing and integration with conventional therapies, effective models for service delivery, and the use of CAM in underserved, vulnerable, and special populations.

1.3 Federal, state, and private entities should fund health services research on the costs and cost-effectiveness of CAM interventions and wellness programs.

1.4 The Secretary of Health and Human Services should conduct a study to analyze nationally used coding processes, CAM coding systems, and the issues associated with a single merged versus separate coding systems, and make recommendations. Further, the Secretary should facilitate implementation of the study's recommendations.

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.

1.6 Health professional, 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.

1.7 Public agencies and private organizations should support the development of informational programs on CAM targeted to health plan purchasers and sponsors, health insurers, managed care organizations, consumer groups, and others involved in the provision of health care services.

1.8 Congress should request periodic reports from appropriate Federal departments on 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.

Recommendation 2: Purchasers, insurers, and managed care organizations should extend health plan coverage to safe and effective CAM services and products provided by qualified practitioners.

Actions:

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.

2.2 Employers, federal agencies, other purchasers and sponsors should enhance the processes they use to develop health benefits and give consideration to safe and effective CAM interventions

2.3 Public and private organization should include CAM practitioners and experts on advisory bodies, workgroups, and committees considering CAM benefits and other health care coverage.

2.4 CAM practitioners, their associations and their institutions should identify opportunities and actively seek to participate on public and private advisory bodies, especially in areas of health services research on CAM and coverage of CAM interventions.

2.5 DHHS, preferably the federal CAM coordinating office when established, should maintain a list of opportunities for CAM experts to participate on advisory committees and other workgroups.

2.6 Congress and the Executive Branch should amend the federal tax code to include CAM in the favorable tax treatment of health benefits granted to employers.

2.7 The Secretary of Health and Human Services should direct agencies under his authority to convene workgroups and conferences to assess the state-of-the-science of CAM services and products and to develop consensus and other guidance on their use.

2.8 Health insurers, managed care organizations, CAM professional associations, CAM experts, private organizations that develop medical criteria, and federal agencies should support cooperative efforts to develop criteria and guidelines for the use of CAM services and products.

2.9 State governments should address barriers to third party coverage of safe and beneficial CAM interventions that stem from the practitioners' need for legal authority to provide those interventions.

Coordinating Federal CAM Efforts

Recommendation 1: The President, Secretary of Health and Human Services, or Congress should create an office to coordinate and facilitate integration of safe and effective complementary and alternative health care practices and products into the nation's health care system.

Actions:

1.1 The office should be established at the highest possible and most appropriate Federal level, with sufficient staff and budget to meet its responsibilities.

1.2 The office should charter an advisory council with members from both the private and public sectors to guide and advise the office about its activities

1.3 The office's responsibilities should include, but not be limited to, coordinating

Federal CAM activities; serving as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, institutions, and commercial ventures; planning, facilitating, and convening conferences, workshops, and advisory groups; acting as a centralized Federal point of contact regarding CAM for the public, CAM practitioners, conventional health care providers, and the media; and facilitating implementation of the Commission's recommendations and actions.

SPECIFIC RECOMMENDATONS FROM WHCCAMP MAY MEETING

Meeting Topic I - CAM: Understanding Coverage and Reimbursement

Panel II:

- Look at the example of Dr. Dean Ornish and what he has done to really try to show that there is evidence of effectiveness for his heart disease intervention as a model for considering recommendations. The field of alternative medicine often has not benefited from some of the supporters and advocates who have resisted developing a scientific literature base. **(John Whyte, M.D., M.P.H., Health Care Financing Administration, HCFA)**

- Consider nominating CAM experts to the Medicare Coverage Advisory Committee. HCFA is presently are soliciting new nominees. The HCFA website describes how one can apply to be a member of the Medicare Coverage Advisory Committee. HCFA does accept self-nominations, although it prefers that candidates are nominated by someone else. **(John Whyte, M.D., M.P.H., HCFA)**

- In the overall context of the coverage policy, one route is look to see where there is the greatest data on a particular service and go through the national coverage process. For CAM modalities where there is significant data and that it looks very encouraging, but perhaps may not be able to be covered under existing benefit categories, consider recommending a demonstration project under HCFA's demonstration authority **(John Whyte, M.D., M.P.H., HCFA)**.

- Work directly with the insurance carriers to get CAM modalities covered in the Federal Employees Health Benefits Program. From a practical viewpoint, however, the insurance carriers are going to be looking at their benefit package in the context of potential rate increases and how those rate increases are going to affect their market share. We will be happy to provide the Commission with a list of carrier contacts. **(Abby Block, Federal Employee Health Benefits Program)**

Panel III: State and National Perspectives

- In order for health plans to make benefit decisions about CAM and also meet their quality agendas, it is important that there be: 1) a good a system of credentialing, 2) evidence that services provided are efficacious and safe, and 3) standards of practice so they measure quality.**(Merilyn Francis, American Association of Health Plans)**

Panel IV: Employer Perspectives

- Consider insurance coverage for CAM treatments where there is a "strong" potential for benefit or if they have "long" histories of proven effectiveness in other cultures. **(Katleen M. King, Washington Business Group on Health)**

- In formulating recommendations for employers, recognize that the employer world is really varied and they different in what they think is important. However, they are driven by the same sort of underlying principles in terms of what they want out of the workforce and what the workforce is demanding of them. **(Katleen M. King, Washington Business Group on Health)**

- Examine the wide range and growing literature linking health and productivity, particularly stress, in considering recommendations. (**Tom Sawyer, William Mercer, Inc.**)

- Look at CAM benefits that can be packaged easily within the benefit package where providers can be licensed or there is clinically safe and effective treatment. For those therapies that don't fit that kind of packaging, establish some sort of a fund, such as an employee-funded, pre-tax FSA account or some other kind of direct contribution by employers for those kinds of therapies that don't fit that kind of packaging. This could be an account with a maximum and a co-payment that can be drawn upon. (**Tom Sawyer, William Mercer, Inc.**)

Panel V: Health Plan Perspectives

- When considering CAM and what to do with it, talk to people who use it as well as the people who be most affected by the Commission's recommendations. (**Rick Gallion, Blue Cross Blue Shield of South Carolina**)

- Consider insurance companies as partners in initiatives to integrate complementary medicine into mainstream medicine. Insurers can participate in studies to define the safety standards, to determine medical necessity guidelines, to figure out where the line is drawn between medical necessity and prevention, and to put a price tag on how much prevention is and how much is saved through preventive initiatives. (**Rick Gallion, Blue Cross Blue Shield of South Carolina**)

- Vastly expand the allotment of federal research and development dollars that directly focus on the interrelated practical questions of third party payment and delivery of CAM practices. Specifically, fund demonstration projects that examine cost effectiveness of CAM interventions.

- Explore CAM reimbursement not just as a few modalities and providers that may be grafted into conventional practice but as a reflection of a grass-roots, consumer-driven, and
- CAM provider-backed effort to create payment models that embrace primary prevention. (**John Weeks, *The Integrator***)

- Create incentives that will support multi-year contracting between purchasers of products and plans. Year-to-year contracting does not support longer-term investments in health creation. (**John Weeks, *The Integrator***)

- Acknowledge the critical importance of government in evolving CAM's appropriate role in payment and delivery. (**John Weeks, *The Integrator***)

- Focus resources on strategies for building the relationships that will support optimal reimbursement patterns. There is a great need to create health services research programs that explore models for creating partnerships between distinct networks of conventional and CAM providers. (**John Weeks, *The Integrator***)

- Develop some sort of taxonomy of CAM. There are a whole array of services that go under the broad umbrella of CAM, and it is a mistake to think they are all equal. It would be tremendously helpful to develop some sort of taxonomy in which health plans could see what are the different CAM services. (**John Kelly, M.D., Aetna/U.S. Healthcare**)

- Develop a data base so that health plans could have access to health services research has already been published. Many CAM modalities already have a fairly substantial research base, while others do not. (**John Kelly, M.D., Aetna/U.S. Healthcare**)

- Develop a long-term research strategy around CAM and fund health services research that is tied to a defined taxonomy. The research needs are going to vary, depending upon the specific services.(**John Kelly, M.D., Aetna/U.S. Healthcare**)

Panel VI: Special Populations: Minorities, Uninsured, and Underinsured

- Pay attention to the location of CAM providers, transportation issues, availability of child care and after work hours, and consideration of preferred language and literacy issues when making recommendations on CAM. (**Nathan Stinson, M.D., Office of Minority Health, DHHS**)

- Recommend that all patients be asked by health care providers regarding their use of CAM, preferably at every visit.(**Nathan Stinson, M.D., Office of Minority Health, DHHS**)

- Fund more research on CAM use by racial and ethnic minorities.(**Nathan Stinson, M.D., Office of Minority Health, DHHS**)

- Recommend that providers and third-party payers consider the cultural competency standards in their efforts to improve cultural competency of their health care delivery system.(**Nathan Stinson, M.D., Office of Minority Health, DHHS**)

- Address not only the coverage of CAM but also put any recommendations in the context of the fact that over 42 million Americans are without basic health care insurance. (**Doriane C. Miller, M.D., Robert Wood Johnson Foundation**)

- Establish a federally funded Integrative Medicine and Alternative Health Practices (IMAHP) initiative, to track the use of alternative therapies and modalities by health centers, and to provide more information to health centers on CAM practices.(**Daniel R. Hawkins, National Association of Community Health Centers**)

- Promote collaboration between the Bureau of Primary Health Care and the National Center for Complementary and Alternative Medicine.(**Daniel R. Hawkins, National Association of Community Health Centers**)

- Provide incentives for state Medicaid/CHP and Medicare coverage of CAM services. This Commission could strongly recommend that all states under Medicaid and CHIP provide coverage for appropriate and recognized CAM services, as determined by a predefined mechanism and methodology. (**Daniel R. Hawkins, National Association of Community Health Centers**)

Panel Session VII: Financing Alternatives

- Support insurance reimbursement to CAM by asking the Secretary of the Department of Health and Human Services to name code developed by Alternative Link (ABCcodes) as one of

the national standard code sets for communicating claims to insurance companies for CAM services. (**Melinna Giannini, President, Alternative Link, Inc.**)

- Encourage the American Medical Association to find a way to code for integrative and alternative services with the help of research entities such as NCCAM and provide accessibility to these practices. The AMA has created acupuncture, massage, hypnosis, biofeedback, and nutritional counseling codes. These few codes are not comprehensive and fail to capture many services being frequently delivered by properly licensed health care providers. Much work needs to be done to expand CPT in an expedited process to include these frequently rendered services. This process, however, should be done with the input of a panel of CPT experts, as well as the practitioners, providing these services in an effort to appropriately capture the service rendered in a coding scheme. (**Linda Bedell-Logan, President and CEO of Solutions in Integrative Medicine**)

- Encourage Congress to instruct public agencies (e.g., the National Institutes of Health and the Agency for Healthcare Research and Quality) to gather data both on the clinical effectiveness of various CAM approaches and on the relative costs of more conventional allopathic treatments and of CAM treatments for the same condition. This information, supplemented by other information found in peer-reviewed journals, should be brought together and made available in an easily accessible website that is updated continuously as new data becomes available. The public agency responsible for this website should be instructed to bring this information to the attention of insurance companies, managed care organizations, the Agency for Health Care Financing, and the continuing medical education programs of medical schools on an ongoing basis. (**Max Heirich, Ph.D., Professor Emeritus, University of Michigan**)

- Encourage the Health Care Financing Administration (HCFA) to develop a demonstration project for CAM with selected HMOs. This demonstration project would cover reimbursement for evidence-based CAM procedures as part of the comprehensive case management of persons with chronic disease. The demonstration would occur within Medicare-choice plans and Medicaid managed-care plans. Demonstration projects should be located in selected HMOs whose physician leadership has demonstrated a commitment to evidence-based medicine and the pursuit of excellence in high-quality case management. (**Max Heirich, Ph.D., Professor Emeritus, University of Michigan**)

- Encourage one or more of the Fortune Top 50 companies to collaborate with the Health Care Financing Administration by creating its own demonstration project, examining the

feasibility of using this approach with a broad-based employee population and testing the impact of CAM usage on overall medical costs. (**Max Heirich, Ph.D., Professor Emeritus, University of Michigan**)

- Offer performance-based tax credits to businesses that can demonstrate that a sizable portion of their work force is actively engaged in health improvement efforts and that they are reducing health risks in that population group. Encourage the use of CAM as part of that procedure. This would be a very good use of tax dollars because we already have evidence that as health risks decline in a population group, use of other medical services goes down. (**Max Heirich, Ph.D., Professor Emeritus, University of Michigan**)

- Encourage Congress to amend the tax laws to allow performance-based tax credits to businesses that provide disease-prevention and health-improvement programs for their employees. As part of this legislation, Congress could encourage work-site wellness programs to include relevant CAM health ingredients as part of these wellness services. (**Max Heirich, Ph.D., Professor Emeritus, University of Michigan**)

- Encourage the Health Care Financing Administration to set up an additional 5-year demonstration project that reimburses Medicare enrollees within a single state or area of a state for costs of services provided by certified CAM practitioners or for herbs or supplements. There would be a cap on reimbursements equivalent to current proposals for prescription drug relief. The project would compare total Medicare costs for the specified demonstration area with costs incurred by an equivalent Medicare population of similar size, elsewhere. (**Max Heirich, Ph.D., Professor Emeritus, University of Michigan**)

Meeting Topic II - Complementary and Alternative Medicine: Research Challenges

Panel I: CAM Research Challenges

- Argue for enhance surveillance of adverse effects pertaining to herbs, vitamins, and other dietary supplements. Examples of direct and indirect toxicity should be included in such a surveillance system. Ideally, the U.S. should participate in an international post-market surveillance of herbs, vitamins, and supplements, as these products are now sold on a global basis. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Require improved and consistent standards for licensure and credentialing of CAM practitioners across states and CAM disciplines to a) conduct more generalizable research, b)

allow medical professionals to make appropriate referrals and treatment decisions, and c) provide relevant guidelines for the general public. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Anticipate and study issue of malpractice liability and ethical practice associated with CAM therapies and/or co-management of patients by conventional and CAM providers. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Encourage Federal agencies to increase fiscal resources for basic science, clinical, and health services research involving CAM therapies. Any one of these lines of inquiry, in the absence of the other two, will be insufficient to change medical management, policy, and general perceptions pertaining to the scientific evidence base regarding CAM therapies. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Augment mechanistic research and pursue plausible explanatory models of CAM so that CAM/integrative Medicine can be satisfactorily incorporated into mainstream health care and biomedicine. The research trajectory of CAM is unlike that of most conventional medical fields. Specifically, epidemiological and clinical investigations have preceded basic science (i.e., mechanistic) research in this area. This must be addressed. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Fund additional controlled trials designed to document the presence or absence of clinical and financial cost offsets of CAM/integrative medicine. Several options can be considered including:

  a) More integrated funding from Federal agencies such as NIH, CDCP, etc., for health services research in this area.

  b) Additional funding for the Agency for Healthcare Research and Quality (AHRQ), which is the Federal agency with the greatest amount of experience implementing health services research and the development of best-practice guidelines.

  c) Incentives for HMOs, indemnity insurers, large corporations, and large employer groups to sponsor CAM-related health services research with or without matching Federal funds.

  d) Some combination of the above-mentioned public and

private sector commitments. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Consider opportunities to fund a critical mass of academic health centers (i.e., medical institutions affiliated with universities and medical schools) with sufficient resources and infrastructure to perform:

  a) Research (basic, clinical, and health services)

  b) Education/training of research and clinical experts in CAM

  c) Responsible delivery of integrated care services. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Encourage the NIH in its effort to develop evidence-based, financially sustainable models of CAM/integrative clinical care delivery. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Make CAM therapies shown to be effective available to all individuals regardless of insurance status or ability to pay. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Make detailed epidemiologic surveys of CAM patterns of use by minority populations a priority. This information is essential to inform public policy and to protect particularly vulnerable populations. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Consider opportunities to create and sustain a national (perhaps international) society for CAM research. Such a society, if successfully organized, can help inform public policy in the years ahead. In addition, the non-U.S. members can inform U.S. policy through the collection of scientific research and clinical/financial experiences elsewhere in the world. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Consider opportunities to increasingly engage the private sector, specifically HMOs, insurance carriers, pharmaceutical companies, and Fortune 1000 employers, to secure resources to support basic, clinical, and health services research. Sponsored research from these groups likely will exceed the resources available from Federal and State agencies. Consortia of this type can augment the research currently directed by NIH and other Federal agencies and likely will be met with enthusiasm by

investigators from universities, medical schools, and other academic institutions. (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

- Direct attention on undergraduate, post-graduate, and faculty development in CAM. Also pursue additional opportunities for "cross training" involving both CAM and conventional medical practitioners (and students). (**David Eisenberg, M.D., Director, Division of CAM Research and Education, Harvard Medical School**)

Panel II: Foundation Support for CAM Research

- Broaden the Commission's mission and focus to include study of the delivery mechanism or the context in which CAM can be delivered. (**M. Bridget Duffy, M.D., Medical Director, Metronics, Inc.**)

- Eliminate terminology that will exclude or delay the adoption of CAM healing practices. Words such as "alternative" and "complementary" are a barrier to getting mainstream doctors to look at the facts in this area. So, there is a need to establish something such as an academy for health and healing, and under that are boards and panels that look at the safety and efficacy, licensure, et cetera. (**M. Bridget Duffy, M.D., Medical Director, Metronics, Inc.**)

- Create a vehicle or a mechanism to keep informed of the work that philanthropy is supporting. There needs to be a way that to communicate and relay the information of the best practices or the findings that are known about. (**M. Bridget Duffy, M.D., Medical Director, Metronics, Inc.**)

- Establish an entity, committee or academy that can takes these best practices and findings and proactively work to shape policy and reimbursement. (**M. Bridget Duffy, M.D., Medical Director, Metronics, Inc.**)

- Seek and support educational initiatives that foster a new breed of leaders who can drive the adoption of these best practices, thereby allowing patients access to the best that medicine has to offer. (**M. Bridget Duffy, M.D., Medical Director, Metronics, Inc.**)

- Make a strong differentiation between those things that are ingested but that have a potential for a toxic effect compared to those that have a more complementary or a potential for a healing effect in a different way. (**Susan Braun, President and CEO of the Susan G. Komen Breast Cancer Foundation**)

- Bring together funders of CAM programs to find out what each is doing so that they can begin to work together as opposed to reinventing wheels. (**Susan Braun, President and CEO of the Susan G. Komen Breast Cancer Foundation**)

- Fund young scientists who are interested in the field of CAM, particularly in basic sciences. (**Susan Braun, President and CEO of the Susan G. Komen Breast Cancer Foundation**)

- **Panel III: Approaches to Evaluating Research Literature**

- Increase the availability of reviews and their potential by making them available in the offices of policy makers, public libraries, and community health centers through on-line subscription to the Cochrane Library. (**Brian Berman, M.D., Director of the University of Maryland Complementary Medicine Program**)

- Develop executive summaries of systematic reviews that clearly and concisely state their findings. (**Brian Berman, M.D., Director of the University of Maryland Complementary Medicine Program**)

- Develop electronic, jargon-free versions of systematic reviews with hypertext links that allow readers with various backgrounds to access information at different levels of complexity. (**Brian Berman, M.D., Director of the University of Maryland Complementary Medicine Program**)

- Expand the current Cochrane CM field website (www.compmed.ummc.umaryland.edu) to include access to review summaries and to include consumer-friendly information. (**Brian Berman, M.D., Director of the University of Maryland Complementary Medicine Program**)

- Identify the public's need for information by working through organizations such as the NCCAM clearinghouse to find out what are people calling for on a monthly basis and what is really important to them. This information could be used to commission topics for review so that the questions addressed and the information developed are relevant to the users of these treatments.(**Brian Berman, M.D., Director of the University of Maryland Complementary Medicine Program**)

- Developing methodologies to evaluate non-randomized controlled trias, thus broadening the pool of information that can be drawn from. (**Brian Berman, M.D., Director of the University of Maryland Complementary Medicine Program**)

- **Panel IV: Concerns about CAM and CAM Research**

- Make recommendations in order to provide reliable and useful information about complementary and alternative medicine, which necessary to identify methods that should be discarded. (**William M. London, Ed.D., M.P.H., President, National Council Against Health Fraud**)

- Promote opportunities for research to increase knowledge about quackery/health fraud as a public health problem associated with the CAM marketplace. (**William M. London, Ed.D., M.P.H., President, National Council Against Health Fraud**)

- Declare that it is misleading to use the terms "complementary" and "alternative" to refer to questionable, unproven, or disproved methods. Reliable and useful information must be grounded in principles of consumer protection and science. (**William M. London, Ed.D., M.P.H., President, National Council Against Health Fraud**)

- Recommend that appropriate access and delivery of health care be based on principles of consumer protection and science. (**William M. London, Ed.D., M.P.H., President, National Council Against Health Fraud**)

- Support large, well-controlled studies of CAM, which will provide scientific evidence that either support or rejects the value of all CAM products, such as herbs and vitamins, as well as procedures like chelation and therapeutic touch. Such studies on safety and efficacy must be done before marketing and before promotion of products, because it would be exorbitantly expensive, indeed impossible, for government agencies to fund such studies on every product or procedure that imaginative and entrepreneurial people can think of to sell to gullible members of the public. The health food industry is doing well and can afford to carry out such studies before products and procedures are promoted and marketed. (**Simeon Margolis, M.D., Ph.D., Johns Hopkins University School of Medicine**)

- Urge Congress to revise the Dietary Supplement Act of 1994, so that the Food and Drug Administration has some control over CAM products and procedures. (**Simeon Margolis, M.D., Ph.D., Johns Hopkins University School of Medicine**)

- Urge Congress should amend DSHEA, so that manufacturers of dietary supplements, including herbs and other botanicals, would be required to obtain pre-marketing approval by demonstrating safety to FDA. (**Authur P. Grollman, M.D., Professor of Pharmacological Sciences, SUNY-SB**)

- Recommend implementation of all the recommendations contained in a recent report by the Office of the Inspector General (OIG) with respect to reporting adverse reactions to

dietary supplements. Among other things, OIG recommends that the manufacturer should report all adverse drug reactions to FDA. (**Authur P. Grollman, M.D., Professor of Pharmacological Sciences, SUNY-SB**)

- Urge NIH to conduct randomized, double-blind, placebo-controlled clinical trials designed to test, not only efficacy of selected herbal medicines, but also to record their adverse effects. This essential information, which was recently obtained for St. John's Wort, will establish the all-important risk-benefit ratio. (**Authur P. Grollman, M.D., Professor of Pharmacological Sciences, SUNY-SB**)

- Conduct basic research on the mechanism of action and toxicities of commonly used herbal medicines, only after the major safety issues have been addressed, as this approach can provide leads to new drugs and help to anticipate toxic effects. (**Authur P. Grollman, M.D., Professor of Pharmacological Sciences, SUNY-SB**)

- **Panel V: Research Methodology**

- Even biologically implausible remedies should be tested for safety and effectiveness if, and only if, they are already being widely used. If they are shown, and any other remedy is shown, to be effective and reasonably safe, they should be incorporated into clinical practice, regardless of whether they originate as CAM, but there are no shortcuts in terms of research methodology and there should be no free passes. (**Marcia Angell, M.D., Editor Emeritus, New England Journal of Medicine**)

- Urge the Federal government to establish an initiative to find out how homeopathy works. Homeopathy deserves the kind of careful, unbiased evaluation that is necessary to establish its legitimacy. The Commission should charge the government agencies to thoroughly investigate homeopathy, so that it can become available within the health care system to anyone who wants it. (**Jennifer Jacobs, M.D., M.P.H., President, American Institute of Homeopathy**)

- Faciliate collaboration between traditional and complementary practitioners to enhance the safety, standardization, and use of proper controls for studies to establish the appropriateness of integration of CAM into conventional health care. The answer to how research into the formulation and implementation of guidelines for safety of CAM will be established by traditional and non-traditional practitioners working together to merge their specialized skills into a consumer safety program. The Commission should encourage the formation of collaborative

panels of experts to develop such guidelines. (**Bruce Rabin, M.D., Ph.D., University of Pittsburgh Medical Center Health System**)

- Promote the funding of large studies of standardized CAM approaches in well-characterized patients.Meaningful research is not going to occur through study of non-standardized approaches of individual patients and anecdotal reports. Knowing what works and in who it works is essential for CAM research. (**Bruce Rabin, M.D., Ph.D., University of Pittsburgh Medical Center Health System**)

- Whenever possible, promote the use of control groups in CAM studies to provide a means of evaluating CAM treatments, alone or in combination with conventional treatments, and compared to standard treatments or to no treatment. (**Bruce Rabin, M.D., Ph.D., University of Pittsburgh Medical Center Health System**)

- **Panel VI: Training of Conventional and CAM Investigators**

- Promote the same rigorous research training both CAM practitioners and more conventional investigators so that o high-quality research that will advance the CAM field and make a significant impact on the health care system can be done. CAM researchers need to acquire knowledge of CAM, but in combination with a strong grounding in those disciplines necessary to do high-quality, clinical, and basic research. (**Nancy J. Pearson, Ph.D., National Center for Complementary and Alternative Medicine**)

- Promote the building interdisciplinary teams that are funded through various interdisciplinary approaches and interagency approaches, core center programs, where, regionally, people can begin to develop cultures of evidence about CAM modalities, and so forth. (**Robert Blanks, Ph.D., University of California, Irvine**)

- Urge Congress to provide more funding for NCCAM. There is a need for a national institute to respect this broad, holistic view that NCCAM brings to the table, largely to increase the dialogue and largely to increase the evidence base for CAM. (**Robert Blanks, Ph.D., University of California, Irvine**)

- Promote increased funding for CAM research and make this funding available for training programs for both conventional investigators and CAM investigators and practitioners. (**Russell Phillips, M.D., Director, Harvard University Medical School Fellowship Program in CAM**)

- Promote increased funding for career development awards to enable investigators focusing on CAM to develop into

independent investigators. (**Russell Phillips, M.D., Director, Harvard University Medical School Fellowship Program in CAM**)

- Promote increased funding for mid-career investigator awards to provide support for the time required to mentor new CAM investigators. (**Russell Phillips, M.D., Director, Harvard University Medical School Fellowship Program in CAM**)

- Encourage the National Center for Complementary and Alternative Medicine to call for research proposals that clearly reflect real-world practice of CAM. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- Require that CAM research proposals submitted to NCCAM and to the various NIH institutes have had CAM practitioners involved in the research design and that the CAM research design in such proposals must be accompanied by a clear rationale, and must have been approved by a consensus panel of experienced CAM practitioners. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- Encourage representatives from the NCCAM-funded centers to meet periodically, not only to present progress reports on their research, as they currently do, but to exchange experiences of how best to educate researchers in CAM practices, and how best to introduce CAM practitioners to the research culture. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- Promote the training of students at allopathic medical schools, as well as CAM colleges,how to understand and critique CAM research trials. It is not sufficient to offer merely survey courses of CAM practices, as an increasing number of allopathic medical schools have been doing. There must also be survey courses in CAM research. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- Encourage CAM and conventional medical practitioners to take continuing education seminars in how to understand and critique CAM research trials. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- Encourage medical school survey courses of CAM and integrative medicine to include research findings and emerging concepts that challenge the prevailing views of physiology and pathophysiology. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- Encourage NCCAM, or perhaps even the National Academy of Sciences, to call for a conference that would propose evidence-based models for expanding our present concepts of physiology, and that would recommend an agenda for future research. (**Richard Hammerschlag, Ph.D., Research Director, Oregon College of Oriental Medicine**)

- **Panel VII: Publication of Peer-Reviewed CAM Research Results**

- Give priority to investigation of those few types of unconventional treatment that can cause major harm, especially unregulated use of drugs, herbal products, and so-called dietary supplements. The FDA should have responsibility for safety testing of herbal medicines and dietary supplements. (**Edward Campion, M.D., Deputy Editor, New England Journal of Medicine**)

- Encourage and support objective research studies of CAM, but only for modalities with evidence of genuine promise. Beware of a research trap. Research dollars are precious. They should not be wasted on trying to define 1,000 ill-defined, unconventional practices, most of which are harmless. (**Edward Campion, M.D., Deputy Editor, New England Journal of Medicine**)

- Promote more investigation of the reasons why consumers seek out unconventional therapies. One reasons may be dissatisfaction with our nation's conventional health care delivery system. (**Edward Campion, M.D., Deputy Editor, New England Journal of Medicine**)

- Promote programs for more academic departments and research positions, at post-doctoral level, to attract the brightest and best into the field. (**Jackie Wooton, M.Ed., Executive Editor, Journal of Alternative & Complementary Medicine**)

- Promote funding for practitioner training schools, as they are the ones with the knowledge and insights needed to develop appropriate methodologies. (**Jackie Wooton, M.Ed., Executive Editor, Journal of Alternative & Complementary Medicine**)

- Promote the expansion of the range of acceptable models of quality clinical research, beyond the formulaic, large clinical trial protocols, while retaining integrity and authority, and adhering to those principles previously mentioned. (**Jackie Wooton, M.Ed., Executive Editor, Journal of Alternative & Complementary Medicine**)

- Promote sponsorship from independent funding sources that will encourage innovative and imaginative but rigorous research. (**Jackie Wooton, M.Ed., Executive Editor, Journal of Alternative & Complementary Medicine**)

- Discourage the uncritical acceptance and widespread application of CAM until convincing evidence is available that demonstrates safety, efficacy, and effectiveness of these interventions.Carefully conducted, high-quality, credible research by established biomedical investigators is necessary to evaluate the efficacy and safety of complementary and alternative medicine therapies. With the recent increases in research funding, the establishment of national centers for CAM research, future publication of high-quality studies on CAM therapies should help to establish the evidence base that supports or refutes the safety and efficacy of these many therapies. (**Phillip Fontanarosa M.D., Executive Deputy Editor, JAMA**)

- Promote the abandonment of CAM therapies that are shown to cause, or that are demonstrated to have no beneficial effect. Decisions regarding the use of and reimbursement for CAM therapies should be based on published evidence and proper cost effectiveness analyses, rather than tradition, anecdotal reports, testimonials, consumer interest, market demand, competition, or political pressures. (**Phillip Fontanarosa M.D., Executive Deputy Editor, JAMA**)

- Promote initiatives move beyond anecdote and observation to higher levels of evidence.(**Christine Laine, M.D., M.P.H., Senior Deputy Editor, Annal of Internal Medicine**)

- Place a particular focus on safety and on the interactions between CAM therapies and conventional therapies.(**Christine Laine, M.D., M.P.H., Senior Deputy Editor, Annal of Internal Medicine**)

- Promote the subjection of CAM therapies to research that uses the rigor that the public has come to expect for conventional therapies, realizing that innovative study design and methodologies may be necessary, but that rigor can still exist.(**Christine Laine, M.D., M.P.H., Senior Deputy Editor, Annal of Internal Medicine**)

- Emphasize that the time has passed to make arguments based on unsubstantiated claims and undocumented anecdotes; finished, enough of that, enough of the books that claim miraculous cures with no documentation, enough of all the statements in public meetings about marvelous results from a particular case without documentation.(**Arnold Relman, M.D., Editor Emeritus, New England Journal of Medicine**)

- Encourage the submission of CAM manuscripts to the most rigorously peer-reviewed journals over a wide spectrum, not just to CAM journals but to all journals. Journals, after all, are not ultimate arbiters of ultimate truth.(**Arnold Relman, M.D., Editor Emeritus, New England Journal of**

Medicine)

Public Comment Session

- Ask the Congress to commit this nation to medical pluralism; Inasmuch as these diverse systems constitute a national treasure, use them to pay down the debt of human illness and suffering in this nation. (**James Sensenig, N.D., American Association of Naturopathic Physicians and the American Association of Naturopathic Medical Colleges**)

- Nurture the diversity of this ecosystem by pruning back the barriers to access and by fertilizing the ground with the richness of our academic, economic, and scientific communities. (**James Sensenig, N.D., American Association of Naturopathic Physicians and the American Association of Naturopathic Medical Colleges**)

- Urge Congress to pass the Access to Medical Treatment Act, which is being introduced in the House, and then the Senate soon thereafter. The Access bill would create a federal statutory right for Americans to use any therapy they desire, so long as they and their authorized practitioner follow the consumer protection guidelines in the bill.(**Candace Campbell, Executive director of the American Preventive Medical Association**)

- Provide oversight for the labeling of herbal natural products and supplement by the Department in Health and Human Resources. Consumers should be able to read a label and make good decisions about possible side effects and/or food/drug interactions. (**Diane Cole, Education coordinator at the University of Virginia Cancer Center**)

- Provide Medicare and third party reimbursement for modalities such massage, acupuncture, and visits with other certified practitioners. Research in this area could prove that there is a real potential for tremendous cost savings to the burden of the present health care delivery system. (**Diane Cole, Education coordinator at the University of Virginia Cancer Center**)

- Fund more research in complementary and alternative medicine modalities. Research could encompass case studies and clinical trials that include the study of the placebo effect. (**Diane Cole, Education coordinator at the University of Virginia Cancer Center**)

- Fund research to rapidly advance our understanding of the role of nutrition in preventing or delaying the onset of many chronic diseases, and to substantiate through evidence-based practice that coverage of nutrition services is a wise

investment in public and private health care programs. (**Susan Pittman, R.D., American Dietetic Association**)

- Promote licensure of art therapists in all states, as well as in the District of Columbia. (**Audrey Di Maria, Secretary of the Art Therapy Credentials Board**)

- Provide assistance to the American Music Therapy Association to securing research funding and third party reimbursement for music therapy. (**Judy Simpson, Government Relations Associate, American Music Therapy Association**)

- Create programs to fill the needs of people in prevention and care, education and accessibility to the programs by the people, trained professionals to work on many levels of care as the needs arise, and options for payments that are affordable and will allow profits to the insurance companies. (**Nancy Kristine Haller, Feldenkrais Guild of North America**)

- Require CAM practitioners to be educated, informed, cooperative, and able to hear the request and to aid the client with their choices, suggest appropriate treatments or services and products. (**Nancy Kristine Haller, Feldenkrais Guild of North America**)

- Develop insurance coding that will accurately define the work or product that is provided. The insurance companies require that accurate billing, and then they are responsible to ensure that the practitioners have timely payments for services rendered. Acceptance by the public that they hold a portion of the payment responsibility, also allows them to participate more fully in the ownership of their health and well-being. (**Nancy Kristine Haller, Feldenkrais Guild of North America**)

- Require Federal programs and private insurance companies to reimburse for Oriental medicine's full scope of practice. Acupuncture as well as moxibustion, herbal therapy, manual therapy, nutritional counseling, et cetera, in conjunction with our diagnosis, evaluation and treatment planning at each office visit. (**Julie Merrill, Vice President of the Maryland Oriental Medicine Association**)

- While there are currently two CPT codes for acupuncture, a more complete coding system, such as that developed by Alternative Link, would not only aid in the equitable reimbursement of Oriental medicine and CAM services, it would also improve tracking ability and further outcome research. (**Julie Merrill, Vice President of the Maryland Oriental Medicine Association**)

- Provide coverage of acupuncture to Medicare patients and federal employees. Support continuation of the personal Medical Savings Account insurance option as a way to cover preventive health care services. (**Julie Merrill, Vice President of the Maryland Oriental Medicine Association**)

- Differentiate between practitioners with masters or doctorate degrees in Oriental medicine who have the ability to make individualized differential diagnosis to more specifically and effectively treat a patient than someone who has training in a completely different form of medicine who subsequently studied Oriental medicine for 200 hours. (**Julie Merrill, Vice President of the Maryland Oriental Medicine Association**)

- Recognize TCM in federal and state laws and policies as a form of standard medical practice. (**Su Liang Ku, Florida Institute of Traditional Chinese Medicine**)

- Adequately cover and reimburse TCM services and products in all the federal and state programs and private health care coverage systems. (**Su Liang Ku, Florida Institute of Traditional Chinese Medicine**)

- Urge all federal- and state-funded health care programs or facilities to provide quality TCM services and products to all patients who seek them. (**Su Liang Ku, Florida Institute of Traditional Chinese Medicine**)

- Develop codes for additional time where a homeopathic visit may exceeds 60 minutes. Homeopathic physician visits can range from a few minutes for a simple acute case, up to two hours in length for a complicated chronic case. Alternatively, some physicians may ask that the patient return for a second visit in order to complete the homeopathy case-taking process. (**Sandra M. Chase, past President of the American Institute of Homeopathy**)

- Enforce a Medicare statute as a national policy, allowing physicians to practice homeopathy without fear of reprisal throughout the 50 states. (**Sandra M. Chase, past President of the American Institute of Homeopathy**)

- Add a two-digit suffix to the E&M CPT code, indicating homeopathy has been used, by which mechanism would facilitate tracking of the utilization and cost effectiveness of homeopathic medical care throughout the health care system. (**Sandra M. Chase, past President of the American Institute of Homeopathy**)

- Put more emphasis on the complementary in CAM, and recognize

there is a fundamental difference in the approaches between allopathic care and complementary care. Complementary care is more often aimed at improving the health of the whole person, rather than treating a particular symptom. (**Dr. Owen, research director at Sherman College of Straight Chiropractic**)

- Direct more federal funding should be directed to research efforts in the wellness and preventive health paradigm that explores ways to help people avoid serious health problems and enjoy greater function and performance. This emphasis is a natural outgrowth of an increased awareness of the potential of meta-therapeutic methods to help forestall disease. (**Dr. Owen, research director at Sherman College of Straight Chiropractic**)

- Relax the dependence on RCTs, and perhaps open research funds to long-terms descriptive studies such as cohort designs and case series. (**Dr. Owen, research director at Sherman College of Straight Chiropractic**)

- Develop a small federal demonstration program to gauge the effectiveness of building pre-doctoral medical educational around an integrative model. (**Matt Russell. Executive Director of the National Integrative Medicine Council**)

- Give FDA the ability to set the GMPs that the dietary supplement industry has been waiting for for seven years. The industry's ability to disseminate reliable information would be improved if people had a better understanding of how closely we are regulated. (**Carolyn Sabatini, government and regulatory affairs manager, Pharmavite Corporation**)

- Support legislation to amend the tax code to include dietary supplements as a deductible medical expense. (**Carolyn Sabatini, government and regulatory affairs manager, Pharmavite Corporation**)

- Critically examine medical necessity and standards of care, and the way they operate across the board in terms of medical reimbursement, and also, the way medical boards interpret private practice. (**Christina Walker, Director of the Shenk Human Energetic Institute**)

- Communicate the CAM community's concerns about codes and billing to the AMA and HCFA committee that works on documentation and billing guidelines. (**Christina Walker, Director of the Shenk Human Energetic Institute**)

- Create a clearinghouse to disseminate high-quality

information on the proper coding of CAM and integrative practices. (**Christina Walker, Director of the Shenk Human Energetic Institute**)

COMMISSION GROUP DISCUSSIONS:

Group IA: Access and Barriers to CAM Practices and Products

- Require that all health professionals, not just medical doctors, but CAM professionals as well, be trained in how to interrelate to each other, and in collaboration skills.
- Establishe a public information campaign on CAM therapies, modalities, and philosophy for practicing physicians, academic research scientists, and the general public.
- Establish a federal office to oversee regulation and standardization for natural products.
- A general recommendation on special populations and their access to CAM modalities and therapies.
- Encourage an integrative model of CAM and allopathic therapies to address health disparities.
- Allow the use of medical treatments that has been in use in other countries for which that country's regulatory, or equivalent body, have found to be safe.
- **Group IB: Delivery of CAM Practices and Products**
- Offer the CAM professions a choice of whether they want to integrate or to maintain a separate professional, free-standing service.
- If the CAM profession chooses to integrate with other physicians and services, the CAM profession will need to use the standards of practice in credentialing and licensing, and to provide experience data on safety and efficacy.
- Facilitate collaboration wherever possible or when it is desirable among physicians and CAM practitioners. There has been a lot said throughout the process, that collaboration helps everybody get down to the details and understand and respect and gain a greater appreciation for the mutual services.
- Encourage loan forgiveness programs that promote CAM services, that they pursue those services in areas of special need.
- Encourage state boards do more to protect solo practitioners

who may choose to focus on CAM practices exclusively, or those that choose to add CAM practices to their existing practices.

- Increase federal funding for models such the King County Community Health Clinic, as well as some of the other community concepts the Commission heard about. Wherever these community models are involved, to provide tax incentives to encourage their community development all the more.

- Create a partnering concept where CAM services are provided to the uninsured. This partnership would consist universities, CAM providers, physicians, and health plan providers.

- Encourage Congress to include CAM benefits language in Medicare. Similarly, with states, on Medicaid, and to bring, wherever possible, the evidence of efficacy.

- Introduce self-care wellness education into our schools at the high school level, and maintain it in a continuous curriculum throughout the educational program.

- Create or build upon NCCAM to provide information about different wellness modalities, their theories and practices, and to create an educational body of material.

Group IIB: Federal Agencies, States, and National Organizations

- Make any treatment there is scientific evidence of safety and efficacy published in peer-reviewed journals eligible for reimbursement.

- Provide payment solutions on the federal and state level for access to effective CAM therapies for all populations including special populations, such as hospice patients and others. Endorse payment and cost-sharing methodologies that expand choice for consumers.

- Design demonstration projects that are inclusive of CAM professionals and conventional professionals and others with appropriate methodological expertise of the areas that would be studied.

- Encourage HCFA to fund CAM demonstration projects in vulnerable populations, such as those without any money or insurance, in collaboration with state agencies and community health clinics.

Group IIA: Coverage and Reimbursement for CAM

- Fund cost effectiveness research that will determine whether either it cost more or it saves money to add CAM to a

benefit plan. This research can happen through AHRQ, or it could be demonstration projects through the state, through HCFA, through Medicaid, NIH, or NCCAM. In fact, one of NCCAM's request for grants recently was related to cost effectiveness of chiropractic.

- Continue to provide funding for substantive research on safety and effectiveness of CAM. This is happening through NIH and NCCAM, through CDC field studies, through systematic reviews by AHRQ, and the Cochrane Collaboration, and needs to be continued.

- Encourage a review of DSHEA. DSHEA doesn't go far enough to protect quality or properly monitor marketing of dietary supplements.

- Encouragement states to pursue state licensure for those provider groups that are safe and effective. The issue of licensure is a critical issue under coverage and reimbursement, and there is also a perceived lack of availability in terms of access to CAM services

- Include the CAM perspective in decision making and advisory capacities in various state and federal agencies.

- Require NIH/NCCAM to maintain an Internet site, which becomes a repository for CAM research data and information, that can provide a separate source of information that an employer can be referred to when they have questions regarding quality, everything from quality, safety, efficacy, licensure, and costs. This would provide excellent resources for those buyers. If we lay the right foundation, provide the right education, provide the right information, coverage and reimbursement will follow.

Group IIIA: CAM Research and Publication

- Provide undergraduate or continuing medical education for conventional medical doctors and CAM practitioners (e.g., massage therapists, acupuncturists, chiropractors, etc.) in how to critically evaluate published research. This would include giving conventional practitioners having some familiarity with unique aspects of evaluation of CAM. It would also allow CAM practitioners to have a better handle on how to critically evaluate the research that they read in other journals.

- Encourage the continued development and support for training CAM professionals who can teach research methodology and evaluation, because part of the problem is, who is going to teach in these schools.

- Encourage collaboration between the conventional academic

institutions and the CAM schools, so there is a wealth of people who are well-trained in research methodology at universities to be able to help teach in these schools.

- Provide funds that could help support and sustain library types of materials. Mant times, large academic institutions have endowments and funds that are not available to CAM schools. There should be some sort of funding available or set aside so that CAM schools could have access to journals, MEDLINE, computers, et cetera.

- Provide funding for developing lay versions of publications on CAM being developed by the government (e.g., AHRQ report on CAM)that would be one-page fact sheets or put on a web site.

Group IIIB: CAM Research Methods, Training, and Concerns

- Develop a prioritization process that is explicit and clear and includes all the major audiences that are involved in complementary medicine to make sure the kind of data that they need is produced in research.

- Encourage funding for research done in multi-disciplinary teams. That includes not only scientific teams--experts in a variety of sciences--but experts in the actual methods, that is, the CAM practitioners who actually are trained in the method, as well as public participation.

- Encourage the inclusion of outcome measures such as quality of life, patient satisfaction, adverse effects, and special outcomes specific to complementary and alternative medicine (e.g., energy or qi), and the more subtle aspects that are difficult to capture and may not have a Western conception.

- Develop ways to capture unexpected or serendipitous outcomes that occur from interventions that are focused on healing. A lot of times, things that happen are unexpected.

- Develop a main focus, in terms of setting a research agenda that could go fairly quickly into policy, in the area of safety. The Commission needs to look at safety specifically in the areas of supplements. Safety also includes the monitoring of adverse effects and the quality of products. There are particular ways in which that could be done, such as by empowering groups like the FDA, the CDC, the NIEHS, USP, and industry, to move into these areas to make sure the quality is improved and that there is monitoring for adverse effects interactions in that way.

- Stimulate more federal involvement in CAM research. This could be done through multiple methods. Creating a coordinating offices, either in Health and Human Services, initially, and then maybe in other agencies that are not

within Health and Human Services' purview. Perhaps this could be done in a stepwise manner. The purpose would be to try to specifically encourage research in those areas, similar to what happened at the NIH when the OAM was started and that began to gather a lot of attention, and kind of develop those areas.

- Promote investment in infrastructure in academic health centers, including CAM health centers. They may require different mechanisms, different approaches to that, but they all need training, they all need equipment, they all need expertise in methodology, they all need to take a team approach, they all need informatics aspects. The federal government has a number of ways in which they invest specifically in infrastructure to get a critical mass of researchers, and those should be encouraged.

- Facilitate coordination among foundation, private and federal, through meetings and other forums, so that they are at least talking to each other, and talking about the kinds of things they are providing.

- Modify or fully implement DSHEA in a way that encourages research, rather than discourages it. This could be done through tax incentives, SBIR grants, etc. The orphan drug approach was considered as being a good model of providing some kind of market protection, or as an example of providing some kind of market protection.

- Develop a repository of research methods, facilities, resources, et cetera, that have an interest and are doing work in CAM. This would be an information source for research itself, not the results of research, but the funding sources and approaches, and types of information researchers are looking for among these agencies.

- Encourage the National Endowment for the Humanities to fund a study of the evolution of CAM is part of our cultural inheritance and the legacy that this generation will leave to future American generations.

Specific Recommendations from Town Hall Meeting, San Francisco, Calfornia

- More funding for both basic and clinical CAM research. At this
- point, we have many more questions than answers. We do not really know the benefits or the limitations of what is being used.

- Fund research, under the auspices of NCCAM, on cutting-edge medical applications in CAM therapeuticand novel diagnostic devices. These are the frontier areas of medicine in which the United States is falling behind the rest of the developed world.

- Develop new policies to speed up FDA's approval process for CAM devices.

- The Federal government needs to play a pivotal role in disseminating objective, authoritative information on CAM education and training, and research both for health-care professionals and the lay public.

- Consider all the players--the patient, the conventional medicine provider, the insurance company, and the CAM provider--in fostering and encouraging CAM options.

- Offer incentives to the insurance companies to duplicate some of the available studies on CAM.

- Proactively bring the alternative of community into CAM research programs. Many of these people are well trained, but they are not trained in research.

- Change medical education so that it integrates CAM into the curricula.

- Put priority on replicating studies on homeopathy that have been done and have shown statistically significant results, so that we can begin to answer the questions that many skeptics have.

- Publishing a series of "white papers" on the status of laboratory, and clinical studies in various CAM fields.

- Examine the body of cost-effectiveness studies on various CAM modalities and encourage managed-care companies to look more carefully at this literature so that they can create their own incentives for their own panels of healthcare providers.

- Collect the CAM research currently being conducted in a clearinghouse, both publicly and privately sponsored, and reveal where additional research is needed. The Commission has the opportunity to utilize the clearing-house as the central

depository of CAM research and to encourage all researchers to submit their findings to the information clearing-house.

- Relax federal statutory requirements that impede the use of CAM in federal health care programs. Currently, federal programs do not reimburse for CAM, and the statutory limitations therefore impede research.

- Provide incentives for private industries to invest in CAM research, and invite all groups involved in CAM research to identify the types of incentives that they need to continue CAM research.

- Afford patients the ability to seek treatment by proven CAM without the need of referral by a medical gate keeper.

- Recognize and reimburse proven CAM practitioners for reasonable and necessary services provided to their patients. CAM providers should not be reimbursed at a lower rate or be discriminated in any fashion, based on their training or licensure.

- Require that CAM providers be trained and educated at an accredited institution. In addition, State licensure should be considered, to insure that only trained and educated providers are treating the public.

- Require medical school students to take a course on CAM treatments, so that they are familiar with the alternatives that are available to their patients.

- Give CAM students access to federal funds and federal repayment programs to assist in the repayment of their student loans.

- Encourage medical schools and people who get the NIH grants, to have cross-training that include Western medicine, researchers, and CAM practitioners; especially those who come from their native countries, who doesn't speak English, but have the expertise of providing the treatment. This needs to be done before the research is designed.

- Provide strong support for Traditional Chinese Medicine so that the health insurance industry--HMOs, hospitals, and government plans--will more fully recognize this system of medicine and make it more widely available to the U.S. population.

- Since it is legal, mandate that discriminating against homeopathy is improper and allow third-party payers to pay for its legal use

- Create the procedure that will allow for homeopathy's coverage, and allow HCFA and Medicare to tell properly licensed physicians to deliver services to patients that want and need them.

- Allow hospitals to offer integrative medicine, after full disclosure and full consent between doctor and patient. Make sure that patients know of its legal existence, and give them the freedom of choice that they deserve.

- Allow States, such as Arizona, who have a Board of qualified medical examiners, to judge the efficacy of CAM procedures, such as Dardfield blood evaluation, Bioterrrain analysis, and other valued complimentary lab tests. Do this by empowering CLEA, which has no understanding right now of these procedures, with new regulations that that will allow this type of work to proceed under proper regulations.

- Take the stigma of 'voodoo medicine' out of CAM by allowing science to proceed unhampered. The scientific method, itself, demands that observations be proved or disproved methodically. However, the current method of verification; i.e., double-blind studies, are anti-competitively structured to keep the truth from the light.

- Provide more funding for CAM pilot studies--simpler ones that can be implemented with less requirements--so that researchers can outline some new opportunities for new research.

- Require CAM practitioners taking continuing education as part of their training, including courses in research methodology, ethics, and patient safety, because there are legitimate concerns that the public has in terms of the training of these individuals.

- Encourage the Federal Government to invest its significant amounts of funding into uncovering the cause of attention and behavior problems, rather than just using a band-aid of drug therapy to combat this problem.

- Provide Federal protection for CAM doctors from overzealous medical boards by supporting legislative interventions, suc as the "Access to Medical Treatment Act" or the "Thomas Novaro FDA Patient's Right Act". We need protection against private agendas being played out publicly.

- Establish a system for prioritizing areas of CAM research. CAM therapies that should receive the highest priority for research are: those with the high prevalence of use, those directed at medical conditions for which patients believe standard therapies are particularly ineffective, and those that have been systematically reviewed and found to have evidence suggesting safety and efficacy.

- Increase Government funding for research. Unlike research of many pharmaceutical and surgical treatments, most CAM treatments do not have the potential to make money for corporations and so, they must rely on funds from the non-profit sector. Although funding has increased substantially in recent years, the total budget of the NCCAM is till only a small fraction of budgets at other major institutes at NIH.

- Research funding for public academic medical centers should be a priority. Academic institutions have no conflict of interest and should have no bias with respect to interpreting CAM research results. Public institutions have a long history of excellence in clinical research and have a mission to serve the people and especially the under-served who have a high prevalence of disorders that do not respond well to standard medical therapies.

- Support the training of young investigators in this field. There are few national experts in CAM who also have superior training in clinical research methodology. For this movement to succeed there must adequate support for training of its future scientific leaders.

- Funding should be directed towards realizing control trials - the best research designed for determining safety and efficacy. Although CAM presents unique challenges with regard to the design of the control trials, such as blinding, individualized treatments, etc., these are obstacles that can be overcome.

- Provide high-quality CAM education for healthcare professionals. Such information should be easily accessible, objective, and embedded with scientific rigor. No such educational programs currently exist. Despite the significant use of CAM across the general population, the vast majority of medical schools are not training their students

- Provide health care professionals with training in the following areas: communication skills and attitudinal and sensitivity training. This is particularly important in CAM as a result of deeply embedded cross-cultural and diversity issues that are related to this area.

- Examine the model for defining alternative therapies and certifying them that was set up by the UK Council on Complementary medicine, and see how adaptable it is to the United States.

- Include registered dietitian provided nutrition services, specifically Medical Nutrition Therapy, as part of universal health care coverage.

- Include registered dietitian provided nutrition services as part of all health promotion and
- disease prevention programs in schools, in health maintenance organizations, and in federally and state funded nutrition programs

- Include registered dietitian provided nutrition services in all senior care programs
- Include registered dietitian provided nutrition services as part of nutrition related CAM practices and interventions
- Specify the need for registered dietitian provided nutrition services to Internet start-up companies of that provide information on and promote CAM.
- Promote the option of a healthcare policy rider for defined CAM benefits or promote the inclusion of CAM benefits incorporated into the core benefit
- Reimburse only for CAM's practices and interventions that show some level of efficacy through clinical trials or scientific studies.
- Nutritional CAM credentialing should be established and registered dieticians who are most qualified to represent the science and practice of nutrition should be included in setting these standards.
- Develop a separate classification between food supplements and drugs and for herbal medicines that might potentially be harmful to the public if they're not using them properly.
- Encourage the hiring CAM professionals by existing medical institutions.
- Support studies directed to the effectiveness of Oriental Medicine as a whole rather than studying the individual therapies.
- Provide basic CAM education not only to the public, but to physicians, nurses, and other medical staff, as well as hospital managed-care administrators.
- Provide coverage of acupuncture and herbal medicine with Medicare and Federal employee insurance programs.
- Require all CAM therapists to have a core understanding of standard medical science and terminology. For example, a professional doctor in Oriental medicine should have a minimum of about 1,000 hours in standard medical sciences. This allows for intelligent communication and collaboration and treatment planning.
- Integrate the most successful approaches to health maintenance, disease prevention and a treatment of chronic illness from both conventional and alternative medicine.
- Look CAM's role in public health, particularly as adjunctive care for cancer or AIDS patients, treatment of addictions, and stroke rehabilitation. Chinese medicine, for example, has a good connection to public health, with its correlative

thinking that stresses an association between events and not simple mechanisms of causation.

- Fund grass roots organizations that are coming up with novel ways to look at how to solve our health care problems using CAM and integrative medicine.

- Require that regulatory boards include practitioners from the disciplines they are charged with regulating.

- Reduce current government control and regulation and money in medicine.

- Support the licensure of naturopathic physicians in all 50 states.

- Mandate that all those who call themselves doctors of naturopathic medicine meet rigorous standards in education, primary care, testing, and safe practice

- Provide Federal funding to accredit naturopathic and CAM academic institutions and defend residency and exchange programs between CAM and conventional medical schools.

- CAM research should be more community based and much more culturally competent instead of academic.

- Promote unbiased research, unbiased education that is going to help put everything in perspective, and unbiased public and practitioner information systems that will provide a very good integrative unified approach for CAM.

- Place a major focus on focus on information dissemination by providing internet access to journals with the complete articles and develop CD-ROMS, audio tapes, fax, and e-mail networks.

- Convene a focus group of representatives of CAM organizations in order to determine what conventional medicine core competencies should be required, regardless of the CAM affiliation.

- Oppose any efforts by any professional organization or economic interest to claim exclusive rights to either the dispensing or the obtaining of herbal medicines.

- Require any agency that is created through the Federal Government to work with the individual associations that regulate the profession and not to impose a set of unified standards on a particular discipline. Rather, the Federal Government should work with the individual, national, and state associations to establish guidelines for each profession.

- Require that medical doctors not be allowed to administer CAM practices and interventions, unless certified to do so the regulatory administrations, established by that discipline.

- Create a Federal web site as an informational center on CAM practices, with brief descriptions of each practice. Input would be required from national and state associations for each discipline and links to each association could be provided.

Specific Recommendations from Town Hall Meeting, Seattle, Washington

- Work in concert with the goals and objectives of Healthy People 2010. Healthy People 2010 seeks to increase life expectancy and quality of life as well as to eliminate health disparities among different segments of our population.

- Facilitate collaboration not only between conventional practitioners and CAM practitioners but also between public health officials, regulatory bodies, insurance payers, and governmental agencies.

- Ensure that CAM research is about multi-factorial outcomes, not just about single therapies.

- Level the playing field between federal funding for CAM and conventional medicine education research.

- Support activities that communicate and respect existing standards in emerging professions and fund activities to improve and further develop those standards.

- Develop appropriate nationwide regulatory standards. We need to have uniform licensure, regulation, and public safety. We need to have national board exams. We need to collect and disseminate information about state regulatory models that are working so that other states can adopt those same kinds of regulatory models.

- Facilitate the development of practice guidelines, credentialing systems, peer review processes, inclusion in federal programs, infrastructure of CAM institutions.

- Engage CAM professionals at all levels of evaluation and decision making. All health-related committees and advisory boards should include CAM regulators or CAM practitioners or researchers as expert advisors, consultants, and/or researchers.

- Support strategies for expanding integrated care settings in which conventional and CAM providers practice side by side, learning from each other and being jointly committed to improve the quality of the care they provide.

- Provide access to CAM for the underserved, the poor and uninsured, those with special health problems, like HIV and AIDS, and the elderly, many of whom do not have access to the services which can be of benefit to them.

- Work to change the reimbursement system so that is pays as much for health promotion as it does for treating disease. Also, engage the payers in any process to change the system, rather than simply trying to impose a process on them from the outside.

- Develop content databases that validate interventions and the efficacy and safety of interventions, systems of healing, and particular therapies. We have a good process for adverse events reporting and monitoring and we need to establish systems to disseminate information about these therapies so that practitioners and the public will know what is safe and what is appropriate.

- Develop methodologies to ensure both practitioners and the public have good quality products that are safe.

- Develop a list of critical community assets that support the development of CAM practices and then find ways to strengthen and develop those assets in communities so that CAM activities can proceed effectively.

- Extend the federal laws to include loan repayment for some of the CAM professions in underserved communities.

- Reward and reimburse practitioners, both CAM and allopathic physicians, who toil in the service of health and human behaviors and changing lifestyles.

- Fund research on traditional health practices, particularly in looking at any interaction with concurrent allopathic medicine as well as the potential hazards and benefit of the traditional practices.

- Make access to CAM widely available and consistent. In California, for instance, people with work-related injuries and Medicaid patients have coverage for CAM. But in Washington State these same patients are not covered for these services.

- Develop practical guidelines for common ailments that could include integrate CAM with allopathic medicine, particularly for these chronic conditions. Reimbursement for these services could uniformly be covered following these practice guidelines.

- Make it feasible for CAM practitioners to serve in underserved areas by providing loan repayment programs.

- Conduct research to look at the role of CAM therapies in primary care in underserved areas. If we don't know how they fit, it will be very difficult to find anyone who is willing to risk integrating CAM into health care programs for the underserved.

- Train CAM providers in public health theory. They already have a holistic wellness approach. What they lack, however, is the sense of the community as their patient, in addition to the individual and the family.

- Develop a policy that supports and helps fund the creation of a voluntary national standard, perhaps through a national clearinghouse, for the practice of botanical

medicine. Such a standard must cut across professional categories and maintain the focus on identifying the quality of knowledge that practitioners offer the public.

- Require that all practitioners prescribing herbs have the same degree of knowledge about the plants they use.

- Provide better reimbursement for CAM under Medicare and Medicaid.

- Provide clinical training for CAM students in community-based settings. In particular, we need to have practice incentives for people who are graduating from CAM schools to work in underserved communities, including scholarships and loan repayment, whether that's at the federal level or the state level.

- Provide funding to help finance CAM services for people who can't afford to pay it.

- Fund and initiate bridge-type groups that bring together CAM and conventional practitioners in various DHSS regions.

- Establish an immunization CAM task force in Region X.

- Support regional and public health partnerships with CAM and conventional medicine with an emphasis on serving the underserved.

- Conduct regional conferences on integrated CAM and conventional practices to reduce preventable diseases.

- Reimburse for behavioral change for CAM and conventional medicine providers.

- Support local community demonstration projects and strategic planning to integrate CAM and conventional health services.

- Encourage NCCAM to fund planning grants to CAM academic centers in order to develop research agendas, clinical trials consortiums, and strategic plans. CAM research should be designed and executed by CAM experts with the help of experts from conventional medicine. Thus far, the emphasis has been placed in the other direction, that is research designed and executed by conventional universities with grafted CAM expertise.

- Request that NCCAM develop an RFA specifically for CAM institutions to help them develop research infrastructure and a cadre of CAM experts who are also trained in research methods.

- Request the FDA to establish a CAM task force to develop policies and procedures for investigational use of CAM therapies.

- Request that NCCAM's exploratory research grants, which now fund most of the research in this area, do not have a cap of $125,000 a year. Rather, it would be better to remove that cap and ask principal investigators to develop budgets based on the scientific needs of the research question.

- Allocate funds and authority to NCCAM and other appropriate federal regulatory agencies to provide education to IRBs so that they can provide more informed ethical oversight of CAM clinical research.

- Request a federally funded RFP process to fund research on insurance company CAM databases. We must have an answer to the question of whether CAM use has additive or substitutive cost to the U.S. health care system.

- Request the NCI (National Cancer Institute) to provide funding to CAM cancer clinicians to do the difficult administrative and clinical work of producing a best case series.

- Fund programs to support prospective practice based outcomes research using a case series and weight list control method.

- Support studies that are designed with methodologies other than the placebo controlled trial to test CAM outcome safety and effectiveness.

- Foster integrated conclaves of basic scientists, clinical scientists, and clinicians with varied backgrounds.

- Focus research on the core processes that are related to age-related diseases and the end of the health span in order to foster life without serious disease.

- Support research that moves from CAM versus drug approach to studies that evaluate health outcomes from broad-based clinical perspectives.

- Sponsor research that requires collaboration among medical school researchers, CAM providers, HMO providers, and CAM educational institutions.

- Support research that looks at the interrelationship among the biomedical, medical, economic, sociological, psychological, and spiritual components in the determining outcome.

- Provide educational grants to scientists who want to learn more about CAM therapies who are willing to add arms to their existing studies to evaluate the impact of CAM interventions in their work.

- Fund basic science studies that evaluate the influence of CAM therapies on gene expression and functional genomics.

- Give greater consideration and funding to research that compares real-world treatment options. Just as models of integrative medicine are being created, we also need integrative research.

- Fund research that tests CAM therapies side-by-side with conventional therapies. In this model, a richness of questions arise with major implications for clinical practice. These questions address how CAM and conventional treatments compare in terms of therapeutic effectiveness, long-term effectiveness, side effects and cost effectiveness. The

- Prepare informational packets that summarize research findings, as well as educate health care administrators, providers, and policymakers in how to assess the quality of research articles. This would help to correct the major inconsistency in contemporary health care. We hear strong calls for evidence-based medicine, yet we have a health care community that is poorly trained to seek out and assess the quality of CAM research.

- Identify the obstacles that are slowing the incorporation of evidence-based CAM practices into mainstream medicine. Three approaches are: 1) surveys to document attitudes to CAM, 2) discussions on CAM at national meetings of possible administrators, and 3) demonstration hospitals where the integration of CAM practices can be evaluated.

- Provide research funding so that the chiropractic profession can develop valid clinical outcomes data.

- Provide funding so that chiropractic colleges can hire researchers and develop adequate infrastructure for chiropractic research.

- Provide funding for chiropractic education and research to interact and integrate their programs with other higher education environments that include all relevant disciplines in science and medicine.

- Constructively influence the future of CAM and health care by: 1) providing meaningful federal support for CAM research and education, 2) attaining consistency in federal programs with national trends and priorities, and 3) promote collaboration and integration and expanding the role of CAM within conventional health care delivery.

- Provide federal support for integrated clinical training sites in which students, interns, and residents from conventional and complementary medical schools gain clinical experience in each other's presence.

- Provide federal support for the development of graduate medical education programs to prepare complementary medicine physicians.

- Provide federal support be used to foster collaborative research by developing post doctoral research fellowships for complementary medicine trainees and by encouraging faculty appointments for complementary medicine investigators at conventional academic medical centers.

- Place greater emphasis on pragmatic clinical studies that examine CAM therapies as they're actually practiced, rather than the efficacy studies that are typically done of medications.

- Provide fund to help develop a research culture among CAM providers that would include funds for the development of rigorous courses on research methods in CAM institutions.

- Fund the development of a cadre researchers who specialize in CAM methodology, that is, people who would be familiar with the unique issues involved in researching CAM. CAM research should based on what practitioners actually do.

- Significantly increase funding for nutrition-related research, particularly for whole foods, which unfortunately don't have a lot of wealthy funders and lobbyists to go after research funds.

- Fund research to examine the cost effectiveness of CAM interventions. Because, if private insurance companies sees CAM as primarily an add on being used only by sick people with really no trade off in terms of cost effectiveness, there is really little incentive for them to want to include CAM as part of their package of benefits. If, however, there are areas of medical care where CAM not only improves quality but lowers costs, there would be a tremendous amount of excitement about it in the private sector.

- Develop the kinds of information about CAM that helps people who make health care coverage decisions for corporations. The people who make those kinds of coverage decisions need some very explicit and pragmatic kinds of information about CAM.

- Require that all federally funded programs should reimburse for all licensed, accredited CAM services.

- Require that CAM services be delivered by providers who've received degrees from accredited CAM programs.

- Make funding available to form CAM peer-review committees throughout the country.

- Make funding available to assure access to residency training and loan reimbursement to all CAM professions.

- Require medical insurance carriers to offer access to licensed CAM providers within all coverage plans, and not just their most expensive. Require the same of federal Medicare programs and state Medicaid programs.

- Require medical insurance carriers to allow for consultations and second opinions by licensed CAM providers. Require the same requirements for Medicare and Medicaid.

- Require insurance companies to allow for coverage for non-prescription substances prescribed by a licensed provider and certified by that provider as a primary required component of a treatment plan chosen by the consumer with informed consent. Again, the same for Medicare and Medicaid.

- Offer government incentives to insurance companies for long-term studies regarding the cost and outcome of utilization of CAM providers and natural supplements. In addition, medical-coverage insurance companies could offer a partial cash-out of annual or maximum insurance coverage for those patients with catastrophic or terminal illnesses who choose, through written informed consent, other options. This is currently done with life-insurance companies.

- Support the integration of CAM providers within the community-health-center network across the country, to serve low-income, elderly, and ethnic minorities.

- Consider developing basic policy and encouraging jurisdictional licensure and enforcement and regulation to protect the public interest and take advantage of the leadership opportunity that you have to have this freedom of choice available throughout the United States and various jurisdictions where this licensure occurs. Washington State is an excellent model for people to look at.

- Fund programs to allow for stronger relationships with all types of providers, insurers, and their practices. If this were to happen, there would be less stress and confusion on behalf of their patients

- Include CAM providers in the National Health Service Corps Program. As recipients of federal dollars for state match, would be able to use those dollars across all of our professions that our state now supports.

- Recommend that adequate funding will be budgeted for study of various CAM therapies and financing will be appropriated for low-income patients so they may obtain these services as well.

- Fund programs to train highly skilled paraprofessionals who can help CAM practitioners develop the kind of documentation required by insurance companies.

There is a very successful program in Washington State, which could be duplicated across the country.

- Provide access to up-to-date, reliable CAM information for consumers. Consumers are very, very confused about this. They don't know, as David Eisenberg points out in his studies, whether to talk about their conventional services with their CAM providers and vice versa. They need better access to information.

- Provide resources for multidisciplinary research and opportunities for communication with conventional medical providers. We have the technology now with the Internet to reach many, many people, but we have to figure out what information is good and how to get that information out there.

- Provide the means of bringing people together who have commercial insurance, people who have private insurance, and find a way of managing the benefits to make it available to all folks, so that these disciplines can be defined.

- Establish a clearinghouse for all CAM-related articles published in peer-reviewed scientific journals, which would be easily accessible to all medical professionals -- for example, an Internet site with monthly updates.

- Work with the FDA or other appropriate agencies to develop mandatory manufacturing standards for producers of herbal products, which are, after all, medicines.

- Support efforts of CAM professions in guideline development.

- Encourage conventional medical schools to require at least one course about CAM, including observation of CAM practices and personal experience.

- Involve consumers, including skeptics, in all levels of information gathering and decision-making.

- Recommend that all medical colleges, CAM and allopathic alike, begin to require survey courses on the other medical fields, to know when to recommend and refer to other health-care providers. Collaborative internships should be strongly encouraged, as well as working in integrated clinics.

- Include CAM practitioners in the loan-forgiveness program.

- Fund think-tanks that would bring together the educators to address the appropriate curriculums to establish in medical colleges, as well as establishing how to work in collaborative internship programs.

- Provide funding for truly collaborative medical clinics throughout the United States that could have research branches on the best practices, as well as educational branches that would focus on internships.

- Examine the recommendations of Pugh Health Professions Commission Task Force on Midwifery. These fourteen recommendations are organized by five issue areas: 1) practice, 2) regulation and credentialing, 3) education, 4) research, and 5) policy.

- Provide grants to community, rural and underserved clinics for the express purpose of bringing aboard licensed CAM practitioners to work in an integrated capacity.

- Include reimbursement for licensed CAM services among federally managed health care plans, such as Medicare and Medicaid.

- Fund naturopathic education in the form of scholarships, loans, and national loan reimbursement programs for licensed disciplines.

- Provide federal funding in all states, so that rural and underserved clinics have the option for integration with licensed CAM providers including acupuncturists, naturopathic physicians and midwives. This includes grants and scholarships, subsidies for salaries, student loan reimbursement programs, and patient CAM health care coverage through existing federal and state health coverage programs.

- Once rural and underserved clinics are eligible and able to participate in these loan reimbursement programs, provide widespread outreach programs inform them of current successful integrative clinics.

- Dissemination of valid information on CAM providers to stanch the myths which may be out there that currently discriminate against CAM's abilities and professions.

- Changes federal legislation to include licensed CAM providers in all programs that currently cover and fund other primary care providers.

- Include naturopathic doctors in the renewal language of NHSC legislation and encourage inclusive language concerning all the established CAM professions.

- Support licensure for naturopathic doctors in all fifty states.

- Consider the recommendations of the Capital Area Rural Health Roundtable, a coalition of health professionals which has monthly meetings regarding the reauthorization of the NHSC. The inclusion of naturopathic doctors in the NHSC is critical for underserved communities to have access to safe and effective CAM practices.

- Include CAM practitioners in the national practitioner databank along with allopathic physicians.

- Require that with each new CAM research project that is supported that a brief standardized form to be prepared at the conclusion of each trial that describes the number of subjects that were involved, any controls that were used, how the response observed compares to doing nothing versus a placebo and to the most effective treatment that we commonly use. In addition, a description of any side effects that were seen should be included.

- Require nondiscrimination in all government health programs for CAM provider participation and reimbursement. This includes equal access to Medicare and Medicaid reimbursement and access to all other government health programs, including student loan repayment programs.

- Require licensing laws in all states and credentialing standard consistent with the best available in each profession or discipline.

- Support equitable policies in public and private reimbursement for CAM services delivered by CAM professionals.

- Support educational and licensing standards that promote quality CAM education and qualified professional CAM practitioners in all fifty states.

- Provide funding to support integrative training models like the Immune Wellness Clinic and CAM institutions as well as conventional medical institutions.

- Support equitable public funding of graduate medical education in CAM institutions, including subsidizing direct and indirect costs of residency programs in CAM institutions.

- Support an increase in funding for CAM research, because the best way to bridge the gulf between CAM and conventional medicine is through very strong research programs.

- Make a combination of educational grants, tax credits and vouchers available to community hospitals, both to their medical staff and to local CAM practitioners. These would pay not only for continuing education sessions and workshops, but would also provide economic incentives to the physicians, nurses and community CAM providers who attend them. For example, grants could be used to develop two-way training programs whereby conventionally trained doctors, nurses, and CAM practitioners teach each other about specific conditions and approaches and learn new language and philosophy.

- Fully fund CAM research studies that make it easy for community hospitals and physicians to participate.

- Develop a no-cost or low-cost way to have simple electronic links to credible CAM sites that can be then easily linked to our hospital and physician sites.

- Quickly establish an evidenced based national formulary for botanical medicines.

- Adopt federal recognition of NCQA standards for credentialing of CAM providers.

- Address problems with the CPT coding system, which was never been designed with CAM providers in mind.

- Fund more research regarding clinical outcomes and cost effectiveness of acupuncture. Following the recommendations from the NIH panel, acupuncturists should be involved in the research design.

- Encourage insurance data banks to evaluate how to analyze the acupuncture visit codes in order to not miss pertinent data due to restrictions and diagnostic codes by practitioners.

- Develop CAM education opportunities for other providers to increase the awareness of acupuncture's role and medical necessity as a stipulation for inclusion of acupuncture in the reimbursement arena.

- Work to complete access to acupuncture in all fifty states. Eleven states currently do not legally recognize acupuncture and or our missing statutory language for its inclusion.

- Eliminate arbitrary exclusions of specific CAM practices.

- Avoid mandates where legislation or a regulatory body or a purchaser mandates a specific coverage. These type of mandates create an entitlement and after having established such an entitlement it's very hard to get anybody to focus on optimizing or on improving efficacy and cost effectiveness.

- Structure benefits so that they focus on outcomes in a scientific basis. Rather than just finding a way to mandate the inclusion of CAM, put in certain coverage criteria which establishes the services required because of a disease, illness, or injury performed for the primary purpose of preventing, improving or stabilizing the disease, illness or injury. Such criteria should be equally friendly to all types of efficacious care including CAM.

- Have federal agencies, such as the U.S. Preventive Services Task Force Guidelines or for the Agency for Health Care Research and Quality, provide

useful and accountable resources on CAM, which can provide a well documented and reasoned basis for our health plan coverage decisions.

- Add acupuncture, acupressure, yoga, Tai Chi, medical Qigong, and Chinese herbs as potentially beneficial forms of CAM that should be covered by insurance.

- Investigate the perception by primary care providers that they must devote so little time to every patient in order to meet expenses.

- Endeavor to bring into balance the enormous influence that the pharmaceutical industry has on our conventional medical practitioners.

- Public health policy must ensure that herbal practices are utilized in a way that promotes patient safety.

- Reimbursement programs should be developed for herbal practitioners in states with existing practice standards. Reimbursement programs also should be established for herbal products that are prescribed by recognized herbal practitioners including specific preparations that are approved for specific indications. The reimbursement process must include botanical preparations that are used for illness, acute and chronic and those that may be prescribed preventively. In most cases, health professionals in the given community of practice should be relied upon to make that determination.

- Proper reimbursement programs should also be investigated and encouraged for traditional healers in ethnic communities of practice and for direct entry herbalists.

- Convene an advisory panel of CAM and professional practitioners to review the level of science requirement in herbal and CAM education.

- Establish departments of CAM in medical school and residency programs.

- Conduct cost effectiveness research to document the fifteen percent cost savings of homeopathy found in France.

- Develop reimbursement policies that allow adequate time for homeopathic consultations.

- Include homeopathy in low-income clinics.

- Give hospital privileges to homeopathic physicians, and allow for licensing of non- medically trained homeopaths to work legally under the supervision of a physician.

- Establish a pharmacopoeia for herbs similar to that for homeopathic medicines, with standardization and regulation of manufacture of herbal products.

- Support voluntary standard setting and national national certification for herbalist so that people can identify excellent and well trained herbalists.

- Encourage health care professional organizations to support the inclusion of the spiritual dimension in practice. Encourage research studies and encourage collaborations and partnerships that increase the opportunities for this kind of training.

- Encourage HMO's to follow the model of Sloan's Lake in Colorado, which is covering spiritual advising as a legitimate health care benefit.

- Fund CAM institutions at the earliest level of medical education. We need to provide accredited CAM schools access to funding to allow for collaboration between medical schools for joint training programs and clinical experiences for graduate and post graduate training. We also need to provide access to loan forgiveness in underserved areas for CAM graduates.

- Invest in research infrastructure at CAM institutions and include CAM credentialed experts in research design and policy decisions.

- Recommend guidelines to the states for credentialing and licensing of CAM providers. This is not a monopolistic system to exclude providers but this is a public health and safety issue that provides the public the confidence that their provider is adequately trained to render the services needed

- Distinguish between the fields of traditional naturopathy and naturopathic medicine. Differentiate between naturopaths and naturopathic physicians.

- Develop an approach toward regulation and licensing that serves the needs of consumers and practitioners and not one that is exclusionary.

- Issues a recommendation that states move forward to use the externally validated standards being developed by CAM professions to adopt laws. Externally validated means they are accredited by the U.S. Department of Education. The meet American Psychological testing guidelines. They may have been accredited by the National Organization of Competency Assurance, etc..

- Establish a task force to give emerging CAM professions that have not developed such standards guidance from those professions that have done so. Emerging professions need to know how to develop these standards and they need to know how to develop a flexible model bill so that they can go into states and work with options and ramifications.

- Hold meetings of all practitioners, conventional and all CAM professionals, to discuss what it is that can be incorporated into western medicine, what is the curriculum that they need to be able to do this, and when they should refer an appropriate title distinction so that the consumers can tell the difference between a DC with a hundred hours and a licensed acupuncturist.

- Include CAM practitioners in any discussion regarding botanicals. We are about to lose access to our botanical medicines by licensed providers because western medicine does not understand that the use of a whole herb is different than the active ingredients.

- Include CAM in Medicare because this would open up state licensure.

- Develop a series of continuing education seminars for western medical providers so they begin to understand who we are, what we do, when they can appropriately refer and what they can expect when that happens.

- Sponsor a national conference of CAM practitioners to explore options for levels of national credentialing standards.

- Provide federal support of these national standards that would give consumers, insurers, and other health care professionals a criterion against which they could access a CAM practitioner's legitimacy.

- Support for the development of credible structures such as NABNE (North American Board of Naturopathic Examiners) and NPLEX (Naturopathic Physician's Licensing Examinations) for other CAM systems and modalities.

- Provide specific funding to be earmarked for CAM institutions, particularly for researchers who are very familiar with herbs. We also need funding for people to look at Chinese herbs and Western herbs together.

- Provide specific funding for research on the positive interaction between drugs and herbs. What is typically done is the negative interactions are looked at, not the potential positive interactions.

- Provide training for both CAM providers and medical doctors in what are the potential interactions for herbs and drugs, for safety of the patients.

- Review existing CAM funding opportunities and develop a funding model of CAM medical education.

- Support CAM clinical services and review and develop grant and aid programs for demonstration models, especially in application of clinical services for training and education of CAM practitioners.

- Provide funds to study ways that Native American people can contribute to the nation's public health. Native Americans have sacred ceremonies for healing, and sacred prayers and sacraments to heal the mind, body, soul and the spirit. The public needs to be able to understand these practices and how they are used, so that Native Americans we can make a contribution to the nation and world as a whole.

- Provide funding for residency programs to expose their residents to traditional healers and to learn something about traditional medicine so that they how to communicate with patients who may be using traditional medicines.

- Provide financial incentives to encourage existing clinical research training programs to admit CAM providers interested in research. Or, provide funding of research training programs at CAM institutions.

- Provide for more research funding to go to CAM providers conducting research.

- Mandate licensure for CAM providers in all states so that research can be done by CAM providers in all of these states.

- Increase the amount of financial aid available to students of massage therapy.

- Fund internships for graduates of massage to work with the underserved, that is, helping both populations,

- Fund research for both educators and providers of massage therapy.

- Fund translations of research done in other countries.

- Provide significantly increased research funding for CAM.

- Provide federal insurance coverage for CAM therapy, particularly when patients are going through cancer treatment, in order to save dollars for secondary hospitalizations.

- Support educational institutions, whether they are CAM or conventional.

- Require hospitals that accept federal funds to accept trainees from all the accredited CAM institutions.

- Include accredited schools of naturopathic medicine and acupuncture and oriental medicine under the Stafford Loan Program.

- Require that accredited CAM academic institutions be eligible for inclusion in funding provided by the Health Resources Services Administration.

- Require the Healthcare Financing Administration and the Bureau of Primary Healthcare to fund residency and continuing education programs for CAM graduates.

- Amend the current Medicare and Medicaid legislation to include naturopathic physicians and any other appropriate CAM providers as reimbursable providers.

- Extend the federal loan forgiveness program to those willing to serve in rural areas to appropriate CAM graduates.

- Help CAM professions to obtain funding from sources such as the Agency for Healthcare Research and Quality to allow the necessary activities to aid each CAM profession in the development of clinical practice guidelines.

- Promote the adoption of the CPM credential granted by the North American Registry of Midwives as a national certification for direct entry midwives with resulting reciprocity of midwifery practice, nationally.

- Require that it be legal for certified rofessional midwives to practice midwifery in out-of-hospital settings in every state.

- Provide state or federal legislative protection for confidentiality of peer practice and instant reviews for providers who practice in non-institutional settings.

- Encourage midwives develop practice guidelines and that this be done within their state or national professional associations and not by legislators or other practitioners unfamiliar with the midwifery process of care.

- Support the collection and reporting of midwifery outcome data at the state and national level through funding of the already existing Midwives Alliance of North America statistical collection database.

- Support funding through the appropriate federal agencies for a pilot project in Washington State that would identify and develop algorithms for the most common muscular skeletal conditions or injuries and stress related disorders for which massage therapy is clinically effective and cost-effective.

- Permit Natropathic Doctors to qualify for residency programs, subsidized as they are offered to MD students.

- Allow Naturopathic residents to defer interest on loans during residencies, the same as MD residency participants. Both groups of physicians take out the same federal student loans, both participate in programs approved by their respective accrediting agencies in the Department of Education.

- Require that laws for licensure and insurance coverage be based on cost effective benefits provided and educational training required, rather than on potential harm to the public and the need for state regulation. Existing laws that discriminate against new alternative health systems should not effect the future availability of federal funding for scientific evaluation of health systems such as Maharishi Vedic Approach to Health which has such a good track record.

- Ensure that local turf wars not be allowed to interfere with the availability of federal funds for the proper and needed scientific examination of the benefits and cost-effectiveness of Maharishi Vedic Approach to Health or other scientifically validated health practices not currently regulated by state governments.

- Include pharmacists in all of the Commission's discussions and decisions related to CAM.

- Assist the profession of pharmacy in being recognized by the federal government as a healthcare provider.

- Take the message home that pharmacists are complementary providers, well positioned to help integrate the best of CAM and allopathic care.

- Support increased funding for libraries everywhere, especially funding for projects encouraging this type of cooperation between mainstream libraries and libraries with strong CAM collections.

- Provide funding to the National Library of Medicine and to the Library in the NCCAM at the NIH, in order for them to increase their holdings of CAM resources in their journal, print, audio-visual and database collections. As new CAM journals are added to the National Library of Medicine's collection, they also should be added to the Medline Biomedical Database, which is produced by the National Library of Medicine, so that a great variety of CAM research becomes widely available.

Brief Summary of Major Themes from Seattle Meeting

Tie into the goals of Healthy People 2010, the Federal blueprint for public health.

Facilitate collaboration
(1) between conventional and CAM practitioners;
(2) among local, regional, state, and Federal government agencies (including regulators, licensing boards, public health officials, and community-based primary care facilities); and
(3) with 3rd party payers.

Identify obstacles slowing the incorporation of evidence-based CAM practices into mainstream practice. Address, through collaboration, lack of familiarity with CAM research and researchers, suspicion of CAM therapies, and mistrust of CAM practitioners and researchers. This is often difficult and a challenge for both communities.

Strengthen accountability and develop uniform, high quality standards; consistent licensing procedures; and practice guidelines as the basis for the inclusion of CAM practitioners in Federal, state, and regional/local health programs; to ensure uniformity of services for reimbursement; and to allow patients freedom of choice.

Develop public or private quality assurance programs to increase provider and public trust in CAM products.

Develop an herbal pharmacopoeia with standardization and regulation of manufacture, similar to the homeopathic pharmacopoeia.

Support with local, state, and Federal funds primary health care clinics that can serve as incubators for cross training and integrating multiple-practice approaches, and for stimulating other collaborative and relationship-building activities. Integrate CAM into community health center networks nationally.

Increase Federal agency support for local community demonstration projects to integrate CAM into conventional health services.

Eliminate arbitrary exclusions, avoid mandates, and focus benefits on scientific outcomes in state health programs.

Reduce the disparity in funding for research on conventional medical modalities and on CAM practices and products; increase funding to CAM professional schools for research and research training. Fund planning grants to CAM academic centers to develop research agendas, etc. Issue an RFA to support research infrastructure at CAM institutions. Establish collaborative relationships with universities and hospitals that have needed facilities and expertise.

Increase funding for education and training at CAM institutions and at traditional universities, including schools of medicine, nursing, dentistry, pharmacy, public health, and veterinary science. Train CAM professionals in public health.

Develop methodologies to study emerging unconventional healing practices. Find methodologies that accommodate the cultural context and patient-centered, unique questions posed by some CAM therapies. When placebo-controlled trials are not feasible or appropriate, employ practice-based outcomes research, best case series, clinical audits, cohort analysis, pattern recognition, statistical evaluation, multi-varied or cluster analysis, and other known or new methods. Start with practical health services trials as a basis for further study.

Include CAM professionals on research advisory councils, regulatory boards, review committees, and policy groups.

Educate IRBs to provide more informed oversight of CAM clinical research.

Examine regulations that lead to the removal of licenses of CAM practitioners and intimidate collaborating, allopathic physicians.

Study wellness, the effect of social context on health, quality of life measures, and cost effectiveness of CAM.

Increase research support to provide valid chiropractic clinical outcomes data. Support researchers and infrastructure at colleges of chiropractic. Integrate chiropractic research and education programs in conventional higher education environments.

Allow for continuum of care as part of collaboration between allopathic and CAM care.

Increase research on CAM as an alternative to conventional approaches that are not successful or create adverse reaction risk, especially for chronic conditions.

Be more proactive to ensure that CAM research findings reach a broader audience.

Support National Library of Medicine indexing of CAM journals.

Determine the distinctions between incorporation of CAM procedures into conventional medical practice and integration of CAM providers into patient care pathways.

Design services for reaching and covering the underserved; evaluate utilization by the underserved.

Expand Federal laws to include loan repayment and scholarships for some CAM professions to serve in underserved areas.

Include CAM in Medicare, Medicaid, and other Federal and state health-related program coverage.

Improve collaboration among payers, the research and regulatory communities, and the professions.

Fund research on insurance company CAM databases and how CAM affects health care costs.

Evaluate insurance data from the Washington state experience.

Examine the effect of insurance coding and "medical necessity" as limitations on CAM.

Investigate reimbursement for herbal practice in states with practice standards.

Work toward insurance coverage in private, Federal, and state plans to provide access to licensed CAM providers and to cover (approved) substances prescribed and certified as part of treatment.

Conduct regional conferences on CAM integration.

Strengthen Federal role as facilitator, partner, and referee.

Specific Recommendations from Town Hall Meeting, New York, New York

Panel 1: CAM Regulation

- Advocate the spread of the traditional regulatory model for CAM services and should refrain from applying uniform standards of education, training, or licensure to all CAM practitioners.

- Collate and review the literature on mind-body approaches to health and well-being by an independent panel and place an emphasis on educating health care professionals and the public about what is already known in this arena.

Panel 2: Consumer Access to CAM and CAM information

- Investigate changes in tax policy that would lead to greater access to CAM. This would allow people would be able to choose for themselves, instead of having bureaucracies decide what treatments are and are not covered.

- Establish more CAM research centers and funding to encourage more scientists to become specialists in CAM research and educate current and the future scientists and medical practitioners about various CAM therapies.

- Especially target for CAM clinical trials people who have multiple chronic conditions and who are routinely rejected for standard clinical trials.

Panel 3: CAM and Women's Health

- Require clinical research studies involving high dose chemotherapy on human participants to supportive pre- and after-care CAM services, such as acupuncture and massage.

- Promote programs to teach self-awareness techniques (e.g., yoga) to doctors as part of a mandatory training program on CAM.

- Require medical schools to teach in-depth courses in the fundamental principles of Oriental medicine.

- Require the Federal government to promote insurance reimbursement for CAM therapies so that many patients can afford to have these therapies.

Panel 4: CAM Research and Information

- Promote funding for CAM therapies that both fight cancer as well as reduce the toxic side effects of chemotherapies.

- Develop a national database system that would permit physicians utilizing an electronic version of a soap note, to collect their data on patient care and input it into this soap note data base.

Panel 5: State Regulation of CAM

- Require state regulators of CAM therapies to be bound by the rules of evidence and limit their jurisdiction to cases of "irreparable" patient harm.

Panel 6: CAM and Sports Medicine

- Allow CAM practitioners to govern themselves as long as they provide full disclosure of their pertinent information to their clients/consumers.

- Establish a Center to gather and synthesize existing information on how to promote mind-body wellness in youths, competitive athletes, and older people in sport and in physical and cultural arts.

- Coordinate research on the health data that has been collected on athletes over the past 20 years and coordinate future research with sports organizations.

- Support Senate Bill 1159, which provides grants and contracts to local educational agencies to initiate, expand, and improve physical education programs for all kindergarten through 12th grade students.

- Change the Dietary Supplement Health Education Act (DSHEA) of 1994 by explicitly removing steroid-based supplements from the list of protected CAM therapies.

Panel 7: Pediatric Patients and CAM

- Provide more oversight of FDA, particularly in regard to its ability to restrict the availability of treatments for experimental pediatric therapies.

- Require FDA to have more contact with patients and consumer groups in making decisions about the availability of therapies, particularly for life-threatening pediatric conditions.

- Increase qualifications for pediatric practitioners to include better understanding of traditional, naturopathic, and oriental approaches for pediatric conditions; also provide better educational information for both parents and pediatricians alike to improve informed consent on behalf of children for CAM and traditional therapies.

Panel 8: CAM Integration and Information

- Provide people without health insurance or who have inadequate coverage equal access to CAM therapies.

- Enhance Federal support for: a) acupuncture and Oriental medicine education and other discipline-specific education; b) hospital-based residencies in other forms of medicine; c) research aimed at providing answers and innovative means of asking questions that are discipline specific; d) educational infrastructure of all other forms of medicine; and e) opening up Medicare and Medicaid reimbursement to acupuncture and oriental medicine, and other forms of medicine.

- Develop better mechanisms for case reporting so that patients and physicians facing difficult cases could search for similar cases in the literature.

Panel 9: CAM Education for Health Providers

- Make CAM education a required, not an elective, part of conventional health care professionals' training.

- Integrate the teaching of CAM into the entire medical school curriculum; provide CAM education in clinical relevant environment so students can see how it is practiced in the field.
- Increase funding to aid and promote education in college courses about CAM and make it easier for private-practice nursing CAM practitioners to promote and participate in CAM practice models for research.

- Develop better sources of information on CAM for medical professionals on legal, research, regulatory, insurance reimbursement, and educational issues.

- Require extensive training in CAM for those who oversee CAM research and education programs.

- Create an environment of diversity and freedom in health care; create greater understanding of concept of holism for conventional medical physicians and patients.

Panel 10: Naturopathic Medicine

- Promote official recognition of the difference between naturopathy and Naturopathic physicians. Naturopaths are non-medical, whereas naturopathic physicians are and should study medicine before studying naturopathy.

- Support different board certifications for naturopaths and naturopathic physicians.

- Appoint naturopathic physicians to all agencies and committees dealings with medical school curricula, hospital practice, and public health information dissemination.

- Promote policies to allow licensed, trained naturopathic physicians to work closely with physicians as either consultants or in a primary role to help them better understand what naturopathy has to offer their patients.

- Require licensure of naturopathic physicians throughout the country to ensure public safety by requiring the highest level of education, training, and accountability.

- Teach in-depth understanding of fundamental principles of CAM in medical schools including in-depth courses in herbs and nutritional supplementation;

- Encourage hospitals and physicians to develop reliable networks for CAM referrals.

- Fund research collaborations between medical institutions and CAM institutions.

Panel 11: Acupuncture and Oriental Medicine

- Examine the existing credentialing bodies for guidance and support the standards of education in acupuncture and oriental medicine.

- Do not support abbreviated training programs that greatly diminish existing standards of competency and training, and diminish the quality of care.

- Establish a Qigong research center to give Oriental Medicine practitioners a greater understanding of science and medicine and give conventional researchers a better understanding of the potential medical applications of Qigong.

- Promote more cross-training in CAM education schools (i.e., teach acupuncturists what chiropractors do, and vice versa).

- Support public service announcements to ensure the dissemination of the finest quality of educational material on Traditional Chinese Medicine to the American public.

- Support efforts to recognize the different roles of Chinese herbs (i.e., they are not restricted to its medical use only) and refrain from restricting access of Chinese herbs by legislation.

Panel 12: CAM and Cancer

- Promote high-quality CAM research that will be above reproach.

- Develop quality CAM education programs at the postgraduate level (e.g., internship, residency, and fellowship).

- Develop appropriate rotations in CAM during postgraduate training to allow younger physicians to appreciate and to develop the consciousness of what CAM practice means at a deeper level.
- Develop a web site that includes a listserv where physicians, other health care professionals, and the public can have ongoing access to a variety of different types of information on CAM (e.g., fact sheets on effectiveness of various CAM modalities, questions that one can ask a practitioner when considering a particular CAM approach, resources where one can locate qualified CAM practitioners, and guidelines for both health care professionals and patients to use to communicate with each other about the use of CAM.

- Urge states to revise their continuing education requirements to include CAM (consider instituting a standardized model, such as the EPIC program used for end-of-life issues, which would be about CAM).

- Establish a CAM advocate core composed of designated, educated, and trained representatives who would be regularly updated by the national office on CAM. These individuals could then disperse reliable CAM information to their respective networks, through existing publications, e-mail, gatherings of their special interest groups, etc.

- Development of a more uniform ruling on who can legally call themselves a certified nutritionist.

- Develop national and state practitioner regulatory committees based on the Minnesota model.

Panel 13: Faith-Based CAM

Consider using faith-based communities as allies in making CAM available to people who need it the most (e.g, elderly, homeless, children, etc.).

Panel 14: Community-Based CAM Providers

- Develop policies that are inclusive and not exclusive of CAM health care providers who are not licensed medical doctors, particularly in regard to providing culturally relevant health care services.

- Provide the public with accurate information on the risks and benefits of so-called natural substances.

- Take action to ensure that what is on the contents label of a nutritional or herbal supplement package is in fact what is in the package.

- Develop programs to improve communication between patients and allopathic health care providers about both CAM and allopathic treatments that patients are using.

Panel 15: CAM and AIDS

- Establish standards of care that permit patients to receive CAM treatments, such as acupuncture, massage therapy, nutrition therapy, and other remedies as medical services within state licensed medical care facilities with adequate Medicaid and Medicare reimbursement rates.

- Encourage managed care plans to treat CAM services as a "carve out" product that supports self-care and wellness benefits, which such plans can promote as health maintenance goals.

- Develop programs to promote better nutrition in vulnerable populations.

Panel 16: Acupuncture and Traditional Oriental Medicine

No specific recommendations were offered.

Panel 17: Movement Therapies

- Keep the practice of Reiki free and protected from all government regulation.

- Classify the Alexander Technique as a health education system rather than a medical therapy.

- Develop Federal guidelines for modalities such as Reiki and Alexander Technique that allow them to voluntarily and responsibly regulate themselves.

- Develop more research models that incorporate qualitative studies, combined quantitative and qualitative approaches, and single subject analyses as well as multi-variate analyses to better inform the public about complex and overlapping aspects of human movement and general behavior.

Panel 18: CAM Integration and Reimbursement

No specific recommendations

Panel 19: Wellness and Natural Health

- Make health and wellness of everyone a national priority at the highest level.

- Broaden the views of state regulators on allowing access to CAM practitioners.

- Require any herbal store, including on-line retailers, who sell potentially toxic herbs or herbal products should have a qualified herbalist on site with whom customers can consult on the toxicity, dosage, contraindications, and other available scientific information before making a purchase.

Panels 20-22: Miscellaneous

- Limit the Commission's activities to expediting the flourishing of the natural health in this country, not to restricting it.

- Encourage the advancement of natural health freedom bills such as the one passed in Minnesota.

- Allocate resources immediately to expanding Web sites devoted to CAM. These sites can provide abundant resources without making specific recommendations. Such responsibilities should be put in the hands of people who are technically astute at accessing the information and putting it online without having an ax to grind in this field. In other words, the attempt at some kind of neutrality, but technical expertise. Develop more effective strategies to educate and distribute information on chiropractic care for children to parents.

- Include dietary approaches in any current and future effort to address public health concerns related to attention deficit and behavioral and learning problems.

- Provide assistance in mandating and funding further research needed to address unresolved issues related to diet, such as those documented in the NIH consensus development statement on ADHD.

White House Commission on

Complementary and Alternative Medicine Policy

Town Hall Meeting: January 23, 2001,

New York, New York

Commissioners in Attendance:

James Gordon, David Bresler, Effic Chow, George DeVries, Joseph Fins, Veronica Guitierrez, Charlotte Kerr, Linnea Larson, Conchita Paz, and Xiaoming Tian

Special Invited Guests: Gilberto Cardona, M.D., Acting Regional Director, Department of Health and Human Services, Region II

Introduction:

On Janurary 23rd, 2001, the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) held a town hall meeting at the Lighthouse International Conference Center, Ames Autorium, 111 E. 59th Street, in New York City. The WHCCAMP heard testimony from 22 separate panels, which more than 130 individuals representing professional and consumer groups, individual physicians and CAM practitioners, representatives from major medical centers and small community-based clinics offering CAM services, and individual patients.

The following is a summary of testimony presented by panels as well as specific recommendations made in a number of specific areas. A complete list of speakers and their panel assignments is included at the end of this document. A complete transcript of the testimony given at this Town Hall meeting can be downloaded from the WHCCAMP web site at (give URL here.)

Panel 1: CAM Regulation

In Panel I, the Commissioners heard testimony from: 1) two New York State regulatory officials officials said that it was their responsibility to protect the public from medical negligence or unethical or illegal practices by healthcare providers, both conventional and CAM., 2) two attorneys who have defended CAM practitioners in court against state regulatory actions who said state schemes that are set up to regulate physicians have a discriminatory impact upon CAM physicians, mainly because the regulatory staffs do not have an adequate understanding of CAM treatment modalities, 3) a CAM consumer who said she believes that most CAM therapies achieve their results without harm and without leaving chemical residues in the body or using invasive techniques, and 4) a representative of a CAM professional organization who said there is already a significant

body of published peer reviewed research that clearly demonstrates that mental, emotional, and spiritual factors significantly affect a person's health and well-being.

Specific Recommendations:

1. The Commission should not advocate the spread of the traditional regulatory model for CAM services and should refrain from applying uniform standards of education, training, or licensure to all CAM practitioners.
2. The literature on mind-body approaches to health and well-being needs to be collated and reviewed by an independent panel and then an emphasis be placed on educating health care professionals and the public about what is already known.

Panel 2: Consumer Access to CAM and CAM information

In Panel 2, the Commissioners heard testimony from: 1) the president of a public policy research organization that consumer access to CAM is often blocked by either financial obstacles or by a lack of information about the full range of treatments available, 2) a chronic disease patient who elucidated five issues that the Commission should address (see transcript), 3) a psychiatrist who heads a CAM health center said single largest source of waste in American health care today has been the neglect of teaching consumers CAM self-healing and health promotion, such as stress reduction and meditative practices, which have been scientifically proven by over 50 years of research, 4) a CAM researcher, and 5) the president of an integrative medicine foundation who said that medical students need to learn about CAM modalities from the perspective of restoring harmony and balance, not just about treating disease.

Specific Recommendations:

1. The commission should investigate changes in tax policy that would lead to greater access to CAM. This would allow people would be able to choose for themselves, instead of having bureaucracies decide what treatments are and are not covered.
2. The establishment of more CAM research centers and funding to encourage more scientists to become specialists in CAM research and educate current and the future scientists and medical practitioners about various CAM therapies.
3. People who have multiple chronic conditions and who are routinely rejected for standard clinical trials be especially targeted for CAM clinical trials.

Panel 3: CAM and Women's Health

Panel 3 included: 1) the director of an NIH-funded CAM research center that focuses on women's health who said there is a need for studying systems of medicine for treating women's health problems, not just randomized controlled trials of individual therapies, 2) an acupuncturist and Chinese herbal medicine practitioner who said there needs to be better medical education about CAM as well as a large cadre of people with an

understanding of CAM involved in its research., 3) two breast cancer survivors who said CAM therapies had played a large role in helping them survive their illnesses and that that patients should have the right to receive treatment that has been proved successful for their conditions , 4) an integrative medicine practitioner who treats womens' health problems who said if doctors are to become educators and teachers of prevention and self-care to their patients, then they need to embody those teachings themselves, and 5) the director of a wholistic health center that treats many women with breast cancer who said that the U.S. is far behind many European countries in integrating CAM modalities to enhance conventional othologic care for cancer.

Specific Recommendations:

1. Clinical research studies involving high dose chemotherapy on human participants should not be allowed unless there is supportive pre- and after-care CAM services, such as acupuncture and massage, provided.
2. Promote programs to teach self-awareness techniques (e.g., yoga) to doctors as part of a mandatory training program on CAM.
3. Require medical schools teach in-depth courses in the fundamental principles of Oriental medicine.
4. Require the government promote insurance reimbursement for CAM therapies so that many patients can afford to have these therapies.

Panel 4: CAM Research and Information

In Panel 4, commissioners heard from: 1) founder of a CAM education organization who said that almost 90 percent of cancer patients are interested CAM but rarely discuss the issues with their doctors, 2) the friend of a cancer survivor who her friend had to go to Mexico to get live-saving CAM therapies, which were not approved in the U.S. nor reimbursed by insurance., 3) the director of an Oriental medicine society said that quality standards of care are best developed and assured through high standards of education and examination, and 4) a representative of an osteopathic college who said that the collection of case studies from all CAM practitioners is a national imperative.

Specific Recommendations:

1. Promote funding for CAM therapies that both fight cancer as well as reduce the toxic side effects of chemotherapies.
2. the development of a national database system that would permit physicians utilizing an electronic version of an soap note, to collect their data on patient care and input it into this soap note data base.

Panel 5: Physician Practice of CAM in New York State

In Panel 5, Commissioners heard from: 1) three physicians under investigated for medical misconduct by the New York State Officials who said their rights have been violated by the State of New York, which has tried to take away their medical licenses and put them

out of business, and 2) a representative of a consumer's health organization who said although New York State has a law stating that doctors should not lose their license just because they practice nonconventional therapies, are being prosecuted nonetheless.

Specific Recommedations:

1. State regulators of CAM therapies should be bound by the rules of evidence and their jurisdiction be limited to cases of irreparable patient harm.

Panel 6: CAM and Sports Medicine

In Panel 6, the Commissioners head from: 1) a reflexology practitioner who said that her discipline is not massage and should not be regulated as such, 2) a satisfied CAM consumer there need to be more programs to promote awareness of these specialties and affordable access, which would enhance the well-being of all, 3) a representative of a CAM-advocacy who said he is working to reform the state agency in New York that regulates CAM and is promoting a campaign for patients rights , 4) two former Olympic athletes and trainers who said aid that top athletic performers offer HMOs and insurance companies a unique group of people to study in terms of the efficacy of various healing art forms, and 6) an internist and sports medicine expert.who said the cascading problems of performance enhancing drugs and dietary supplements in sports is a crisis. Of particular concern, he said, are the estrogen and testosterone precursors, which can significantly increase cancer risks.

Specific Recommendations:

1. Allow CAM practitioners to govern themselves as long as they provide full disclosure of their pertinent information to their clients/consumers.
2. The establishment of a Center to gather and synthesize existing information on how to promote mind-body wellness in youths, competitive athletes, and older people in sport and in physical and cultural arts.
3. Coordinate research on the health data that has been collected on athletes over the past 20 years as well as to coordinate future research with sports organizations.
4. Support Senate Bill 1159, which provides grants and contracts to local educational agencies to initiate, expand, and improve physical education programs for all kindergarten through 12th grade students.
5. Work to change the Dietary Supplement Health Education Act of 1994 by explicitly remove steroid-based supplements from the list of protected CAM therapies.

Panel 7: Pediatric Patients and CAM

In Panel 7, Commissioners heard testimony from: 1) a mother who has administered CAM to her children and said such therapies have been extremely beneficial, 2) a journalist and parent of a young man with special needs who said he and his family have

t0 deal with pediatricians and medical specialists, who, for the most part, know little about human development, 3) the mother of a boy who was diagnosed with attention deficit hyperactivity disorder (ADHD) said he was treated with a homeopathic remedy with dramatic improvements, 4) the father of a boy Canavan disease, a fatal neurological genetic disorder, who said that the FDA has been the biggest obstacle in his ability to get effective treatments for his son, and 5) the father of a terminally ill five-year-old with medulloblastoma and a filmmaker making a documentary about the boy, who said before we can embrace new types of medicine, we must first recapture our freedom from regulatory agencies:

Specific Recommendations:

1. Provide more oversight of FDA.
2. Require FDA to have more contact with patients and consumer groups in making decisions about the availablity of therapies, particularly for life-threatening conditions.

Panel 8: CAM Integration and Information

In Panel 8, the commission heard from: 1) a representative of an integrated medical clinic who said that ensuring equal access to CAM for all citizens should be of the highest priority for health care reform., 2) a CAM-practicing family doctor who said that CAM education is critical to the education of health care professionals, 3) the director of the graduate program in Oriental Medicine who said the chief barrier CAM integration is the general lack of in-depth education on CAM among all healthcare, 4) a pediatric psychologist who works with critically ill children who said that CAM approaches are child friendly and need to be made more widely available to pediatric patients, and 5) the education director of a CAM research center who said CAM practitioners need help in doing case reporting and that there is an incredible amount of important clinical information that gets lost because there is not a easy mechanism for case reporting.

Specific Recommendation:

1. Provide people without health insurance or inadequate coverage equal access to CAM therapies.
2. Make CAM education a required, not elective, part of health care professionals curriculum.
3. Enhance federal support for acupuncture and oriental medicine education and other discipline specific education; hospital-based residencies in other forms of medicine; research aimed at providing answers and innovative means of asking questions that are discipline specific; educational infrastructure of all other forms of medicine; and opening up Medicare and Medicaid reimbursement to acupuncture and oriental medicine, and other forms of medicine.
4. Increase qualifications for pediatric practitioners to include better understanding of traditional, naturopathic, and oriental approaches for pediatric conditions; provide

better educational information for both parents and pediatricians alike to improve informed consent on behalf of children for CAM and traditional therapies.

5. Develop better mechanisms for case reporting so that patients and physicians facing difficult cases could search for similar cases in the literature.

Panel 9: CAM Education for Health Providers

In Panel 9, the Commissioners heard from: 1) the representative of a holistic medicine association who said it critical for physicians to be well trained in CAM , 2) a representative of holistic nurse association who said that many nurses want to heal the body, mind, and spirit with integrity and freedom and need more information on how to do so, 3) a representative of a public health association who said that the physicians need a much more extensive exposure to CAM then they currently receive, 4) the founder of a CAM institute who said patients being treated with natural medical techniques by conventional medical professionals are most likely not getting the best traditional care, and 4) a naturopathic physician who said the effort to subsume naturopaths into conventional medicine and current medical regulation should be stopped.

Specific Recommendations:

1. Integrate the teaching of CAM into the entire medical school curriculum; provide CAM education in clinical relevant enviroment so students can see how it is practiced in the field.
2. Increase funding to aid and promote education in college courses about CAM and make it easier for private-practice nursing CAM practitioners to promote and participate in CAM practice models for research.
3. Develop better sources of information on CAM for medical professionals on legal, research, regulatory, insurance reimbursement, and educational issues;
4. Require extensive training in CAM for those who oversee CAM research and education programs.
5. Create an environment of diversity and freedom in health care; create greater understanding of concept of holism for conventional medical physicians and patients.
6. Promote official recognition of the difference between naturopathy and Naturopathic physicians. Naturopaths are non-medical, whereas naturopathic physicians are and should study medicine before studying naturopathy. Different board certifications for naturopaths and naturopathic physicians.

Panel 10: Naturopathic Medicine

In Panel 10, the Commissioners heard from: 1) a representative of a naturopathic physicians association who said for conventional medicine to understand the value of naturopathic medicine, allopathic basic and clinical medical science curricula need to be reworked to include these philosophical elements, 2) an emergency medicine physician

who teaches medicine at a naturopathic college who said there is really no naturopathic counterpart in allopathic medical schools who can teach physicians about natural or naturopathic medicine, 3) a student at naturopathic medicine college who said naturopathic medicine is at the forefront of the CAM health care movement, 4) an instructor at an Oriental Medicine college who said any educational standards that are developed for Oriental Medicine should be established by the schools and not by an external body, and 5) the president emeritus of a wholistic health college who said when it comes to preventative medicine and the treatment of chronic degenerative diseases, CAM medicine is better suited than conventional medicine to provide treatment.

Specific Recommendations:

1. Appointment of naturopathic physicians to all agencies' committees' dealings with medical school curricula, hospital practice, and public health information dissemination.
2. Promote policies to allow licensed, trained naturopathic physicians to with closely with physicians as either consultants or in a primary role to help them better understand what naturopathy has to offer their patients.
3. Licensure of naturopathic physicians throughout the country to ensure public safety by requiring the highest level of education, training, and accountability.
4. Teach in-depth understanding of fundamental principles of CAM in medical schools including in-depth courses in herbs and nutritional supplementation; hospitals and physicians need to develop reliable networks for CAM referrals; fund collaborations between medical institutions and CAM schools in research.

Panel 11: Acupuncture and Oriental Medicine

In Panel 11, Commissioners heard testimony from: 1) a representative of an acupuncture society who said that acupuncture is not a single or simple technique or modality that can be added to a health care practice with an abbreviated survey-type course. Rather it requires thousands ours of training to be applied appropriately, 2) a physician and board-certified acupuncturists who said physicians that have completed appropriate training are more than qualified to provide not only safe, but efficacious, CAM care and bridge the gap between eastern and western medical practice, 3) a second-year acupuncture student who said that an accredited Oriental Medicine program involves approximately 2,200 hundred hours of study and training, including more than 1,000 hours of hands-on skills training, activities cannot be duplicated in an abbreviate course, 4) a visiting Chinese psychiatrist who practices Qigong who said there is an untapped wealth of data on medical Qigong in China, 5) the president a chiropractic practice council who said that any guidelines developed for chiropractic practice must be open to examining the best available clinical evidence and not be straightjacketed by being limited to evidence from randomized clinical trials, and 6) a physician who is also an acupuncturist and chiropractor who said that CAM practitioners need to be taught how to work as members of a healthcare team and to be more attuned to looking for adverse reactions and treatment failures in their patients.

Specific Recommendations:

1. Commission should examine the existing credentialing bodies for guidance and support the standards of education in acupuncture and oriental medicine and not support abbreviated training programs that greatly diminish existing standards of competency and training, and diminish the quality of care.
2. The establishment of a Qigong research center to give practitioners a greater understanding of science and medicine and give researchers a better understanding of the potential medical applications of Qigong.
3. Promote more cross-training in CAM education schools (i.e., teach acupuncturists what chiropractors do, and vice versa).

Panel 12: CAM and Cancer

In Panel 12, the Commissioners heard from: 1) the director of a integrative medicine program at a cancer center who said her program offers a wide variety of complementary therapies, but not alternatives for which there is little evidence of benefit, 2) a cancer patient who said her metastatic cancer was successfully stabilized and is slowly regressing as a result of a combination of chemotherapy and herbal medicine, 3) the director of an institute on East-West medicine who said for CAM to become more accessible and transparent, it will need to win the complete trust of the conventional medical community, 4) an oncology social worker who said that many cancer patients base their decisions to use CAM on incomplete or anecdotal evidence from family and friends or on personal beliefs or preferences, 5) a breast cancer survivor and chair of several CAM committees who said cancer patients face a daily a quagmire of information about complementary medicine, and 6) a certified nutritionist and a cancer survivor who said that the American Dietetic Association should not be the only organization that can certify individuals to provide nutritional information and education, particularly in schools where it is reliable information is needed the most.

Specific Recommendations:

1. Promote high quality research that will be above reproach.
2. Develop quality CAM education programs at the postgraduate level (e.g., internship, residency, and fellowship). Develop appropriate rotations in CAM during postgraduate training to allow younger physicians to appreciate and to develop the consciousness of what CAM practice means at a deeper level.
3. Development of a Web site that includes a listserv where physicians, other health care professionals, and the public can have ongoing access to a variety of different types of information on CAM (e.g., fact sheets on effectiveness of various CAM modalities, questions that one can ask a practitioner when considering a particular CAM approach, resources where one can locate qualified CAM practitioners, and guidelines for both health care professionals and patients to use to communicate with each other about the use of CAM.

4. Urge states to revise their continuing education requirements to include CAM (consider instituting a standardized model, such as the EPIC program used for end of life issues, which would be about CAM).
5. Establishment of a CAM advocate corp composed of designated, educated, and trained representatives who would be regularly updated by the national office on CAM. These people could then disperse reliable CAM information to their respective networks, through existing publications, e-mail, gatherings of their special interest groups, etc.
6. Development of a more uniform ruling on who can legally call themselves a certified nutritionist.

Panel 13: Faith-Based CAM and Traditional Chinese Medicine

In Panel 13, Commissioners heard from: 1) two representatives of a church-based wellness center who said that faith-based communities are well-suited for providing access to CAM in a cost effective way that can reach large numbers of people in need, 2) the president of an Ayurveda holistic medical center and Ayurveda school who said Ayurveda is a complete system of medicine that offers a cost-effective means of both treating and preventing serious illness, 3) the vice president of a Traditional Chinese Medicine foundation who said it is critical for the general American public to have access to information on "authentic" traditional Chinese medicine not just traditional modalities taken out of context, 4) a licensed acupuncturist and medical director of natural health care center who said Chinese herbs can effectively treat many conditions but if used out of context by poorly trained practitioners they can also do great harm, and a 5) a representative of a Chinese Herbalists society who said there are significant differences between the training of herbal practitioners and acupuncturists and a significant distinction between traditional Chinese medicine and Chinese herbs.

Specific Recommendations:

1. Consider using faith-based communities as allies in making CAM available to people who need it the most (e.g, elderly, homeless, children, etc.).
2. Development of a national and state practitioner regulatory committee based on the Minnesota model.
3. Support public service announcements to ensure the dissemination of the finest quality of educational material on Traditional Chinese Medicine to the American public.
4. Efforts to recognize the different roles of Chinese herbs (i.e., they are not restricted to its medical use only) and refrain from restricting access of Chinese herbs by legislation.

Panel 14: Community-Based CAM Providers

In Panel 14, Commissioners heard from: 1) a professor of social welfare who said CAM is ancestral medicine and offers way to preserve the intellectual property of many things everyone's ancestors used decades and even centuries before modern medicine came on the scene, 2) a nurse practitioner who said she has been collecting anecdotal data on CAM usage by her patients since 1954 and she believes that such data should be systematically incorporated in data collected by health care providers throughout the country, 3) the chairperson and founder of a lay CAM health center who said the people who visit her health center do not tell their conventional doctors about the vitamins and herbs they receive there because they do not want to be cut off from their conventional health center, 4) a private-practice CAM provider who said she faces many challenges, including constant criticism from conventional medical doctors, lack of health insurance coverage for her services, and the inability to publicly advertise her services as a legitimate healthcare provider, 5) the dean of a school of social work and the chair of a wellness center who said the federal government has a responsibility to ensure that the public has access to currently available information CAM services so that they can make informed decisions and to ensure that allopathic physicians and health care providers are aware of these CAM practices their patients may be utilizing, and 6) a psychiatrist and consultant to a homeless organization who said Medicaid restraints often make providing CAM care to the homeless a challenge and efforts to more favorably affect Medicaid coverage will permit much more of the homeless population access to CAM approaches.

Specific Recommendations:

1. Develop policies that are inclusive and not exclusive of CAM health care providers who are not licensed medical doctors, particularly in regard to providing culturally relevant health care services. \
2. Provide the public with accurate information on the risks and benefits of so-called natural substances.
3. Take action to ensure that what is on the contents label of a nutritional or herbal supplement package is in fact what is in the package.
4. Develop programs to improve communication between patients and allopathic health care providers about both CAM and allopathic treatments that patients are using.

Panel 15: CAM and AIDS

In Panel 15, Commissioners heard from: 1) deputy executive director of an organization dedicated to serving former inmates with HIV who said CAM as the cost effective way of dealing with prevention and illness, and policies are needed that help our prison system to cease being a warehouse of humanity and start becoming a center of re-education for a very captive audience, 2) an assistant vice president of organization that offers CAM and conventional treatments for AIDS patients who said clinic attendance is higher on days when CAM therapies are offered and those patients who incorporate CAM into their treatment have less substance abuse and better compliance with their medical therapy, 3)

the director of planning and development at a health center who said CAM has for generations been the first line of health care for the many Latinos and African Americans in her community, many who have HIV, 4) a representative of a victim support center who said in the community which she works their is an extraordinarily high rate of heart disease, stroke, diabetes, and other diet related health problems and an inordinate number of black boys, ages five to fifteen, who have been diagnosed with attention deficit disorder or other related disorders. She said that little is being done to educate this community about proper diet and nutrition.

Specific Recommendations:

1. Establish standards of care that permit patients to receive CAM treatments, such as acupuncture, massage therapy, nutrition therapy, and other remedies as medical services within state licensed medical care facilities with adequate Medicaid and Medicare reimbursement rates.
2. Encourage managed care plans to treat CAM services as a "carve out" product that supports self care and wellness benefits that such plans promote as health maintenance goals.
3. Develop programs to promote better nutrition in vulnerable populations.

Panel 16: Acupuncture and Traditional Oriental Medicine

In Panel 16, Commissioners heard from: 1) a Qi FeiLong grand master who gave a demonstration of internal Chi, 2) president of a licensed acupuncture association who said acupuncture is a low-cost, effective treatment for a range of painful problems, 3) a board member of an acupuncture society who said the "biggest threat" to American's health involves the use of traditional Chinese herbal medicine and acupuncture by untrained or minimally-trained persons, and 4) an acupuncture patient who said acupuncture not only relieves pain but also increases energy levels and benefits the immune system.

Specific Recommendations:

No specific recommendations were offered.

Panel 17: Movement Therapies

In Panel 17, Commissioners heard from: 1) two Reiki masters who said that Reiki, which is laying on of hands and a spiritual healing art, should not be subject to control, licensing, or other oversight either by federal or state governments, 2) a representative of an Alexander Technique (AT) society who said that AT isn't medicine, traditional or otherwise, but rather teach people to become aware of maladaptive habits and behaviors and to prevent them, and 3) a representative of a movement therapy association who said that current CAM classification developed by NCCAM are hurting practitioners of movement therapies such as Alexander Technique and others because it is being used by

State regulatory agencies to classify movement therapies into categories where the do not belong (e.g., massage).

Specific Recommedations:

1. The practice of Reiki should be kept free and protected from all government regulation.
2. The classification of Alexander Technique as a health education system rather than a medical therapy.
3. Development federal guidelines for modalities such as Reiki and Alexander Technique that allow them to voluntarily and responsibly self-regulate themselves.
4. The development of more research models that incorporate qualitative studies, combined quantitative and qualitative approaches, and single subject analyses as well as multi-variate analyses to better inform the public about complex and overlapping aspects of human movement and general behavior.

Panel 18: CAM Integration and Reimbursement

In Panel 18, Commissioners heard from: 1) a consultant in strategic planning in emerging medical technologies who said there is a great need for new information services and educational resources that embrace all the world's health and medical disciplines and a new health care systems that respect all modalities, 2) a representative of an alternative healing center who said CAM modalities that prove to be effective deserve to be included in payment plans by insurance companies and HMOs, 3) the executive officer of a chiropractic organization who said that chiropractic is not the diagnosis and treatment of disease, but rather the detection and correction of vertebral subluxation, which people use regardless of disease, for the purposes of improving their overall health and well-being and quality of life, 4) the director of a professional services health organization who said the key elements to true integrative medicine are to differentiate condition treatment from health care management and to recognizing as a truth in practice that health is more than the mere absence of disease, and 5) a sacral cranial therapist who said cranial sacral therapy is clinically and economically cost-effective in providing symptomatic relief to a wide variety of orthopedic and neurological disabilities.

Specific Recommendations:

1. Make health and wellness of everyone a national priority at the highest level.

Panel 19: Wellness and Natural Health

In Panel 19, Commissioners heard from: 1) the director of a wellness program who said medicine must begin to focus on prevention and health education, by teaching everyone the basics of how to care for themselves through good nutrition, exercise, and stress management, including conflict resolution and communication skills, 2) a founding

member of a natural health coalition who said many, if not the vast majority, of CAM users see unregulated practitioners and that overzealous regulatory agencies are putting the health of people at risk by trying to limit access to these practitioners, 3) a CAM student who said the very nature of alternative healing practices is damaged by third-party intervention, and 4) an M.D. and board certified herbalist who said most reports of herbal toxicity are actually do to misuse, abuse, and limited knowldege of medical herbs and herbal products.

Specific Recommendations:

1. Commission should broaden the views of state regulators on allowing access to CAM practitioners.
2. Any herbal store, including on-line retailers, who sell potentially toxic herbs or herbal products should have a qualified herbalist on site with whom customers can consult on the toxicity, dosage, contraindications, and other available scientific information before making a purchase.

Panel 20: Miscellaneous

In Panel 20, Commissioners heard from: 1) a CAM consumer who said that many herbalist she has seen were not properly trained and thus did more harm than good, 2) a Tai Chi instructor who said that CAM therapies have helped many members of his family, 3) two respresenatives of a natural health coalition who said is would be inappropriate for a federal agency, department, or advisory board to mandate or even recommend a process or guideline for licensure of CAM practitioners, and 4) a health and medical writer who said most frustrating aspect of covering alternative medicine is that there are few studies one can read and experts one can interview about a particular treatment.

Specific Recommendations:

1. White House Commission should limit its activities to expediting the flourishing of the natural health in this country, not to restricting it.
2. Encourage the advancement of natural health freedom bills such as the one passed in Minnesota.

Panel 21: Miscellaneous

In Panel 21, Commissioners heard from: 1) a science writer who has been covering CAM for more than 20 years who said there is a general lack of high-quality information on CAM on the Internet where most people get their health information, 2) the general counsel for a nutritional foods association who said her organization supports further research on nutritional products so that there's adequate and reliable substantiation for all statements made on product labels and in advertising, and 3) two chiropractors who are founders of a children's wellness foundation who said children are especially susceptible

to vertebral subluxation and it is vital to recognize that chiropractic care for children in a wellness-based vitalistic health care model, not as a treatment for symptoms or disease.

Specific Recommendations:

1. Allocate resources immediately to expanding Web sites devoted to CAM. These sites can provide abundant resources without making specific recommendations. Such responsibilities should be put in the hands of people who are technically astute at accessing the information and putting it online without having an ax to grind in this field. In other words, the attempt at some kind of neutrality, but technical expertise.
2. Develop more effective strategies to educate and distribute information on chiropractic care for children to parents.

Panel 22: Miscellaneous

In Panel 22, Commissioners heard from: 1) an registered nurse and Reiki practitioner who said she has seen Reiki and therapeutic touch show great benefit for Alzheimer's patients, 2) several representatives of a nutritionally based program for children with attention behavior and learning problems who said dietary management needs to be among the options parents are given by their medical professionals for the treatment of attention behavior and learning problems, and 3) a woman who said that attention deficit and hyperactivity disorders run in her family and that her children have received immense benefit from nutritional approaches to their condition.

Specific Recommendations:

1. Inclusion of dietary approaches in any current and future effort to address public health concerns related attention deficit and behavioral and learning problems.
2. Provide assistance in mandating and funding further research needed to address unresolved issues related to diet, such as those documented in that NIH consensus development statement on ADHD.

[Insert List of Speakers Here]

Specific Recommendations from Minneapolis, Minn., Town Hall Meeting

March 16, 2001

- Fund demonstration projects focused on defining the value of CAM. These should be projects that use defined metrics and have public reporting requirements.

- Provide funding that is focused on basic, translational, and outcomes research in CAM. An excellent approach for doing this would be to expand the extramural programs in the National Institutes of Health in this area.

- Require accountability in the provision of CAM services. This accountability could take the form of accreditation of educational institutions, regulation of the delivery of services, and/or licensing or certification of providers.

- Seed the development of a "common currency" for the consumer such that they will enjoy the same pre-tax advantages and choices when seeking CAM as they do in the allopathic world.

- Redefine the procedure and diagnostic coding systems through which health care professionals are paid to reflect time, training, and experience, rather than specific allopathic procedures or diagnoses.

- Recognize that any public policy in this area needs to fully acknowledge and encourage the fact that health care is undergoing a change. Some would say a revolution. That change can only take place if public policy is not restrictive as to prevent innovation in how conventional, alternative, and complementary health care is delivered and paid for.

- Ensure that if acupuncture is included in federal reimbursement policy, that it is reimbursed at an adequate rate. Otherwise, the reimbursement level could be so inadequate that providers would then refuse to offer the service.

- Consider the use of acupuncture in public health settings and the potential of student loan forgiveness for those acupuncturists who would work in those public health programs.

- Legalize the delivery of non-allopathic health care practices. No single health care profession has all the tools or answers. Each practice has strengths and limitations and needs to be utilized in a collaborative process to ensure optimal care.

- Rework current reimbursement plans such as pre-tax medical savings accounts, medical contribution plans, and voucher programs so that they do not restrict access to different types of care.

- Reimburse for non-allopathic therapies that have been shown to be cost-effective in a number of areas through Medicaid and Medicare.

- Develop defined standards of care and scope of practice and certify, license, and credential both physicians and non-physicians who are providing CAM therapies.

- Mandate that health plans or health insurers as well as federal programs reimburse at an appropriate level for the services that are shown to be safe and effective.

- Establish national specialty certification requirements for all CAM practices that are specific to children and adolescents. Children are not just little adults.

- Provide national funding for research and education efforts in pediatric CAM. Pediatricians' biomedical expertise does not adequately prepare them to consult on CAM, and there is only one national level pediatric conference on CAM in the United States.

- Provide basic pediatric training for CAM practitioners who work with children. They need to understand how to handle acute illness in children and when to refer to a conventional pediatrician.

- Create a model of integrative clinical application, modeled on the charter school phenomenon, where a center would provide integrative care with holistically trained MD-DOs and CAM providers. It could also be a resource base for education and classes and a referral base for CAM providers outside of the charter clinic concept.

- Develop a structured delivery system, which incorporates "clinical parity," is void of competing financial interests, and is free of the dominance of the traditional JCAHO delivery model.

- Educate physicians about nonpharmacologic interventions designed to decrease symptom severity or distress, avoid hospitalization, improve psychosocial functioning and improve satisfaction with life.

- Establish an official herbal pharmacopeia, similar to those for allopathic and homeopathic drugs. Plants, genera, and families with toxic compounds should be noted and controlled. A broad base of traditional non-toxic herbs, similar to those currently on the GRAS list of the FDA, can be established, which will be in the public domain and available for professional and folk usage. Suspected side effects of drug interactions can also be noted. Appropriate manufacturing methods for standardized extracts would be included as well as simple standards for

traditional preparations. Herbal products should be described in both scientific and traditional terms.

- Develop a two-tiered system for regulating CAM practitioners. Tier 1 would include CAM practitioners, such as medical and naturopathic physicians, who desire licensure. Licensure should be based on their use of medical procedures, not alternative therapies, and should remain in the public domain. Tier 2 would include CAM practitioners, such as herbalists and homeopaths, who do not practice medical diagnosis or treatment. Tier 2 practitioners should be allowed to practice under guidelines similar to those developed in Minnesota. However, if groups within Tier 2 desire licensure in the future, they should be allowed to have it based on their education in and use of medical procedures. Thus, there would be room for evolution within a profession. A third tier could to be instituted for folk healers who do not keep records and practice completely without regulation. They should not be prohibited from practicing but should be held accountable for injury.

- Develop a program to make it easy to report adverse reactions/interactions of dietary supplements and herbs, such as a telephone hotline, which involves no paperwork for the person reporting. The program needs to be publicized to health care providers, hospitals, pharmacies, clinics, and others. The program could utilize a critical review process to distinguish between significant reactions and minor ones.

- Provide information on dietary supplements and herbs to manufacturers so that they will, in turn, provide the information to consumers by way of labeling.

- Provide information on dietary supplements and herbs to health care providers so that they can: (1) assist their patients when labels state "seek advice from your doctor or pharmacist before using" and (2) eventually develop enough confidence in these products to recommend them.

- Embrace strategies that encourage and support the development of dietary supplement product stewardship programs that address the concerns of product manufacturers and/or their professional trade associations. Effective post-market surveillance cannot be accomplished solely by regulatory agencies. It will only be accomplished with effective partnerships with responsible manufacturers. The manufacturer is in the best position to monitor the patient experience and share necessary information that they learned with regulators, patients, and the practitioners that recommend or advise on product use.

- Encourage conscientious dietary supplement manufacturers to implement voluntary systems of their own that collect, analyze, and report information related to the patient experience.

- Support the development of multi-disciplinary education programs that teach clinical application of dietary supplements in a broader sense across the multiple health care disciplines that typically recommend or advise on their use.

- Support the development of recognized certification programs by professional bodies that assess the competency of those professionals that request the public trust when recommending or advising on the use of dietary supplements for a variety of medical or health-related needs.

- Develop a centralized source for information on dietary supplements, such as an 800 number on the bottle, where consumers can get information on both the positives and negative benefits of specific supplements.

- Establish research and regulatory bodies, similar to the German Commission E Monographs, which can provide information on both the good and bad of all dietary supplements.

- Support the Congressional appropriations process soon to be initiated by the Center for Food Safety and Applied Nutrition, CFSAN. By pushing for the level of appropriations necessary for CFSAN to fairly and reasonably implement DSHEA, it will allow the FDA to use its existing substantial enforcement tools to regulate dietary supplements to ensure safe, effective, high quality dietary supplements for consumer and health care professional use.

- Provide funding to organizations that are exploring certification program for those CAM practitioners who prescribe dietary supplements and nutriceuticals. This should be accomplished by having the NIH involved and having organizations compete through a peer-review process for funding for their suggested certification programs.

- Allow only those practitioners with full Traditional Oriental Medicine training to advertise and practice the treatment modalities of traditional Oriental medicine. Utilizing any of the TOM modalities without proper TOM diagnostic training has resulted in a great deal of variability in the type and quality of care among current practitioners.

- Inform the public need about the educational standards for the practice of Oriental medicine across different provider categories so that they can make better informed choices.

- Allow members of the public to consult an Oriental medicine practitioners without the need for a medical doctor referral.

- Provide for insurance reimbursement for Oriental medicine practices when they are provided by professionals who are board certified in Oriental medicine.

- Adopt the educational standards established by the Accreditation Commission for Acupuncture and Oriental Medicine for the practice of Oriental medicine for all categories of providers wishing to practice this medicine.

- Review and revise the coding systems used for medical reimbursement to better reflect the very different paradigms of many CAM systems.

- Change accreditation requirements and board exams so that CAM becomes an integral part of required medical education.

- Provide funds to academic health centers to develop curriculum for both the basic training of health care providers as well as funding to develop specialized programs to educate health professionals who want to acquire additional skills in CAM.

- Provide funding to train CAM providers on how to work with biomedical providers. Present CAM education programs do not include information on working with biomedical providers or working with an interdisciplinary team. Federal funding to date has been limited to conventional health professional CAM training programs.

- Create and fund models where students from different healing traditions can observe, learn and work in tandem.

- Develop model programs to educate physicians and medical students about CAM by having them taught by CAM providers in the community.

- Require that CAM be part of medical students' evaluation and board certification exams.

- Provide funding for CAM demonstration clinics, where medical residents can learn how to acquire and integrate the skills they need to care for our population.

- Include knowledge about CAM therapies, research programs, and cultural differences in nursing education programs. Nurses need to have the ability to assess and evaluate their client's use of CAM therapies and to develop comprehensive and individualized care plans.

- Communicate with national nursing organizations for the inclusion of this kind of information in their educational curriculums and encourage the Boards of Nursing in many states to expand nursing scope-of-practice to include some of these CAM therapies. Incorporating the use of CAM therapies into nursing practice can increase job satisfaction and may help to address the critical nursing shortage throughout the United States.

- Enact federal policy and legislation that will make recommendations and mandates to the states to require the licensing boards of the different health professions to expand their professional practice acts to allow individuals within their professional scope of practice to legally practice and receive reimbursement for using CAM therapies.

- Establish a national financial incentive program to encourage academic institutions offering education to health professionals to develop programs and curriculum in CAM and holistic health care.

- Fund partnerships between academic institutions and centers that work to promote the health of cultural communities to guarantee that the voice of cultural ways of knowing are central on our health care agenda.

- Educate health care professionals about cultural practices as well as who to reconnect to their own culture and to understand the cultural assumptions underlying their attitudes, beliefs, definitions of health and illness, and the way they look upon people whose cultural paradigm does not include rationality, logic, technology.

- Continue to support research on Tibetan Medicine in academic settings away from the commercial pressure. Every year, Tibetan Medical Institute is approached by large pharmaceutical companies with offers to purchase its medicines. However, the Institute has declined the offers due to its responsibility to preserve the integrity of Tibetan medical tradition. The future contributions of Tibetan medicine in the treatment of cancer, AIDS, heart disease, and other illnesses are not yet known, but the ancient Tibetan text speaks of these diseases and their treatment.

- Encourage all forms of healing so that individuals can utilize for their own health and self-healing resources and so that people can be allowed to take responsibility of their own health and self-healing.

- Develop a positive cultural climate and exchange information with other cultures and reap the benefits of wisdom for all cultures.

- Avoid imposing legal barriers regarding Qigong, so that anyone can teach and practice Qigong.

- Impose no laws or regulations to attempt to control and manipulate the use of alternative medicine as practiced by indigenous people of this nation.

- Allow everyone to choose his own form of health care in a free and democratic society. Health care is a personal right, particularly for elderly immigrants who are being systematically denied access to the natural health modalities and natural

supplements, which were fundamental to their health care in their native countries.

- Educate doctors, nurses and other health care professionals about the different types of modalities of healing, such as Qigong, Tibetan medicine, and medicine from different cultures.

- Develop a different set of standards for testing, approving, and standardizing other forms of treatment that are not going to be the same as the biomedical standard.

- Fund demonstration clinics with an integrated staff that include both conventional and alternative practitioners. Provide them with clinical parity and allow them to conduct objective clinical trials.

- Identify employers and research the cost-effectiveness of defined contribution plans with a medical savings account feature giving employees full discretion in the selection of therapies.

- Look to the Minnesota Freedom of Access to Health Care Act as a model for removing natural health practitioners from the jurisdiction of the state medical board.

- Keep all natural health care providers free from arbitrary educational standards. This means no licensure or regulation. This should also include our licensed practitioners as well.

- Fund natural health education as it now is and has been for generations. This model, as the previous panel discussed, has by and large been conducted in a noninstitutional setting.

- Develop a task force to review the literature on natural therapies. Authorize covered benefits for those that have shown good results

- Develop policies that allow for anecdotal and testimonial approval of therapies and therapists. This means that no therapy will be arbitrarily denied because there is no research on it. We all know the difficulty of getting research funding where there is no expectation of large profits.

- Legitimize the paradigm differences between systems. Recognize that the various practices do not all lend themselves to the same regulation structure.

- Allow regulatory standards to be developed by practitioners from specific fields; standards that are true to the model they represent. Develop federal guidelines for such methods that support CAM practitioners to voluntarily and responsibly self-regulate.

- Make use of the expertise of the Joint Government Relations Committee of the Federation of Therapeutic Massage, Bodywork and Somatic Practice Organizations, which responds to arising needs in the regulation of somatic practices.

- List the professions represented by International Somatic Movement Education and Therapy Association (ISMETA) under Category II (Mind-Body Interventions) of the National Commission on CAM Classification, not Category V (Manipulative and Body-Based systems).

- Develop and fund research models appropriate to the somatic field; increase the variety of research models accepted by the National Commission to include qualitative studies, combined quantitative and qualitative approaches, and single subject analyses as well as multivariate analyses.

- Provide guidance to State Boards of Nursing to allow nurses to integrate CAM modalities into their conventional health care system. The challenge of conventional regulation is to provide the consumer with clear and useful information regarding expectation of licensed nurses.

- Provide federal-level support for minimizing local legislative conflicts over CA<. Where licensed health professionals have educational standards based on federally recognized accreditation bodies, scopes of practices should reflect the training received, and not be contested state by state.

- Provide federal-level support for examining the professional and historical cultures that have given rise to CAM practices, procedures, and professions.

- Provide federal-level legislative and funding support for the development of non-allopathic academic health centers.

- Provide continued and expanded federal support through the NIH to conduct research that examines whole nonmedical health care cultures, practices, delivery methods and effectiveness by means that do not seek to extract and isolate modalities and procedures.

- Create a new jurisdiction that would provide an exemption from the medical statute for those practitioners under the regulatory framework.

- Avoid mandating a particular type of education for practitioners as long as they provide clients with truthful information regarding their education and training, and practice within reasonable conduct guidelines.

- Provide a mechanism for consumers to register complaints regarding prohibited conduct and for follow-up investigation and enforcement.

- Create the flexibility for licensed practitioners to practice outside of the customary standard of care provided that there is disclosure to clients that this is outside of the standard of care, and that the alternative treatment is not more harmful than the customary treatment.

- Recognize that the four components absolutely essential for an integrative medicine program are: 1) delivery of clinical services, 2) education information, 3) research and 4) integration of cultural care practices.

- Provide help for health professionals and consumers alike to access tools, training, and support for evaluating information on CAM health resources and experts, therapies and techniques, produces and manufacturers, and health information on the Internet.

- Provide more evidence-based information and research on CAM for pediatric populations.

- Research the many CAM practices available that could potentially help any number of the ills the elderly are prone to, particularly herbal and homeopathic remedies. An herbal diuretic prescribed for hypertension, for instance, may provide effective relief for just pennies rather than its more expensive pharmaceutical counterpart.

- Promote education at the primary, high school and collegiate level to include: 1) the theory behind vitalism and healing, and 2) a more comprehensive, unbiased history of medicine that includes discussions of the great physicians or trends of thought with regards to healing practices that have otherwise been omitted, disregarded or disparaged as they offer ideas or conclusions contrary to allopathic medical practices.

- Design CAM curriculums where concepts of mind, body and spirit are discussed and incorporated into learning strategies and that are open as to metaphysical science and practices, meditation and hands on healing practices.

- Explore and apply principles for anthroposophical education in the public school system.

- Fund research to understand the mechanisms and potential benefit of CAM diagnostic methods, such as contemporary Chinese pulse diagnosis. There needs to be a widening the scope of how research funds are made available to CAM practitioners.

- Relax federal statutory requirements that impede the use of proven CAM services in federal health care programs. Currently many federal programs do not reimburse for CAM treatments. These statutory limitations are impeding research

by not allowing CAM practitioners to participate in federally sponsored coordinated-care research efforts. In addition, doctors of chiropractic and other CAM practitioners are further impeded by statute from providing their services to the general public through the National Health Services Corps. By not being recognized as providers under these programs, doctors of chiropractic as well as other CAM providers are not provided the opportunity to prove the cost effectiveness and efficacy that their services provide.

- Afford patients the ability to seek treatments by proven complementary and alternative providers without the referral of a medical gatekeeper. Currently, MDs are not trained and educated to appropriately refer patients to CAM providers. Also, there is an issue of competition and a history of bias.

- Recognize and reimburse proven and/or licensed CAM practitioners for all reasonable and necessary services provided to their patients.

- Ensure that CAM providers not be reimbursed at a lower rate or discriminated against in any fashion based on their training and licensure. A consumer's freedom of choice to select among all state-licensed health care providers is an essential attribute of any effective and responsible national health goal. A mandate of nondiscrimination ensures that one class of provider will not be given a competitive edge over other providers for the service.

- Ensure that CAM courses in medical schools are not misinterpreted as teaching a specific CAM procedure. These courses should merely provide the medical school student with exposure to the principles and practices in order to refer when necessary.

- Provide specific recommendations to address the current problem with reimbursement disparities that is occurring at an alarming rate with private insurance.

- Encourage federal agencies to work with the CAM communities in the development of policy by contracting or hiring CAM provider as part of their health care policy teams. Unless federal agencies begin to look outside the medical model and begin to embrace wellness and prevention, federal laws will continue to be ineffective in providing consumer access to proven CAM practices

- Require CAM therapies to adhere to the same scientific rigor expected of traditional medicine. Contrary to the belief of some CAM practitioners, current clinical research tools can be used to objectively and fairly examine the efficacy of CAM treatments.

- Provide funding examine whether the CAM treatments themselves are effective in treating illness, or whether the belief in the CAM treatments plays a fundamental role in treating illness.

- Implement safeguards to protect Americans from potential harm, until clear scientific evidence of safety and efficacy of CAM treatments is obtained.

- Inform all users of CAM about the potential risks of CAM therapies. Simply accepting that a treatment is safe based on anecdotal and not clinical evidence is not only unacceptable, it is dangerous.

- Conduct research to determine the safe and effective doses of CAM treatments as well as the acceptable duration of these treatments and which patient population may be best suited for a given treatment.

- Endorse national legislation similar to the Minnesota Health Freedom Act. It is vital to the future of these health care options and clearly it is in the best interest of the American people.