

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Meeting Registration Information (partial) (2 pages)	02/02/2001	b(6)
002. newsletter	Bedell Family Christmas (4 pages)	c 12/2000	Personal Misfile

COLLECTION:

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

OA/Box Number: 43233

FOLDER TITLE:

Issue: Education and Training [1]

2011-0568-S

kc833

RESTRICTION CODES

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

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

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

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

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- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Andrew Quon
A Quon@Admc.
.org

202-828-0485

alttherapy@aol.
com

1

End of Life

Wellness / Define Physical
Emotional
Spiritual

- Children - Dept of Agriculture

- Phil Shinnell

Fitness / Wellness

Env't

Wellness - Self Care =

Spiritual - Physical Emotional -
AA / 12 Step Program

Self Education /

Bill Casella - Fromungton - Florida
for Healthy People - Self Actualizing

End of Life Care - Christine Paele

Self Blood Physiology Function

Wellness - focus on 4 questions

- SAS - Shoe Company - NC
Laundry / Child care /

← Corporate Approach →

Can we make Wellness ^{status} ~~concrete~~ = ^{Exercise} ~~concrete~~ = ^{nutrition} ~~concrete~~

Frontier Science / Energy Medicine → Research Integ

Blue Cross / Blue Shield

OMB

Statement - what we are doing / Team Health
Meeting

For free

I - Resource provided to Med Institutions

= Not mandatory. Rather use Encourages + Provide Incentive

= Conventional primary physician need are understood of CAM

- Communication to P & P & Communities

- Governance of Institutions + Practitioners
Regulated Practice

Unregulated Practice would be a serious oversight

Undergraduate level - Importance of Interdisciplinary skills & interactions.

Students - Core knowledge of CAM

= Part of Residency to get some exposure
- Health Systems Research

Group II - Licensed Professionals - including Chiropractic

= Understanding of healing

= include philosophy & principles of CAM

= Real Risk Benefits

- Curriculum not limited to Evidence Based practice

- ~~CAM~~

Group III - Non-Physician - Health Professionals

- Self-Healing practice at college level to all

Students of general
Experiences (Academic, Stress Management, Communication, Social Skills, Computer)

Health Institutions Program

CAM should be incorporated into curriculum

- Opportunities for elective.

Summary

International Standards for CAM Credibility
Standard developed by Professional Regt

Institution
Training School
of Education

CBO Navigators (Richard Miles)

serve as a referring partner - Rule
scholarship + loan - year 10

Emergency Professional

③ - Minimum of 1000 hours of practice

Qualification + Qualification

④ - Minimum of 1000 hours of practice

Traditional Healer (Am + non) - 1000

P. L. 94,337 - Est 500 - 1000

Community Determination to send for

CAM Office in OS - Coordinating / Facilitating Office
③

Emphasizing the report on the Patient even if the
travel to an alternative treatment

Scholarship vs loan repayment programs for
practitioners

Impressed - High standards of credibility +
efficacy

Request for Culturally appropriate Healer

→ in underserved areas, including non-physician
licensed practitioners

- 2nd Batch and not call the CAM or conventional

- Creating Office Coordinating the help of OS

Clarify Evidence Based - practice

NBMO - Evidence Based Practice for testing

→ Create a Curriculum for medical school
CAM practitioners

Evidence Based + appropriate to the other approach

will discuss a level of openness
Include in CAM training a discussion of What is CAM

Emerging profession to be mentored & educational
- minimum expectations to be met by community
needs to be determined by organizations

Develop a working definition of CAM

Integrate Health System across all
boundaries

Def of CAM (Need a Positive Definition of CAM)
(Chappelle, Effie, Berenson, Linn, Lerner, Weipert)
(Berenson, Weipert, Chappelle, Effie + Linn)

(Def) System of knowledge = a variety of techniques, knowledge & values

Components of Medicine
• Good Nutrition
• Regular exercise
• Stress mgmt
• Communication/Support skills
• Compassion & social services

CAM Synthesis
and 'Healing'

Self-care; Self-healing; Self-knowledge

Definition of CAM: Integrative

Autogenesis - self healing aspects of person.

Ron Chappelle Articulation of needs

Contemporary Education

Summary
2C
- TP
- GO
- SG

CE - transfer between / among respective organisations
Broaden Communities

Postgraduate level or CE for the region

To enhance the learning & knowledge of CAM practitioners

Dialogue establishment - self determined

Central Office Coordinating, Referential, but not Regulatory
w/ address an integrative practice
(a better approach to)
Statements

To make sure that health professionals have access to the best type of information

- Health practitioners have the responsibility to remain current
- Org. resp. practitioners

- Enhance collaboration between Orgs
- Dev. CAM groups have authority for CAM Education
- Dev. CAM groups

CAM Learning, How does it work

FPS - Tax deductible status of CAM Practitioners

Need to give feedback to CAM Orgs about CE
Provide evidence based response information, if character doesn't exist -
Develop standards for evidence based medicine

David Lohd - What constitutes Evidence
" Historical and Tradition-Based Evidence

Standards of CME should be at least as good as ~~as~~ ^{current} ~~as~~

Licensing, Credentialing,

" Best care series Participation should

Licensing is a state prerogative

Evidence based or competence of ADP practitioners

State medical Boards should include members + consultants who are trained + experienced in CAM practices

Physicians who are CAM practitioners should be held to same standards as allopathic medicine

With standards or certification

- Requisite certification to Boards of specialty of performance to substantiate consumer confidence with members

(Q.2) Need Health Science Research type of to ensure conditions specific - Dr. Hart should be quality be defined measured

(A.R.Q.) Dr. Kammerer's response Review Statement Group 4 #1

Marty Rossmann → Group 4 - Table 1 + 3

Safety & Effectiveness of herbal products

N.A.R.E

Certification for all groups - some do not have a license; ~~if~~ have a credentialing process - it would be voluntary

G & V. - Licensing - Consistent across US - Chiropractic
Acupuncture - Massage Therapy - not
Herb Providing - Not consistent across US
Midwifery, Acupunct

Minimal Guidelines

Recommend Standards

- Clear Educational Standards

Just - Clear Licensing Requirements

Expert Educational Standards - Standards of Certification for Practitioners

Each State has its own rights to set standards -
we believe that the state should have standards
on standards

Scope of Practice + Certification - Uniform Standards

Credentialed - States do Licensing
Elements of Licensing

Licensing is tied to ability to practice

Efficient Issue - Standards of Care - could not
Joe Pizzano

See Tom Chappell's Recommendation #2

Robert Schotten - Public Comments - Let his Comments
Germany - Risk Herbal Medicine - DB of 2000 Adverse Botanicals / Botanical
Kirsten Ray - Joint NSF - NIH - NCI -

Michele Fogley - Harmonization of License Credentialing
Obias - WHO / Traditional

Meeting Date:
February 22-23, 200 1

SPEAKER TRACKING
WHCCAM

as of 2/13/2001

Last Name	First Name	Affiliation	Reg Rcvd	Hotel Arrival	Hotel Departure	Notes
Bezold	Clem					
Bednash	Geraldine	AACN		N/A		
Blumenthal	Mark	American Botanical Council	Yes	2/21/2001	2/22/2001	
Cohen	Michael					Need fax #-no reply
Danoff	Debra	AAMC		N/A		
Edwards	Denise M.	Center for Health and Well-Being <i>Long</i>	Yes	2/21/2001	2/23/2001	1 extra night
Fishman	Alfred	University of Pennsylvania				
Hall	Sharon	Washington Casualty Company				
Helms	Joseph					Own travel
Kapelow	Murray	Continuing Education				
• Lao	Ling	MD Institute for Traditional Chinese Medicine				
Olsen	Steve					Left Message- traveling until 2/14
Orzack	Louis	Rutgers University				2 fax numbers send to both
• Sampson	Neil	Health Resources and Services Administration				
Scoles	Peter	National Board of Medical Examiners	Yes	22/21/01	2/23/2001	Non-smoking room
Winn	James					

Landy Boyd

Day One

Plenary Session I. CAM Education and Training: Establishing Educational Foundations

[Rationale: This session will address whether, how and by whom requisite minimal levels of knowledge and understanding about CAM are established for all licensed health professionals, and whether, how and by whom national educational standards are established for CAM practices. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

Dr. Louis H. Orzack, Rutgers University, Expert on Emerging Professions
Medical Student (????)

Dr. Debra Danoff, Assistant VP Division of Medical Education, AAMC

Dr. Peter Scoles, National Board of Medical Examiners

Dr. Al Fishman (MACY Foundation Report: CAM & Medical Education)

Dr. Polly Bednash, American Association of Colleges of Nursing (AACN)

Neil Sampson, Bureau of Health Professions, HRSA

National Breast Cancer Coalition

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

[Rationale: This session will address whether, how and by whom minimal levels of continuing education in CAM are established for all licensed health professionals and licensed CAM practitioners. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

Dr. Joseph Helm

Dr. Lixing Lao (LAc)

Mark Blumenthal, American Botanical Council

Denise Murray Edwards, RN, CS, ARNP, MA, Med, MTS, Oncology Nurse Society

Sue South, MA, Director, Associate Fellowship in Integrative Medicine

Dr. Murray Kapelow, Accreditation Council for Continuing Medical Education

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

[Rationale: This session will address whether, how, and by whom national standards and/or certification is established for the CAM practitioner and any licensed health professional practicing CAM. Discussion will include issues involving traditional healing, the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

Michael Cohen, JD

Sharon Hall, VP, Washington [state] Health Casualty (CAM Malpractice)

American Massage Therapy Association

Boyd Landry, *(Bio Sketch)*

James Winn, MD, Federation of State Licensing Boards

Dr. Clement Bezold, Institute of Alternative Futures

Public Citizen Health Research Group

*Boyd Landry, M.D.
Executive Director, Coalition for Natural Health
1220 L St, NW Suite 100-408
Washington DC 20005*

Meeting on Training, Education, Credentialing and Licensing of CAM Practice
DRAFT AGENDA as of February 14, 2001 (8:58am)

DAY ONE

7:30 a.m. Registration opens

8:15 a.m. Opening Remarks (*15 min*)
Dr. Stephen Groft : Welcome
Dr. James Gordon : Charge for Day One

Plenary Session I. CAM Education and Training: Establishing Educational Foundations (*8 speakers @ 10 minutes each—approx*)

8:30 – 9:15 a.m. (*40 min*)

1. Louis Orzack, Rutgers University
2. Jennifer Engstrom
3. Debra Danoff, AAMC
4. Peter Scoles, National Board of Medical Examiners

9:15 – 9:35 a.m. Discussion (*20 min*)

9:35 – 10:15 a.m. (*40 min*)

5. Alfred Fishman, Conference on Education of Health Professionals in Complementary and Alternative Medicine
6. Polly Bednash AACN
7. Neil Sampson, HRSA
8. National Breast Cancer Coalition (unconfirmed)

10:15 – 10:35 a.m. Discussion (*20 min*)

10:35 – 10:50 a.m. BREAK (*15 min*)

Plenary Session II Continuing CAM Education and Training: Building Knowledge and Skills (*6 speakers @ 10 minutes each*)

10:50 – 11:20 a.m. (*30 min*)

1. Joseph Helms
2. Lixing Lao
3. Mark Blumenthal, American Botanical Council

11:20 – 11:40 a.m. Discussion (*20 min*)

11:40 – 12:10 p.m. (*30 min*)

4. Denise Murray Edwards, Oncology Nurse Society

5. Sue South, Integrative Medicine
6. Murray Kapelow, ACCME

12:10 – 12:30 p.m. Discussion (20 min)

12:30 – 2:00 p.m. LUNCH BREAK: MEDIA TRAINING (90 min)

Plenary Session III CAM Credentialing and Licensure: Assuring Quality and Accountability in CAM Practice (7 speakers @ 10 minutes each)

2:00 – 2:30 p.m. (60 min)

1. Michael Cohen
2. Clement Bezold, Institute of Alternative Futures
3. Sharon Hall, Washington State Health Casualty

2:30 – 2:50 p.m. Discussion (20 min)

2:50 – 3:20 p.m. (30 min)

4. Steven Olsen, AMTA
5. Boyd Landry
6. James Winn, Federation of State Medical Boards

3:20 – 3:40 p.m. Discussion (20 min)

3:40 – 3:55 p.m. BREAK (15 min)

3:55 – 4:05 p.m. Charge for Breakouts and Day Two (10 min)

4:05 – 5:35 p.m. Breakout Session I (75 min discussion + 15 min summation)

5:35 – 5:50 p.m. Progress Report (full group) (15 min)

DAY TWO

7:30 a.m. Registration opens

8:15 – 9:45 a.m. Breakout II (75 min discussion + 15 min summation)

9:45 – 10:00 a.m. BREAK (15 min)

10:00 – 11:30 a.m. Breakout III (75 min discussion + 15 min summation)

11:30 – 12:30 p.m. LUNCH BREAK (60 min free time)

12:30 – 4:00 p.m	Full Group Discussion (<i>3.5 hours</i>)
4:00 – 4:15 p.m.	BREAK (<i>15 min</i>)
4:15 – 5:45 p.m.	Public Comment Session (<i>90 min</i>)
5:45 p.m.	Meeting Adjourns

Meeting on Training, Education, Credentialing and Licensing of CAM Practice
PRELIMINARY AGENDA as of February 14, 2001 (8:59am)*

** This preliminary will be updated by February 20-21 on <http://whccamp.lhs.gov>*

DAY ONE – FEBRUARY 22

7:30 a.m. Registration opens

8:15 a.m. Opening Remarks

8:30 a.m. **Plenary Session I. CAM Education and Training: Establishing Educational Programs**

This session will address whether, how and by whom requisite minimal levels of knowledge and understanding about CAM are established for all licensed health professionals, and whether, how and by whom national educational standards are established for CAM practices. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.

10:35 a.m. BREAK

10:50 a.m. **Plenary Session II Continuing CAM Education and Training: Building Knowledge and Skills**

This session will address whether, how and by whom minimal levels of continuing education in CAM are established for all licensed health professionals and licensed CAM practitioners. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.

12:30 – 2:00 p.m. LUNCH BREAK

2:00 p.m. **Plenary Session III CAM Credentialing and Licensure: Assuring Quality and Accountability in CAM Practice**

This session will address whether, how, and by whom national standards and/or certification is established for the CAM practitioner and any licensed health professional practicing CAM. Discussion will include issues involving traditional healing, the barriers to and incentives for developing and implementing such standards, and identification of the best available models.

4:00 p.m. BREAK

4:15 p.m. Breakout Session I

5:30 – 5:45 p.m. Progress Report (full group)

DAY TWO– FEBRUARY 23

7:30 a.m.	Registration opens
8:15 a.m.	Breakout II and III
11:30 – 12:30 p.m.	LUNCH BREAK
12:30 p.m.	Full Group Discussion
4:00 p.m.	BREAK
4:15 p.m.	Public Comment Session
5:45 p.m.	Meeting Adjourns

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*White House Commission on Complementary
and Alternative Medicine Policy*

Meetings

2/7/01

Registration Information

This report is a list of all Registrants for the meeting in alphabetical order. Those giving oral comment are denoted by a "Y" in the Talk column.

Note: Michele, I will be adding options to this report in the future. (possibly a printer-friendly version, and other sort options)

Talk	Name (first, middle, last, degree)	Organization	Address (street, city,
N	Catherine Ann Armetta	The George Washington University	(b)(6)
1 Y	Susan Bonfield Herschkowitz	representing self	
~~Y~~	~~Michele M. Chang MPH, CMT~~	~~WHCCAMP~~	
2 Y	Shula S Edelkind BA	Progress in Medicine Foundation	
3 Y	Michele D. Forzley JD	Michele Forzley, Attorney at Law	
N	Nell Elizabeth Friar undergrad student	George Washington University	
4 Y	Victoria Mary Goldsten Doctor of Naturopathy, Bachelors of Nursing	Washington Institute of Natural Health	
N	Jennifer D. Hannah	HRSA	
5 Y	Margaret M. Huddleston MTS, Harvard Divinity School	Center for Psychology & Social Change	
N	Alyssa Katz	Geogre Washington University	
N	Linda Kenney	PluraMed	
6 Y	Ingrida Lusi	American Chiropractic Association	
7 Y	Brian John McAulay D.C., Ph.D.	Sherman College of Straight Chiropractic	
8 Y	David Edgar Molony Lisc Ac	American Association of Oriental Medicine	
N	Nehal Patel	George Washington University	
9 Y	Kathleen Mary Quain CSW	Foundation For Health & The Environment	
N	Tina Marie Renneisen B.S. Candidate	George Washington University	
10 Y	Rustum Roy PhD	Pennsylvania State University	

11 Y Robert D Scholten MSLIS
 N Peter V Scoles MD
 12 Y Colleen I Smethers CRNP
 13 Y Christina Lee Walker RN MA
 N cristi morgan morotchie student

Beth Israel Deaconess Medical Center
 National Board of Medical Examiners
 Progress in Medicine Foundation
 The Schenk Human Energetic Institute
 gwu

(b)(6)

Meeting on Training, Education, Credentialing and Licensing of CAM Practice
DRAFT AGENDA as of February 7, 2001 (9:09am)

- 7:30 a.m. Registration opens
- 8:15 a.m. Opening Remarks (15 min)
Dr. Stephen Groft : Welcome
Dr. James Gordon : Charge for Day One

Plenary Session I. CAM Education and Training: Establishing Educational Foundations (8 speakers @ 10 minutes each—approx)

Program

8:30 – 9:15 a.m. (40 min)

1. Debra Danoff
2. Louis Orzack *Ph.D.*
3. Medical Student *[AMS] Non curriculum Grant Application*
4. Polly Bednash *John Reiser*

9:15 – 9:35 a.m. Discussion (20 min)

9:35 – 10:15 a.m. (40 min)

5. Neil Sampson
6. Theresa San Augustin *→*
7. ~~National Breast Cancer Coalition~~ *Peter Seales, M.D.*
8. Alfred Fishman

10:15 – 10:35 a.m. Discussion (20 min)

10:35 – 10:50 a.m. BREAK (15 min)

Plenary Session II Continuing CAM Education and Training: Building Knowledge and Skills (6 speakers @ 10 minutes each)

10:50 – 11:50 p.m. (60 min)

1. Andrew Weil designee *Victoria Maizels* *Duke*
2. Joseph Helms ✓ *Gaudette*
3. Lixing Lao ✓ *Beth Israel NYC*
4. Mark Blumenthal ✓ *Ben Kleiger*
5. Oncology Nurse *[initials]*
6. ~~AARP~~ *Kay Lowery*

11:50 – 12:30 p.m. Discussion (40 min)

12:30 – 2:00 p.m. LUNCH BREAK: MEDIA TRAINING (90 min)

Plenary Session III CAM Credentialing and Licensure: Assuring Quality and Accountability in CAM Practice (5 speakers @ 10 minutes each)

2:00 – 2:50 p.m. (50 min)

1. Michael Cohen ~
2. Sharon Hall -
3. James Winn ~
4. Elliott Green ~
5. Public Citizen ~

2:50 – 3:20 p.m. Discussion (30 min)

3:20 – 3:35 p.m. BREAK (15 min)

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5:45 p.m. Meeting Adjourns

Day One

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Dr. Debra Danoff, Assistant VP Division of Medical Education, AAMC

† Dr. Louis H. Orzack, Rutgers University, Expert on Emerging Professions T~

† Medical Student ("consumer"), AMSA →

Polly Bednash, American Association of Colleges of Nursing (AACN)

Mr. Neil Sampson, Bureau of Health Professions, HRSA

Dr. Theresa San Augustin, Department of Education (Oral v. Written Testimony???) (G R)

National Breast Cancer Coalition m c

Dr. Al Fishman (MACY Foundation Report: CAM & Medical Education) (G R) ✓

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

[Rationale: This session will address whether, how and by whom minimal levels of continuing education in CAM are established for all licensed health professionals and licensed CAM practitioners. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

† Dr. Andrew Weil

† Dr. Joseph Helm\$

Dr. Lixing Lao (LAc)

Mark Blumenthal, American Botanical Council

Oncology Nurse Society Corinne

AARP Joe

Leg Herbalist
Licensed Practitioner

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

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† Michael Cohen, JD

Clem Beezold, Institute of Alternative Futures Local

~~Charles Brown, JD~~ Delete

† ~~Sharon Hall~~ Sharon Hall, VP, Washington [state] Health Casualty (CAM Malpractice)

† ~~James Winn~~ James Winn, MD or Barry Levy, MD, JD, Federation of State Licensing Boards

Massage Therapy licensing in state of Maryland

Dr. Sidney Wolfe, Public Citizen Health Research Group

New - Info - brother of Sherrod Brown
ranking Demo of H subcommittee

Axelrod, Corinne (NCCAM)

From: Charles G. Brown [brownchas@erols.com]
Sent: Wednesday, January 31, 2001 5:40 PM
To: Axelrod, Corinne (NCCAM)
Subject: Feb 22 program

January 31, 2001

Via e-mail to:
Ms. Corinne Axelrod
White House Commission on Alternative Medicine

Re: Your February 22 program on quality control and licensing

Dear Ms. Axelrod:

I am delighted you are holding a hearing on quality control and licensing. I understand you are looking for speakers to represent CAM organizations.

Licensing boards play a critical role in assuring both quality care and consumer choice in health care. When they take action against a physician or dentist, it sends a signal to all providers in that state that certain behavior is not acceptable. And, of course, certain actions by doctors or dentists merit the strictest discipline: gross negligence that harms patients, stealing from Medicaid, diverting drugs to young people, acting immorally toward patients. But as Tulane Professor James Carter points out in his book on licensing boards, that is the visible half of what boards do. The other half is maintaining the economic status quo for the profession - hardly a worthy goal for a state agency.

Our law firm represents mercury-free dentists and alternative physicians around the nation in licensing board cases. From every region of the country, in big states and small - I could cite cases in New York, Maryland, Florida, Louisiana, Illinois, Texas, Colorado, Arizona, and California - we can provide information about licensing boards protecting establishment physicians or dentists from competition.

Protecting the profession instead of protecting the consumer has major ramifications for this Commission. The main competitive threat to organized medicine is alternative medicine. The main competitive threat to organized dentistry is holistic dentistry (most notably, mercury-free dentists). To say consumers have choices means nothing if they have no access to those choices. Harassing investigations and spurious cases - both all too common - have the dual effect of stopping alternative providers from promoting themselves as such and deterring newcomers from choosing such a legally precarious way to practice. If licensing boards are permitted to cut off the supply of choices to consumers, they effectively cut off consumer choice.

I request to be such a speaker on February 22 for three reasons:

- This law firm represents an organizations crucial to this debate: Consumers for Dental Choice, the national coalition fighting for informed choice in dental fillings - and I have been authorized to speak for them to the Commission. (W I will send you information about the amalgam debate and the dental associations with views opposite the ADA in a subsequent letter.)

- I have had first hand experience with legal issues affecting licensing boards for almost two decades. As chief lawyer for my state - I was twice elected Attorney General of West Virginia - I was in charge of

representing licensing boards. I recognize that it is essential that these boards ferret out wrongdoers from their respective professions (although I have always believed that the boards should be majority consumer). Antitrust issues factor prominently in this debate, and I was an antitrust lawyer at both the state and federal level, including Chair of the Antitrust Committee of the National Association of Attorneys General.

· The issue of licensing boards protecting the profession's status quo instead of fighting for consumers is an issue that this Commission must address if it is to deal with roadblocks to alternative medicine.

Thank you.

Sincerely,
Charles G. Brown

cc: The Honorable Tom Andrews

Groft, Stephen (NCCAM)

To: veronicapqdc@aol.com**Cc:** jsgordon@mindspring.com; Chang, Michele (NCCAM); Kaczmarczyk, Joseph (NCCAM); Pollen, Geraldine (NCCAM)**Subject:** RE: Feb. discussion groups

Note to Dr. Veronica Gutierrez:

Joe has asked that I respond to your concerns as expressed in the message below. We intend to be all inclusive. The list and the questions as provided are the first efforts to initiate the process of inquiry of the organizations that should be contacted to obtain information. We would appreciate the contacts at the various Chiropractic organizations that you suggested for us to discuss the questions that will be developed in consultation with the the Commission's planning group and all of the Commission members assigned to one of the 4 workgroups. We expect the number of organizations to grow as we hear from more of the Commission members. Each Commission member will receive all of the information obtained from the organizations queried in addition to the information received for the consideration of the individual workgroup. Additionally, the entire Commission will hear the recommendations from each of the working groups. There will be sufficient time at this meeting and at later meetings to discuss the recommendations that are being put forward by the Commission.

With respect to the assignment of individuals to the different workgroups, you are correct certain individuals may have been more conveniently placed in one or the other group. It is more important to the recommendation development process and the Commission report that individuals on the Commission hear from sources of information that are different than their training. It is also good for each working group to have input from individuals with different backgrounds. Thus, the shake-up of the Commission members out of their traditional roles. It was our feeling that exposure of the members to a discipline other than their trained profession would be most beneficial for developing recommendations from the Commission. We prefer that a "different look from a different background" be given to the comments received from those organizations identified by the working groups. I think your presence and Dr. Pizzorno's presence in Work Group One will add the different experiences necessary to establish recommendations from the working group. We are also going to keep the recommendations general in nature, not intervention-specific, and with administrative and legislative policy implications. This was the request from Secretary Shalala, Senators Harkin and Mikulski, and the Executive Order.

As I mentioned at the outset, there will be sufficient time to review and discuss each of the individual recommendations. I hope you find our reasoning acceptable and the procedures for review agreeable to address your concerns.

Steve Groft

-----Original Message-----

From: Kaczmarczyk, Joseph (NCCAM)**Sent:** Monday, January 08, 2001 11:37 AM**To:** 'Veronicapqdc@aol.com'**Cc:** Groft, Stephen (NCCAM); Chang, Michele (NCCAM)**Subject:** RE: Feb. discussion groups**Importance:** High

Veronica,

Let me address your concerns.

First, the Discussion Groups were structured to maximize to the extent possible everyone's expertise which, in many cases, meant positioning a person with CAM expertise with those with conventional expertise.

1/8/2001

Second, I will forward your request about being in a different Discussion Group to Steve Groft.

Third, because the target organizations listed were intended to be a starting point, I will convey the other chiropractic organizations which you suggested to Discussion Group #4. In the interim, could you please provide contact information?

Thank you for identifying other chiropractic organizations,
Joe

-----Original Message-----

From: Veronicapgdc@aol.com [mailto:Veronicapgdc@aol.com]

Sent: Friday, January 05, 2001 9:55 PM

To: Kaczmarczyk, Joseph (NCCAM)

Subject: Feb. discussion groups

Dear Joe,

I have just this evening sat down and read the items that I had downloaded
re: Feb. discussion groups.

I respectfully and emphatically request a transfer from Group 1 (Target population: Undergraduate and graduate medical education (allopathic and osteopathic) to Group 4 addressing chiropractic; an area in which I do have some expertise. I'm not sure how the assignments came about, but I wish to contribute in the develop of policy that will evolve out of group 4.

It already give me some great concern that the vocabulary to address this group revolves around "modality/therapy" instead of "practice". I can speak on behalf of chiropractic alone, but we are neither "modality or therapy" in our approach to health, wellness, and quality of life issues.

Also, identifying the ACA as a target organization gives me great concern. There are FOUR national associations. It was my impression that this process was to be inclusive, not exclusive. The ACA does not represent the majority of chiropractors in the U.S. I would like to see the World Chiropractic Alliance/WCA, The Federation of Straight Chiropractic Organizations/FSCO, and the International Chiropractic Association/ICA invited to the process.

I would appreciate hearing from you in response to both of these requests as soon as possible. I can give you the contact names for the WCA, the FSCO, and the ICA immediately upon your response.

I hope you are able to identify with the degree of concern I am experiencing and that we can resolve this conflict quickly.

Sincerely,

Veronica Gutierrez, D.C.

Groft, Stephen (NCCAM)

From: Chang, Michele (NCCAM)
Sent: Thursday, January 11, 2001 5:34 PM
To: Bill Fair (E-mail); Buford Rolin (E-mail); Conchita Paz (E-mail); David Bresler (E-mail); Dean Ornish (E-mail); Donald Warren (E-mail); Effie Chow (E-mail); George Bernier (E-mail); George DeVries (E-mail); Jim Gordon (E-mail); Joe Fins (E-mail); Joe Pizzorno; Julia Scott (E-mail); Linnea Larson; Tieraona Low Dog (E-mail); Tom Chappell (E-mail); Veronica Gutierrez (E-mail); Wayne Jonas (E-mail); Xiaoming Tian (E-mail)
Cc: Carolyn Gillett (E-mail); Chris Wennerstrom (E-mail); Axelrod, Corrine (NCCAM); Kingsbury, Doris (NCCAM); Pollen, Geraldine (NCCAM); Jim Swyers (E-mail); Kaczmarczyk, Joseph (NCCAM); Ken Fisher (E-mail); Marjorie for Ornish (E-mail); Maureen Miller (E-mail); Rita for Low Dog (E-mail); Rita for Low Dog (E-mail 2); Groft, Stephen (NCCAM); Tierney Lancaster (E-mail); Tracy Wiens (E-mail); Anne/Rita For Tieraona (E-mail); Carolyn Gillett (E-mail); Chris Wennerstrom; Joan Matthews (E-mail); Louise Johnson (E-mail); Marjorie for Ornish (E-mail); Tierney Lancaster (E-mail); Tracy Wiens (E-mail)
Subject: WHCCAMP February meeting



roverview.rtf

Greetings to all Commissioners! We are ready to begin preparations for the upcoming WHCCAMP meeting on CAM Education, Training, Credentialing and Licensing* in Washington, DC on February 22-23, 2001.

Please scroll down, or download the attached file, to view a general Guidance Document for all four Discussion Groups. This document is intended to help you understand the format of the February meeting and facilitate the activities of your group prior to the meeting. Please note: a detailed document SPECIFIC to your Discussion Group will be sent to you under a separate e-mail from the WHCCAMP staff member assigned to your group.

Should you have any questions, please contact your staff member:

Group 1: Gerry Pollen 301-435-6233

Group 2: Corinne Axelrod 301-435-7592

Group 3: Michele Chang 301-435-6232

Group 4: Joe Kaczmarczyk 301-435-6197

Thank you!

* Please feel free to suggest a shorter, snappier name for this meeting!

GUIDANCE DOCUMENT FOR DISCUSSION GROUPS

This is a guidance document intended to assist *all* Discussion Groups to develop draft policy recommendations during the February 22-23 Commission meeting on CAM Education, Training, Credentialing and Licensing.

Agenda

The topic for the February 22-23 meeting is CAM Education, Training, Credentialing and Licensing. The meeting goals are, first, to hear from key organizations on three broad policy areas; (1) Education and Training: Establishing Educational Foundations; (2) Continuing CAM Education and Training: Building Knowledge and Skills; and (3) CAM Credentialing and Licensure: Promoting Quality and Accountability in CAM Practice. The second goal of this meeting is to develop *draft* recommendations on these three broad policy areas.

Day 1 (February 22) will be primarily devoted to plenary sessions, i.e., three panels of approximately 5 speakers who will address the Commission at-large. Day 2 (February 23) will be devoted to the development of draft recommendations by breaking the Commission into four smaller sets of “Discussion Groups.” These four Discussion Groups will meet in Breakout Sessions throughout Day 2, and will reconvene for the last two hours of the meeting to discuss their findings and any draft recommendations that they have developed. A description of the Discussion Groups and Breakout Sessions follows.

Discussion Groups:

Four Discussion Groups have been designed to allow each set of Commissioners to review information specific to broadly defined practitioner categories. During scheduled conference calls prior to the February 22-23 meeting, Discussion Groups will review and refine lists of target organizations, as well as proposed questions for each of these experts. Staff will collect and organize the information received from target organizations into briefing books that will be forwarded to the Discussion Groups at least 7 days in advance of the meeting. Subsequently, the Discussion Groups will convene in Breakout Sessions *at the meeting* to develop draft recommendations based on the information received. Discussion Groups will be moderated by the chair of each group and be assisted by at least one WHCCAMP staff member. In accordance with Federal law, all sessions will be open to the public.

Breakout Sessions:

The objective of the three Breakout Sessions scheduled for the February 22-23 meeting is to develop draft recommendations on the three broad policy areas described below. These draft recommendations will be reported to the full Commission for consideration and discussion at the closing session of the February meeting. Each of the four Discussion Groups will review the following breakout session topics: (1) CAM Education and Training: Establishing Educational Foundations; (2) Continuing CAM Education and Training: Building Knowledge and Skills; and (3) CAM Credentialing and Licensure: Promoting Quality and Accountability in CAM Practice. A full description of the session topics, discussion points, and target organizations to be used as resources will be provided in a separate document tailored to each Discussion Group's focus. (This document will be provided to you in a separate e-mail.)

Conference Calls:

In preparation for these sessions, several (at least two) conference calls will be conducted with Discussion Group members over the next six weeks. Conference calls will focus on reviewing and refining both a full list of the most salient target organizations to be contacted, and detailed questions that these organizations will be asked. Calls will be moderated by the chair of each Discussion Group.

Target Organizations:

Preliminary lists of target organizations will be provided in a separate document for review and refining by the Discussion Groups (this document will be sent to you in a separate e-mail). These organizations will serve as expert resources for background information on each of the topics under consideration. Prior to the February meeting, target organizations will be asked to submit written responses to questions from the Discussion Groups. Briefing books containing the materials and information collected will be compiled by staff and submitted to the Discussion Groups at least 7 days before the meeting.

NOTE:

A full description of the session topics, proposed discussion points, and preliminary lists of target organizations

to be used as resources will be provided in a separate document tailored to each Discussion Group's focus.
Please direct your questions to the staff member assigned to your Discussion Group.

Michele M. Chang, CMT, MPH
Executive Secretary
White House Commission on
Complementary and Alternative Medicine Policy
tel: 301-435-7592
fax: 301-480-1691

[Billing Code: 4140-01]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
White House Commission on Complementary and Alternative Medicine Policy

Notice of Meeting

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

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

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

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

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

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

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

- (A) How can uniform standards of education, training, licensing and certification be applied to all CAM practitioners?
- (B) What training and education should be required of all health care providers to assure

access to safe and effective CAM practices and interventions?

(C) What sources of funds exist for the education and training of CAM practitioners?

(D) Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

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

(A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible? How would you like to receive such information?

(B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?

(C) As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?

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

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy

Date and Time January 23, 2001; 9:00 a.m. - 9:00 p.m.

Place: Ames Auditorium, Lighthouse International Conference Center
111 East 59th Street, New York, New York 10022-1201

Contact Persons: Stephen C. Graft, Pharm. D., Executive Director, or
Michele Chang, CMT, MPH, Executive Secretary; 6701
Rockledge Drive; Room 1010, MSC-7707; Bethesda, MD 20817-
7707; Phone: (301) 435-7592 or 866-373-1124 (Toll-Free); Fax:
(301) 480-1691; E-Mail: WHCCAMP@od.nih.gov

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

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

Public Participation: The Town Hall meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral comment may register by calling 1-800-953-3298 or by accessing the website at <http://whccamp.hhs.gov> no later than January 16, 2001.

Oral comments will be limited to five minutes. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. Individuals interested in attending the meeting to observe the proceedings but not to provide oral testimony should also register.

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

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

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed no later than January 16, 2001.

Dated: _____

LaVerne Y. Stringfield
Director, Office of Federal Advisory Committee Policy

1/26/01

Contact various

AAOM
Ming

NACAOM

Represent the field
TCM / Acupuncture

Ming Tom TCM

(PRENSKY)

Wellness - 1 day

Surgeon Gen's Report

- Wellness & PE back in the curriculum

- Envt.

- Public Schools

← M

- Education in Professional Schools

= Types of Research / Research Opportunities

- Overview of Public Health - Wellness

- Physical Education

Sandy Bertram - President Council on

Nutrition, Physical Fitness

Request to All Commissioners

Well Panel

- Michael Lerner - Communal

- U.S. Fish & Wildlife Service

- USDA

- Neil Barnard - Critical of National

Dietary Guidelines for Americans - Alexandra Gate
Healthy People - 2010 - Mail Sunday & Sunday

Tom Chapel

John Robbins - Diet

John Robbini

Penny George
Fenn

Issues of Stress at a Public Health Level
(Herb Benson)

Healthy People 2020

Health of Health Professionals

"

"

"

"

Rachel Remen

Have to take care
of themselves?

Students

Several Commission
members
not on FHS

2/1/01

Note to: Steve, Michele, Joe, Gerry, Maureen, Ken

From: Corinne

Re: I/D Meeting

Attached for your info is the Executive Summary of a report by the Detwiler Group on drug databases associated with health and medical websites. While there are no specific recommendations, some of the issues raised are applicable to CAM info.

Executive Summary

In order to evaluate the speed with which new information is placed on medical websites, The Detwiler Group undertook to test selected sites for information about a newly approved drug and an FDA warning about an existing pharmaceutical. Initial tests began October 2, 2000 and concluded January 3, 2001. Over the course of three months, a total of eleven sites were periodically searched for mentions of either the new drug or the FDA warning.

The results were disheartening. On April 24, 2000, the Novartis drug Exelon (rivastigmine tartrate) was approved by the Food and Drug Administration for use in mild to moderate cases of Alzheimer's disease or dementia. On June 21, 2000, Novartis announced the drug was on pharmacy shelves. As of January 3, 2001, almost nine months later, *LaurusHealth*, *HealthAnswers*, and *WebMD* did not have the drug listed in their drug databases, although *HealthAnswers* did mention it in a patient education article on Alzheimer's. The *Alzheimer's Disease Education and Referral Center* fact sheet on Alzheimer's disease was dated 1995, and a search of the site noted Exelon as pending approval. None of the sites which listed Exelon in their databases had patient education articles which included the drug.

On November 6, 2000, the Food and Drug Administration issued a warning about phenylpropanolamine (PPA), a drug commonly used as a decongestant and diet aid in over-the-counter pharmaceuticals. The administration had determined that users of medications containing this drug had a higher risk of hemorrhagic stroke than those who did not use PPA. The FDA requested that manufacturers stop marketing drugs using PPA as an ingredient. On November 7, 2000, several drug stores voluntarily removed from their shelves OTC drugs which contained PPA. Of six websites tested on January 3, 2001, only *Medscape* linked its phenylpropanolamine monograph to the FDA warning. Only *Intelihealth* maintained a prominent warning on its website.

An estimated 100 million Americans use the Internet to get information about diseases and therapies, yet even the best known sites aren't fulfilling their promise. The implications are significant. Pharmaceutical manufacturers spend billions of dollars to promote their drugs direct-to-consumer, but a key avenue for finding more information is

closed. Health information consumers rely on prominent health websites for up-to-date information on diseases and drugs, but the sites are not upholding their side of the bargain. Unless news items are incorporated into reference materials, they quickly become invisible. Relying on outsourced drug databases is an acceptable alternative, but only if the uploads are frequent and the database producers actively maintain their information.

In the following report, we examine eleven health information websites for timely introduction and maintenance of important drug news.

DRAFT DRAFT DRAFT DRAFT DRAFT

Information Dissemination

March 26, 2001

Day 1 - Information Dissemination

- Questions:
- 1) What role does the media, consumer groups, and the government have in educating the public regarding CAM?
 - 2) How do you/your organization/industry assure that the information provided is accurate and balanced?
 - 3) What policy recommendations do you have for the Commission regarding the development and dissemination of information on CAM to the public?

Format:

3 panels of 4 people each
Each panel member up to 10 minutes to provide testimony (40 minutes total)
45 minutes of discussion following the testimony

8:15 a.m. - 8:30 a.m. - Welcome and Introductory Remarks

8:30 a.m. - 9:45 a.m. - Panel #1 - CAM in the Media

NY Times (Jane Brody) or Washington Post (Craig Stoltz)
Time Magazine or Good Housekeeping
CBS or NBC or ABC or PBS or CNN
Radio NPR - Kevin Close

9:45 a.m. - 10:00 a.m. - Break

10:00 a.m. - 11:15 a.m. - Panel #2 - CAM Information & Dissemination in the Federal Government

National Library of Medicine
Food and Drug Administration
Federal Trade Commission

11:15 a.m. - 12:30 p.m. - Panel #3 - Analysis and Evaluation of CAM Consumer Information

Pew Internet & American Life Project - pewinternet.org
Detweiler Group
Media Watchdog Group

12:30 - 1:30 - Lunch

1:30 p.m. - 2:30 p.m. - Public Comment Period

2:30 p.m. - 3:30 p.m. - Commission Discussion

3:30 p.m. - 3:45 p.m. - Break

3:45 p.m. - 5:00 pm - Commission Recommendations

Outline 13 Dec 00
20-21 Feb 01 Meeting on Training, Education, Licensure, and Certification

- Current status of education in MD*
- I. National Conventional Medical Organizations
 - A. American Council of Graduate Medical Education (ACGME)
 - B. American Board of Medical Specialties (ABMS)
 - C. American Association of Medical Colleges (AAMC)
 - D. American Association of College of Osteopathic Medicine (AACOM)
 - E. National Board of Medical Examiners
 - F. National Board of Osteopathic Medical Examiners
 - G. American Medical Student Association (AMSA)

- II. Leaders Integrative Medical Educational Programs
 - A. Integrative Medicine Fellowship-Dr. Andy Weil
 - B. Medical Acupuncture-Dr. Joe Helms

- III. Foundations
 - A. Macy *Panel*
 - B. Pew

- Health*
- III. Broad Inclusive Array of Professional Organizations
 - A. Conventional Examples: AMA, ANA, ADA, and those representing pharmacists, physical therapists, psychologists, social workers, dieticians, et al.
 - B. CAM Modalities: acupuncture, herb/botanicals, homeopathy, manual healing/body work, mind-body, nutrition, (including naturopathy), etc.
 - C. Integrative Examples: AHMA, AHNA, AHDA, et al

- UCAP*
- IV. Federal Agencies (Scholarship, Loan Programs)
 - A. HRSA, BPHC, National Health Service Corps (NHSC)
 - B. HRSA Bureau of Health Professions

- V. Overview Licensure, Certification, Credentialing-Michael Cohen, JD

- VI. Practitioners Not Licensed in all 50 States
 - A. NDs
 - B. LAc's (OMDs)
 - C. Traditional Healers
 - 1. Native Hawaiian-Popa Ola Lokahi and Kawai
 - 2. Native Americans (Navajo)-Eddie Tso/Navajo Medicine Man Society

- VII. Certification
 - A. American Holistic Medical Association (AHMA)
 - B. American Board of Medical Acupuncture (ABMA)
 - C. CAM practitioner organizations

VIII. Credentialing

IX. Other issues:

- A. Performance Standards/ Practice Guidelines
- B. Liability
- C. National Practitioners' Data Bank

(From) Speak as the Voice
 Hillary - David - Barbara Poyer - Rudy Giuliani
 HHS Administrator - Steven Ottenstein
 Reception - Country Ross
 - Bush - Host - ?
 - media
 Mayor's Office
 N.Y.C. Dept of Health
 David Freeman
 N.Y. Genl Hospital
 Harlem
 Navigator's Program
 Support Program for

RESEARCH II

Overview

David Eisenberg (research and/or reimbursement)

Federal Agency Support

NSF	Dept of Ed (rehab)
AHRQ	CDC (Dietz)
DoD (Karl Friedl)	USDA

Publication of CAM Research Results

NLM
Annals of Internal Medicine
NEJ
JAMA
Science
Alternative Therapies in Health and Medicine (ED: Dossey)
The Journal of Alternative and Complementary Medicine (Exec ED: Wootton)

Individuals/Organizations Interested in Participating

- Doriane Miller, M.D., RWJ Foundation
- Bridget Duffy, M.D., Medtronic Foundation
- Robert Rose, M.D., McArthur Foundation/Mind, Brain, Body, and Health Initiative (Science of Mind-Body Interactions, An Exploration of Integrative Mechanisms being presented March 25-28, 2001 in Masur Auditorium)
- Jennifer Jacobs, M.D., MPH, American Institute of Homeopathy

(Other) Foundation Research Support

Fetzer Foundation
Kohlberg Foundation
Cummings Foundation
George Foundation

Research and Public Interest

Center for Science in the Public Interest (Michael Jacobson)

End-of-Life Research

End-of-Life Res. Interest Group/Intramural (NIA, NINR, NCI, NCCAM; Chris Grady)

New Format (29 Dec 00) 22-23 Feb 01 Meeting
CAM: Education, Training, Quality, and Accountability

Breakout Session One: Education and Training

Discussion Group #1—Chair, Joseph J. Fins, MD

Target Population: Undergraduate and graduate medical education (allopathic and osteopathic)

Target organizations:

National Conventional Medical Organizations

American Board of Medical Specialties (ABMS)

American Association of Medical Colleges (AAMC)

American Association of College of Osteopathic Medicine (AACOM)

National Board of Medical Examiners

National Board of Osteopathic Medical Examiners

American Medical Student Association (AMSA)

Student Osteopathic Medical Association (SOMA)

Foundations

Macy

Report from the Josiah Macy, Jr. Foundation Conference on *Education of Health Professionals in Complementary/Alternative Medicine* 2-5 Nov 00

Pew

HRSA, Bureau of Health Professions

Questions for target organizations:

AMSA, SOMA, AAMC, AACOM, and ABMS:

1. What is the state/status of CAM in undergraduate and graduate medical education (residency/fellowship)? To what extent is CAM included in curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in curricula?
2. What are the barriers to inclusion of CAM in curricula? Conversely, what are the incentives for inclusion of CAM in curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in curricula?
4. What should every medical student, resident, and fellow—irrespective of specialty—know about CAM? How should that level of knowledge be determined?

NBME and NBOME:

1. What is the status of CAM in National Board examinations?
2. What are the barriers to and incentives for inclusion of CAM in National Board examinations?
3. What policy recommendations can you make about the inclusion of CAM on National Board examinations?

Macy Foundation, Pew Foundation, ACGME, ABMS, AAMC, AACOM, AMSA, and SOMA:

1. How and by whom should the inclusion or expansion of CAM in medical education be funded?
2. N.B., the above question could be asked of HRSA, Bureau of Health Professions

Specific question for the Macy Foundation:

1. What were the findings of the 2-5 Nov 00 Conference on *Education of Health Professionals in Complementary/Alternative Medicine*?

HRSA, Bureau of Health Professions:

1. Should the future health care workforce be structured differently in view of the effects of CAM and emerging professions on medical education and training and health care delivery?
2. If so, how should the future health care workforce be structured and why?

Questions for Discussion Group #1 to answer in the form of recommendations for Breakout Session One:

1. Should every medical student, resident, and fellow be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. Should CAM be included on National Board examinations? If so, why?
3. How could the inclusion and expansion of CAM in curricula be funded?
4. What should the future physician workforce look like to reflect the effects of CAM and emerging professions?

Breakout Session One: Education and Training

Discussion Group #2—Chair, Donald W. Warren, DDS

Target Population: Licensed Health Professionals including—but not limited to—dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dietitians, physical therapists, social workers, and psychologists

Target organizations:

National organizations representing licensed health professionals such as, but not limited, to American Dental Association (ADA), Academy of General Dentistry (AGD), American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American College of Nurse Midwives, American Academy of Physician Assistants (AAPA), American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Dietetics Association (ADA), American Physical Therapy Association (APTA), National Association of Social Workers (NASW), American Psychological Society (APS), etc.

Questions for target organizations:

1. What is the state/status of CAM in your undergraduate and graduate education? To what extent is CAM included in curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in curricula?
2. What are the barriers to inclusion of CAM in curricula? Conversely, what are the incentives for inclusion of CAM in curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in curricula?
4. What should every member of your profession know about CAM? How should that level of knowledge be determined?

Questions for Discussion Group #2 to answer in the form of recommendations for Breakout Session One:

1. Should every licensed health professional be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. Should CAM be included on National Board examinations (if such examinations exists)? If so, why?
3. How could the inclusion and expansion of CAM in licensed health professions curricula be funded?
4. What should the future licensed health professions workforce look like to reflect the effects of CAM and emerging professions?

Breakout Session One: Education and Training

Discussion Group #3—Chair, Tierarona Low Dog, MD, AHG

Target Population: Physicians and other licensed health professions who integrate CAM with conventional health care

Target organizations:

American Holistic Medical Association (AHMA), American Holistic Nurses Association (AHNA), American Holistic Dental Association, American Holistic Health Association (AHHA), other similar organizations, and ...

Questions for target organizations:

1. Should there be postgraduate training programs such as residencies and fellowships in integrative medicine or integrative health and why or why not?
2. Should those programs be residential, distance learning, or a combination of both and why?
3. Should those programs be designed to produce providers who can function in a “gatekeeper” capacity or can deliver some CAM practices and products and why?
4. How should those postgraduate training programs be funded and why?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session One:

1. Should there be postgraduate training programs such as residencies and fellowships in integrative medicine or integrative health? If so, how and by whom should these programs be designed and developed?
2. Should those programs be residential, distance learning, or a combination of both?
3. Should those programs be designed to produce providers who can function in a “gatekeeper” capacity, deliver some CAM practices and products, or provide a combination of both roles?
4. How should those postgraduate training programs be funded?

Breakout Session One: Education and Training

Discussion Group #4—Chair, Linnea S. Larson, LCSW, LMFT

Target Population: CAM practitioners (licensed and unlicensed) such as--but not limited to--chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers, and

Target organizations:

American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), American Massage Therapy Association (AMTA), American Herbalists Guild (AHG), American Institute of Homeopathy (AIH), American Association of Naturopathic Physicians (AANP), HRSA/Bureau of Health Professions (BHPr), and HRSA/ National Health Service Corps (NHSC), and ...

Questions for target organizations:

1. Should there be national educational standardization for your modality/therapy? If so, why; and what is being done to achieve national educational standardization?
2. What are the barriers to national educational standardization for your modality/therapy? What are the incentives for national educational standardization?
3. In your modality/therapy educational programs, should there be exposure to other CAM modalities and therapies and why or why not? If so, to which modalities and therapies should there be exposure?
4. In your modality/therapy educational programs, should there be exposure to conventional or western medicine and why or why not? If so, to which aspects of conventional medicine should there be exposure?
5. What is the status of "postgraduate" training in your modality/therapy? Should there be a required minimum level of postgraduate training for non-allopathic and non-osteopathic physicians such as naturopathic physicians? If so, why or why not? How should this postgraduate training be created, structured, and funded?
6. What other policy recommendations would you like to make?

Specific questions for Bureau of Health Professions (BHPr):

1. Should there be a required minimum level of postgraduate training for non-allopathic and non-osteopathic physicians such as naturopathic physicians and other unconventional physicians? If so, why or why not? How should this postgraduate training be created, structured, and funded?
2. Are there scholarship and/or loan repayment programs available for students of CAM or emerging professions particularly for those who wish to provide services for underserved populations? If not, why not?

Specific questions for National Health Service Corps (NHSC):

1. Are there scholarship and/or loan repayment programs available for students of CAM or emerging professions particularly for those who wish to provide services for underserved populations? If not, why not?
2. If these programs do not exist, how can such scholarship and loan repayment programs be established?

Question for Traditional healer organization(s) [e.g., Papa Ola Lokahi and Navajo Medicine Man Society] and representative Traditional healers;

1. Who should be allowed to use the "Traditional Healer" designation? How and by whom should "Traditional Healer" status or designation be determined?
2. How should Traditional healing be preserved and perpetuated?
3. How should preservation and perpetuation of Traditional healing be funded?

Questions for Discussion Group #4 to answer in the form of recommendations for Breakout Session One:

1. Should there be national educational standards for CAM modalities and therapies? If so, how and by whom should they be developed? Should those national educational standards for a given modality/therapy include exposure to other CAM modalities/therapies? If so, how and by whom should that be determined? Should those standards also include exposure to conventional or western medicine? If so, how and by whom should that be determined?
2. Should there be scholarship and/or loan repayment programs for CAM students or students of emerging professions?
3. Should there be a minimum level of postgraduate training (i.e., residency) for non-allopathic and non-osteopathic physicians such as naturopathic physicians and other unconventional physicians? If so, how and by whom should that be determined as well as how and by whom should this postgraduate training be created, structured, and funded?
4. Should there be use of the designation "Traditional Healer?" If so, how and by whom should "Traditional Healer" status or designation be determined?
4. Should Traditional healing be preserved and perpetuated? If so, how and by whom should that be done and funded?

Breakout Session Two: Continuing Education

Discussion Group #1—Chair, Joseph J. Fins, MD

Target Population: Practicing Physicians (allopathic and osteopathic)

Target organizations:

National Conventional Medical Organizations

American Council of Graduate Medical Education (ACGME)

American Medical Association (AMA)

American Osteopathic Association (AOA)

Questions for target organizations:

ACGME, AMA, and AOA:

1. What is the state/status of CAM in continuing medical education (CME)? To what extent is CAM included in CME curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in CME curricula?
2. What are the barriers to inclusion of CAM in CME curricula? Conversely, what are the incentives for inclusion of CAM in CME curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in CME curricula?
4. What should every practicing physician--irrespective of specialty—know about CAM? How and by whom should that level of knowledge be determined?
5. What should physicians know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Questions for Discussion Group #1 to answer in the form of recommendations for Breakout Session Two:

1. Should every practicing physician—irrespective of specialty--be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. What is the role of CAM in CME?
3. What should physicians know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Breakout Session Two: Continuing Education

Discussion Group #2— Chair, Donald W. Warren, DDS

Target Population: Licensed Health Professionals including—but not limited to—dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dietitians, physical therapists, social workers, and psychologists

Target organizations:

National organizations representing licensed health professionals such as—but not limited to—American Dental Association (ADA), Academy of General Dentistry (AGD), American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American College of Nurse Midwives, American Academy of Physician Assistants (AAPA), American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Dietetics Association (ADA), American Physical Therapy Association (APTA), National Association of Social Workers (NASW), American Psychological Society (APS), etc.

Questions for target organizations:

1. What is the state/status of CAM in your continuing education (CE)? To what extent is CAM included in CE curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in CE curricula?
2. What are the barriers to inclusion of CAM in CE curricula? Conversely, what are the incentives for inclusion of CAM in CE curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in CE curricula?
4. What should every licensed health professional know about CAM? How and by whom should that level of knowledge be determined?
5. What should licensed health professionals know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Questions for Discussion Group #2 to answer in the form of recommendations for Breakout Session Two:

1. Should every licensed health professional be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. What is the role of CAM in continuing education (CE) for licensed health professionals?
3. What should every licensed health professional know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Breakout Session Two: Continuing Education

Discussion Group #3— Chair, Tierarona Low Dog, MD, AHG

Target Population: Physicians and other licensed health professions who integrate CAM with conventional health care

Target organizations:

American Board of Medical Specialties (ABMS), American Holistic Medical Association (AHMA), American Holistic Nurses Association (AHNA), American Holistic Dental Association, American Holistic Health Association (AHHA), American Association of Medical Acupuncture, and other similar organizations.

Questions for target organizations:

1. What is the state/status of CAM in your organization's continuing educational activities? To what extent is CAM included in your continuing education curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in continuing education curricula?
2. What are the barriers to inclusion of CAM in continuing education curricula? Conversely, what are the incentives for inclusion of CAM in continuing education curricula?
3. What should every member of your organization know about CAM? How should and by whom that level of knowledge be determined?
4. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in continuing education curricula?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session Two:

1. Should every holistic or integrative health care professional be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. What is the role of CAM in continuing education (CE) for holistic or integrative health care professionals?
3. What should every holistic or integrative health professional know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Breakout Session Two: Continuing Education

Discussion Group #4—Chair, Linnea S. Larson, LCSW, LMFT

Target Population: CAM practitioners (licensed and unlicensed) such as –but not limited to–chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers, and...

Target organizations:

American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), American Massage Therapy Association (AMTA), American Herbalists Guild (AHG), American Institute of Homeopathy (AIH), American Association of Naturopathic Physicians (AANP), and ...

Questions for target organizations:

1. What is the state/status of continuing education for your modality/therapy? Apart from your primary modality or therapy, what other systems of care, modalities, and therapies are addressed in your continuing education activities? When, where, how, and by whom are these other modalities and therapies addressed? To what extent should conventional medicine be included in your continuing education curricula?
2. What are the barriers to conducting continuing education for your modality/therapy? Conversely, what are the incentives for providing continuing education for your modality/therapy?
3. What policy recommendations can you make to facilitate initiation or expansion of continuing education for your modality/therapy?
4. Should organizations representing a given modality or therapy come together to form “a community” and why or why not?
5. What barriers are there to forming this type of “community?” What incentives are there for forming this type of “community?” How should such a “community” be formed?
6. What other policy recommendations would you like to make?

Questions for Discussion Group #4 to answer in the form of recommendations for Breakout Session Two:

1. Should every CAM practitioner be expected to have a minimal level of knowledge and understanding of other CAM systems of care, modalities, and therapies? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
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?
3. What is the role of continuing education (CE) for CAM practitioners?

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?

Breakout Session Three:

Licensure, certification, credentialing, and accountability: Quality in CAM

Discussion Group #1—Chair, Joseph J. Fins, MD

Target Population: Practicing Physicians (allopathic and osteopathic)

Target organizations:

American Medical Association (AMA), American Osteopathic Association (AOA), American Board of Medical Specialties (ABMS), Federation of State Medical Boards

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of **not** discussing, offering, or referring a patient for CAM practices and products; what is the liability of referring a patient to a CAM practitioner who then has an adverse outcome; and what policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should conventional physicians communicate to a CAM practitioner? What information should a conventional physician expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
 - a. How and by whom should “quality” be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
6. How can conventional physicians minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer’s concern or grievance? If none exists, what should be established for consumers of CAM practices and products?

Questions for Discussion Group #1 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?

2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should conventional physicians communicate to a CAM practitioner? What information should a conventional physician expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
 - a. How and by whom should "quality" be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about
6. How can conventional physicians minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance?

Breakout Session Three:

Licensure, certification, credentialing, and accountability: Quality in CAM

Discussion Group #2— Chair, Donald W. Warren, DDS

Target Population: Licensed Health Professionals including—but not limited to—dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dietitians, physical therapists, social workers, and psychologists

Target organizations:

National organizations representing licensed health professionals such as but not limited to American Dental Association (ADA), Academy of General Dentistry (AGD), American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American College of Nurse Midwives, American Academy of Physician Assistants (AAPA), American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Dietetics Association (ADA), American Physical Therapy Association (APTA), National Association of Social Workers (NASW), American Psychological Society (APS), etc.

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of **not** discussing, offering, or referring a patient for CAM practices and products; what is the liability of referring a patient to a CAM practitioner who then has an adverse outcome; and what policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should a licensed health care professional communicate to a CAM practitioner? What information should a licensed health care professional expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
 - a. How and by whom should “quality” be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
6. How can licensed health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer’s concern or

grievance? If none exists, what should be established for consumers of CAM practices and products?

Questions for Discussion Group #2 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should conventional licensed health care professionals communicate to a CAM practitioner? What information should a conventional licensed health care professionals expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
 - a. How and by whom should “quality” be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about
6. How can conventional licensed health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer’s concern or grievance?

Breakout Session Three:

Licensure, certification, credentialing, and accountability; Quality in CAM

Discussion Group #3— Chair, Tierarona Low Dog, MD, AHG

Target Population: Physicians and other licensed health professions who integrate CAM with conventional health care

Target organizations:

American Holistic Medical Association (AHMA), American Holistic Nurses Association (AHNA), American Holistic Dental Association, American Holistic Health Association (AHHA), other similar organizations, American Board of Medical Acupuncture (ABMA), and Federal Trade Commission (FTC), and Agency for Healthcare Research and Quality (AHRQ).

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of providing CAM practices and products? What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
 - a. How and by whom should “quality” be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
5. How can licensed health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
6. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer’s concern or grievance? If none exists, what should be established for consumers of CAM practices and products?
7. Should all health care professionals providing CAM practices and products be included in the National Practitioner Data Bank and why or why not? If so, how should this be accomplished?

Specific questions for the American Holistic Medical Association (AHMA), American Board of Medical Acupuncture (ABMA), and other organization offering certification :

1. What is the current status of your certification?
2. Why, how, and by whom was the certification process and examination developed and administered?

3. Who is eligible to participate in your certification? How much does it cost? Is the certification life-long or time-limited?
4. What does your certification mean for patients and for providers?
5. How does your certification relate to the assuring the public access to safe, effective CAM practices and products?
6. What lessons did you learn as a result of embarking on certification?
7. What policy recommendation would you like to make to the Commission?

Specific questions for Federal Trade Commission:

1. What should consumers be told about the safety, effectiveness, costs, and time necessary for effectiveness to be evident of CAM practices and products?
2. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
3. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
4. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Specific questions for the Agency for Healthcare Research and Quality (AHRQ):

1. How should "quality" in terms of CAM practices and products be defined? Who should define it? How do cost, safety, and effectiveness fit in that definition?
2. Should the quality of CAM practices and products be measured? If so, how and by whom?
3. To assure quality of CAM practices and products, who should provide CAM practices and products?
4. What credentials should providers of CAM practices and products possess to assure quality?
5. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident of CAM practices and products?
6. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
7. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
8. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?

9. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
 - a. How and by whom should "quality" be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about
5. How can holistic or integrative health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
6. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance?
7. Should all health care professionals providing CAM practices and products be included in the National Practitioner Data Bank?

Breakout Session Three:

Licensure, certification, credentialing, and accountability: Quality in CAM

Discussion Group #4—Chair, Linnea S. Larson, LCSW, LMFT

Target Population: CAM practitioners (licensed and unlicensed) such as—but not limited to—chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers, and...

Target organizations:

American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), National Certification Commission on Acupuncture and Oriental Medicine (NCCAOM), National Guild of Acupuncture and Oriental Medicine (NGAOM), American Massage Therapy Association (AMTA), American Herbalists Guild (AHG), American Institute of Homeopathy (AIH), American Association of Naturopathic Physicians (AANP), and ...

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of providing CAM practices and products? What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
 - a. How and by whom should “quality” be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
5. How can licensed and unlicensed CAM practitioners minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
6. What information should a CAM practitioner communicate to a conventional physician or a conventional health care provider either with a referral or without a referral?
7. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer’s concern or grievance? If none exists, what should be established for consumers of CAM practices and products?
8. Should all CAM practitioners be included in the National Practitioner Data Bank and why or why not? If so, how should this be accomplished?

Specific questions for the American Herbalist Guild (AHG) and other organizations offering certification:

1. What is the current status of your certification?
2. Why, how, and by whom was the certification process and examination developed and administered?
3. Who is eligible to participate in your certification? How much does it cost? Is the certification life-long or time-limited?
4. What does your certification mean for patients and for providers?
5. How does your certification relate to the assuring the public access to safe, effective CAM practices and products?
6. What lessons did you learn as a result of embarking on certification?
7. What policy recommendation would you like to make to the Commission?

Specific questions for Papa Ola Lokahi, Navajo Medicine Man Society, and selected Traditional Healers:

1. For unlicensed practitioners such as Traditional Healers, energy healers, and others for whom licensure is unlikely, should uniform standards of education, training, and certification be developed and applied to these practitioners and why or why not? If so, how and by whom should those standards be developed and applied?
2. What should be done to assure public access to safe and effective CAM practices and products provided by these practitioners?

Specific questions for practitioners licensed in some but not all states such as—but not limited to—naturopathic physicians and acupuncturists:

1. In the absence of licensure, should uniform standards of education, training, and certification be developed for these practitioners and why or why not? If so, how and by whom should those standards be developed?
2. What should be done to assure public access to safe and effective CAM practices and products provided by these practitioners?

Specific questions for Federal Trade Commission:

1. What should consumers be told about the safety, effectiveness, costs, and time necessary for effectiveness to be evident of CAM practices and products?
2. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
3. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
4. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Specific questions for the Agency for healthcare Research and Quality (AHRQ):

1. How should “quality” in terms of CAM practices and products be defined? Who should define it? How do cost, safety, and effectiveness fit in that definition?
2. Should the quality of CAM practices and products be measured? If so, how and by whom?
3. To assure quality of CAM practices and products, who should provide CAM practices and products?
4. What credentials should providers of CAM practices and products possess to assure quality?
5. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident of CAM practices and products?
6. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
7. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
8. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer’s concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
9. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
 - a. How and by whom should “quality” be defined?
 - b. How and by whom should quality be measured?
 - c. What should consumers be told about
8. How can CAM practitioners minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
9. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer’s concern or grievance?

10. Should all CAM practitioners providing CAM practices and/or products be included in the National Practitioner Data Bank?

Kaczmarczyk, Joseph (NCCAM)

From: Chang, Michele (NCCAM)
Sent: Wednesday, December 20, 2000 5:15 PM
To: Bill Fair (E-mail); Conchita Paz (E-mail); David Bresler (E-mail); Donald Warren (E-mail); Effie Chow (E-mail); George Bernier (E-mail); George DeVries (E-mail); Jim Gordon (E-mail); Joe Pizzorno (E-mail); Linnea Larson (E-mail); Tieraona Low Dog (E-mail); Tom Chappell (E-mail); Veronica Gutierrez (E-mail); William Fair (E-mail)
Cc: Kaczmarczyk, Joseph (NCCAM); Groft, Stephen (NCCAM); Kingsbury, Doris (NCCAM); Pollen, Geraldine (NCCAM)
Subject: WHCCAMP CONFERENCE CALL 12/21

Holiday Greetings to the Training and Education WorkGroup!

We are attempting to fit in a critical planning conference call before everyone disappears for the holidays; thanks for accommodating us! If you have NOT been contacted by Doris Kingsbury or Michele Chang to be linked to this conference call, please call Doris immediately at 301-435-7592 with your phone number. If you are unable to make the call, please contact Michele Chang at your earliest convenience after January 1 to receive an update.

The call is scheduled for Thursday, December 21 from 3:30 -5:00 p.m. EST. Please be available at the phone number you provided by 3:15 p.m. to receive the operator's link up call.

Our agenda:

1) Meeting Overview

2) Meeting Format

3) Staffing and Member Input

Please review the background materials for this call, which are attached as a file, or you may scroll down to view.

=====

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

• MEETING OVERVIEW

Plenary Session I. CAM Education and Training: Establishing Educational Foundations

[Rationale: This session will address whether, how and by whom requisite minimal levels of knowledge and understanding about CAM are established for all licensed health professionals, and whether, how and by whom national educational standards are established for CAM practices. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

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

[Rationale: This session will address whether, how and by whom minimal levels of continuing education in CAM are established for all licensed health professionals and licensed CAM practitioners. Discussion will include the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

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

Practice "Quality"

[Rationale: This session will address whether, how, and by whom national standards and/or certification is established for the CAM practitioner and any licensed health professional practicing CAM. Discussion will include issues involving traditional healing, the barriers to and incentives for developing and implementing such standards, and identification of the best available models.]

• PROPOSED MEETING FORMAT

DAY ONE:

- Panel Presentations on 3 Plenary Sessions (3-4 speakers will be chosen to lay out the most prominent or emergent issues for discussion on this topic. Their 5-10-minute presentation sets the context for small group discussions.)
- Questions and Answers by Commissioners after each panel presentation.
- Public Comment Sessions (1-2 hours)

DAY TWO:

- Small discussion group breakouts: Commissioners will convene into groups of 4-5 members to review and explore the challenges and opportunities as presented in the Plenary Sessions specific to their separate reference groups. One member will serve as chair to facilitate the discussion, and will work with a staff member assigned to the group. The chair will report out preliminary findings to the full Commission by the end of the day. (Small group discussions scheduled for 4-5 hours before reconvening for full group discussion).

Discussion Group (1) proposed chair: Joe Fins

Reference group: Conventionally-trained allopathic and osteopathic physicians.

Discussion Group (2) proposed chair: Donald Warren

Reference group: Licensed health professionals, including, but not limited to, dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dieticians, physical therapists, social workers, and psychologists.

Discussion Group (3) proposed chair: Tieraona Low Dog

Reference group: Physicians and other licensed health professions who integrate CAM with conventional health care.

Discussion Group (4) proposed chair: Linnea Larson

Reference group: CAM practitioners (licensed and unlicensed) such as -but not limited to-- chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers...

• MEETING PREPARATION

Once the meeting overview and format is approved, staff will begin to contact organizations and experts to collect and develop background information on each Plenary Session topic that is tailored for the four reference groups. Background information will be passed on to members of the Discussion Groups 2-3 weeks before the meeting to allow members to review the material and request clarification, etc. A limited number of conference calls may be scheduled by the Discussion Group chairs to organize the small group discussion prior to the

meeting. One staff person will be assigned to each Discussion Group chair.

- **SAMPLE OF TARGET CONTACTS (Joe Kaczmarczyk)**
9
- **SAMPLE OF TARGET QUESTIONS FOR CONTACTS (Joe Kaczmarczyk)**
9

Michele M. Chang, CMT, MPH
Executive Secretary
White House Commission on
Complementary and Alternative Medicine Policy
tel: 301-435-7592
fax: 301-480-1691

Groft, Stephen (NCCAM)

From: Kaczmarczyk, Joseph (NCCAM)
Sent: Tuesday, December 19, 2000 8:39 AM
To: Groft, Stephen (NCCAM); Chang, Michele (NCCAM); Pollen, Geraldine (NCCAM)
Subject: FW: Feb Mtg Agenda

FYI... Joe

-----Original Message-----

From: Kenneth Fisher [mailto:kfisher@erols.com]
Sent: Tuesday, December 19, 2000 12:03 AM
To: Kaczmarczyk, Joseph (NCCAM)
Subject: Feb Mtg Agenda

Some random thots as I work on another subject tonite.

1. My cartoon was a harbinger of the Monday afternoon meeting with JG!!!!
2. Your concept of the structure and process was good; we might make some headway with JG by adopting what he suggested, but do so in a way that preserves the ideas you had on paper.
3. To wit, perhaps add presenters to the three sessions, and maybe make the session topics more definitive:

Session # 1 CAM as a Component of Health Professional Education (5 SPEAKERS)

Med Schools - AAMC rep
Health Sciences
Amer College Pharmacy
Amer Nurses Assoc
Naturopath - get Pisarno to do it
CAM Model Program - Weil

Session # 2 - Continuing Education for Practioneers (4 SPEAKERS)
Alleopathic Medicine (include family practice, specialties.DOs, PAs)

CME, NBMEs
Other Health Professions
CAM - Helm
Funding of CE

Session #3 - Licensure, Certification, Credentialing, Accountability (5 SPEAKERS)

Overview of Current Status - Cohen
System Needs (perspective of fed and state govt., prof orgs, and consumers)

Total of 14 presenters, and ASK IN FED REG ANNOUNCEMENT AND ON WEBSITE ETC THAT PUBLIC CONFINE THERE COMMENTS TO THE ISSUES OF EDUCATION AND TRAINING IN CAM.

Amazing when we have an almost united front how we might be more effective. I trust you picked up on the JG comment at first that the change in meeting format, "was a major change in control of the meeting and Commission"

illegitimus noncarborundum

kdf

Ken
Rubbin

Pine
Paul 1
Padden
Bernier
Fair
Paz
Pygona

Waner
Walsh
Paul 2
Wagelrod
Bresler
Scott
Kerzner

Low Day
Paul 3
Cheng
McVier
Jones
Jussikind
Kerzner
Kerzner
(4)

Larson
Paul 4
Kerzner
Chappel
Chao
Luttenberg
Kallin
(4)

20-21 Feb 01 Meeting on Training, Education, Licensure, and Certification

- I. Structure based on combination of Stakeholders, Modalities, and Issues (licensure & certification)
- II. Stakeholders:
 - A. Under graduate Medical education
 - 1. AMSA
 - 2. AAMC
 - 3. AACOM
 - 4. Other possibilities
 - a. Wetzel survey data
 - b. Dr. Ellen Hughes
 - B. Graduate Education
 - 1. U of Az (Dr. Andy Weil)
 - C. Federal Agencies (Scholarship, Loan Programs)
 - 1. Department of Education
 - 2. HRSA Bureau of Health Professions
 - 3. HRSA, BPHC, NHSC
 - D. CME
 - 1. ACGME (?)
 - 2. AHMA
 - 3. AAMA (Dr. Joe Helms)
 - E. Nurses, Pharmacists, Dentists, Psychologists, Social Workers, PTs, Body Workers, et al.
 - 1. AHNA
 - 2. AHDA
 - F. NDs, DCs, Lac's, ODMs.... AHG
 - G. Traditional Healers (and other unlicensed CAM practitioners):
 - 1. Papa Ola Lokahi (Traditional Native Hawaiian)
 - 2. Navajo Medicine Man Society
- III. Modalities:
 - A. Acupuncture
 - B. Botanicals
 - C. Homeopathy
 - D. Manual Healing (Body Work)
 - E. Mind-Body
 - F. Other
- IV. Licensure
 - A. Overview Michael Cohen, JD
 - B. Practitioners not licensed in all 50 states:
 - 1. NDs
 - 2. Lac's
 - 3. Others
- V. Certification
 - A. AAMA
 - B. AHMA
 - C. AHG
 - D. Others
 - E.

Bob
McChesley

Groft, Stephen (NCCAM)

From: Kingsbury, Doris (NCCAM)
Sent: Wednesday, December 06, 2000 7:22 AM
To: Groft, Stephen (NCCAM); Pollen, Geraldine (NCCAM); Chang, Michele (NCCAM); Kaczmarczyk, Joseph (NCCAM)
Subject: TOLL FREE NUMBER

We now have a toll free number 866-373-1124 when dialed it will ring on the 5-7592 line.

>
Doris,
Please send a note to
Commission members informing them of
866 # - toll free + to use this # when
calling in to us. You can sign the note
or I can.
Thanks
Steve

12/12/00

Tom Andrews / 56 / m / K / 56

Access & behavior information to

Tom Andrews Paul Kurtz

January July - Fenton - WECCAMP Staff
NYC

Host Committee - info by friends

Inviter

Open Center

Media contacts - Interview reception
Inviter - Co-sponsor
Contact Paperwork

Call Bill Fair

Columbia - Henda Rosenthal
Cornell

Reg. Health Administrator

Subson
Pres
Compensation
Allegation

Spilloni
Schumer
HR Clinton

Call 212-543-9538

Friedi Koenenburg
Women / us in Ethn
Practitioners

John Kohl - grand
Provost / Columbia

300 Inviter
100 Attendees

Name -> Phone
Address ->

Women Health Advisor
Gloria Steinberg? Overman

- Breast cancer
- Menopause

SADRE
Garcia & Komen
Gilda's Club

9009:00

Health Education
Drug Abuse Counseling
Bey Klepfer
Testified

Holistic Medicine Interest
Group at medical

mailing list from school

Bill, Conventional physician who personal behavior
1984

Haste

NY Times Article - Mon 22nd
1 week before 35
Charlie Rose

← →
Talking Points to Commission
① Tom Andrews
② Jim
③ Commission

Dietary Supplements store

Susan Berger from Seattle meeting → Qualification meeting

AARP
Modern Maturity Magazine
Chronic Disease

Stakeholders

July 2
3 January 10:00
3 2 hrs
2nd Tuesday 16, 400 per person

[Billing Code: 4140-01]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

White House Commission on Complementary and Alternative Medicine Policy

Notice of Meeting

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

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

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

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

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

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

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

- (A) How can uniform standards of education, training, licensing and certification be applied to all CAM practitioners?
- (B) What training and education should be required of all health care providers to assure

access to safe and effective CAM practices and interventions?

(C) What sources of funds exist for the education and training of CAM practitioners?

(D) Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

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

(A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible? How would you like to receive such information?

(B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?

(C) As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?

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

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy

Date and Time January 23, 2001; 9:00 a.m. - 9:00 p.m.

Place: Ames Auditorium, Lighthouse International Conference Center
111 East 59th Street, New York, New York 10022-1201

Contact Persons: Stephen C. Groft, Pharm. D., Executive Director, or
Michele Chang, CMT, MPH, Executive Secretary; 6701
Rockledge Drive; Room 1010, MSC-7707; Bethesda, MD 20817-
7707; Phone: (301) 435-7592 or 866-373-1124 (Toll-Free); Fax:
(301) 480-1691; E-Mail: WHCCAMP@od.nih.gov

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

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

Public Participation: The Town Hall meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral comment may register by calling 1-800-953-3298 or by accessing the website at <http://whccamp.hhs.gov> no later than January 16, 2001.

Oral comments will be limited to five minutes. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. Individuals interested in attending the meeting to observe the proceedings but not to provide oral testimony should also register.

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

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

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed no later than January 16, 2001.

Dated: _____

LaVerne Y. Stringfield
Director, Office of Federal Advisory Committee Policy

Chang, Michele (NCCAM)

From: Troy Petenbrink [troy@fenton.com]
Sent: Thursday, December 07, 2000 11:02 AM
To: Chang, Michele (NCCAM)
Cc: Tom Andrews; Helen Szablya; jgordon@cmbm.org
Subject: WHCCAMP Update

Michele -

I hope you have recovered from the hearing. From my quick observation, it appeared to be a success. I wanted to quickly update you on a few things:

- 1) The two media representatives at the press briefing were:

Elizabeth Tracey, Reuters Health
 Rodney Storey, WebMD

I also understand from Steve that a reporter from the Pink Sheet also attended the hearing. Do you have that person's information? Did any other reporters come the hearing?

- 2) The Ames Auditorium at the Lighthouse International Conference Center has been reserved and I'm expecting a formal contract to arrive by early next week.

The address for the center is:

111 East 59th Street
 New York, NY 10022-1202
 The auditorium is one the lower level.

I will need to provide them information regarding A/V needs and room set-up (registration/check-in, stage, etc) by early January. There is a floor plan of the auditorium on the center's web site:

http://www.lighthouse.org/conference_center_ames_auditorium.htm

Please look at the plans and let me know your thoughts.

- 3) Things are looking good for the reception on Monday night. I will be sending you a timeline and work plan for the event early next week for you to review. In the meantime, would you please fax me a copy of the invitation that was used in San Fran.

Physicians Appeal for an Integrative Medical Curriculum

Integration of complementary and alternative medicine (CAM) into the U.S. healthcare system can only occur when allopathic physicians and CAM providers learn a common language in which to communicate and collaborate effectively, according to physicians at the University of Arizona's Program in Integrative Medicine. "The gap between allopathy and CAM is very substantive," Andrew T. Weil, MD, and colleagues explain in a recent essay in the *Archives of Internal Medicine*. "The root of this discrepancy . . . is directly related to the entire process of medical education of both conventional and unconventional practitioners." Weil et al propose a new medical education paradigm in which courses on common CAM modalities, such as chiropractic, acupuncture, homeopathy, herbal therapies, and mind/body techniques are incorporated into the required core medical curriculum. "We believe that the creation of a new generation of CAM-educated physicians, with the ability to speak the 'CAM language,' will give us an opportunity to investigate what is actually behind the scenes of these unconventional forms of treatment."

References

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. newsletter	Bedell Family Christmas (4 pages)	c 12/2000	Personal Misfile

COLLECTION:

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

OA/Box Number: 43233

FOLDER TITLE:

Issue: Education and Training [1]

2011-0568-S

kc833

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[Billing Code: 4140-01]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
White House Commission on Complementary and Alternative Medicine Policy

Notice of Meeting

Pursuant to ~~Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2)~~, Notice is given of the first Town Hall Meeting of the White House Commission on Complementary and Alternative Medicine Policy. Additional Town Hall meetings are anticipated at future dates and other locations. The purpose of the meeting is to convene the Commission for a public hearing and to begin receiving public testimony from individuals and organizations interested in the subject of federal policy regarding complementary and alternative medicine. Comments received at the meeting will be used by the Commission to identify and frame the issues and develop the agenda for subsequent meetings.

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

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

(A) What can be done to expand the current research environment so that practices ^{and interventions} that lie outside conventional science are adequately and appropriately addressed?

(B) What types of incentives are needed to stimulate the research of CAM ^{practices} interventions by the public and private sectors?

(C) How can we more effectively integrate the CAM and conventional research communities to stimulate and coordinate research?

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

(A) Do you have ready access to CAM practices and interventions?

(B) How can access to safe and effective CAM practices and interventions be improved?

(C) What types of CAM practices and interventions should be reimbursable through federal programs or other health care coverage systems?

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

(A) How can uniform standards of education, training, licensure ^{and} certification be applied to all CAM practitioners? *should be*

(B) What training and education ^{should be} required of all health care providers to assure access to safe and effective CAM practices and interventions?

(C) What sources of funds exist for the education and training of CAM practitioners?

(D) Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

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

(A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible ~~to you~~?

(B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?

(C) As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?

(D) How would you like to receive such information?

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

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy

Date and Time September 8, 2000; 8:30 a.m. - 6:00 p.m.

Place: Holiday Inn Golden Gateway Hotel; 1500 Van Ness Avenue
San Francisco, CA 94109

Contact Persons: Stephen C. Graft, Pharm. D., Executive Director, or
Michele Chang, MPH, Executive Secretary; 6701 Rockledge
Drive; Room 1010, MSC-7707; Bethesda, MD 20817-7707;
Phone: (301) 435-7592; Fax: (301) 480-1691; E-MAIL - WHCCAMP@NIH.GOV

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

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

Public Participation: The Town Hall meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral comment may register by accessing www.whccamp.gov or by calling 1-800 -xxx-xxx no later than September 1, 2000.

Oral comments will be limited to five minutes. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one

representative from each organization will be allotted time for oral testimony. The number of speakers may also be limited by the number of registrants and the time allotted. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed.

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

Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record until ~~December 31, 2001~~.

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed below as soon as possible. *no later than Sept 1*

Dated: _____

LaVerne Y. Stringfield
Director, Office of Federal Advisory Committee Policy

Groft, Stephen (NCCAM)

From: Tom Andrews [tom@neweconomy.org]
Sent: Monday, December 18, 2000 3:32 PM
To: jsgordon@mindspring.com; Groft, Stephen (NCCAM)
Subject: Tomorrow's meeting



White House
Transmission memorandum



ATT204187.txt

Dear Jim and Steve,

I'm looking forward to tomorrow's meeting at 10:00 am at Jim's office.

I have attached a memo that I have drafted as a point of departure for tomorrow's meeting and a follow-up working meeting that I am proposing that we schedule the first week of January. If it is possible to take a look at it in advance of the meeting, please do so. The memo makes observations and recommendations that I look forward to discussing with you. The strategic options that are listed are just that - options. We could pursue any or none of them. I'd be interested in your thoughts about what we might add, subtract or maintain. I will also be circulating this within the Fenton shop and, following your initial reactions, will look for additional thoughts and recommendations.

It will also be important for us to discuss New York. As you know, we are in the final days before the invitation will go to the printer. The hosts must be confirmed by end of business Thursday so that the invitations can include their names. I will want to review the names that you are pursuing. We will also need to have the invitation list completed so that the invitations can be in the mail early on the first week of January. Finally, we are going to have to identify all of the groups that you want to notify about the Town Hall meeting. They must all be contacted by the first week of January so that they will have an opportunity to notify their members of the Town Hall meeting.

Finally, Steve would you please bring along materials from the Access public meeting? I want to review the material over the holidays.

I look forward to seeing you tomorrow morning.

Best regards,
Tom

To: Dr. James Gordon and Dr. Steven Groft
From: Tom Andrews
Re: White House Commission on Complimentary and Alternative Medicine Policy Strategy.
Date: December 18, 2000

We are at an important juncture in the communication program of the White House Commission on Complimentary and Alternative Medicine Policy. The past three months have provided an important base of experience on which to prepare for the next phase of this work. January will provide some important new opportunities and challenges on the road to the issuing of the Commission's interim report in July.

I propose that we review the insights and lessons of the foundation building phase of our communication program, discuss the challenges and opportunities ahead and establish a specific strategy that will take us to the issuing of the interim report. The interim report and the news that it can generate provides an important opportunity for the Commission. The period preceding its release should strengthen communication links with key constituencies from health organizations and professional associations to Members of Congress. It should also lay important groundwork with the media, setting the stage for the widest possible news coverage of its release. The period immediately following will provide an opportunity to launch a new series of media activities, advancing the Commission's findings and recommendations and engaging in a public policy discussion.

This memo is intended as a point of departure for our upcoming discussion on Tuesday and for a working planning meeting that I propose for the first week in January. It includes observations of our progress and lists strategic options for the first six months of 2001. It is by no means exhaustive. Your observations and priorities and the recommendations of the Fenton team will enable us to establish a strategic communication plan. The plan will serve as a guide for the six months leading to the issuing of the Commission's interim report in July 2001.

I. Background: The Mission.

The formal mission of the White House Commission on Complimentary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans. Informing the American

people and engaging them in this process is critical for two reasons. First, it will provide the Commission with important information and perspective on CAM. Second, it will increase the likelihood that the final recommendations of the Commission will lead to meaningful action.

Fenton Communications has been retained to assist the Commission with the task of informing and engaging the American public.

Securing the broadest range of public input requires that the public is aware of the Commission, its mission and the opportunity to participate in its work. Two categories of audiences have been identified as targets of a communications program: the general public and audiences with a specific interest, or potential interest, in CAM. A two-pronged communication strategy to reach these audiences is therefore being developed and executed: a mass media strategy to reach general audiences and a targeted communication strategy to reach more specific audiences and their specific interests.

The challenge of the Commission is to find ways to use broadcast and print media to expand its reach and assure the broadest possible public participation. There are two fundamental ways to obtain public attention through the media: by purchasing advertising or by generating news coverage. Without the resources for the former, the Commission is dependent on the latter. It faces significant obstacles. The news of the creation of the Commission was made public through a news release from the White House. News coverage of the release was minimal. The work of the commission - seeking public input, analyzing issues and considering policy recommendations - is not inherently newsworthy. An important goal to reaching the general public, therefore, is to find ways to maximize whatever news opportunities exist, or might be able to be created, while increasing the likelihood that the issuing of the Commission's final report will receive the greatest media attention possible.

II. Audiences and Outlets.

There are two basic types of audience that the Commission needs to reach: the general public and audiences with specific interests that are related to its mission such as doctors, acupuncturists, HMO's or Members of Congress. The former can be reached through the mass broadcast and print media and public events. The latter can be reached through specialty publications, organizations or briefings. Fenton Communications is working to reach both types of audiences.

We have targeted media outlets that reach large national audiences including The New York Times, Los Angeles Times, The Wall Street Journal, USA Today, The Washington Post, ABC, CBS, NBC, CNN, MSNBC, Fox, NPR, PBS, Time, Newsweek, US News and World Report, the major wire services, etc. We have also targeted outlets that reach smaller, more specific audiences such as local and regional newspapers, radio and television stations and media outlets such as general health magazines, medical journals, alternative health publications, women's publications,

business and trade publications, outlets to specific populations such as the gay and lesbian community, those concerned about specific diseases or health related issues, academic press, etc.

III. Media Challenges and Strategy Options.

Challenges.

Our experience over the first three months of our work has demonstrated that the challenge of generating news coverage for the Commission is very significant. Every major media outlet and literally thousands of others were contacted about the Commission in advance of both the October and December public meetings. In addition to contacting over two thousand media outlets through fax and email, over three hundred journalists, editors or producers were reached by phone. The lack of any specific breaking news (the news of the creation of the Commission was issued before our work began), a lack of interest in the Commission and evidence of a cynical attitude among some reporters and editors toward alternative and complimentary health care probably contributed to a lack of news coverage of Commission events.

The most significant news coverage was achieved with the October public meeting. Twelve media outlets attended a news briefing held during the meeting, including ABC News, Reuters and Scripps Howard. WUSA-TV of Washington broadcast a television profile piece on alternative medicine that featured Dr. Gordon in advance of the meeting.

Most of the stories generated were not about the topic of the October public meeting – research issues – but about the Commission itself and its mission. The news outlets that covered the October meeting had not reported the White House release of the Commission's creation. The October meeting, therefore, served as an introduction for the news outlets providing coverage. This was used as a leverage point in our discussions with reporters and assignment editors.

The December public meeting on access issues received significantly less coverage than the October meeting. Having already introduced the Commission to its audience, the outlets that covered the October meeting saw no significant news. The fact that every media outlet had extensive coverage devoted to the drama unfolding in Florida and Washington over the counting of votes for President meant that there was a much smaller window of opportunity for any other news, including news of the Commission and its December public meeting.

Longer-range prospects for news coverage, however, became more promising. An ABC News researcher spent a day and a half at a Commission public meeting, for example. CNN, PBS, The Associated Press, The Wall Street Journal, The

Washington Post and Newsweek all expressed serious interest in following the Commission and providing coverage. The timing for coverage of the October and December meetings did not work for these outlets. Serious interest was expressed by key reporters, however, underscoring the need for sustained follow-up and making prospects for future stories extremely good.

Strategy Options.

Here is a list of strategy options and recommendations for the period leading to the issuing of July's Interim Report. It is intended as a point of departure for discussion. Agreed upon options will be integrated into a strategic communications plan.

1. **Maintain a sustained media contact program with media outlets.** We believe that a sustained effort will produce results with a number of the editors, producers or reporters who have yet to cover the Commission or its work. Fenton Communications will continue to advance the Commission's work through regular communication with the most promising media outlets. It will include direct contact with those who have expressed a general interest in the subject but who were unable to make a specific commitment for either the October or December events. The work of the Commission is a developing story. Sustained contact with reporters in the short run will lead to stories in the long run.
2. **Complete the initial series of individual briefings with major national news editors, producers and journalists and begin a second round in advance of the Interim Report release.** These briefings began on November 7 with senior medical producers at CNN. While they rarely produce immediate news, these briefings often lead to important stories. As a result of the November briefing, for example, CNN has pledged to do a story on CAM and the Commission in January. These briefings establish important personal relationships and will be critical to laying the groundwork necessary for maximum coverage of the Commission's interim report in July. A tour of New York based national outlets will be organized around the New York City Commission "Town Hall Meeting" in January.
3. **Establish a rapid response system.** The Commission can provide important information, comment and perspective on a variety of health related stories. It can become a reliable resource for health reporters who need comment and analysis on emerging issues that Commission members can provide. This, in turn, will enhance the likelihood that these reporters will provide the Commission with news coverage. A rapid response system will enhance the capacity of the commission to become this resource. A team of Commission members, headed by Dr. Gordon, would be available to respond to reporter's requests and comment on emerging health care stories. If a particular member were unavailable at the moment needed, another member could be made available to comment. Fenton staff would coordinate the system, directing reporters to appropriate Commission

members and providing follow-up. Participating Commission members would be briefed in advance of the request, offered assistance and training in working with the media, provided Commission message points and other relevant information.

4. **Continue to promote the appearance of Commission members on public affairs programs including radio talk shows and Internet interactive events.** Dr. Gordon was featured on December 11 on the popular syndicated radio program "The Natural Health Link" (KIEV 870AM Los Angeles). Three radio interviews have been arranged with stations in New York in advance of the Town Hall Meeting. Commission members identified for the rapid response system will be available to make appearances on these programs on request.
5. **Identify and pursue potential opportunities to make news.** We should explore potential news opportunities around Commission activities and emerging health related stories. Are there Commission meetings in which new information or significant findings will be revealed? Are there particularly interesting presenters who are scheduled to appear before the Commission with a point of view or experience that would be particularly interesting to our targeted media outlets? Are there emerging health related news stories where Dr. Gordon or other Commissioners might want to comment, relating the story to CAM and the work of the Commission? January will likely feature stories highlighting emerging public policy issues for the new Congress and administration, for example. Should we look for opportunities to become a part of these stories? Are there celebrities with compelling stories who could be featured at a Commission event? I recommend that we spend time brainstorming a wide range of possibilities.
6. **Develop a focused message for the Commission.** It is important to begin to identify the most important public policy issues and options that are likely to be addressed by the Commission and incorporate them into a basic message. Identifying these issues and options could help to solidify the image of the Commission and lay important groundwork for the interim report. Reporters and their audience would begin to envision more concretely the specific changes that the Commission might seek and the relevance of these changes to the American people.
7. **Seek additional opportunities to enhance the profile of the Commission and reach high priority audiences.** The organization of a reception on the eve of the New York Town Hall meeting in January by the Fenton team is an example of an additional opportunity to reach important audiences and constituencies. Other such opportunities should be identified and pursued. An example is the organizing of a "Capitol CAM Fair" with the Congressional CAM caucus and CAM organizations featuring members of Congress and the administration with special events and demonstrations held throughout the day. A reception would follow honoring those involved in CAM.

*We should
pay for
reception*

8. **Seek opportunities to place opinion pieces in major news publications at the time of the issuing of the interim report.** These publications should be targeted early in the year and the groundwork laid to maximize the potential for placement. We should also work to place Commission members on key interview radio and television programs in July to address the Commission's recommendations and their implications for the health care system.
9. **Communicate with high priority national organizations and associations.** Having worked with the leadership of these organizations, we should offer to contribute to newsletters, web pages and other communication venues to reach their membership. This should include offers to provide Commission speakers to important conferences and events.
10. **Establish a series of regularly scheduled meetings between Commission and Fenton staff to enhance communication and coordination.** A checklist of important tasks and a time frame for their completion should be established for each major component of the communication program.

Proposed Communication Calendar

December.

- Complete communication follow-up to the December Commission meeting.
- Analyze and develop communication program options for 2001.
- Continue to engage with the leadership and staff of priority organizations toward development of a communication strategy.
- Continue outreach to Members of Congress and key Congressional staff.
- Plan and organize New York City reception.
- Prepare for outreach to key New York organizations.
- Continue media outreach.

January.

- Complete strategic planning working sessions for 2001.
- Outreach to New York City organizations: Tier I and II.
- Conduct advance work to national and New York media.
- National media briefings with top tier journalists: New York City.
- Commission reception, New York City.
- Commission Town Hall Meeting, New York City.
- Media follow-up to Commission Town Hall meeting.
- Key Congressional staff briefed and consulted. Congressional CAM Caucus discussed, options identified.

- Commission briefing for Members of the U.S. House and Senate planned.
- “Dear Colleague” drafted soliciting interest in CAM and inviting to Commission briefing.
- Informal round-table strategy discussion with key health groups organized, communication plan developed.

February.

- Complete national media briefings with top tier journalists: Washington, DC.
- Congressional Commission briefings conducted, House and Senate.
- Invitations to become charter members of “Congressional CAM Caucus” issued. Meetings with members and staff continue.
- Informal “working group” of CAM Caucus staff and leaders of health organizations organized.
- Issues and policy options for “Education/Training” meeting identified.
- Outreach to Tier I and II organizations conducted for “Education/Training” public meeting.
- Media outreach for “Education/Training” White House Commission meeting conducted.
- Media outreach for “Info Dissemination” meeting initiated.
- “Education/Training” Public Meeting and media follow-up conducted.

March.

- Congressional CAM Caucus formally launched at Capitol Hill event.
- Planning meetings with Congressional staff continue including the organization of a special event: “Capitol CAM Fair”.
- Informal working group identifies priority issues and establishes a strategic plan.
- Regional Commission meetings are organized and held. Communication program with regional media, key regional health groups and Congressional delegations is conducted.
- Priority research issues are identified for April 9-10 public meeting.
- Outreach program to media and targeted groups is initiated for April public meeting focusing on key research issues and the most relevant organizations.

April.

- Media outreach for April 9 – 10 public meeting: Research Part II.
- Research Part II public meeting news briefing organized and conducted.
- Follow-up to Research Part II media briefings completed.
- National media briefings with top tier journalists: Washington, DC.
- Briefing for Congressional staff of research issues.

- Priority Access and Delivery issues are identified in advance of May public meeting.
- Congressional CAM Caucus staff, informal working group and White House Commission continue to organize “Capitol CAM Fair”

May.

- Congressional CAM Caucus (and White House Commission?) host “Capitol CAM Fair” on Capitol Hill featuring CAM practitioners.
- Congressional staff briefing on Access and Delivery issues.
- Media outreach for Access and Delivery (Reimbursement) Part II.
- Public meeting news briefing organized and conducted.
- Follow-up to Access and Delivery (Reimbursement) Part II news briefing completed.
- Strategic plan for release of Interim Report developed.

June.

- National media briefings with top tier journalists: New York City.
- Preliminary briefing on major issues for the Interim Report held with Congressional CAM Caucus members and staff.
- Preliminary briefing for informal working groups on major issues for the Interim Report.
- Media plan for the release of the Interim Report is established including release promotion, the Commission news conference announcing the Interim Report and follow-on program to advance the Commission recommendations.
- Regional media program for South/Region IV Town Hall meeting.
- Initiate op-ed placement campaign in advance of Interim Report release.

July.

- Media advance work completed on Interim Report.
- Interim Report completed, approved, published.
- News conference announcing Interim Report conducted.
- Follow-up to news conference completed.
- Commission members are placed on public affairs programs.
- Op-ed pieces from Commission members are placed.
- Media coordination provided with leaders of Congressional CAM Caucus and leading organizations on the Interim Report.

Proposal for Strategic and Communication Services

Date: August 24, 2000

Proposal for strategic and communication services to the White House Commission on Complimentary and Alternative Medicine Policy

An outline of what each component includes is listed below.

1. Strategic Communication Program Direction and Facilitation.

Specific Planning Activities:	\$90,000
Expenses:	5,000
Total	\$95,000

2. Communication Program for "Town Hall" (New York City – January 2001) and Public Meetings (Washington DC – December 2000)

Comprehensive services for two meetings @ \$30,000 per:	\$60,000
Expenses:	\$ 5,000
Total	\$ 65,000

3. National Media Briefings with Top Tier Journalists.

Introductory tour, Washington, DC and New York City:	\$22,500
Expenses:	2,500
Total	\$25,000

TOTAL	\$185,000
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I. Strategic Communication Program Direction and Facilitation

A team of communication specialists at Fenton Communications to provide the following services:

- A. **Research and analysis.** The mission and public policy issues of the commission will be researched and analyzed to further refine the commission's strategic goals and priorities and identify challenges and opportunities toward their realization. An outline of strategic options will be developed on the basis of this analysis.
- B. **Consultation.** Ongoing consultation with commission leadership and staff will begin with a series of interviews and discussions to clarify their priorities and establish a clear understanding of the political and policy terrain in which they will be working. This information will complement the research and analysis process to form the basis of a strategic communications plan.
- C. **Development of a strategic communications plan.** This plan will guide the activities of the strategic communication program and feature an explicit analysis of the challenge, while establishing concrete goals, objectives and strategies to achieve them. ****
- D. **Message development.** Through a process of discussion and deliberation and, if possible, research, the most effective message and language to advance the goals of the commission will be established. ****
- E. **Direction and oversight of the strategic communications program.** Tapping the communication expertise of the Fenton team and combining it with my experience in developing and moving public policy, I will direct the strategic communications program to meet the evolving needs and opportunities of the commission.
- F. **Advancing the commission's work with key public opinion leaders and policy makers.** It will be important to identify and engage key public opinion and policy-making leaders as the commission conducts its work and prepares to make recommendations. I will work with the commission leadership and staff to meet this important need. ****

II. **Communication Program for "Town Hall" and Public Meetings.**

Services will include:

- A. Media training of speakers, as needed;
- B. Arranging individual briefings with major media outlets in advance of the hearings;
- C. Placing spokespeople on public affairs programs including radio talk shows;
- D. Securing the maximum possible media coverage of the hearing;
- E. Organizing and advancing a news conference on the same day as the hearing;
- F. Conducting all necessary follow-up to journalists following the news conference;
- G. Issuing a comprehensive report on the results of the communications program including all news clips, video and audiotapes.
- H. Development of all press materials.

III. National Media Briefings with Top Tier Journalists.

A series of meetings with the leading health and science editors and reporters at major print and broadcast outlets in New York and Washington, D.C. will be organized for Dr. Gordon and other designated commission spokespeople. These individual sessions are the best way to achieve long-term credibility and visibility, assure commission reports are given the public attention that they deserve and increase the odds for favorable editorial support of the commission's recommendations. Services would include:

- A. Securing and arranging all media appointments;
- B. Tailoring the message and rehearsing a crisp, effective presentation;
- C. Briefing the media in advance of the visits;
- D. Accompanying Dr. Gordon and other designated spokespeople on all appointments, providing feedback and guidance throughout.

A typical effort would include four days of meetings at high levels of decision making at institutions like Time, Newsweek, US News, The New York Times, Washington Post, USA Today, NBC, ABC, CBS, CNN, Fox, MSNBC, Today, Good Morning America, Nightline, The Lehrer Report on PBS, National Public Radio, The Wall Street Journal, etc.