

Report to the General Assembly

An Act Concerning the Department of Public Health's Oversight Responsibilities relating to Scope of Practice Determinations:

Scope of Practice Review Committee Report on
Certified Classical Homeopaths

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Department of Public Health

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An Act Concerning the Department of Public Health’s Oversight
Responsibilities relating to Scope of Practice Determinations for Health Care
Professions: Certified Classical Homeopaths

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Executive Summary

In accordance with Public Act 11-209, the group known as Homeopathy for Connecticut submitted a scope of practice request to the Department of Public Health to allow board certified homeopaths who have earned the designation of Certified Classical Homeopath (CCH) to practice homeopathy in Connecticut. Homeopathy for Connecticut did not specify whether they were seeking a new licensure program for certified classical homeopaths or statutory recognition. A scope of practice review committee was established to review and evaluate this request as well as subsequent written responses to the request and additional information that was gathered through the review process.

The scope of practice review committee reviewed and evaluated all of the information provided in the Homeopathy for Connecticut's scope of practice request as well as additional information that was requested and provided as a result of committee discussions. In reviewing and evaluating the information presented, the scope of practice committee focused on assessing any public health and safety risks associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training.

The focus of this review was not about the health and safety benefits associated with the practice of homeopathy; the focus was to assess any public health and safety risks associated with expanding the practice of homeopathy to unlicensed certified classical homeopaths. There is no literature available that compares the practice of homeopathy by non-physician, certified classical homeopaths with licensed health care providers, including physicians, who practice homeopathy. The education and training is very different for certified classical homeopaths and licensed health care practitioners who engage in homeopathy and there is no evidence to support which level of education and training is more comprehensive and provides better safeguards for the public related specifically to the practice of homeopathy.

Literature and other information reviewed and evaluated by the scope of practice review committee outlined the process to obtain certification as a classical homeopath. Certified classical homeopaths have completed specific education and training and passed an examination as required by the Council for Homeopathic Certification. Candidates are not necessarily required to complete a standardized accredited education and training program which is unlike all other health care and health related practitioners regulated by the Department of Public Health who must complete a formal, recognized and accredited education and training program. Although the homeopathic training that a licensed homeopathic physician must complete is not an accredited education and training program, all licensed homeopathic physicians in Connecticut must complete accredited medical education and training. Candidates for the certified classical homeopath credential typically combine a varying number of courses and seminars that are approved by the Council for Homeopathic Certification to meet the required five (500) hundred hours of training.

Specific data regarding the utilization of homeopathy and the demand for homeopathic care in Connecticut is not readily available. Additionally, there is no literature to substantiate that Connecticut

residents are not able to access homeopathic services in Connecticut or that their health status has been negatively impacted as a result of their inability to access homeopathic care. Although it seems conceivable that increasing the number of practitioners who can practice homeopathy in Connecticut has the potential to enhance access to homeopathy and proponents believe that broad access to alternative treatments will substantially reduce health care costs while improving the health of the population, there is no documented current practice data available to support this theory. There is also no available data to demonstrate that enactment of these changes in other states has enhanced access to quality and affordable care.

Implementation of this scope of practice request would allow certified classical homeopaths to practice in Connecticut. The profession's ability to practice to the full extent of the current education and training would depend on whether enabling legislation places any limitations on their practice. Specific data regarding the number of individuals who leave Connecticut to seek homeopathic treatment, or the number of practitioners who are leaving Connecticut to practice elsewhere, was not available.

Public perception/protection and disclosure was a contentious topic for debate throughout the review process. The ability to ensure that the public understands that a Certified Classical Homeopath is not a medical professional and does not diagnose and treat medical conditions was a major concern raised by scope of practice review committee members. States with "health freedom" laws use an exemption mechanism in which complementary and alternative medicine providers are exempt from licensing laws and allowed to practice if they make appropriate disclosures to consumers and meet other specified requirements. The benefits of complementary and alternative medicine practices can sound extremely promising to clients/patients who may base their treatment decisions on unrealistic expectations, therefore the importance of complete and clear education for clients/patients cannot be overstated. Providers must be very clear about what they can and cannot do.

The discussion of personal choice and full disclosure go hand in hand. If a client/patient is well informed and homeopathic remedies are deemed to be safe by the FDA, certified classical homeopaths question why consumers shouldn't have the freedom to choose the alternative services and practitioners they prefer. Proponents agree because it promotes self-determination in making health care choices but skeptics disagree and see it as a way of lowering standards.

"Health freedom" laws typically do not define who a complementary or alternative health care provider is and basically state that with full disclosure, an individual is not subject to discipline under provisions of the medical practice act provided they do not engage in specifically prohibited activities. There is generally no enforcement mechanism available as these individuals do not hold licenses. The state's only recourse would be to take a cease and desist action against the individual, if after an investigation, it is found that the individual has engaged in one or more prohibited activities. Resources are limited in handling investigations related to unlicensed practitioners. A significant portion of the committee discussions also addressed the topic of truthful advertising. There was no definitive agreement among scope of practice review committee members as to whether or not allowing certified classical homeopaths to practice under "full disclosure" is enough to adequately protect the public. With the vast amount of health information that is now available to the public and the difficulty in distinguishing

between what is and is not accurate information, committee members raised significant concerns related to consumer protection. Because nationally homeopathic practitioners are largely unregulated, there was no data or evidence available about their practice patterns to clearly state one way or another whether the doctrine of *caveat emptor* (i.e., let the buyer beware) is appropriate to discussions regarding the provision of health services and to adequately protect the consumers at a time when the abundance and complexity of available health information is overwhelming.

In reviewing and discussing all of the information provided, scope of practice review committee members recognized that Connecticut is one of only three (3) states that regulate homeopathy and that Homeopathy for Connecticut would like to establish what they believe to be a consistently high standard for those who practice homeopathy. While there are no specific recommendations as to whether or not this proposal should move forward, committee members agreed that the following issues must be resolved if a bill is raised and prior to any legislation being enacted:

- There is currently no statutory definition for the term “homeopathy” and it must be clearly defined.
- The term “certified classical homeopath” is not recognized under Connecticut law and would need to be clearly defined, including articulating any credentials an individual must hold in order to use that designation.
- Inconsistencies between the standards for educational requirements for certified classical homeopaths and other licensed health care practitioners require further discussion.
- The overlap between the existing scope of practice for licensed homeopathic physicians and the proposed scope of practice for certified classical homeopaths would need to be clarified.
- Mechanisms to ensure that health consumers are aware of a practitioner’s qualifications and the services that he or she may legally provide must be considered (i.e., issues related to full disclosure and informed consent must be addressed).

Although Homeopathy for Connecticut is not opposed to establishing a new licensure category, the Department’s need for additional resources related to establishing and maintaining a new licensure program is problematic. Although licensing fees generate revenue for the State’s General Fund, there would be a fiscal impact to the Department of Public Health associated with implementing a new licensing program. Statutory recognition is another option that would require all certified classical homeopaths to meet the same minimum qualifications related to competence and practice in accordance with a recognized scope of practice, and would have no cost to the state. Under the statutory recognition model however there is no mechanism to hold practitioners accountable for practice-related issues. The Department of Public Health would have no authority to take disciplinary action against a certified classical homeopath, if the statutory recognition model was utilized. The state’s only recourse would be to take action against an individual, if after an investigation it is found

that the individual has engaged in one or more prohibited activities or if an individual is practicing without holding any required credential.

Draft statutory language was not reviewed by the scope of practice review committee members. Should the Public Health Committee decide to raise a bill related to this scope of practice request, the Department of Public Health along with the organizations that were represented on the scope of practice review committee (Connecticut State Medical Society, the Connecticut Dermatology and Dermatologic Society, the Connecticut Society of Eye Physicians, the Connecticut ENT Society, the Connecticut Urology Society and the Connecticut Hospital Association) respectfully request the opportunity to work with the Public Health Committee on statutory language.

Background

Public Act 11-209, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions, established a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of this act, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request may submit a written impact statement to the Department of Public Health. The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by the Department. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request;
2. Two members recommended by each person or entity that has submitted a written impact statement, to represent the health care profession(s) directly impacted by the scope of practice request; and
3. The Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, non-voting member of the committee.

The Commissioner of Public Health was also authorized to expand the membership of the committee to include other representatives from other related fields if it was deemed beneficial to a resolution of the issues presented.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide

its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

Homeopathy for Connecticut submitted a scope of practice request to the Department of Public Health to allow board certified homeopaths who have earned the designation of Certified Classical Homeopath (CCH) to practice homeopathy in Connecticut. Homeopathy for Connecticut did not specify whether they were seeking a new licensure program for certified classical homeopaths or statutory recognition.

Impact Statements and Responses to Impact Statements

Written impact statements in response to the scope of practice request submitted by Homeopathy for Connecticut were received from the Connecticut State Medical Society, the Connecticut Dermatology and Dermatologic Society, the Connecticut Society of Eye Physicians, the Connecticut ENT Society, the Connecticut Urology Society and the Connecticut Hospital Association. Scope of practice review committee members expressed concerns regarding allowing unlicensed practitioners, regardless of whether they are certified by an outside organization, to practice homeopathy in Connecticut with the same scope of practice that is currently limited to homeopathic physicians who must also be either a medical doctor (M.D.) or doctor of osteopathy (D.O.). More specifically, these organizations indicated that they believe that any group of trained medical professionals seeking to provide services directly to citizens should be required to obtain a license through the Department of Public Health. Homeopathy for Connecticut provided written responses to the impact statements that were submitted by the Connecticut State Medical Society, the other physician specialty societies and the Connecticut Hospital Association, which were provided to the scope of practice review committee members for review.

Scope of Practice Review Committee Membership

In accordance with the provisions of Public Act 11-209, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by the CSEA. Committee members included representation from:

1. Two representatives from Homeopathy for Connecticut;
2. Two representatives from the Connecticut State Medical Society;
3. Two representatives from the Connecticut Dermatology and Dermatologic Society;
4. Two representatives from the Connecticut Society of Eye Physicians;
5. Two representatives from the Connecticut ENT Society;
6. Two representatives from the Connecticut Urology Society;

7. Two representatives from the Connecticut Hospital Association; and
8. The commissioner's designee (chairperson and ex-officio, non-voting member).

Scope of Practice Review Committee Evaluation of Request

Homeopathy for Connecticut's scope of practice request included all of the required items identified in PA 11-209 as outlined below. Additional clarifying information was requested by scope of practice review committee members during the review and evaluation of this request.

Health & Safety Benefits

Homeopathy for Connecticut identified the following health and safety benefits associated with implementing the proposed scope of practice change by expanding the practice of homeopathy in Connecticut to classical certified homeopaths:

- Assures the availability of highly competent homeopaths;
- Allows greater freedom of choice;
- Provides greater access to homeopathy, a holistic form of health care that addresses the whole person as an individual in order to strengthen the constitution and thereby raise the general level of health; and
- Provides greater access to well-chosen homeopathic remedies that stimulate the body's immune system to heal itself in a way that is safe, natural and non-toxic.

Homeopathy for Connecticut stated that risk of harm to the public is negligible because homeopathy is not a medical practice, homeopaths do not diagnose or treat disease nor perform invasive procedures, and homeopathic remedies are available to the public over the counter. A homeopathic remedy works on an energetic level by stimulating the body to heal itself. Homeopathy for Connecticut indicated that there are rarely consumer complaints, malpractice claims or investigations regarding any type of homeopathic provider, although no data was provided in support of these assertions.

Scope of practice review committee members who represent the organizations that submitted impact statements were concerned by the statements "homeopathy is not a medical practice" and "homeopaths do not treat." In Homeopathy for Connecticut's proposal, the scope of practice for certified classical homeopaths appears to be essentially the same as that for currently licensed homeopathic physicians (i.e., prescribe the single remedy in the minimum dose in potentized form, selected from the law of similars). An initial consultation with a homeopath was described as generally lasting from one to two full hours and includes but is not necessarily limited to a review of the patient's/client's symptoms, when they started and whether the patient/client noticed any specific patterns about the symptoms; and reviewing the patient's/client's life style including eating and sleeping habits, medical history and family's health. During the initial consultation, the homeopath is trying to get a full picture of the patient/client as an individual and not just a snapshot of the symptoms that led the patient/client to see the homeopath. The homeopath reviews all of the information gathered during the consultation and provides or recommends the remedy that he/she believes best stimulates the patient's/client's inner healing abilities. Some scope members expressed difficulty

understanding how this practice is different from the current scope of practice for medicine in Connecticut which states in part that “no person shall, for compensation treat any injury, deformity, ailment or disease, actual or imaginary, of another person” and are concerned that if it is that confusing to medical providers, it will be confusing to consumers. This issue adds to the disagreement among complementary/alternative medicine providers and traditional medical providers as to whether the practice of homeopathy constitutes the practice of medicine at some level. Although some scope of practice review committee members raised concerns regarding the scientific basis for homeopathic remedies and the philosophy of homeopathic practitioners related to medical treatments such as vaccinations/ immunizations, these topics were outside the discussions of this review committee.

The focus of this review was to assess any public health and safety risks associated with expanding the practice of homeopathy to unlicensed certified classical homeopaths. There is no literature available that compares the safe practice of homeopathy by non-physician, certified classical homeopaths with licensed health care providers, including physicians, who practice homeopathy. From the allopathic/traditional medicine point of view, the foundation in health care and basic health sciences produces a practitioner who can address all of a patient’s issues. From the certified classical homeopath point of view, their philosophies are completely different; homeopathy is a more holistic form of healthcare that treats the whole person and doesn’t focus on treating a specific symptom or condition, therefore one cannot really compare the two. The education and training is generally very different for certified classical homeopaths and licensed health care practitioners who engage in homeopathy and there is no evidence to support which level of education and training is more comprehensive and provides better safeguards for the public related specifically to the practice of homeopathy.

Access to Healthcare

Homeopathy for Connecticut emphasized that consumers in Connecticut have no access to nationally certified homeopaths who have met the highest standards of the profession. In the majority of states, consumers have access to both certified and uncertified homeopaths. Due to the restrictions on choice with respect to homeopathic practitioners in Connecticut, homeopathic care is often sought in neighboring states and well trained, nationally certified homeopaths leave the state to practice their profession.

Homeopathy for Connecticut identified that implementation of the scope of practice request would have the following impact on public access to health care:

Homeopathy for Connecticut believes that this scope of practice change will expand availability of homeopathy throughout the state while assuring the highest level of professional competence. They assert that access to homeopathic care is very restricted in Connecticut. There are currently only nine licensed homeopathic physicians in the state and a limited number of licensed naturopaths who offer classical homeopathy, which has severely limited the availability of homeopathy and the guidance and education homeopaths can offer to the public. According to the 2007 National Health Interview Survey conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC), which included a comprehensive survey of complementary and alternative medicine (CAM) use by Americans, an estimated 3.9 million U.S. adults and approximately 900,000 children used homeopathy in the previous year. (Note: these

estimates include use of over-the-counter products labeled as “homeopathic,” as well as visits with a homeopathic practitioner - including both licensed practitioners who practice homeopathy and classical homeopaths.) There are currently eight certified classical homeopaths with Connecticut addresses.

Specific data regarding the utilization of homeopathy and the demand for homeopathic care in Connecticut is not readily available. Additionally, there is no data to substantiate that Connecticut residents are not able to access homeopathic services in Connecticut or that their health status has been negatively impacted as a result of their inability to access homeopathic care. Although it seems conceivable that increasing the number of practitioners who can practice homeopathy in Connecticut has the potential to enhance access to homeopathy and proponents believe that broad access to alternative treatments will substantially reduce health care costs while improving the health of the population, there is no documented current practice data available to support this theory.

Laws Governing the Profession

There are no laws in Connecticut governing the practice of certified classical homeopaths. Homeopathic physicians are regulated by the Department of Public Health and the Connecticut Homeopathic Medical Examining Board pursuant to Connecticut General Statutes, Chapter 370. Licensed naturopathic physicians, who hold a Doctor of Naturopathy degree, are regulated by the Department of Public Health and the Connecticut Board of Naturopathic Examiners pursuant to Connecticut General Statutes, Chapter 373 and may also provide homeopathic treatment within their scope of practice, although they cannot refer to themselves homeopathic physicians.

Current Requirements for Education and Training and Applicable Certification Requirements

Certified Classical Homeopaths

The national Council for Homeopathic Certification (CHC) was founded in 1991 and sets proficiency standards for professional homeopaths. The CHC issues the Certified Classical Homeopath (CCH) credential and monitors compliance with the continuing education requirements among Certified Classical Homeopaths. The CHC is the only certifying body for non-licensed homeopathic practitioners in the United States.

The CHC requires candidates to meet education and training standards and pass an examination that assesses competency in skills related to the professional practice of homeopathy. To qualify for the CCH credential, a candidate must have:

- 500 hours of homeopathic theoretical training;
- college level courses in anatomy, physiology and pathology;
- 390 hours of clinical experience including 10 supervised cases;
- passed the 6 hour certification exam;
- presented five written cases taken without supervision; and
- passed the personal interview process.

To maintain the CCH credential, practitioners must complete a minimum of twenty hours of continuing education each calendar year. In addition, the CCH is expected to follow the CHC's professional code of ethics.

There are a number of training programs for homeopaths throughout the U.S. that prepare individuals for certification as a classical homeopath. There are currently no programs located in Connecticut. The Accreditation Commission for Homeopathic Education in North America (ACHENA) has developed "Standards and Competencies for the Professional Practice of Homeopathy in North America" (see appendix F). ACHENA is not recognized by the U.S. Department of Education as a specialty accreditation agency. The U.S. Department of Education has not recognized any agencies that offer programmatic accreditation for homeopathy programs. Although the CHC prefers that candidates complete an education program that holds ACHENA accreditation, it is not a mandatory certification requirement. The fact that the only accrediting agency for homeopathy programs is not recognized as a specialty accreditation agency by the U.S. Department of Education was identified as a concern by scope of practice review committee members. The five hundred (500) hours of required theoretical training to obtain the CCH credential may be in the form of seminars, courses and other training experiences as approved by the CHC. In most cases, the theoretical training is not earned through a formal education program nor is the curriculum standardized. It is important to note that all other licensed health care and health-related practitioners that are currently regulated by the Department of Public Health are required to complete accredited education as one of the requirements for licensure. Although the homeopathic training that a licensed homeopathic physician must complete is not an accredited education and training program, all licensed homeopathic physicians in Connecticut must complete accredited medical education and training.

CHC requires candidates for the CCH certification exam to have knowledge of the signs and symptoms of human disease and candidates must provide documentation of a minimum of forty hours of pathology training and a college level anatomy/physiology course. While the CHC recognizes that many certification candidates are not licensed health care practitioners by training and do not diagnose any condition their clients may have, the CHC indicates that this background knowledge is crucial for competent practice of homeopathy.

Naturopaths

Licensed naturopathic physicians must have earned a Doctor of Naturopathy degree from a program that is accredited by or in candidate status with the Council on Naturopathic Medical Education, which is the only accrediting agency recognized by the U.S. Department of Education for naturopathic education. In order to include homeopathy in their practice, licensed naturopaths are not required to complete any additional coursework or training beyond what is provided as part of their accredited Doctor of Naturopathy program.

Homeopathic Physicians

Homeopathic physicians must hold two licenses in Connecticut: physician/surgeon and homeopathic physician. In addition to meeting all physician/surgeon licensing requirements (which include: graduation with the M.D. or D.O. degree from a medical school accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA); completion of at least two years of progressive, post-graduate medical training as a resident physician in a program accredited by

the Accreditation Council for Graduate Medical Education (ACGME) or the AOA; and successful completion of the United States Medical Licensing Examination), candidates for homeopathic physician licensure must also complete not less than one hundred twenty (120) hours of post-graduate medical training in homeopathy offered by an institution approved by the Connecticut Homeopathic Medical Examining Board or the American Institute of Homeopathy, or one hundred twenty (120) hours of post-graduate medical training in homeopathy under the direct supervision of a licensed homeopathic physician, which shall consist of thirty hours (30) of theory and ninety (90) hours of clinical practice. Applicants for homeopathic physician licensure are also required to successfully complete a written licensure examination in homeopathy administered under the supervision of the Connecticut Homeopathic Medical Examining Board.

Summary of Known Scope of Practice Changes

There have been no scope of practice changes regarding homeopaths in the last five years (2007 – 2012). This current proposal to expand the practice of homeopathy in Connecticut to certified classical homeopaths was pursued in the 2011 and 2012 legislative sessions but no bills were raised.

Impact on Existing Relationships within the Health Care Delivery System

Homeopathy for Connecticut indicated that this proposal does not infringe on the scope of practice of any other profession or on existing relationships within the health care delivery system. Certified homeopaths are a part of a larger community of alternative and complementary practitioners serving the public. They do not intend to conflict with medical practice but want to provide complementary support.

Although Homeopathy for Connecticut stated that implementation of their proposal would not impact on existing relationships within the health care system, it is important to emphasize that communication is key to ensuring safe, coordinated care. Communication among providers allows for fully integrated care and minimizes risks of interactions with a patient's conventional treatments. According to the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH), which is the Federal government's lead agency for complementary health practices and is committed to providing evidence-based information to help health professionals and the public make health care decisions, it is critical that patients tell their providers about their use of complementary health practices to ensure safe, coordinated care. NCCAM encourages full discussion of the use of complementary health practices, including any remedies taken.

Economic Impact

Homeopathy for Connecticut indicated that because there are very few homeopaths practicing in Connecticut, many individuals go out of state to seek homeopathic treatment. In addition, well trained and board certified homeopaths leave the state to practice their profession. Homeopathy for Connecticut believes that by allowing certified classical homeopaths to practice in Connecticut, the general public is provided with increased access to a low cost and alternative approach to health and wellness. Homeopathy is not covered by insurance. The average cost to a client for an initial visit is \$187.00 (which lasts an average of 106 minutes) and \$71.00 for each follow-up visit (which lasts an

average of 42 minutes). Homeopathy for Connecticut also indicated that homeopathic practitioners will benefit by the increased access to, knowledge of and visibility of homeopathy in the state, which would ultimately attract more homeopaths to practice in Connecticut, thereby providing greater choice for consumers and creating demand for qualified practitioners.

Specific data regarding the utilization of homeopathy in Connecticut, the number of individuals who leave Connecticut to seek homeopathic treatment, or the number of practitioners who are leaving Connecticut to practice elsewhere was not available.

Regional and National Trends

- Forty states do not regulate homeopaths or the practice of homeopathy.
- Only three states license medical doctors to practice homeopathy (CT, AZ, and NV).
- Eight states (AZ, CA, RI, ID, LA, MN, NM, and OK) have "health freedom" laws allowing non-licensed, non-medical alternative and complementary care providers, including homeopaths, to provide their services.
- In Rhode Island, "unlicensed health care practices" are defined as the broad domain of unlicensed healing methods and treatments which includes, but is not limited to: acupressure; aroma therapy; crystal therapy; detoxification practices and therapies; homeopathy; body work; reiki; mind-body healing practices; and naturopathy. Unlicensed health care practitioners are allowed to engage in all of these practices, including the practice of homeopathy. "Unlicensed health care practitioner" means a person who: (i) Is not licensed by a health-related licensing board, or holds a license issued by a health-related licensing board or the department of health in this state, but does not hold oneself out to the public as being licensed when engaging in unlicensed health care; (ii) has not had a license issued by a health-related licensing board revoked or suspended without reinstatement unless the right to engage in unlicensed health care practices has been specifically authorized; (iii) is engaging in unlicensed health care practices; and (iv) Is providing unlicensed health care services for remuneration or is holding oneself out to the public as a practitioner of unlicensed health care practices.
- California's Legislature passed laws to allow residents access to complementary and alternative health care practitioners, including unlicensed classical homeopaths, who are not providing services that require medical training and credentials. The Legislature states in the preamble to their law that "these nonmedical complementary and alternative services do not pose a known risk to the health and safety of California residents, and that restricting access to those services due to technical violations of the Medical Practice Act is not warranted."
- Although Arizona licenses homeopathic physicians, under the practice act it provides an exception that allows non-physicians to practice homeopathy. More specifically it exempts individuals who provide treatment of the spiritual vital force in accordance with Hahnemanian principles through the use of remedies that are diluted beyond the concentration of substances in drinking water and prepared in the manner described in the homeopathic pharmacopoeia of the United State from having to hold a license as a homeopathic physician.

Other Health Care Professions that may be Impacted by the Scope of Practice Request as Identified by the Requestor

Homeopathy for Connecticut indicated that no health care professions are directly impacted by this request, including licensed homeopathic physicians and naturopathic doctors. Opponents disagree. If

this proposal is enacted, certified classical homeopaths would provide the same scope of homeopathic services currently being provided by licensed homeopathic physicians and naturopaths.

Description of How the Request Relates to the Profession's Ability to Practice to the Full Extent of the Profession's Education and Training

Implementation of this scope of practice request would allow certified classical homeopaths to practice in Connecticut. The profession's ability to practice to the full extent of the current education and training would depend on whether any enabling legislation places limitations on their practice.

Other information reviewed

The practice of homeopathy is already recognized in Connecticut. Implementation of this proposal would expand the practice of homeopathy to additional practitioners. While the focus of this review was not on the efficacy or effectiveness of homeopathic treatment, it was important to review background information regarding the practice of homeopathy as part of this discussion.

What is homeopathic medicine? According to the American Institute of Homeopathy, which is the trade association of physicians and other licensed health care practitioners who are dedicated to the practice, promotion and improvement of homeopathic medicine, homeopathy is a medical specialty that is based on the knowledge and application of medicines contained in the U.S. FDA-recognized Homeopathic Pharmacopeia of the United States. It is a scientific therapeutic method which embodies a philosophy of understanding people and illness in a holistic context with the goal of promoting optimal health and healing. Homeopathic medicines are applied on the basis of the empiric "law of similars." Resolution of an illness occurs when the sick individual is given a small dose of a medicine capable of producing similar symptoms in a healthy person. Homeopathy also follows the "law of minimum dose"—the lower the dose of the medication, the greater its effectiveness. Many homeopathic remedies are so diluted that no molecules of the original substance remain.

Homeopathic remedies are derived from substances that come from plants, minerals, or animals, such as red onion, crushed whole bees and poison ivy. Homeopathic remedies are often formulated as sugar pellets that are taken sublingually and may also be in other forms, such as ointments, gels, drops, creams, and tablets. Treatments are individualized or tailored to each person and it is not uncommon for different people with the same condition to receive different treatments.

What is the Homeopathic Pharmacopeia? The Homeopathic Pharmacopeia of the United States (HPUS) was officially recognized under the U.S. Food and Drug Administration (FDA) in 1938 and was published by the American Institute of Homeopathy until the formation of the Homeopathic Pharmacopeia Convention of the United States (HPCUS) in 1980. The initials "HPUS" on the label of a drug product assures that legal standards of strength, quality, purity and packaging exist for the drug product within the package. The active ingredients are official Homeopathic Drug Products and are found in the current Homeopathic Pharmacopeia of the United States. The standards which must be met in order to add a substance to the Homeopathic Pharmacopeia are established by the Homeopathic Pharmacopeia Convention of the United States (HPCUS), a non-governmental, non-profit scientific organization composed of experts in the fields of medicine, arts, biology, botany,

chemistry and pharmacy who have had appropriate training and experience and have demonstrated additional knowledge and interest in the principles of homeopathy. The Convention is an autonomous body which works closely with the Food and Drug Administration and homeopathic organizations notably the American Institute of Homeopathy and the American Association of Homeopathic Pharmacists. Guidelines are published by the Homeopathic Pharmacopeia Convention of the United States for the prescriptive or over-the-counter status of homeopathic drug products.

Both the FDA and the Homeopathic Pharmacopeia Convention of the United States define "homeopathy" as the practice of treating the symptoms, syndromes and conditions which constitute disease with remedies that have produced similar symptoms, syndromes and conditions in healthy subjects. Any substance may be considered a homeopathic medicine if it has known "homeopathic provings" and/or known effects which mimic the symptoms, syndromes, or conditions that it is administered to treat, and is manufactured according to the specifications of the Homeopathic Pharmacopeia. Homeopathic drugs generally must meet the standards for strength, quality, and purity set forth in the Homeopathic Pharmacopeia.

In Connecticut, except in limited circumstances as permitted by law, only licensed health care practitioners with applicable statutory authority are allowed to prescribe and/or administer drugs, including those listed in the Homeopathic Pharmacopeia. Although many over-the-counter drugs, including homeopathic remedies, are available to the public without a prescription, licensed practitioners other than the prescribing provider must have an order to administer an over-the-counter medication to a patient.

FDA Oversight - Homeopathic remedies are regulated by the U.S. Food and Drug Administration (FDA). However, FDA does not evaluate the remedies for safety or effectiveness. FDA defines homeopathy as the practice of treating the syndromes and conditions which constitute disease with remedies that have produced similar syndromes and conditions in healthy subjects. The FDA works with the Homeopathic Pharmacopeia Convention of the United States.

How does Classical Homeopathy compare to other homeopathic practices? Classical Homeopathy differs from other homeopathic practices in that classical homeopathy prescribes one single remedy at a time. There are homeopathic products sold in the pharmacies and health food stores that are marketed to treat specific conditions (e.g., asthma or headaches). These products use combinations of homeopathic remedies that individually have been proven to cure a specified condition. Classical homeopaths believe that although these treatments may be effective for some, combining remedies changes the nature of the individual remedies thereby altering the effect of the remedy. By administering one single remedy at a time, the classical homeopathic practitioner can clearly evaluate the progress of the patient and his/her reaction to each remedy. By definition, homeopathic physicians in Connecticut practice classical homeopathy.

In its scope of practice request, Homeopathy for Connecticut made a distinction between classical homeopaths and homeopathic physicians stating that homeopaths and doctors are two distinct professions with very different education and training requirements. They indicated that regardless of whether a homeopath also has a degree in medicine, nursing, chiropractic, acupuncture or another profession, a homeopath's practice is limited to recommending homeopathic remedies and monitoring the care and progress of individuals through follow-up visits. They also stated that a homeopath does not diagnose diseases, administer or dispense legend drugs or controlled

substances, engage in surgery or in any practices that invade the human body by puncture of the skin, or set fractures.

What standards do Certified Classical Homeopaths adhere to? Certified Classical Homeopaths are credentialed by the Council for Homeopathic Certification (CHC). The CHC Code of Ethics (see Appendix G) includes, but is not limited to, the following principles:

- Conduct the homeopathic practice with vigilance, integrity, and freedom from prejudice, and treat all patients with respect and dignity. Make every appropriate effort to be available and accessible to ill patients requiring assistance. Never guarantee a cure, by spoken word or in writing.
- Assist patients in weighing the possible benefits and risks of other (non-homeopathic) types of treatment, helping them to consider conventional diagnostic procedures, routine screening tests, and therapies—acknowledging the usefulness of such procedures at appropriate times, even for clients who may wish to avoid conventional treatment.
- Render assistance to patients in emergency situations, to the greatest extent permitted by training and circumstances.
- Practice within areas of competence. Consult with colleagues, or refer clients to other practitioners, in any situation involving conflict, inadequate training, or personal limitation—such as, but not limited to, any of the following:
 - when any aspect of the patient’s case requires greater experience, training, or skill than the practitioner can offer;
 - when there is a need for diagnostic tests or procedures beyond the capacity of the homeopath;
 - when the homeopath’s care is not providing reasonable and timely resolution of the patient’s health problems;
 - when circumstances arise which create a conflict between the homeopath’s personal and professional relationship with the patient; and
 - if a homeopath’s competence or judgment is impaired by physical or mental incapacity, or chemical dependency.
- keep full and accurate records of all contacts with patients, including individual data such as name, address, phone number, date of birth, and case data such as medical history, dates and details of consultations, and summary of recommendations made;
- exercise appropriate discretion in the wording of any advertisements; practitioners who are not medically licensed with authority to diagnose and treat in the state/province where they practice should carefully avoid any reference to medical diagnoses or diagnostic tests, and focus on establishment of health rather than resolution of disease; and
- use a disclosure/informed consent form which clearly and accurately identifies your training, credentials, skills and nature of your work; ensure that each client signs this form which becomes a part of the client documentation.

Why is full disclosure critical? Public perception/protection and disclosure was a contentious topic for debate throughout the review process. The ability to ensure that the public understands that a CCH is not a medical professional and does not diagnose and treat medical conditions was a major concern. The CHC expects that all certified practitioners ensure that their clients are informed that

any homeopathic recommendations the practitioner may offer are not intended as the practice of medicine, and that the client may also need to consult a licensed health care professional. Part of the debate was trying to answer the question - Is informed consent enough?

Homeopathy for Connecticut provided disclosure requirements from California (a "Health Freedom" state) as an example of language addressing consumer protection. California requires homeopaths to provide the client with the following information in a language that the client understands and obtain a written acknowledgement from the client stating that he or she has been provided with the information:

- (1) The practitioner must disclose to the client in a written statement using plain language the following information:
 - (A) That he or she is not a licensed physician;
 - (B) That the treatment is alternative or complementary to healing arts services;
 - (C) That the services to be provided are not licensed by the state;
 - (D) The nature of the services to be provided;
 - (E) The theory of treatment upon which the services are based; and
 - (F) His or her educational, training, experience and other qualifications regarding the services to be provided.
- (2) The client shall be provided with a copy of the written acknowledgement, which shall be maintained by the person providing the service for three years.

The preamble to the California legislation (see Appendix H) includes the Legislature's intention in passing this law and specifically states in part "...the Legislature intends, by enactment of this act, to allow access by California residents to complementary and alternative health care practitioners who are not providing services that require medical training and credentials. The Legislature further finds that these nonmedical complementary and alternative services do not pose a known risk to the health and safety of California residents, and that restricting access to those services due to technical violations of the Medical Practice Act is not warranted." Scope of practice review committee members were not able to obtain the evidence, including the results of any studies that were conducted, or other specific information that led the California Legislature to make the determination and unequivocally state that homeopathic treatments are nonmedical services.

Other states such as Idaho, specifically list those practices that non-physicians can and cannot engage in (e.g., cannot practice surgery or prescribe medication).

The National Center for Complementary and Alternative Medicine (NCCAM) defines "complementary and alternative medicine" (CAM) as the term for medical products and practices that are not part of standard care. Standard care is what medical doctors, doctors of osteopathy and other licensed health professionals practice. Alternative medicine means treatments that are used in place of standard treatments. Complementary medicine means nonstandard treatments that you in addition to or together with standard treatments. The necessity for education of clients/patients cannot be overstated. The benefits of CAM practices such as homeopathy can sound extremely promising to clients/patients who may base their treatment decisions on unrealistic expectations. Providers must be clear about what they can and cannot do.

What about choice? The discussions of personal choice and full disclosure go hand in hand. If a client/patient is well informed and homeopathic remedies are deemed to be safe by the FDA, certified classical homeopaths question why consumers shouldn't have the freedom to choose the alternative services and practitioners they prefer. Proponents of CAM agree because it promotes self-determination in making health care choices, but skeptics disagree and see it as a way of lowering standards.

In states that have enacted "health freedom" laws, choice is not limited to homeopathy. These "health freedom" laws typically do not define who a complementary or alternative health care provider is and basically state that with full disclosure, an individual is not subject to discipline under provisions of the medical practice act provided they don't do any of the following:

- (1) conducts surgery or any other procedure on another person that punctures the skin or harmfully invades the body;
- (2) administers or prescribes X-ray radiation to another person;
- (3) prescribes or administers legend drugs or controlled substances to another person;
- (4) recommends the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner;
- (5) willfully diagnoses and treats a physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death;
- (6) sets fractures;
- (7) treats lacerations or abrasions through electrotherapy; and
- (8) holds out, states, indicates, advertises, or implies to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.

There is generally no enforcement mechanism available as these individuals do not hold licenses. The state's only recourse would be to take a cease and desist action against the individual if after an investigation it is found that the individual has engaged in one or more prohibited activities. Resources are limited in handling investigations related to unlicensed practitioners. A significant portion of the scope of practice review committee discussions addressed the topic of truthful advertising. There was no definitive agreement among scope of practice review committee members as to whether or not allowing certified classical homeopaths practicing under "full disclosure" is enough to adequately protect the public. With the vast amount of health information that is now available to the public and the difficulty in distinguishing between what is accurate information and what is not, scope of practice review committee members raised significant concerns related to consumer protection. Because nationally homeopathic practitioners are largely unregulated, there was no data or evidence available about their practice patterns to clearly state one way or another whether the doctrine of *caveat emptor* (i.e., let the buyer beware) is appropriate to discussions regarding the provision of health services and to adequately protect the consumers at a time when the abundance and complexity of health information that is available is overwhelming.

Findings and Conclusions

The scope of practice review committee reviewed and evaluated all of the information provided in the Homeopathy for Connecticut's scope of practice request as well as additional information that was requested and provided as a result of committee discussions. In reviewing and evaluating the information presented, the scope of practice committee focused on assessing any public health and safety risks associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training.

Homeopathy is already a recognized practice in Connecticut for licensed homeopathic physicians who are also medical doctors or doctors of osteopathy, and other licensed health care providers who incorporate homeopathy into their professional practice. Implementation of this proposal would allow certified classical homeopaths to practice homeopathy in Connecticut. Although the principles behind classical homeopathy have not changed, the practice of homeopathy has evolved since the licensure laws for homeopathic physicians were enacted in Connecticut in 1893. No substantive changes have been made to the licensing law concerning their scope of practice since that time. Currently, Connecticut one of only three (3) states with licensure laws governing homeopathic physicians. Most other states do not regulate the practice of homeopathy and several have enacted "health freedom" laws which support decreased regulation of complementary and alternative remedies and provide individuals with the right to self-determination in making their own health care choices. "Health freedom" legislation typically requires practitioners to provide consumers with information about their education, professional training and certification, and to refrain from certain acts and services, such as prescribing drugs or performing surgery and diagnostic testing.

The focus of this review was not about the health and safety benefits associated with the practice of homeopathy; the focus was to assess any public health and safety risks associated with expanding the practice of homeopathy to unlicensed certified classical homeopaths. There is no literature available that compares the practice of homeopathy by non-physician, certified classical homeopaths with licensed health care providers, including physicians, who practice homeopathy. The education and training is very different for certified classical homeopaths and licensed health care practitioners who engage in homeopathy and there is no evidence to support which level of education and training is more comprehensive and provides better safeguards for the public related specifically to the practice of homeopathy.

Literature and other information reviewed and evaluated by the scope of practice review committee outlined the process to obtain certification as a classical homeopath. Certified classical homeopaths have completed specific education and training and passed an examination as required by the Council for Homeopathic Certification. Candidates are not necessarily required to complete a standardized accredited education and training program which is unlike all other health care and health related

practitioners regulated by the Department of Public Health who must complete a formal, recognized and accredited education and training program. Although the homeopathic training that a licensed homeopathic physician must complete is not an accredited education and training program, all licensed homeopathic physicians in Connecticut must complete accredited medical education and training. Candidates for the certified classical homeopath credential typically combine a varying number of courses and seminars that are approved by the Council for Homeopathic Certification to meet the required five (500) hundred hours of training.

Specific data regarding the utilization of homeopathy and the demand for homeopathic care in Connecticut is not readily available. Additionally, there is no literature to substantiate that Connecticut residents are not able to access homeopathic services in Connecticut or that their health status has been negatively impacted as a result of their inability to access homeopathic care. Although it seems conceivable that increasing the number of practitioners who can practice homeopathy in Connecticut has the potential to enhance access to homeopathy and proponents believe that broad access to alternative treatments will substantially reduce health care costs while improving the health of the population, there was no documented current practice data available to support this theory. There is no available data to demonstrate that enactment of these changes in other states has enhanced access to quality and affordable care.

Implementation of this scope of practice request would allow certified classical homeopaths to practice in Connecticut. The profession's ability to practice to the full extent of their current education and training would depend on whether enabling legislation places any limitations on their practice. Specific data regarding the number of individuals who leave Connecticut to seek homeopathic treatment, or the number of practitioners who are leaving Connecticut to practice elsewhere, was not available.

Public perception/protection and disclosure was a contentious topic for debate throughout the review process. The ability to ensure that the public understands that a Certified Classical Homeopath is not a medical professional and does not diagnose and treat medical conditions was a major concern raised by scope of practice review committee members. States with "health freedom" laws use an exemption mechanism in which complementary and alternative medicine providers are exempt from licensing laws and allowed to practice if they make appropriate disclosures to consumers and meet other specified requirements. The benefits of complementary and alternative medicine practices such as homeopathy can sound extremely promising to clients/patients who may base their treatment decisions on unrealistic expectations therefore the need for thorough education of clients/patients cannot be overstated. Providers must be clear about what they can and cannot do.

The discussions of personal choice and full disclosure go hand in hand. If a client/patient is well informed and homeopathic remedies are deemed to be safe by the FDA, certified classical homeopaths question why consumers shouldn't have the freedom to choose the alternative services and practitioners they prefer. Proponents agree because it promotes self-determination in making health care choices, but skeptics disagree and see it as a way of lowering standards.

“Health freedom” laws typically do not define who a complementary or alternative health care provider is and basically state that with full disclosure, an individual is not subject to discipline under provisions of the medical practice act provided they do not engage in specifically prohibited activities. There is generally no enforcement mechanism available as these individuals do not hold licenses. The state’s only recourse would be to take a cease and desist action against the individual if, after an investigation, it is found that the individual has engaged in one or more prohibited activities. Resources are limited in handling investigations related to unlicensed practitioners. A significant portion of the scope of practice review committee discussions also addressed the topic of truthful advertising. There was no definitive agreement among committee members as to whether or not allowing certified classical homeopaths to practice under “full disclosure” is enough to adequately protect the public. With the vast amount of health information that is now available to the public and the difficulty in distinguishing between what is and is not accurate information, committee members raised significant concerns related to consumer protection. Because nationally homeopathic practitioners are largely unregulated, there was no data or evidence available about their practice patterns to clearly state one way or another whether the doctrine of *caveat emptor* (i.e., let the buyer beware) is appropriate and sufficient to discussions regarding the provision of health services and to adequately protect the consumers at a time when the abundance and complexity of health information that is available is overwhelming.

In reviewing and discussing all of the information provided, scope of practice review committee members recognized that Connecticut is one of only three (3) states that regulate homeopathy and that Homeopathy for Connecticut would like to establish what they believe to be a consistently high standard for those who practice homeopathy. While there are no specific recommendations as to whether or not this proposal should move forward, committee members agreed that the following issues must be resolved if a bill is raised and prior to any legislation being enacted:

- There is currently no statutory definition for the term “homeopathy” and it must be clearly defined.
- The term “certified classical homeopath” is not recognized under Connecticut law and would need to be clearly defined, including articulating any credentials an individual must hold in order to use that designation.
- Inconsistencies between the standards for educational requirements for certified classical homeopaths and other licensed health care practitioners require further discussion.
- The overlap between the existing scope of practice for licensed homeopathic physicians and the proposed scope of practice for certified classical homeopaths would need to be clarified.
- Mechanisms to ensure that health consumers are aware of a practitioner’s qualifications and the services that he or she may legally provide must be considered (i.e., issues related to full disclosure and informed consent must be addressed).

Although Homeopathy for Connecticut is not opposed to establishing a new licensure category, the Department’s need for additional resources related to establishing and maintaining a new licensure

program is problematic. Although licensing fees generate revenue for the State's General Fund, there would be a fiscal impact to the Department of Public Health associated with implementing a new licensing program. Statutory recognition is another option that would require all certified classical homeopaths to meet the same minimum qualifications related to competence and practice in accordance with a recognized scope of practice, and would have no cost to the state. Under the statutory recognition model, however, there is no mechanism to hold practitioners accountable for practice related issues. The Department of Public Health would have no authority to take disciplinary action against a certified classical homeopath. The state's only recourse would be to take action against an individual if after an investigation it is found that the individual has engaged in one or more prohibited activities or if an individual is practicing some other profession such as medicine without holding the required credential.

Draft statutory language was not reviewed by scope of practice review committee members. Should the Public Health Committee decide to raise a bill related to this scope of practice request, the Department of Public Health along with the organizations that were represented on the scope of practice review committee (Homeopathy for Connecticut, Connecticut State Medical Society, the Connecticut Dermatology and Dermatologic Society, the Connecticut Society of Eye Physicians, the Connecticut ENT Society, the Connecticut Urology Society and the Connecticut Hospital Association) respectfully request the opportunity to work with the Public Health Committee on statutory language.

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Substitute House Bill No. 6549

Public Act No. 11-209

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2011*) (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, may submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

(C) The impact that the request will have on public access to health care;

(D) A brief summary of state or federal laws that govern the health care profession making the request;

(E) The state's current regulatory oversight of the health care profession making the request;

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

(I) The anticipated economic impact of the request on the health care delivery system;

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 2 of this act. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than October first of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October fifteenth of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

Sec. 2. (NEW) (*Effective July 1, 2011*) (a) On or before November first of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request submitted to the department pursuant to section 1 of this act. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 1 of this act, to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health

and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

Sec. 3. (NEW) (*Effective July 1, 2011*) On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 1 and 2 of this act and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

Approved July 13, 2011

Homeopathy 2012 Scope of Practice Review Committee Participants

Jennifer Filippone, Department of Public Health
Jennifer Lefkowski, Department of Public Health

Abby Beale, Homeopathy for Connecticut
Barbara Wolf, Homeopathy for Connecticut

Karen Buckley-Bates, Connecticut Hospital Association
Elizabeth Beaudin, PhD, Connecticut Hospital Association

Phillip Kerr, MD, Connecticut Dermatology & Dermatologic Surgery Society
Debbie Osborn, Executive Director, Connecticut Dermatology & Dermatologic Surgery Society

David Boisoneau, MD, Connecticut ENT Society
William Malitsky, Connecticut ENT Society

Art Tarrantino, MD, Connecticut Urology Society
Tom Buckley, MD, Connecticut Urology Society

David Emmel, MD, Connecticut Society of Eye Physicians and Connecticut State Medical Society
Steve Thornquist, MD, Connecticut Society of Eye Physicians
Kathy Mueller, MD Connecticut State Medical Society

HOMEOPATHY for CONNECTICUT

Memorandum

To: Jennifer L. Filippone, Chief
Practitioner Licensing and Investigations Section
Department of Public Health

From: Abby Beale, Homeopathy for Connecticut

Date: August 3, 2012

Subject: Scope of Practice Request

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Homeopathy for Connecticut is proposing to expand the practice of homeopathy in Connecticut to nationally certified homeopaths. Accordingly, we are submitting the attached scope of practice request, as described in Public Act 11-209.

If you have any questions or need additional information, please feel free to contact me.

Thank you in advance for your consideration.

Contact information:  
Abby Beale  
5 Dogwood Lane  
Wallingford, CT 06492  
Phone: 203-530-3367  
Email: [abbylearn@gmail.com](mailto:abbylearn@gmail.com)

# HOMEOPATHY for CONNECTICUT

## Scope of Practice Request

Submitted to the Connecticut Department of Public Health  
August 3, 2012

### 1. A plain language description of the request.

***Expand the practice of homeopathy in Connecticut to include board certified homeopaths – individuals who have successfully completed the educational requirements, passed the national certification exam and earned the designation of Certified Classical Homeopath (CCH).*** This proposal will increase consumer access to qualified homeopaths and allow well-trained professional homeopaths to provide homeopathic care in the state. Applicants will be required to have passed the certification exam offered by the national Council for Homeopathic Certification, a national organization that sets standards for the profession, examines and certifies professional homeopaths, and monitors compliance for continuing education.

The current scope of practice law in Connecticut regarding homeopathy, which limits the practice of homeopathy to physicians, is unnecessarily restrictive. The law was established in 1893 - over 100 years ago - and does not serve the public well. Nationally certified homeopaths should be allowed to practice in CT as they meet the highest standards of the profession.

Certified homeopaths do not practice medicine, do not diagnose or treat illness or disease, do not perform invasive procedures and do not represent themselves as medical professionals.

Homeopathy considers the entire individual and works to improve vitality and decrease susceptibility to illness. Homeopathic remedies are highly dilute and work on an energetic level, not a chemical level. As such, remedies do not interfere with the action of pharmaceuticals or other medicines.

This proposal can be implemented at little or no cost to the State. A medical examining board is not needed since certified homeopaths are non-medical practitioners. The Council for Homeopathic Certification has agreed to work with Connecticut to verify certification of practitioners as well as monitor compliance with continuing education requirements. In addition, revenue for the State of Connecticut could be generated through annual registration fees.

**2. Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented.**

Expanding the practice of homeopathy in Connecticut to nationally certified homeopaths provides the following benefits:

- Assures the availability of highly competent homeopaths.
- Allows greater freedom of choice.
- Provides greater access to homeopathy, a holistic form of health care that addresses the whole person as an individual in order to strengthen the constitution and thereby raise the general level of health.
- Provides greater access to well-chosen homeopathic remedies that stimulate the body's immune system to heal itself in a way that is safe, natural and non-toxic.

The national Council for Homeopathic Certification (CHC) sets the proficiency standards in the U.S. for professional homeopaths. The requirements for CHC certification are rigorous, requiring significantly more hours of homeopathic study and practice than is required for either licensed medical doctor homeopaths or naturopaths in Connecticut (see attached CHC certification requirements).

Professional competence is fostered by the continuing education requirements set by the CHC. The CHC monitors compliance with the continuing education requirements among Certified Classical Homeopaths and is willing to provide notification of compliance to the State of Connecticut (see attached letter).

The risk of harm to the public is negligible. Homeopathy is not a medical practice, homeopaths do not diagnose or treat disease nor perform invasive procedures, and homeopathic remedies are available to the public over the counter. A homeopathic remedy works on an energetic level by stimulating the body to heal itself. There are rarely consumer complaints, malpractice claims or investigations regarding any type of homeopathic provider. In Connecticut, there have been no malpractice decisions made against homeopaths.

**3. The impact that the request will have on public access to health care.**

This scope of practice change will expand the current limited availability of homeopathy throughout the state while assuring the highest level of professional competence. Homeopathy offers a holistic approach to support wellness and well being that is safe, cost effective and environmentally responsible.

Currently, access to homeopathic care is very restricted in Connecticut – more than any other state. There are only 10 licensed medical doctor homeopaths in the state (few of which practice homeopathy), and a limited number of naturopaths offer homeopathy. This has severely limited the availability of homeopaths in the state and the guidance they offer to the public.

According to the 2007 National Health Interview Survey, which included a comprehensive survey of complementary and alternative medicine (CAM) use by Americans, an estimated 3.9 million U.S. adults and approximately 900,000 children used homeopathy in the previous year.

#### **4. A brief summary of state or federal laws that govern the health care profession making the request.**

The Connecticut General Statute establishing the Homeopathic Medical Examining Board (CGA 20-8) was codified in 1893 – well over a century ago. CGA 20-12n defines homeopathic physicians and sets out requirements for licensure and oversight by the Connecticut Homeopathic Medical Examining Board. This law restricts the practice of homeopathy to medical doctors, which is unduly restrictive since homeopathy does not involve the practice of medicine.

Homeopathy is a distinct discipline and does not require training in other professions. Although some medical doctors do practice homeopathy, they represent a small minority of homeopathic practitioners in the U.S.

It's important to note that homeopathic remedies are sold over the counter and anyone is free to purchase and use them for self-care at home. Homeopathic remedies are regulated by the Federal Food and Drug Administration (FDA) and listed in the Homeopathic Pharmacopoeia of the United States.

There are no federal laws governing the practice of homeopathy.

#### **5. The state's current regulatory oversight of the health care profession making the request.**

The Connecticut Homeopathic Medical Examining Board oversees the practice of homeopathic physicians.

#### **6. All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request.**

The national Council on Homeopathic Certification provides rigorous standards and a national exam that assesses competency in the skills required for professional practice of homeopathy. To qualify as a nationally certified homeopath the Council for Homeopathic Certification requires that a person have:

- (1) 500 hours of homeopathic theoretical training,
- (2) College level courses in anatomy, physiology and pathology,
- (3) 390 hours of clinical experience including 10 supervised cases,
- (4) Passed the 6 hour national certification exam,
- (5) Presented five written cases taken without supervision, and
- (6) Passed the personal interview process.

To maintain this certification, practitioners must complete a minimum of 20 hours of continuing education each calendar year.

Homeopathy is a discipline unto itself, although some homeopaths also have training in other health professions such as acupuncture, chiropractic, massage therapy, naturopathy, nursing and medicine. Each certified homeopath is required to follow a clearly stated professional code of ethics and to meet annual requirements for continuing education.

There are a number of training programs for homeopaths throughout the U.S. that prepare individuals for certification as a classical homeopath. No such program currently exists in Connecticut.

The standards for homeopathic education adopted by the Accreditation Commission for Homeopathic Education in North America, are described in "*Standards and Competencies for the Professional Practice of Homeopathy in North America*" ([www.achena.org/Docs/2001\\_CHE\\_Standards\\_revised\\_1106.pdf](http://www.achena.org/Docs/2001_CHE_Standards_revised_1106.pdf))

**7. A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date.**

There has been no scope of practice changes regarding homeopaths in the last five years (2007 – 2012). This current proposal to expand the practice of homeopathy in Connecticut to nationally certified homeopaths was pursued in the 2011 and 2012 legislative sessions.

**8. The extent to which the request directly impacts existing relationships within the health care delivery system.**

This proposal does not infringe on the scope of practice of any other profession. It also does not impact existing relationships within the health care delivery system. Certified homeopaths are a part of a larger community of alternative and complementary practitioners serving the public. They do not conflict with medical practice but provide complementary support.

**9. The anticipated economic impact of the request on the health care delivery system.**

Since there are very few homeopaths practicing in Connecticut due to the restrictiveness of current law, many individuals go out of state to find a well-qualified homeopath. Also, well trained and board certified homeopaths leave the state to practice their profession.

By allowing nationally certified homeopaths to practice in Connecticut, the general public is provided increased access to a low cost and alternative approach to health and wellness. Homeopathic practitioners will benefit by the increased access to, knowledge of and visibility of homeopathy in the state. Ultimately, well-trained board certified homeopaths will come to this state to practice. They will benefit from a community of well-qualified peers. This in turn will provide greater choice for consumers and create more visibility and demand for qualified practitioners of these services.

**10. Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states.**

Throughout the U.S. homeopathy is a largely an unregulated profession. This is due to the fact that homeopaths do not practice medicine and that homeopathy has been shown to be very safe, working on an energetic rather than a chemical level.

- Only three (3) states license medical doctors to practice homeopathy (CT, AZ, and NV) – Connecticut's law is from 1893. Of these, only Connecticut restricts the practice of homeopathy to medical doctors.
- Eight (8) states have Health Freedom laws allowing non-licensed, non-medical alternative and complementary care providers, including homeopaths, to provide their services: AZ, CA, RI, Idaho, LA, MN, NM, and OK.  
([http://www.nationalhealthfreedom.org/InfoCenter/laws\\_passed.html](http://www.nationalhealthfreedom.org/InfoCenter/laws_passed.html))

- Homeopathic remedies are sold over the counter without a prescription in all states and are regulated by the FDA (U.S. Homeopathic Pharmacopeia)

**11. Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions.**

No health care professions are directly impacted by this request, including licensed homeopathic medical doctors and naturopaths.

**12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.**

The current licensing law in Connecticut unduly restricts the practice of homeopathy. Only medical doctors are currently eligible for licensure as homeopaths and naturopaths may practice homeopathy but may not call themselves homeopaths. As a result, well-trained and qualified certified homeopaths are not allowed to provide homeopathy in Connecticut. This does not reflect the situation in much of the rest of the U.S.

Much has changed in homeopathy (as well as medicine) since 1893 when the current licensing law for homeopathic physicians was enacted in Connecticut. At that time, Homeopathic Medical Colleges were popular (20 on the East coast alone) and therefore well-trained homeopaths were medical doctors. This is no longer the case, as homeopathic training no longer exists in medical schools in this country. ***Extending the practice of homeopathy to certified homeopaths would bring Connecticut into the 21<sup>st</sup> century as well as bring it the distinction of having the most progressive and high standards in the country.***

It is important to note that homeopaths and doctors are two distinct professions with very different educations and training requirements. Homeopathy is a discipline unto itself. Regardless of whether a homeopath also has a degree in medicine, nursing, chiropractic, acupuncture or other profession, a homeopath recommends homeopathic remedies and monitors the care and progress of individuals through follow-up visits. This valuable guidance is all a homeopath does. Unlike a medical doctor, a homeopath does not diagnose diseases, administer or dispense legend drugs or controlled substances, engage in surgery or in any practices that invade the human body by puncture of the skin, or set fractures.

Recognition of certified homeopaths assures the public of a high level of competence among practitioners. Allowing more homeopaths to practice in Connecticut allows growth of a system of natural health care that is safe, effective and environmentally sustainable and is recognized throughout the world.

**Attachments:**

- **Letter of Support, Council for Homeopathic Certification**
- **Council for Homeopathic Certification - Requirements for Certification**

# COUNCIL FOR HOMEOPATHIC CERTIFICATION

TOGETHER WE'RE DEFINING THE PROFESSION

PMB 187  
16915 SE 272<sup>nd</sup> St. Ste. #100  
Covington, WA 98042

Toll free 1-866-490-4728  
Fax 1-815-366-7622  
[www.homeopathicdirectory.com](http://www.homeopathicdirectory.com)

March 2, 2010

Dear Ms. Wolf and Ms. Beale:

The CHC understands that a group of homeopaths and consumers are working together in Connecticut to change the laws to allow the practice of homeopathy by highly qualified homeopaths, specifically those with the CCH designation.

We understand that this model of certification relies on the Council for Homeopathic Certification to set the prerequisite requirements for certification, administer the exam, and communicate with the Connecticut Department of Public Health when needed to verify certification in place of the State of Connecticut setting the standard for professional homeopaths (which costs money and resources they don't have).

The CHC supports Ms. Beale's and Wolf's statement that the standards for the profession of homeopathy "are best set and maintained by the profession itself rather than by state government." As Ms. Beale and Ms. Wolf have noted "this approach has two strong advantages. It allows the standards of practice to evolve with the profession and remain relevant. It also offers a model of regulation for the state that does not require establishing a mechanism for setting standards and administering an exam. Succeeding in this effort would be breaking new ground in the practice of homeopathy in the United States."

While the CHC is solely a certifying body, and does not engage in either PAC or legislative issues, the CHC supports Ms. Beale and Wolf's efforts and proposal to change the Connecticut state law to allow homeopaths who have achieved the distinction of Certified Classical Homeopath (CCH) to fully practice homeopathy and call themselves Homeopaths.

Sincerely,

Jacki Fox  
Executive Director

**The Connecticut Dermatology and Dermatologic Surgery Society  
The Connecticut Society of Eye Physicians  
The Connecticut ENT Society  
The Connecticut Urology Society  
26 Sally Burr Road, Litchfield, Ct 06759  
Tel 860-567-3787 Fax 860-567-3591**

Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigations Section  
Department of Public Health  
410 Capitol Avenue, MS#12MQA  
P.O. Box 340308  
Hartford, CT 06134

September 30, 2012

**Re: Impact Statement from the Connecticut Dermatology and Dermatologic Surgery Society, CT ENT Society and the CT Urology Society, regarding the Proposed Scope of Practice Expansion Request submitted by Homeopathy for Connecticut.**

Dear Ms. Filippone:

Pursuant to Public Act 11-209 and on behalf of the Connecticut Dermatology and Dermatologic Surgery Society, the CT ENT Society and the CT Urology Society, we are writing to notify you of our concerns to the Homeopathy for Connecticut's request to expand the practice of homeopathy in Connecticut to include board certified homeopaths – individuals who have successfully completed the educational requirements, passed the national certification exam and earned the designation of Certified Classical Homeopath (CCH).

Our concerns are mirrored in the Connecticut State Medical Society's impact letter to you on this issue and should be part viewed as part of our impact statement. All four of the above societies have the same concerns expressed in the Connecticut State Medical Society's impact statement and we hope that if this issue moves forward and further debate continues than the DPH consider allowing our four medical specialty organizations into the discussion.

In conclusion, the Citizens of Connecticut will be best served if the medical doctors, who have achieved the highest level of medical education, are involved in the debates which determine whether or not a professional organization should be granted the ability to medically treat patients.

Please contact Debbie Osborn at 860-459-4377 or by email at [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com), if you have any questions about this statement.

Sincerely,

Phillip Kerr, M.D.,  
CDDSS President

Ken Yanagisawa, M.D.  
CTENT President

Thomas Buckley, M.D.  
CTU President

Edward Lim, M.D.  
CSEP President



## MEMORANDUM

**TO:** Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigation Section

**FROM:** James Iacobellis, Senior Vice President, Government and Regulatory Affairs

**DATE:** September 28, 2012

**SUBJECT:** Impact Statement – Scope of Practice Request – Homeopathy

CHA, a trade association representing Connecticut's 29 acute care hospitals, submits this impact statement, in accordance with Chapter 368a of the Connecticut General Statutes, in response to the scope of practice change requested by Homeopathy for Connecticut. Current Connecticut law limits the practice of homeopathy to licensed homeopathic physicians. Homeopathy for Connecticut is requesting to expand the current scope of practice to include individuals who are certified classical homeopaths.

As you know, hospitals employ or utilize a multitude of different healthcare workers with varying scopes of practice. Any change in the scope of practice for homeopathic physicians could impact the scope of practice for practitioners employed or utilized by a hospital.

If the Department appoints a Scope of Practice Review Committee, CHA respectfully requests an appointment to the Committee.

JDI:kbb  
By e-mail



160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

October 1, 2012

Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigations Section  
410 Capitol Avenue, MS # 12MQA  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Filippone:

On behalf of the more than 7,000 physicians and physician in training members of the Connecticut State Medical Society (CSMS) we submit these comments regarding the Homeopathy for Connecticut submission as consistent with the requirements of Public Act 11-209. Specifically, we request that should this submission receive consideration for advancement that a scope of practice review committee be established comprised of the appropriate members to fully review and comment on the proposal before any potential legislative action is taken. In support we offer the following comments:

**1. A Plain Language description of the request**

The first section of the request sets the stage for questions regarding certification throughout the document. First, it must be stated that CSMS believes that ANY group of trained medical professionals seeking to provide services directly to Connecticut citizens must be required to obtain a license through the Department of Public Health (DPH). Second, we question whether certification or licensure is appropriate for this specific profession. While it is professed that homeopaths do not diagnose or treat disease or perform invasive procedures, we raise concern throughout the document regarding detail of certification requirements and the lack or acknowledgement of the interaction that the stated treatments could have with prescribed medications.

**2. Public Health and safety benefits**

Our only comments to this section are that we believe the current statute assures the availability of highly competent practitioner and that we are not certain how the proposal increases freedom of choice to trained medical professionals.

One other comment in addition is that the proposal states that the risk of harm is negligible since homeopathy is not a medical practice. We must respectfully disagree. Practitioners of this discipline are known to hold themselves out as homeopathic doctors. This alone can mislead people to believe that it is a medical practice. Therefore, a complete review and discussion of education and integration into the spectrum of health care is required.

**3. Impact on Public Health**

We do not believe there is a consumer demand in Connecticut regarding public access to health care. The fact that only 10 are licensed in the state demonstrates that there is little need.

**4. State and Federal Laws Governing the Profession**

The applicant states that no federal laws exist governing the practice of homeopathy. They do state that the "remedies" available consumers that are homeopathic are regulated by the Food and Drug Administration (FDA) and listed in the Homeopathic Pharmacopoeia of the United States. We must caution that the FDA does not provide oversight of professionals delivering health care services but rather determines whether prescription and over the counter medications are safe for public consumption.

The statement by the applicant that "the vast majority of professional homeopaths practicing in the U.S are independent practitioners and are not medical doctors or other licensed medical professionals is incongruous to the previous argument. However, we believe since licensing of health care professionals is a state function, this is the most appropriate comment for this section and believe the establishment of a review committee is most appropriate to evaluate.

**5. Oversight in State Statute**

No disagreement

**6. Current Education, training and examination**

We do not dispute that schools the quality of schools that educate students in the study of homeopathic medicine. However, this section simply states the numbers of hours required to obtain certification. It provides no information as to the content of the curriculum. This alone warrants further discussion.

**7. Summary of known changes**

No disagreement

**8. The extent to which the request directly impacts existing relationship within the healthcare system**

While this proposal may not infringe on the scope of any other profession, it establishes a level of health care practitioner that stands alone outside an integrated system that can have a greater impact on public health than stated in the proposal.

**9. Economic Impact**

We believe none and possibly negative by an increase in the need for physician services due to unintentional reactions

**10. Regional and national Trends**

No comment except that information submitted by the applicant does not show an overwhelming move toward the use of homeopathic practitioners.

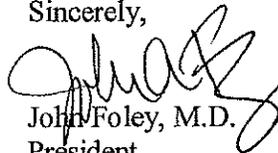
**11. Professionals impacted**

Without further discussion and understanding we are unable to respond to this. There is a potential that primary care physicians as well as urgent and emergency care facilities are impacted with the appropriate oversight and regulation of homeopathic physicians.

**12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.**

We believe current statute already addresses this concern.

Sincerely,



John Foley, M.D.  
President

## HOMEOPATHY for CONNECTICUT

October 9, 2012

Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigations Section  
410 Capitol Avenue, MS #12MQA  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Filippone:

On behalf of Homeopathy for Connecticut, I am submitting this response to the impact statement submitted by the Connecticut Hospital Association (CHA) on September 28, 2012.

In their impact statement, CHA states that Homeopathy for Connecticut is requesting to expand the scope of practice of homeopathic physicians to include individuals who are certified classical homeopaths. It also states that "Any change in the scope of practice for homeopathic physicians could impact the scope of practice for practitioners employed or utilized by a hospital." It is important to clarify that our scope of practice request is *not* an extension of the law licensing homeopathic physicians, but a separate category and designation. Certified homeopaths are *not* medical doctors, do not diagnose or treat disease, and do not represent themselves as medical professionals.

We thank you in advance for your consideration.

Respectfully,

*Abby Beale*

Abby Beale  
Homeopathy for Connecticut  
203-949-9147

## HOMEOPATHY for CONNECTICUT

October 9, 2012

Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigations Section  
410 Capitol Avenue, MS #12MQA  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Filippone:

On behalf of Homeopathy for Connecticut, I am submitting this response to the impact statement submitted on September 30, 2012 by the Connecticut Dermatology and Dermatologic Surgery Society, the Connecticut Society of Eye Physicians, the Connecticut ENT Society and the Connecticut Urology Society.

In the impact statement, they state that as medical doctors they should be "involved in the debates which determine whether or not a professional organization should be granted the ability to medically treat patients." It is important to clarify that this proposal does *not* seek the ability to "medically treat patients." Certified homeopaths are *not* medical doctors, do not diagnose or treat disease, and do not represent themselves as medical professionals. Our scope of practice request is not an extension of the law licensing homeopathic physicians, but a separate category and designation.

Since this impact statement states that their concerns are mirrored in the Connecticut State Medical Society's impact letter, I refer you to our response to CSMS dated October 9, 2012.

We thank you in advance for your consideration.

Respectfully,

*Abby Beale*

Abby Beale  
Homeopathy for Connecticut  
203-949-9147

# HOMEOPATHY for CONNECTICUT

October 9, 2012

Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigations Section  
410 Capitol Avenue, MS #12MQA  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Filippone:

On behalf of Homeopathy for Connecticut, I am submitting this response to the impact statement submitted by the Connecticut State Medical Society (CSMS) on October 1, 2012.

In order to follow the thread of the comments, I have included the original proposal submitted by Homeopathy for Connecticut on August 5, 2012, the comments made in the impact statement provided by CSMS, and a response to those comments by Homeopathy for Connecticut.

## 1. A plain language description of the request.

### Original Proposal:

***Expand the practice of homeopathy in Connecticut to include board certified homeopaths – individuals who have successfully completed the educational requirements, passed the national certification exam and earned the designation of Certified Classical Homeopath (CCH).*** This proposal will increase consumer access to qualified homeopaths and allow well-trained professional homeopaths to provide homeopathic care in the state. Applicants will be required to have passed the certification exam offered by the national Council for Homeopathic Certification, a national organization that sets standards for the profession, examines and certifies professional homeopaths, and monitors compliance for continuing education.

The current scope of practice law in Connecticut regarding homeopathy, which limits the practice of homeopathy to physicians, is unnecessarily restrictive. The law was established in 1893 - over 100 years ago - and does not serve the public well. Nationally certified homeopaths should be allowed to practice in CT as they meet the highest standards of the profession.

Certified homeopaths do not practice medicine, do not diagnose or treat illness or disease, do not perform invasive procedures and do not represent themselves as medical professionals.

Homeopathy considers the entire individual and works to improve vitality and decrease susceptibility to illness. Homeopathic remedies are highly dilute and work on an energetic level, not a chemical level. As such, remedies do not interfere with the action of pharmaceuticals or other medicines.

This proposal can be implemented at little or no cost to the State. A medical examining board is not needed since certified homeopaths are non-medical practitioners. The Council for Homeopathic Certification has agreed to work with Connecticut to verify certification of practitioners as well as monitor compliance with continuing education requirements. In addition, revenue for the State of Connecticut could be generated through annual registration fees.

**CSMS Comment:**

The first section of the request sets the stage for questions regarding certification throughout the document. First, it must be stated that CSMS believes that any group of trained medical professionals seeking to provide services directly to Connecticut citizens must be required to obtain a license through DPH. Second, we question whether certification or licensure is appropriate for this specific profession. While it is professed that homeopaths do not diagnose or treat disease or perform invasive procedures, we raise concern throughout the document regarding detail of certification requirements and the lack of acknowledgement of the interaction that the stated treatments could have with prescribed medications.

**Response by Homeopathy for CT:**

**As stated above, certified homeopaths do not practice medicine, do not represent themselves as medical professionals, and by state law may not call themselves physicians or doctors. Also, based on two hundred years of clinical evidence and an exemplary safety record, homeopathic remedies do not interfere with the action of pharmaceuticals or other medicines.**

**Homeopaths that are certified by the national Council for Homeopathic Certification are bound by a Code of Ethics and Rules of Practice. This requires homeopaths to clarify to clients that they are NOT physicians unless so licensed and to advise their clients to maintain a relationship with their primary care physician. Specifically:**

*3.02: The professional homeopath is obliged to advise their patient/client to maintain a relationship with his/her primary care physician.*

*3.04: Each patient must be informed that the goal of the professional homeopath is to help strengthen the constitution and thereby raise the general level of health of the patient/client. It is not to treat any particular disease or condition but to stimulate the vital force.*

*3.06: The homeopath shall make clear to the patient the exact nature of their training and credentials in any adjunct therapies that may be appropriate in addressing the patient/client's needs.*

*3.07: A homeopath may not make a physical, medical examination of a patient/client unless trained and licensed to do so in the state in which he/she practices. A physical, medical examination of a child under 16, if required, must be carried out in the presence of a parent/guardian (responsible adult).*

*4.01: The homeopath shall not use the title "Doctor" so as to falsely represent that he/she is a registered medical doctor unless licensed as an MD, DO, ND, DC, OMD, etc., by the state in which he/she practices. An assistant shall not be referred to as a nurse unless he/she is licensed by the Nursing Licensing Board of the state.*

*Source: Council for Homeopathic Certification - Code of Ethics*

*[http://www.homeopathicdirectory.com/index.php?option=com\\_content&view=article&id=68&Itemid=107](http://www.homeopathicdirectory.com/index.php?option=com_content&view=article&id=68&Itemid=107)*

- 2. Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented.**

**Original Proposal:**

Expanding the practice of homeopathy in Connecticut to nationally certified homeopaths provides the following benefits:

- Assures the availability of highly competent homeopaths.
- Allows greater freedom of choice.
- Provides greater access to homeopathy, a holistic form of health care that addresses the whole person as an individual in order to strengthen the constitution and thereby raise the general level of health.
- Provides greater access to well-chosen homeopathic remedies that stimulate the body's immune system to heal itself in a way that is safe, natural and non-toxic.

The national Council for Homeopathic Certification (CHC) sets the proficiency standards in the U.S. for professional homeopaths. The requirements for CHC certification are rigorous, requiring significantly more hours of homeopathic study and practice than is required for either licensed medical doctor homeopaths or naturopaths in Connecticut (see attached CHC certification requirements).

Professional competence is fostered by the continuing education requirements set by the CHC. The CHC monitors compliance with the continuing education requirements among Certified Classical Homeopaths and is willing to provide notification of compliance to the State of Connecticut (see attached letter).

The risk of harm to the public is negligible. Homeopathy is not a medical practice, homeopaths do not diagnose or treat disease nor perform invasive procedures, and homeopathic remedies are available to the public over the counter. A homeopathic remedy works on an energetic level by stimulating the body to heal itself. There are rarely consumer complaints, malpractice claims or investigations regarding any type of homeopathic provider. In Connecticut, there have been no malpractice decisions made against homeopaths.

**CSMS Comment:**

Our only comments to this section are that we believe the current statute assures the availability of highly competent practitioners and that we are not certain how the proposal increases freedom of choice to trained medical professionals.

One other comment in addition is that the proposal states that the risk of harm is negligible since homeopathy is not a medical practice. We must respectfully disagree. Practitioners of this discipline are known to hold themselves out as homeopathic doctors. This alone can mislead people to believe that it is a medical practice. Therefore, a complete review and discussion of education and integration into the spectrum of health care is required.

**Response by Homeopathy for CT:**

**The current statute in Connecticut is out of step with the rest of the country by restricting the practice of homeopathy to physicians. Our proposal seeks to rectify this situation. Current law does not assure the availability of highly competent practitioners since there are only 10 licensed homeopathic physicians in the state and only a small proportion of these individuals actively practice homeopathy.**

**There are no documented instances in Connecticut where a non-medical homeopath has held him or herself out as a physician, homeopathic or otherwise. Furthermore, a nationally certified homeopath may not represent him or herself as a physician unless appropriately licensed, according to the Code of Ethics and Rules of Practice as described above in #1. Above and beyond the Code of Ethics, it is illegal in Connecticut for a person to call himself or herself a physician unless licensed as such.**

**3. The impact that the request will have on public access to health care.**

**Original Proposal:**

This scope of practice change will expand the current limited availability of homeopathy throughout the state while assuring the highest level of professional competence. Homeopathy offers a holistic approach to support wellness and well being that is safe, cost effective and environmentally responsible.

Currently, access to homeopathic care is very restricted in Connecticut – more than any other state. There are only 10 licensed medical doctor homeopaths in the state (few of which practice homeopathy), and a limited number of naturopaths offer homeopathy. This has severely limited the availability of homeopaths in the state and the guidance they offer to the public.

According to the 2007 National Health Interview Survey, which included a comprehensive survey of complementary and alternative medicine (CAM) use by Americans, an estimated 3.9 million U.S. adults and approximately 900,000 children used homeopathy in the previous year.

**CSMS Comment:**

We do not believe there is a consumer demand in CT regarding public access to health care. The fact that only 10 are licensed in the state demonstrates that there is little need.

**Response by Homeopathy for CT:**

**Regarding demand for homeopathy, according to the 2007 National Health Interview Survey, which included a comprehensive survey of complementary and alternative medicine (CAM) use by Americans, an estimated 3.9 million U.S. adults and approximately 900,000 children used homeopathy in the previous year.**

**People throughout the U.S. are using homeopathic remedies and paying for this themselves. A 2009 National Health Statistics Report found that Americans spend \$3 billion out of pocket on homeopathic remedies (Source: <http://nccam.nih.gov/news/camstats/costs/nhsrn18.pdf>).**

**4. A brief summary of state or federal laws that govern the health care profession making the request.**

**Original Proposal:**

The Connecticut General Statute establishing the Homeopathic Medical Examining Board (CGA 20-8) was codified in 1893 – well over a century ago. CGA 20-12n defines homeopathic physicians and sets out requirements for licensure and oversight by the Connecticut Homeopathic Medical Examining Board. This law restricts the practice of homeopathy to medical doctors, which is unduly restrictive since homeopathy does not involve the practice of medicine.

Homeopathy is a distinct discipline and does not require training in other professions. Although some medical doctors do practice homeopathy, they represent a small minority of homeopathic practitioners in the U.S.

It's important to note that homeopathic remedies are sold over the counter and anyone is free to purchase and use them for self-care at home. Homeopathic remedies are regulated by the Federal Food and Drug Administration (FDA) and listed in the Homeopathic Pharmacopoeia of the United States.

There are no federal laws governing the practice of homeopathy.

**CSMS Comment:**

The applicant states that no federal laws exist governing the practice of homeopathy. They do state that the "remedies" available consumers that are homeopathic are regulated by the FDA and listed in the Homeopathic Pharmacopoeia of the United States. We must caution that the FDA does not provide oversight of professionals delivering health care services but rather determines whether prescription and over the counter medications are safe for public consumption.

The statement by the applicant that "the vast majority of professional homeopaths practicing in the U.S. are independent practitioners and are not medical doctors or other licensed medical professionals" is incongruous to the previous argument. However, we believe since licensing of health care professionals is a state function, this is the most appropriate comment for this section and believe the establishment of a review committee is most appropriate to evaluate.

**Response by Homeopathy for CT:**

**As stated above, federal law does not regulate the practice of homeopathy. Most states do not regulate the practice of homeopathy. This proposal will ensure that non-physician homeopaths offering consultative services in the use of homeopathic remedies in Connecticut have met national standards of competence.**

**5. The state's current regulatory oversight of the health care profession making the request.**

**Original Proposal:**

The Connecticut Homeopathic Medical Examining Board oversees the practice of homeopathic physicians.

**CSMS Comment:**

No disagreement.

**6. All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request.**

**Original Proposal:**

The national Council on Homeopathic Certification provides rigorous standards and a national exam that assesses competency in the skills required for professional practice of homeopathy. To qualify as a nationally certified homeopath the Council for Homeopathic Certification requires that a person have:

- (1) 500 hours of homeopathic theoretical training,
- (2) College level courses in anatomy, physiology and pathology,
- (3) 390 hours of clinical experience including 10 supervised cases,
- (4) Passed the 6 hour national certification exam,
- (5) Presented five written cases taken without supervision, and
- (6) Passed the personal interview process.

To maintain this certification, practitioners must complete a minimum of 20 hours of continuing education each calendar year.

Homeopathy is a discipline unto itself, although some homeopaths also have training in other health professions such as acupuncture, chiropractic, massage therapy, naturopathy, nursing and medicine. Each certified homeopath is required to follow a clearly stated professional code of ethics and to meet annual requirements for continuing education (see #1 Response, Code of Ethics).

There are a number of training programs for homeopaths throughout the U.S. that prepare individuals for certification as a classical homeopath. No such program currently exists in Connecticut.

The standards for homeopathic education adopted by the Accreditation Commission for Homeopathic Education in North America, are described in "*Standards and Competencies for the Professional Practice of Homeopathy in North America*" ([www.achena.org/Docs/2001\\_CHE\\_Standards\\_revised\\_1106.pdf](http://www.achena.org/Docs/2001_CHE_Standards_revised_1106.pdf))

**CSMS Comment:**

We do not dispute that schools the quality of schools that educate students in the study of homeopathic medicine. However, this section simply states the numbers of hours required to obtain certification. It provides no information as the content of the curriculum. This alone warrants further discussion.

**Response by Homeopathy for CT:**

As provided above, the standards adopted by the Accreditation Commission for Homeopathic Education in North America provides curriculum requirements for homeopathic education:

<http://www.chedu.org/2001%20CHE%20Standards%20revised%201106.pdf>

**7. A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date.**

**Original Proposal:**

There has been no scope of practice changes regarding homeopaths in the last five years (2007 – 2012). This current proposal to expand the practice of homeopathy in Connecticut to nationally certified homeopaths was pursued in the 2011 and 2012 legislative sessions.

**CSMS Comment:**

No disagreement.

**8. The extent to which the request directly impacts existing relationships within the health care delivery system.**

**Original Proposal:**

This proposal does not infringe on the scope of practice of any other profession. It also does not impact existing relationships within the health care delivery system. Certified homeopaths are a part of a larger community of alternative and complementary practitioners serving the public. They do not conflict with medical practice but provide complementary support.

**CSMS Comment:**

While this proposal may not infringe on the scope of any other profession, it establishes a level of health care practitioner that stands alone outside an integrated system that can have a greater impact on public health than stated in the proposal.

**Response by Homeopathy for CT:**

Homeopathic practitioners would not 'stand alone outside an integrated system.' They are a part of a larger community of alternative and complementary practitioners serving the public. They do not conflict with medical practice but provide complementary care (see #1 Response, Code of Ethics).

**9. The anticipated economic impact of the request on the health care delivery system.**

**Original Proposal:**

Since there are very few homeopaths practicing in Connecticut due to the restrictiveness of current law, many individuals go out of state to find a well-qualified homeopath. Also, well trained and board certified homeopaths leave the state to practice their profession.

By allowing nationally certified homeopaths to practice in Connecticut, the general public is provided increased access to a low cost and alternative approach to health and wellness. Homeopathic practitioners will benefit by the increased access to, knowledge of and visibility of homeopathy in the state. Ultimately, well-trained board certified homeopaths will come to this state to practice. They will benefit from a community of well-qualified peers. This in turn will provide greater choice for consumers and create more visibility and demand for qualified practitioners of these services.

**CSMS Comment:**

We believe none and possibly negative by an increase in the need for physician services due to unintentional reactions.

**Response by Homeopathy for CT:**

There is no evidence to support the case for this claim regarding reactions with prescribed medications.

**10. Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states.**

**Original Proposal:**

Throughout the U.S. homeopathy is a largely an unregulated profession. This is due to the fact that homeopaths do not practice medicine and that homeopathy has been shown to be very safe.

- Only three (3) states license medical doctors to practice homeopathy (CT, AZ, and NV) – Connecticut’s law is from 1893. Of these, only Connecticut restricts the practice of homeopathy to medical doctors.
- Eight (8) states have Health Freedom laws allowing non-licensed, non-medical alternative and complementary care providers, including homeopaths, to provide their services: AZ, CA, RI, Idaho, LA, MN, NM, and OK.  
([http://www.nationalhealthfreedom.org/InfoCenter/laws\\_passed.html](http://www.nationalhealthfreedom.org/InfoCenter/laws_passed.html))
- Homeopathic remedies are sold over the counter without a prescription in all states and are regulated by the FDA (U.S. Homeopathic Pharmacopeia)

**CSMS Comment:**

No comment except that information submitted by the applicant does not show an overwhelming move toward the use of homeopathic practitioners.

**Response by Homeopathy for CT:**

**“An overwhelming move toward the use of homeopathic practitioners” is not a criterion in this discussion. This issue is about choice and giving consumers the opportunity to make informed decisions about their care. Additionally, we are keeping the bar high by requiring homeopaths to achieve national certification.**

**11. Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions.**

**Original Proposal:**

No health care professions are directly impacted by this request, including licensed homeopathic medical doctors and naturopaths.

**CSMS Comment:**

Without further discussion and understanding we are unable to respond to this. There is a potential that primary care physicians as well as urgent and emergency care facilities are impacted with the appropriate oversight and regulation of homeopathic physicians.

**Response by Homeopathy for CT:**

**This proposal addresses certified homeopaths, not “homeopathic physicians.” Nothing in this proposal suggests any changes to the homeopathic physician statutes. Also, as stated above, homeopathic remedies do not interfere with the action of prescribed medications.**

**12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.**

**Original Proposal:**

The current licensing law in Connecticut unduly restricts the practice of homeopathy. Only medical doctors are currently eligible for licensure as homeopaths and naturopaths may practice homeopathy but may not call themselves homeopaths. As a result, well-trained and qualified certified homeopaths are not allowed to provide homeopathy in Connecticut. This does not reflect the situation in much of the rest of the U.S.

Much has changed in homeopathy (as well as medicine) since 1893 when the current licensing law for homeopathic physicians was enacted in Connecticut. At that time,

Homeopathic Medical Colleges were popular (20 on the East coast alone) and therefore well-trained homeopaths were medical doctors. This is no longer the case, as homeopathic training no longer exists in medical schools in this country. ***Extending the practice of homeopathy to certified homeopaths would bring Connecticut into the 21<sup>st</sup> century as well as bring it the distinction of having the most progressive and high standards in the country.***

It is important to note that homeopaths and doctors are two distinct professions with very different educations and training requirements. Homeopathy is a discipline unto itself. Regardless of whether a homeopath also has a degree in medicine, nursing, chiropractic, acupuncture or other profession, a homeopath recommends homeopathic remedies and monitors the care and progress of individuals through follow-up visits. This valuable guidance is all a homeopath does. Unlike a medical doctor, a homeopath does not diagnose diseases, administer or dispense legend drugs or controlled substances, engage in surgery or in any practices that invade the human body by puncture of the skin, or set fractures.

Recognition of certified homeopaths assures the public of a high level of competence among practitioners. Allowing more homeopaths to practice in Connecticut allows growth of a system of natural health care that is safe, effective and environmentally sustainable and is recognized throughout the world.

**CSMS Comment:**

We believe current statute already addresses this concern.

**Response by Homeopathy for CT:**

**Current statute limits the practice of homeopathy by excluding well trained and proficient certified homeopaths and restricts consumer choice.**

We thank you in advance for your consideration.

Respectfully,

*Abby Beale*

Abby Beale  
Homeopathy for Connecticut  
203-949-9147

# HOMEOPATHY for CONNECTICUT

## National Certification Requirements

To become certified as a Certified Classical Homeopath (CCH), the Council for Homeopathic Certification (CHC) requires the following:

1. Exam Prerequisites:
  - U.S. resident
  - Homeopathic education:  
Minimum of 500 hours of homeopathic training from either a single school or a variety of different programs.
  - Medical education:  
Completion of an Anatomy and Physiology course (3-5 credits or a minimum of 33 hours of lecture time) and a Pathology and Disease course (40 classroom hours). Courses must be recognized by the CHC.
  - Clinical education:  
Minimum of 250 documented hours of clinical observation/ analysis plus 10 formally supervised cases, for a total of 390 hours of clinical experience.
2. Proctored written exam: Theoretical and Practical
3. Submission of 5 cases taken without supervision and followed for a minimum of 6 months.
4. Oral interview
5. Practitioners certified by the CHC must complete a minimum of 20 continuing education units (CEU's) each calendar year.

For more, please visit [www.homeopathicdirectory.com](http://www.homeopathicdirectory.com).

## Comparison of Homeopathic Educational Requirements

|                                     | <b>Nationally Certified Homeopaths (CCH)</b>                                                                                                                                                    | CT Homeopathic Medical Doctors (MD)                                                                                 | Naturopathic Physicians (ND)*                                                                                                                  |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of Required Classroom Hours  | <b>500</b>                                                                                                                                                                                      | 30                                                                                                                  | 144                                                                                                                                            |
| Number of Required Clinical Hours   | <b>390</b>                                                                                                                                                                                      | 90                                                                                                                  | 72<br>if in homeopathic specialty clinic; plus other exposure in naturopathic clinic ad hoc                                                    |
| Number of Required Supervised Cases | <b>10</b>                                                                                                                                                                                       | none                                                                                                                | none                                                                                                                                           |
| Number of Independent Cases         | <b>5</b>                                                                                                                                                                                        | none                                                                                                                | none                                                                                                                                           |
| Required Medical Education          | <b>Medical Terminology, Anatomy and Physiology, Pathology</b>                                                                                                                                   | Medical Doctor; Requirements of Section 20-10 of the General Statutes                                               | Doctor of Naturopathy; Requirements of Section 20-34 to 42 of the General Statutes                                                             |
| Exam contents                       | <b>Section I: Philosophy</b><br><br><b>Section II: Human Health Sciences</b><br><br><b>Section III: Materia Medica</b><br><br><b>Section IV: Repertory</b><br><br><b>Section V: Case Taking</b> | <b>Section I: Foundations of Homeopathy</b><br><br><b>Section II: Practice of Homeopathy</b>                        | <b>Comprehensive Board Exam</b><br>that incorporates Health Sciences and Homeopathy:<br>~Philosophy<br>~Materia Medica<br>~Repertory<br>~Cases |
| Oral Interview                      | <b>YES</b>                                                                                                                                                                                      | NO                                                                                                                  | NO                                                                                                                                             |
| Continuing Education Requirements   | <b>20 hours per year in homeopathy (CHC requirement)</b>                                                                                                                                        | 50 hours every two years in their area(s) of practice (though not specific to homeopathy) (State of CT Requirement) | 15 every year (though not specific to homeopathy) (State of CT requirement)                                                                    |

\*per University of Bridgeport Naturopathic School requirements

# STANDARDS AND COMPETENCIES FOR THE PROFESSIONAL PRACTICE OF HOMEOPATHY IN NORTH AMERICA

## A REPORT OF A SUMMIT MEETING

- SPONSORED BY THE COUNCIL FOR HOMEOPATHIC EDUCATION
- SUPPORTED BY A GRANT FROM THE HOMEOPATHIC COMMUNITY COUNCIL

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## **INTRODUCTION**

The Council for Homeopathic Education (CHE), with the support of the Homeopathic Community Council (HCC), held a Summit Meeting of invited representatives of key homeopathic organizations on January 28-30, 2000. The intention of this Summit was to achieve consensus on the homeopathic and medical competencies and standards necessary for the practice of homeopathy in North America. The draft document was circulated to the North American Homeopathic Community for comment and review. This document represents the final version of these competencies and standards.

The Council for Homeopathic Education was founded in 1982 with the mission to accredit homeopathic schools and educational programs. In 1999, the CHE identified the establishment of consensus on standards and competencies as a priority necessary to achieve its mission. Accreditation of educational institutions is a function vital to the development and recognition of homeopathy as a healthcare profession.

Homeopathy is currently utilized by a wide variety of healthcare practitioners in the United States and Canada. The political-legal environment in which homeopathy is practiced is in a state of evolution. This complexity makes the job of the CHE a complicated task – one of identifying the minimum competencies and standards to which schools all must prepare students. It is a task that must be undertaken with sensitivity to many perspectives and awareness that healthcare in the North America is heading rapidly toward new potentials.

The Summit group outlined homeopathic and medical standards and competencies. We recognize that the means of acquiring these competencies will vary from formal instruction, to self-study, to clinical supervision. Actually the ideal training process includes all three of these elements. The important thing is that the instruction be based on definable standards and that homeopaths must be capable of demonstrating these competencies and proficiencies by the standardized measurements utilized by certification boards.

This document was distributed to the North American homeopathic community for public comment in the winter of 2000. It has been through a series of revisions and reflects commentary from many organizations, schools and individuals within the homeopathic community. We wish to thank all of the individuals and organizations that participated in the public commentary.

One positive outcomes of the Summit process was the high degree of consensus among participants representing diverse segments of the homeopathic community, including practitioners with and without medical licenses. We believe this heartening outcome is a good omen of a future of creative harmony within the homeopathic profession.

Statements presented in these documents represent consensus, unless otherwise indicated. For those points on which we were unable to agree, we have set forth the arguments for and against so that the larger homeopathic community can make its decision. In fact there were only two such points.

One area of divergence was whether it was necessary to describe models under which

homeopaths do or could practice. Some felt this description contributed context and substance to the discussion of standards; others felt including this was unnecessary and even ill advised at this time. There was also debate about the validity of models themselves. Ultimately, it was determined to adopt the model that reflects the reality of practice for the majority of homeopathic practitioners in North America.

Second, practitioners have a preference for either the word “client” or the word “patient.” In drafting this document, we choose one for the sake of simplicity. We used “client” as a neutral word referring to anyone who seeks homeopathic care.

The Summit process was immeasurably assisted by the monumental efforts of our professional colleagues, national and international, who, preceding us, spent many hours considering, deliberating and publishing their thoughts on these issues. The documents to which we regularly referred are listed in the Selected Bibliography.

Consensus on standards for classical homeopathic practice will have important implications and benefits for the interdependent components of the homeopathic community—schools, accreditation organizations, certification boards and professional organizations. Indeed, we hope these standards lay the groundwork for the recognition of an independent profession of classical homeopathy in the United States.

Summit participants felt that formalizing the homeopathic and medical requirements for the professional practice of homeopathy will lead to greater unity in the profession. This was already the case within the Summit group, who was able to agree, not only on homeopathic competencies, but on medical competencies as well. This unity will help propel homeopathy into the mainstream, only happen if principles of classical homeopathy are honored.

We submit these documents to the North American homeopathic community with the hope that the standards described will become a powerful tool in further strengthening the homeopathic profession. These standards represent a beginning. We fully expect that given the evolution of homeopathy and the profession the standards we need periodic revision. To that end the CHE will convene another summit to review these documents within seven to ten years.

## **PART I: HOMEOPATHIC STANDARDS AND COMPETENCIES**

Homeopathic competencies are the knowledge, skills and attitudes that any practicing homeopath needs in order to prescribe homeopathic remedies and to manage the responses to those prescriptions. The means of acquiring these competencies vary from formal instruction and self-study to clinical supervision, and ideally will include all three. The homeopath must be capable of demonstrating these competencies by the standardized measurements utilized by certification boards.

These competencies are not intended to be a comprehensive outline for the structure of a curriculum or of an assessment tool, but rather guidelines to assist those who are developing curricula. They are meant to be an expression of what the community holds as the minimum skills, attitudes, and knowledge required to practice homeopathy at a board certified level.

*These subjects have purposefully been expressed in terms of competency, not in terms of course hours.*

The competencies are synthesized from a number of sources, the most important of which are listed in the Bibliography. The competencies are grouped into the headings that make logical sense for assessment and curriculum development.

### **A. HISTORY OF HEALING**

The practitioner must be familiar with the development of homeopathy and the social forces that have influenced its practice over its 200-year history. The practitioner should be cognizant of the philosophers and authors who have had major influences on homeopathic thought and be able to place them in context.

1. History of Western Medicine: Hypocrites to Galen and Paracelsus
2. History of Vitalism: Paracelsus to Hahnemann
3. History of Homeopathy
  - a. Hahnemann and his contemporaries
  - b. Homeopathy in North America
  - c. The Organon 1st through 6<sup>th</sup> editions

### **B. HOMEOPATHIC PHILOSOPHY: THE PRINCIPLES OF HOMEOPATHY**

The practitioner must have a thorough understanding of the principles of homeopathy that guide its theories and implementation in clinical practice.

1. The practitioner must demonstrate a thorough understanding of the principles, dynamics and nature of health and disease from a homeopathic perspective and be aware of how the homeopathic view differs from the allopathic, antipathic and other views of health and disease, both current and historical.

Topics include:

- a. Requirements of the homeopathic practitioner, as enumerated in Aphorism No. 3 of The Organon.
- b. Recognition of the spirit-like dynamic Life Force energy.
- c. Causes of disease.
- d. Definitions of health, disease and cure.

- e. The power of homeopathic medicines to cure.
- f. Concepts of similar, dissimilar and opposite symptom.
- g. Why medicines are better at curing than natural diseases.
- h. Differences among homeopathic, allopathic and antipathic treatment.
- i. Primary and secondary actions of homeopathic and antipathic medicines.
- j. Homeopathic definitions of acute, chronic and other protracted diseases.
- k. Understanding of genus epidemicus, susceptibility and miasmatic disease.
- l. How homeopathy treats disease.
- m. The action of potentized medicines.
- n. The importance of mental/emotional symptoms.
- o. Intermittent diseases.
- p. Preparation of homeopathic remedies.
- q. Administration of homeopathic remedies.
- r. Possible reactions to remedies, including models put forward by Kent and others.
- s. Recognition and understanding of fundamental homeopathic laws including the Law of Similars, the Law of the Minimum Dose and the Law of Cure

### **C. HOMEOPATHIC PROVINGS**

- 1. The necessity of provings.
- 2. The history of provings (Hahnemann through modern methodologies).
- 3. Types of provings (informal/partial through Hahnemannian).
- 4. Guidelines for conducting provings.
- 5. Provings in relation to allopathic drug trials.
- 6. Ethical issues related to provings.
- 7. The nature of the substance.
- 8. Informed consent and blind studies.
- 9. Protocol of thorough provings.
  - a. The substance.
    - 1. Gathering information on the history, behavior and toxicology of the substance to be proven.
  - b. Preparation of substance to be proven.
  - c. The structure of a proving group.
  - d. Dose and posology.
  - e. Record keeping.
  - f. Supervisor/prover contact and frequency.
  - g. Data management.
    - 1. Extraction of data, including primary and secondary distinctions.
    - 2. Collation of data.
    - 3. Statistical evaluation of data.
    - 4. Converting data into old and new repertory language and materia medica.
    - 5. Publishing the results.

### **D. MATERIA MEDICA**

The practitioner must have a thorough appreciation of homeopathic materia medica. The study of remedies is greatly enhanced by knowledge of botany, zoology, chemistry, geology and plant

and animal taxonomy.

1. Knowledge of the major writers and books: from Hahnemann to the present day
2. How to evaluate materia medica sources (thoroughly proven, partially proven, and unproven data; data collection, editing, short cuts, etc.)
3. Remedy-by-remedy study of materia medica determining the characteristic symptoms, disturbances and themes in mental, emotional, physical spheres of remedies. Remedies must be understood in terms of:
  - a. The history, culture and behavior of the substance in the natural world.
4. Toxicological history.
5. Proving symptoms.
6. Sensation and function.
7. Mental/Emotional symptoms (including dreams and delusions).
8. Characteristic symptoms.
9. Strange, rare and peculiar symptoms.
10. Generalities.
11. Modalities.
12. Clinical symptoms/pathology.
13. Etiology.
14. Local symptoms.
15. Organ and system affinities.
16. Keynote and confirmatory symptoms.
17. Concomitant symptoms.
18. Remedy relationships.
  - a. Relationships within the materia medica.
  - b. Relationships of substances (e.g., botanicals, mammals, spiders)
    - i. Periodic table relationships.
    - ii. Antidotes, affinities, inimicals, complementaries, remedies that follow well.
  - c. Acute/first aid uses.
  - d. Comparative and differential study.
  - e. Progressive stages of pathology of remedies.
  - f. Chemistry of the substance.
19. The differences among polychrests, so-called 'small remedies,' nosodes, sarcodes, isopathics, tautopathics and imponderables.
20. The use of case studies (live, paper and video).
21. The use of journals and electronic sources in the study of materia medica.
22. The use of repertory comparisons.

#### **E. REPERTORY**

1. History and organization of repertories.
  - a. Boenninghausen and Kent through modern repertories.
2. Organization and limitations of various repertories.
  - a. Grading of symptoms/rubrics in each.
  - b. Organization- Kent's through newer organizing techniques.
  - c. Strengths and limitations of older repertories, especially Kent's.
3. The purpose of rubrics and sub-rubrics and how they are developed and organized.

4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terminology.
5. Converting symptoms into repertory language.
6. Various tabulation tools—their strengths, limitations and uses.
  - a. Paper graphs
  - b. Computers, and their use in modern practice.
7. The different roles of repertorization in selecting a remedy

#### **F. CASE TAKING**

1. Evaluating whether a case is suitable for homeopathic treatment based on initial information. Includes knowing when to refer to a different modality or a different homeopathic practitioner.
2. Communicating with the client about the nature of the homeopathic interview and the nature of homeopathic treatment, including its limitations. This should take place prior to formal case taking.
3. Conducting a comprehensive homeopathic interview.
  - a. Individualizing the case: the ability to vary techniques for eliciting information according to the client.
  - b. The need for freedom from bias, for healthy senses and astute observation.
  - c. Guidelines for recording the case.
  - d. Special considerations for epidemic diseases.
4. Consideration of previous and current therapeutic history/treatment, including homeopathy, allopathy and other therapeutic modalities.
5. Conducting the interview with sensitivity to the client's needs, privacy, dignity and psychological safety.
6. Accurate and systematic recording of the case according to the prevailing medical model.
7. Understanding the value, limitations and use of medical reports in homeopathic case taking.
8. After case taking, re-evaluating the suitability of a case to homeopathic treatment: when to treat and when and how to refer elsewhere.
9. After case taking, ongoing communication with the client about the nature of homeopathic treatment, including its limitations, if any, in this particular case.
10. The value and limitations of client forms in homeopathy (e.g., medical history, informed consent).

#### **G. CASE ANALYSIS**

The practitioner must be able to synthesize disparate information into meaningful totality and treatment strategy based on sound classical homeopathic principles.

1. Analyzing what needs to be cured -- determining the central disturbance and themes of the case based on distinguishing symptoms in the mental, emotional and physical spheres. Includes understanding of:
  - a. Sensations and function of the organism.
  - b. Vitality and health of the person.
  - c. Totality of the disease.
  - d. Hierarchy of symptoms – mental, emotional and physical.
  - e. Characteristic/strange, rare, peculiar symptoms.

- f. Family and miasmatic history.
  - g. Modalities.
  - h. Affinities and systemic effects.
  - i. Pathology, including knowledge of common symptoms of allopathic disease and being able to distinguish them from characteristic symptoms.
  - j. Obstacles: e.g. Antidoting, environmental, iatrogenic influences.
  - k. Etiology/exciting and maintaining causes.
  - l. Susceptibility.
  - m. Onset, duration, and intensity/severity of symptoms.
  - n. Prognostic evaluation.
2. Converting symptoms into repertory language.
  3. Repertorizing in a manner appropriate to the case presented.
  4. Researching remedies in the materia medica and applying this research to the case.
  5. Posology/Potency.
  6. Assessing strength of the vital force.
    - a. The relative benefits of various homeopathic potencies and their relevance to the case.
    - b. Choosing the right method of administering remedies (e.g.: dry, in water, olfaction)

## H. CASE MANAGEMENT

The practitioner must be able to evaluate and supervise the entire course of homeopathic treatment as an ongoing and cumulative process, an extended cycle of reflection and response. The process must encompass knowledge of a hierarchy of change within the curative process. It requires:

1. Appropriate communication with clients both during and between follow-ups.
2. Appropriate scheduling of follow-ups based on strategy of treatment, anticipated remedy action, prognosis and the client's needs.
3. Assessment of remedy action.
  - a. Recording the individual's experience in treatment, while being able to assess the accuracy of this reporting.
  - b. Evaluating the extent to which treatment has achieved the client's aims and goals.
  - c. Evaluating results according to the homeopathic definition of cure versus palliation and suppression.
  - d. The application of models of remedy actions by Kent and others.
  - e. The homeopathic aggravation: how to recognize it and how to handle it.
  - f. Obstacles to cure.
    - i. Environmental considerations.
    - ii. Iatrogenic factors.
    - iii. Antidoting.
    - iv. Progress of pathology.
  - g. Knowing when to wait, when to repeat and when to change remedies and potencies.
  - h. Knowing when to retake the case.
  - i. Knowing when to refer the case to another modality or another homeopath.
  - j. Recognizing proving symptoms.

4. Concepts of simillimum, similar, layers, zigzagging.
5. The individual's motivation and commitment to treatment.
6. Acute diseases during chronic treatment.
7. Intercurrent prescribing.
8. The value, limitations and uses of medical reports in homeopathic case management.

## PART II: MEDICAL STANDARDS AND COMPETENCIES

### A: GENERAL PRINCIPLES

Medical competence in the practice of homeopathy is viewed in this document from the perspective of the minimal set of knowledge, skills and attitudes necessary to prescribe homeopathic therapy in a fashion that is effective and safe for the client. These standards recognize the interdependence of homeopathy with other fields of health care, the need for effective communication among health-care professionals, and the need for consultation in clinical medicine.

*These subjects have purposefully been expressed in terms of competency, not in terms of course hours.*

These recommendations are made with a recognition that homeopathy is based in a vitalist paradigm. (Vitalism is the science or doctrine that all functions of the living organism are due to an unseen vital principle distinct from all chemical and physical forces)\*, which views health-related events from a perspective that may differ significantly from that of the prevailing medical paradigm.

At a minimum, a homeopathic practitioner:

1. Must demonstrate through examination **knowledge of the natural world** and the human body sufficient to understand homeopathic philosophy and homeopathic therapeutics. These areas of knowledge include relevant aspects of chemistry, biology, botany, physics, human anatomy and physiology.
2. Must demonstrate through examination **knowledge of medical terminology, clinical pathophysiology and therapeutics**. The level of competence must be sufficient:
  - a. For accurate homeopathic prescribing.
  - b. To interface appropriately with members of the complementary and allopathic medical communities.
  - c. To recognize the signs and symptoms of conditions that may pose immediate or long-term risk to the client.
  - d. To distinguish between disease-specific signs and symptoms, iatrogenic signs and symptoms and those signs and symptoms, which are characteristic of the client's individuality.
  - e. To assess the appropriate role of homeopathy in a specific case, and discuss this and other therapeutic options with the client.
  - f. To obtain and assess informed advice and research on unfamiliar conditions.
  - g. To know one's limits of competency, including when and how to make appropriate referrals.
3. Must demonstrate through examination **knowledge of allopathic and herbal pharmacology**. The level of competence must be sufficient:
  - a. To recognize the effects, side-effects and interactions of drugs and substances
  - b. To understand the influence of these substances on the natural history of the client's illness and how to differentiate between characteristic and iatrogenic signs, symptoms and modalities.
  - c. To know the dangers or consequences of an individual's withdrawing from drugs and substances, both prescribed and self-administered (for example, adrenal crisis)

- on sudden withdrawal of steroids.
- d. To recognize the danger of interfering with regimes of prescribed medications.
4. Must demonstrate through examination **knowledge of the psychological and emotional functioning of individuals** and how this may affect their health and wellbeing. Specifically, the practitioner must demonstrate.
- a. Familiarity with the normal stages of child and adult development.
  - b. Familiarity with the normal stages of response to stressful life events (e.g., death and dying, child and adult responses to trauma).
  - c. An appreciation of the dynamics of family and other relationships and their impact on the client's life circumstances and mental and physical health.
  - d. An appreciation for the nature of disability, the social resources available to the disabled, and the effects of disability on the individual, health-care providers and members of the client's support system.
  - e. Sufficient knowledge of the terminology of mainstream psychiatry to enable the homeopathic practitioner to interface with mental health providers.
5. Must demonstrate **consultation skills**. Specifically, the practitioner must show:
- a. Clarity of perception: homeopaths should have sufficient knowledge of health on the mental, emotional and physical levels, to be able to perceive what needs to be healed in others.
  - b. The ability to recognize obstacles to cure, including:
    - i. The relationship between the physical, social, emotional and economic contexts in which people live and their health and wellbeing.
    - ii. The implications for health and disease of personal and family health history, life events and environmental factors.
    - iii. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual's health and social wellbeing.
    - iv. The resources available to individuals to make changes in their circumstances and lifestyles.
    - v. How personal beliefs and preferences affect individuals' lives and the choices they make, the context in which they live and their health and wellbeing.
    - vi. How drugging results in masking, suppressing, alteration of individualizing characteristic symptoms of the original disease symptoms.
  - c. Facility in effective and sensitive interviewing attitudes and techniques that will enable individuals to reveal and talk through relevant issues in their physical, mental and emotional health.
  - d. The ability to recognize and interpret significant aspects of a client's appearance, body language, speech and behavior.
  - e. The ability to explain to clients the nature and depth of homeopathic case taking, and sensitivity to concerns and difficulties that can arise during this process.
  - f. The ability to take clear and coherent notes according to the standards and conventions of the healing professions
  - g. Knowledge of when it may be necessary or useful to involve someone besides the client in consultation (for example, when treating children). This includes recognizing the potential for reticence, misrepresentation and misunderstanding when others are involved in these discussions, and being able to minimize those

- risks.
- h. Awareness of the dangers of imposing one's own beliefs, values and attitudes on individuals and of the importance of respect for the client's beliefs, values and attitudes, both personal and cultural.
6. Must demonstrate **knowledge of alternative medicine**. Specifically the practitioner must:
- a. Have sufficient knowledge of acupuncture, osteopathic, and chiropractic care to recognize the appropriate time for referral to practitioners of these modalities.
  - b. Have sufficient knowledge of alternative modalities to be conversant with practitioners who refer patients from these modalities.

## **B: MAJOR CATEGORIES OF ILLNESS**

Practitioners of homeopathy should be able to recognize signs and symptoms of the following common medical conditions. They should be familiar enough with these signs and symptoms to know when to refer clients for other evaluation and treatment.

The disorders are presented by system, with distinction made between those conditions that are urgent—meaning that appropriate evaluation and treatment must be made acutely—and those that can be handled in a routine manner. These distinctions cannot be kept completely separate. There can be acute exacerbations of some of the routine conditions, causing them to become urgent. However, what is listed below represents where these conditions will most commonly be found. The scope of formal evaluation, diagnosis, and management of disease is defined by licensing statutes and the standards of practice of the various professionals who practice homeopathy.

In addition, homeopaths must be able to recognize the common symptoms of these diagnosed diseases and conditions in order to distinguish them from a client's individualized symptoms.

### **1. Rheumatological / Musculoskeletal / Connective Tissue Diseases**

#### *Urgent Conditions*

Fractures, acute rheumatic fever, septic arthritis (gonococcal, Lyme, etc.), temporal arteritis, acute gouty arthritis

#### *Routine Conditions*

Strains, sprains, osteoarthritis, osteoporosis, rheumatoid arthritis, gout, costochondritis, Reiter's syndrome, scleroderma, systemic lupus erythematosus (SLE), polymyalgia rheumatica, polyarteritis nodosa, dermatomyositis / polymyositis, Sjogren's syndrome, ankylosing spondylitis, fibromyalgia, chronic Lyme disease, carpal tunnel syndrome

### **2. Malignancy**

#### *Urgent Conditions*

Fever in the immunosuppressed client, bleeding in the thrombocytopenic client, acute spinal cord compression, intestinal obstruction, evaluation of any client suspected of having a diagnosis of cancer

#### *Routine Conditions*

Chronic management of all types of cancer, with emphasis on skin, breast, brain, ovarian, testicular, prostate, bladder, oral, esophageal, stomach, liver, pancreas, colon, uterine, cervical, lung, kidney, lymphoma (including Hodgkin's disease), leukemia

### **3. Hematological**

#### *Urgent Conditions*

Disseminated intravascular coagulation (DIC), immune thrombocytopenic purpura (ITP), thrombotic thrombocytopenic purpura (TTP)

#### *Routine Conditions*

Anemia (nutritional, hereditary, associated with systemic disease), polycythemia, thrombocytopenia, leukopenia

### **4. Endocrine**

#### *Urgent Conditions*

Diabetic coma and ketosis, hyperthyroid crisis, acute hypoglycemia, thyroid nodule

#### *Routine Conditions*

Hyperthyroidism, hypothyroidism, diabetes mellitus, diabetes insipidus, Cushing's syndrome, Addison's disease, chronic hypoglycemia, thyroid enlargement, acromegaly

### **5. Dermatology**

#### *Urgent Conditions*

Melanoma, third degree burn, second degree burns over large surface areas, drug rash, erythema multiforme, gangrene, abscesses, cellulitis, syphilis, petechiae

#### *Routine Conditions*

Eczema, psoriasis, seborrhea, nevi, boils, impetigo, monilial dermatitis, tinea capitis, tinea corporis, tinea cruris, tinea pedis, tinea versicolor, vitiligo, syphilis, varicella, herpes zoster, molluscum contagiosum, rubella, rubeola, warts, scabies, lice, first and second degree burns over small areas, first degree burns, urticaria, contact dermatitis (Rhus dermatitis), acne, rosacea, alopecia, aphthous stomatitis, lipoma, keloid, dermatofibroma, hemangioma, insect bites, basal cell carcinoma, squamous cell carcinoma, seborrheic keratosis, solar keratosis, herpes simplex

### **6. Respiratory/ENT**

#### *Urgent Conditions*

Peritonsillar abscess, epiglottitis, foreign bodies (eye, ear, nose throat), streptococcal pharyngitis, mastoiditis, acute asthma, status asthmaticus, pneumonia, pulmonary embolus, pneumothorax, tuberculosis

#### *Routine Conditions*

Otitis media and otitis externa, mastoiditis (see above), hearing disorders, epistaxis, adenoid and tonsillar hypertrophy, pharyngitis, sinusitis, allergic rhinitis, croup, laryngitis, bronchitis, chronic asthma, chronic obstructive pulmonary disease, pleurisy, tuberculosis, sarcoidosis, bronchiectasis, Meniere's disease, obstructive sleep apnea

### **7. Cardiovascular**

#### *Urgent Conditions*

Acute myocardial infarction, cardiac and aortic aneurysm, hypertensive crisis, endocarditis, unstable angina, pericarditis, pericardial tamponade, congestive heart failure, acute arrhythmia,

acute deep vein thrombosis, cerebral aneurysm.

*Routine Conditions*

Hypertension, stable angina, chronic arrhythmia, coronary artery disease, valvular heart disease, congenital heart disease, cardiomyopathy, chronic congestive heart failure, peripheral vascular disease, superficial thrombophlebitis, carotid artery stenosis, cerebral aneurysm, Raynaud's syndrome.

**8. Gastrointestinal**

*Urgent Conditions*

Acute appendicitis, volvulus, intussusception, incarcerated hernia, acute abdomen and other surgical emergencies, upper and lower gastrointestinal bleeding, acute hepatitis, acute pancreatitis, pyloric stenosis, acute cholecystitis, acute diarrhea, acute diverticulitis.

*Routine Conditions*

Gall stones, flatulence, encopresis, constipation, chronic diarrhea, malabsorption syndromes, celiac disease, lactose intolerance, parasite infestation, hernia, peptic and duodenal ulcer, esophageal motility disorders, gastro-esophageal reflux, cirrhosis, acute gastroenteritis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, hemorrhoids, chronic hepatitis B, hepatitis C, chronic pancreatitis, diverticulosis.

**9. Diseases of the Mouth**

*Urgent Conditions*

Epiglottitis, acute parotitis.

*Routine Conditions*

Aphthous stomatitis, herpes simplex, dental abscess, periodontal disease, caries.

**10. Nutritional and Metabolic Diseases**

*Urgent Conditions*

Failure to thrive.

*Routine Conditions*

Obesity, anorexia, osteoporosis, B12 deficiency, protein deficiency, phenylketonuria and other congenital metabolic disorders.

**11. Infectious Diseases**

*Urgent Conditions*

HIV, sepsis, meningitis, peritonsillar abscess, cellulitis, gonorrhea, syphilis, pneumonia, rheumatic fever, encephalitis, septic arthritis, pyelonephritis, acute hepatitis, acute cholecystitis, acute appendicitis, acute diverticulitis, tuberculosis, Mycoplasma infections, malaria, pneumonia, smallpox, anthrax.

*Routine Conditions*

Influenza, common cold, mononucleosis, varicella, scarlet fever, Pertussis, Fifth's disease, Chlamydia infections, systemic Candidiasis, Moniliasis, Trichomonas, amebiasis, Giardiasis, hookworm, malaria, scabies, conjunctivitis, bronchitis, urinary tract infections, chronic prostatitis, chronic hepatitis, otitis media, sinusitis.

**12. Immunologic Diseases**

*Urgent Conditions*

AIDS, anaphylaxis.

*Routine Conditions*

Chronic fatigue immunodeficiency syndrome, environmental illness, systemic allergy, acquired and congenital immunodeficiency syndromes.

### **13. Ophthalmology**

*Urgent Conditions*

Retinal detachment, iritis, uveitis, corneal abrasion, papilledema, acute red eye, foreign body.

*Routine Conditions*

Conjunctivitis, sty, blepharitis, meibomian cyst, lachrymal duct obstruction, subconjunctival hemorrhage, glaucoma, diabetic retinopathy, myopia, hyperopia, astigmatism, strabismus, cataract, ocular tumors, ocular migraine.

### **14. Occupational Illnesses**

*Urgent Conditions*

Carbon monoxide poisoning.

*Routine Conditions*

Occupational lung diseases including asthma, asbestosis, etc; sick building syndrome; repetitive stress syndromes, such as carpal tunnel syndrome, shin splints, low back pain.

### **15. Neurological**

*Urgent Conditions*

Stroke, subarachnoid hemorrhage, subdural hematoma, space-occupying lesion/pathology, meningitis, encephalitis, cerebral abscess, skull fracture, vertebral fracture.

*Routine Conditions*

Headaches, vertigo, epilepsy, traumatic brain injury, multiple sclerosis, amyotrophic lateral sclerosis, myasthenia gravis, musculodystrophy, peripheral neuropathy, polio, vertebral disc disease, spinal stenosis, dementia, Parkinson's disease, cranial synostosis, Tourette's syndrome.

### **16. Psychiatric**

*Urgent Conditions*

Suicidal or homicidal ideation, acute mania, acute psychosis, child abuse, spousal abuse, elder abuse, delirium.

*Routine Conditions*

Post-traumatic stress syndrome, dissociative disorders, alcoholism, drug addiction, other substance abuse, bipolar disorders, psychosis, depression, grief reaction, obsessive-compulsive disorder, anxiety disorders, personality disorders, eating disorders, autism, Asperger's syndrome, verbal and non-verbal learning disorders, mental retardation, attention deficit disorder, dementia, somatization disorder, communication disorders (e.g., stuttering), conduct disorder, tic disorders, encopresis, enuresis, sexual dysfunction, sleep disorders, impulse control disorders, adjustment disorders.

### **17. Obstetrics/Gynecology**

*Urgent Conditions*

Ectopic pregnancy, uterine hemorrhage, pelvic inflammatory disease, acute gonorrhea and syphilis, toxemia of pregnancy, miscarriage, puerperal fever.

### *Routine Conditions*

Pregnancy, nausea of pregnancy, hyperemesis gravidarum, bacterial vaginosis, vaginitis, papilloma virus, cervical dysplasia, herpes simplex, vaginal atrophy, premenstrual syndrome, metrorrhagia, menopause, endometriosis, ovarian cyst, polycystic ovarian disease, amenorrhea, infertility, breast lump, mastitis, uterine prolapse.

## **18.. Genital-Urinary**

### *Urgent Conditions*

Pyelonephritis, kidney stones, testicular torsion, testicular cancer, acute renal failure, acute prostatitis, epididymitis.

### *Routine Conditions*

Urinary tract infection, impotence, enuresis, incontinence, inguinal hernia, femoral hernia, chronic renal failure, chronic prostatitis.

## **19. Pediatric**

### *Urgent Conditions*

Congenital heart disorders, congenital gastrointestinal disease, newborn hyperbilirubinemia, fetal alcohol syndrome or drug withdrawal, child abuse, epiglottitis, failure to thrive, pyloric stenosis.

### *Routine Conditions*

Lachrymal duct obstruction, herpangina, accident prevention, immunization, mental retardation, pica, lead poisoning, esophageal reflux, worms, cerebral palsy, urinary tract infection, atopic disease, developmental delay, encopresis, enuresis, anticipatory guidance, congenital hip dislocation, club foot.

## **C: MEDICAL DIAGNOSTIC TESTING**

- 1) The practitioner should have a basic knowledge of the common forms of diagnostic testing, including X-ray, ultrasound, computerized tomography (CT), magnetic resonance imaging (MRI), radioisotope scanning, electroencephalography, electromyography, electrocardiography and echocardiography.
- 2) The practitioner should have a basic knowledge of the common laboratory tests, including, papanicolaou (PAP) smear, bacteriologic and viral culture, urinalysis, complete blood counts (CBC), measurements of serum lipids, liver and kidney function, electrolytes, glucose, glycohemoglobin, hormonal function, including thyroid (T3, T4, TSH), HCG, LH, FSH, sedimentation rate and coagulation rates (PT, PTT).

## **D: MAJOR CATEGORIES OF ALLOPATHIC MEDICATIONS**

Practitioners should be familiar with the therapeutic uses and usual adverse reactions of common classes of allopathic pharmaceuticals, including:

### Analgesics

Narcotics

Acetaminophen

NSAID's

Anti-anginals

Antiarrhythmics

Anticoagulants

- Antidiabetics
  - Oral hypoglycemics
  - Insulins
- Anti-infectives
  - Antibiotics
  - Antivirals
  - Antifungals
  - AIDS Chemotherapies
- Antihypertensives
  - Calcium channel blockers
  - Beta-blockers
  - Diuretics
  - ACE Inhibitors
- Anticonvulsants
- Anti-inflammatories
  - Corticosteroids
  - NSAID's
  - Salicylates
- Antihistamines
- Anti-anxiety agents
- Antidepressants
- Antipsychotics
- Anti-asthma agents
  - Bronchodilators
  - Mast cell stabilizers
- Corticosteroids
- Antacids
- Histamine receptor antagonists
- Hormones
  - Thyroid
  - Hormonal replacement therapy
- Contraceptives
  - Devices
  - Hormonal contraceptives
- Dermatological agents
  - Scabicides
  - Topical steroids
  - Anti-psoriatic agents
  - Acne preparations

## **E: HERBS AND DIETARY SUPPLEMENTS**

Practitioners of homeopathy should have some knowledge of herbal and dietary supplements frequently utilized by clients, including:

Acidophilus/bifidobacter, Aloe Vera, Antineoplastons, Astragalus, Bee Pollen, Bilberry, Black Cohosh, Blessed Thistle, Bromelain, Burdock, Calcium, Calendula, Cat's Claw, Chamomile, Chondroitin, Co-Enzyme Q10, Comfrey, Cranberry, Creatine, Dandelion, DHEA, Devil's Claw,

Dong Quai, Echinacea, Elderberry, Ephedra, Essiac, Evening Primrose Oil, Feverfew, Fish Oil, Flax Seed Oil, Garlic, Ginger, Ginkgo, Ginseng (Asian and Siberian), Glucosamine Sulfate, Glutamine, Goldenseal and Barberry, Gotu Kola, Green Tea, Hawthorn, Hops, Horse Chestnut, Hoxsey Formula, Hydrazine Sulfate, Kava Kava, Lavender, Lemon Balm, Licorice, Magnesium, Melatonin, Milk Thistle, Mistletoe, Nettles, Passion Flower, Pennyroyal, Peppermint, Pine Bark Extract/Grape Seed Extract/Pycnogenol, Pygeum, Red Yeast (Cholestin), Rhubarb Root, SAM-e, St. John's Wort, Saw Palmetto, Selenium, Shark Cartilage, Skullcap, Slippery Elm, Sorrel, Soy, Tea Tree Oil, Uva Ursi, Valerian, Vitamins: B12, Folic Acid, B Complex, C, D, E; Vitex (Chasteberry), Wild Yam, Willow Bark, Zinc

Source: The Longwood Herbal Task Force (LHTF)

### **F: OTHER TREATMENT ISSUES**

Treatment requires competency in the safe administration of homeopathic remedies, including the safety of both the client and the homeopath. The practitioner must also have the ability to manage the clinical case using clinical skills. Necessary areas of knowledge include:

1. Appropriate use of referrals for emergency care, medical evaluation, acupuncture, osteopathic or chiropractic care and other types of evaluation and treatment.
2. Appropriate use of supervision and homeopathic consultation.
3. The ability to use feedback from others, including clients and colleagues.
4. Maintaining effective collaborative relationships.
5. The ability to engage in self-evaluation.
6. The ability to access and integrate new information to assist in decision-making.
7. The ability to use research, including provings, audits and case studies, to plan implement and critically evaluate concepts and strategies leading to improvements in care.
8. The ability to critically evaluate professional knowledge, legislation, policy and research in order to refine clinical practice.
9. The ability to predict the development and limit the effect of difficult situations in clinical practice.

\*Webster's Dictionary, 1902 Edition.

## **ORGANIZATIONS INVITED TO SEND REPRESENTATIVES**

American Association of Homeopathic Pharmacies (AAHP)  
American Board of Homeotherapeutics (ABHT)  
American Institute of Homeopathy (AIH)  
Council for Homeopathic Certification (CHC)  
Council for Homeopathic Education (CHE)  
Homeopathic Association of Naturopathic Physicians (HANP)  
Homeopathic Community Council (HCC)  
Homeopathic Nurses Association (HNA)  
Homeopathic Pharmaceutical Association (HPhA)  
National Board of Homeopathic Examiners (NBHE)  
National Center for Homeopathy (NCH)  
North American Society of Homeopaths (NASH)

## **LIST OF ATTENDEES**

Edward Chapman, MD, DHt, Summit Chair  
President, CHE; Treasurer, HCC; Trustee, AIH; Primary Care Coordinator, ABHT

Peggy Chipkin, FNP, CCH  
Board, CHC; Board, HCC; Member, HNA

Jane Chicchetti, RSHom (NA)  
Member, NASH Schools Committee; Board, CHE (representing NASH) (Resigned prior to draft of final documents)

Joyce Frye, DO, MBA  
President, NCH; First Vice President, AIH

Kathy Lukas  
Secretary, CHE

Christopher Phillips, CCH  
Board, CHE (representing CHC)

Richard Pitt, RSHom, CCH  
President, CHC

Josette Polzella  
Treasurer, CHE

Iris Hagen Ratowsky, RSHom (NA), CCH  
Registrar, NASH; Board, CCH

Caroline Rider, JD  
Associate Professor of Management and Chair of the Department of Management, School of Management, Marist College, Poughkeepsie, N.Y.

Todd Rowe, MD, MD(H), CCH, DHt  
Vice President, NCH; Board, CHC; Board, CHE

## **BIBLIOGRAPHY OF REFERENCE DOCUMENTS**

1. Commission on Accreditation of Allied Health Education Programs, "Standards and Guidelines for an Accredited Program for the Physician Assistant", revised, 1997.
2. European and International Councils for Homeopathy, "Guidelines for Homeopathic Education"; first edition (January 1993) and second edition (March 1999).
3. European Council on Homeopathy and Liga Medicorum Homeopathica Internationalis, "Programme for the Teaching of Homeopathy," Appendix I.
4. Hahnemann, Samuel, "The Organon of the Medical Art", Wenda Brewster O'Reilly, PhD, ed.; Redmond, Wash., Birdcage Books, 1996.
5. Kent, James Tyler, "Lectures on Homeopathic Materia Medica", Philadelphia, Boericke & Taffel; fourth edition 1956.
6. Kent, James Tyler, "Lectures on Homeopathic Philosophy", Chicago, Ehrhart & Karl; memorial edition, 1929.
7. National Guideline Clearinghouse, an online source for nationally agreed upon guidelines for the treatment of more than 600 medical conditions.
8. North American Society of Homeopaths, "Record-Keeping Guidelines", Appendix C. Sherr Jeremy, "The Dynamics and Methodology of Homoeopathic Provings", Malvern, England, Dynamis Books; second edition, 1994.
9. Society of Homoeopaths, "Core Assessment Criteria", 1998.
10. Society of Homoeopaths, "Critique of Consultation Document Developing National Occupational Standards for Homeopathy."
11. United Kingdom, "National Occupational Standards for Homoeopathy", Draft 25, August 1998.
12. Uphold, C.R., Graham, M.V., "Clinical Guidelines in Family Practice", Gainesville, Fla., Barmarrae Books; third edition, 1998 [a text designed to help clinicians quickly access up-to-date information regarding health maintenance and commonly occurring primary care problems].

## **List of Appended Documents**

1. Commission on Accreditation of Allied Health Education Programs, "Standards and Guidelines for an Accredited Program for the Physician Assistant", revised, 1997.
2. European and International Councils for Homeopathy, "Guidelines for Homeopathic Education"; second edition, March 1999.
3. European Council on Homeopathy and Liga Medicorum Homeopathica Internationalis, "Programme for the Teaching of Homeopathy", Appendix I.
4. North American Society of Homeopaths, "Record-Keeping Guidelines", Appendix C
5. Olsen, Steve, CCH, ND, DHANP, "The Homeopathic Code of Professional Ethics and Ethical Standards of Practice"; January 15, 2000, version 1.3b.
6. Society of Homoeopaths, "Core Assessment Criteria", 1998.
7. Society of Homoeopaths, "Critique of Consultation Document Developing National Occupational Standards for Homeopathy."
8. United Kingdom, "National Occupational Standards for Homeopathy", Draft 25, August 1998.

# COUNCIL FOR HOMEOPATHIC CERTIFICATION

TOGETHER WE'RE DEFINING THE PROFESSION

## content

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### Code of Ethics

The Council for Homeopathic Certification (CHC) considers the following principles to be guides to the ethical practice of homeopathy, and to be morally binding on all homeopaths:

#### Ideals

The homeopath's high and only calling is to restore the sick to health—to heal, as it is termed—as defined by Samuel Hahnemann in the *Organon*.

#### Interactions with Patients/Clients

Conduct the homeopathic practice with vigilance, integrity, and freedom from prejudice, and treat all patients with respect and dignity. Make every appropriate effort to be available and accessible to ill patients requiring assistance. Never guarantee a cure, by spoken word or in writing.

Assist patients in weighing the possible benefits and risks of other (nonhomeopathic) types of treatment, helping them to consider conventional diagnostic procedures, routine screening tests, and therapies—acknowledging the usefulness of such procedures at appropriate times, even for those who may wish to avoid conventional treatment.

Render assistance to patients in emergency situations, to the greatest extent permitted by training and circumstances.

Practice within areas of competence. Consult with colleagues, or refer clients to other practitioners, in any situation involving conflict, inadequate training, or personal limitation—such as, but not limited to, any of the following:

- When any aspect of the patient's case requires greater experience, training, or skill than the practitioner can offer.
- When there is a need for diagnostic tests or procedures beyond the capacity of the homeopath
- When the homeopath's care is not providing reasonable and timely resolution of the patient's health problems.
- When circumstances arise which create a conflict between the homeopath's personal and professional relationship with the patient
- If a homeopath's competence or judgment is impaired by physical or mental incapacity, or chemical dependency

Keep full and accurate records of all contacts with patients, including individual data such as name, address, phone number, date of birth, and case data such as medical history, dates and details of consultations, and summary of recommendations made.

Exercise appropriate discretion in the wording of any advertisements; practitioners who are not medically licensed with authority to diagnose and treat in the state/province where they practice should carefully avoid any reference to medical diagnoses or diagnostic tests, and focus on establishment of health rather than resolution of disease.

Use a disclosure/informed consent form which clearly and accurately identifies your training, credentials, skills and nature of your work; ensure that each client signs this form which becomes a part of the client documentation.

#### Interactions within the Profession

Honor the homeopathic profession, its history and traditions. Each practitioner's words and actions reflect upon the profession as a whole. Speak respectfully about fellow practitioners, both homeopathic and in other fields acknowledging differences in styles of practice and training in a constructive way, whether in public or with patients.

Continue personal and professional development by undertaking further study, conferring with colleagues, and seeking greater understanding of homeopathic theory and practice, and supporting other homeopaths in that goal. Promote the art and science of homeopathy through appropriate research.

If conducting homeopathic research, give substances used in provings only to those individuals who have an understanding of the nature of the proving process, and who have volunteered, with written consent, to participate. Consider any person involved in experimental provings or other studies to be the researcher's patient; be guided by the welfare of each person, and the moral imperative that the homeopath's only calling is to help make sick people well. Report research findings and clinical experience methodically, honestly, and without distortion. Identify any speculative theories clearly as such. Carefully honor the confidentiality of all patients whose cases are used in published articles, case conference presentations, or training lectures.

## additional information

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### **Search for Homeopath**

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BILL NUMBER: SB 577      CHAPTERED  
BILL TEXT

CHAPTER 820  
FILED WITH SECRETARY OF STATE    SEPTEMBER 23, 2002  
APPROVED BY GOVERNOR    SEPTEMBER 23, 2002  
PASSED THE SENATE    AUGUST 19, 2002  
PASSED THE ASSEMBLY    AUGUST 15, 2002  
AMENDED IN ASSEMBLY    JUNE 28, 2002  
AMENDED IN SENATE    APRIL 19, 2001

INTRODUCED BY    Senator Burton

FEBRUARY 22, 2001

An act to add Sections 2053.5 and 2053.6 to the Business and Professions Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 577, Burton. Health: complementary and alternative health care practitioners.

Existing law regulates the practice of medicine in the state, and in that regard prohibits persons who are not licensed as physicians and surgeons from engaging in certain activities constituting the practice of medicine.

This bill, notwithstanding any other provision of law, would provide that a person engaging in certain medical treatments who makes specified written disclosures to a client shall not be in violation of certain provisions of the Medical Practice Act unless that person engages in specified diagnosis, treatment, and other activities. The bill would require a person who advertises himself or herself as performing the services that are subject to those requirements to state in the advertisement that he or she is not licensed by the state as a healing arts practitioner.

This bill would also make various findings of the Legislature concerning the utilization of complementary and alternative health care services.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) Based upon a comprehensive report by the National Institute of Medicine and other studies, including a study published by the New England Journal of Medicine, it is evident that millions of Californians, perhaps more than five million, are presently receiving a substantial volume of health care services from complementary and alternative health care practitioners. Those studies further indicate that individuals utilizing complementary and alternative health care services cut across a wide variety of age, ethnic, socioeconomic, and other demographic categories.

(b) Notwithstanding the widespread utilization of complementary and alternative medical services by Californians, the provision of many of these services may be in technical violation of the Medical Practice Act (Chapter 5 (commencing with Section 2000) of Division 2

of the Business and Professions Code). Complementary and alternative health care practitioners could therefore be subject to fines, penalties, and the restriction of their practice under the Medical Practice Act even though there is no demonstration that their practices are harmful to the public.

(c) The Legislature intends, by enactment of this act, to allow access by California residents to complementary and alternative health care practitioners who are not providing services that require medical training and credentials. The Legislature further finds that these nonmedical complementary and alternative services do not pose a known risk to the health and safety of California residents, and that restricting access to those services due to technical violations of the Medical Practice Act is not warranted.

SEC. 2. Section 2053.5 is added to the Business and Professions Code, to read:

2053.5. (a) Notwithstanding any other provision of law, a person who complies with the requirements of Section 2053.6 shall not be in violation of Section 2051, 2052, or 2053 unless that person does any of the following:

(1) Conducts surgery or any other procedure on another person that punctures the skin or harmfully invades the body.

(2) Administers or prescribes X-ray radiation to another person.

(3) Prescribes or administers legend drugs or controlled substances to another person.

(4) Recommends the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.

(5) Willfully diagnoses and treats a physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death.

(6) Sets fractures.

(7) Treats lacerations or abrasions through electrotherapy.

(8) Holds out, states, indicates, advertises, or implies to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.

(b) A person who advertises any services that are not unlawful under Section 2051, 2052, or 2053 pursuant to subdivision (a) shall disclose in the advertisement that he or she is not licensed by the state as a healing arts practitioner.

SEC. 3. Section 2053.6 is added to the Business and Professions Code, to read:

2053.6. (a) A person who provides services pursuant to Section 2053.5 that are not unlawful under Section 2051, 2052, or 2053 shall, prior to providing those services, do the following:

(1) Disclose to the client in a written statement using plain language the following information:

(A) That he or she is not a licensed physician.

(B) That the treatment is alternative or complementary to healing arts services licensed by the state.

(C) That the services to be provided are not licensed by the state.

(D) The nature of the services to be provided.

(E) The theory of treatment upon which the services are based.

(F) His or her educational, training, experience, and other qualifications regarding the services to be provided.

(2) Obtain a written acknowledgement from the client stating that he or she has been provided with the information described in paragraph (1). The client shall be provided with a copy of the written acknowledgement, which shall be maintained by the person

providing the service for three years.

(b) The information required by subdivision (a) shall be provided in a language that the client understands.

(c) Nothing in this section or in Section 2053.5 shall be construed to do the following:

(1) Affect the scope of practice of licensed physicians and surgeons.

(2) Limit the right of any person to seek relief for negligence or any other civil remedy against a person providing services subject to the requirements of this section.