

Remarks of Michele Forzley, J.D.
to
The White House Commission
on
Complementary and Alternative Medicine Policy
Washington, D.C.
February 23, 2001

The Commission has an opportunity in its policy recommendations in the area of education and training to accomplish many goals. First and foremost, I urge that it recommend that a system be developed to harmonize guidelines to be followed by states and professional associations in the development of legislation and requirements for education and training of CAM providers. As a consequence, the Commission will take a giant step towards harmonized licensing and credentialing standards.

Currently, there are conflicting educational standards between states and countries outside the US and in the case of several modalities, no standards. The conflicts lead to some modalities being legislated out of existence, such as recently occurred in Maryland with massage therapists versus other touch healers. Another problem lies with the lack of cohesion and capacity amongst practitioners to politically articulate on their behalf. This is so either while a legislature or administrative body is considering a rule or when it becomes desirable to posture to develop applicable rules such as the case when one modality needs to be distinguished from another.

In addition to the benefits a system of harmonized education and training guidelines will offer the world of CAM, there is indeed a larger community that will benefit from this work. That community is the world of all health care professionals who face differing requirements from state to state and from country to country. While you may be thinking that this is not a problem, I would suggest you consider the practice of telemedicine, made possible through technology. There is no national system to ensure that physicians and other health care practitioners are able to practice across state and lines through the medium of telemedicine. Also, we should not forget the geographic areas of the US, such as DC metro, where it is almost impossible to not cross state lines in a practice, whether telemedicine or not. I might add this issue is not unique to health care. It beleaguers lawyers too.

Models do exist on how to bridge conflicting state and national rules and the equivalencies integral to the process already exist. The first model is European Council Directive 92/51 and amendments, which in 1992 began the European wide system by which the education for all trades would be recognized by neighboring states. Coincidentally, the Directive was specifically determined to be applicable to practitioners

of complementary and alternative medicine in November 1998.

The second model is the International Treaty on Telemedicine, for which I am one of the drafters, as a member of the International Bar Association Committee 2. The treaty is now being considered by the World Health Organization and establishes a harmonized system to recognize educational and licensing standards across national lines.

The third item is a tremendous body of work, which identifies the equivalencies in education and training. Alternative Link, Inc has done that work. There is no need to see how differing state rules can be compared. That is done. The Commission need only determine the rules it wishes to recommend.

Lastly, I refer the Commissioners to the Business Model Pilot Study I reported in my written remarks for December 4, 2000. That study reported that the basics of business should be at least an elective in coursework for all practitioners. As a result of that finding, my office has developed a curriculum which is being tested in Boston on March 15, 2001 and a similar element has been added to the program this August 4 on CAM law and business issues at the annual meeting of the American Bar Association.

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