

Chapter 10: Recommendations and Actions

COORDINATION OF RESEARCH

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

Actions

- 1.1 Federal agencies should increase their activities with respect to CAM in accordance with their biomedical research, health services research, or other health care-related responsibilities and make these activities, including available technical assistance, known to CAM and conventional researchers and practitioners. Activities might include funding initiatives such as requests for applications and proposals; CAM-focused offices or centers; CAM-focused staff positions; CAM advisory committees or the representation of qualified CAM professionals on such committees.
- 1.2 Federal agencies should assess the scope of scientific, practice, and public interest and needs regarding CAM that are relative to their missions, examine their portfolios, and develop funding distribution strategies to address these interests and needs.
- 1.3 The Agency for Health Care Research and Quality together with The National Center for Complementary and Alternative Medicine should develop ways to expand health services research in CAM and explore methodologies for health services research in this area.
- 1.4 The Federal, private, and nonprofit sectors should support more research on (1) complex compounds/mixtures frequently found in CAM products, (2) clinical interventions consisting of multiple treatments, (3) how patient-practitioner interactions affect treatment outcomes, and (4) individualizing treatments.
- 1.5 In order to protect public health and maximize benefits, Congress should provide adequate public funding for research on frequently used or promising CAM products that would be unlikely to receive private research support.
- 1.6 The Federal government should support research on CAM practices that appear to be effective but may not be profitable to private investors, such

as biofeedback, meditation, guided imagery, art therapy, and music therapy.

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

Actions

- 2.1 Incentives to stimulate private sector investment in CAM research should focus on (1) research on dietary supplements and other natural products that may not be patentable; (2) research on other CAM products that may not be patentable, including therapeutic devices; and (3) the development of analytical methods for producing better quality CAM products.
- 2.2 The Federal and private sectors should provide support for workshops to discuss the research needed by regulatory agencies for their review and approval processes for CAM products and devices.
- 2.3 Federal agencies should develop outreach programs to inform manufacturers of CAM products and devices about the Federal research support available to private industry and how the agency can assist them.

Recommendation 3: Federal, private, and nonprofit sectors should support research on CAM modalities and approaches that are designed to improve self-care and behaviors that promote wellness.

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

Actions

- 4.1 The National Center for Complementary and Alternative Medicine, assisted by the Institute of Medicine of the National Academy of Sciences, should develop guidelines for establishing research priorities in CAM.
- 4.2 The National Science Foundation, in collaboration with The National Center for Complementary and Alternative Medicine, should examine

frontier areas of science associated with CAM that are outside the current research paradigm and methodological approaches to study them.

- 4.3 Multidisciplinary workshops and expert panels should be convened by Federal, private and nonprofit organizations, collaboratively or independently, to explore the challenges in design and methodology presented by research questions in CAM areas that are outside the current research paradigm.
- 4.4 The National Institute of General Medical Sciences of the NIH, the Department of Energy, and the Department of Defense are among the Federal organizations that should consider contributing collaboratively or independently to the support of research on core questions in areas described in many CAM systems.
- 4.5 The National Center for Complementary and Alternative Medicine, working with the World Health Organization, should examine investigative approaches for studying the traditional systems of medical practice from a variety of cultures.

Recommendation 5: Investigators engaged in research on CAM should ensure that human subjects participating in clinical studies receive the same protections as are required in conventional medical research and to which they are entitled.

Actions

- 5.1 Licensed practitioners using CAM systems and modalities who wish to conduct or collaborate in clinical research should follow the same requirements as in conventional medical research. They should develop, or partner with a research institution to develop, a scientifically valid research protocol and obtain Institutional Review Board approval to ensure that they meet accepted standards of ethical conduct and their responsibilities to protect human subjects.
- 5.2 Accredited CAM institutions and CAM professional organizations should establish Institutional Review Boards where possible, and guide their colleagues and members to utilize the Institutional Review Board process, which is required to conduct clinical research.

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

Recommendation 6: The Commission recommends that state professional regulatory bodies include language in their guidelines stating that licensed, certified, or otherwise authorized practitioners who are engaged in research on CAM will not be sanctioned solely because they are engaged in such research if they:

- 1 are engaged in well-designed research that is approved by an appropriately constituted Institutional Review Boards,**
- 2 are following the requirements for the protection of human subjects, and**
- 3 are meeting their professional and ethical responsibilities. All CAM and conventional practitioners, whether or not they are engaged in research, must meet whatever State practice requirements or standards govern their authorization to practice.**

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

Actions

- 7.1 CAM and conventional medical researchers and practitioners should adhere to the same high standards of quality and ethics in all aspects of research and related activities.
- 7.2 Federal agencies should develop programs to stimulate cooperation and partnerships between CAM and conventional medical professionals and accredited institutions.

- 7.3 Committees reviewing or advising on research, journal submissions, regulatory compliance, and health insurance coverage in both the public and private sectors should include as members or consultants trained, experienced, and properly qualified CAM health care professionals.
- 7.4 Multidisciplinary conferences, workshops, and expert panels on CAM research and related activities, including research methodology, should be supported independently or collaboratively by the public, private, and nonprofit sectors.
- 7.5 The nonprofit sector and the private sector should create funding partnerships, whether independently or with Federal agencies, to augment support for CAM research, research infrastructure and training, research conferences, and information dissemination.
- 7.6 The Federal government should support research, including population-based research, to learn more about why people use CAM practices and products, how they determine the safety and effectiveness of the practices and products they use, and what they find satisfying or unsatisfying about them.
- 7.7 To benefit patients and future research protocol development and to add to our knowledge about the use of CAM, Institutional Review Boards should consider requiring that all research subjects be asked about their use of herbal or other dietary supplements.
- 7.8 Federal agencies supporting biomedical and health services research should develop orientation and training programs for public representatives to enhance the effectiveness of their participation on advisory committees concerned with CAM.

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

Actions

- 8.1 Funding should be made available to accredited CAM and conventional medical institutions develop programs that examine CAM research questions and that stimulate cross-institutional collaborations involving faculty and students in research and research training.

- 8.2 Funding should be made available to accredited CAM and conventional medical institutions support joint research and professional education and training programs to enhance the quality and clinical relevance of CAM research and link the research with evidence-based education and training of practitioners.
- 8.3 Federal health agencies with research training programs and responsibilities that encompass CAM-related questions should be given adequate support to increase research training in CAM.
- 8.4 Existing resources, such as The National Center for Complementary and Alternative Medicine-supported centers and the National Center for Research Resources' General Clinical Research Centers should be utilized to increase opportunities to conduct clinical research and training on CAM and examine the inclusion of CAM into the clinical setting.
- 8.5 Federal support should be increased for career development awards, including those that enable investigators focusing on CAM to develop into independent investigators and faculty members, and mid-career awards that provide the time required to mentor new CAM investigators.

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

Actions

- 9.1 The Agency for Health Care Research and Quality should expand its Evidence-based Practice Center systematic reviews on CAM systems and treatments for use by private and public entities in developing tools, such as practice guidelines, performance measures, and review criteria, and for identifying future research needs.
- 9.2 The National Center for Complementary and Alternative Medicine should issue a comprehensive, understandable, and regularly updated summary of current clinical evidence on the safety and efficacy of CAM systems and treatments for health care practitioners and the public.

EDUCATION AND TRAINING OF HEALTH CARE PRACTITIONERS

Recommendation 10: The education and training of CAM and conventional practitioners should be designed to ensure public safety, improve health,

and increase the availability of qualified and knowledgeable CAM and conventional practitioners and enhance the collaboration among them.

Actions

- 10.1 Conventional health professional schools, postgraduate training programs, and continuing education programs should develop core curricula of knowledge about CAM to prepare conventional health professionals to discuss CAM with their patients and clients and help them make informed choices about the use of CAM.
- 10.2 CAM education and training programs should develop curricula that reflect the fundamental elements of biomedical science and conventional health care relevant to and consistent with the practitioners' scope of practice.
- 10.3 CAM and conventional education and training programs should develop curricula and other methods to facilitate communication and foster collaboration between CAM and conventional students, practitioners, researchers, educators, institutions and organizations.
- 10.4 Increased Federal, state, and private sector support should be made available to expand and evaluate CAM faculty, curricula, and program development at accredited CAM and conventional institutions.
- 10.5 Expansion of eligibility of CAM students at accredited institutions for existing of loan programs should be explored.
- 10.6 The Department of Health and Human Services should conduct a feasibility study to determine whether appropriately educated and trained CAM practitioners enhance and/or expand health care provided by primary care teams.* This feasibility study could lead to demonstration projects to identify: 1) the type of practitioners, 2) their necessary education and training, 3) the appropriate practice settings, and 4) the health outcomes attributable to the addition of these practitioners and services to comprehensive care.
- 10.7 The Department of Health and Human Services and other Federal Departments and Agencies should convene conferences of the leaders of CAM, conventional health, public health, evolving health professions, and the public; of educational institutions; and of appropriate organizations to facilitate establishment of CAM education and training guidelines. Subsequently, the guidelines should be made available to the states and professions for their consideration.
- 10.8 Feasibility studies of postgraduate training for appropriately educated and trained CAM practitioners should be conducted to determine the type of

practitioners, practice setting, and their impact on clinical competency, quality of health care, and collaboration with conventional providers.

- 10.9 Practitioners who provide CAM services and products should complete appropriate CAM continuing education programs that include critical evaluation of CAM to enhance and protect the public's health and safety.

CAM Information Development and Dissemination

Recommendation 11: The Federal government should make available accurate, useful, and easily accessible information on CAM practices and products, including information on safety and effectiveness.

Actions

- 11.1 The Secretary of Health and Human Services should establish a task force to facilitate the development and dissemination of CAM information within the Federal government and to eliminate existing gaps in CAM information. The task force should include consumers, CAM providers, scientists, and conventional health care practitioners. Resources should subsequently be provided to close identified gaps and improve the availability, coordination, and dissemination of information.
- 11.2 Federal Departments and agencies with missions or activities relevant to CAM should 1) develop informational materials about CAM that are easy to understand and use, and 2) support and collaborate with national and local community leaders and CAM leaders and organizations to identify strategies for enhancing the development, availability, and accessibility of information on the safety and effectiveness of CAM practices and products.
- 11.3 Increased funding should be provided to the National Library of Medicine and the American Library Association to expand training of librarians to include helping consumers find information on CAM.
- 11.4 The Secretary of Health and Human Services should direct resources to streamline the process of identifying and making available relevant, high-quality CAM information from other countries and in other languages.

Recommendation 12: The quality and accuracy of CAM information on the Internet should be improved by establishing a voluntary standards board, a public education campaign, and actions to protect consumers' privacy.

Actions

- 12.1 The Secretary of Health and Human Services should form a public-private partnership to review new and existing websites and to develop voluntary standards promoting accuracy, fairness, comprehensiveness, and timeliness of information on CAM web sites, as well as the disclosure of sources of support and possible conflicts of interest. Sites reviewed and found in compliance with the standards could publicize the fact and display a logo denoting their merit.
- 12.2 Funding should be provided to the Department of Health and Human Services and the Department of Education to conduct a joint public education campaign that teaches consumers how to evaluate health care information, including CAM information, on the Internet and elsewhere.
- 12.3 Congress should protect consumers' privacy by requiring all health information sites, including CAM sites, to disclose whether they track users and if so, how that information is used and stored, including whether it is sold to third parties.

Recommendation 13: Information on the training and education of providers of CAM services should be made easily available to the public.

Actions

- 13.1 The Commission recommends that states require all persons providing CAM services to disclose information regarding their level and scope of training and to make it easily available to consumers.
- 13.2 The Commission recommends that states disclose information on State guidelines, requirements, licensure, certification, and disciplinary actions of health providers, including CAM providers, and make it easily accessible to the public.

Recommendation 14: CAM products that are available to U.S. consumers should be safe and meet appropriate standards of quality and consistency.

Actions

- 14.1 The efforts of both the public and private sectors to ensure the development, validation, and dissemination of analytical methods and reference materials for dietary supplements should be accelerated.
- 14.2 The proposed Good Manufacturing Practices for Dietary Supplements should be published expeditiously, followed by a timely review of comments and completion of a final rule. The Food and Drug

Administration should be provided with adequate resources to complete this task.

- 14.3 Adequate funding should be provided to appropriate Federal agencies, including U.S. Customs and Food and Drug Administration inspection authorities, to enforce current laws monitoring the quality of imported raw materials and finished products intended for use as dietary supplements.
- 14.4 Manufacturers should have on file and make available to the FDA upon request scientific information to substantiate their determinations of safety, and current statutory provisions should be periodically reexamined to determine whether safety requirements for dietary supplements are adequate.
- 14.5 An objective process for evaluating the safety of dietary supplement products should be developed by an independent expert panel.

Recommendation 15: Provisions of the Federal Food, Drug, and Cosmetic Act, as modified by the Dietary Supplement Health and Education Act of 1994, should be fully implemented, funded, enforced, and evaluated.

Actions

- 15.1 The Food and Drug Administration and other agencies with regulatory responsibilities should be provided with additional resources to 1) enforce the Dietary Supplement Health and Education Act's regulations regarding labeling of dietary supplements, 2) enforce current provisions requiring that dietary supplements be labeled in English, even if the same information is also included in another language, and 3) employ additional professionals with expertise in dietary supplements.
- 15.2 Current provisions requiring disclosure of material facts by manufacturers of CAM products should be enforced, and manufacturers should meet their responsibility to disclose material facts on the label, package, and/or package insert, so that the public will have information about known risks and well-documented significant interactions. Information on potential benefits of dietary supplements should also be made easily available at the time of purchase.
- 15.3 Congress should periodically evaluate the effectiveness, limitations, and enforcement of the Dietary Supplement Health and Education Act of 1994, including its impact on public health, and take appropriate action to ensure the public's safety.

Recommendation 16: Activities to ensure that advertising of dietary supplements and other CAM practices and products is truthful and not misleading should be increased.

Actions

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

Recommendation 17: The collection and dissemination of information about adverse events stemming from the use of dietary supplements should be improved.

Actions

- 17.1 Congress should require dietary supplement manufacturers and suppliers to register with the Food and Drug Administration, and the agency should encourage voluntary registration until such a requirement is in effect, so that manufacturers, suppliers, and consumers can be promptly notified if a serious adverse event is identified.
- 17.2 Recent congressional support for improving the Food and Drug Administration's adverse events reporting system should be enhanced by requiring dietary supplement manufacturers and suppliers to maintain records and report serious adverse events to the agency.
- 17.3 Additional resources and support should be provided to 1) the Food and Drug Administration to simplify the adverse events reporting system for dietary supplements, and to streamline the database for timely review and follow-up on received reports; and 2) the Food and Drug Administration, the Centers for Disease Control and Prevention, and other appropriate Federal agencies to increase outreach activities to consumers, health professionals (including poison control centers, emergency room physicians, CAM practitioners, and mid-level marketers) in order to

improve both manufacturers' and the public's awareness of and participation in voluntary event reporting.

Access and Delivery

Recommendation 18: The Department of Health and Human Services should evaluate current barriers to consumer access to safe and effective CAM practices and to qualified practitioners and should develop strategies for removing those barriers in order to increase access and to ensure accountability.

Actions

- 18.1 The Department of Health and Human Services should assist the States in evaluating the impact of legislation enacted by various States on access to CAM practices and on public safety.
- 18.2 The Department of Health and Human Services and other appropriate Federal agencies should use health care workforce data, data from national surveys on use of CAM, regional public health reports on CAM activities and other studies to identify current and future health care needs and the relevance of safe and effective CAM services for helping address these needs.

Recommendation 19: The Federal Government should offer assistance to states and professional organizations in 1) developing and evaluating guidelines for practitioner accountability and competence in CAM delivery, including regulation of practice, and 2) periodic review and assessment of the effects of regulations on consumer protection.

Actions

- 19.1 The Secretary of Health and Human Services should create a policy advisory committee, including CAM and conventional practitioners and representatives of the public, to address issues related to providing access to qualified CAM practitioners, provide guidance to the states concerning regulation possibilities, and provide a forum for dialogue on other issues related to maximizing access.
- 19.2 The Secretary of Health and Human Services, in collaboration with states, should assist CAM organizations that wish to develop consensus within their field of practice regarding standards of practice, including education and training. The conclusions reached by CAM professional groups concerning these matters should be considered by states and regulatory

bodies in determining the appropriate status of these practitioners for such regulatory options as registration, licensure or exemption.

Recommendation 20: States should evaluate and review their regulation of CAM practitioners and ensure their accountability to the public. States should, as appropriate, implement provisions for licensure, registration, and exemption consistent with the practitioners' education, training, and scope of practice.

Action

- 1.1 The Department of Health and Human Services' policy advisory committee, in partnership with state legislatures, regulatory boards, and CAM practitioners, should develop model guidelines or other guidance for the regulation and oversight of licensed and registered practitioners who use CAM services and products. This guidance should balance concerns regarding protection of the public from the inappropriate practice of health care, provide opportunities for appropriately trained and qualified health practitioners to offer the full range of services in which they are trained and competent, maintain competition in the provision of CAM and other health services, preserve CAM styles and traditions that have been valued by both practitioners and consumers, and determine the extent of the public's choice among health care modalities.

Recommendation 21: Nationally recognized accrediting bodies should evaluate how health care organizations under their oversight are using CAM practices and should develop strategies for the safe and appropriate use of qualified CAM practitioners and safe and effective products in these organizations.

Actions

- 21.1 National accrediting bodies, in partnership with other public and private organizations, should evaluate present uses of CAM practitioners in health care delivery settings and develop strategies for their appropriate use in ways that will benefit the public.
- 21.2 Nationally recognized accrediting bodies of health care organizations and facilities should consider increasing on-going access to CAM expertise to ensure that processes to develop accreditation standards and interpretations reflect emerging developments in the health care field.

- 21.3 Nationally recognized accrediting bodies, using CAM experts, should review and evaluate current standards and guidelines to ensure the safe use of CAM practices and products in health care delivery organizations.

Recommendation 22: The Federal government should facilitate and support the evaluation and implementation of safe and effective CAM practices to help meet the health care needs of special and vulnerable populations.

Actions

- 1.1 The Department of Health and Human Services and other Federal Departments should identify models of health care delivery that include safe and effective CAM practices, evaluate them, and then support those models which are successful for use with special and vulnerable populations, including the chronically and terminally ill.
- 1.2 The Department of Health and Human Services should sponsor the development and evaluation of demonstration projects that integrate the use of safe and effective CAM services as part of the health care programs in hospices and community health centers.
- 1.3 The Department of Health and Human Services should identify ways to support the practice of indigenous healing in the United States and to improve communication among indigenous healers, conventional health care professionals, and CAM practitioners.

COVERAGE AND REIMBURSEMENT

Recommendation 23: Evidence should be developed and disseminated regarding the safety, benefits, and cost-effectiveness of CAM interventions, as well as the optimum models for complementary and integrated care.

Actions

- 23.1 The Secretary of Health and Human Services should convene a joint public and private task force to identify and set priorities for studying health services issues related to CAM and to help purchasers and health plans make prudent decisions regarding coverage of and access to CAM.
- 23.2 Federal agencies, States, and private organizations should increase funding for health services research, demonstrations, and evaluations related to CAM, including outcomes of CAM interventions, coverage and access, effective sequencing and integration with conventional therapies, effective models for service delivery, and the use of CAM in underserved, vulnerable, and special populations.

- 23.3 Federal, State, and private entities should fund health services research on the costs, cost-benefits, and cost-effectiveness of CAM interventions and wellness programs.
- 23.4 The Secretary of Health and Human Services and the National Committee for Vital and Health Statistics should authorize a national coding system that supports standardized data for CAM. This system should make possible the collection of data for clinical and health services research on CAM, and support compliance with the electronic claims requirements of the Health Insurance Portability and Accountability Act.
- 23.5 The National Center for Complementary and Alternative Medicine, through its clearinghouse, should provide information on health services research, demonstrations, and evaluations of CAM services and products.
- 23.6 Public agencies and private organizations should support the development of informational programs on CAM targeted to health plan purchasers and sponsors, health insurers, managed care organizations, consumer groups, and others involved in the provision of health care services.
- 23.7 Congress should request periodic reports from appropriate Federal departments on coverage of and reimbursement for CAM practices and products for Federal beneficiaries, Medicaid beneficiaries, Federal employees, military personnel, veterans, and eligible family members and retirees, as well as any legislative, regulatory, or programmatic impediments to covering safe and effective CAM interventions.

Recommendation 24: Insurers and managed care organizations should offer purchasers the option of health benefit plans that incorporate coverage of safe and effective CAM interventions provided by qualified practitioners.

Actions

- 24.1 Health insurance and managed care companies should modify their benefit design and coverage processes in order to offer purchasers, for their consideration, health benefit plans that include safe and effective CAM interventions.
- 24.2 Health insurance and managed care companies should make use of CAM expertise in the development of benefit plans that include safe and effective CAM interventions.

- 24.3 Health insurers, managed care organizations, CAM professional associations, CAM experts, private organizations that develop medical criteria, and Federal agencies are encouraged to develop appropriate clinical criteria and guidelines for the use of CAM services and products.

Recommendation 25: Purchasers, including Federal agencies and employers, should evaluate the possibility of covering benefits or adding health benefit plans that incorporate safe and effective CAM interventions.

Actions

- 25.1 Employers, Federal agencies, other purchasers and sponsors should enhance the processes they use to develop health benefits and give consideration to safe and effective CAM interventions.
- 25.2 Public purchasers such as the Centers for Medicare and Medicaid Services and the Department of Defense, employers, other health benefit sponsors, and health industry organizations should include CAM practitioners and experts on advisory bodies and workgroups considering CAM benefits and other health benefit issues.
- 25.3 The Secretary of Health and Human Services, preferably through the Federal CAM coordinating office when established, should maintain a list of opportunities for CAM experts to participate on advisory committees and other workgroups.
- 25.4 The Secretary of Health and Human Services should direct agencies under his authority to convene workgroups and conferences to assess the state-of-the-science of CAM services and products and to develop consensus and other guidance on their use.
- 25.5 State governments should consider, as part of evaluating and reviewing their regulations, how regulation of CAM practitioners could affect third-party coverage of safe and effective CAM interventions. CAM in Wellness and Health Promotion

Recommendation 26: The Department of Health and Human Services and other Federal agencies and public and private organizations should evaluate CAM practices and products that have been shown to be safe and effective to determine their potential to promote wellness and help achieve the nation's health promotion and disease prevention goals. Demonstration programs should be funded for those determined to have benefit.

Actions

- 26.1 The Healthy People Consortium should evaluate the role of safe and effective CAM practices and products in addressing the 10 leading health indicators and develop strategies, including demonstration programs, to encourage the use of CAM practices and products found to be beneficial in addressing these indicators.
- 26.2 Questions on the extent and use of CAM products and practices should be included in national surveys and other assessment tools including the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the Medical Expenditure Panel Survey. Where appropriate, information from these sources should be incorporated into the Healthy People 2020 goals and objectives.
- 26.3 The Department of Health and Human Services, as part of the Healthy People 2010 initiative, should support the development of a national campaign to teach and encourage behaviors that focus on improving nutrition, promoting exercise, and teaching stress management for all Americans, especially children. This campaign should include safe and effective CAM practices and products where appropriate.
- 26.4 The Federal government, in partnership with public and private organizations, should evaluate safe and effective CAM practices and products to determine their applicability to improving nutrition, promoting exercise, and teaching stress management to children. Demonstration programs should be funded for those found to be applicable to children.
- 26.5 The Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Department of Agriculture, the Department of Education, and other Federal agencies that develop school health guidelines should evaluate the potential applicability of safe and effective CAM practices and products to these school health guidelines. Those found to have benefits should be included in the guidelines.
- 26.6 Federal agencies, in partnership with the business community, should develop incentives for schools to make lunches and snacks healthful, and to limit the sale and eliminate the advertising of high-fat snacks, soft drinks, and other products that do not contribute to healthy lifestyles.
- 26.7 The Department of Health and Human Services and the Department of Labor should evaluate safe and effective CAM practices and products to determine their potential role in workplace wellness and prevention activities, and include them in Federal workplace wellness and health promotion programs and Federal health coverage plans when appropriate.

- 26.8 Federal agencies, in conjunction with the business community, should develop incentives for employers to include CAM practices and products found to be beneficial in wellness and prevention activities in their workplace wellness programs and health coverage.

Recommendation 27: Federal, State, public, and private health care delivery systems and programs should evaluate CAM practices and products to determine their applicability to programs and services that help promote wellness and health. Demonstration programs should be funded for those determined to be beneficial.

Actions

- 27.1 The Secretaries of Health and Human Services, Agriculture, Veterans Affairs, and Defense and the Commissioner of the Administration for Children and Families, should evaluate safe and effective CAM practices and products that contribute to wellness and health and determine their applicability to Federal health systems and programs.
- 27.2 The Secretary of Health and Human Services should facilitate the bringing together of public and private health care organizations to evaluate safe and effective CAM practices and products that contribute to wellness and health and determine their applicability to health systems and programs, especially in the nation's hospitals and long-term care facilities and in programs serving the aging, those with chronic illness, and those at the end of life.
- 27.3 CAM and conventional health professional training programs should consider offering training and educational opportunities for students in self-care and lifestyle decision-making to improve practitioners' health and to enable practitioners to impart this knowledge to their patients or clients.

Recommendation 28: Research on the role of CAM in wellness and health promotion, the application of CAM principles and practices, and the role of CAM practitioners in the management of chronic disease should be expanded.

Actions

- 28.1 The Department of Health and Human Services should fund demonstration projects to evaluate the clinical and economic impact of comprehensive health promotion programs that include CAM. These studies should include underserved and special populations.

- 28.2 The Federal government and private health organizations should evaluate CAM practices and products that are currently being used for wellness and health promotion to determine their effectiveness and applicability to the management of chronic disease. Funding should be provided for demonstration projects in the Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, the Department of Defense, the Health Resources and Services Administration, and other Federal agencies for those CAM practices and products found to have benefit in the management of chronic disease, end of life such as hospice.

COORDINATING FEDERAL EFFORTS

Recommendation 29: The President, Secretary of Health and Human Services, or Congress should create an office to coordinate Federal CAM activities and to facilitate the integration into the nation's health care system of those complementary and alternative health care practices and products determined to be safe and effective.

Actions

- 29.1 The office should be established at the highest possible and most appropriate level in the Department of Health and Human Services and should be given sufficient staff and budget to meet its responsibilities.
- 29.2 The office should charter an advisory council. Members should include CAM and conventional practitioners with expertise, diverse backgrounds, and necessary training, as well as representatives of both the private and public sectors, to guide and advise the office about its activities.
- 29.3 The office's responsibilities should include, but not be limited to, coordinating Federal CAM activities; serving as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, institutions, and commercial ventures; planning, facilitating, and convening conferences, workshops, and advisory groups; acting as a centralized Federal point of contact regarding CAM for the public, CAM practitioners, conventional health care providers, and the media; facilitating implementation of the Commission's recommendations and actions; and exploring additional and emerging topics not considered by the Commission.