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Know Your State's Medical Board

An Integrative Medical Practitioner's Guide to Understanding the Legal and Regulatory Environments in the 50 States

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Section I: Understanding the Law

A. Introduction

Across the nation, state laws and regulations are not adequately protecting practitioners' due process rights in medical board disciplinary proceedings. This pamphlet and checklist are created specifically for licensed medical doctors and doctors of osteopathy practicing integrative medicine, or the combination of conventional allopathic medicine with complementary and alternative (CAM) treatments. We will refer to these types of licensed physicians as "integrative medical practitioners" ("IMP").

State medical boards will usually discipline IMPs in one of two ways: (1) unprofessional conduct; or (2) a proxy issue. Unprofessional conduct varies from state to state, but generally includes such offenses as sexual misconduct, conviction of a felony, and substance abuse. It also generally includes a failure to practice medicine in an acceptable manner. Because some boards may view conventional medicine as the only acceptable manner in which to practice medicine, IMPs are at-risk of disciplinary actions. A proxy issue refers to a violation that may be used only as a premise upon which to discipline the IP for his or her practice of integrative medicine. Proxy issues may include poor record keeping or billing disputes.

The purpose of this pamphlet and state checklist is only to provide you with a general sense of the legal protections, or lack thereof, in your state. This pamphlet does not provide legal advice and should not be relied upon when you are learning your state's law. Laws, regulations, and policies are in constant flux and the information contained here may not reflect the most recent legal information for your state. If you should find yourself in any situation described in our corresponding pamphlet, *What Every Practitioner Needs to Know*, you should immediately seek the advice of competent, experienced legal counsel familiar with dealing with your medical board and other state regulatory agencies. **Don't make any statement whatsoever to investigators or officials without the presence and approval of a lawyer. This is the number one mistake innocent physicians make.**

Before examining the checklists, it is necessary that you review the following information, which explains each topic covered in the checklist and why it is included. Although our checklist is not exhaustive and more of a "wish list" for IMPs, it will provide you with a general overview of the law in your state.

B. The Medical Board

As explained in our corresponding pamphlet, *What Every Practitioner Needs to Know*, professional licensing is an alleged effort to ensure professional competence and to protect the public from harm, fraud, and deceit. To the detriment of licensed physicians, however, these goals are often lost in the ineffectiveness of the bureaucracy, the obvious bias toward traditional Western medicine, and the inherent self-serving and self-preserving nature of the boards and agencies involved in the process.

Medical boards vary from state to state. Some boards are independent and some part of a larger agency (like the Department of Health). Some boards hear cases, while others rely upon an Administrative Law Judge. Some purposefully seek to discipline IMPs, and some do not. Medical board discipline is the greatest legal risk for IMPs. Whether a medical board is friendly to IMPs depends largely upon the state's law with regard to CAM therapies, the physician, and the therapy employed. Board membership is a crucial component as well. For example, although Texas has constitutional and regulatory protections for health freedom and the practice of complementary and alternative medicine, certain members of the Texas Medical Board have a history of targeting and punishing integrative medical practitioners.

Each state has its own "Medical Practice Act" (MPA), which are the laws governing the practice of medicine. Medical boards will also develop regulations for implementing the various provisions of the statutes, in addition to developing its own policies, statements, or guidelines on specific areas of medicine. National organizations, such as the Federation of State Medical Boards, generally influence the shape and direction of the regulatory environment, but the differences between state laws cannot be understated. Again, it is your responsibility to know the law in your state.

1. The Basics

The first three lines of the checklist provide you with a general overview of your state medical board. It is important to be aware of the size and composition of your medical board. If ever investigated, it is helpful to know how many people sit on the board, as well as the composition of practitioners and public members, as these people will ultimately judge your fate. It is also helpful to know which health care practitioners fall under the jurisdiction of your state medical board. How often the board has meetings provides insight into its activity level.

Key to Abbreviations:

AT-athletic trainer; ACU-acupuncturist; ANA-anesthetist assistant; AUD-audiologist; BLD-biological lab director; CP-clinical perfusionist; CT-cosmetic therapist; CHI- chiropractor; CIS-cardiovascular invasive specialist; CPM-certified professional midwife; CPP-clinical pharmacist practitioners; DO-osteopathic physician; DEH-dental hygienist; DEI-dietician; ELE-electrologist; EMT-emergency medical technician; GC-Genetic counselors; HAD-hearing aid dispenser; HYP-hypnotherapist; ICU-mobile intensive care unit; LO-licensed orthotist; LP-licensed perfusionist; LPR-licensed prosthetist; LPED- licensed pedorthist; MA-medical assistant; MD-allopathic physician; MDX-MD X-rayoperator; MP-medical physicist; MR-medical resident; MT-massage therapist; MW- midwife; NA-nurse anesthetist; NAT-naturopath; ND-nutritionist; NM-nurse midwife; NP-nurse practitioner; OT-occupational therapist; OP-optometrist; OTA-occupational therapist assistant; ORT-orthotist; PA-physician assistant; PER-perfusionist; PT-physical therapist; PTA-physical therapist assistant; POD-podiatrist; POL-

polysomnograph personnel; POM-Practitioner Oriental Medicine; PRO-prosthetist; RA-radiology assistant; RE- registered electrologist; RN-registered nurse; RAT-radiological technologist; RCP-respitory care practitioner; RET-respiratory therapist; RIT-resident in training; RTL-radiological technologists limited; RPA-radiology practitioner assistant; RRT-radiological technician; SA-surgical assistant; SL-speech language pathologist; SLA-speech language pathologist assistant; SPA-Specialist Assistant

2. Actively Practicing Board Members

A notable concern among advocates of state medical board reform is the fact that some states do not require board members to actively practice medicine. Without this qualification for membership, boards may easily be composed of non-practicing physicians – academics, professional "experts," and others who are generally unfamiliar with the day-in, day-out of seeing and treating patients. Because the medical board oversees disciplinary proceedings, boards should be composed of actively practicing physicians familiar with patient care to ensure fairness in the evaluation of the IMP's treatment.

3. Conflicts of Interest

By and large, state medical board qualifications do not prohibit board members from having general conflicts of interest. Qualifications generally fail to ask whether the potential board member has family members licensed and under the jurisdiction of the medical board, or whether the potential member had a financial interest in an organization adverse to licensed physicians, such as insurance companies, regulatory agencies, pharmaceutical companies, or malpractice attorneys. This should be a basic requirement to ensure fairness in the proceedings.

C. The Complaint

1. Statute of Limitations

For the most part, state medical practice acts do not have a statute of limitations on complaints against physicians. For the investigation to be thorough and fair to all parties, the board should require the complainant file the complaint within so many years (preferably four years) of the alleged incident. Any older and memories begin to fade, along with any hope of fairness in the proceedings.

2. Anonymous Complaints

Far and away the most important issue facing all licensed physicians is the anonymous complaint. Many states permit complainants to remain anonymous when submitting a complaint against a physician. In a perfect example of the abuse that may result from such laws, Dr. Roberta Kalfut, former president of the Texas State Medical Board, had her husband file anonymous complaints against all of her competitors. Once summoned before her at the medical board, she effectively eliminated all competition. Insurance companies may file anonymous complaints to avoid reimbursing a physician for a service. Anonymous complaints are a grave concern and threat to licensed physicians, especially IMP's. In our checklist, the board is presumed to allow anonymous complaints if it does not specifically prohibit them in statute, regulation, or policy.

3. Sworn Complaints

The state medical board has the power to discipline a physician's license, which implies the board has the power to hurt a physician's very livelihood. For these reasons, many medical board reform advocates would like to limit complaints to those sworn to under oath. If a person swears to the truth of the statements contained in the complaint, we are less likely to see malicious, biased, and anti-competitive complaints.

4. Immunity & Malice

If the board later learns the complainant filed the complaint with malice, the law should permit the physician to sue that person. While there is immunity for complaints filed in good faith, there should be no immunity for those complaints filed with malicious intent.

5. Resolving the Dispute Directly with the Practitioner

A few states require the medical board's complaint form to include large, simple language encouraging the complainant to first attempt to resolve the dispute directly with the physician before filing the complaint. Many physicians are business people and respond quickly to patients' feedback and concerns. By encouraging direct resolution first, the board avoids frivolous complaints that would likely affect the physician's ability to practice medicine.

D. Notice

Notice is a legal concept describing the requirement that a party be made aware of a legal proceeding affecting his or her rights. Here, the IMP must be made aware of disciplinary investigations and hearings that will affect his or her license to practice medicine.

1. Notice is by a Reasonable Service of Process Method

Service of process is the manner in which a person is served notice. The physician must be served in a reasonable manner, whether through personal delivery or mail to the last address of record with the board. Although this may seem simple, many state laws and regulations fail to specify how the board should serve the physician. This is a basic procedural due process right owed to any person being investigated or summoned to a disciplinary hearing. All medical boards should address it.

2. Copy of the Complaint

Notice should include a copy of the complaint filed with the board. Too often, physicians are served notice without any idea of what they did wrong. Some medical boards require the board include a statement of the allegations in the complaint. However, an actual copy of the complaint (free of redactions) will ensure the physician is provided with notice of the incident in question, the patient, and the relevant files. Clearly, this is will help the physician better defend him or herself against the charges.

3. Time to Answer

Following notice and a receipt of a copy of the complaint, the board should provide the physician with a reasonable amount of time to submit an answer to the complaint. Allowing little or no time to answer harms the physician's opportunity to defend him or herself against the allegations. Giving the physician 15 days to answer the complaint is a reasonable amount of time to consult an attorney and submit an answer.

4. Notice in Advance of a Hearing

Notice should also be served at least 30 days before the hearing date. Any later and the physician does not have adequate time to consult with an attorney and prepare a defense. This too is a basic right that the state laws or regulations should address.

E. The Investigation

1. Peer Review

IMPs are considerably concerned about the peer review process in disciplinary investigations and proceedings. It is imperative – especially with integrative medical practitioners – that the experts evaluating whether the physician met the standard of care practice the same therapies as the physician under review. Medical doctors are notoriously biased toward conventional Western medicine. If given the opportunity, some may find the use or incorporation of an alternative therapy was unprofessional conduct, even when there was little risk of harm or no actual harm. It is imperative that physicians employing the same therapies review the IMP's medical practice. More than any other measure argued for in the pamphlet, this would dramatically decrease the likelihood of IMPs being unjustly prosecuted.

2. Independent Expert Review

A necessary safeguard in assessing the standard of care is ensuring there are procedures for independent expert review of the practitioner's treatment. Independent review will lessen the chances of bias. If experts reach different conclusions, an IMP will have a stronger defense.

3. Sharing Expert Information

Finally, it is necessary that the medical board share its expert information with the IMP and his or her counsel. Although this is normally required in civil trials, disciplinary actions by regulatory boards are a different matter. This provision ought to be included in the state medical practice act, or state regulations.

F. The Hearing, Decision, & Judicial Review

1. Clear and Convincing Evidence

Ensuring the burden on the medical board is "clear and convincing evidence" is critical to protecting practitioners' rights. The lesser standard of "preponderance of the evidence" means the board must show that it is more likely than not that the practitioner violated a provision of the state's medical practice act. This standard does not adequately protect practitioners, whose livelihoods and

reputations are at stake. Because the medical board can destroy a professional's livelihood and deprive patients of a practitioner, it is essential that the medical board demonstrate unprofessional conduct through clear and convincing evidence.

2. Demonstrating the Risk of Harm

Whenever the medical board is seeking disciplinary action against a practitioner's license, it is essential that the board show that either the patient was actually harmed, or that the risk of harm outweighed risks associated with the conventional treatment. Too often, practitioners' licenses are disciplined even when the board has not demonstrated actual harm or a higher risk of harm than the conventional treatment.

3. Conflict of Interest with the Practitioner

Clearly, state law and regulations should prohibit a board member from participating in a hearing in which they have a conflict of interest with the practitioner. This ensures the IMP is afforded a fair and impartial hearing. Unfortunately, not all states ensure practitioners are provided this basic right in disciplinary hearings.

4. Finding the Standard of Care: CME Credits

The ACCME (Accreditation Council for Continuing Medical Education) promotes standards of care through continuing medical education (CME) credits. If the ACCME has approved credit for a particular therapy, like alternative medicine, then that therapy should be considered a reasonable standard of care.

5. Proportional Discipline

As discussed in the Introduction, medical boards will sometimes target practitioners for practicing integrative medicine, but use a proxy issue to discipline them. For example, instead of disciplining a practitioner for recommending the patient take certain vitamins and herbs, the board will discipline him or her for poor recordkeeping. In some cases, the medical board has levied disproportional disciplinary action for minor administrative violations. To counter such unethical actions by state medical boards, the law should require the disciplinary actions of the board be proportional to the practitioner's offense. A practitioner's license should never be revoked for poor recordkeeping.

6. The Administrative Judge or Review Panel's Recommended Action

In some states (not all), an administrative judge or review panel will review the evidence, make a determination, and submit a recommended action to the medical board. In some states, like Texas for example, the medical board has been known to increase the punishment beyond what the review panel agreed upon. Unless new evidence is presented, the board should give strong consideration and deference to the recommended action provided by the administrative judge or review panel. In all cases, the board should not increase the punishment.

7. Expunging Dismissed Actions

To expunge is to erase or destroy. Dismissed complaints should be completely expunged from a practitioner's record. Unfortunately, some states keep dismissed actions on file for future reference. Some states even make the information public for a number of years after the dismissal. A dismissed action on a public record still hurts the IMP's reputation in his or her community. Therefore, it is imperative that dismissed actions are completely expunged from practitioners' records.

8. Meaningful Judicial Review

Although states allow practitioners to appeal the board's disciplinary decision, the courts do not generally have the power to reverse that decision unless it is found "arbitrary and capricious." This is a difficult standard of review to meet in most cases. Instead, the law should provide for meaningful judicial review, where the facts and the law are reviewed *de novo*, or as if completely new. Such judicial review would deter medical boards from unjustly disciplining practitioners.

G. Integrative Medicine

1. Unprofessional Conduct & Integrative Medicine

Some states have included a provision, in either law or regulation, declaring that the unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM. While this sounds great, it only goes so far in protecting integrative medical practitioners. The medical board may still say the use or incorporation of the CAM therapy was a deviation from the standard of care, or outside the licensee's scope of practice. Furthermore, they may still go after the practitioner for proxy issues, such as recordkeeping and billing disputes. Although this is still a very welcomed provision to the law, it falls short of adequately protecting IMPs.

> Example text of the law:
>
> "A physician and surgeon shall not be subject to discipline...solely on the basis that the treatment or advice he or she rendered to a patient is alternative or complementary medicine..." Cal. Bus. & Prof. Code § 2234.1(a) (2009).

2. Permission to Use or Incorporate CAM Therapies

Permission to use or incorporate CAM therapies may be found in a statute, regulation, or a statement of board policy. It too is helpful when the board is finding the standard of care in a disciplinary investigation and hearing. For example, both the Arizona Medical Board and the Kentucky Board of Medical Licensure developed model guidelines for licensed physicians seeking to incorporate or use CAM therapies.

3. Patient Choice in Health Care

Here at the Alliance for Natural Health USA, we work to ensure consumers and practitioners have a right to choose a sustainable and preventative approach to health, along with nutritional and integrative healthcare. We work to protect consumers' right to access integrative health care, and practitioners' right to practice integrative medicine. To accomplish our goals, the legislature must express respect for patient choice that is consistent with principles of informed consent.

4. Informed Consent

Informed consent is critical to all practicing physicians, regardless of the therapy employed. However, informed consent is particularly important when practicing integrative medicine. Integrative medical practitioners should inform patients of the risks and benefits of both conventional and non-conventional therapies. If the physician documents evidence of the patient's understanding of the nature of the risks and benefits of the therapy, as well as the patient's consent to the integrative medical therapy, unjust prosecution is less likely.

> Example text of a law:
>
> La. Admin. Code, tit. 46, pt. XLV, § 1707(A)(4)
>
> "Informed Consent. A physician shall inform a patient or his guardian of each of the following, which discussions shall be noted in some form in the patient's record:
>
> a. his education, experience, and credentials regarding any integrative or complementary medicine which is recommended; and
>
> b. the risks and benefits of both conventional medicine and integrative or complementary medicine incorporated within each treatment plan."

H. Conclusion

We hope this information is helpful to you and your integrative medical practice as you continue to learn about your state's medical board and the laws and regulations governing the practice of medicine in your state. This information should not be relied upon as legal advice, but only as a brief introduction to your state. If you should find yourself under investigation by your state's medical board, please contact a competent and knowledgeable attorney familiar with handling regulatory agencies in your state. The Alliance for Natural Health USA can help point you in the right direction.

Section II: Ranking the States for Integrative Medical Practitioners

A. Introduction

No state has the perfect medical practice act or the perfect state medical board for integrative medical practitioners. Laws are created by legislatures, which are full of imperfect people. Boards are also full of imperfect people – sometimes with a bias for conventional Western medicine. Board membership, for example, plays a significant role in whether or not the board is friendly to integrative medical practitioners. If the medical board is composed of members hostile to integrative medicine, then those members will find reasons to discipline an IMP's license, even when there seem to be protections in the law for complementary and alternative medicine. If medical board members are friendly to integrative medicine, then the board will likely not take advantage of legal gaps or loopholes to discipline an IMP's license. Therefore, a rankings list may easily fluctuate as new members come and go and as laws change. With these truths in mind, take the following rankings with a grain of salt.

B. Methodology

To rank all 50 states, including the District of Columbia, we first tallied each state's checkmarks. The total possible checkmarks a state could tally in all six categories is 26. The data was sorted first according to the total number of checkmarks. If states were tied, they were then sub-sorted according to highest tally in the "Integrative Medicine & Health Freedom" category and if they tied again, they were finally sub-sorted according to the highest tally from the individual averages of the other five categories. The total number of checkmarks is clearly the most important number, as it indicates how close the state comes to our legal "wish list" for the states. The "Integrative Medicine & Health Freedom" category is important because it reveals whether or not that state has addressed the practice of integrative medicine or complementary and alternative therapies. States addressing and acknowledging integrative medicine and CAM therapies are more likely to have favorable laws, regulations, or policies for its practice. Finally, without wanting to discount the importance of the other categories, we averaged these categories individually and noted the total value. The state rankings list (below) is the result of this analysis.

C. State Rankings*

1. North Carolina
2. Florida (MD and DO)
3. Kentucky
4. Oklahoma (MD)
5. Louisiana
6. Colorado
7. Mississippi
8. California (MD and DO)
9. Arizona (MD)
10. Utah
11. Georgia
12. Maryland
13. Illinois
14. Alabama
15. Nevada (MD)
16. Oregon
17. Wyoming
18. Massachusetts
19. Washington (MD)
20. Delaware
21. Texas
22. Ohio
23. Nebraska
24. Michigan (DO)
25. Maine (MD and DO)
26. Washington (DO)
27. Arizona (DO) and Rhode Island
28. New York
29. West Virginia (MD)
30. North Dakota
31. Nevada (DO)
32. Oklahoma (DO)
33. South Carolina
34. Michigan (MD)
35. Wisconsin
36. Indiana
37. Virginia
38. Pennsylvania (MD and DO)
39. Tennessee (MD and DO)
40. Iowa and Kansas
41. Missouri
42. New Jersey
43. Vermont (MD)
44. Minnesota
45. Arkansas
46. Idaho
47. New Mexico (MD and DO)
48. District of Columbia**
49. Hawaii
50. Alaska
51. New Hampshire
52. Connecticut
53. Vermont (DO)
54. Montana
55. West Virginia (DO)
56. South Dakota

Disclaimer: These rankings are subject to change with modifications, additions, and repeals to state laws, regulations, and policies. These rankings should not be relied upon as legal advice or as a complete picture of the regulatory environment in your state.

* The rankings for states with separate medical and osteopathic boards were calculated separately. Many states' medical and osteopathic boards tied in the rankings and this is indicated in parenthesis. However, those states that had different rankings for their boards appear twice on the list.

**Note that although the District of Columbia ranks near the bottom of our list, the board has been found in practice to dismiss complaints against multiple IMP's upon submission of detailed written requests by their legal counsel.

Section III: The State Checklists

Alabama

Alabama Board of Medical Examiners & the Medical Licensure Commission, PO Box 946, Montgomery, AL 36101, www.albme.org

THE MEDICAL BOARD	
Board Size / Composition	Board: 15 / 15 MD; Commission: 8 / 7 MD, 1 Public
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, PA, AA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Alaska

Alaska State Medical Board, 550 W. 7th Ave., Ste 1500, Anchorage, AK 99501, www.commerce.state.ak.us/occ/pmed.htm

THE MEDICAL BOARD	
Board Size / Composition	8 / 5 MD, 1 PA-C, 2 Public Members
Board Meeting Frequency	4 times per year
Professions Regulated by the Board	MD, DO, DPM, PA-C, MICP
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
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Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Arizona (MD)

Arizona Medical Board, 9545 E. Doubletree Ranch Rd., Scottsdale, AZ 85258, www.azmd.gov

THE MEDICAL BOARD	
Board Size / Composition	12 / 8 MD, 4 Public
Board Meeting Frequency	Every other month
Professions Regulated by the Board	MD
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
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The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
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In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	✓
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM*	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

*Practitioners may also refer patients to a CAM provider. *See* Arizona Medical Board. *The Arizona Medical Board's Guidelines for Physicians Who Incorporate or Use Complementary or Alternative Medicine in Their Practice*.
The use of chelation therapy for treatment other than heavy metal poisoning is considered unprofessional conduct unless the licensee *obtains informed consent and conforms to experimental procedures. Ariz. Rev. Stat. § 32-1854(40) (2010).*

Arizona (DO)

Arizona Board of Osteopathic Examiners in Medicine & Surgery, 9535 E. Doubletree Ranch Rd., Scottsdale, AZ 85258, www.azdo.gov

THE MEDICAL BOARD	
Board Size / Composition	7 / 5 DO, 2 Public Members
Board Meeting Frequency	Bimonthly
Professions Regulated by the Board	DO
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
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THE HEARING, DECISION, & JUDICIAL REVIEW	
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The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Arkansas

Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR 72202, www.armedicalboard.org

THE MEDICAL BOARD	
Board Size / Composition	14 / 11 MD, 1 DO, 2 Consumer Members
Board Meeting Frequency	Bimonthly
Professions Regulated by the Board	MD, DO, PA, RT, OT, RPA, RA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
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Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

California (MD)

Medical Board of California, 2005 Evergreen St., Ste 1200, Sacramento, CA 95815, www.mbc.ca.gov

THE MEDICAL BOARD	
Board Size / Composition	15 / 8 MD, 7 Public
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM*	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

*California states it is only prudent to permit alternative and complementary treatments because it can take up to 17 years for the scientific community to recognize a new best practice in the treatment of diseases. Cal. Bus. & Prof. Code § 2234.1(c) (West 2010).

California (DO)

Osteopathic Medical Board of California, 1300 National Dr., Ste 150, Sacramento, CA 95834, www.ombc.ca.gov

THE MEDICAL BOARD	
Board Size / Composition	9 / 5 DO, 2 Public Members, 2 ND
Board Meeting Frequency	3-4 times per year
Professions Regulated by the Board	DO
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Colorado

Colorado Medical Board, 1560 Broadway, Ste. 1300, Denver, CO 80202, www.dora.state.co.us/medical

THE MEDICAL BOARD	
Board Size / Composition	16 / 8 MD, 3 DO, 1 PA, 4 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	✓
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

*Colorado strictly prohibits licensees from deviating from the state's defined scope of practice for each profession. Colo. Rev. Stat. § 12-36-106(4) (2010). In Colorado, there is the opportunity to obtain true peer review through the establishment of Professional Review Committees. Colo. Rev. Stat. § 12-36.5-104 (2010). Colorado's integrative practitioners should consider forming such a committee.

Connecticut

Connecticut Medical Examining Board, PO Box 340308, Hartford, CT 06134, www.dph.state.ct.us

THE MEDICAL BOARD	
Board Size / Composition	15 / 8 MD, 1 DO, 1 PA, 5 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, PA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)*	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint**	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

*Board members may not be elected or professional members of a professional society or association related to medicine.
**Physicians have 14 days to answer a complaint.

Delaware

Delaware Board of Medicine, PO Box 1401, Dover, DE 19903, www.dpr.delaware.gov

THE MEDICAL BOARD	
Board Size / Composition	16 / 11 MD, 5 Public Members
Board Meeting Frequency	10 Annually
Professions Regulated by the Board	MD, PA, Resp. Care, AC, Paramedics
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

District of Columbia

District of Columbia Board of Medicine, 717 14th St. NW, Ste 1600, Washington, DC 20005, www.hpla.doh.dc.gov/bomed

THE MEDICAL BOARD	
Board Size / Composition	11 / 7 MD, 3 Consumer Members, 1 Director of Dept. of Health
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, AA, SA, PA, AC, NAT
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service*	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

*Notice for a hearing must be given at least 15 days in advance of the hearing date.

Florida (MD)

Florida Board of Medicine, 4052 Bald Cypress Way, BIN C03, Tallahassee, FL 32399, www.doh.state.fl.us

THE MEDICAL BOARD	
Board Size / Composition	15 / 12 MD, 3 Public Members
Board Meeting Frequency	7 meetings per year
Professions Regulated by the Board	MD, PA, ANA, DEI, ND, ELE
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo**	✓

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

*****It may be permissible to review a license revocation order *de novo*. *State ex rel. De Gaetani v. Driskell*, 139 Fla. 49 (1939).

Florida (DO)

Florida Board of Osteopathic Medicine, 4052 Bald Cypress Way, BIN C06, Tallahassee, FL 32399, www.doh.state.fl.us/mga/osteopath/index..html

THE MEDICAL BOARD	
Board Size / Composition	7 / 5 DO, 2 Public Members
Board Meeting Frequency	Approx. 4 times per year
Professions Regulated by the Board	DO, PA, AA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo**	✓

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

*****It may be permissible to review a license revocation order de novo. *State ex rel. De Gaetani v. Driskell*, 139 Fla. 49 (1939).

Georgia

Georgia Composite Medical Board, 2 Peachtree St. NW, 36th Fl., Atlanta, GA 30303, www.medicalboard.georgia.gov

THE MEDICAL BOARD	
Board Size / Composition	15 / 11 MD, 2 DO, 2 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, Resp. Care, PER, ACU, ORT
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Hawaii

Hawaii Medical Board, PO Box 3469, Honolulu, HI 96813, www.hawaii.gov/dcca/pvl

THE MEDICAL BOARD	
Board Size / Composition	11 / 7 MD, 2 DO, 2 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, PA, EMT-B, EMT-P
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Idaho

Idaho State Board of Medicine, 1755 Westgate Dr, Ste 140, Boise, ID 83704, www.bom.state.id.us

THE MEDICAL BOARD	
Board Size / Composition	10 / 6 MD, 1 DO, 2 Public, 1 Director of Idaho State Police
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD, DO, PA, AT, DEI, POL, RET
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Illinois

Illinois State Medical Disciplinary Board, 100 W. Randolph St., Ste 9-300, Thompson Ctr, Chicago, IL 60601, www.idfpr.com

THE MEDICAL BOARD	
Board Size / Composition	18 / 10 MD, 2 DO, 4 Public Members, 2 DC
Board Meeting Frequency	Disciplinary Board: Biweekly
Professions Regulated by the Board	MD, DO, PA, CHI
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Indiana

Medical Licensing Board of Indiana, 400 W. Washington St., Rm W072, Indianapolis, IN 46204, www.in.gov/pla/medical.htm
Note: Complaints in Indiana are handled by the Consumer Protection Division of the Office of the Attorney General.

THE MEDICAL BOARD	
Board Size / Composition	7 / 5 MD, 1 DO, 1 Consumer Representative
Board Meeting Frequency	11 times per year
Professions Regulated by the Board	MD, DO, ACU, PT, PA, RT, OT, HAD, HYP
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Iowa

Iowa Board of Medicine, 400 SW 8th St., Ste C, Des Moines, IA 50309, http://medicalboard.iowa.gov

THE MEDICAL BOARD		
Board Size / Composition	10 / 5 MD, 2 DO, 3 Public Members	
Board Meeting Frequency	Every 6-8 weeks	
Professions Regulated by the Board	MD, DO, ACU	
Practitioner members of the board must be actively practicing practitioners		✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)		

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	✓

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Kansas

Kansas State Board of Healing Arts, 235 S. Topeka Blvd, Topeka, KS 66603, www.ksbha.org

THE MEDICAL BOARD	
Board Size / Composition	15 / 5 MD, 3 DO, 3 DC, 1 DPM, 3 Public Members
Board Meeting Frequency	Every other month
Professions Regulated by the Board	MD, DO, DC, PT, DPM, PTA, PA, RT, OT, OTA, ND, AT LRT
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Kentucky

Kentucky Board of Medical Licensure, 310 Whittington Pkwy, Ste 1B, Louisville, KY 40222, www.kmbl.ky.gov

THE MEDICAL BOARD	
Board Size / Composition	15 / 7 MD, 1 DO, 3 Citizens at Large
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, AT, PA, SA, ACU
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	✓
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Louisiana

Louisiana Board of Medical Examiners, PO Box 30250, New Orleans, LA 70190, www.isbme.la.gov

THE MEDICAL BOARD	
Board Size / Composition	7 / 7 MD
Board Meeting Frequency	10 meetings per year
Professions Regulated by the Board	ACA, ACU, ADS, ATH, CDTM, CEP, DO, DMP, LRT, MD, MDW, OTA, OTT, PA, PEF, POD, POLYTCH, POLYTHN, PRT
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Maine (MD)

Maine Board of Licensure in Medicine, 137 State House Station, Augusta, ME 04333, www.docboard.org/me/me_home.htm

THE MEDICAL BOARD	
Board Size / Composition	9 / 6 MD, 3 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	Allopathic MD, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Maine (DO)

Maine Board of Osteopathic Medicine, 137 State House Station, Augusta, ME 04333, www.maine.gov/osteo

THE MEDICAL BOARD	
Board Size / Composition	9 / 6 DO, 3 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	DO, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Maryland

Maryland Board of Physicians, 4201 Patterson Ave., 4th Floor, Baltimore, MD 21215, www.mbp.state.md.us

THE MEDICAL BOARD	
Board Size / Composition	21 / 13 MD, 1 DO, 5 Consumers, 1 PA
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, PA, RCP, POL, RRT, RA, AT, RT
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner*	✓
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

*Peer reviewers must have "special qualifications to judge the matter at hand." Md. Code Ann., Health Occ. §14-401(e)(ii)(2)(i) (West 2010).

Massachusetts

Massachusetts Board of Registration in Medicine, 200 Harvard Mill Sq., Ste 330, Wakefield, MA 01880, www.massmedboard.org

THE MEDICAL BOARD	
Board Size / Composition	7 / 5 MD, 2 Public Members
Board Meeting Frequency	Semimonthly
Professions Regulated by the Board	MD, DO, ACU
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

The Board's position on chelation therapy is that it may only be used for the treatment of heavy metal poisoning. Any other use is considered experimental and a licensed physician may use chelation therapy for an unapproved use only in investigational or research work. See Commonwealth of Massachusetts Board of Registration in Medicine. Chelation Therapy (Approved June 13, 2001).

Michigan (MD)

Michigan Board of Medicine, PO Box 30670, Lansing, MI 48909, www.michigan.gov/healthlicense

THE MEDICAL BOARD	
Board Size / Composition	19 / 10 MD, 1 PA 8 Public
Board Meeting Frequency	Bimonthly
Professions Regulated by the Board	MD, PA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Michigan (DO)

Michigan Board of Osteopathic Medicine & Surgery, PO Box 30670, Lansing, MI 48909, www.michigan.gov/healthlicense

THE MEDICAL BOARD		
Board Size / Composition	11 / 7 DO, 1 PA, 3 Public Members	
Board Meeting Frequency	Bimonthly	
Professions Regulated by the Board	DO, PA	
Practitioner members of the board must be actively practicing practitioners		✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)		

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Minnesota

Minnesota Board of Medical Practice, 2829 University Ave SE, Ste 500, Minneapolis, MN 55414, www.bmp.state.mn.us

THE MEDICAL BOARD	
Board Size / Composition	16 / 10 MD, 1 DO, 5 Public Members
Board Meeting Frequency	6 meetings per year
Professions Regulated by the Board	MD, PA, AT, Resp. Care Therapist, ACU, MW, NAT
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Mississippi

Mississippi State Board of Medical Licensure, 1867 Crane Ridge Dr, Ste 200-B, Jackson, MS 39216, www.msbml.state.ms.us

THE MEDICAL BOARD	
Board Size / Composition	9 / 8 MD, 1 DO
Board Meeting Frequency	Every other month
Professions Regulated by the Board	MD, DO, DPH, PA, RA, ACU
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	✓
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Missouri

Missouri Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65109, www.pr.mo.gov/healingarts.asp

THE MEDICAL BOARD	
Board Size / Composition	9 / 5 MD, 3 DO, 1 Public Member
Board Meeting Frequency	Every 6 weeks
Professions Regulated by the Board	MD, DO, PA, PT, PTA, SLP, SLA, AUD, AA, PER, AT, ANA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Chelation therapy is considered of no medical or osteopathic vlaue except for the treatment of heavy metal poisoning. However, the Board will not seek disciplinary action against a licensee based solely on his or her non-approved use chelation therapy if the licensee first obtains informed consent from the patient. Mo. Code. Regs. Ann. tit. 20, § 2150-2.165 (2010).

Montana

Montana Board of Medical Examiners, PO Box 200513, Helena, MT 59620, www.medicalboard.mt.gov

THE MEDICAL BOARD	
Board Size / Composition	12 / 5 MD, 1 DO, 1 POD, 1 ND, 1 PA, 1 EMT, 2 Public Members
Board Meeting Frequency	6 times per year
Professions Regulated by the Board	MD, PA, ACU, POD, NUT, EMT, DO
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

The Board's position on chelation therapy is that it is not effective for the treatment of cardiovascular disease or any disease other than heavy metal poisoning. *See* Montana Board of Medical Examiners. *EDTA Chelation for Cardiovascular Disease* (April 2009).

Nebraska

Nebraska Board of Medicine & Surgery, PO Box 94986, Lincoln, NE 68509, www.dhhs.ne.gov

THE MEDICAL BOARD	
Board Size / Composition	8 / 5 MD, 1 DO, 2 Consumers
Board Meeting Frequency	7 times per year
Professions Regulated by the Board	MD, DO, PA, ACU, Pefusion
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	✓
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Nevada (MD)

Nevada State Board of Medical Examiners, PO Box 7238, Reno, NV 89510, www.medboard.nv.gov

THE MEDICAL BOARD	
Board Size / Composition	9 / 6 MD, 3 Public Members
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD, PA, Respiratory Therapists, Perfusionists
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	✓
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Chelation therapy is prohibited except for the treatment of heavy metal poisoning or any other disease that the Board "finds warrants its use." Nev. Admin. Code § 633.340 (2010).

Nevada (DO)

Nevada State Board of Osteopathic Medicine, 901 American Pacific Drive, #180, Henderson, NV 89014, www.osteo.state.nv.us

THE MEDICAL BOARD	
Board Size / Composition	7 / 5 DO, 2 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	DO, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

New Hampshire

New Hampshire Board of Medicine, 2 Industrial Park Dr., Ste 8, Concord, NH 03301, www.nh.gov/medicine

THE MEDICAL BOARD	
Board Size / Composition	11 / 6 MD, 1 PA, 3 Public Members
Board Meeting Frequency	Once Monthly
Professions Regulated by the Board	MD, DO, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

The Board's position on chelation therapy is that it may only be used for the treatment of heavy metal poisoning. Chelation may be used in research to treat other dieases if the licensee first obtains written approval from the US Dept. of Health and Human Services, Office for Human Research Protection. *See* New Hampshire Board of Medicine. *Policy on Use of EDTA* (Adopted January 7, 2004).

New Jersey

New Jersey Board of Medical Examiners, PO Box 183, Trenton, NJ 08625, http://www.state.nj.us/lps/ca/bme/index.html

THE MEDICAL BOARD	
Board Size / Composition	21
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, DPM, MW, AT, PA, BLD, HAD, ELE, PER
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

New Mexico (MD)

New Mexico Medical Board, 2005 S. Pacheco Bldg. 400, Santa Fe, NM 87505, www.nmmb.state.nm.us

THE MEDICAL BOARD	
Board Size / Composition	9 / 7 MD, 2 Public Members, 1 PA
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD, PA, ANA, Genetic Counselors, Polysomnographic Technologists
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

New Mexico (DO)

New Mexico Board of Osteopathic Medical Examiners, 2550 Cerrillos Rd 2nd Fl, Santa Fe, NM 87505, http://www.rld.state.nm.us/osteopathy/index.html

THE MEDICAL BOARD	
Board Size / Composition	5 / 3 DO, 2 Public Members
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	DO
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

New York

New York State Office of Professional Medical Conduct*, 433 River St., Ste 303, Troy, NY 12180, www.health.state.ny.us/nysdoh/opmc/monthly.htm

THE MEDICAL BOARD	
Board Size / Composition	147 / 102 Physicians, 45 Public
Board Meeting Frequency	133 Committee and Special Committee Meetings
Professions Regulated by the Board	MD, DO, PA, SA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	✓
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

*The New York State Office of Professional Medical Conduct investigates all complaints against licensed physicians, not the New York State Board for Medicine.

North Carolina

North Carolina Medical Board, PO Box 20007, Raleigh, NC 37619, www.ncmedboard.org

THE MEDICAL BOARD	
Board Size / Composition	12 / 7 MD, 1 DO who practices integrative medicine, 3 Public, 1 PA
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, PA, NP, CPP, LP, AA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	✓
There are procedures for independent expert review of the complainant's allegations	✓
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

North Dakota

North Dakota State Board of Medical Examiners, City Center Plaza, 418 E. Broadway, Ste 12, Bismarck, ND 58501, www.ndbomex.com

THE MEDICAL BOARD	
Board Size / Composition	12 / 9 MD, 1 DO, 2 Public Members
Board Meeting Frequency	3 times a year – March, July, November
Professions Regulated by the Board	MD, DO, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

The University of North Dakota has a program in Integrative Medicine. See http://www.med.und.edu/.

Ohio

State Medical Board of Ohio, 30 E. Broad St, 3rd Fl, Columbus, OH 43215, www.med.ohio.gov

THE MEDICAL BOARD	
Board Size / Composition	12 / 7 MD, 1 DO, 1 DPM, 3 Consumers
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MD, DO, DPM, PA, ACU, ANA, MT, CT, RA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

The Board's position on chelation therapy is that a licensee may be in violation of Ohio law if he or she uses chelation to treat any disease other than heavy metal poisoning. To use chelation therapy for the treatment of any other disease, the licensee must first obtain approval for investigational research from the FDA's Dept. of Bureau of Drugs & Biologics. See The State Medical Board of Ohio. Interpretations of Statutes Regarding Chelation Therapy (Approved August 1984).

Oklahoma (MD)

Oklahoma State Board of Medical Licensure & Supervision, PO Box 18256, Oklahoma City, OK 73154, www.okmedicalboard.org

THE MEDICAL BOARD	
Board Size / Composition	9 / 7 MD, 2 Public
Board Meeting Frequency	7 times per year
Professions Regulated by the Board	MD, PA, PT, AT, OT, LO, RE, RC, LPED, LPR, LD RA, ANA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	✓
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	✓
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Oklahoma (DO)

Oklahoma State Board of Osteopathic Examiners, 4848 Lincoln Blvd, Ste 100, Oklahoma City, OK 73105, www.osboe.ok.gov

THE MEDICAL BOARD	
Board Size / Composition	8 / 6 DO, 2 Public
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	DO
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Oregon

Oregon Medical Board, 1500 SW 1ST Ave., Ste 620, Portland, OR 97201, www.oregon.gov/bme

THE MEDICAL BOARD	
Board Size / Composition	12 / 7 MD, 2 DO, 1 DPM, 2 Public Members
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD, DO, PA, ACU, DPM
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	✓
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Pennsylvania (MD)

Pennsylvania State Board of Medicine, PO Box 2649, Harrisburg, PA 17105, www.dos.state.pa.us/med

THE MEDICAL BOARD	
Board Size / Composition	11 / 6 MD, 2 Public, 3 Other
Board Meeting Frequency	1 meeting per month
Professions Regulated by the Board	MD, ACU, PA, NM, RT, AT, POM, PER
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	✓
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Pennsylvania (DO)

Pennsylvania State Board of Osteopathic Medicine, PO Box 2649, Harrisburg, PA 17105, www.dos.state.pa.us/ost

THE MEDICAL BOARD	
Board Size / Composition	11 / 6 DO, 2 Public, 3 Other
Board Meeting Frequency	1 meeting per month
Professions Regulated by the Board	DO, ACU, PA, NM, RT, AT
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	✓
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Rhode Island

Rhode Island Board of Medical Licensure & Discipline, Cannon Bld, Room 205, Three Capitol Hill, Providence, RI 02908, www.health.ri.gov/hsr/bmld

THE MEDICAL BOARD		
Board Size / Composition	12 / 4 MD, 2 DO, 5 Public Members	
Board Meeting Frequency	1 per month	
Professions Regulated by the Board	MD, DO	
Practitioner members of the board must be actively practicing practitioners		✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)		

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath*	✓
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

*Complaints must be signed and notarized.

South Carolina

South Carolina Board of Medical Examiners, 110 Centerview Drive, Ste 202, Columbia, SC 29210, www.llr.state.sc.us/pol/medical

THE MEDICAL BOARD	
Board Size / Composition	12 / 8 MD, 1 DO, 3 Public Members
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD, DO, ACU, PA, RT, ANA, CIS
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath*	✓
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

*Complaints must be signed and verified under oath, but the complainant's identity is kept confidential.

South Dakota

South Dakota Board of Medical & Osteopathic Examiners, 101 N. Main Ave., Ste 301, Sioux Falls, SD 57104, http://medicine.sd.gov

THE MEDICAL BOARD	
Board Size / Composition	9 / 6 MD, 1 DO, 2 Public
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	MD, DO, EMT, AT, GC, LN, MA, OT, OTA, PT, PTA, PA, RCP
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM*	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

The Board may not base a finding of unprofessional conduct solely on the basis that a licensee uses chelation therapy. S.D. Codified Laws § 36-4-29 (2010). However, South Dakota law fails to recognize that unprofessional conduct may not be based upon the licensee's use of other complementary and alterative therapies.

Tennessee (MD)

Tennessee Board of Medical Examiners, Heritage Place, 227 French Landing, Ste 300, Nashville, TN 37243, http://health.state.tn.us/boards/me

THE MEDICAL BOARD	
Board Size / Composition	12 / 9 MD, 3 Public
Board Meeting Frequency	6 times per year
Professions Regulated by the Board	MDX, GC, ACU, CP, PA, Radiology Assistants
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

The Board's position on chelation therapy is that it may only be used in a clinical setting for the treatment of heavy metal poisoning. Any other use may be considered unprofessional conduct, making false representations, and gross malpractice unless the licensee first obtains the Board's written approval for a clinical investigation. *See* Tennessee Board of Medical Examiners. *Alternative Medicine or Procedures Without Evidence of Scientifically Proven Benefit that are Effective and Low Risk* (Adopted March 1, 2005).

Tennessee (DO)

Tennessee Board of Osteopathic Examiners, Heritage Place, 227 French Landing, Ste 300, Nashville, TN 37243, http://health.state.tn.us/boards/osteo

THE MEDICAL BOARD	
Board Size / Composition	6
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	DO, MW
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	✓
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Texas

Texas Medical Board, PO Box 2018, Austin, TX 78701, www.tmb.state.tx.us

THE MEDICAL BOARD	
Board Size / Composition	19 / 19 MD, 3 DO, 7 Public
Board Meeting Frequency	5 times per year
Professions Regulated by the Board	MD, DO, ACU, PA, SA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	✓
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Utah (MD)

Utah Physicians Licensing Board, PO Box 146741, Salt Lake City, UT 84114, www.dopl.utah.gov

THE MEDICAL BOARD	
Board Size / Composition	11 / 9 MD, 2 Public Members
Board Meeting Frequency	Monthly, as needed
Professions Regulated by the Board	MD
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	✓
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	✓
Statutory or regulatory language expressing respect for patient choice in health care	✓
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Utah (DO)

Utah Osteopathic Licensing Board, , PO Box 146741, Salt Lake City, UT 84114, www.dopl.utah.gov

THE MEDICAL BOARD	
Board Size / Composition	5 / 4 DO, 1 Public Member
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	DO
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	✓
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Vermont (MD)

Vermont Board of Medical Practice, 108 Cherry St, PO Box 70, Burlington, VT 05402, www.healthvermont.gov

THE MEDICAL BOARD	
Board Size / Composition	17 / 9 MD, 1 PA, 1 POD, 6 Public Members
Board Meeting Frequency	Twice a Month
Professions Regulated by the Board	MD, POD, PA, AA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Vermont (DO)

Vermont Board of Osteopathic Physicians & Surgeons, National Life Bldg, North Fl 2, Montpelier, VT 05620, www.vtprofessionals.org

THE MEDICAL BOARD	
Board Size / Composition	5 / 3 DO, 2 Public Members
Board Meeting Frequency	Quarterly
Professions Regulated by the Board	DO
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Virginia

Virginia Board of Medicine, Perimeter Ctr, 9960 Maryland Dr, Ste 300, Henrico, VA 23233, www.dhp.virginia.gov/medicine

THE MEDICAL BOARD	
Board Size / Composition	18 / 11 MD, 1 DO, 4 Public, 2 Other
Board Meeting Frequency	Three Full Board Meetings Annually (special committee hold disciplinary hearings)
Professions Regulated by the Board	MD, DO, ACU, AT, DC, OT, POD, RT, RTL, CPM, OTA, RCP, RIT
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Washington (MD)

Washington State Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504, http://www.doh.wa.gov/hsqa/mgac/default.htm

THE MEDICAL BOARD	
Board Size / Composition	21 / 13 MD, 2 PA, 6 Public Members
Board Meeting Frequency	8 per year
Professions Regulated by the Board	MD, PA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	✓
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	✓
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Washington (DO)

Washington Board of Osteopathic Medicine & Surgery, PO Box 47865, Olympia, WA 98504, www.doh.wa.gov/hsqa/professions/osteopath/default.htm

THE MEDICAL BOARD	
Board Size / Composition	7 / 6 DO, 1 Public Member
Board Meeting Frequency	6 times per year
Professions Regulated by the Board	DO, Osteopathic PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	✓
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

West Virginia (MD)

West Virginia Board of Medicine, 101 Dee Dr., Ste 103, Charleston, WV 25301, www.wvbom.wv.gov

THE MEDICAL BOARD	
Board Size / Composition	15 / 9 MD, 3 Public, 3 Other
Board Meeting Frequency	Bimonthly
Professions Regulated by the Board	MD, DPM, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	✓

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	✓

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	✓
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	✓
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

West Virginia (DO)

West Virginia Board of Osteopathy, 405 Capitol St, Ste 402, Charleston, WV 25301, www.wvbdosteo.org

THE MEDICAL BOARD	
Board Size / Composition	5 / 3 DO, 2 Public
Board Meeting Frequency	3 – 4 Per Year
Professions Regulated by the Board	DO, PA
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	
There are procedures for independent expert review of the complainant's allegations	
The identity, qualifications, statements, and reports of each expert are made available to the practitioner	

THE HEARING, DECISION, & JUDICIAL REVIEW	
Standard of proof for disciplinary action against a licensee is "clear and convincing"	
The board must show actual harm, or a high risk of harm compared to the conventional modality	
Board members may not participate if they have a conflict of interest with the practitioner	
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Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Wisconsin

Wisconsin Medical Examining Board, 1400 E. Washington Ave., Rm 178, Madison, WI 53703, http://www.drl.state.wi.us/board_detail.asp

THE MEDICAL BOARD	
Board Size / Composition	13 / 10 Physicians, 3 Public Members
Board Meeting Frequency	Monthly
Professions Regulated by the Board	MED, PT, OT, RCOP, PA, PERF, AT, Dieticians, Podiatrists
Practitioner members of the board must be actively practicing practitioners	
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	✓

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	✓
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	

THE INVESTIGATION	
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Board members may not participate if they have a conflict of interest with the practitioner	
In finding the standard of care, the board considers CME credits as a reasonable standard of care	
Disciplinary actions must be proportional to the practitioner's offense	
The board must strongly consider the discipline recommended by the administrative law judge or panel	✓
Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	

Wyoming

Wyoming Board of Medicine, 320 West 25th St, Ste 103, Cheyenne, WY 82002, http://wyomedboard.state.wy.us/

THE MEDICAL BOARD	
Board Size / Composition	8 / 4 MD, 1 DO, 1 PA, 2 Public Members
Board Meeting Frequency	3 per year minimum
Professions Regulated by the Board	MD, DO, PA
Practitioner members of the board must be actively practicing practitioners	✓
Board member qualifications prohibit any conflicts of interest (family, financial, etc.)	

THE COMPLAINT	
Statute of limitations on complaints	
Anonymous complaints are prohibited	✓
Complaints must be sworn to under oath	
There is no immunity for complaints filed with malice	
Complainant is encouraged to attempt to resolve the dispute directly with the practitioner	

NOTICE TO PRACTITIONER	
Notice is by a reasonable service of process method	✓
Notice includes a copy of the complaint	
Practitioner has at least 15 days after service of process to answer the complaint	✓
Notice for a formal hearing is not less than 30 days after the date of service	✓

THE INVESTIGATION	
Peer review is conducted by practitioners employing the same therapies as the practitioner	✓
There are procedures for independent expert review of the complainant's allegations	
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Disciplinary actions must be proportional to the practitioner's offense	
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Dismissed actions are expunged from the practitioner's public record	
Judicial review is meaningful – the court reviews the facts and law *de novo*	

INTEGRATIVE MEDICINE & HEALTH FREEDOM	
Unprofessional conduct cannot be based solely on the practitioner's use or incorporation of CAM	
Practitioners may use or incorporate CAM	
Statutory or regulatory language expressing respect for patient choice in health care	
Informed consent is considered by the board when a practitioner uses or incorporates a CAM therapy	✓

Section IV: Where to Go From Here

A. Learn the Law and Get Involved in Your State

The first steps are to learn the law in your state. Go online to your state medical board's website and review the information provided there, along with the laws and regulations. Next, talk to other state practitioners and get their opinions on the regulatory environment in your state. Another good idea is to find out which attorneys in your state defend doctors against medical boards.

B. Change the Law with the Alliance for Natural Health USA

If you do not like the law in your state, work to change it. The Federation of State Medical Boards has created a guideline for the use of complementary and alternative therapies in medical practice. Although the guideline falls short in some areas, getting your legislature to adopt it is a step in the right direction. Contact the Alliance for Natural Health USA for information and resources. We are here to help!

The Alliance for Natural Health USA (ANH-USA) is part of an international organization dedicated to promoting sustainable health and freedom of choice in healthcare through good science and good law. We protect the right of natural-health practitioners to practice and the right of consumers to choose the healthcare options they prefer. Since 1992, we have worked to shift the medical paradigm from an exclusive focus on surgery, drugs and other conventional techniques to an "integrative" approach incorporating food, dietary supplements and lifestyle changes. This is the way to improve health and extend lives while reducing the costs of healthcare back to a sustainable level.

The Alliance for Natural Health USA
1350 Massachusetts Ave. NW, 5th Floor
Washington, D.C. 20036
www.anh-usa.org
Email: office@anh-usa.org
Phone: 1.800.230.2762