WHITE HOUSE COMMISSION
on

COMPLEMENTARY and ALTERNATIVE MEDICINE POLICY

Meeting on Training, Education, Credentialing and Licensing of CAM Practice

Friday, February 23, 2001

12:30 p.m.

Dr. James Gordon, Commission chair, after introducing new commission members, explained that this session was specifically designed to explore the topic of education, professional education, and credentialing and that some 150 organizations in the field had been contacted in preparation for the session.

The following is a brief overview of the presentations and discussions on each of these topics as well as the specific recommendations that were made during the presentations and public comment sessions.

Plenary Session I: CAM Education and Training: Establishing Educational Programs

Panel 1

Dr. Louis Orzack, professor at Rutgers University, said there needs to be a greater emphasis on CAM educational standards and a focus on making them consistent across diverse regions and states. CAM also needs to build its public image and gain credibility through increased contact with the media and surrounding community events and by participating in collaborative projects with health service programs and medical practitioners. **Jennifer Engstrom**, a third year medical student, said the key to effective CAM education lies in its integration into the medical school curriculum. She added that it is critical to expose medical students and future health care providers to CAM early so they are introduced to the philosophy and the underlying concepts of CAM while they still have open minds. **Dr. Deborah Danoff**, of the Association of American Medical Colleges (AAMC), said the AAMC's desire is to enhance current diagnosis and treatment regimens with improvements in communication with patients, sensitivity to cultural and community issues, and improved knowledge of CAM. **Dr. Peter Scoles**, director of testing for the National Board of Medical Examiners, said that although his organization does not set medical school curriculum standards, state boards look to the NBME for assurance that the materials contained in the examination are based on sound

principles and scientific reasoning. If items regarding alternative therapies are included on USMLE, they must be held to the same standard of evidence as traditional therapies. He acknowledged the existence of growing bodies of reliable evidence on CAM and said that the materials would be making their way into the exam.

Specific Recommendations:

- There needs to be a greater emphasis on CAM educational standards to make them consistent across diverse regions and states. (**Dr. Louis Orzack, Rutgers University**).

Panel 2

Dr. Alfred P. Fishman, University of Pennsylvania Medical School, said many medical school programs initially found that it is more important to teach what is going on rather than how to do it. Penn's system brings in practitioners to lecture on CAM applications that might include, orthopedics, acupuncture, sessions in mind-body and psychiatry, and pharmacology, which would include discussions of relevant herbs. **Geraldine Bednash**, Ph.D., RN, executive director of the American Association of Colleges of Nursing (AACN), said the AACN has standards requiring that any intervention by a nurse clinician be based on a thorough assessment of cultural, lifestyle and multiple therapies. In addition, students must be aware of complementary modalities and their usefulness in promoting health and potential for harm. At a minimum, nurses are prepared to advise patients and their families who use self-selected CAM therapies and practices. **Neil Sampson**, of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services and the Bureau of Health Profession, said HRSA currently funds three graduate programs in the Division of Nursing that include content on CAM, and a Chiropractic Demonstration Project Grants Program which supports research projects where chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower back conditions. **Sara Collina**, senior policy analyst at the National Breast Cancer Coalition (NBCC), said there is a need to expand our notion of health services research and begin measuring what matters, not just morbidity or mortality and not just a handful of quality of life measures. CAM research often requires innovative design which may help expand what we measure and how.

Specific Recommendations:

- Create an easily accessible, evidence-based data resource on CAM therapies designed for educators and clinicians. (**Geraldine Bednash, American Association of Colleges of Nursing**)

- Development a generic curriculum for health professionals on CAM therapies and the skills necessary to assess their use by patients and their families with an

emphasis on the therapeutic relationship and interpersonal skill development (**Geraldine Bednash, AACN**)

- Develop a source for consumers that provides accurate and timely information about complementary and alternative therapies. (**Geraldine Bednash, AACN**)

- Continue federal support for research to assess CAM therapies to develop the evidence base for practice. (**Geraldine Bednash, AACN**)

- Develop a communication vehicle for health professionals to provide a consistent stream of information on these therapies (**Geraldine Bednash, AACN**)

- Develop a train-the-trainer initiative to provide faculty and nursing or other health professions' education programs with the skill to teach the future clinician about CAM therapies. (**Geraldine Bednash, AACN**)

- Develop continuing CAM education for practicing nurses and other health professionals. (**Geraldine Bednash, AACN**)

- Convene medical education leadership conferences, encouraging the development of standards of CAM education, and positioning Titles 7 and 8 as vehicles for faculty development and curriculum development initiatives. (**Neil Sampson, of the Health Resources and Services Administration**)

- Require minimum levels of post-graduate education for all non-allopathic and non-osteopathic physicians, leading to state certification or licensure. (**Neil Sampson, HRSA**)

- Impose stricter licensing and controls among CAM practitioners. (**Neil Sampson, HRSA**)

- Increase federal funding for both research on the efficacy of CAM and an educational initiative on both CAM and evidence-based medicine. (**Sara Collina, National Breast Cancer Coalition**)

- Develop consistent educational standards for CAM practitioners and accountability within the licensing and credentialing process. (**Sara Collina, NBCC**)

- Develop national standards for CAM health care that are comprehensive, evidence-based, updated regularly, and accessible to everyone. (**Sara Collina, NBCC**)

Plenary Session II: Continuing CAM Education and Training: Building Knowledge and Skills

Panel 1

Dr. Joseph Helms, American Academy of Medical Acupuncture, said the minimum formal didactic and clinical training deemed necessary to prepare a physician to safely and effectively practice medical acupuncture is 200 hours. He added that numerous international bodies have endorsed the 200-hour minimum training program for graduates from schools of Western biomedicine who wish to use acupuncture in their clinical work. **Dr. Lixing Lao**, cofounder, clinical director and board member of the Maryland Institute of Traditional Chinese Medicine, which is accredited by Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM,) said ACAOM accreditation requires a minimum of 2,000 hours of acupuncture training, with at least 500 hours of clinical training, providing at least 250 treatments to at least 30 patients and 360 hours of training in Western medicine. Dr. Lao said that medical acupuncture had its limits and practitioners needed to be aware of them. He added that physicians should be encouraged to learn about acupuncture and acupuncturists should be considered specialists available for collaboration. **Mark Blumenthal**, a representative of the American Botanical Council (ABC), said that most current CME courses in botanical medicine are inadequate. He added that he often sees information published in medical and/or pharmacy texts and journals regarding herbal medicine that is misleading or grossly inadequate.

Specific Recommendations:

- Endorse medical acupuncture's current training, credentialing and accountability system. (**Joseph Helms, American Academy of Medical Acupuncture**)

- Develop "exposure programs" on medical acupuncture for medical students, residents, fellows, and practicing physicians in all specialties of medicine. **(Joseph Helms AAMC)**

- Give greater recognition of Oriental Medicine's level of education, training, licensure, and certification infrastructure, and its status as a comprehensive medical system that should be accepted into the greater "the health care team." (**Lixing Lao, Maryland Institute of Traditional Chinese Medicine**).

- Provide reimbursement by Government programs, including Medicare and the military, for acupuncture delivered by Oriental Medicine practitioners. (**Lixing Lao, MITCM**)

- Provide conventional health care professionals with a basic understanding of acupuncture and its ability to complement conventional treatment. (**Lixing Lao, MITCM**).

- Require all health care professionals to receive some form of medical education in herbal therapies. (**Mark Blumenthal, American Botanical Council**)

- Require that course materials on herbal remedies include the history of botanical medicines and how it fits in the history of pharmacology. Information on the regulation of herbal medicines also needs to be included, since many health care practitioners are misinformed or ignorant about the regulation or under-regulation of herbal medicines. (**Mark Blumenthal, ABC**)

Panel 2

Dr. Murray Kopelow, chief executive officer of the Accreditation Council for Continuing Medical Education (ACCME), said any perceived bias against CAM in CME is mostly due to the role of the American Medical Association (AMA) as opposed to ACCME. He suggested that the Commission should talk with ACCME about the value of CAM in CME courses. **Denise Edwards,** a representative of the Oncology Nursing Society and a mental health nurse practitioner at a CAM center in Des Moines, Iowa, said the Society has used complementary medicine for 20 years in conjunction with aggressive symptom management efforts. She said, however, that CAM education has been very inconsistent due largely to an absence of sufficiently knowledgeable faculty. **Susan South**, director of the Associate Fellowship at the Program in Integrative Medicine at the University of Arizona, said the Program on Integrative Medicine was based on a vision that continuing medical education needed to better meet the needs of health care professionals and a better educated public. The Program has developed a curriculum that included such subjects as: philosophy of science, medicine in culture, art of medicine, research education, lifestyle practices, spirituality, mind-body interaction, nutrition, and physical activity. It also includes an overview of several therapeutic systems and modalities such as botanicals, manual therapies such as osteopathy and massage, Chinese medicine, homeopathy, and energy medicine.

Specific Recommendations:

- The development of a national core curriculum for CAM so there would be a more standardized body of knowledge. (**Denise Edwards, Oncology Nursing Society**)

- Nursing education in CAM should be foundational at the undergraduate level, with opportunities for developing more sophisticated skills at the graduate level. It should also be interdisciplinary. (**Denise Edwards, ONS**)

- For practicing clinicians, it is essential to include information in professional continuing education and financial barriers to CME need to be considered. (**Denise Edwards, ONS**)

- CAM practitioners and educators should be involved in creating sources of complete information on herbs and drug interactions. **(Denise Edwards, ONS)**

Plenary Session III: CAM Credentialing and Licensure: Assuring Quality and Accountability in CAM Practice

Panel 1

Michael H. Cohen, representing the Center for Alternative Medicine Research and Education, outlined five policy considerations that should be contained in any CAM licensing initiative. He said they have the potential for limiting the potential for negative results associated with CAM therapies while enhancing their positive effects. He said that given the complexity of criteria for licensing, it would be difficult to come up with a recommendation as to which providers should be licensed uniformly across the states. If they could, it would still be hard to achieve. **Boyd Landry,** executive director of the Coalition for Natural Health, which represents over 2,500 natural healers nationwide, argued that there was no reason to create national standards for CAM providers nor was there was no reason for federal regulation as there was no evidence that traditional natural therapies posed a threat to the consuming public. He added that regulation is a state issue and so licensure should fall outside of the purview of the Commission. **Sharon Hall**, Vice President of Risk Management for Washington Casualty Company, a malpractice insurer, said the Washington State law requires health insurance to cover services by all licensed or certified health care practitioners in the state, including CAM practitioners. She said that CAM physician loss experience tends to be five times lower than insured family practitioners and internal medicine physicians. Claims for negligent care among CAM providers also are less frequent and of less severity than claims against conventional health care providers.

Specific Recommendations:

- Articulate the following five principles to help guide states in developing regulations: (1) many providers want licensure to gain legitimacy and avoid criminal liability under medical license laws; (2) licensure is largely a matter of state law--states rely on the professional organizations to set standards and structures; (3) licensure has a potential dark side, in terms of diminishing the heart and soul of CAM practice; (4) several licensed CAM professions may share legal authority to practice a given modality; and (5) adopt one of several different models for licensing CAM providers based on the state's interest: (a) mandatory licensure, (b) title licensure, (c) registration, (d) exemption, (the Minnesota model), or (e) some variation or combination of the first four. **(Michael H. Cohen, Center for Alternative Medicine Research and Education)**

- Increase education for conventional medical practitioners about CAM, both to encourage collaboration in patient care and to avoid possible adverse effects caused by treatment interactions. (**Sharon Hall, Washington Casualty Company**)

- Promote state licensure or certification of CAM practitioners to regulate and provide a common standard of practice. (**Sharon Hall, WCC**)

- Fund evidence based research to promote the safety and efficacy of CAM therapies. (**Sharon Hall, WCC**)

- Fund evidence-based research to promote the efficacy and safety of CAM relative to conventional therapies. (**Sharon Hall, WCC**)

- Fund confidential, nondiscoverable CAM quality improvement and peer review research to enhance the quality of care. (**Sharon Hall, WCC**).

Panel 2

Steven C. Olson, president of the American Massage Therapy Association (AMTA), said that AMTA encourages regulation. He said, unfortunately, many local laws focus on controlling massage in the context of adult entertainment rather than as a medical intervention. Mr. Olson said AMTA supports licensure but doesn't make recommendations to states. **Clement Bezold**, a futurist and representative of the Institute for Alternative Futures, suggested the Commission think about licensure and credentialing in terms of a set of larger values, some of which are in conflict, but which nonetheless reflect the varied sentiments of the health community and the public. He said licensing and credentialing concerns in the future will revolve around a developed understanding of the role of genes in disease and CAM's ability to understand and address the relevant phenotypical influences. Another trend he identified was a need for better record keeping by CAM providers so their outcomes can be better judged. **Dr. James Winn**, representing the Federation of State Medical Boards, said state medical boards were concerned with the proliferation of CAM practices in the United States because many seem suspect and lack scientific research and clinical validation. He also was concerned about national and state legislative initiatives that restrict medical boards from regulating CAM therapies.

Specific Recommendations:

- Define massage in the broadest terms possible, while being cognizant of legislator sensitivities and other professions that overlap massage therapy. (**Steven C. Olson, American Massage Therapy Association**)

- Consider CAM in terms of the two goals contained in the Healthy People 2010 report: longer years of healthy life and the elimination of health disparities. **(Clement Bezold, Institute for Alternative Futures)**

- Develop controlled clinical trials to evaluate the efficacy and safety of CAM therapies, as well as information sharing resources and educational initiatives to further enhance the awareness of the benefits and/or risks associated with such therapies. **(Dr. James Winn, Federation of State Medical Boards)**

- Research and educational efforts to identify and eliminate questionable and deceptive health care practices, whether they are traditional or alternative, and those practices that are adverse to the public's health, safety, and welfare. . **(Dr. James Winn, FSMB)**

BREAK OUT SESSION I

Group 1 Progress Report

Discussion Group 1 focused on conventionally trained physicians and articulated a number of principles that were relevant across the continuum for undergraduate, graduate, CME, and into the accreditation and licensure issues.

They identified three large policy needs:
(1) Medical schools, licensing boards, residency training programs and the like should received resources to bridge the gaps between traditional and CAM approaches and therapies.
(2) The group did not favor mandates, but favored incentives and activities that encourage embracing endorsed behaviors and practices.
(3) Recognizing this is an evolutionary process, and it will take time to change the culture of medical institutions, the group wants to foster mechanisms that will help the transformation progress.

The group believed that conventionally trained practitioners needed a minimal knowledge base or a core competence in CAM to provide competent medical care. They observed that there was a tremendous need to foster communication skills and communication avenues to link traditional and CAM providers more effectively and permit patients who straddle the care line to feel sufficiently respected to be honest with their traditional physician about their CAM treatments. The group thought greater openness between patients and doctors would give traditional physicians a better chance of optimizing care and would also enable them to avoid or identify possible drug-drug or CAM-drug interactions.

The group judged as very important the growing interest in cross–cultural issues among medical educators. Further medical education needed to include exposure to the kinds of

practices that exist and students need a CAM foundation to be able to craft successful collaboration in the future. Those collaborations should be supported by supplemental education efforts.

Undergraduate medical education needs to receive public sector resources for faculty and curricular development. Similar funds from sources such as HRSA, NCAM, Public Health Service, CDC and private foundations, should support efforts to create CAM board exams. In addition, medical schools need to foster collaborative relations with CAM professional organizations.

As a matter of public safety, medical schools should be encouraged to offer advanced or supplemental electives for students on collaboration, modality training and research that would move beyond basic core knowledge.

CAM issue should be incorporated into established doctor-patient communication classes, medical ethics courses on professionalism and also on history and physical exam kind of work because there may be specific issues that need to be brought up in the context of the history and physical that are not being taught currently in a traditional context; also, inclusion in a public health curriculum as a way of bringing in these other issues, pharmacology and herbals, cross-cultural issues and ethics and other areas; again, the scientific base of medicine into basic sciences, into the problem-based learning; also, importance of methodology; and, at the undergraduate level, appreciation of the interdisciplinary nature of CAM medicine and the professional collaborative skill sets that are necessary to make those kinds of connections, again with an eye toward patient safety.

The group thought it important that attention be paid to research methodologies that assess the scientific base of CAM.

Also, there should be some discussion about the need to unconditionally accept a patient's choices, while not necessarily endorsing the practices. Further development of the history and physical skills related to CAM is needed as well as training for interaction with CAM providers who might be in the community. Very strong encouragement at the residency and fellowship level for research training experiences and fellowships at the NCI, NCAM and other bodies may be established to develop the infrastructure for those who would advance the field. Research should not be limited to the biomedical scientific dimensions of CAM, but also the operational delivery systems, such as the Health Services Research Administration (HRSA) system of organization of care.

Group 2 Progress Report

Group 2 dealt with the licensed professionals, both traditional and nontraditional, excluding chiropractic.

The group concluded that:

(1) undergraduate curriculum should cover a "world view of healing" that includes the philosophy and principles of CAM and an experiential component. Curriculum should not be limited to evidence-based outcome theory and skills but should explore risk-benefit models that include CAM.
(2) graduate schools should be encouraged to include CAM concepts and principles.
(3) national credentialing exams should include CAM questions that reflect a broader view of healing.
(4) liability coverage for primary physicians should cover referrals to CAM practitioners with provider groups establishing their own certifying standards. Physicians with CAM training education.

Through a variety of mechanisms designed to integrate CAM into the medical school mainstream, CAM study should be linked to reductions in health insurance premiums for medical faculty and students.

Group 3 Progress Report

Discussion Group 3 examined physicians, nurses and pharmacists who do CAM integrative work.

The group recommended:
(1) Undergraduate and postgraduate students and residents should be exposed to opportunities to learn, experientially, methods and practices for self-healing, which lies at the core of both CAM and conventional medicine. That would include such issues as good nutrition, exercise; stress management, communication and social skills, and then, compassion and social service, which physicians and nurses are not currently equipped to address.
(2) Early in the program, health practitioner education should include an introduction to the philosophy, practices and principles of the most prevalent complementary and alternative health care modalities and self-care techniques.
(3) Complementary and alternative health care practices and modalities should be incorporated into established courses, where relevant and electives that could include experiential learning should be included.
(4) CAM education should be evaluated using the medical school's current methods of testing and evaluation.
(5) Federal and private funds should be set aside for curricula changes and faculty training.

Group 4 Progress Report

Discussion Group 4 dealt with the categories of nonallopathic therapies which included energy healers, massage, Reiki, polarity, yoga, chiropractic and naturopathic physicians and provided responses to a questionnaire that was sent to appropriate organizations.

(1) The first questions seemed to address whether or not there should be national education standards for CAM modalities and therapies and whether or not that material should include exposure to conventional or Western medicine? In all cases the answers were yes, and were coupled with a recommendation that standards be developed by professional associations working in collaboration with educational institutions. They also suggested the invention of a "care navigator," who is not necessarily a trained physician but is trained sufficiently in the knowledge of all of the modalities and can function as a referring party to any one of the physicians or one of the therapies/modalities of CAM.
(2) Question No. 2: Should there be scholarships and/or loan repayment programs for CAM students or students of emerging professions? Yes.
(3) Question No. 3: Should there be a minimum level of postgraduate training for nonallopathic and nonosteopathic physicians, such as naturopathic physicians and other unconventional physicians? Yes, there should be a minimum level of training, but the professional organization and medical schools would work out the details. The group also wanted parity in funding for nonallopathic medicine and that the distribution of those funds should be linked with a federal coordinating office or body.
(4) Question No. 4: Should there be use of the designation "traditional healer"? If so, how and by whom should traditional healer status or designation be determined? Yes.
(5) Question No. 5: Should traditional healing be preserved and perpetuated? And if so, how and by whom should that be done and funded? The group generally endorsed the idea but resisted make a specific recommendation, as traditional healing in the American Indian-Alaskan Native community is a sacred activity that is taught from the youth up and exists in a very specific cultural context. The group did support public funding for traditional healers, though, because the services are typically provided without fee. They left it to the communities to decide how the money would be spent.

Commission Discussion

The Commission revisited the idea of respecting patients even though the physician may not agree with their treatment choice. The Commission also revisited the issue of scholarships versus loan repayments (repayments of education loans in exchange for working in underserved areas) and raised the question of which modalities warranted loan repayments. Though the group did not discuss that issue in detail, it was observed that scholarships were institution-based incentives while loan repayments could be open to a much wider population and could be funded by the government or other sources. On the other hand they did not want to address the medical needs of underserved areas with CAM practitioners at the expense of conventional practitioners.

Commissioners supported the use of loan repayments for CAM activities but did not specify the mechanism for making them available and discussed how to set standards that both respected culturally appropriate healers and those who are formally trained. The

commissioners recognized both needs, though it was thought that traditional healers are typically unpaid and education loans were not usually an issue in their training. Some suggested that was changing and was therefore still an issue. Generally, they thought eligibility for repayments should be limited to licensed practitioners though there were concerns with reconciling the differences in licensing between states. They were also concerned that loan repayment programs might bring in CAM practitioners at the expense of conventional physicians. There was consensus that both were needed. The commission further acknowledged current limitations in efforts to get medical practitioners into underserved areas.

Though the Commission had discussed a definition of CAM early in the proceedings, it was agreed that the subject needed to be explored in even greater depth so a subcommittee was formed.

BREAK OUT SESSION II

Group 1 Progress Report

Group 1 identified two problems in relating conventional CME to CAM.

(1) Because CME presupposes a knowledge and skills base upon which participants are expected to build, the standard model may not apply. For many CAM approaches, CME might be remedial and may not have a lot in common with either undergraduate or graduate training.

(2) There is a need for finding ways of offering CME credit for CAM CME, and for recognizing the growth of alternatives to CME such as the University of Arizona Fellows program or a 200-hour course in acupuncture.

It was suggested that accreditation for both undergraduate and graduate training courses would need to come from the various CAM disciplines.

Group 2 Progress Report

Group 1 recommended that organizations sponsoring CAM CE courses, which typically focus on their immediate membership, encourage practitioners outside of their focus group to take their courses and award education hours for participation. Such a move would place pressure on the organizations to stimulate CAM research. It also would stimulate the approval of CAM and improve interdisciplinary communication. It would be up to the states to accept those hours for credentialing, licensing, relicensing, or recertification.

Group 3 Progress Report

Group 3 also believed that it was important to provide exposure to CAM in undergraduate, graduate, and fellowship medical educations programs. However, they

noted a need to recognize the two tiers of CME; 1) courses that provide information and 2) those that teach skills that participants can take with them and use.

Group 4 Progress Report

Group 4 presented answers to four basic questions:

(1) Should every CAM practitioner be expected to have a minimum level of knowledge and understanding of other CAM systems of care, modalities, and therapies? The group agreed. They added that the level and content should be determined by determined by each organization or specialty within CAM. The group felt a need for a coordinating office that could mentor developing organizations.
(2) Should every CAM practitioner be expected to have a minimal level of knowledge and understanding of conventional or Western medicine, and referring to conventional physicians or conventional health care providers, how and by whom should that level of knowledge be determined? The group again turned to the professional association to take the lead on setting standards and also saw a role for an office at the national level that could provide assistance when necessary.
(3) What is the role of continuing education for CAM practitioners? It is to enhance the learning and knowledge in an ongoing basis for all CAM practitioners, it is not static, it is ongoing.
(4) Should organizations representing a given modality or therapy come together to form a community? If so, how and by whom should that community be formed? The group wanted to respect the different perspectives within a professional organization, but said it expected those organizations to be in a dialogue to try to find their common ground.

Regarding the national office, the group believed that it should be at the Assistant Secretary for Health and Human Services level. However, this office would be strictly a coordinating, facilitative, and referential agency, not a regulatory office by any means.

Commission Discussion

The Commissioners debated what types of recommendations it could make as a group regarding CAM CME courses for health care professionals. It was emphasized that there are barriers to getting CME accreditation for CAM courses. For example, the American Academy Family Practice guidelines allow CAM CME for informational purposes, but not for courses that promote or teach physicians how to use a complementary or alternative medicine practice. Although it legitimately guards against unproven or unsafe practices, the guidelines also serve to undermine the idea of an integrated delivery system. There is, therefore, a need for reasonable guidelines addressing issues of CAM use and skill.

Commissioners discussed whether CAM CME courses could include use and practice instruction in addition to theory for those techniques that had been shown to be safe and effective. Doctors might be able to receive CME credit without the Federation of State Medical Boards necessarily endorsing the practices, it was suggested.

The Commissioners then discussed the responsibilities that professional associations or professional groups have for providing ongoing education about CAM. It was suggested that specialty societies do have some degree of obligation to provide their membership with educational materials that, in the context of "scope of practice," keep them current with development in CAM research and practice.

It was also suggested that there is a need for CME for all conventional health care practitioners to give them the ability to understand that there is a significant amount of research literature on CAM and teach them how to evaluate the literature on CAM modalities. It was noted however that CME by itself, without the accreditation component, is not going to be viable because practitioners who have limited time and money are going to choose the higher category of CME (category 1, which is accredited) an any other CME courses that fulfill requirements in their specialty areas.

There was general consensus for a recommendation what whatever rules for transparency and disclosure exist in the conventional CME world be endorsed by the Commission as being applied to CAM CME. There was also a general consensus regarding the idea that all CAM education organization developing CME should be encouraged to clearly define the evidence being used to support the CME course and clearly define the types of evidence being used.

PUBLIC COMMENT SESSION

Specific Recommendations:

- Create a federally sponsored task force whose principal goal would be to ease access to existing data, coordinate the creation of new databases on a collaborative basis, and set standards for data including an exchange specifically in the field of CAM. (**Robert Scholten, Beth Israel Deaconess Medical Center**)

- Create a joint NSF/Public Health Service/Dept. of Education entity to provide funding for public education on CAM practices. (**Rustom Roy, Penn State University**).

- Use the Minnesota model, which provides patients was extensive information and binds practitioners to safe and professional conduct, as a way of giving consumers access to all healers, unlicensed and licensed, in a safe manner. (**Diane Miller, National Health Freedom Coalition**)

- Seek out natural medicine professional associations that are working on developing standards for training and care. (**Susan Herschkowitz, natural medicine advocate**)

- Develop a system of "harmonized standards," which have proved successful in Europe, to achieve some minimum acceptable standards and allow the states would develop their own versions. (**Michele Forzley, a private-practice attorney)**

- For CAM telemedicine, utilize the International Treaty on Telemedicine of the International Bar Association, which seeks to set harmonized standards internationally, as a model for setting standards so that medicine can be practiced electronically. (**Michele Forzley, a private-practice attorney)**

- Establish programs to teach CAM practitioners how to run a business. (**Michele Forzley, a private-practice attorney)**

- Establish educational licensing that allows for vocational schools, degree programs, and apprenticeship training in naturopathy, which should not come under the stringent guidelines employed by higher education facilities. (**Victoria Mary Goldsten, Washington Institute of Natural Health)**

- Create a committee or task force that brings together educators and practitioners to develop a set of clear and consistent guidelines for CAM education programs. (**Emily WhiteHorse, Association for Physician Assistant Programs**)

- Provide formal recognition of chiropractic as a health care paradigm that enhances performance and function. (**Brian McAulay, Sherman College of Straight Chiropractic**)

- Provide loans and debt relief for chiropractors who practice in underserved areas or caring for underserved populations. (**Brian McAulay, Sherman College of Straight Chiropractic)**

- Provide federal funds to support chiropractic facilities, training, and technology. (**Brian McAulay, Sherman College of Straight Chiropractic)**

- Allocate federal funds for chiropractic college-based research programs. (**Brian McAulay, Sherman College of Straight Chiropractic)**

- Hold all CAM providers to equivalent criteria as other licensed health care providers in the areas of education, licensure, oversight from licensing boards, and public opinion. **(Bruce Nordstrom, chiropractor**)

- Maintain the principles of each CAM practice and do not supplant them with allopathic philosophy. **(Bruce Nordstrom, chiropractor)**

- Provide CAM providers with direct access to patients so that they can diagnose and refer to and/or co-manage the patient's treatment if the condition is beyond the scope of their expertise. **(Bruce Nordstrom, chiropractor)**

- Provide opportunities for students studying at accredited CAM institutions to observe and, where appropriate, co-manage a broad spectrum of conditions and/or diseases as is typically seen in teaching hospitals. **(Bruce Nordstrom, chiropractor)**

- Provide students from any accredited institution, traditional or CAM, the opportunity to broaden their knowledge and clinical expertise. **(Bruce Nordstrom, chiropractor)**

- Develop CAM guidelines, whether condition- or modality-specific, through consensus by the profession, and reflect mainstream practices. Guidelines should not be treated as absolute limitations on services. Practitioners should be the ultimate arbiters of what is necessary. **(Bruce Nordstrom, chiropractor)**

PUBLIC COMMENT SESSION PARTICIPANTS

Susan Silver, George Washington Center for Integrative Medicine
Margaret Huddleston, Center for Psychology and Social Change, Harvard Divinity Schoo
Robert Scholten, Beth Israel Deaconess Medical Center
Rustrum Roy, Pennsylvania State University
Diane Miller, National Health Freedom Coalition
Susan Herschkowitz, Self Representation
Michele Forzley, Attorney at Law
Victoria Mary Goldsten, Washington Institute of Natural Health
Brenda Jasper, Association of Physician Assistant Programs
Brian McAulay, Sherman College of Straight Chiropractic
Emily WhiteHorse, Association of Physician Assistant Programs
David Molony, American Association of Oriental Medicine
Kathleen Quain, Foundation for Health and the Environment
Colleen Smethers, Progress in Medicine Foundation
Shula Edelkind, Progress in Medicine Foundation
Christine Walker, The Schenk Human Energetic Institute
Chi Chow, New York Institute of Chinese Medicine

Specific Recommendations from February, 2001, WHCCAMP Meeting

Plenary Session I: CAM Education and Training: Establishing Educational Programs

Panel 1

- There needs to be a greater emphasis on CAM educational standards to make them consistent across diverse regions and states. (**Dr. Louis Orzack, Rutgers University**).

Panel 2

- The creation of an easily accessible, evidence-based data resource on CAM therapies designed for educators and clinicians. (**Geraldine Bednash, American Association of Colleges of Nursing**)

- The development of a generic curriculum for health professionals on complementary and alternative therapies and the skills necessary to assess their use by patients and their families with an emphasis on the therapeutic relationship and interpersonal skill development (**Geraldine Bednash, AACN**)

- A source for consumers that provides accurate and timely information about complementary and alternative therapies. (**Geraldine Bednash, AACN**)

- Continued federal support for research to assess CAM therapies to develop the evidence base for practice . (**Geraldine Bednash, AACN**)

- A communication vehicle for health professionals to provide a consistent stream of information on these therapies (**Geraldine Bednash, AACN**)

- A train-the-trainer initiative to provide faculty and nursing or other health professions' education programs with the skill to teach the future clinician about these therapies. (**Geraldine Bednash, AACN**)

- Continuing CAM education for practicing nurses and other health professionals. (**Geraldine Bednash, AACN**)

- The Federal Government should become involved in convening medical education leadership conferences, encouraging the development of standards of CAM education, and positioning Titles 7 and 8 as vehicles for faculty development and curriculum development initiatives. (**Neil Sampson, of the Health Resources and Services Administration**)

- a minimum levels of post-graduate education should be required for all non-allopathic and non-osteopathic physicians, which leads to state certification or licensure. **(Neil Sampson, HRSA)**

- Stricter licensing and controls among CAM practitioners. **(Neil Sampson, HRSA)**

- Increase federal funding for both research on the efficacy of CAM and an educational initiative on both CAM and evidence-based medicine. **(Sara Collina, National Breast Cancer Coalition)**

- Consistent educational standards for CAM practitioners and accountability within the licensing and credentialing process. **(Sara Collina, NBCC)**

- National standards for CAM health care that are comprehensive, evidence-based, updated regularly, and accessible to everyone. **(Sara Collina, NBCC)**

Plenary Session II: Continuing CAM Education and Training: Building Knowledge and Skills

Panel 1

- Endorse medical acupuncture's current training, credentialing and accountability system. **(Joseph Helms, American Academy of Medical Acupuncture)**

- Develop "exposure programs" on medical acupuncture for medical students, residents, fellows and practicing physicians in all specialties of medicine. **(Joseph Helms AAMC)**

- Greater recognition of Oriental Medicine's level education, training, licensure and certification infrastructure, and its status as a comprehensive medical system that should be accepted into the greater "the health care team." **(Lixing Lao, Maryland Institute of Traditional Chinese Medicine)**.

- Reimbursement for acupuncture delivered by Oriental Medicine practitioners by Government programs including Medicare and the military. **(Lixing Lao, MITCM)**

- A basic understanding of acupuncture and its ability to complement conventional treatment among conventional health care professionals. **(Lixing Lao, MITCM)**.

- All health care professionals receive some form of medical education in herbal therapies. **(Mark Blumenthal, American Botanical Council)**

- Course materials on herbal remedies should include the history of botanical medicines and how it fits in the history of pharmacology. Information on the

regulation of herbal medicines also needs to be included as many health care practitioners are misinformed or ignorant about the regulation or under-regulation of herbal medicines. (**Mark Blumenthal, ABC**)

Panel 2

- The development of a national core curriculum for CAM so there would be a more standardized body of knowledge. (**Denise Edwards, Oncology Nursing Society**)

- Nursing education in CAM should be foundational at the undergraduate level, with opportunities for developing more sophisticated skills at the graduate level. It should also be interdisciplinary. (**Denise Edwards, ONS**)

- For practicing clinicians, it is essential to include information in professional continuing education and financial barriers to CME need to be considered. (Denise Edwards, ONS)

- CAM practitioners and educators should be involved in creating sources of complete information on herbs and drug interactions. **(Denise Edwards, ONS)**

Plenary Session III: CAM Credentialing and Licensure: Assuring Quality and Accountability in CAM Practice

Panel 1

- Articulate the following five principles to help guide states in developing regulations: (1) many providers want licensure to gain legitimacy and avoid criminal liability under medical license laws; (2) licensure is largely a matter of state law--states rely on the professional organizations to set standards and structures; (3) licensure has a potential dark side, in terms of diminishing the heart and soul of CAM practice; (4) several licensed CAM professions may share legal authority to practice a given modality; and (5) adopt one of several different models for licensing CAM providers based on the state's interest: (a) mandatory licensure, (b) title licensure, (c) registration, (d) exemption, (the Minnesota model), or (e) some variation or combination of the first four. **(Michael H. Cohen, Center for Alternative Medicine Research and Education)**

- Increased education for conventional medical practitioners about CAM, both to encourage collaboration in patient care and to avoid possible adverse effects caused by treatment interactions. **(Sharon Hall, Washington Casualty Company)**

- State licensure or certification of CAM practitioners to regulate and provide a common standard of practice. **(Sharon Hall, WCC)**

- Evidence based research to promote the safety and efficacy of CAM therapies. **(Sharon Hall, WCC)**

- Evidence-based research to promote the efficacy and safety relative to conventional therapies. **(Sharon Hall, WCC)**

- Confidential, nondiscoverable CAM quality improvement and peer review research to enhance the quality of care. **(Sharon Hall, WCC).**

Panel 2

- Define massage in the broadest terms possible, while being cognizant of legislator sensitivities and other professions that overlap massage therapy. **(Steven C. Olson, American Massage Therapy Association)**

- Consider CAM in terms of the two goals contained in the Healthy People 2010 report: longer years of healthy life and the elimination of health disparities. **(Clement Bezold, Institute for Alternative Futures)**

- Develop controlled clinical trials to evaluate the efficacy and safety of CAM therapies, as well as information sharing resources and educational initiatives to further enhance the awareness of the benefits and/or risks associated with such therapies. **(Dr. James Winn, Federation of State Medical Boards)**

- Research and educational efforts to identify and eliminate questionable and deceptive health care practices, whether they are traditional or alternative, and those practices that are adverse to the public's health, safety, and welfare. . **(Dr. James Winn, FSMB)**

Public Comment

- The creation of a federally sponsored task force whose principal goal would be to ease access to existing data, coordinate the creation of new databases on a collaborative basis, and set standards for data including an exchange specifically in the field of CAM. **(Robert Scholten, Beth Israel Deaconess Medical Center)**

- A joint NSF/Public Health Service/Dept. of Education entity to provide funding for public education on CAM practices. **(Rustom Roy, Penn State University).**

- Use the Minnesota model, which provides patients was extensive information and binds practitioners to safe and professional conduct, as a way of giving consumers access to all healers, unlicensed and licensed, in a safe manner. **(Diane Miller, National Health Freedom Coalition)**

- Seek out natural medicine professional associations that are working on developing standards for training and care. (**Susan Herschkowitz, natural medicine advocate**)

- Develop a system of "harmonized standards," which have proved successful in Europe, to achieve some minimum acceptable standards and allow the states would develop their own versions. (**Michele Forzley, a private-practice attorney)**

- For CAM telemedicine, utilize the International Treaty on Telemedicine of the International Bar Association, which seeks to set harmonized standards internationally, as a model for setting standards so that medicine can be practiced electronically. (**Michele Forzley, a private-practice attorney)**

- Establish programs to teach CAM practitioners how to run a business. (**Michele Forzley, a private-practice attorney)**

- Establish educational licensing that allows for vocational schools, degree programs, and apprenticeship training in naturopathy, which should not come under the stringent guidelines employed by higher education facilities. (**Victoria Mary Goldsten, Washington Institute of Natural Health)**

- Create a committee or task force that brings together educators and practitioners to develop a set of clear and consistent guidelines for CAM education programs. (**Emily WhiteHorse, Association for Physician Assistant Programs**)

- Formal recognition of chiropractic as a health care paradigm that enhances performance and function. (**Brian McAulay, Sherman College of Straight Chiropractic**)

- Loans and debt relief for chiropractors who practice in underserved areas or caring for underserved populations. (**Brian McAulay, Sherman College of Straight Chiropractic)**

- Federal funds to support chiropractic facilities, training, and technology. (**Brian McAulay, Sherman College of Straight Chiropractic)**

- Allocate Federal funds for chiropractic college-based research programs. (**Brian McAulay, Sherman College of Straight Chiropractic)**

- Hold all CAM providers to equivalent criteria as other licensed health care providers in the areas of education, licensure, oversight from licensing boards, and public opinion. **(Bruce Nordstrom, chiropractor**)

- Maintain the principles of each CAM practice and do not supplant them with allopathic philosophy. **(Bruce Nordstrom, chiropractor)**

- Provide CAM providers with direct access to patients so that they can diagnose and refer to and/or co-manage the patient's treatment if the condition is beyond the scope of their expertise. **(Bruce Nordstrom, chiropractor)**

- Provide opportunities for students studying at accredited CAM institutions to observe and, where appropriate, co-manage a broad spectrum of conditions and/or diseases as is typically seen in teaching hospitals. **(Bruce Nordstrom, chiropractor)**

- Provide students from any accredited institution, traditional or CAM, the opportunity to broaden their knowledge and clinical expertise. **(Bruce Nordstrom, chiropractor)**

- Develop CAM guidelines, whether condition- or modality-specific, through consensus by the profession, and reflect mainstream practices.Guidelines should not be treated as absolute limitations on services. Practitioners should be the ultimate arbiters of what is necessary. **(Bruce Nordstrom, chiropractor)**

SPECIFIC RECOMMENDATIONS FROM MARCH 2001, WHCCAMP MEETING

Day 1: Information Dissemination

Panel 1 CAM Information on the Internet: Government, Academia, and Public

- A highly credible organization should produce a widely publicized directory of reliable sources relating to CAM to help consumers make better and more informed choices. The organization could be part of the NIH, or another branch of government that people trust. **(Dale Ogar, Berkeley Wellness Letter)**

- **(Dale Ogar, The Berkeley Wellness Letter, BWL)**

- Enforce existing rules covering claims made on labels and claims made in other advertising. Make adequate resources available to FDA and FTC to enforce claims that are currently being made. **(Dale Ogar, BWL)**

- Require FDA to prepare and finalize the current good manufacturing practices, which should include quality control, standardization, and accurate labeling. **(Dale Ogar, BWL)**

- Repeal or amend DSHEA to give FDA the power to regulate nutritional supplements as they now do OTC drugs and, thus, require scientific proof of efficacy and safety. **(Dale Ogar, BWL)**

- Require mixtures of herbs or other natural products to present new proof of safety for every different combination of ingredients in order to ensure that there are no adverse interactions between the ingredients themselves. **(Dale Ogar, BWL)**

- Provide funds for programs to educate the public on the proper use of natural products and for objective research on the efficacy of nontoxic products and protocols. **(Burton Goldberg, AltMed.com)**

- Create programs to train both conventional and alternative doctors on the use of non-invasive diagnostic techniques. **(Burton Goldberg, AltMed.com)**

- Provide grants for large-scale outcome studies and have a panel that understands the CAM system make decisions regarding what and how the research is conducted **(Burton Goldberg, AltMed.com)**

- Fund the National Foundation for Alternative Medicine's work, which employs teams of credentialed physicians who visit clinics around the world and determine the effectiveness of nontoxic protocols for degenerative diseases. **(Burton Goldberg, AltMed.com)**

- Remove the regulation of non-toxic herbal supplements from FDA jurisdiction and place it in the hands of a panel of physicians, researchers, and the industry itself. **(Burton Goldberg, AltMed.com)**

- Create a panel of industry representatives, researchers, practicing physicians, and scientists of all kinds to investigate the efficacy of the products or systems of alternative medicine, and be the source of that information for the public. **(Burton Goldberg, AltMed.com)**

- Encourage all complementary and alternative medicine web sites to provide full disclosure; who they are, what is their review process, last date updated, that sort of information. **(Irene Liu, National Center for Complementary and Alternative Medicine, NCCAM)**

- Look at, "Wired for Health and Well-Being: the Emergence of Interactive Health Communication," produced by the Science Panel on Interactive Communication and Health, for recommendations on how web site developers evaluate their material and how consumers can better evaluate web sites. **(Irene Liu, NCCAM)**

- Encourage the government to make information on CAM more readily available using existing models that are less restrictive on content than PubMed and leave it to consumers to make their own judgments about the accuracy and value of the information. **(Peter Chowka, Natural Health Line, NHL)**

- Fund the creation of one or more portals to collect and organize offsite information relevant to CAM, and then link to the Federal sites. **(Peter Chowka, NHL)**

- Mandate through legislation the teaching of basic information about CAM and other topics relevant to integrative medicine and general health and wellness, in professional curricula, particularly in pharmacy schools, medical schools, nursing schools. **(Andrew Weil, Ask Dr. Weil)**

- Replace the term CAM with "Integrative Medicine," which is neutral, suggests inclusiveness and seems acceptable to academia. **(Andrew Weil, Ask Dr. Weil)**

- Create a new oversight division of natural products or natural therapeutic agents within FDA, and staff it with people who are knowledgeable about natural products. **(Andrew Weil, Ask Dr. Weil)**

- Educate librarians about how to search for information on CAM on the web so that they can be resources for their communities. **(Sheldon Kotzin, National Library of Medicine, NLM)**

Panel 2 : CAM in the Media: Newspapers, Magazines, Television and Radio

- Set consistent educational standards for CAM practitioners. (**Sara Altshul, Prevention Magazine, PM**)

- Set standards for dietary supplements, such as herbs; establish national certification and licensure of appropriately trained CAM practitioners. (**Sara Altshul, PM**)

- Broaden CAM training in medical schools and increase funding for CAM research studies. (**Sara Altshul, PM**)

- Explore ways of studying modalities that fall outside of the paradigm of conventional Western medicine. (**Sara Altshul, PM**)

- Have the Federal Communications Commission carefully monitor the Spanish language media to break organized quackery. (**Dr. Elmer Huerta, Prevencion**)

- Design and implement programs to increase access to good quality medical care for the Hispanic population. (**Dr. Elmer Huerta, Prevencion**)

- Recognize alternative medicine as alternative, reinforce the dissemination information regarding what we know about conventional treatments, and proceed with research into CAM. (**Dr. Elmer Huerta, Prevencion**)

- When making recommendations, try to consider the how proposed policies on herbs will affect people like Latinos or Asian-Americans, who see these kinds of methods as ancestral practices. (**Dr. Elmer Huerta, Prevencion**)

- Have Medline provide full access to all articles, to address the problem of abstracts that misrepresent the articles they summarize. (**Joe Neel, NPR**)

Panel 3: Evaluation of CAM Information

- Encourage the medical establishment to be partners in patient searches for CAM information online. (**Harrison Lee Rainie, Pew Internet and American Life Project, PIALP**)

- Encourage disclosure about internet tracking technologies and make sure patients are aware of privacy issues, that is, what cookies are, how tracking is done, what is done with the information they have provided. (**Harrison Lee Rainie, PIALP**)

- Help facilitate ways for patients to apply their own expertise to online health matters. (**Harrison Lee Rainie, PIALP**)

- Acknowledge that mainstream health web sites make up a small part of the distribution network for CAM on the Web and that the role of personal networking among individuals plays a significant role in their healthcare choices. (**Susan Detwiler, Detwiler Group, DG**)

- Create a public education campaign that employs a website, which actively recruit links with conventional, integrative, and alternative practitioner sites. (**Susan Detwiler, DG**)

- Create an educational campaign for use in the schools, probably at the middle school level, to teach critical thinking and how to evaluate information you get from friends, strangers, people you meet in Internet chat rooms and on message boards, and on various web sites. (**Susan Detwiler, DG**)

- Develop a methodology to engage physicians in online teaching relationships with patients, thereby reinforcing physician-patient relationships while helping to educate physicians. (**Susan Detwiler, DG**)

- Provide non-restrictive grants to the neutral informational sites so they can update their references more frequently and reduce the amount of time it takes for new material to be readily found on the web. (**Susan Detwiler, DG**)

- Do not recommend any unfunded mandates. (**Susan Detwiler, DG**)

- Require labels to encourage consumers to share information about their use of dietary supplements with their physicians, pharmacists, and other health care practitioners. . (**Dr. Lucinda Maine, American Pharmaceutical Association**)

- Require labels to include a warning for consumers to seek input from a health care provider if the symptoms for which consumers are using the CAM products don't resolve. (**Dr. Lucinda Maine, APA**)

- Develop a more robust system of experience reporting by consumers and health care providers modeled after reporting systems used by the chemical industry. It could be voluntary and embraced by manufacturers of CAM products as a key tool for collecting and analyzing actual use information about their products. (**Dr. Lucinda Maine, APA**)

- Provide adequate resources for product quality enforcement and the development of a workable surveillance model that would permit the investigation of various kinds of problems based on reports by the public and by health care practitioners. (**Dr. Lucinda Maine, APA**)

- Establish a top-notch CAM press office staffed with people who are up to date on the material, who can quickly return reporters' calls, refer them to good, reliable background information, and identify the people to talk to on both sides of the issues

so that they can provide a balanced story. **(David Schardt, Center for Science in the Public Interest, CSPI)**

- Information on the safety of dietary and herbal supplements needs to be disseminated to the public and labeling needs to be extract-specific and state how the product was manufactured. **(David Schardt, CSPI)**

- Need a credible third party other than FDA to certify compliance with GMPs on dietary supplements products. **(David Schardt, CSPI)**

- The FDA should vigorously enforce existing laws and develop regulations on the evidence needed to document the safety of botanical ingredients in foods and require safety information on food labels. **(Christopher Hendel, Consumers Reports)**

- A government body, whether it be NCAM or NIH, should pool its resources to study the top 20 herbs for teratogenic effect, mutagenicity, genotoxicity, and potential drug interactions, and make that information available to health care providers for dissemination to the public. (endorsed by **Dr. Lucinda Maine, APA** and **Christopher Hendel, Consumers Reports**)

Panel 4: CAM Marketing and Advertising

- Expand incentives for industry self-regulation and enforcement of existing antideception and substantiation requirements for promotional claims. **(Sarah Taylor, Covington & Burling)**

- Eliminate policies restricting the dissemination of accurate, substantiated health information and claims in conformance with the First Amendment requirements. **(Sarah Taylor, Covington & Burling)**

- Ensure that restrictions on the content of promotional messages be established by the government to directly alleviate a genuine harm to consumers, such as to prevent deceptive claims or to disclose information necessary for safe product use. **(Sarah Taylor, Covington & Burling)**

- Establish better guidelines for preventing deceptive product claims and permit language that reflects a product's worth rather than how well it fits in the permissible descriptions allowed for drugs or foods, look to the First Amendment for guiding principles. **(Sarah Taylor, Covington & Burling)**

- Actively support the appropriate funding so the FDA can implement its long-range plan for dietary supplements (Center for Food Safety and Applied Nutrition.) and the FTC can carry out its enforcement responsibilities. Reexamine the recommendation schedule so that advocacy for funding matches the schedule of federal appropriations decisions. **(William Soller, Consumer Healthcare Products Association, CHPA)**

- Encourage the FTC to develop industry and practitioner guides for CAM products, similar to what was developed for dietary supplements. (**William Soller, CHPA**)

- Support a consistent standard for advertising and promoting CAM. (**William Soller, CHPA**)

- Revisit the idea of marketing incentives to move private organizations to conduct research. (**William Soller, CHPA**)

- Increase funding for research into "mechanisms of action of homeopathic medicines" in clinical applications. (**Mark Land, Boiron Homeopathic Products, BHP**)

- Help consumers sort through what is already available on the Internet and give them some direction and guidance on where the reliable sources of information are. Look to the HHS healthfinder.gov site and others as examples. (**Michelle Rusk, Federal Trade Commission, FTC**)

- Support funding for implementing DSHEA as well as for staff resources to review claims, review safety, follow up on adverse events, and build liaisons and cooperation relationships with NIH and other sources of technical and analytical support. (**Christine Lewis, Food and Drug Administration, FDA**)

- Look into better use of outreach through MedWatch to educate professionals and consumers regarding the adverse event reporting system. (**Christine Lewis, FDA**)

Day 2: CAM in Wellness and Self-Care

Panel 1: Integrative Approaches to Wellness

- Encourage the medical research community to examine the efficacy of CAM in terms of the prevention of disease. (**John Astin, University of Maryland**)

- Begin looking at CAM in healthy individuals, to see if, from a research standpoint, we can document that CAM optimizes health as measured by evidence of greater levels of energy, vitality, creativity, and overall well being. (**John Astin, U of MD**)

- Encourage the CAM community to begin to break down barriers between themselves and conventional medical communities. (**John Astin, U of MD**)

Panel 2: Integrative Approaches to Wellness: Children, Families and Community

- Pediatricians should seek out information on CAM and be prepared to share it with families. (**Adrian Sandler, American Academy of Pediatrics, AAP**)

- Identify the risks or potential harmful effects associated with CAM, including direct toxic effects, potential harmful effects raised by postponing biomedical therapies of proven effectiveness, plus indirect harmful effects that include financial costs and unanticipated costs associated with strict adherence to treatment protocols. (**Adrian Sandler, AAP**)

- Educate families about how to evaluate the information they receive about CAM treatments so they can be vigilant about exaggerated claims of cures and can be wary of treatments that may require intense commitments of time and energy and money. (**Adrian Sandler, AAP**)

- Pediatricians should avoid dismissing of CAM in ways that communicate a lack of sensitivity or concern for the family's perspective. If a particular CAM approach is endorsed by a patient, pediatricians should offer to assist in monitoring and evaluating the response. (**Adrian Sandler, AAP**)

- Identify potential links between CAM and preventative medicine. (**Adrian Sandler, AAP**)

- When CAM practitioners are taking care of children, they need to know when there are situations that they need to act by referring to appropriate treatment resources. (**Adrian Sandler, AAP**)

- Encourage the U.S. Surgeon-General to send a letter to the nation's doctors reporting briefly on those CAM approaches that have been validated by clinical research within the last five years. (**Mark Micozzi, College of Physicians**)

- Use the C. Everett Koop Community Health Information Center, as a national model for serving the public's health information needs. (**Mark Micozzi, College of Physicians**)

- In communities where local school boards are open to it, teach students and their teachers about meditation and relaxation techniques. Also consider including more and better information about the ancient civilizations and diverse cultures which gave rise to many of these health traditions in the first place. (**Mark Micozzi, College of Physicians**)

- Recognize that the wellness and health promotion orientation of most CAM systems and modalities provides a natural affinity for much of pediatric practice, taking care of the well child. (**Mark Micozzi, College of Physicians**)

- Increase research in CAM to eliminate the sense that by using it, one is somehow testing unproven remedies. **(Mark Micozzi, College of Physicians)**

- As a cost saving initiative, encourage states to offer employers incentives to start new workplace health and wellness programs that incorporate appropriate CAM modalities. **(Mark Micozzi, College of Physicians)**

- Use field trips to expose teachers and students to CAM health traditions. **(Mark Micozzi, College of Physicians)**

- Update the 1998 survey of CAM R&D programs that involve federal agencies. **(Mark Micozzi, College of Physicians)**

- Establish one, of not two, research Centers for spirituality and health under the auspices of the National Center for Complementary and Alternative Medicine. **(David Larson, National Institute for Healthcare Research, NIHR)**

- Provide grants for: (1) basic research on how spirituality impacts health; (2) prospective studies assessing causal relationships, both good, bad, and ugly in terms of spirituality; and (3) model research programs that attempt to integrate this knowledge into clinical practice and research preventives, spiritual support coping or interventions that might improve patient outcomes and also reduce cost. **(David Larson, NIHR)**

- Develop a centralized database so researchers can find research on spirituality and health, that would contain not only the many extant and growing number of clinical research studies, but also information on how to obtain funding, and what model care and educational programs are already out there. **(David Larson, NIHR)**

- Develop and support continuing education conferences and other educational materials that help educate the clinical and research communities about research linking spiritual and religious factors to various aspects of health. **(David Larson, NIHR)**

- Develop forums where doctors have the opportunity to interface and interact with clergy, chaplains, and pastoral care professionals, so that clinicians can develop a better understanding of the potentially important role religious professionals play in promoting health and aiding healing. **(David Larson, NIHR)**

- Highlight the gap between the proportion of patients who want spirituality in their care and the percentage of physicians who are asking about it. **(David Larson, NIHR)**

- Conduct systematic reviews of different fields of CAM to demonstrate how little research is being conducted and to make the point that that as researchers, people

should not be offering critiques about subjects they know little about. (**David Larson, NIHR**)

- Attend to the basics of the interface between medical practitioners and the spiritual leaders and initially address such issues as: what is a spiritual assessment, when do you refer, when do you support and when is it a conflict? (**David Larson, NIHR**)

- Fund research into the mechanisms behind the results that are showing up in longitudinal studies of the role of spirituality and religion in wellness. (**David Larson, NIHR**)

Panel 3: Integrative Approaches to Wellness: Nutrition

- Allow greater access to the science behind nutritional products and practices to registered dieticians, including the research related to the psychology and demographics of CAM users as well as the efficacy, safety of these products and how they relate to other treatment modalities. (**Cyndi Reeser, American Dietetic Association, ADA**)

- Medical professionals and medical schools need to do a better job of educating consumers about nutrition. (**Cyndi Reeser, ADA**)

- Teach nutrition in our schools and integrate it through a lot of different subjects that are taught, and somehow provide incentives in the food industry and in schools to totally change the way we view nutrition. (**Cyndi Reeser, ADA**)

- Support funding for research and education on the effectiveness of CAM solutions for both prevention and recovery, with diet and lifestyle at the base and establish a pilot plan for clinical trials in some hospitals and health care centers. (**Michio Kushi, Kushi Institute for Macrobiotics**)

- Establish community and school educational programs to recover healthy lifestyles and proper home-cooking, including adult education and public schools in their home economics or health education programs. (**Michio Kushi, Kushi Institute**)

- Help facilitate the use of a proper diet and wellness plan in public dining facilities, and in government programs, such as Meals On Wheels for seniors, and in prisons. (**Michio Kushi, Kushi Institute**)

- Encourage hospitals, clinics, health care facilities, and medical schools to add dietary and wellness studies, counseling, cooking classes, and serving facilities with healthful menus. (**Michio Kushi, Kushi Institute**)

- Encourage the avoidance of daily consumption of food and water which are overly artificialized, chemicalized, irradiated. Encourage the proper evaluation of genetic modification, and encourage more respect for natural, organic, and traditional quality of food and drinks. (**Michio Kushi, Kushi Institute**)

- Promote improvements to secure a more clean, natural environment of our air, water, and soil, and encourage avoidance of technology which is environmentally harmful. (**Michio Kushi, Kushi Institute**)

- Clinical nutrition and nutritional supplementation needs to be taught in medical school courses, and clinical competency courses are needed for practitioners. (**Jeffrey Bland, Metagenics**)

- Fund cross-disciplinary, multivariate, placebo-controlled nutrition research. (**Jeffrey Bland, Metagenics**)

- Provide insurance reimbursements for nutrition and dietary supplementation approaches. (**Jeffery Bland, Metagenics**)

- Create incentives so that the industries that benefit from nutrition research take some responsibilities for funding it. (**Jeffery Bland, Metagenics**)

- Direct education on wellness, nutrition, and life style needs to medical practitioners, school children, and the general public and link this education to new models of health care delivery. (**Mark Hyman, Canyon Ranch**)

- Educate practitioners in the basic principles of nutritional modulation of chronic illness and on lifestyle management therapies that address the underlying principles of what health is, so that they can better understand how to access functional and appropriate methods of diagnosis and evaluation of nutritional status. (**Mark Hyman, Canyon Ranch**)

- Create programs in schools that help educate children about how to care for their bodies as they age that provide them the operating manual, so to speak, and then provide them the foundation for building a healthy life. (**Mark Hyman, Canyon Ranch**)

- Utilize the media, the Internet, and entertainment, media and sports icons to help educate the public about nutrition and the fundamentals of a healthy lifestyle. (**Mark Hyman, Canyon Ranch**)

- Embrace new models of health care delivery that include nutritional intelligence, new types of health centers and spas, shift reimbursement codes from the ICD-9/CPT disease-based model to one that is based on health promotion and change our focus on acute and terminal care to focusing on early assessment and intervention to prevent and diagnose and treat and optimize health. (**Mark Hyman, Canyon Ranch**)

- Outlaw corporate/school relationships where corporate contributions of computers and resources are tied to the presence of soft drink machines in schools. (**Mark Hyman, Canyon Ranch**)

- Create a more balanced program of research, by changing the current criteria for funding grants so that requirements such as "innovation" and exploration of "molecular aspect(s)" is no longer mandatory. (**Walter Willett, Harvard School of Public Health, HSPH**)

- Create a center that focused on wellness research. Clinical work might need to be located outside of NIH because of it is orientation toward disease. (**Walter Willett, HSPH**)

- Have states require health care plans to offer 10 sessions per year of nutritional lifestyle therapies. (**Walter Willett, HSPH**)

- Address the issue of how children, even with educational programs in school, are going to assume responsibility for their nutrition, even as they are at the mercy of huge economic forces that are targeting them. (**Walter Willett, HSPH**)

- Reduce focus on randomized trials, which favors drug and placebo tests, for proof of efficacy and allow for other forms of good quality evidence. (**Walter Willett, HSPH**)

- Hold the USDA to its commitment to conduct research into obesity. (**Walter Willett, HSPH**)

Panel 4: Integrative Approaches to Wellness: Self-Care

- Require conventional health clinicians to ask every patient about her or his use of conventional and natural medicines, and so-called alternative therapies. Patients should also be read a statement advising them that their health will depend on providing accurate information. (**Frances Brisbane, School of Social Welfare, SUNY**)

- Initiate studies of various ethnic groups, specifically African Americans, Latinos, Native Hawaiians, Native Alaskans, Native Americans, and others, to determine their use of CAM and what ancestral practices are used in their self-care programs and see if those practices are as relevant now as they were a century ago. (**Frances Brisbane, SUNY**)

- Examine the use and appropriateness of "need to consult a physician" labeling on natural products. (**Frances Brisbane, SUNY**)

- Provide access to CAM to older adults across a spectrum of function and across a number of living situations, i.e. the community or assisted living facilities, or nursing homes. (**Karen Prestwood, University of Connecticut Health Center, UCHC**)

- Encourage self-care and wellness in older adults and recognize that the current cohort of 85 year olds may require more empowerment than the baby boomers when they reach that age. (**Karen Prestwood, UCHC**)

- Include Medicare in any long-term solutions for reimbursement for CAM. (**Karen Prestwood, UCHC**)

- Enhance access to care for older adults by providing centralized facilities with multiple care providers, including CAM providers. (**Karen Prestwood, UCHC**)

- Integrate CAM providers into traditional geriatric health provider teams. (**Karen Prestwood, UCHC**)

- Work to change policies, particularly in nursing homes, that discourage patients from bringing herbs and supplements they might be taking with them. (**Karen Prestwood, UCHC**)

- Make spiritual care available in all settings in which the terminally ill are treated and make such care reimbursable by Medicare and other third-party insurers. (**Christina Puchalski, George Washington University School of Medicine, GWUSM**)

- Train health care professionals, as well as faith and other social communities, to recognize the importance of spiritual care, particularly at the end of life, and how to work within the health care system. (**Christina Puchalski, GWUSM**)

- Require Medicare and other third-party insurers to reimburse for spiritual, non-religious care, and extend the hospice benefit beyond six months. In particular, extend the hospice benefit so that someone who is diagnosed with a potentially life-threatening illness could immediate be eligible for palliative care support (**Christina Puchalski, GWUSM**)

- Provide additional training for doctors and nurses to include: the role of spirituality in health and in end-of-life care; how to address patients' spiritual needs; how to recognize spiritual suffering; how an interdisciplinary approach to care can build communities of caring. (**Christina Puchalski, GWUSM**)

- For people in faith communities who want to work with dying patients, training should be available in dealing with dying patients, working within the health care system, and empowering people in faith communities to work in the system. (**Christina Puchalski, GWUSM**)

- .Initiate research into the effects of spiritual interventions on quality of life. **(Christina Puchalski, GWUSM)**

- Better education for attending physicians on the role of hospice care, and residency programs need to improve in this area. **(Christina Puchalski, GWUSM)**

- Integrate hospice and active care to encourage earlier referrals and keep hope alive. **(Christina Puchalski, GWUSM)**

- Change the HMO system to facilitate the development of interpersonal relationships between doctors and patients. **(Christina Puchalski, GWUSM)**

Public Comment

Panel 1

- Both acupuncture and Oriental Medicine treatments should be eligible for reimbursement by private and government insurance programs. **(Michael Zeng, International Institute of Chinese Medicine)**

- Establish minimum national standards of training and certification testing that will apply equally to all practitioners of acupuncture, including medical doctors. **(Michael Zeng, IICM)**

- Develop two rating scales, one to describe physical effects and the other to describes energetic effects, to help special needs populations better assess the value of CAM therapies. **(Marcellus Walker, africanamericanhealth.com)**

- Recognize the importance of language in shaping attitudes and options, and address the issue of a more appropriate way of describing CAM, perhaps, "whole-person health."**(Diana Chambers)**

- Acknowledge prayer-based healing among the spiritual practices being explored. **(Robert Miller, The First Church of Christ, Scientist)**

- Measures are needed to assess wellness in terms of the patient feelings rather than simply the presence or absence of disease. **(Donald Epstein, Association for Network Care)**

- List the diseases that Americans suffer from; offer the public successful, interventive information for each disease, starting with the least aggressive intervention to the most allopathic treatment; do a preventive seasonal program based on Elson Hass, M.D.'s work, "Staying Healthy with the Seasons," which balances Eastern and Western medical wisdom for Americans; strengthen the immune system through detoxification, imagery, prayer, peaceful relaxation, art therapy techniques, and the

use of pressure points for the immune system; emphasize prevention by clearing out poisons before they make people ill; offer our nation's most effective programs that combine science and faith, art and technology. (**Kathleen Quain, Foundation for Health & the Environment**)

Panel 2

- Consider an approach to healing that is "comprehensive," when thinking about better language to describe CAM (**Lisa Stancik, Pancreatic Cancer Action Network**)

- Allow patients equal access to all licensed provider types, and allow licensed providers equal opportunity to participate in all federal health care programs. (**Jennifer Roe, American Association of Naturopathic Physicians, AANP**)

- Fund research centers at CAM institutions to help support the necessary development of research and academic infrastructure. (**Jennifer Roe AANP**)

- Encourage the formation of a coalition of licensed and emerging CAM provider groups to work together on CAM information development, dissemination, self-care and wellness, as well as other objectives of the Commission. (**Jennifer Roe, AANP**)

- Call for the establishment of an office on CAM and integrated health care at the assistant secretary level at the United States Department of Health and Human Services, with the authority to oversee, coordinate and direct all federal CAM activities. (**Jennifer Roe, AANP**)

- Prohibit distance learning programs from awarding doctoral degrees in naturopathic medicine. (**Jennifer Roe, AANP**)

- Support the promulgation of appropriate, uniform professional standards, including regulation by licensure to the CAM community. (**Jennifer Roe, AANP**)

- Allow any health care provider to discuss generally recognized wellness practices without fear of being charged with practicing medicine without a license. (**Scott Lamp, American Massage Therapy Association)**

- Preserve the distinction between medically oriented massage and wellness oriented massage. (**Scott Lamp, AMTA)**

- Adopt a stance recognizing and respecting the authority of people's judgement and experience; the core of self-care. (**George Krutz, Feldenkrais Guild of North America**)

- Consider carefully the effects and implications of the language the Commission employs. (**George Krutz, FGNA**)

- Encourage the use of learning tools such as the Feldenkrais Method in the education of doctors and other health care professionals. **(George Krutz, FGNA)**

- Stop advertising drugs the same way we stopped advertising tobacco and alcohol. **(John Adams, chiropractor)**

- Use a television drama series to teach the public a new concept of wellness featuring and alternative health. **(John Adams, chiropractor)**

- Include the promotion of wellness is the Commission's final recommendations to Congress and seek federal funds for a wellness campaign that targets the insurance industry, the workplace, and basic education at the elementary school level. **(Bruce Nordstrom, American Chiropractic Association)**

- More licensing boards will be difficult to manage and will create greater expense without necessarily guaranteeing safety. Instead, let consumers take more responsibility for their choices. **(Bruce Nordstrom, ACA)**

SPECIFIC RECOMMENDATIONS FROM MARCH 2001, WHCCAMP MEETING

Day 1: Information Dissemination

Panel 1 CAM Information on the Internet: Government, Academia, and Public

- A highly credible organization should produce a widely publicized directory of reliable sources relating to CAM to help consumers make better and more informed choices. The organization could be part of the NIH, or another branch of government that people trust. **(Dale Ogar, Berkeley Wellness Letter)**

- **(Dale Ogar, The Berkeley Wellness Letter, BWL)**

- Enforce existing rules covering claims made on labels and claims made in other advertising. Make adequate resources available to FDA and FTC to enforce claims that are currently being made. **(Dale Ogar, BWL)**

- Require FDA to prepare and finalize the current good manufacturing practices, which should include quality control, standardization, and accurate labeling. **(Dale Ogar, BWL)**

- Repeal or amend DSHEA to give FDA the power to regulate nutritional supplements as they now do OTC drugs and, thus, require scientific proof of efficacy and safety. **(Dale Ogar, BWL)**

- Require mixtures of herbs or other natural products to present new proof of safety for every different combination of ingredients in order to ensure that there are no adverse interactions between the ingredients themselves. **(Dale Ogar, BWL)**

- Provide funds for programs to educate the public on the proper use of natural products and for objective research on the efficacy of nontoxic products and protocols. **(Burton Goldberg, AltMed.com)**

- Create programs to train both conventional and alternative doctors on the use of non-invasive diagnostic techniques. **(Burton Goldberg, AltMed.com)**

- Provide grants for large-scale outcome studies and have a panel that understands the CAM system make decisions regarding what and how the research is conducted **(Burton Goldberg, AltMed.com)**

- Fund the National Foundation for Alternative Medicine's work, which employs teams of credentialed physicians who visit clinics around the world and determine the effectiveness of nontoxic protocols for degenerative diseases. **(Burton Goldberg, AltMed.com)**

- Remove the regulation of non-toxic herbal supplements from FDA jurisdiction and place it in the hands of a panel of physicians, researchers, and the industry itself. **(Burton Goldberg, AltMed.com)**

- Create a panel of industry representatives, researchers, practicing physicians, and scientists of all kinds to investigate the efficacy of the products or systems of alternative medicine, and be the source of that information for the public. **(Burton Goldberg, AltMed.com)**

- Encourage all complementary and alternative medicine web sites to provide full disclosure; who they are, what is their review process, last date updated, that sort of information. **(Irene Liu, National Center for Complementary and Alternative Medicine, NCCAM)**

- Look at, "Wired for Health and Well-Being: the Emergence of Interactive Health Communication," produced by the Science Panel on Interactive Communication and Health, for recommendations on how web site developers evaluate their material and how consumers can better evaluate web sites. **(Irene Liu, NCCAM)**

- Encourage the government to make information on CAM more readily available using existing models that are less restrictive on content than PubMed and leave it to consumers to make their own judgments about the accuracy and value of the information. **(Peter Chowka, Natural Health Line, NHL)**

- Fund the creation of one or more portals to collect and organize offsite information relevant to CAM, and then link to the Federal sites. **(Peter Chowka, NHL)**

- Mandate through legislation the teaching of basic information about CAM and other topics relevant to integrative medicine and general health and wellness, in professional curricula, particularly in pharmacy schools, medical schools, nursing schools. **(Andrew Weil, Ask Dr. Weil)**

- Replace the term CAM with "Integrative Medicine," which is neutral, suggests inclusiveness and seems acceptable to academia. **(Andrew Weil, Ask Dr. Weil)**

- Create a new oversight division of natural products or natural therapeutic agents within FDA, and staff it with people who are knowledgeable about natural products. **(Andrew Weil, Ask Dr. Weil)**

- Educate librarians about how to search for information on CAM on the web so that they can be resources for their communities. **(Sheldon Kotzin, National Library of Medicine, NLM)**

Panel 2 : CAM in the Media: Newspapers, Magazines, Television and Radio

- Set consistent educational standards for CAM practitioners. (**Sara Altshul, Prevention Magazine, PM**)

- Set standards for dietary supplements, such as herbs; establish national certification and licensure of appropriately trained CAM practitioners. (**Sara Altshul, PM**)

- Broaden CAM training in medical schools and increase funding for CAM research studies. (**Sara Altshul, PM**)

- Explore ways of studying modalities that fall outside of the paradigm of conventional Western medicine. (**Sara Altshul, PM**)

- Have the Federal Communications Commission carefully monitor the Spanish language media to break organized quackery. (**Dr. Elmer Huerta, Prevencion**)

- Design and implement programs to increase access to good quality medical care for the Hispanic population. (**Dr. Elmer Huerta, Prevencion**)

- Recognize alternative medicine as alternative, reinforce the dissemination information regarding what we know about conventional treatments, and proceed with research into CAM. (**Dr. Elmer Huerta, Prevencion**)

- When making recommendations, try to consider the how proposed policies on herbs will affect people like Latinos or Asian-Americans, who see these kinds of methods as ancestral practices. (**Dr. Elmer Huerta, Prevencion**)

- Have Medline provide full access to all articles, to address the problem of abstracts that misrepresent the articles they summarize. (**Joe Neel, NPR**)

Panel 3: Evaluation of CAM Information

- Encourage the medical establishment to be partners in patient searches for CAM information online. (**Harrison Lee Rainie, Pew Internet and American Life Project, PIALP**)

- Encourage disclosure about internet tracking technologies and make sure patients are aware of privacy issues, that is, what cookies are, how tracking is done, what is done with the information they have provided. (**Harrison Lee Rainie, PIALP**)

- Help facilitate ways for patients to apply their own expertise to online health matters. (**Harrison Lee Rainie, PIALP**)

- Acknowledge that mainstream health web sites make up a small part of the distribution network for CAM on the Web and that the role of personal networking among individuals plays a significant role in their healthcare choices. (**Susan Detwiler, Detwiler Group, DG**)

- Create a public education campaign that employs a website, which actively recruit links with conventional, integrative, and alternative practitioner sites. (**Susan Detwiler, DG**)

- Create an educational campaign for use in the schools, probably at the middle school level, to teach critical thinking and how to evaluate information you get from friends, strangers, people you meet in Internet chat rooms and on message boards, and on various web sites. (**Susan Detwiler, DG**)

- Develop a methodology to engage physicians in online teaching relationships with patients, thereby reinforcing physician-patient relationships while helping to educate physicians. (**Susan Detwiler, DG**)

- Provide non-restrictive grants to the neutral informational sites so they can update their references more frequently and reduce the amount of time it takes for new material to be readily found on the web. (**Susan Detwiler, DG**)

- Do not recommend any unfunded mandates. (**Susan Detwiler, DG**)

- Require labels to encourage consumers to share information about their use of dietary supplements with their physicians, pharmacists, and other health care practitioners. . (**Dr. Lucinda Maine, American Pharmaceutical Association**)

- Require labels to include a warning for consumers to seek input from a health care provider if the symptoms for which consumers are using the CAM products don't resolve. (**Dr. Lucinda Maine, APA**)

- Develop a more robust system of experience reporting by consumers and health care providers modeled after reporting systems used by the chemical industry. It could be voluntary and embraced by manufacturers of CAM products as a key tool for collecting and analyzing actual use information about their products. (**Dr. Lucinda Maine, APA**)

- Provide adequate resources for product quality enforcement and the development of a workable surveillance model that would permit the investigation of various kinds of problems based on reports by the public and by health care practitioners. (**Dr. Lucinda Maine, APA**)

- Establish a top-notch CAM press office staffed with people who are up to date on the material, who can quickly return reporters' calls, refer them to good, reliable background information, and identify the people to talk to on both sides of the issues

so that they can provide a balanced story. **(David Schardt, Center for Science in the Public Interest, CSPI)**

- Information on the safety of dietary and herbal supplements needs to be disseminated to the public and labeling needs to be extract-specific and state how the product was manufactured. **(David Schardt, CSPI)**

- Need a credible third party other than FDA to certify compliance with GMPs on dietary supplements products. **(David Schardt, CSPI)**

- The FDA should vigorously enforce existing laws and develop regulations on the evidence needed to document the safety of botanical ingredients in foods and require safety information on food labels. **(Christopher Hendel, Consumers Reports)**

- A government body, whether it be NCAM or NIH, should pool its resources to study the top 20 herbs for teratogenic effect, mutagenicity, genotoxicity, and potential drug interactions, and make that information available to health care providers for dissemination to the public. (endorsed by **Dr. Lucinda Maine, APA** and **Christopher Hendel, Consumers Reports)**

Panel 4: CAM Marketing and Advertising

- Expand incentives for industry self-regulation and enforcement of existing antideception and substantiation requirements for promotional claims. **(Sarah Taylor, Covington & Burling)**

- Eliminate policies restricting the dissemination of accurate, substantiated health information and claims in conformance with the First Amendment requirements. **(Sarah Taylor, Covington & Burling)**

- Ensure that restrictions on the content of promotional messages be established by the government to directly alleviate a genuine harm to consumers, such as to prevent deceptive claims or to disclose information necessary for safe product use. **(Sarah Taylor, Covington & Burling)**

- Establish better guidelines for preventing deceptive product claims and permit language that reflects a product's worth rather than how well it fits in the permissible descriptions allowed for drugs or foods, look to the First Amendment for guiding principles. **(Sarah Taylor, Covington & Burling)**

- Actively support the appropriate funding so the FDA can implement its long-range plan for dietary supplements (Center for Food Safety and Applied Nutrition.) and the FTC can carry out its enforcement responsibilities. Reexamine the recommendation schedule so that advocacy for funding matches the schedule of federal appropriations decisions. **(William Soller, Consumer Healthcare Products Association, CHPA)**

- Encourage the FTC to develop industry and practitioner guides for CAM products, similar to what was developed for dietary supplements. (**William Soller, CHPA**)

- Support a consistent standard for advertising and promoting CAM. (**William Soller, CHPA**)

- Revisit the idea of marketing incentives to move private organizations to conduct research. (**William Soller, CHPA**)

- Increase funding for research into "mechanisms of action of homeopathic medicines" in clinical applications. (**Mark Land, Boiron Homeopathic Products, BHP**)

- Help consumers sort through what is already available on the Internet and give them some direction and guidance on where the reliable sources of information are. Look to the HHS healthfinder.gov site and others as examples. (**Michelle Rusk, Federal Trade Commission, FTC**)

- Support funding for implementing DSHEA as well as for staff resources to review claims, review safety, follow up on adverse events, and build liaisons and cooperation relationships with NIH and other sources of technical and analytical support. (**Christine Lewis, Food and Drug Administration, FDA**)

- Look into better use of outreach through MedWatch to educate professionals and consumers regarding the adverse event reporting system. (**Christine Lewis, FDA**)

Day 2: CAM in Wellness and Self-Care

Panel 1: Integrative Approaches to Wellness

- Encourage the medical research community to examine the efficacy of CAM in terms of the prevention of disease. (**John Astin, University of Maryland**)

- Begin looking at CAM in healthy individuals, to see if, from a research standpoint, we can document that CAM optimizes health as measured by evidence of greater levels of energy, vitality, creativity, and overall well being. (**John Astin, U of MD**)

- Encourage the CAM community to begin to break down barriers between themselves and conventional medical communities. (**John Astin, U of MD**)

Panel 2: Integrative Approaches to Wellness: Children, Families and Community

- Pediatricians should seek out information on CAM and be prepared to share it with families. (**Adrian Sandler, American Academy of Pediatrics, AAP**)

- Identify the risks or potential harmful effects associated with CAM, including direct toxic effects, potential harmful effects raised by postponing biomedical therapies of proven effectiveness, plus indirect harmful effects that include financial costs and unanticipated costs associated with strict adherence to treatment protocols. (**Adrian Sandler, AAP**)

- Educate families about how to evaluate the information they receive about CAM treatments so they can be vigilant about exaggerated claims of cures and can be wary of treatments that may require intense commitments of time and energy and money. (**Adrian Sandler, AAP**)

- Pediatricians should avoid dismissing of CAM in ways that communicate a lack of sensitivity or concern for the family's perspective. If a particular CAM approach is endorsed by a patient, pediatricians should offer to assist in monitoring and evaluating the response. (**Adrian Sandler, AAP**)

- Identify potential links between CAM and preventative medicine. (**Adrian Sandler, AAP**)

- When CAM practitioners are taking care of children, they need to know when there are situations that they need to act by referring to appropriate treatment resources. (**Adrian Sandler, AAP**)

- Encourage the U.S. Surgeon-General to send a letter to the nation's doctors reporting briefly on those CAM approaches that have been validated by clinical research within the last five years. (**Mark Micozzi, College of Physicians**)

- Use the C. Everett Koop Community Health Information Center, as a national model for serving the public's health information needs. (**Mark Micozzi, College of Physicians**)

- In communities where local school boards are open to it, teach students and their teachers about meditation and relaxation techniques. Also consider including more and better information about the ancient civilizations and diverse cultures which gave rise to many of these health traditions in the first place. (**Mark Micozzi, College of Physicians**)

- Recognize that the wellness and health promotion orientation of most CAM systems and modalities provides a natural affinity for much of pediatric practice, taking care of the well child. (**Mark Micozzi, College of Physicians**)

- Increase research in CAM to eliminate the sense that by using it, one is somehow testing unproven remedies. **(Mark Micozzi, College of Physicians)**

- As a cost saving initiative, encourage states to offer employers incentives to start new workplace health and wellness programs that incorporate appropriate CAM modalities. **(Mark Micozzi, College of Physicians)**

- Use field trips to expose teachers and students to CAM health traditions. **(Mark Micozzi, College of Physicians)**

- Update the 1998 survey of CAM R&D programs that involve federal agencies. **(Mark Micozzi, College of Physicians)**

- Establish one, of not two, research Centers for spirituality and health under the auspices of the National Center for Complementary and Alternative Medicine. **(David Larson, National Institute for Healthcare Research, NIHR)**

- Provide grants for: (1) basic research on how spirituality impacts health; (2) prospective studies assessing causal relationships, both good, bad, and ugly in terms of spirituality; and (3) model research programs that attempt to integrate this knowledge into clinical practice and research preventives, spiritual support coping or interventions that might improve patient outcomes and also reduce cost. **(David Larson, NIHR)**

- Develop a centralized database so researchers can find research on spirituality and health, that would contain not only the many extant and growing number of clinical research studies, but also information on how to obtain funding, and what model care and educational programs are already out there. **(David Larson, NIHR)**

- Develop and support continuing education conferences and other educational materials that help educate the clinical and research communities about research linking spiritual and religious factors to various aspects of health. **(David Larson, NIHR)**

- Develop forums where doctors have the opportunity to interface and interact with clergy, chaplains, and pastoral care professionals, so that clinicians can develop a better understanding of the potentially important role religious professionals play in promoting health and aiding healing. **(David Larson, NIHR)**

- Highlight the gap between the proportion of patients who want spirituality in their care and the percentage of physicians who are asking about it. **(David Larson, NIHR)**

- Conduct systematic reviews of different fields of CAM to demonstrate how little research is being conducted and to make the point that that as researchers, people

should not be offering critiques about subjects they know little about. (**David Larson, NIHR**)

- Attend to the basics of the interface between medical practitioners and the spiritual leaders and initially address such issues as: what is a spiritual assessment, when do you refer, when do you support and when is it a conflict? (**David Larson, NIHR**)

- Fund research into the mechanisms behind the results that are showing up in longitudinal studies of the role of spirituality and religion in wellness. (**David Larson, NIHR**)

Panel 3: Integrative Approaches to Wellness: Nutrition

- Allow greater access to the science behind nutritional products and practices to registered dieticians, including the research related to the psychology and demographics of CAM users as well as the efficacy, safety of these products and how they relate to other treatment modalities. (**Cyndi Reeser, American Dietetic Association, ADA**)

- Medical professionals and medical schools need to do a better job of educating consumers about nutrition. (**Cyndi Reeser, ADA**)

- Teach nutrition in our schools and integrate it through a lot of different subjects that are taught, and somehow provide incentives in the food industry and in schools to totally change the way we view nutrition. (**Cyndi Reeser, ADA**)

- Support funding for research and education on the effectiveness of CAM solutions for both prevention and recovery, with diet and lifestyle at the base and establish a pilot plan for clinical trials in some hospitals and health care centers. (**Michio Kushi, Kushi Institute for Macrobiotics**)

- Establish community and school educational programs to recover healthy lifestyles and proper home-cooking, including adult education and public schools in their home economics or health education programs. (**Michio Kushi, Kushi Institute**)

- Help facilitate the use of a proper diet and wellness plan in public dining facilities, and in government programs, such as Meals On Wheels for seniors, and in prisons. (**Michio Kushi, Kushi Institute**)

- Encourage hospitals, clinics, health care facilities, and medical schools to add dietary and wellness studies, counseling, cooking classes, and serving facilities with healthful menus. (**Michio Kushi, Kushi Institute**)

- Encourage the avoidance of daily consumption of food and water which are overly artificialized, chemicalized, irradiated. Encourage the proper evaluation of genetic

modification, and encourage more respect for natural, organic, and traditional quality of food and drinks. (**Michio Kushi, Kushi Institute**)

- Promote improvements to secure a more clean, natural environment of our air, water, and soil, and encourage avoidance of technology which is environmentally harmful. (**Michio Kushi, Kushi Institute**)

- Clinical nutrition and nutritional supplementation needs to be taught in medical school courses, and clinical competency courses are needed for practitioners. (**Jeffrey Bland, Metagenics**)

- Fund cross-disciplinary, multivariate, placebo-controlled nutrition research. (**Jeffrey Bland, Metagenics**)

- Provide insurance reimbursements for nutrition and dietary supplementation approaches. (**Jeffery Bland, Metagenics**)

- Create incentives so that the industries that benefit from nutrition research take some responsibilities for funding it. (**Jeffery Bland, Metagenics**)

- Direct education on wellness, nutrition, and life style needs to medical practitioners, school children, and the general public and link this education to new models of health care delivery. (**Mark Hyman, Canyon Ranch**)

- Educate practitioners in the basic principles of nutritional modulation of chronic illness and on lifestyle management therapies that address the underlying principles of what health is, so that they can better understand how to access functional and appropriate methods of diagnosis and evaluation of nutritional status. (**Mark Hyman, Canyon Ranch**)

- Create programs in schools that help educate children about how to care for their bodies as they age that provide them the operating manual, so to speak, and then provide them the foundation for building a healthy life. (**Mark Hyman, Canyon Ranch**)

- Utilize the media, the Internet, and entertainment, media and sports icons to help educate the public about nutrition and the fundamentals of a healthy lifestyle. (**Mark Hyman, Canyon Ranch**)

- Embrace new models of health care delivery that include nutritional intelligence, new types of health centers and spas, shift reimbursement codes from the ICD-9/CPT disease-based model to one that is based on health promotion and change our focus on acute and terminal care to focusing on early assessment and intervention to prevent and diagnose and treat and optimize health. (**Mark Hyman, Canyon Ranch**)

- Outlaw corporate/school relationships where corporate contributions of computers and resources are tied to the presence of soft drink machines in schools. (**Mark Hyman, Canyon Ranch**)

- Create a more balanced program of research, by changing the current criteria for funding grants so that requirements such as "innovation" and exploration of "molecular aspect(s)" is no longer mandatory. (**Walter Willett, Harvard School of Public Health, HSPH**)

- Create a center that focused on wellness research. Clinical work might need to be located outside of NIH because of it is orientation toward disease. (**Walter Willett, HSPH**)

- Have states require health care plans to offer 10 sessions per year of nutritional lifestyle therapies. (**Walter Willett, HSPH**)

- Address the issue of how children, even with educational programs in school, are going to assume responsibility for their nutrition, even as they are at the mercy of huge economic forces that are targeting them. (**Walter Willett, HSPH**)

- Reduce focus on randomized trials, which favors drug and placebo tests, for proof of efficacy and allow for other forms of good quality evidence. (**Walter Willett, HSPH**)

- Hold the USDA to its commitment to conduct research into obesity. (**Walter Willett, HSPH**)

<u>Panel 4: Integrative Approaches to Wellness: Self-Care</u>

- Require conventional health clinicians to ask every patient about her or his use of conventional and natural medicines, and so-called alternative therapies. Patients should also be read a statement advising them that their health will depend on providing accurate information. (**Frances Brisbane, School of Social Welfare, SUNY**)

- Initiate studies of various ethnic groups, specifically African Americans, Latinos, Native Hawaiians, Native Alaskans, Native Americans, and others, to determine their use of CAM and what ancestral practices are used in their self-care programs and see if those practices are as relevant now as they were a century ago. (**Frances Brisbane, SUNY**)

- Examine the use and appropriateness of "need to consult a physician" labeling on natural products. (**Frances Brisbane, SUNY**)

- Provide access to CAM to older adults across a spectrum of function and across a number of living situations, i.e. the community or assisted living facilities, or nursing homes. (**Karen Prestwood, University of Connecticut Health Center, UCHC**)

- Encourage self-care and wellness in older adults and recognize that the current cohort of 85 year olds may require more empowerment than the baby boomers when they reach that age. (**Karen Prestwood, UCHC**)

- Include Medicare in any long-term solutions for reimbursement for CAM. (**Karen Prestwood, UCHC**)

- Enhance access to care for older adults by providing centralized facilities with multiple care providers, including CAM providers. (**Karen Prestwood, UCHC**)

- Integrate CAM providers into traditional geriatric health provider teams. (**Karen Prestwood, UCHC**)

- Work to change policies, particularly in nursing homes, that discourage patients from bringing herbs and supplements they might be taking with them. (**Karen Prestwood, UCHC**)

- Make spiritual care available in all settings in which the terminally ill are treated and make such care reimbursable by Medicare and other third-party insurers. (**Christina Puchalski, George Washington University School of Medicine, GWUSM**)

- Train health care professionals, as well as faith and other social communities, to recognize the importance of spiritual care, particularly at the end of life, and how to work within the health care system. (**Christina Puchalski, GWUSM**)

- Require Medicare and other third-party insurers to reimburse for spiritual, non-religious care, and extend the hospice benefit beyond six months. In particular, extend the hospice benefit so that someone who is diagnosed with a potentially life-threatening illness could immediate be eligible for palliative care support (**Christina Puchalski, GWUSM**)

- Provide additional training for doctors and nurses to include: the role of spirituality in health and in end-of-life care; how to address patients' spiritual needs; how to recognize spiritual suffering; how an interdisciplinary approach to care can build communities of caring. (**Christina Puchalski, GWUSM**)

- For people in faith communities who want to work with dying patients, training should be available in dealing with dying patients, working within the health care system, and empowering people in faith communities to work in the system. (**Christina Puchalski, GWUSM**)

- .Initiate research into the effects of spiritual interventions on quality of life. **(Christina Puchalski, GWUSM)**

- Better education for attending physicians on the role of hospice care, and residency programs need to improve in this area. **(Christina Puchalski, GWUSM)**

- Integrate hospice and active care to encourage earlier referrals and keep hope alive. **(Christina Puchalski, GWUSM)**

- Change the HMO system to facilitate the development of interpersonal relationships between doctors and patients. **(Christina Puchalski, GWUSM)**

Public Comment

Panel 1

- Both acupuncture and Oriental Medicine treatments should be eligible for reimbursement by private and government insurance programs. **(Michael Zeng, International Institute of Chinese Medicine)**

- Establish minimum national standards of training and certification testing that will apply equally to all practitioners of acupuncture, including medical doctors. **(Michael Zeng, IICM)**

- Develop two rating scales, one to describe physical effects and the other to describes energetic effects, to help special needs populations better assess the value of CAM therapies. **(Marcellus Walker, africanamericanhealth.com)**

- Recognize the importance of language in shaping attitudes and options, and address the issue of a more appropriate way of describing CAM, perhaps, "whole-person health."**(Diana Chambers)**

- Acknowledge prayer-based healing among the spiritual practices being explored. **(Robert Miller, The First Church of Christ, Scientist)**

- Measures are needed to assess wellness in terms of the patient feelings rather than simply the presence or absence of disease. **(Donald Epstein, Association for Network Care)**

- List the diseases that Americans suffer from; offer the public successful, interventive information for each disease, starting with the least aggressive intervention to the most allopathic treatment; do a preventive seasonal program based on Elson Hass, M.D.'s work, "Staying Healthy with the Seasons," which balances Eastern and Western medical wisdom for Americans; strengthen the immune system through detoxification, imagery, prayer, peaceful relaxation, art therapy techniques, and the

use of pressure points for the immune system; emphasize prevention by clearing out poisons before they make people ill; offer our nation's most effective programs that combine science and faith, art and technology. (**Kathleen Quain, Foundation for Health & the Environment**)

Panel 2

- Consider an approach to healing that is "comprehensive," when thinking about better language to describe CAM (**Lisa Stancik, Pancreatic Cancer Action Network**)

- Allow patients equal access to all licensed provider types, and allow licensed providers equal opportunity to participate in all federal health care programs. (**Jennifer Roe, American Association of Naturopathic Physicians, AANP**)

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- Preserve the distinction between medically oriented massage and wellness oriented massage. (**Scott Lamp, AMTA**)

- Adopt a stance recognizing and respecting the authority of people's judgement and experience; the core of self-care. (**George Krutz, Feldenkrais Guild of North America**)

- Consider carefully the effects and implications of the language the Commission employs. (**George Krutz, FGNA**)

- Encourage the use of learning tools such as the Feldenkrais Method in the education of doctors and other health care professionals. **(George Krutz, FGNA)**

- Stop advertising drugs the same way we stopped advertising tobacco and alcohol. **(John Adams, chiropractor)**

- Use a television drama series to teach the public a new concept of wellness featuring and alternative health. **(John Adams, chiropractor)**

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- More licensing boards will be difficult to manage and will create greater expense without necessarily guaranteeing safety. Instead, let consumers take more responsibility for their choices. **(Bruce Nordstrom, ACA)**