

*Information Summary and Recommendations*

# Herbalists Sunrise Review

January 2001



Health Systems Quality Assurance

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January 2001



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## THE SUNRISE REVIEW PROCESS

It is the Legislature's intent that all qualified individuals should be permitted to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

After evaluating the criteria, if the Legislature finds that it is necessary to regulate a health profession not previously regulated by law, the least restrictive alternative method of regulation should be implemented, consistent with the public interest. There are five types of regulation to be considered:

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.
2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business when a service being performed for individuals involves a hazard to the public health, safety or welfare.
3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
4. *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure

## **OVERVIEW OF PROCEEDINGS**

The Department of Health notified the applicant group, all professional associations, interested parties and staff of the sunrise review. Meetings and discussions were held and documents were circulated. A review panel, including staff from the Department of Health and one public member, was created.

Regulatory agencies in other states were requested to provide sunrise reviews, regulatory standards, or other information that would be useful in evaluating the proposal. Literature and Internet reviews were conducted. Staff and the review panel reviewed all information received.

The review panel conducted a public hearing on October 16, 2000. Interested persons were allowed to present testimony. There was an additional ten-day written comment period following the public hearing.

A recommendation was made based upon all information received. The proposed final draft was reviewed and approved by the Health Systems Quality Assurance Assistant Secretary and the Department of Health Secretary. The final report was transmitted to the Legislature via the Office of Financial Management.

## **EXECUTIVE SUMMARY**

### **Background**

House Bill 3141 was referred to the Department of Health for a sunrise review at the end of the 2000 legislative session. Herbalists who choose to be certified are subject to the Uniform Disciplinary Act, must meet certain education and examination requirements. In return, they may use the term “certified herbalist.”

Herbalism is the use of a wide variety of plants and plant materials to improve health and well-being of a client. Herbalism includes:

- (a) Providing herbal counseling, education, and information as components of preventive and restorative health care
- (b) Establishing priorities, goals and objectives that meet clients needs and are consistent with available resources and constraints
- (c) Developing, implementing, managing and evaluating herbal care systems
- (d) Preparing, recommending and dispensing herbal products, and
- (e) Evaluating, making changes in, and maintaining appropriate standards of quality in herbal care services.

The applicant for this proposal is the Washington Herbalists Association.

### **CURRENT REGULATION**

Herbalists can practice in Washington State without specific regulation. The department has no information to show complaints from the public about herbalists.

The American Herbalists Guild provides its members with a wide variety of services. The Guild works closely with other organizations, such as the National Certification Council for Acupuncturists and Oriental Medicine (NCCAOM) to help coordinate services. The Guild also suggests its members provide an informed consent “full disclosure” to their clients, which outlines their training, scope of practice, etc.

### **RECOMMENDATIONS TO THE LEGISLATURE**

1. The legislation proposed by the applicants should not be passed.

## **SUMMARY OF INFORMATION**

The applicant claims that there will always be risk of harm to the public when there is inadequate information in the marketplace. There are not any "scope of practice" violations being brought against herbalists recently in Washington state, or of any other legal or disciplinary actions taken against herbalists. However, it would seem prudent to formulate a method of protecting the public in this regard. By establishing title protection for a profession of Certified Herbal Practitioner for herbal professionals, it will also extend the Uniform Disciplinary Act that applies to other health care providers. The applicant believes that this will provide accountability and respect for the practice of herbalism in the public arena.

It is reported that five billion dollars annually are spent nation-wide on medicinal herbs. Retail book websites now list up to three hundred fifty titles on herbal medicine. Herbs are regularly a part of health reports in the media, however not all of the information is presented in a useful or accurate way. Clearly, the public has a great desire to use and learn about herbal medicine. The critical issue is for them to learn from a capable and skilled individual. Washington State legislature has an opportunity to set a precedent in protecting the public from misinformation by establishing regulation for those qualified practitioners performing a public service.

The Washington State Medical Association believes that there is no potential for public harm, because in fact there have been no disciplinary problems with herbalists. Title protection alone, they assert, will not increase public protection. Because there is no standardized or universally accepted training or examination, the sunrise criteria requiring public assurance of initial and continuing competency is not met. Because of the state's "any willing provider" statute, regulation of herbalists may increase the cost of health care.

Concerns were raised by representatives of other health care professions that there is insufficient preparation and training for the scope of practice included in the applicant's proposed legislation. John Bastyr University is contemplating a 3 or 4-year program. In addition, concern was raised that the scope of practice was too broad without a more rigorous education requirement.

## **FINDINGS**

1. The American Herbalists Guild is a membership organization devoted to improving the standards among herbalists. One of their primary goals is to "promote and maintain excellence in herablism." The Guild promotes education standards, but "does not intend these standards to be used to advance or impose any degree of licensure or regulation of the practice of herbal medicine.
2. The education and examination standards for herbalists are in the very early stages of development. This could create problems for the state in implementing any legislation. It may also create some problems for the public in understanding the role of regulation in the practice of herbalism.

3. As the applicant points out, there are increasing numbers of herbs that are being used by patients, and increasing numbers of patients seeking alternative and complementary treatments. It is important for patients and all health care providers to be aware of this to reduce the risks of interactions.
4. Creating a new health profession category could have an impact on the cost of health insurance. The “Any willing category of provider” statute may require health carriers to pay for herbalist services, in some circumstances. The department did not have the information available to evaluate whether this proposal, if enacted, would add to health insurance costs, nor if there would be any benefit to doing so.
5. While it is difficult to statistically assess whether an unregulated health profession is creating harm to the public under the sunrise criteria, there is currently no data available within the complaint system to indicate harm to the public from unregulated practice of herbalism. The question of “potential” harm is similarly difficult to assess given the information provided to the department.

## **DETAILED RECOMMENDATIONS TO THE LEGISLATURE**

1. The legislation proposed by the applicants should not be enacted.

### Rationale:

- ❖ No evidence was presented that unregulated practice of herbalists “clearly endangers the public” as required by the sunrise criteria.
- ❖ The professional association (American Herbalists Guild) provides education, ethics and other standards for the profession. Sunrise criteria require the department to consider professional self-regulation before recommending state regulation. It is not likely that all people who consider themselves “herbalists” are voluntary members of this guild. Certification is also voluntary. Therefore, it is not likely that certification standards would apply to a greater number of people than self-regulation.
- ❖ Because education standards are in an early stage of development and there is no agreed upon examination, the public could not be assured of initial and continuing competency, as required by the sunrise criteria.



# **APPENDIX: A**

## **HOUSE BILL 3141**

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HOUSE BILL 3141

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State of Washington  
Session

56th Legislature

2000 Regular

By Representatives Cody and Parlette

Read first time 02/16/2000. Referred to Committee on Health Care.

AN ACT Relating to certification of herbalists; and adding a new chapter to Title 18 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

{+ NEW SECTION. +} Sec. 1. It is the intent of this chapter to protect the public by providing for the certification of herbalists.

The use of botanicals by the general public is growing daily. According to the Journal of the American Medical Association, five billion dollars annually is spent nation-wide on medicinal herbs. Retail book websites now list up to three hundred fifty titles on herbal medicine for sale. Herbs are regularly a part of health reports in the media, however not all of the information is related in a useful or accurate way. Clearly, the public has a great desire to use and learn about herbal medicine. The critical issue is for them to learn from a capable and skilled individual. The legislature has an opportunity at this time to set a precedent in protecting the public from misinformation by regulating those qualified practitioners performing a public service.

The qualifications and practices of herbalists in this state are virtually unknown to potential clients. By promoting high standards of professional performance, by requiring professional accountability, and by credentialing those persons who seek to provide herbalism under the title certified herbalist, this chapter identifies those practitioners who have achieved a particular level of competency.

{+ NEW SECTION. +} Sec. 2. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Certified herbalist" means a person certified to practice herbalism under this chapter.
- (2) "Department" means the department of health.
- (3) "Herbalism" means the use of a wide variety of plants and plant materials to improve the health and well-being of a client. Herbalism includes:
  - (a) Providing herbal counseling, education, and information as components of preventive and restorative health care;
  - (b) Establishing priorities, goals, and objectives that meet client needs and are consistent with available resources and constraints;
  - (c) Developing, implementing, managing, and evaluating herbal care systems; and
  - (d) Evaluating, making changes in, and maintaining appropriate standards of quality in herbal care services.
- (4) "Herbalist" means an individual, or practitioner, who engages in the practice of herbalism for a fee.
- (5) "Licensed practitioner" means any licensed health care practitioner performing services within the person's authorized scope

of practice.

(6) "Secretary" means the secretary of health or the secretary's designee.

{+ NEW SECTION. +} Sec. 3. (1) Certification is a voluntary process recognizing an individual who qualifies by examination and meets established educational prerequisites. Certification protects the title of practice.

(2) No person may represent oneself as certified or use any title or description of services without applying for certification, meeting the required qualifications, and being certified by the department of health, unless otherwise exempted by this chapter.

(3) A person represents himself or herself as a certified herbalist when any title or any description of services is used that incorporates one or more of the following designations: "Certified herbalist" or "C.H."

(4) The secretary may by rule proscribe or regulate advertising and other forms of client solicitation that are likely to mislead or deceive the public as to whether someone is certified under this chapter.

{+ NEW SECTION. +} Sec. 4. (1) The secretary shall issue a certificate to any applicant who demonstrates to the secretary's satisfaction that the following requirements have been met:

(a) Successful completion of an educational program approved by the secretary consisting of:

(i) Six hundred classroom contact hours; and

(ii) One hundred clinical client contact hours; or

(b) Successful completion of alternate training meeting established criteria; and

(c) Successful completion of an approved examination.

(2) The secretary shall establish by rule what constitutes adequate proof of meeting the criteria.

(3) In addition, applicants are subject to the grounds for denial of a certificate or issuance of a conditional certificate under chapter 18.130 RCW.

{+ NEW SECTION. +} Sec. 5. The secretary shall establish by rule the standards and procedures for approval of educational programs and alternative training. The secretary may utilize or contract with individuals or organizations having expertise in the profession or in education to assist in the evaluations. The secretary shall establish by rule the standards and procedures for revocation of approval of educational programs. The standards and procedures set apply equally to educational programs and training in the United States and in foreign jurisdictions. The secretary may establish a fee for educational program evaluations.

{+ NEW SECTION. +} Sec. 6. Applications for certification must be submitted on forms provided by the secretary. The secretary may require any information and documentation that reasonably relates to the need to determine whether the applicant meets the requirements for certification provided for in this chapter and chapter 18.130 RCW.

Each applicant shall comply with administrative procedures, administrative requirements, and fees determined by the secretary as provided in RCW 43.70.250 and 43.70.280.

{+ NEW SECTION. +} Sec. 7. The secretary shall establish by rule the procedural requirements and fees for renewal of certification. Failure to renew shall invalidate the certificate and all privileges granted by the certificate. If a certificate has lapsed for a period longer than three years, the person shall demonstrate competence to the satisfaction of the secretary by taking continuing education courses, or meeting other standards determined by the secretary.

{+ NEW SECTION. +} Sec. 8. (1) The secretary has the authority to appoint an advisory committee to further the purposes of this chapter. The advisory committee shall be composed of five members, one member initially appointed for a term of one year, two for a term of two years, and two for a term of three years. Subsequent appointments shall be for terms of three years. No person may serve as a member of the committee for more than two consecutive terms. Members of the advisory committee must be residents of the state. Members of the committee include one naturopath licensed under chapter 18.36A RCW, one acupuncturist licensed under chapter 18.06 RCW, two herbalists who are professional members of the American herbalist guild, and one member of the general public who is not affiliated directly or indirectly with herbalism. The two herbalist members of the committee must be certified under this chapter within two years of the effective date of this section.

(2) The secretary may remove any member of the advisory committee for cause as specified by rule. In the case of a vacancy, the secretary shall appoint a person to serve for the remainder of the unexpired term.

(3) The advisory committee shall meet at the times and places designated by the secretary and shall hold meetings during the year as necessary to provide advice to the secretary. The committee may elect a chair and a vice chair. A majority of the members currently serving shall constitute a quorum.

(4) Each member of the advisory committee shall be reimbursed for travel expenses as authorized in RCW 43.03.050 and 43.03.060. In addition, members of the committee shall be compensated in accordance with RCW 43.03.240 when engaged in the authorized business of their committee.

(5) The secretary, members of the advisory committee, or individuals acting on their behalf are immune from suit in any action, civil or criminal, based on any credentialing or disciplinary proceedings or other official acts performed in the course of their duties.

(6) The committee's duties include, but shall not be limited to:

(a) Evaluating and designating those schools from which successful completion will be accepted as proof of an applicant's eligibility to be certified; and

(b) Determining whether alternative methods of training are equivalent to formal education, and to establish forms, procedures, and criteria for evaluation of an applicant's alternative training to determine the applicant's eligibility to be certified.

{+ NEW SECTION. +} Sec. 9. Persons certified under this chapter shall provide all clients, at the commencement of any program of treatment, with accurate information concerning their practice. The information must inform the client of the purposes of and resources available under this chapter, including the right of the client to refuse treatment, and that it is the responsibility of the client to

choose the provider and treatment modality that best suits the client's needs. The information disclosed by the herbalist must include the herbalist's relevant education and training, the therapeutic orientation of the practice, the proposed course of treatment where known, any financial requirements, and other information as the department may require. The information shall also include a statement that certification of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. Both the client and the herbalist must acknowledge in writing the receipt of the information required to be disclosed in this section.

{+ NEW SECTION. +} Sec. 10. The uniform disciplinary act, chapter 18.130 RCW, governs the issuance and denial of credentials, unauthorized practice, and the discipline of persons credentialed under this chapter. The secretary is the disciplining authority under this chapter.

{+ NEW SECTION. +} Sec. 11. Nothing in this chapter shall be construed to prohibit or restrict:

(1) Owners, operators, or employees of health food stores or herbal apothecaries provided the owners, operators, or employees do not hold themselves out to be certified herbalists;

(2) The practice by an individual licensed, certified, or registered under the laws of this state and performing services within the authorized scope of practice;

(3) The practice of herbalism by a person for no fee;

(4) The practice of herbalism by a person under the auspices of a religious denomination, church, or organization, or the practice of religion itself;

(5) Herbalists who are not Washington residents from providing up to ten days per quarter of training or workshops in the state, as long as they do not hold themselves out to be certified in Washington state.

(6) The practice by an individual employed by the government of the United States while engaged in the performance of duties prescribed by the laws of the United States; and

(7) The practice by a person who is a regular student in an educational program approved by the secretary, and whose performance of services is pursuant to a regular course of instruction or assignments from an instructor and under the general supervision of the instructor.

{+ NEW SECTION. +} Sec.12. In addition to any other authority provided by law, the secretary has the authority to:

(1) Adopt rules under chapter 34.05 RCW necessary to implement this chapter;

(2) Establish all certification and renewal fees in accordance with RCW 43.70.250;

(3) Establish forms and procedures necessary to administer this chapter;

(4) Register any applicants, and to issue certificates to applicants who have met the education, training, and examination requirements for certification and to deny a certificate to applicants who do not meet the minimum qualifications, except that proceedings concerning the denial of a certificate based upon unprofessional conduct or impairment shall be governed by the uniform disciplinary act, chapter 18.130 RCW;

(5) Hire clerical, administrative, investigative, and other staff

as needed to implement this chapter, and hire individuals certified under this chapter to serve as examiners for any practical examinations;

(6) Determine minimum educational requirements and evaluate and designate those educational programs from which successful completion will be accepted as proof of eligibility to take a qualifying examination for applicants for certification;

(7) Prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, examinations for applicants for certification;

(8) Determine whether alternative methods of training are equivalent to formal education, and establish forms, procedures, and criteria for evaluation of an applicant's alternative training to determine the applicant's eligibility to take any qualifying examination;

(9) Determine which states have certification requirements equivalent to those of this state, and issue certificates to individuals certified in those states without examinations;

(10) Define and approve any experience requirement for certification;

(11) Implement and administer a program for consumer education;

(12) Adopt rules implementing a continuing competency program;

(13) Maintain the official department record of all applicants and certificate holders; and

(14) Establish by rule the procedures for an appeal of an examination failure.

{+ NEW SECTION. +} Sec. 13. The secretary shall keep an official record of all proceedings. A part of the record shall consist of a register of all applicants for certification under this chapter and the results of each application.

{+ NEW SECTION. +} Sec. 14. An applicant holding a certificate in another state may be certified to practice in this state without examination if the secretary determines that the other state's certification standards are substantially equivalent to the standards in this state.

{+ NEW SECTION. +} Sec. 15. This chapter only applies to a business or profession regulated under the laws of this state if this chapter is specifically referenced in the laws regulating that business or profession.

{+ NEW SECTION. +} Sec. 16. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

{+ NEW SECTION. +} Sec. 17. Sections 1 through 16 of this act constitute a new chapter in Title 18 RCW.

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**APPENDIX: B**

**APPLICANT REPORT**

**APPLICANT REPORT COVERSHEET**

**WASHINGTON STATE DEPARTMENT OF HEALTH  
SUNRISE REVIEW**

1. Legislative proposal being reviewed under the sunrise process (include bill number if available): House bill 3141, An act relating to certification of herbalists; and adding a new chapter to Title 18 or RCW

2. Applicant's organization: Washington Herbalists Association  
Address: 14848 Densmore Ave N.  
Shoreline, WA 98133

Contact Person: Karta PS Khalsa, AHG or Virginia Hadley, RN/RC

Telephone number: (206) 440-1284 (253) 854-4900 x 134

Fax number: \_\_\_\_\_

Email address: contactkpkhalsa@uswest.net\_dbruun@altavista.com

3. Number of people in the organization: 30  
Approximate number of individuals practicing in Washington: 300

4. Name(s) and address(es) of national organization(s) with which the state organization is affiliated:

Name(s) of other state organizations representing the profession:  
Washington Chapter - American Herbalist Guild

5. Name and title of profession the applicant seeks to credential/institute change in scope of practice:  
Certified Herbal Practitioner -or- Certified Herbalist

List and describe major functions and procedures performed by members of the profession (refer to titles listed above). Indicate percentage of time typical individual spends performing each function or procedure:

a) The Certified Herbal Practitioner will evaluate patient/client conditions using traditional herbal/medical techniques, including the taking of a detailed patient/client history and making physical examination as common to their traditional method of training and approach. The Certified Herbal Practitioner makes a record of findings and outlines a plan of treatment. With input from the patient/client, the Certified Herbal Practitioner establishes priorities, goals, and objectives that meet patient/client needs and



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guidelines/constraints. 50%

b) The Certified Herbal Practitioner recommends, prepares and/or provides an herbal remedy for treatment of the patient/client's condition. The Certified Herbal Practitioner continues the relationship with the patient/client by developing, implementing, managing and evaluating their respective herbal care protocols. 20%

c) The Certified Herbal Practitioner will instruct the patient/client in self-care for use of any recommended herbal therapy at home, and for making timely follow up on any treated condition with the Certified Herbal Practitioner. The Certified Herbal Practitioner remains available and continues providing herbal counseling, education, and information on components of preventive and restorative health care as related to herbal therapy. 20%

d) The Certified Herbal Practitioner is responsible for evaluating, making necessary changes in, and maintaining appropriate standards of quality in herbal care services. This includes the keeping of case records and communication with other health care professionals as designated by the patient/client for continuity of care and possible coordination. 10%

6. Describe the training, education and/or experience required to perform the functions of the profession (differentiate for each function/procedure as needed):

a) Graduation from an herbal educational program (as approved by the Secretary of the Department of Health - WA state) consisting of at least 600 contact hours and a minimum of 100 client contact hours.

OR

b) Successful completion of an alternative training program that meets these established criteria (traditional apprenticeship is one method)

AND

c) Successful completion of an approved exam (AHG/BMC)

Either A+C -OR- B+C will achieve certification.

Experience = 100 hours gained within client setting; supervised or mentored by a professional Herbalist with over 4 years experience, or another experienced health care practitioner who has used herbs in clinical practice on a professional level for over four years. The supervisory professional is reviewing applicant's actual work or case studies on a regular basis. (American Herbalist Guild standards)

7. List the titles of all other health professions that (a) perform the same type of functions, but at a different level of skill or training; (b) perform different, but related, functions in association with the profession; and (c) perform the same functions but in a different setting.

- (a) Naturopathic Physicians, Medical Herbalists,
- (b) Licensed Acupuncturists, Physicians of Ayurvedic Medicine
- (c) Midwives, Medical Doctors, DO, OD, D Chiropractic, PA-C, ARNP, RN, LPN, LMP, CN, RD, and Pharmacist. Medicine Woman/Man, Traditional Healers

**Add any comments about the relationship between these listed professions and the profession subject to sunrise review:**

Alternative and complimentary care has created overlapping interest among health care professions. There are often shared clients among professionals of various trainings and fields of expertise. Many above-mentioned health care professions share common offerings for continuing education. A wide variety of practitioners are sought by patients for comprehensive care. Certification of Herbal Practitioners will assure that the public may make informed choices for health care based upon accurate information, personal belief systems and experiences with various healing paradigms, and also suit their individual financial conditions.

**DRAFT APPLICANT REPORT - WASHINGTON HERBALIST ASSOCIATION  
CERTIFIED HERBAL PRACTITIONER (CERTIFIED HERBALIST)**

*Answers to the three main Sunrise questions:*

I. *Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument.* There will always be risk of harm to the public when there is inadequate information in the marketplace. While we are not aware of any "scope of practice" violations being brought against herbalists recently in Washington state, or of any other legal or disciplinary actions taken against herbalists, it would seem prudent to formulate a method of protecting the public in this regard. By establishing title protection for a profession of Certified Herbal Practitioner for herbal professionals, it will also extend the Uniform Disciplinary Act that applies to other health care providers to this profession as well. This will provide accountability and respect for the practice of herbalism in the public arena.

According to the Journal of the American Medical Association, five billion dollars annually are spent nation-wide on medicinal herbs. Retail book websites now list up to three hundred fifty titles on herbal medicine. Herbs are regularly a part of health reports in the media, however not all of the information is presented in a useful or accurate way. Clearly, the public has a great desire to use and learn about herbal medicine. The critical issue is for them to learn from a capable and skilled individual. Washington State legislature has an opportunity to set a precedent in protecting the public from misinformation by establishing regulation for those qualified practitioners performing a public service.

The evidence of potential for harm when using herbal preparations has been published frequently in both the popular press and professional peer-reviewed medically-oriented journals. Herbalists are aware of the nature of the herbs and the potential of herb-drug interactions; they can craft their treatment to emphasize the benefits of herbal energetics to compliment a patient/client's overall treatment approach. The following citations are both examples documenting harm, and documentation of appropriate use of herbs proven in clinical trials that are little known by the public or even other professionals. Citations #1 through #36 are excerpted from publications from 1995 to 9/2000 drawn from "Nurses Drug Alert", a journal that reviews other peer-reviewed publications and presents an abstracted summary of content of interest, especially involving drug, nutrient or herbal side-effects or interactions. (Photocopies of these article abstracts are attached at the end of this document.) Additional publications and articles are noted #37 to end.

- 1) "Mania From Herbal Diet Aid". Capwell R: Ephedrine-induced mania from an herbal diet supplement (letter). *American Journal of Psychiatry* 1995;152 (April):647. From Redmond, WA.
- 2) "Ginseng-Associated Stevens-Johnson Syndrome". Dega, et al: Ginseng as a cause of Stevens-Johnson Syndrome (letter). *Lancet* 1996;347 (May 11):1344. From the Groupe Hospitalier Pitie'-Salpetriere, Universite' Paris IV, France.
- 3) "Mistletoe Poisoning". Spiller H, et al: Retrospective study of mistletoe ingestion. *Clinical Toxicology* 1996;34:405-408. From the Kentucky Regional Poison Center, Louisville.
- 4) "Alprazolam/Kava-Induced Semicoma". Almeida, J, Grimsley E: Coma from the health food store: interaction between kava and alprazolam (letter). *Annals of Internal Medicine* 1996;125 (December 1):940-941. From Savannah, GA.
- 5) "Ephedrine-Containing Products". Adverse events associated with ephedrine-containing products-Texas, December 1993-September 1995. *JAMA* 1996;276 (December4):1711-1712. From the Centers for Disease Control and Prevention: leads from the *Morbidity and Mortality Weekly Report*, Atlanta, GA.
- 6) "Caffeine linked to Back Pain". McPartland J, Mitchell J: Caffeine and chronic back pain. *Archives of Physical Medicine and Rehabilitation* 1997;78 (January):61-63. From the Alternative Medicine Research Institute and Teacher's Academy; and Porter Hospital Middlebury, VT. Source of funding not stated.
- 7) "Grapefruit Juice". Spence J: Drug interactions with grapefruit: whose responsibility is it to warn the public? (editorial) *Clinical Pharmacology and Therapeutics* 1997;61 (April):395-400. From Robarts Research Institute, London, ONT, Canada.
- 8) "Medical Uses of Cannabis". Voth E, Schwartz R: Medical applications of delta-9-tetrahydrocannabinol and marijuana. *Annals of Internal Medicine* 1997;126 (May 15):791-798. From the International Drug Strategy Institute, Topeka, KS; and other institutions.
- 9) "Mandrake Poisoning". Frasca T, et al: Mandrake toxicity: a case of mistaken identity. *Archives of Internal Medicine* 1997;157 (September 22):2007-2009. From the University of South Carolina, Columbia. Cassidy D, et al: Podophyllum toxicity: a report of a fatal case and a review of the literature. *Journal of Toxicology. Clinical Toxicology* 1982;19:35-44. Balucani M, Zellers D: Podophyllum resin poisoning with complete recovery. *JAMA* 1964;189:639-640.

- 10) "Herbal Extract for Dementia". LeBars P, et al: A placebo controlled, double-blind, randomized trial of an extract of ginkgo biloba for dementia. *JAMA* 1997;278 (October 22/29):1327-1332. From the New York Institute for Medical Research, Tarrytown; and other institutions. Funded by Dr. Willmar Swabe Pharmaceuticals.
- 11) "St John's Wort in Depression". St John's Wort. *The Medical Letter* 1997;39 (November 21):107-108.
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- II. *Assurance of Professional Expertise in Herbalism.* The public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional ability. As patient/clients increasingly choose to use herbal remedies, they or their primary care givers will need to consult adequately trained herbal professionals. Every year there are more products brought to market, and in each health care field there is a new body of expanding knowledge. It is only logical that herbal professionals be available to provide care and consultation in their field of expertise at the health care table. The herbal profession has developed a level of training and continuing education that is both separate from and intertwined with other related professions. Herbalists will serve the patient/client population best by being included within the ranks of certified health care providers, on a peer level with others.
- III. *Public Protection in a Cost-Beneficial Manner.* The public cannot be effectively protected by other means in a more cost beneficial manner. The situation as it presently exists leaves the consumer to find herbal information in a variety of places without a clear method of determining the validity of that information. The sources range from news articles, advertisements, websites, books, and authorities of varying backgrounds or professions. To limit the practice of herbalism to only those licensed in related professions, and who already are utilizing herbs in their practice would do a disservice to the public and to professional herbalists. Herbalists as a group hold a special body of knowledge that can support and complement other medical knowledge. Herbalism is both a traditional and scientific field, yet is separate and not routinely studied by other health practitioners. There are aspects of Herbal practice that are best represented by those trained in several traditional herbal disciplines with a variety of diagnostic approaches, especially including the energetic component of herbs; the "spirit" of the whole plant. This blended approach is integral to the practice of both traditional and modern herbalism. This may be lost if herbs are regarded as merely "green" drugs used as standardized extracts to treat only specific diseases.

With the continued growth of public interest in use of herbal therapies, the public will be seeking the services of professional herbalists regardless of regulation by the state. In the interest of safety, accountability and overall cost effectiveness this form of title protection certification is proposed. The cost of certification would be borne by those practitioners choosing to become certified, and thereby distributed into the cost of services to their patient/clients.

#### ATTACHMENTS

- American Herbalist Guild Code of Ethics
- Founding principles of Washington Herbalist Association (Articles of Incorporation)

- “Washington Herbalist Association - Creating State Certification for Professional Herbalists”
- copies of citation abstracts listed above
- copy of House bill 3141 - An Act Relating to Certification of Herbalists - adding a new chapter to Title 18 RCW

DEPARTMENT OF HEALTH CONTACT: Steve Boruchowitz (360) 236-4621



**APPENDIX: C**

**PUBLIC HEARING SUMMARY**

**Public Hearing Summary  
October 16, 2000**

**Herbalist Sunrise Review**

**Review Panel:**

Curtis Pollard, public member  
Barb Cleveland, Office of Administrative Hearings  
Karen Jarvis, Department of Licensing

**Department of Health staff:**

Steve Boruchowitz

**Applicant:**

Washington Herbalists Association

American Herbalist Guild is working on National Standards. Want to work together as partners with other providers.

Some housekeeping changes made in bill but not available to DOH yet.

Certification (voluntary) brings people who certify under UDA, and guarantee to public that what they do say is true.

Q: How does it work in other states?

A: There are no other states that have anything like this. Everything, including national standards is in formative stages.

Q: Would certifying affect folks who informally recommend among friends and neighbors... will they still be able to do this?

A: No effect; only those who certify, although folks could not say they were "certified"

Q: If people work in health food stores?

A: They would not have to certify, unless they said they were "certified".

Q: Some things are OTC, some are prescription...are there some things that require a prescription that you would be involved with?

A: Mostly a federal requirement...in our training, some things are locked up or given in limited amounts because of potency and some are not available to the public generally. Herbalists would follow that same kind of thing.

Q: Where have the 300 received training?

A: some at Highline Community College, others self-trained, some correspondence, some in B.C. Some are acupuncturists, etc. Some have learned from grandparents or formal apprentice.

Q: How would this affect Native Americans?

A: Cultural influences are very important to Herbalists. We welcome them to certify if they want.

Q: Explain difference between herbalist vs. naturopath, etc.

A: As best I can, Naturopath has pathology, diagnostic skills, etc., some Western some non-western. They also have exposure to different modalities, herbs just one. Can specialize. Some are botanical medicine specialists. Others more mind/body approach.

Acupuncturists have several schools of approach...use of needles, herbs, they sometimes integrate together...some have more or less training in herbs, mostly Asian herbs. Herbalists from all types of cultures learn as much as we can about them, realize no specialty completely, refer to naturopath if needed, acupuncture, Western medicine.

Q: Of 300, how many are regulated as other professions...

A: Probably 1/3 are...

Q: If I come to you for some reason, what might occur when I came to you that would help you diagnose what I might need as herbs...are there differences you do vs. my neighbor?

A: We take into consideration that whole person, different influences on their life, we take a history. Some use BP, etc., others use Eastern approach, muscle testing, look at whole person though. Energetics of herbs and person. Some herbs heat up the body, etc. Match person to complaint to herb. Fit lifestyle, etc.

Q: How do I get the herb?

A: Some sold by practitioner, some sold by health food store. Quality varies, so want to be sure you get the right thing. Reliable. Might have a brand name recommendation if health food store.

Q: Does exam exist now?

A: No, will be ready fall 2001. Being prepared by American Herbalist and Botanical Medicine Council.

Q: Sometimes people recognize they are over their heads, is there something in here where you can serve people better by referring them to someone else?

A: Normally when we evaluate and have a treatment program, and they check back in after a while, if there is no progress, that's a time to see if there is something missed or they should go somewhere else...What else may be going on? Sometimes to another herbalist, sometimes to another "health care" provider...We are complementary care, not primary provider...

Q: Do you see positive connections with other groups?

A: Some are skeptical, some are cooperative. I work in clinic with physicians, nutritionists, etc., and we are always referring to each other. Some smaller groups or independents who may do less. Group Health has contracted them to put on referral list. Cooperation is rising.

## Jeff Larsen

Representing the Washington Osteopathic Association, Washington Association of Naturopathic Physicians, Washington Academy of Physicians Assistants, and John Bastyr University.

We have concerns...would like to look at other draft. Main issues:

Physical examination—and diagnosis – things that are not in their curriculum or represented in their legislation...takes a lot of training to do this. Critical link in health care. Anatomy, physiology, etc. X-Rays may be needed. John Bastyr is embarking on herbalist program, more extensive than suggested in bill...they are not ready to support certification until training is in place...and unless it is more expansive than proposed.

There is not a sufficient testing mechanism or standards for comparison. This is needed before “state endorsement” -- it is practiced throughout the world, naturopathic physicians and acupuncturists use herbs in well-formulated, practice guidelines approach. It is an emerging field, and this may be premature. Some acupuncturists specialize in oriental herbs. Some Indian (subcontinent) would be affected.

“Medical herbalism” not a term in state law. Many of these products are FDA regulated, and they are looking to make some prescription items only. Most of these now are available only through naturopathic physicians, etc., not in health food stores. Maybe pharmacies. Some have to be compounded, but no reference to compounding in the proposed legislation. Anti-rebating laws would need to be changed re: selling from office.

There are 300 “herbalists” some with formal training, some without. Herbalists were exempted from naturopathic law because of the many varieties/cultures. Many have private certification (herbal gardening to teas, etc.)...Many provide herbs but are not regulated.

Not clear there is harm that would support regulation; there are technical problems too.

Q: What role do you see for certified herbalists, and if so, what would have to happen before they would be certified.

A: They would need accredited training program recognizable by other health care professions. Where, how, what academic/clinical background is before they enter.

Their role: because there are some many cultural systems, it would be based on cultural background of person they are serving. Do not have role in diagnosing, but only in recommending...sometimes naturopath takes away herbs because they interfere with chemotherapy, for example. Naturopaths have built in structure to work with other medical providers; not sure herbalists have that.

600 hours is not a great deal of time (patient contact hours) in such a broad topic (600 is referenced in HB3141).

Q: Any sense of urgency having herbalists certified?

A: No, lack of academic and testing standards, and lack of accredited programs. At some point, there may be a need. Don't see harm in the system right now. If some of the more harmful ones become legend drugs, would minimize risk anyway.

Q: If I wanted to make this work, who do I need to get involved?

A Pharmacy, academics, health care providers (MD, DO, ND) who use these products or have things that interact with them. State Board of Community Colleges.

Q to applicant: Can you please describe the “Highline program?”

A: It is a 2 year program, have a “practice” in 2<sup>nd</sup> year. Amer. Herbalist wants this plus 4 years clinical to be considered “professional”.... It is adult continuing education.

Q: What other kinds of “alternative” to apprenticeship (referenced in bill)...

A: We are thinking mostly of Mentors for training others.

# **APPENDIX: D**

## **PARTICIPANT LIST**

## *Participant List*

NAME	ORGANIZATION
Tammy Benson	Washington State Department of Health
Virginia Hadley	Washington Herbalists Association
Marliza Melzer	Washington Herbalists Association
Pam Lovinger	Washington State Department of Health
Jeff Larsen	
Grant Chester	Washington State Board of Pharmacy
Carl Nelson	Washington State Medical Association

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## *Review Panel*

Curtis Pollard, public member  
Barb Cleveland, Office of Administrative Hearings  
Karen Jarvis, Department of Licensing

## *Department of Health Staff*

Steve Boruchowitz

## **APPENDIX: E**

### **AMERICAN HERBALISTS GUILD DOCUMENTS**



# American Herbalists Guild

## Primary Goals

- Develop a professional body that **promotes and maintains excellence** in herbalism, including individual and planetary health.
  - Strengthen and further the **network of support and communication** between herbalists region by region and nation by nation.
  - Encourage high levels of **ethics and integrity** in all areas of herbalism.
  - **Integrate herbalism** into community health care.
  - **Promote cooperation** between herbalists and other health care providers, encompassing traditional wisdom and knowledge as well as current medical models.
  - Participate in the evolution of **standards of education** for the practice of herbalism.
  - Promote an ecologically healthy environment and to increase awareness concerning the **interdependence of all life**, especially the plant-human relationship.
  - Serve as a **liaison** that interfaces with professional associations and regulatory agencies.
  - Promote further **research, education and study of herbal medicine**.
-

# Herbalists Code of Ethics

Adopted by AHG members at the 1996 General Meeting in Boulder, CO.

## **Informed Consent/Full Disclosure.**

AHG members shall provide clients and potential clients with informed consent/full disclosure information outlining scope of practice, services rendered, experience, training, client expectations, practitioners expectation, payment structure, disclosure of financial interests if they can present a conflict in practice, and information about client redress in the event of a disagreement between client and practitioner. Client redress can take the form of an informal review by the AHG Grievance Committee, or a review by appropriate state associations where the member is operating under a state license.

## **Confidentiality.**

Personal information gathered in the herbalist/client relationship will be held in strict confidence by the AHG member unless specifically allowed by the client.

## **Professional Courtesy.**

AHG members shall present opinions about and experiences with other practitioners and healing modalities in an ethical and honorable manner.

## **Professional Networking.**

Clients shall be encouraged to exercise their right to see other practitioners and obtain their botanicals from the source of their choosing.

## **Practitioner as Educator.**

AHG members shall assume the role of educators, doing their best to empower clients in mobilizing their own innate healing abilities and promotion the responsibility of clients to heal themselves.

## **Peer Review.**

AHG members shall welcome a peer review of their publications, lectures, and/or clinical protocols. Peer review is a primary means of enhancing our level of knowledge and expertise and should be encouraged.

**Referring Out.**

AHG members shall recognize their own limitations when they feel a condition is beyond their scope of expertise and practice as an herbalists, or when it is clear that a client is not responding positively to therapy.

**Avoiding Needless Therapy.**

Recommendations shall be based solely on the specific needs of the client, avoiding excessive or potentially needless supplementation.

**Environmental Commitment.**

AHG members should acknowledge that individual health is not separate from environmental health and should counsel clients to embrace this same Earth-centered awareness.

**Sexual Harassment.**

AHG members shall not use their position as teachers or consultants to seek sexual encounters with students or clients

# Herbal Education Guidelines

## Introduction to the Education Guidelines

The most common questions the AHG office receives are "How do I train to be an herbalist?" and "How do I recognize a well-trained and competent herbalist?" In response to these questions, as well in response to the growing popularity of herbal medicine and the need to maintain and promote the vocation of herbalism in the United States, the AHG has established a core curriculum to serve as a common guideline applicable to herbal education and training programs throughout the US.

The aim of the AHG is to honor, preserve, and encourage the many diverse traditions of herbal medicine. The Guild is also concerned with the competency of its professional members. The intent of the core curriculum is to foster excellence in herbal medicine and in the training of herbal practitioners. The Guild does not intend these standards to be used to advance or impose any degree of licensure or regulation of the practice of herbal medicine. The core curriculum is a work-in-progress, therefore subject to revision. It is not intended as a definitive statement but rather a suggestion of minimal competencies that should be achieved by students wishing to become professional practitioners of herbal medicine. Educational institutions and organizations are encouraged to go beyond the minimum content guidelines specified here in the detailed delivery of the programs and courses they offer.

The AHG recognizes that there are many valid models for study, ranging from individual apprenticeship to attendance at formal academic and clinical training programs. The Guild also recognizes that there are many aspects of herbal medicine that contribute to a well-rounded education and practice with a deep understanding of both scientific and traditional wisdom. The core curriculum represents a synthesis of the shared elements of herbal practice by diverse members of the education committee, including council members, professional members, and general members.

The Guild acknowledges that each school will have its own unique identity, with special emphases in coursework, including specific herbal traditions. The AHG encourages educational institutions and organizations to develop their courses and programs within the core curriculum framework, and to justify their approach against its requirements.

The core curriculum necessarily takes into consideration the growing need for modern herbalists to be knowledgeable of scientific gains in the field of herbal medicine, the medical considerations of herbal clients, and the increasing potential for working collaboratively with other health care professionals.

The Guild expects that a basic level of competency in the areas described by the core curriculum will be possessed by applicants for professional membership. Admission as a professional member of the AHG additionally requires that the applicant's training be deemed acceptable by the admissions review board.

The current status of herbal education in the US means that opportunities for study vary and may for some be limited. The AHG Education Guidelines provide some direction for herbal students

and schools. The Guild also recognizes the difficulty for students in finding clinical apprenticeships, internships, or preceptorship situations for the clinical hours requirements. Therefore the Guild will make every effort to assist students in identifying mentors, and has developed a formal mentorship program for this purpose.

## **Herbal Education Guidelines Core Curriculum 7 Modules**

The recommended hours accompanying subjects is provided not as a requirement, but as a general guide for the student or school seeking to use these guidelines in the development of a course of herbal studies, or in the formation of curriculum material. It provides a sense of the "weight" each subject should carry for the student. The Guild acknowledges that each student will have their own pace of study, each school its own emphasis on coursework, and that with the current status of herbal education in the United States, opportunities for study will vary and may for some be limited. The Guild does, however, expect that a basic level of core competency in the following areas be possessed by applicants for professional membership. Toward this end, the Guild will make every effort to direct students toward study programs and materials that enable members to obtain this knowledge. The Education Guidelines Study Guide provides some direction for herbal students and schools.

In honoring the diverse models of herbal medicine, the knowledge and skills necessary to be an herbalist can be accomplished through a combination of the following: self-study, accepted correspondence courses, audio-visual aids, practical experience, residential schools, and academic centers of learning. Admission as a professional member of the AHG additionally requires that such training be deemed acceptable by the admissions review board. To learn which programs will help you meet these requirements, contact the [AHG Education](#) or Admissions Committee.

Clinical requirements may be met through multiple routes as well, including apprenticeship, clinical work with a qualified practitioner, or attendance at a formal training program with a clinical component. The Guild recognizes the difficulty in finding apprenticeships and therefore the Guild will make every effort to place students with mentors, and is in the process of developing a formal mentorship program.

## **Recommended Hours of Training**

Hours of Study.....	1200
<u>Clinical Hours.....</u>	<u>400</u>
<b>Total Hours of Study.....</b>	<b>1600</b>

This equates to approximately 40 weeks of full-time work. This education should be accomplished within ten (10) years of applying for professional membership. However, students may petition the Admissions Review Board for exceptions.

## **Documentation**

If you are planning a course of self-study, it is essential that you thoroughly document and keep records of all your work.

## **Core Curriculum - 7 Recommended Modules**

These hours can be obtained through correspondence, self-study, and university courses.

### **1. Basic Human Sciences - Total Hours 200**

- Anatomy

- Physiology
- Pathology
- Biochemistry
- Medical Terminology
- Nutrition

## **2. Botany and Plant Identification - Total Hours 60**

- Plant Identification
- Ethical Wildcrafting and Sustainability
- Harvesting
- Field Identification Procedures and Safety

## **3. Materia Medica / Therapeutic Herbalism - Total Hours 400**

The student should have a core knowledge of 150 plants. Study should include the following for each plant:

- Dosages and Dosage Forms
- Historical Uses
- Botanical Name
- Major Plant Constituents
- Parts Used
- Therapeutic Actions and Applications
- Indications/Contraindications/Cautions
- Toxicology/Potential Adverse Effects
- Review of the Literature
- Harvestable Status
- Plant Families
- Specific Life Cycles (i.e., pregnancy, elderly)

## **4. Pharmacy, Pharmacognosy and Dispensing - Total Hours 80**

- Plant Chemistry and Pharmacology
- Herbal Formulation
- Basic Principles of Medicine Making
- Modes of Administration/Delivery
- Maintaining a Dispensary
- Raw Material Identification
- Laws Regarding Labeling and Dispensing
- Dispensing Strategies
- Herb-Drug Interactions

## **5. Clinical Skills - Total Hours 400**

- Counseling Skills
- Personal Development and Professionalism
- Physical Assessment Skills/Constitutional Analysis
- Laboratory Findings Assessment
- Dosing Strategies

- Interview and Case Taking Skills
- Record Keeping for the Clinical Herbalist
- History Assessment
- Lifestyle/Wellness Counseling
- Nutritional and Dietary Counseling
- Informed Consent and Disclosure

#### **6. Career Preparation / Practice Development / Ethics - Total Hours 20**

- Understanding AHG Ethics
- Maintaining Records
- Professional Networking & Referral
- Scope of Practice (still being developed)
- Confidentiality, Legal and Legislative Issues
- Basic Small Business Management
- Promoting and Marketing and Herbal Practice

#### **7. History & Philosophy / Introduction to Research - Total Hours 40**

- Philosophy of Western Herbalism
- History of American Herbalism
- World Models of Herbal Medicine

#### **Additional Clinical Hours Requirement: 400**

Some Suggestions for Achieving Educational Guidelines for the Guild:

- Keep an updated resume.
- Document every class or workshop you take. Include the following information: title of course, number of in-class hours (breaks not counted), topics learned, instructor name, address, phone number, email address.
- Keep a scrapbook that includes certificates of completion of workshops and courses.
- Get letters of recommendation from teachers or herbalists or clinicians who know you well.
- To get teachers to know you, work with them, engage them in conversation at symposiums, contact them for assistance.
- Attend symposiums, weekend workshops and take college courses, but make sure they count towards the hours you need.
- Follow the AHG Code of Ethics.
- Achieve these hours within 7 years time.
- Write up and use a full disclosure/informed consent form with all clients.

#### **Some Ways to Achieve the 1200 Coursework Hours:**

- Correspondence course on herbal medicine. Check to see which ones qualify.
- Residential course on herbal medicine. Check to see which ones qualify.
- Short herb workshops, either correspondence or on-site.
- College or community college courses, seminars or workshops.
- Herb symposiums and conferences. (Number of credit hours attained is limited.)
- Tapes from herb symposiums and conferences. (Number of credit hours attained is limited.)

### Some Ways to Achieve the 400 Clinical Work Hours:

- Use the AHG Mentorship Program.
  - Attend clinical training intensives.
  - Volunteer your clinical skills at herb clinics. (Client contact or case discussion counts only.)
  - Sit in on cases with an herbal practitioner.
  - Keep thorough case records of all client contact.
  - Be sure to document everything carefully and make sure the experience is counted towards the 400 hours.
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## American Herbalists Guild

### Informed Consent/Full Disclosures

Every state has medical practices acts which define what constitutes the practice of medicine. As herbal medicine is an unrecognized, unlicensed healing modality, we believe the most effective means for avoiding legal trouble is through the use of an Informed Consent/Full Disclosure form when involved with herbal consulting. Such a form discloses what your professional training and standards of practice are, and informs a client of what is to be expected from both parties. This form should not be misinterpreted as protecting a practitioner from legal action as it does not. It is designed to maximize the clarity of intent between the practitioner and the client, as well as to minimize the chance for client dissatisfaction that can lead to subsequent legal action. The herbal practitioner must be aware that if they are involved in the diagnosis or treatment of disease, then they can be persecuted for practicing medicine without a license.

#### I. **The value of informed consent/full disclosure is fourfold:**

1. Most complaints against health professionals are based on miscommunication. Many times the services or results expected by the client were not met, or issues regarding reimbursement may arise. The informed consent/full disclosure form provides clients with a clear understanding of the nature of your experience and work.
2. Informed consent/full disclosure creates a contract between you and your client in which both have specific liabilities and responsibilities. Thus it limits the liability of the practitioner.
3. Informed consent/full disclosure clearly states your standards of practice.
4. Informed consent/full disclosure empowers your client to accept a greater measure of responsibility for their own healing process. It emphasizes that they are an integral part of this healing process, and honors their essential right of



Informed consent/full disclosure should also include information regarding client redress. If the client feels the services and/or information they have received were different than those represented; or if the client has reason to believe that physical harm has resulted due to negligence on the part of the practitioner; or if the client feels they have been mistreated in any way, the client should have the right to provide all pertinent information to a grievance committee. The American Herbalists Guild is willing to act as an informal liaison between a complaining party and a practitioner until more appropriate provisions are established. The information will be reviewed and an attempt made to facilitate meaningful and rationale communication to resolve the issue without litigation.

## **II. Defining Standards of Practice**

1. Statement of philosophy, scope of practice and services rendered.
  2. Experience, training, credentials, continuing education, etc.
  3. What the client can expect, what is expected of the client.
  4. Assessment and treatment protocols.
  5. Reimbursement structure, fees and policies.
  6. Professional affiliations
  7. Commercial affiliations posing potential conflicts of interest.
  8. Information regarding client redress.
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## **APPENDIX: F**

### **MEMO FROM WASHINGTON STATE MEDICAL ASSOCIATION**

## **WASHINGTON STATE MEDICAL ASSOCIATION**

11/24/2009

**MEMO TO:** Steve Boruchowitz

**FROM:** Carl Nelson

**SUBJECT: COMMENT ON HERBALIST SUNRISE REVIEW**

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Thank you for the opportunity to comment on the sunrise review of HB 3141 certifying herbalists. The Washington State Medical Association (WSMA) has taken a position of opposition to this legislation.

We believe that the bill fails to meet the three sunrise criteria and urge you to issue an unfavorable report.

I. Potential public harm: In it's opening paragraph the application say that the applicants are unaware of any legal or disciplinary action taken against herbalist. This statement lends credit to the notion that there is no problem currently existing that this proposal would fix. The assertion that title protection will offer the public protection from these non-problems seems to be with out merit.

The applicant report goes on to argue that "respect for the practice of herbalism" is another reason for approval of the proposal. Although certainly this would make the proponents feel better, that is not the purpose of health care regulation.

It is clear from the application that the goal of this legislation is title protection and respect for herbalists. While these goals are understandable, they do not fall within the intent of the sunrise review process and clearly fall short of the criteria of public protection that would lead to a favorable sunrise review.

II. Assurance of expertise: There appears to be no standardized and universally accepted training for herbalists. And, indeed different educational programs are developing courses of training that differ to such an extent that there is not an assurance of expertise based on uniform professional training.

If there were a problem with herbs that required coordination with health care professionals, it would only serve to confuse consumers by inserting yet another provider group between the patient and physician. It would make more sense that if a regulated health care profession is needed to provide information to the public that requires a training enhancement it would seem that pharmacists should receive the enhancement fulfill this need.

III. Public protection in a cost-beneficial manner: With certification comes inclusion in health care insurance payment structures under the state’s “any willing category of providers” provisions. This legislation has the potential to increase insurance premiums at a time when even very small increase in insurance premiums can make coverage unaffordable to individual and state plans. Any increase in premium would have the effect of decreasing the number of people who have access to health care insurance in the state. At a minimum, an actuarial study is in order prior to full consideration of this proposal.

# **APPENDIX: F**

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