

SB-215: A Bill in Search of a Problem

This bill solves no problem. Mostly it exempts CAM practitioners from the the “unlicensed practice of medicine” (UPM) prohibited by the Medical Practice Act. However, there is **no** evidence that any CAM practitioner in Colorado has ever been put on notice for UPM, much less prosecuted for it.

Lessens Consumer Protections

There is no evidence that this is consumer-driven legislation; and it lessen current consumer protections.

At present, someone who engages in dangerous CAM and UPM has potential civil and criminal liability. The Medical Practice Act is there to protect consumers, aiding them to gain justice when injured through the courts.

The signed disclosure required by this bill works against the consumer in that regard. It reduces consumer protection in health care to *caveat emptor*.

Unlike regulated healthcare professionals, SB-215 would not require CAM practitioners to carry liability insurance, although they can cause serious harm when using invalidated practices and products.

False Claim of No Harm

The bill claim broadly that all traditional, cultural and complementary and alternative practices do “not pose an imminent and discernible risk of significant harm to public health and safety.” This patently false.

“Cow dung to stop the bleeding of umbilical cords was outlawed in Nigeria; the Witchcraft Suppression Acts of 1957 and 1970 were passed in South Africa; and many other “traditional” practices around the world are no longer permitted. Are we going to permit them now?” – Mark Johnson, MD, Jefferson County Health Department

Lack of Definition

These key terms not defined:

“Complementary and alternative medicine”

“CAM theory”

“Traditional and cultural”

“Physical forces of heat, cold, water, touch, sound, and light”

“Mind-body”

“Energetic healing”

Insufficient Prohibitions

The list of practice prohibitions is shockingly puny! This is it, *in its entirety*:

- Surgery
- Any procedure that punctures skin
- X-rays
- Prescribing prescription drugs and devices
- Chiropractic
- Setting fractures
- Massage
- Making a conventional diagnosis
- Recommending someone stop their current medical treatment
- Represent oneself as physician or licensed healthcare professional

***** *There are a fantastic number of medical interventions, invasive procedures, and testing allowed by this bill by anyone claiming to be a CAM practitioner.***

“If history has taught us anything in the arena of health care, it is that unscrupulous health care ‘practitioners,’ who will be attracted to Colorado if this bill passes, are more creative and resourceful in exploiting gaps and finding ambiguities in the law than lawmakers are in clearly defining terms and writing laws.” – Mark Johnson, MD, Jefferson County Health Department

Faulty Legislative Findings

The bill refers only to one supporting document: the 2007 CAM survey conducted by NIH's National Center for Complementary and Alternative Medicine (NCCAM):
<http://nccam.nih.gov/sites/nccam.nih.gov/files/news/nhsr12.pdf>

Based on this survey, the bill claims that 38% of Americans use CAM. In fact, this survey indicates the percentage of unlicensed CAM *practitioners* used by Americans is miniscule.

Error #1: The bill claims the NCCAM survey is about CAM practices.

Fact: Like SB-215, CAM is not well defined in the NCCAM survey. The survey includes many practices long prescribed by conventional practitioners, such as relaxation, deep breathing and diet-based therapy. (Note that the survey includes “vegetarianism” as a CAM practice.) Critics consider this survey “padded” to make CAM appear more popular than it actually is.

Error #2: The bill states that, based on the survey, 1.5M Coloradans “currently receive a substantial volume of health care services” from CAM practitioners.

Fact: The survey actually shows that most of \$34B spent on CAM is for over-the-counter products (fish oil being the most popular) – *not CAM practitioner services.*

Error #3: The bill claims CAM practitioners “are not regulated by the state.”

Fact: According to the NCCAM survey, the only commonly used CAM practitioners – chiropractors, osteopaths, and massage therapists – *are* regulated by the State of Colorado.

The survey reports fewer than 1% of Americans use CAM that requires a practitioner: ayurveda, acupuncture, biofeedback, chelation, hypnosis, so-called energy healing, or traditional healers. Notably, only 0.3% of American consult naturopaths.

Ten Most Common CAM Therapies	
Natural products	17.7%
Deep breathing	12.7
Meditation	9.4
*Chiro/Osteopathic	8.6
*Massage	8.3
Yoga	6.1
Diet-based therapy	3.6
Progressive relaxation	2.9
Guided imagery	2.2
Homeopathic	1.8

An asterisk (*) indicates a practitioner-based therapy.

From: Barnes PM, Bloom B, Nahin RL. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007; National Center for Health Statistics. 2008.

State-Sanctioned Two-Tier Health Care

A state imprimatur for CAM practices encourages citizens, especially parents with sick children, to delay or avoid appropriate and timely care. In addition to potentially tragic outcomes, there is also the additional cost — often borne by the community as a whole — for treating conditions made worse by the delay or avoidance of proper care.

The most reprehensible repercussion is the adoption of a two-tier approach to health care where some citizens are sent to CAM practitioners because of the ostensibly lower cost of care. This goes beyond freedom-of-choice into the heinous arena of economic triage. Some people will inevitably get inferior care because of where they live or their financial circumstances.

Damaging Vaccination Efforts

The scariest effect of this bill is on childhood vaccination.

CAM practitioners are infamously opposed to vaccination. A large study in Washington State of 11,144 children confirmed that:

Pediatric use of complementary/alternative medicine in Washington State was significantly associated with reduced adherence to recommended pediatric vaccination schedules and with acquisition of vaccine-preventable disease.

[“**Pediatric Vaccination and Vaccine-Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers,**” Downey, et al; *Maternal Child Health J*, 2010 Nov; 14(6):922-930.]

CAM practitioners offer useless and expensive alternatives to vaccination, with some advising that children best acquire natural immunity by contracting the disease. During the last flu season, many CAM providers in Colorado offered “natural” flu prevention with consultation, supplements, and homeopathics (\$200-350).

Meanwhile, homeopathic preparations called “nosodes” are being marketed in Colorado as effective CAM alternatives to childhood vaccinations.

Nosodes are homeopathic preparations made from a pathological specimen such as blood, pus, any other body secretion or excretion, or even a diseased fragment of tissue, such as a growth.

Coloradans who choose nosodes or other CAM alternatives are acting on false assurances and contributing to our state’s low vaccination rates. Recent outbreaks of pertussis are evidence of the cost of reduced herd immunity, taking a tremendous toll in lives, suffering and health care resources. A recent outbreak of measles in Arizona resulted in seven being hospitalized, at a cost of \$770,000 each — with three children dying.