HOUSE SELECT STUDY COMMITTEE

ON

COMPLEMENTARY AND ALTERNATIVE MEDICINE

FINAL REPORT TO THE HOUSE OF REPRESENTATIVES
2007 NORTH CAROLINA GENERAL ASSEMBLY

December 2006

A LIMITED NUMBER OF COPIES OF THIS REPORT IS AVAILABLE FOR DISTRIBUTION THROUGH THE LEGISLATIVE LIBRARY.

ROOMS 2126, 2226
STATE LEGISLATIVE BUILDING
RALEIGH, NORTH CAROLINA 27611
TELEPHONE: (919) 733-7778

OR

ROOM 500
LEGISLATIVE OFFICE BUILDING
RALEIGH, NORTH CAROLINA 27603-5925
TELEPHONE: (919) 733-9390

TABLE OF CONTENTS

STATE OF NORTH CAROLINA

HOUSE SELECT STUDY COMMITTEE ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

December 2006

TO THE MEMBERS OF THE HOUSE OF REPRESENTATIVES OF THE 2007 GENERAL ASSEMBLY

Attached for your consideration is the final report to the House of Representatives of the 2007 General Assembly. This report was prepared by the House Select Committee on Complementary and Alternative Medicine pursuant to G.S. 120-19.6(a) and Rule 26(a) of the Rules of the House of Representatives of the 2005 General Assembly.

Respectfully submitted,

_____

Representative Earline Parmon, Chair

Office of the Speaker
North Carolina House of Representatives
Raleigh, North Carolina 27601-1096

HOUSE SELECT COMMITTEE ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

TO THE HONORABLE MEMBERS OF THE
NORTH CAROLINA HOUSE OF REPRESENTATIVES

Section 1. The House Select Committee on Complementary and Alternative Medicine (hereinafter "Committee") is established by the Speaker of the House of Representatives pursuant to G.S. 120-19.6 and Rule 26(a) of the Rules of Representatives of the 2005 General Assembly.

Section 2. The Committee consists of the ten members listed below, appointed by the Speaker of the House of Representatives. Members serve at the pleasure of the Speaker of the House. The Speaker of the House may dissolve the Committee at any time.

Representative Earline W. Parmon, Chair
Representative Russell E. Tucker, Vice-Chair
Representative Alice L. Bordsen
Representative Rick L. Eddins
Representative Bill Faison
Representative Susan C. Fisher
Representative Pricey Harrison
Representative Louis M. Pate, Jr.
Representative Fred F. Steen, II
Representative Larry Womble

Section 3. The Committee shall study the following:

1. Types of complementary and alternative health care services currently being offered and used in North Carolina.
2. Ways to remove current restrictions and facilitate access of consumers to complementary and alternative health care practitioners who are providing health care services not currently covered by existing medical licensing laws.
3. The impact of Health Freedom legislation in other states including Oklahoma, Minnesota, Rhode Island, California, and Idaho.
4. Any other matter that the Committee deems appropriate or necessary to provide proper information to the General Assembly on the subject of the study.

Section 4. The Committee shall meet upon the call of its Chair. A quorum of the Committee shall be a majority of its members.

Section 5. The Committee, while in discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and Article 5A of Chapter 120 of the General Statutes.

Section 6. Members of the Committee shall receive per diem, subsistence, and travel allowance as provided in G.S. 120-3.1.

Section 7. The expenses of the Committee including per diem, subsistence, travel allowances for Committee members, and contracts for professional or consultant services shall be paid upon the written approval of the Speaker of the House of Representatives pursuant to G.S. 120-32.02(c) and G.S. 120-35 from funds available to the House of Representatives for its operations.

Section 8. The Legislative Services Officer shall assign professional and clerical staff to assist the Committee in its work. The Director of Legislative Assistants of the House of Representatives shall assign clerical support staff to the Committee.

Section 9. The Committee may meet at various locations around the State in order to promote greater public participation in its deliberations. The Legislative Services Commission shall grant adequate meeting space to the Committee in the State Legislative Building or the Legislative Office Building.

Section 10. The Committee may submit an interim report on the results of the study, including any proposed legislation, on or before May 1, 2006, by filing a copy of the report with the Speaker's Office, the House Principal Clerk, and the Legislative Library. The Committee shall submit a final report on the results of its study, including any proposed legislation, to the members of the House of Representatives on or before December 31, 2006, by filing the final report with the Speaker's Office, the House Principal Clerk, and the Legislative Library. The Committee terminates on December 31, 2006, or upon the filing of its final report, whichever occurs first.

Effective this 23rd day of February, 2006.

James B. Black
Speaker

2/23/06

STUDY COMMITTEE PROCEEDINGS

The House Select Committee on Complementary and Alternative Health Care, met five times between March 22, 2005, and December 12, 2006.

March 22, 2006

At the initial meeting, the Committee heard from Mr. Mike Causey, the lobbyist for Citizens for Healthcare Freedom. Mr. Causey told the Committee that complementary and alternative health care services are currently provided by unlicensed health care practitioners. He discussed the types of complementary and alternative health care services that are available in North Carolina and the barriers that consumers face to access these health care services. Mr. Causey also discussed how other states were addressing the issue of consumer access to these services by enacting Health Freedom Acts.

Next, the Committee heard from Margaret Bennett who is an unlicensed homeopath residing in Asheville, North Carolina. Ms. Bennett presented information to the Committee supporting the need of North Carolina's citizens for a Health Freedom Act to protect their unrestricted access to complementary and alternative health care services. Minnesota, California, Rhode Island, Indiana, Louisiana, and Oklahoma have enacted some version of a health freedom bill. Health freedom laws provide an exemption for practitioners of complementary and alternative healing arts from being criminally charged with practicing medicine without a license. The practitioners must act within certain parameters and provide their clients with proper disclosure about the nature of services to be provided. The practitioners must also disclose the extent of their education, training, and experience but also that they are not a licensed medical doctor or other health care provider.

Dr. Douglas Mann, Director of Clinical Services for the UNC School of Medicine Program on Integrative Medicine spoke about integrating conventional medical practices with complementary and alternative health care practices. The Program on Integrative Medicine was founded in 1997. The three major goals of the Program are to investigate and teach about complementary and alternative medical practices; investigate those practices through research; and provide patient care through a combination of complementary and alternative health care practices integrated with conventional medical care. Dr. Mann reviewed the system of classification used by the National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health. NCCAM classifies complementary and alternative therapies into 5 categories: alternative medical systems, mind-body interventions, biologically based therapies, manipulative and body-based methods, and energy therapies (See Appendix A).

The last presenter was Dr. Michael Sharp, who practices integrated medicine in Chapel Hill, North Carolina. The National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health defines integrative medicine as combining "mainstream medical therapies and complementary and alternative therapies for which

there is some high-quality scientific evidence of safety and effectiveness." Dr. Sharp described his medical background which includes graduation from Harvard Medical School and serving as a faculty member of the UNC School of Medicine for 25 years. Dr. Sharp expressed his concern that complementary and alternative modalities can pose a risk to patients because not all are safe and all are not simple. He also mentioned that there is an opportunity for misdiagnosis by complementary and alternative practitioners who do not have a good educational background and adequate training. Dr. Sharp spoke in favor of Practice Acts for medical practitioners because it is important to define the scope of practice, define educational criteria for the practitioners, define the continuing educational requirements and provide a process for disciplining practitioners who misbehave.

April 25, 2006

The House Select Committee on Complementary and Alternative Health Care conducted the first of two public hearings on April 25, 2006 at the North Carolina Arboretum in Asheville, North Carolina. The Committee held a morning and evening session to hear the concerns of a wide range of interested citizens on issues related to the practice of complementary and alternative health services in the State.

September 27, 2006

The House Select Committee on Complementary and Alternative Health Care conducted the second public hearing on September 27, 2006 at Craven Community College in New Bern, North Carolina. The Committee again held a morning and evening session to hear citizen input.

November 16, 2006

Dr. Kevin Ayvazyan, an Armenian doctor practicing in the U.S. for the past 13 years, spoke about the need for consumers to have access to conventional medicine but also complementary and alternative medical options. He also proposed a single licensing board for all practitioners with medical degrees and that other alternative and complementary practitioners without medical training should be certified by that board. He also proposed that insurance coverage should be expanded to cover some alternative and complementary health care services that are not already covered by insurance.

Sara Kamprath, Committee Staff, presented a summary of the comments from interested citizens at the public hearings in Asheville and New Bern and also a summary of the issues raised by the legislators at these meetings (See Appendix B).

The members of the public who spoke at the meeting included consumers and practitioners of complementary and alternative health care services, and also licensed physicians who integrate complementary and alternative health care services into their medical practices.

The issues of concern raised by the citizens at both public hearings can be grouped into the following four areas:

- **Physician Education/Awareness**
- **Consumer and Practitioner Protection**
- **Treatment Costs**
- **Treatment Options**

The issues raised by the legislators at the public hearings can be grouped into the following four areas:

- **Practitioner Training, Qualifications and Credentials**
- **Consumer Protection**
- **Insurance Coverage**
- **Oversight/Regulatory Board**

Representative Parmon presented the draft recommendation and accompanying proposed legislation for Committee discussion.

December 12, 2006

The Committee held its final meeting and discussed the proposed recommendation and legislation. The Committee voted to adopt the final report.

FINDING AND RECOMMENDATION

FINDING:

There is a growing demand for complementary and alternative health care services across the nation and the State. An estimated 3.3 million people in North Carolina receive health care services from complementary and alternative health care practitioners.

Some of the citizens who addressed the Committee at the public hearings expressed the concern that in North Carolina consumer access to complementary and alternative health care is limited because these practitioners feel under the threat of being criminally charged for practicing medicine without a license.

Other speakers at the public hearings expressed the need to allow qualified practitioners to offer their services to the public without the possibility of facing criminal prosecution but also to have a system for protecting the public's health and safety from unqualified practitioners.

The Committee on Complementary and Alternative Health Care recognizes that many citizens in the State want access to complementary and alternative care health services but also that the Committee has not had adequate time to address the full range of concerns including insurance coverage, models in other states and consumer protection. The Committee also recognizes that not all of the interested parties, including the North Carolina Boards of Pharmacy and Medicine, have had an opportunity to be heard.

.

RECOMMENDATION: CREATE A JOINT LEGISLATIVE STUDY COMMITTEE ON COMPLEMENTARY AND ALTERNATIVE FORMS OF MEDICINE

The House Select Committee on Complementary and Alternative Health Care encourages the General Assembly to enact legislation to establish a Joint Legislative Study Committee to continue to examine ways to facilitate consumer access to complementary and alternative health care services while still protecting the health and safety of the public. (See Legislative Proposal on Page 8.)

LEGISLATIVE PROPOSAL

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

H **D**

BILL DRAFT 2007-SQ-1 [v.5] (11/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
11/21/2006 7:18:10 PM

Short Title:	Joint Study Complimentary/Alternative Med.	(Public)
Sponsors:	Representative.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE JOINT LEGISLATIVE STUDY COMMISSION ON COMPLEMENTARY AND ALTERNATIVE FORMS OF MEDICINE.

The General Assembly of North Carolina enacts:

SECTION 1(a). There is created the Joint Legislative Study Committee on Complementary and Alternative Forms of Medicine in North Carolina. The Committee shall consist of 12 members. The Speaker of the House of Representatives shall appoint six members and the President Pro Tempore of the Senate shall appoint six members.

The Speaker of the House of Representatives shall appoint a cochair, and the President Pro Tempore of the Senate shall appoint a cochair for the Committee. The Committee may meet at any time upon the joint call of the cochairs. Vacancies on the Committee shall be filled by the same appointing authority as made the initial appointment.

The Committee, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Committee may contract for professional, clerical, or consultant services as provided by G.S. 120-32.02.

Subject to the approval of the Legislative Services Commission, the Committee may meet in the Legislative Building or the Legislative Office Building. The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist the Committee in its work. The House of Representatives' and the Senate's Supervisors of Clerks shall assign clerical support staff to the Committee, and the expenses relating to the clerical employees shall be borne by the Committee. Members of the Committee shall

receive subsistence and travel expenses at the rates set forth in G.S. 120-3.1, 138-5, or 138-6, as appropriate.

SECTION 1(b). The Committee shall consider and report on:

(1) Types of complementary and alternative health care services currently being offered and used in North Carolina.

(2) Ways to remove current restrictions and facilitate access of consumers to complementary and alternative health care practitioners who are providing health care services not currently covered by existing medical licensing laws.

(3) The impact of Health Freedom legislation in other states including Oklahoma, Minnesota, Rhode Island, California, and Idaho.

(4) The need to safeguard public health and safety by requiring mandatory licensure of all persons who engage in the practice of complementary and alternative health care services to ensure minimum standards of competence, a minimum level of education, and experience.

(5) Any other matter that the Committee deems appropriate or necessary to provide proper information to the General Assembly on the subject of the study.

SECTION 1(c). The Committee shall submit a report of its findings and recommendations, including any legislative recommendations, to the 2008 Regular Session of the 2007 General Assembly or to the 2009 General Assembly upon its convening. The Committee shall terminate on the convening of the 2009 General Assembly.

SECTION 1(d). Of the funds appropriated to the General Assembly, the Legislative Services Commission shall allocate funds for the expenses of the Committee established by this section.

SECTION 2. This act is effective when it becomes law.

Appendix A

Classification System Used by the National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health

There are many terms used to describe approaches to health care that are outside the realm of conventional medicine as practiced in the United States. This fact sheet explains how the National Center for Complementary and Alternative Medicine (NCCAM), a component of the National Institutes of Health, defines some of the key terms used in the field of complementary and alternative medicine (CAM).

What is complementary and alternative medicine?

Complementary and alternative medicine, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies--questions such as whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used.

The list of what is considered to be CAM changes continually, as those therapies that are proven to be safe and effective become adopted into conventional health care and as new approaches to health care emerge.

Are complementary medicine and alternative medicine different from each other?

Yes, they are different.

Complementary medicine is used **together with** conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.

Alternative medicine is used **in place of** conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

What is integrative medicine?

Integrative medicine, as defined by NCCAM, combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness.

What are the major types of complementary and alternative medicine?

NCCAM classifies CAM therapies into five categories, or domains:

1. Alternative Medical Systems

Alternative medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from and earlier than the conventional medical approach used in the United States. Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include traditional Chinese medicine and Ayurveda.

2. Mind-Body Interventions

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques that were considered CAM in the past have become mainstream (for example, patient support groups and cognitive-behavioral therapy). Other mind-body techniques are still considered CAM, including meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.

3. Biologically Based Therapies

Biologically based therapies in CAM use substances found in nature, such as herbs, foods, and vitamins. Some examples include dietary supplements, herbal products, and the use of other so-called natural but as yet scientifically unproven therapies (for example, using shark cartilage to treat cancer).

4. Manipulative and Body-Based Methods

Manipulative and body-based methods in CAM are based on manipulation and/or movement of one or more parts of the body. Some examples include chiropractic or osteopathic manipulation, and massage.

5. Energy Therapies

Energy therapies involve the use of energy fields. They are of two types:

> **Biofield therapies** are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include qi gong, Reiki, and Therapeutic Touch.
>
> **Bioelectromagnetic-based therapies** involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields.

Appendix B

PUBLIC HEARINGS

The Committee conducted two public hearings, each consisting of morning and evening sessions. The first was held on April 25, 2006 in Asheville, N.C. and the second was held on September 27, 2006 in New Bern, N.C.

A total of thirty-six speakers expressed their views to the committee at the public hearings. The speakers represented a wide range of parties interested in issues relating to the practice of complementary and alternative health practices in North Carolina. These speakers included consumers and practitioners of complementary and alternative health care services, and licensed physicians who integrate complementary and alternative health care services into their practices.

ISSUES IDENTIFIED – PUBLIC

The following list represents the issues raised with greatest frequency by the members of the general public who participated in the public hearings:

- **Physician Education/Awareness –** The need for education and training of physicians about complementary and alternative medical practices and therapies so physicians can either integrate these modalities into their own practices or refer patients to practitioners of these modalities for care, as appropriate.
- **Consumer and Practitioner Protection –** The need to protect members of the public from harm caused by unqualified practitioners of complementary and alternative health care modalities while allowing for qualified practitioners to offer their services to the public without facing the possibility of criminal prosecution.
- **Treatment Costs –** Complementary and alternative modalities are often less expensive than conventional medical treatments, and are generally not covered by health insurance.
- **Treatment Options –** Consumers should be informed of all options for treatment, including complementary and alternative therapies, and should have the right to choose their health care provider regardless of whether or not the practitioner's specialty requires licensure or certification.

ISSUES IDENTIFIED – LEGISLATORS

The following list represents the issues raised with greatest frequency by the legislators who attended the public hearings:

- **Practitioner Training, Qualifications and Credentials –** There should be some way for consumers to be made aware of practitioners' credentials, training and experience.
- **Consumer Protection –** There should be some process by which unqualified practitioners can be disciplined or prevented from practicing.

- **Insurance Coverage –** The issue of providing insurance coverage for certain complementary and alternative modalities should be explored in greater detail.
- **Oversight/Regulatory Board –** There appears to be a need for some form of oversight or regulatory board to be established to develop and implement rules governing the practice of complementary and alternative medicine modalities.