



Senate Health Care Bill Addresses CAM and Supplements

An Open Letter from AHPA President Michael McGuffin

January 13, 2010

Dear AHPA Members,

You are probably aware that the U.S. Senate on Dec. 24 passed its version of a health care bill. This legislation and the companion bill that was passed some weeks ago by the House have been described as "historic" in some quarters and significantly criticized in others. Regardless of where you stand on the issue in general, I am writing to make you aware of some of the details in the Senate bill that would have either a direct or indirect bearing on dietary supplements and herbal products if they are included in final legislation.

One part of the legislation, [section 4206](#), would have a direct effect on a small number of supplements: those for which there are FDA-approved health claims. Section 4206 would set up a pilot program for "wellness plans," which could include those few supplements with "health claims approved by the Secretary." This specific language does not appear to extend to so-called "qualified health claims," since FDA's approach to these is to issue a letter of enforcement discretion stating that it does not intend to object to the use of such claims, rather than to approve such claims. Currently approved health claims include, for example, claims for calcium and osteoporosis; soluble fiber and coronary heart disease; and folic acid and neural tube birth defects. The full list can be found at <http://www.fda.gov/Food/LabelingNutrition/LabelClaims/HealthClaimsMeetingSignificantScientificAgreementSSA/default.htm>.

The Senate healthcare bill also addresses the role of CAM, for example in [section 2706](#) of the Senate health care bill. This section would prohibit "discrimination" against any health care provider licensed in a state; more specifically:

"A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law."

This language appears to provide an opportunity for a broader inclusion of alternative practitioners in health insurance programs, especially in states and insurance plans that do not now include these. To the degree that acupuncturists, naturopaths, chiropractors, etc., use herbs in their practice, this section may bring

more consumers to use practitioner-prescribed herbal products.

Another mention of CAM in the healthcare bill occurs in [section 5101](#) that would establish a National Healthcare Workforce Commission to work with the U.S. Department of Health and Human Services primarily to ensure adequate training and numbers of healthcare workers; improve coordination among federal, state and local health bodies; and encourage innovation to address population needs, constantly changing technologies and "other environmental factors." The workforce would also oversee a grant program established to help develop strategies to improve healthcare at the local and state levels. The National Healthcare Workforce is defined in the bill as including chiropractors and licensed complementary and alternative medicine practitioners. While the commission is not required to include representatives from these disciplines on the workforce, the explicit inclusion of CAM within the workforce definition provides an opportunity to strengthen the role of CAM in national healthcare.

Finally, the Senate bill also includes [section 3502](#), which creates "community health teams," defined to include, among others, "licensed complementary and alternative medicine practitioners." These community health teams are defined in the bill to play certain roles in health care, and so may, for example, provide "health home services" to individuals with chronic health conditions. It is again reasonable to think that inclusion of CAM practitioners in community health teams may lead to larger numbers of people using herbs through the influence of these practitioners.

None of these four sections is included in the House-passed health care legislation so we cannot be certain at this time whether these provisions will survive the Senate-House conference that must now be completed.

Early in this legislative process some of you asked how AHPA should be involved in the development of a national health care bill. In a [letter](#) to AHPA members last November, I suggested that AHPA, along with such natural allies as practitioners of alternative medicine, should be active in communicating the health benefits and potential cost savings of incorporating well-researched and traditional herbal products into any new and innovative health care system in the United States. The issue was also discussed from a legislative perspective at meetings of [AHPA's Government Relations Committee](#). The committee observed at its meeting in March that the herbal industry might do well to support better inclusion of alternative practitioners in the health care system. This idea is now, in fact, under serious consideration in the U.S. Congress.

Sincerely,

Michael McGuffin

A handwritten signature in black ink, appearing to read 'Michael McGuffin', written in a cursive style.

President, American Herbal Products Association