

**New York:** AO8733 And S04666

**Notes:** Introduced May 29, 2007 and is in process.

Follows the Minnesota Model

The definitions section may be helpful for us...

S T A T E O F N E W Y O R K

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8733

2007-2008 Regular Sessions

I N A S S E M B L Y

May 29, 2007

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Introduced by M. of A. BENEDETTO -- read once and referred to the  
Committee on Education

AN ACT to amend the education law and the social services law, in  
relation to the "complementary and alternative health freedom of  
access act"

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-  
BLY, DO ENACT AS FOLLOWS:

1 Section 1. Short title. This act shall be known and may be cited as  
2 the "complementary and alternative health freedom of access act".

3 S 2. Title 9, article 170 and sections 9001, 9002 and 9003 of the  
4 education law are renumbered title 10, article 180 and sections 10001,  
5 10002 and 10003.

6 S 3. The education law is amended by adding a new title 9 to read as  
7 follows:

8 TITLE 9  
9 COMPLEMENTARY AND ALTERNATIVE CARE  
10 ARTICLE 170. COMPLEMENTARY AND ALTERNATIVE CARE

11 ARTICLE 170  
12 COMPLEMENTARY AND ALTERNATIVE CARE  
13 SECTION 9001. INTRODUCTION.  
14 9002. DEFINITIONS.  
15 9003. TREATMENT OF MINORS.  
16 9004. STATE OFFICE OF NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
17 HEALTH CARE PRACTICE.  
18 9005. DATA.  
19 9006. EXCHANGE OF INFORMATION.  
20 9007. PROHIBITED CONDUCT.  
21 9008. DISCIPLINARY ACTIONS.  
22 9009. ADDITIONAL REMEDIES.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets  
{ } is old law to be omitted.

LBD13301-01-7

1 9010. COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF  
2 RIGHTS.

3 S 9001. INTRODUCTION. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF  
4 LAW, THIS ARTICLE PROTECTS INDIVIDUALS` FREEDOM OF ACCESS TO COMPLEMEN-  
5 TARY AND ALTERNATIVE HEALTH CARE INFORMATION AND TREATMENTS, AND ACCESS  
6 TO NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS  
7 OF THEIR CHOICE. THE LEGISLATURE INTENDS FOR THE CONSUMER OF HEALTH CARE  
8 SERVICES TO HAVE FREEDOM OF CHOICE OF HEALTH CARE MODALITY AND HEALTH  
9 CARE PRACTITIONER; IT INTENDS TO PROTECT CONSUMERS BY REQUIRING DISCLO-  
10 SURE BY THE PRACTITIONER TO THE CLIENT; AND IT INTENDS THAT WITH RESPECT  
11 TO PRACTITIONERS THERE NOT BE SCOPE OF PRACTICE DEFINITIONS OR  
12 RESTRICTIONS, STANDARDS OR PRACTICE OR EDUCATIONAL CREDENTIALS IMPOSED  
13 OR ENFORCED BY THE STATE. IT INTENDS THAT THIS ARTICLE SHALL PROVIDE  
14 EXCLUSIVE JURISDICTION OVER NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
15 HEALTH CARE PRACTITIONERS.

16 S 9002. DEFINITIONS. FOR THE PURPOSES OF THIS ARTICLE:

17 1. "COMMISSIONER" MEANS THE COMMISSIONER OF HEALTH OR HIS OR HER  
18 DESIGNEE.

19 2. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH.

20 3. "COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT" MEANS AN INDI-  
21 VIDUAL WHO RECEIVES SERVICES FROM A NONLICENSED COMPLEMENTARY AND ALTER-  
22 NATIVE HEALTH CARE PRACTITIONER.

23 4. "COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES" MEANS THE  
24 BROAD DOMAIN OF COMPLEMENTARY AND ALTERNATIVE HEALING METHODS AND TREAT-  
25 MENT INCLUDING: ACUPRESSURE; ASIAN HEALING PRACTICES; ANTHROPOSOPHY;  
26 AROMA THERAPY; AYURVEDA; BODY-MIND CENTERING; CRANIAL SACRAL THERAPY;  
27 CULTURALLY TRADITIONAL HEALING PRACTICES; DETOXIFICATION PRACTICES AND  
28 THERAPIES; ENERGETIC HEALING; FLOWER ESSENCES; FOLK PRACTICES; GERSON  
29 THERAPY; HEALING PRACTICES UTILIZING FOOD, FOOD SUPPLEMENTS, NUTRIENTS  
30 AND PHYSICAL FORCES OF HEAT, COLD, WATER, COLOR, TOUCH AND LIGHT; HEAL-  
31 ING-RELATED KINESIOLOGY; HEALING TOUCH; HELLERWORK; HERBOLOGY OR HERBAL-  
32 ISM; HOMEOPATHY; IRIDOLOGY; JIN SHIN THERAPY; MIND-BODY HEALING PRAC-  
33 TICES; NATUROPATHY; POLARITY THERAPY; QI GONG; REFLEXOLOGY; REIKI;  
34 ROLFING; SHIATSU; TRAGER APPROACH; SOMATIC PRACTICES OF MOVEMENT THERA-  
35 PY; STRUCTURAL INTEGRATION; TOUCH FOR HEALTH; TUINA; YOGA; OR ANY COMBI-  
36 NATION OF SUCH PRACTICES.

37 (A) COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES SHALL NOT  
38 INCLUDE: SURGERY; X-RAY RADIATION; ADMINISTERING OR DISPENSING LEGEND  
39 DRUGS AND CONTROLLED SUBSTANCES; PRACTICES THAT INVADE THE HUMAN BODY BY  
40 PUNCTURE OF THE SKIN; SETTING FRACTURES; STROKING, KNEADING, TAPPING, OR  
41 VIBRATING WITH HANDS OR VIBRATOR THE MUSCULAR STRUCTURE OF THE BODY FOR  
42 THE PURPOSE OF IMPROVING MUSCLE TONE OR CIRCULATION; OR THE MANIPULATION  
43 OR ADJUSTMENT OF THE SPINE.

44 (B) COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES SHALL NOT  
45 INCLUDE PROVIDING A MEDICAL DIAGNOSIS OR RECOMMENDING THE DISCONTINUANCE  
46 OF LEGEND DRUGS PRESCRIBED BY A LICENSED HEALTH CARE PRACTITIONER.  
47 NOTWITHSTANDING ANY OTHER PROVISION OF LAW, A NONLICENSED COMPLEMENTARY  
48 AND ALTERNATIVE HEALTH CARE PRACTITIONER MAY PROVIDE PERSONAL CONSULTA-  
49 TIONS AND SCREENINGS BASED UPON THE PRACTITIONER`S METHOD OF COMPLEMEN-  
50 TARY AND ALTERNATIVE CARE; MAY MAKE ASSESSMENTS OF THE CLIENT`S HEALTH  
51 PROBLEMS AND CONCERNS AS THEY RELATE TO THE NONLICENSED COMPLEMENTARY  
52 AND ALTERNATIVE HEALTH CARE PRACTITIONER`S METHODS OF PRACTICE; AND MAY  
53 MAKE RECOMMENDATIONS FOR THE USE OF THE COMPLEMENTARY OR ALTERNATIVE  
54 HEALTH PRACTICE METHODS OR TREATMENTS IN ACCORDANCE WITH THE CONSULTA-  
55 TION, SCREENING AND ASSESSMENTS OF THE PRACTITIONER.

1 (C) THIS ARTICLE SHALL NOT APPLY TO, CONTROL, PREVENT OR RESTRICT THE  
2 PRACTICE, SERVICE OR ACTIVITY OF LAWFULLY MARKETING OR DISTRIBUTING FOOD  
3 PRODUCTS, INCLUDING DIETARY SUPPLEMENTS AS DEFINED IN THE FEDERAL  
4 DIETARY SUPPLEMENT HEALTH AND EDUCATING ACT, EDUCATING CUSTOMERS ABOUT  
5 SUCH PRODUCTS, OR EXPLAINING THE USES OF SUCH PRODUCTS.

6 (D) THIS ARTICLE SHALL NOT PREVENT OR RESTRICT, EDUCATION ABOUT  
7 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES AND THEIR USES, AND  
8 SHALL NOT PREVENT OR RESTRICT EDUCATION ABOUT COMPLEMENTARY AND ALTERNA-  
9 TIVE HEALTH CARE PRACTICES THROUGH INSTRUCTION OR THROUGH USE OF THE  
10 PRACTICES.

11 5. "STATE OFFICE OF NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH  
12 CARE PRACTICE" OR "STATE OFFICE" MEANS THE STATE OFFICE OF NONLICENSED  
13 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE ESTABLISHED WITHIN  
14 THE DEPARTMENT.

15 6. "NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITION-  
16 ER" MEANS A PERSON WHO:

17 (A) EITHER:

18 (I) IS NOT LICENSED OR REGISTERED BY A HEALTH-RELATED LICENSING BOARD  
19 OR THE COMMISSIONER; OR

20 (II) IS LICENSED OR REGISTERED BY THE COMMISSIONER OR A HEALTH-RELATED  
21 LICENSING BOARD, BUT DOES NOT HOLD HIMSELF OR HERSELF OUT TO THE PUBLIC  
22 AS BEING LICENSED OR REGISTERED BY THE COMMISSIONER OR A HEALTH-RELATED  
23 LICENSING BOARD WHEN ENGAGING IN COMPLEMENTARY AND ALTERNATIVE HEALTH  
24 CARE; AND

25 (B) HAS NOT HAD A LICENSE OR REGISTRATION ISSUED BY A HEALTH-RELATED  
26 LICENSING BOARD, THE BOARD OF REGENTS OR THE COMMISSIONER, REVOKED; AND

27 (C) IS ENGAGED IN COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES;  
28 AND

29 (D) IS PROVIDING COMPLEMENTARY AND ALTERNATIVE HEALTH CARE SERVICES  
30 FOR REMUNERATION, OR IS HOLDING HIMSELF OR HERSELF OUT TO THE PUBLIC AS  
31 A PRACTITIONER OF COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES  
32 AND IS PROVIDING SERVICES TO CLIENTS.

33 7. A HEALTH CARE PRACTITIONER LICENSED OR REGISTERED BY THE COMMIS-  
34 SIONER OF EDUCATION OR A HEALTH-RELATED LICENSING BOARD CREATED UNDER  
35 TITLE EIGHT OF THIS CHAPTER, WHO ENGAGES IN COMPLEMENTARY AND ALTERNA-  
36 TIVE HEALTH CARE AS DEFINED BY THIS SECTION, WHILE NOT HOLDING HIMSELF  
37 OR HERSELF OUT TO THE PUBLIC AS A LICENSED PRACTITIONER, SHALL BE REGU-  
38 LATED BY AND BE UNDER THE JURISDICTION OF THE STATE OFFICE OF NONLI-  
39 CENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE. A HEALTH CARE  
40 PRACTITIONER LICENSED OR REGISTERED BY THE COMMISSIONER OF EDUCATION OR  
41 A HEALTH-RELATED LICENSING BOARD CREATED UNDER TITLE EIGHT OF THIS CHAP-  
42 TER WHO HOLDS HIMSELF OR HERSELF OUT TO THE PUBLIC AS A LICENSED PRACTI-  
43 TIONER WHILE PRACTICING AND PROVIDING COMPLEMENTARY AND ALTERNATIVE  
44 HEALTH CARE SERVICES SHALL FOR ALL PURPOSES BE REGULATED BY AND BE UNDER  
45 THE JURISDICTION OF HIS OR HER APPLICABLE HEALTH-RELATED LICENSING BOARD  
46 OR REGULATORY AGENCY.

47 S 9003. TREATMENT OF MINORS. NOTHING IN THIS ARTICLE SHALL RESTRICT  
48 THE ABILITY OF A LOCAL PUBLIC ASSISTANCE AGENCY, LOCAL LAW ENFORCEMENT  
49 AGENCY OR THE STATE TO TAKE ACTION REGARDING THE MALTREATMENT OF MINORS  
50 UNDER ARTICLE TWO HUNDRED SIXTY OF THE PENAL LAW, OR OTHERWISE CHANGE OR  
51 AFFECT THE TREATMENT OF MINORS PURSUANT TO LAW.

52 S 9004. STATE OFFICE OF NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
53 HEALTH CARE PRACTICE. 1. THE STATE OFFICE OF NONLICENSED COMPLEMENTARY  
54 AND ALTERNATIVE HEALTH CARE PRACTICE IS HEREBY CREATED WITHIN THE

55 DEPARTMENT TO INVESTIGATE COMPLAINTS AND TO TAKE AND ENFORCE DISCIPLI-  
56 NARY ACTIONS AGAINST ALL NONLICENSED COMPLEMENTARY AND ALTERNATIVE

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1 HEALTH CARE PRACTITIONERS FOR VIOLATIONS OF PROHIBITED CONDUCT, AS  
2 DEFINED IN SECTION NINE THOUSAND SEVEN OF THIS ARTICLE.

3 2. NO RULE OR REGULATION SHALL BE MADE, PROMULGATED OR ADOPTED BY THE  
4 STATE OFFICE WHICH HAS OR TENDS TO HAVE THE EFFECT OF CREATING CREDEN-  
5 TIALING STANDARDS, STANDARDS OF PRACTICE OR SCOPE OF PRACTICE RULES FOR  
6 NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES OR THE  
7 PRACTITIONERS THEREOF, OR WHICH REQUIRE OR TEND TO REQUIRE REGISTRATION  
8 OF NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS.

9 3. THE STATE OFFICE SHALL EMPLOY INVESTIGATORS WHO SHALL INVESTIGATE  
10 ANY COMPLAINTS MADE AGAINST A NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
11 HEALTH CARE PRACTITIONER TO THE EXTENT NECESSARY TO DECIDE WHETHER THERE  
12 ARE REASONABLE GROUNDS TO BELIEVE THAT A PRACTITIONER SUBJECT TO THE  
13 PROVISIONS OF THIS ARTICLE HAS ENGAGED IN PROHIBITED CONDUCT. IF SO, THE  
14 INVESTIGATOR SHALL DETERMINE WHETHER THE COMPLAINT IS SUBSTANTIALLY  
15 FOUNDED OR SUBSTANTIALLY UNFOUNDED. IF SUBSTANTIALLY FOUNDED, THE INVES-  
16 TIGATOR SHALL ATTEMPT A RESOLUTION OF THE CASE BY WORKING WITH THE PRAC-  
17 TITIONER. IF A RESOLUTION OF THE CASE BY THE INVESTIGATOR IS NOT POSSI-  
18 BLE, THE INVESTIGATOR SHALL RECOMMEND TO THE COMMISSIONER THE  
19 DISCIPLINARY ACTION TO BE TAKEN.

20 (A) DISCOVERY; SUBPOENAS. IN ALL MATTERS RELATING TO THE LAWFUL ACTIV-  
21 ITIES OF THE STATE BOARD, THE COMMISSIONER MAY ISSUE SUBPOENAS AND  
22 COMPEL THE ATTENDANCE OF WITNESSES AND THE PRODUCTION OF ALL NECESSARY  
23 PAPERS, BOOKS, RECORDS, DOCUMENTS AND OTHER EVIDENTIARY MATERIAL. ANY  
24 PERSON FAILING OR REFUSING TO APPEAR TO TESTIFY REGARDING ANY MATTER  
25 ABOUT WHICH THE PERSON MAY BE LAWFULLY QUESTIONED OR FAILING TO PRODUCE  
26 ANY PAPERS, BOOKS, RECORDS, DOCUMENTS OR OTHER EVIDENTIARY MATERIALS IN  
27 THE MATTER TO BE HEARD, AFTER HAVING BEEN REQUIRED BY ORDER OF THE  
28 COMMISSIONER OR BY A SUBPOENA OF THE COMMISSIONER TO DO SO MAY, UPON  
29 APPLICATION TO THE SUPREME COURT, BE ORDERED TO COMPLY WITH THE ORDER OR  
30 SUBPOENA. THE COMMISSIONER MAY ADMINISTER OATHS TO WITNESSES OR TAKE  
31 THEIR AFFIRMATION. DEPOSITIONS MAY BE TAKEN WITHIN OR WITHOUT THE STATE  
32 IN THE MANNER PROVIDED BY LAW FOR THE TAKING OF DEPOSITIONS IN CIVIL  
33 ACTIONS. A SUBPOENA OR OTHER PROCESS MAY BE SERVED UPON A PERSON IT  
34 NAMES ANYWHERE WITHIN THE STATE BY ANY PERSON AUTHORIZED TO SERVE  
35 SUBPOENAS OR OTHER PROCESS IN CIVIL ACTIONS IN THE SAME MANNER AS  
36 PRESCRIBED BY LAW FOR SERVICE OF PROCESS ISSUED OUT OF THE SUPREME  
37 COURT.

38 (B) HEARINGS. IF THE COMMISSIONER PROPOSES TO TAKE ACTION AGAINST A  
39 PRACTITIONER AS DESCRIBED IN SUBDIVISION ONE OF THIS SECTION, THE  
40 COMMISSIONER SHALL NOTIFY THE PRACTITIONER AGAINST WHOM THE ACTION IS  
41 PROPOSED TO BE TAKEN AND PROVIDE THE PRACTITIONER WITH AN OPPORTUNITY TO  
42 REQUEST A HEARING UNDER THE PROVISIONS OF THIS ARTICLE. IF THE PRACTI-  
43 TIONER FAILS TO REQUEST A HEARING BY NOTIFYING THE COMMISSIONER WITHIN  
44 THIRTY DAYS AFTER SERVICE OF THE NOTICE OF THE PROPOSED ACTION, THE  
45 COMMISSIONER MAY PROCEED WITH THE ACTION WITHOUT A HEARING. THE PRACTI-  
46 TIONER`S RIGHT TO PRACTICE SHALL NOT BE SUSPENDED OR ABRIDGED DURING  
47 INVESTIGATION OF A COMPLAINT OR DURING A HEARING HELD PURSUANT TO THIS  
48 SECTION, EXCEPT UPON A SPECIAL ORDER OF THE COMMISSIONER WHICH SHALL BE  
49 SERVED BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, UPON THE PRACTITION-  
50 ER AND SHALL STATE WITH PARTICULARITY THE CIRCUMSTANCES WHICH LEAD THE  
51 COMMISSIONER TO BELIEVE THAT THE PRACTITIONER IS A DANGER TO HIMSELF OR  
52 HERSELF OR TO OTHERS. IN CASES WHERE THE PRACTITIONER`S RIGHT TO PRAC-

53 TICE IS SUSPENDED PENDING INVESTIGATION, HEARING OR DETERMINATION, THE  
54 ENTIRE PROCESS SHALL BE EXPEDITED SO THAT A DETERMINATION CAN BE  
55 RENDERED, IN WRITING, AS QUICKLY AS REASONABLY POSSIBLE AND IN ANY EVENT  
56 WITHIN NINETY DAYS OF THE DATE OF THE FILING OF THE COMPLAINT.

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1 4. THE COMMISSIONER, EMPLOYEES OF THE DEPARTMENT AND OTHER PERSONS  
2 ENGAGED IN THE INVESTIGATION OF VIOLATIONS OF THIS ARTICLE SHALL BE  
3 IMMUNE FROM CIVIL LIABILITY AND CRIMINAL PROSECUTION FOR ANY ACTIONS,  
4 TRANSACTIONS OR PUBLICATIONS IN THE EXECUTION OF OR RELATING TO THEIR  
5 DUTIES UNDER THIS ARTICLE, EXCEPT IN CASE OF CLEAR AND CONVINCING  
6 EVIDENCE OF MALICIOUS CONTINUANCE OF INVESTIGATION WHEN REASONABLE  
7 PERSONS WOULD CONCLUDE EITHER THAT NO VIOLATION HAS OCCURRED OR THAT  
8 WHATEVER TECHNICAL VIOLATION MAY HAVE OCCURRED, NO HARM HAS COME TO A  
9 MEMBER OF THE PUBLIC AS A RESULT THEREOF.

10 5. THE STATE OFFICE SHALL MAINTAIN AND KEEP CURRENT FILES CONTAINING  
11 THE REPORTS AND COMPLAINTS FILED AGAINST NONLICENSED COMPLEMENTARY AND  
12 ALTERNATIVE HEALTH CARE PRACTITIONERS WITHIN THE COMMISSIONER'S JURIS-  
13 DICTION. EACH COMPLAINT FILED WITH THE STATE OFFICE SHALL BE INVESTI-  
14 GATED.

15 6. A NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITION-  
16 ER WHO IS THE SUBJECT OF AN INVESTIGATION, OR WHO IS QUESTIONED IN  
17 CONNECTION WITH AN INVESTIGATION, BY OR ON BEHALF OF THE STATE OFFICE,  
18 SHALL COOPERATE FULLY WITH SUCH INVESTIGATION. COOPERATION SHALL INCLUDE  
19 RESPONDING FULLY AND PROMPTLY TO ANY QUESTION RAISED BY OR ON BEHALF OF  
20 THE STATE OFFICE RELATING TO THE SUBJECT OF THE INVESTIGATION, WHETHER  
21 TAPE RECORDED OR NOT; PROVIDING COPIES OF CLIENT RECORDS, AS REASONABLY  
22 REQUESTED BY THE STATE OFFICE, TO ASSIST THE STATE OFFICE IN ITS INVES-  
23 TIGATION; AND APPEARING AT CONFERENCES OR HEARINGS SCHEDULED BY THE  
24 COMMISSIONER. IF ACCESS TO THE PRACTITIONER'S CLIENT RECORDS IS NECES-  
25 SARY FOR THE INVESTIGATION, THE STATE OFFICE SHALL PROVIDE TO THE PRAC-  
26 TITIONER A PHOTOCOPY OF THE CLIENT'S WRITTEN CONSENT TO THE ACCESS BY  
27 THE STATE OFFICE AND THE DISCLOSURE BY THE PRACTITIONER. IF THE STATE  
28 OFFICE DOES NOT HAVE A WRITTEN CONSENT FROM A CLIENT PERMITTING ACCESS  
29 TO THE CLIENT'S RECORDS, THE NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
30 HEALTH CARE PRACTITIONER SHALL DELETE IN THE RECORD ANY DATA THAT IDEN-  
31 TIFIES THE CLIENT BEFORE PROVIDING IT TO THE STATE OFFICE. IF A NONLI-  
32 CENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER REFUSES TO  
33 GIVE TESTIMONY OR PRODUCE ANY DOCUMENTS, BOOKS, RECORDS OR CORRESPOND-  
34 ENCE ON THE BASIS OF THE FIFTH AMENDMENT TO THE CONSTITUTION OF THE  
35 UNITED STATES, THE COMMISSIONER MAY COMPEL THE NONLICENSED COMPLEMENTARY  
36 AND ALTERNATIVE HEALTH CARE PRACTITIONER TO PROVIDE THE TESTIMONY OR  
37 INFORMATION; HOWEVER, THE TESTIMONY OR EVIDENCE SHALL NOT BE USED  
38 AGAINST THE PRACTITIONER IN ANY CRIMINAL PROCEEDING. CHALLENGES TO  
39 REQUESTS OF THE STATE OFFICE MAY BE BROUGHT BEFORE THE APPROPRIATE AGEN-  
40 CY OR COURT.

41 S 9005. DATA. UPON JUDICIAL REVIEW OF ANY DISCIPLINARY ACTION TAKEN BY  
42 THE COMMISSIONER UNDER THIS ARTICLE, THE REVIEWING COURT SHALL SEAL THE  
43 PORTIONS OF THE ADMINISTRATIVE RECORD THAT CONTAIN DATA ON A COMPLEMEN-  
44 TARY AND ALTERNATIVE HEALTH CARE CLIENT OR A COMPLAINANT AND SHALL NOT  
45 MAKE THOSE PORTIONS OF THE ADMINISTRATIVE RECORD AVAILABLE TO THE  
46 PUBLIC.

47 1. DATA RELATING TO INVESTIGATIONS OF COMPLAINTS AND DISCIPLINARY  
48 ACTIONS INVOLVING NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
49 PRACTITIONERS SHALL BE GOVERNED BY THIS SUBDIVISION. EXCEPT AS PROVIDED  
50 IN ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, DATA RELATING TO

51 INVESTIGATIONS OF COMPLAINTS AND DISCIPLINARY ACTIONS INVOLVING NONLI-  
52 CENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS SHALL BE  
53 PUBLIC INFORMATION, REGARDLESS OF THE OUTCOME OF ANY INVESTIGATION,  
54 ACTION, OR PROCEEDING.

55 2. THE FOLLOWING DATA IS CONFIDENTIAL INFORMATION ON INDIVIDUALS, AS  
56 DEFINED IN SECTION EIGHTEEN OF THE PUBLIC HEALTH LAW:

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1 (A) DATA ON A COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT;

2 (B) DATA ON A COMPLAINANT, EXCEPT WHEN THE NONLICENSED COMPLEMENTARY  
3 AND ALTERNATIVE HEALTH CARE SERVICE PROVIDER HAS FILED WITH THE STATE  
4 OFFICE A SWORN AFFIDAVIT OR AFFIRMATION UNDER PENALTY OF PERJURY ALLEG-  
5 ING FACTS WHICH, IF SUBSTANTIATED, WOULD TEND TO SHOW THAT THE COMPLAIN-  
6 ANT FILED THE COMPLAINT KNOWING THAT THE COMPLAINT HAD NO SUBSTANTIAL  
7 FOUNDATION IN FACT, OR FILED IT WITH RECKLESS DISREGARD FOR WHETHER OR  
8 NOT IT WAS SUBSTANTIALLY FOUNDED, IN WHICH CASE THE NAME AND ADDRESS OF  
9 THE COMPLAINANT SHALL BE FURNISHED TO THE NONLICENSED COMPLEMENTARY AND  
10 ALTERNATIVE HEALTH CARE PROVIDER FOR THE SOLE PURPOSES OF ALLOWING SUCH  
11 PROVIDER TO COMMENCE LEGAL ACTION IN TORT AGAINST THE COMPLAINANT, AND  
12 TO TERMINATE THE HEALTH CARE RELATIONSHIP, IF ANY, WITH THE COMPLAINANT,  
13 AND SUCH INFORMATION SHALL NOT BE USED FOR ANY OTHER PURPOSES; AND

14 (C) DATA ON THE NATURE OR CONTENT OF UNSUBSTANTIATED COMPLAINTS WHEN  
15 THE INFORMATION IS NOT MAINTAINED IN ANTICIPATION OF LEGAL ACTION.

16 S 9006. EXCHANGE OF INFORMATION. 1. THE STATE OFFICE SHALL ESTABLISH  
17 INTERNAL OPERATING PROCEDURES FOR:

18 (A) EXCHANGING INFORMATION WITH STATE BOARDS, AGENCIES INCLUDING THE  
19 OFFICE OF MENTAL HEALTH, HEALTH RELATED AND LAW ENFORCEMENT FACILITIES,  
20 DEPARTMENTS RESPONSIBLE FOR LICENSING HEALTH RELATED OCCUPATIONS, FACIL-  
21 ITIES AND PROGRAMS; AND LAW ENFORCEMENT PERSONNEL IN THIS AND OTHER  
22 STATES; AND

23 (B) COORDINATING INVESTIGATIONS INVOLVING MATTERS WITHIN THE JURISDIC-  
24 TION OF MORE THAN ONE REGULATORY AGENCY.

25 2. THE PROCEDURES FOR EXCHANGING INFORMATION SHALL PROVIDE FOR THE  
26 FORWARDING TO THE ENTITIES DESCRIBED IN PARAGRAPH (A) OF SUBDIVISION ONE  
27 OF THIS SECTION, OF INFORMATION AND EVIDENCE, INCLUDING THE RESULTS OF  
28 INVESTIGATIONS, THAT ARE RELEVANT TO MATTERS WITHIN THE REGULATORY  
29 JURISDICTION OF THE ORGANIZATIONS IN SUBDIVISION ONE OF THIS SECTION.  
30 THE DATA SHALL HAVE THE SAME CLASSIFICATION IN THE HANDS OF THE AGENCY  
31 RECEIVING THE DATA AS IT HAS IN THE HANDS OF THE AGENCY PROVIDING THE  
32 DATA.

33 3. THE STATE OFFICE SHALL ESTABLISH PROCEDURES FOR EXCHANGING INFORMA-  
34 TION WITH OTHER STATES REGARDING DISCIPLINARY ACTION AGAINST NONLICENSED  
35 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS.

36 4. THE STATE OFFICE SHALL FORWARD TO ANOTHER GOVERNMENTAL AGENCY ANY  
37 COMPLAINTS RECEIVED BY THE STATE OFFICE THAT DO NOT RELATE TO THE STATE  
38 OFFICE'S JURISDICTION BUT THAT RELATE TO MATTERS WITHIN THE JURISDICTION  
39 OF THE OTHER GOVERNMENTAL AGENCY. HOWEVER, REGULATION AND DISCIPLINE OF  
40 PERSONS FALLING WITHIN THE DEFINITION OF NONLICENSED COMPLEMENTARY AND  
41 ALTERNATIVE HEALTH CARE PRACTITIONERS SHALL NOT BE WITHIN THE JURISDIC-  
42 TION OF AGENCIES OR BOARDS ESTABLISHED IN TITLE EIGHT OF THIS CHAPTER,  
43 OR OTHER HEALTH-RELATED AGENCIES IN THIS STATE. THE AGENCY TO WHICH A  
44 COMPLAINT IS FORWARDED SHALL ADVISE THE STATE OFFICE OF THE DISPOSITION  
45 OF THE COMPLAINT. A COMPLAINT OR OTHER INFORMATION RECEIVED BY ANOTHER  
46 GOVERNMENTAL AGENCY RELATING TO A STATUTE OR RULE THAT THE STATE OFFICE  
47 IS EMPOWERED TO ENFORCE SHALL BE FORWARDED TO THE STATE OFFICE TO BE  
48 PROCESSED IN ACCORDANCE WITH THIS SECTION.

49 5. THE STATE OFFICE SHALL FURNISH TO A PERSON WHO MADE A COMPLAINT A  
50 DESCRIPTION OF THE ACTIONS OF THE STATE OFFICE RELATING TO THE  
51 COMPLAINT.

52 S 9007. PROHIBITED CONDUCT. 1. THE COMMISSIONER MAY IMPOSE DISCIPLI-  
53 NARY ACTION AS DESCRIBED IN SECTION NINE THOUSAND EIGHT OF THIS ARTICLE  
54 AGAINST ANY NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRAC-  
55 TITIONER. THE FOLLOWING CONDUCT SHALL BE PROHIBITED AND SHALL BE GROUNDS  
56 FOR DISCIPLINARY ACTION:

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1 (A) CONVICTION OF A CRIME IN THIS STATE OR ANY OTHER JURISDICTION IN  
2 THE UNITED STATES, REASONABLY RELATED TO ENGAGING IN COMPLEMENTARY AND  
3 ALTERNATIVE HEALTH CARE PRACTICES. "CONVICTION OF A CRIME", AS USED IN  
4 THIS SUBDIVISION, INCLUDES A CONVICTION OF AN OFFENSE WHICH, IF COMMIT-  
5 TED IN THIS STATE, WOULD BE DEEMED A FELONY OR MISDEMEANOR, WITHOUT  
6 REGARD TO ITS DESIGNATION ELSEWHERE, OR A CRIMINAL PROCEEDING WHERE A  
7 FINDING OR VERDICT OF GUILTY IS MADE OR RETURNED BUT THE ADJUDICATION OF  
8 GUILT IS EITHER WITHHELD OR NOT ENTERED.

9 (B) CONVICTION OF ANY CRIME AGAINST A PERSON. FOR PURPOSES OF THIS  
10 ARTICLE, A "CRIME AGAINST A PERSON" MEANS VIOLATIONS OF ARTICLE ONE  
11 HUNDRED TWENTY, ONE HUNDRED TWENTY-FIVE, ONE HUNDRED THIRTY, ONE HUNDRED  
12 THIRTY-FIVE, TWO HUNDRED SIXTY OR FOUR HUNDRED EIGHTY-FIVE OF THE PENAL  
13 LAW.

14 (C) ENGAGING IN SEXUAL CONTACT, AS DEFINED IN ARTICLE ONE HUNDRED  
15 THIRTY OF THE PENAL LAW, WITH A COMPLEMENTARY AND ALTERNATIVE HEALTH  
16 CARE CLIENT OR FORMER CLIENT, ENGAGING IN CONTACT THAT MAY BE REASONABLY  
17 INTERPRETED BY A CLIENT AS SEXUAL, ENGAGING IN ANY VERBAL BEHAVIOR THAT  
18 IS SEDUCTIVE OR SEXUALLY DEMEANING TO THE PATIENT, OR ENGAGING IN SEXUAL  
19 EXPLOITATION OF A CLIENT OR FORMER CLIENT. FOR PURPOSES OF THIS PARA-  
20 GRAPH, "FORMER CLIENT" MEANS A PERSON WHO HAS OBTAINED SERVICES FROM THE  
21 NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER WITH-  
22 IN THE PAST TWELVE MONTHS.

23 (D) ADVERTISING THAT IS FALSE, FRAUDULENT, DECEPTIVE OR MISLEADING.

24 (E) CONDUCT WHICH POSES A CLEAR AND SUBSTANTIAL RISK OF IMMINENT HARM  
25 TO A COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT. THE FACT THAT A  
26 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT HAS CHOSEN AND USED A  
27 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE TREATMENT OR METHOD AND HAS  
28 FOREGONE STANDARD MEDICAL TREATMENT SHALL NOT BE EVIDENCE OF A CLEAR AND  
29 SUBSTANTIAL RISK OF IMMINENT HARM.

30 (F) ADJUDICATION AS MENTALLY INCOMPETENT OR AS A PERSON WHO IS DANGER-  
31 OUS TO SELF OR ADJUDICATION PURSUANT TO ARTICLE EIGHTY-ONE OF THE MENTAL  
32 HYGIENE LAW AS CHEMICALLY DEPENDENT, MENTALLY ILL, MENTALLY ILL AND  
33 DANGEROUS TO THE PUBLIC, OR AS A SEXUAL PSYCHOPATHIC PERSONALITY OR  
34 SEXUALLY DANGEROUS PERSON.

35 (G) INABILITY TO ENGAGE IN COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
36 PRACTICES WITH REASONABLE SAFETY TO COMPLEMENTARY AND ALTERNATIVE HEALTH  
37 CARE CLIENTS.

38 (H) THE HABITUAL OVERINDULGENCE IN THE USE OF OR THE DEPENDENCE ON  
39 INTOXICATING LIQUORS, OR BEING DEPENDENT ON OR A HABITUAL USER OF  
40 NARCOTICS, BARBITURATES, AMPHETAMINES, HALLUCINOGENS OR OTHER DRUGS  
41 HAVING SIMILAR EFFECTS.

42 (I) HAVING BEEN FOUND BY THE COMMISSIONER TO BE IN VIOLATION OF ARTI-  
43 CLE THIRTY-THREE OF THE PUBLIC HEALTH LAW, RELATING TO CONTROLLED  
44 SUBSTANCES.

45 (J) REVEALING A COMMUNICATION FROM OR RELATING TO A COMPLEMENTARY AND  
46 ALTERNATIVE HEALTH CARE CLIENT EXCEPT WHEN OTHERWISE REQUIRED OR PERMIT-

47 TED BY LAW.

48 (K) FAILURE TO COMPLY WITH A COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
49 CLIENT`S REQUEST MADE UNDER SECTION EIGHTEEN OF THE PUBLIC HEALTH LAW OR  
50 TO FURNISH A COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT RECORD OR  
51 REPORT REQUIRED BY LAW.

52 (L) ENGAGING IN ABUSIVE OR FRAUDULENT BILLING PRACTICES, INCLUDING  
53 VIOLATIONS OF THE FEDERAL MEDICARE AND MEDICAID LAWS OR STATE MEDICAL  
54 ASSISTANCE LAWS.

55 (M) OBTAINING MONEY, PROPERTY, OR SERVICES FROM A COMPLEMENTARY AND  
56 ALTERNATIVE HEALTH CARE CLIENT, OTHER THAN REASONABLE FEES FOR SERVICES

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1 PROVIDED TO THE CLIENT, THROUGH THE USE OF UNDUE INFLUENCE, HARASSMENT,  
2 DURESS, DECEPTION, OR FRAUD.

3 (N) UNDERTAKING OR CONTINUING A PROFESSIONAL RELATIONSHIP WITH A  
4 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT IN WHICH THE OBJECTIV-  
5 ITY OF THE NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTI-  
6 TIONER WOULD BE IMPAIRED.

7 (O) FAILURE TO PROVIDE A COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
8 CLIENT WITH A COPY OF THE CLIENT BILL OF RIGHTS OR VIOLATION OF ANY  
9 PROVISION OF THE CLIENT BILL OF RIGHTS.

10 (P) VIOLATING ANY ORDER ISSUED BY THE COMMISSIONER.

11 (Q) FAILURE TO COMPLY WITH ANY PROVISION OF THIS ARTICLE.

12 (R) REVOCATION, SUSPENSION, RESTRICTION, LIMITATION OR OTHER DISCIPLI-  
13 NARY ACTION AGAINST ANY HEALTH CARE LICENSE, CERTIFICATE, REGISTRATION  
14 OR RIGHT TO PRACTICE OF THE NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
15 HEALTH CARE PRACTITIONER IN THIS OR ANOTHER STATE OR JURISDICTION FOR  
16 OFFENSES THAT WOULD BE SUBJECT TO DISCIPLINARY ACTION IN THIS STATE OR  
17 FAILURE TO REPORT TO THE STATE BOARD THAT CHARGES REGARDING THE PRACTI-  
18 TIONER`S LICENSE, CERTIFICATE, REGISTRATION OR RIGHT OF PRACTICE HAVE  
19 BEEN BROUGHT IN THIS OR ANOTHER STATE OR JURISDICTION UNLESS OTHERWISE  
20 ORDERED BY THE COMMISSIONER.

21 2. IN DISCIPLINARY ACTIONS ALLEGING A VIOLATION OF PARAGRAPH (A), (B)  
22 OR (F) OF SUBDIVISION ONE OF THIS SECTION A COPY OF THE JUDGMENT OR  
23 PROCEEDING UNDER THE SEAL OF THE COURT ADMINISTRATOR OR OF THE ADMINIS-  
24 TRATIVE AGENCY THAT ENTERED THE SAME IS ADMISSIBLE INTO EVIDENCE WITHOUT  
25 FURTHER AUTHENTICATION AND CONSTITUTES PRIMA FACIE EVIDENCE OF ITS  
26 CONTENTS.

27 3. (A) IF THE COMMISSIONER HAS PROBABLE CAUSE TO BELIEVE THAT A NONLI-  
28 CENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER HAS  
29 ENGAGED IN CONDUCT PROHIBITED BY PARAGRAPH (F), (G), (H) OR (I) OF  
30 SUBDIVISION ONE OF THIS SECTION, THE COMMISSIONER MAY ISSUE AN ORDER  
31 DIRECTING THE PRACTITIONER TO SUBMIT TO A MENTAL OR PHYSICAL EXAMINATION  
32 OR CHEMICAL DEPENDENCY EVALUATION. A NONLICENSED COMPLEMENTARY AND  
33 ALTERNATIVE HEALTH CARE PRACTITIONER AFFECTED UNDER THIS PARAGRAPH SHALL  
34 AT REASONABLE INTERVALS BE GIVEN AN OPPORTUNITY TO DEMONSTRATE THAT THE  
35 PRACTITIONER CAN RESUME THE PROVISION OF COMPLEMENTARY AND ALTERNATIVE  
36 HEALTH CARE PRACTICES WITH REASONABLE SAFETY TO CLIENTS. IN ANY PROCEED-  
37 ING UNDER THIS PARAGRAPH, NEITHER THE RECORD OF PROCEEDINGS NOR THE  
38 ORDERS ENTERED BY THE COMMISSIONER SHALL BE USED AGAINST A NONLICENSED  
39 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER IN ANY OTHER  
40 PROCEEDING.

41 (B) IN ADDITION TO ORDERING A PHYSICAL OR MENTAL EXAMINATION OR CHEMI-  
42 CAL DEPENDENCY EVALUATION, THE COMMISSIONER MAY, NOTWITHSTANDING SECTION  
43 EIGHTEEN OF THE PUBLIC HEALTH LAW OR ANY OTHER LAW LIMITING ACCESS TO  
44 MEDICAL OR OTHER HEALTH DATA, OBTAIN MEDICAL DATA AND HEALTH RECORDS

45 RELATING TO A NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
46 PRACTITIONER WITHOUT THE PRACTITIONER`S CONSENT IF THE COMMISSIONER HAS  
47 PROBABLE CAUSE TO BELIEVE THAT A PRACTITIONER HAS ENGAGED IN CONDUCT  
48 PROHIBITED BY PARAGRAPH (F), (G), (H) OR (I) OF SUBDIVISION ONE OF THIS  
49 SECTION. THE MEDICAL DATA MAY BE REQUESTED FROM A PROVIDER, AS DEFINED  
50 IN SUBDIVISION TWO OF SECTION EIGHTEEN OF THE PUBLIC HEALTH LAW, AN  
51 INSURANCE COMPANY OR A GOVERNMENTAL AGENCY. A PROVIDER, INSURANCE COMPA-  
52 NY OR GOVERNMENTAL AGENCY SHALL COMPLY WITH ANY WRITTEN REQUEST OF THE  
53 COMMISSIONER UNDER THIS SUBDIVISION AND SHALL NOT BE LIABLE IN ANY  
54 ACTION FOR DAMAGES FOR RELEASING THE DATA REQUESTED BY THE COMMISSIONER  
55 IF THE DATA IS RELEASED PURSUANT TO A WRITTEN REQUEST UNDER THIS SUBDI-  
56 VISION, UNLESS THE INFORMATION IS FALSE AND THE PERSON OR ORGANIZATION

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1 GIVING THE INFORMATION KNEW OR HAD REASON TO BELIEVE THE INFORMATION WAS  
2 FALSE. INFORMATION OBTAINED UNDER THIS SUBDIVISION IS CONFIDENTIAL  
3 INFORMATION UNDER SECTION EIGHTEEN OF THE PUBLIC HEALTH LAW.

4 S 9008. DISCIPLINARY ACTIONS. 1. FORMS OF DISCIPLINARY ACTION. WHEN  
5 THE COMMISSIONER FINDS THAT A NONLICENSED COMPLEMENTARY AND ALTERNATIVE  
6 HEALTH CARE PRACTITIONER HAS VIOLATED ANY PROVISION OF THIS ARTICLE, THE  
7 COMMISSIONER MAY TAKE ONE OR MORE OF THE FOLLOWING ACTIONS, ONLY AGAINST  
8 THE INDIVIDUAL PRACTITIONER:

- 9 (A) REVOKE THE RIGHT TO PRACTICE;
- 10 (B) SUSPEND THE RIGHT TO PRACTICE, FOR A STATED PERIOD OF TIME;
- 11 (C) IMPOSE LIMITATIONS OR CONDITIONS ON THE PRACTITIONER`S PROVISION  
12 OF COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES, IMPOSE REHABILI-  
13 TATION REQUIREMENTS, OR REQUIRE PRACTICE UNDER SUPERVISION;
- 14 (D) IMPOSE A CIVIL PENALTY NOT EXCEEDING FIVE HUNDRED DOLLARS FOR EACH  
15 SEPARATE VIOLATION; AND
- 16 (E) CENSURE OR REPRIMAND THE PRACTITIONER.

17 2. REINSTATEMENT. THE COMMISSIONER MAY, IN HIS OR HER DISCRETION,  
18 REINSTATE THE RIGHT TO PRACTICE AND MAY IMPOSE ANY DISCIPLINARY MEASURE  
19 LISTED IN SUBDIVISION ONE OF THIS SECTION.

20 3. AUTOMATIC SUSPENSION. THE RIGHT OF A NONLICENSED COMPLEMENTARY AND  
21 ALTERNATIVE HEALTH CARE PRACTITIONER TO PRACTICE SHALL BE AUTOMATICALLY  
22 SUSPENDED IF:

23 (A) A GUARDIAN OF A NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH  
24 CARE PRACTITIONER IS APPOINTED BY ORDER OF A COURT UNDER ARTICLE NINE OF  
25 THE MENTAL HYGIENE LAW; OR

26 (B) THE PRACTITIONER IS COMMITTED BY ORDER OF A COURT PURSUANT TO  
27 ARTICLE NINE OF THE MENTAL HYGIENE LAW. THE RIGHT TO PRACTICE SHALL  
28 REMAIN SUSPENDED UNTIL THE PRACTITIONER IS RESTORED TO CAPACITY BY A  
29 COURT AND, UPON PETITION BY THE PRACTITIONER, THE SUSPENSION IS TERMI-  
30 NATED BY THE COMMISSIONER AFTER A HEARING OR UPON AGREEMENT BETWEEN THE  
31 COMMISSIONER AND THE PRACTITIONER.

32 4. LICENSED OR REGULATED PRACTITIONERS. IF A PRACTITIONER INVESTIGATED  
33 UNDER THIS SECTION IS LICENSED OR REGISTERED BY THE COMMISSIONER OR A  
34 HEALTH-RELATED LICENSING BOARD OR IS SUBJECT TO THE JURISDICTION OF THE  
35 COMMISSIONER UNDER SUBPARAGRAPH (II) OF PARAGRAPH (A) OF SUBDIVISION SIX  
36 OF SECTION NINE THOUSAND TWO OF THIS ARTICLE, AND THE COMMISSIONER  
37 DETERMINES THAT THE PRACTITIONER HAS VIOLATED ANY PROVISION OF THIS  
38 ARTICLE, THE COMMISSIONER, IN ADDITION TO TAKING DISCIPLINARY ACTION  
39 UNDER THIS SECTION, SHALL, IF THE PRACTITIONER IS LICENSED OR REGISTERED  
40 IN ANOTHER CAPACITY BY A HEALTH-RELATED LICENSING BOARD, REPORT HIS OR  
41 HER FINDINGS UNDER THIS SECTION, AND MAY MAKE A NONBINDING RECOMMENDA-  
42 TION THAT THE BOARD TAKE FURTHER ACTION AGAINST THE PRACTITIONER IN THAT

43 CAPACITY.

44 S 9009. ADDITIONAL REMEDIES. 1. (A) THE COMMISSIONER MAY ISSUE A CEASE  
45 AND DESIST ORDER TO STOP A PERSON FROM VIOLATING OR THREATENING TO  
46 VIOLATE A STATUTE OR RULE, REGULATION OR ORDER WHICH THE COMMISSIONER  
47 HAS ISSUED OR IS EMPOWERED TO ENFORCE. THE CEASE AND DESIST ORDER SHALL  
48 STATE THE REASON FOR ITS ISSUANCE AND GIVE NOTICE OF THE PERSON'S RIGHT  
49 TO REQUEST A HEARING UNDER THIS ARTICLE. IF, WITHIN FIFTEEN DAYS OF  
50 PERSONAL SERVICE OF THE ORDER, THE SUBJECT OF THE ORDER FAILS TO REQUEST  
51 A HEARING IN WRITING, THE ORDER SHALL BE THE FINAL ORDER OF THE COMMIS-  
52 SIONER AND SHALL NOT BE SUBJECT TO REVIEW BY A COURT OR AGENCY.

53 (B) A HEARING SHALL BE INITIATED BY THE STATE OFFICE NO LATER THAN  
54 THIRTY DAYS OF THE DATE OF THE STATE BOARD'S RECEIPT OF A WRITTEN HEAR-  
55 ING REQUEST. WITHIN THIRTY DAYS OF RECEIPT OF THE ADMINISTRATIVE LAW  
56 JUDGE'S REPORT, THE COMMISSIONER SHALL ISSUE A FINAL ORDER MODIFYING,

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1 VACATING OR MAKING PERMANENT THE CEASE AND DESIST ORDER AS THE FACTS  
2 REQUIRE. THE FINAL ORDER SHALL REMAIN IN EFFECT UNTIL MODIFIED OR  
3 VACATED BY THE COMMISSIONER.

4 (C) WHEN A REQUEST FOR A STAY ACCOMPANIES A TIMELY HEARING REQUEST,  
5 THE COMMISSIONER MAY, IN HIS OR HER DISCRETION, GRANT THE STAY. IF THE  
6 COMMISSIONER DOES NOT GRANT A REQUESTED STAY, HE OR SHE SHALL REFER THE  
7 REQUEST TO THE STATE OFFICE WITHIN THREE WORKING DAYS OF RECEIPT OF THE  
8 REQUEST. WITHIN TEN DAYS AFTER RECEIVING THE REQUEST FROM THE COMMIS-  
9 SIONER, AN ADMINISTRATIVE LAW JUDGE SHALL ISSUE A RECOMMENDATION TO  
10 GRANT OR DENY THE STAY. THE COMMISSIONER SHALL GRANT OR DENY THE STAY  
11 WITHIN FIVE DAYS OF RECEIVING THE ADMINISTRATIVE LAW JUDGE'S RECOMMENDA-  
12 TION.

13 (D) IN THE EVENT OF NONCOMPLIANCE WITH A CEASE AND DESIST ORDER, THE  
14 COMMISSIONER MAY INSTITUTE A PROCEEDING IN THE SUPREME COURT TO OBTAIN  
15 INJUNCTIVE RELIEF OR OTHER APPROPRIATE RELIEF, INCLUDING A CIVIL PENALTY  
16 PAYABLE TO THE STATE BOARD NOT EXCEEDING ONE THOUSAND DOLLARS FOR EACH  
17 SEPARATE VIOLATION.

18 2. IN ADDITION TO ANY OTHER REMEDY PROVIDED BY LAW, INCLUDING THE  
19 ISSUANCE OF A CEASE AND DESIST ORDER UNDER SUBDIVISION ONE OF THIS  
20 SECTION, THE COMMISSIONER MAY IN HIS OR HER OWN NAME, BRING AN ACTION IN  
21 THE SUPREME COURT FOR INJUNCTIVE RELIEF TO RESTRAIN A NONLICENSED  
22 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER FROM A VIOLATION  
23 OR THREATENED VIOLATION OF ANY LAW, OR RULE, REGULATION OR ORDER WHICH  
24 THE COMMISSIONER IS EMPOWERED TO REGULATE, ENFORCE OR ISSUE. A TEMPORARY  
25 RESTRAINING ORDER SHALL BE GRANTED IN THE PROCEEDING IF CONTINUED ACTIV-  
26 ITY BY THE PRACTITIONER WOULD CREATE A SERIOUS RISK OF IMMINENT HARM TO  
27 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENTS. THE COMMISSIONER NEED  
28 NOT SHOW IRREPARABLE HARM.

29 3. ENGAGING IN COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES  
30 PURSUANT TO THIS ARTICLE SHALL NOT CONSTITUTE A CRIME.

31 4. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, NONLICENSED COMPLEMEN-  
32 TARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS SHALL BE SUBJECT TO THE  
33 EXCLUSIVE CONTROL, JURISDICTION AND REGULATION OF THE PROVISIONS OF THIS  
34 ARTICLE, AND SHALL NOT BE SUBJECT TO THE JURISDICTION OR CONTROL OF, NOR  
35 SUBJECT TO DISCIPLINARY PROCEEDINGS OF ANY OTHER ADMINISTRATIVE AGENCY,  
36 BOARD OR REGULATORY BODY.

37 S 9010. COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF  
38 RIGHTS. 1. ALL NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
39 PRACTITIONERS SHALL PROVIDE TO EACH COMPLEMENTARY AND ALTERNATIVE HEALTH  
40 CARE CLIENT, PRIOR TO PROVIDING TREATMENT, A WRITTEN COPY OF THE COMPLE-

41 MENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS. REASONABLE  
42 ACCOMMODATIONS SHALL BE MADE FOR THOSE CLIENTS WHO CANNOT READ OR WHO  
43 HAVE COMMUNICATION IMPAIRMENTS AND THOSE WHO DO NOT READ OR SPEAK  
44 ENGLISH. THE COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF  
45 RIGHTS SHALL INCLUDE THE FOLLOWING:

46 (A) THE NAME, COMPLEMENTARY AND ALTERNATIVE HEALTH CARE TITLE, BUSI-  
47 NESS ADDRESS, AND TELEPHONE NUMBER OF THE NONLICENSED COMPLEMENTARY AND  
48 ALTERNATIVE HEALTH CARE PRACTITIONER;

49 (B) THE DEGREES, TRAINING, EXPERIENCE OR OTHER QUALIFICATIONS OF THE  
50 PRACTITIONER REGARDING THE COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
51 BEING PROVIDED, FOLLOWED BY THE FOLLOWING STATEMENT IN BOLD PRINT: "THE  
52 STATE OF NEW YORK HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS  
53 FOR NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS.  
54 THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

55 UNDER THE NEW YORK STATE LAW, A NONLICENSED COMPLEMENTARY AND ALTERNA-  
56 TIVE HEALTH CARE PRACTITIONER MAY NOT PROVIDE A MEDICAL DIAGNOSIS OR

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1 RECOMMEND DISCONTINUANCE OF A LEGEND DRUG PRESCRIBED BY A LICENSED  
2 PHYSICIAN OR HEALTH CARE PRACTITIONER. HOWEVER A NONLICENSED COMPLEMEN-  
3 TARY AND ALTERNATIVE HEALTH CARE PRACTITIONER MAY PROVIDE PERSONAL  
4 CONSULTATIONS AND SCREENINGS BASED UPON THE PRACTITIONER`S METHOD OF  
5 COMPLEMENTARY AND ALTERNATIVE CARE; MAY MAKE ASSESSMENTS OF THE CLIENT`S  
6 HEALTH PROBLEMS AND CONCERNS AS THEY RELATE TO THE NONLICENSED COMPLE-  
7 MENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER`S METHODS OF PRACTICE;  
8 AND MAY MAKE RECOMMENDATIONS FOR THE USE OF THE COMPLEMENTARY AND ALTER-  
9 NATIVE HEALTH CARE PRACTICE METHODS OR TREATMENTS IN ACCORDANCE WITH THE  
10 CONSULTATION, SCREENING AND ASSESSMENTS OF THE PRACTITIONER.

11 IF A CLIENT DESIRES A DIAGNOSIS FROM A LICENSED PHYSICIAN, DENTIST OR  
12 CHIROPRACTOR, OR SERVICES FROM A PHYSICIAN, CHIROPRACTOR, NURSE, PHYS-  
13 ICAL THERAPIST, RESPIRATORY THERAPIST, PODIATRIST, OPTOMETRIST, OCCUPA-  
14 TIONAL THERAPIST, DIETITIAN, NUTRITIONIST, ACUPUNCTURE PRACTITIONER,  
15 ATHLETIC TRAINER OR ANY OTHER TYPE OF HEALTH CARE PROVIDER, THE CLIENT  
16 MAY SEEK SUCH SERVICES AT ANY TIME.";

17 (C) THE NAME, BUSINESS ADDRESS AND TELEPHONE NUMBER OF THE PRACTITION-  
18 ER`S SUPERVISOR, IF ANY;

19 (D) NOTICE THAT A COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT HAS  
20 THE RIGHT TO FILE A COMPLAINT WITH THE PRACTITIONER`S SUPERVISOR, IF  
21 ANY, AND THE PROCEDURE FOR FILING COMPLAINTS;

22 (E) THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE STATE OFFICE OF  
23 NONLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE AND  
24 NOTICE THAT A CLIENT MAY FILE COMPLAINTS WITH THE STATE BOARD;

25 (F) THE PRACTITIONER`S FEES PER UNIT OF SERVICE, THE PRACTITIONER`S  
26 METHOD OF BILLING FOR SUCH FEES, THE NAMES OF ANY INSURANCE COMPANIES  
27 THAT HAVE AGREED TO REIMBURSE THE PRACTITIONER, OR HEALTH MAINTENANCE  
28 ORGANIZATIONS WITH WHOM THE PRACTITIONER CONTRACTS TO PROVIDE SERVICE,  
29 WHETHER THE PRACTITIONER ACCEPTS MEDICARE, MEDICAL ASSISTANCE OR GENERAL  
30 ASSISTANCE MEDICAL CARE, AND WHETHER THE PRACTITIONER IS WILLING TO  
31 ACCEPT PARTIAL PAYMENT, OR TO WAIVE PAYMENT, AND IN WHAT CIRCUMSTANCES;

32 (G) A STATEMENT THAT THE CLIENT HAS A RIGHT TO REASONABLE NOTICE OF  
33 CHANGES IN SERVICES OR CHARGES;

34 (H) A BRIEF SUMMARY, IN PLAIN LANGUAGE, OF THE THEORETICAL APPROACH  
35 USED BY THE PRACTITIONER IN PROVIDING SERVICES TO CLIENTS;

36 (I) NOTICE THAT THE CLIENT HAS A RIGHT TO COMPLETE AND CURRENT INFOR-  
37 MATION CONCERNING THE PRACTITIONER`S ASSESSMENT AND RECOMMENDED SERVICE  
38 THAT IS TO BE PROVIDED, INCLUDING THE EXPECTED DURATION OF THE SERVICE

39 TO BE PROVIDED;

40 (J) A STATEMENT THAT CLIENTS MAY EXPECT COURTEOUS TREATMENT AND TO BE  
41 FREE FROM VERBAL, PHYSICAL, OR SEXUAL ABUSE BY THE PRACTITIONER;

42 (K) A STATEMENT THAT CLIENT RECORDS AND TRANSACTIONS WITH THE PRACTI-  
43 TIONER ARE CONFIDENTIAL, UNLESS RELEASE OF THESE RECORDS IS AUTHORIZED  
44 IN WRITING BY THE CLIENT, OR OTHERWISE PROVIDED BY LAW;

45 (L) A STATEMENT OF THE CLIENT'S RIGHT TO BE ALLOWED ACCESS TO RECORDS  
46 AND WRITTEN INFORMATION FROM RECORDS IN ACCORDANCE WITH SECTION EIGHTEEN  
47 OF THE PUBLIC HEALTH LAW;

48 (M) A STATEMENT THAT OTHER SERVICES MAY BE AVAILABLE IN THE COMMUNITY,  
49 INCLUDING WHERE INFORMATION CONCERNING SUCH SERVICES IS AVAILABLE;

50 (N) A STATEMENT THAT THE CLIENT HAS THE RIGHT TO CHOOSE FREELY AMONG  
51 AVAILABLE PRACTITIONERS AND TO CHANGE PRACTITIONERS AFTER SERVICES HAVE  
52 BEGUN, WITHIN THE LIMITS OF HEALTH INSURANCE, MEDICAL ASSISTANCE OR  
53 OTHER HEALTH PROGRAMS;

54 (O) A STATEMENT THAT THE CLIENT HAS A RIGHT TO COORDINATED TRANSFER  
55 WHEN THERE WILL BE A CHANGE IN THE PROVIDER OF SERVICES;

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1 (P) A STATEMENT THAT THE CLIENT MAY REFUSE SERVICES OR TREATMENT,  
2 UNLESS OTHERWISE PROVIDED BY LAW; AND

3 (Q) A STATEMENT THAT THE CLIENT MAY ASSERT THE CLIENT'S RIGHTS WITHOUT  
4 RETALIATION.

5 2. PRIOR TO THE PROVISION OF ANY SERVICE, A COMPLEMENTARY AND ALTERNA-  
6 TIVE HEALTH CARE CLIENT MUST SIGN A WRITTEN STATEMENT ATTESTING THAT THE  
7 CLIENT HAS RECEIVED THE COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT  
8 BILL OF RIGHTS.

9 S 4. Subdivision 1 of section 413 of the social services law, as sepa-  
10 rately amended by chapters 402 and 676 of the laws of 2002, is amended  
11 to read as follows:

12 1. The following persons and officials are required to report or cause  
13 a report to be made in accordance with this title when they have reason-  
14 able cause to suspect that a child coming before them in their profes-  
15 sional or official capacity is an abused or maltreated child, or when  
16 they have reasonable cause to suspect that a child is an abused or  
17 maltreated child where the parent, guardian, custodian or other person  
18 legally responsible for such child comes before them in their profes-  
19 sional or official capacity and states from personal knowledge facts,  
20 conditions or circumstances which, if correct, would render the child an  
21 abused or maltreated child: any physician; registered physician assist-  
22 ant; surgeon; medical examiner; coroner; dentist; dental hygienist;  
23 osteopath; optometrist; chiropractor; podiatrist; resident; intern;  
24 psychologist; registered nurse; social worker; emergency medical techni-  
25 cian; licensed creative arts therapist; licensed marriage and family  
26 therapist; licensed mental health counselor; licensed psychoanalyst;  
27 hospital personnel engaged in the admission, examination, care or treat-  
28 ment of persons; a Christian Science practitioner; NONLICENSED COMPLE-  
29 MENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER; school official;  
30 social services worker; day care center worker; provider of family or  
31 group family day care; employee or volunteer in a residential care  
32 facility defined in subdivision seven of section four hundred twelve of  
33 this title or any other child care or foster care worker; mental health  
34 professional; substance abuse counselor; alcoholism counselor; peace  
35 officer; police officer; district attorney or assistant district attor-  
36 ney; investigator employed in the office of a district attorney; or  
37 other law enforcement official. Whenever such person is required to

38 report under this title in his or her capacity as a member of the staff  
39 of a medical or other public or private institution, school, facility or  
40 agency, he or she shall immediately notify the person in charge of such  
41 institution, school, facility or agency, or his or her designated agent,  
42 who then also shall become responsible to report or cause reports to be  
43 made. However, nothing in this section or title is intended to require  
44 more than one report from any such institution, school or agency. At the  
45 time of the making of a report, or at any time thereafter, such person  
46 or official may exercise the right to request, pursuant to paragraph (A)  
47 of subdivision four of section four hundred twenty-two of this title,  
48 the findings of an investigation made pursuant to this title or section  
49 45.07 of the mental hygiene law.

50 S 5. This act shall take effect on the one hundred eightieth day after  
51 it shall have become a law; provided, however, that any rules or regu-  
52 lations necessary for the timely implementation of the provisions of  
53 this act shall be promulgated on or before such effective date.

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S T A T E O F N E W Y O R K

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4666

2007-2008 Regular Sessions

I N S E N A T E

April 20, 2007

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Introduced by Sen. HANNON -- read twice and ordered printed, and when  
printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the  
office of complementary and alternative medicine and establishing its  
powers and duties

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-  
BLY, DO ENACT AS FOLLOWS:

1 Section 1. Article 2 of the public health law is amended by adding a  
2 new title 6 to read as follows:

3 TITLE VI  
4 OFFICE OF COMPLEMENTARY AND  
5 ALTERNATIVE MEDICINE

6 SECTION 266. DEFINITIONS.

7 266-A. OFFICE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE.

8 266-B. PREPARATION AND DISTRIBUTION OF REPORTS.

9 266-C. COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL.

10 S 266. DEFINITIONS. FOR THE PURPOSES OF THIS TITLE:

11 1. "COMPLEMENTARY AND ALTERNATIVE MEDICINE" SHALL MEAN THE GROUP OF  
12 MEDICAL, HEALTH CARE AND HEALING SYSTEMS, INCLUDING NON-CONVENTIONAL  
13 MEDICAL TREATMENTS, OTHER THAN THOSE INCLUDED IN MAINSTREAM HEALTH CARE,  
14 INCLUDING THE WORLDVIEWS, THEORIES, MODALITIES, PRODUCTS AND PRACTICES  
15 ASSOCIATED WITH THESE SYSTEMS AND THEIR USE TO TREAT ILLNESS AND PROMOTE

16 HEALTH AND WELL-BEING.

17 2. "COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL" SHALL MEAN THAT  
18 ADVISORY BODY TO THE COMMISSIONER, CREATED PURSUANT TO THE PROVISIONS OF  
19 SECTION TWO HUNDRED SIXTY-SIX-C OF THIS TITLE.

20 3. "OFFICE" SHALL MEAN THE OFFICE OF COMPLEMENTARY AND ALTERNATIVE  
21 MEDICINE, CREATED PURSUANT TO SECTION TWO HUNDRED SIXTY-SIX-A OF THIS  
22 TITLE.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets  
{ } is old law to be omitted.

LBD03825-02-7

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1 S 266-A. OFFICE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE. THERE IS  
2 HEREBY CREATED, WITHIN THE DEPARTMENT, THE OFFICE OF COMPLEMENTARY AND  
3 ALTERNATIVE MEDICINE. SUCH OFFICE SHALL:

4 1. ENGAGE IN COORDINATED RESEARCH CONCERNING COMPLEMENTARY AND ALTER-  
5 NATIVE MEDICINE, INCLUDING, BUT NOT LIMITED TO, WHAT COMPLEMENTARY AND  
6 ALTERNATIVE MEDICINE PRODUCTS AND SERVICES, INCLUDING NUTRITIONAL AND  
7 HERBAL SUPPLEMENTS, ARE AVAILABLE TO PATIENTS, HOW TO DETERMINE THE  
8 QUALITY OF SUCH PRODUCTS AND SERVICES, AND HOW SUCH PRODUCTS AND  
9 SERVICES MAY BE EFFECTIVELY INTEGRATED WITH MORE MAINSTREAM HEALTH CARE;

10 2. PROVIDE HEALTH CARE PROFESSIONALS AND PATIENTS WITH RELIABLE AND  
11 USEFUL INFORMATION ABOUT COMPLEMENTARY AND ALTERNATIVE MEDICINE IN A  
12 READILY ACCESSIBLE AND UNDERSTANDABLE MANNER, INCLUDING INFORMATION  
13 ABOUT THE RELATIVE SAFETY AND EFFECTIVENESS OF COMPLEMENTARY AND ALTER-  
14 NATIVE MEDICINE PRODUCTS AND SERVICES;

15 3. DEVELOP RECOMMENDATIONS CONCERNING THE EDUCATION AND TRAINING OF  
16 LICENSED HEALTH CARE PRACTITIONERS IN COMPLEMENTARY AND ALTERNATIVE  
17 MEDICINE, APPROPRIATE OVERSIGHT OF CURRENTLY UNLICENSED OR OTHERWISE  
18 UNREGULATED PRACTITIONERS OF COMPLEMENTARY AND ALTERNATIVE MEDICINE, AND  
19 ENSURING APPROPRIATE ACCESS TO AND DELIVERY OF COMPLEMENTARY AND ALTER-  
20 NATIVE MEDICINE;

21 4. TOGETHER WITH THE COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL,  
22 SERVE AS LIAISON AND ADVOCATE FOR THE DEPARTMENT ON COMPLEMENTARY AND  
23 ALTERNATIVE MEDICINE MATTERS. THIS FUNCTION SHALL INCLUDE THE PROVISION  
24 OF STAFF SUPPORT TO THE COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL  
25 AND THE ESTABLISHMENT OF APPROPRIATE PROGRAM LINKAGES WITH RELATED  
26 FEDERAL, STATE, AND LOCAL AGENCIES;

27 5. HOST SUCH PUBLIC HEARINGS AND ROUNDTABLE DISCUSSIONS AS THE OFFICE  
28 SHALL DEEM NECESSARY FOR A FULL AND FAIR EXAMINATION OF THE ISSUES  
29 SURROUNDING COMPLEMENTARY AND ALTERNATIVE MEDICINE; AND

30 6. APPLY FOR GRANTS, AND ACCEPT GIFTS FROM PRIVATE AND PUBLIC SOURCES,  
31 FOR THE PURPOSES LISTED IN THIS SECTION.

32 S 266-B. PREPARATION AND DISTRIBUTION OF REPORTS. THE DEPARTMENT SHALL  
33 SUBMIT A BIENNIAL REPORT TO THE GOVERNOR AND THE LEGISLATURE DESCRIBING  
34 THE ACTIVITIES OF THE OFFICE. THE FIRST SUCH REPORT SHALL BE TRANSMITTED  
35 ON OR BEFORE SEPTEMBER FIRST, TWO THOUSAND EIGHT. SUCH REPORT SHALL  
36 CONTAIN THE FOLLOWING INFORMATION:

37 1. THE ACTIVITIES OF THE OFFICE, EXPENDITURES INCURRED IN CARRYING OUT  
38 SUCH ACTIVITIES AND ANTICIPATED ACTIVITIES TO BE UNDERTAKEN IN THE  
39 FUTURE;

40 2. PROGRESS IN FULFILLING THE PURPOSES LISTED IN SECTION TWO HUNDRED  
41 SIXTY-SIX-A OF THIS TITLE;

42 3. RECOMMENDATIONS PURSUANT TO SUBDIVISION THREE OF SECTION TWO  
43 HUNDRED SIXTY-SIX-A OF THIS TITLE; AND

44 4. ANY RECOMMENDED IMPROVEMENTS TO PROGRAMS, REGULATIONS OR STATUTES  
45 THAT WOULD ENHANCE THE EFFECTIVENESS OF THE OFFICE.

46 S 266-C. COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL. 1. APPOINT-  
47 MENT OF MEMBERS. THERE SHALL BE ESTABLISHED IN THE OFFICE A COMPLEMANTA-  
48 RY AND ALTERNATIVE MEDICINE COUNCIL TO CONSIST OF THE COMMISSIONER AND  
49 FOURTEEN MEMBERS TO BE APPOINTED BY THE GOVERNOR, WITH THE ADVICE AND  
50 CONSENT OF THE SENATE. MEMBERS SHALL BE KNOWLEDGEABLE ABOUT COMPLEMANTA-  
51 RY AND ALTERNATIVE MEDICINE, AND SHALL INCLUDE, BUT NOT BE LIMITED TO,  
52 LICENSED HEALTH CARE PRACTITIONERS.

53 2. TERMS OF OFFICE; VACANCIES. A. THE TERMS OF OFFICE OF MEMBERS OF  
54 THE COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL SHALL BE SIX YEARS.  
55 THE MEMBERS OF THE COUNCIL SHALL CONTINUE IN OFFICE UNTIL THE EXPIRATION  
56 OF THEIR TERMS AND UNTIL THEIR SUCCESSORS ARE APPOINTED AND HAVE QUALI-

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1 FIED. SUCH APPOINTMENTS SHALL BE MADE BY THE GOVERNOR, WITH THE ADVICE  
2 AND CONSENT OF THE SENATE, WITHIN ONE YEAR FOLLOWING THE EXPIRATION OF  
3 SUCH TERMS.

4 B. VACANCIES SHALL BE FILLED BY APPOINTMENT BY THE GOVERNOR FOR THE  
5 UNEXPIRED TERMS WITHIN ONE YEAR OF THE DATE UPON WHICH SUCH VACANCIES  
6 OCCUR.

7 C. IN MAKING APPOINTMENTS TO THE COUNCIL, THE GOVERNOR SHALL SEEK TO  
8 ENSURE THAT MEMBERSHIP ON THE COUNCIL IS CONSISTENT WITH THE PROVISIONS  
9 OF SUBDIVISION ONE OF THIS SECTION.

10 3. MEETINGS. A. THE COMPLEMENTARY AND ALTERNATIVE MEDICINE COUNCIL  
11 SHALL MEET AS FREQUENTLY AS ITS BUSINESS MAY REQUIRE, AND AT LEAST TWICE  
12 IN EACH YEAR.

13 B. THE GOVERNOR SHALL DESIGNATE ONE OF ITS MEMBERS AS ITS CHAIR.

14 4. COMPENSATION AND EXPENSES. THE MEMBERS OF THE COUNCIL SHALL SERVE  
15 WITHOUT COMPENSATION OTHER THAN REIMBURSEMENT OF ACTUAL AND NECESSARY  
16 EXPENSES.

17 5. POWERS AND DUTIES. THE COMPLEMENTARY AND ALTERNATIVE MEDICINE COUN-  
18 CIL SHALL, AT THE REQUEST OF THE COMMISSIONER, CONSIDER AND ADVISE THE  
19 OFFICE CONCERNING ANY MATTER RELATING TO THE PURPOSES OF THE OFFICE  
20 LISTED IN SECTION TWO HUNDRED SIXTY-SIX-A OF THIS TITLE.

21 S 2. This act shall take effect immediately.