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March 18 2026

HB 1527 - UNF

Complementary and Alternative Health Care - Practice Authorized (Complementary and Alternative Health Care Practice Act)

Dear Chair [Heather Bagnall](#), Vice Chair [Bonnie Cullison](#), and Members of the Health Committee,

Maybe this bill is an honest effort to promote the integrity of medical licensing while also promoting the practice of so-called alternative and complementary medicine in Maryland by exempting practitioners of so-called alternative and complementary medicine from all medical licensing mandates. However, this bill retains the existing medical licensing of naturopaths and chiropractors, thus not actually improving the integrity of our medical licensing. Furthermore, this bill removes the existing medical licensing requirements for all practitioners who decide to opt-out, thus leaving citizens less protected from the consumer protections provided by medical licensing. So even if we assume that the authors of this bill are well-intentioned, Maryland would be worse off if this bill is enacted.

Maryland licenses practitioners of homeotherapy and other bogus treatments as medical professionals [Health Occupations §14–5F–14]. A state sanctioned medical board licenses people to "DISPENSE, ORDER, OR ADMINISTER ... HOMEOPATHIC MEDICINES" and to "ADMINISTER OR PERFORM HOT OR COLD HYDROTHERAPY, NATUROPATHIC PHYSICAL MEDICINE, ELECTROMAGNETIC ENERGY, COLON HYDROTHERAPY..."

There is no suitable substitute for science-based medicine. Secular Maryland is opposed to government facilitating, enabling, or promoting the practice of so-called alternative "medicine". There is no alternative or complementary chemistry, plumbing, nursing, aviation piloting, law, etc.. This is because such professional services operate

on the same underlying principle. The one and only reliable standard for such professional services is best fit with the available empirical evidence. Naturopathy is illegal in Florida, South Carolina, and Tennessee. It should be illegal in all states, including Maryland.

Naturopathy is a hodgepodge of beliefs and treatments and only some of these treatments are likely to be of any benefit. The naturopathy recommendations that are good for health are also part of established scientific medicine. The other treatments promoted by naturopathy, such as homeopathy and colonic irrigation, are pseudoscientific nonsense that have been repeatedly disproven by clinical trials. Excessive fasting, dietary restrictions, or use of enemas, which are sometimes components of naturopathic treatment, can be dangerous. Naturopathic treatment may involve taking unregulated herbs, some of which may have impurities and/or harmful effects.

Naturopathic medicine is not based on widely accepted scientific principles of health, disease, and health care, yet it falsely self-appropriates for itself the "scientific" and "medicine" labels. Creating government licensing schemes for naturopathy gives a seal of approval to scam treatments that have been shown not to work. It also gives consumers the false impression that practitioners have specific and legitimate skills that the state could monitor and maintain, and that there are standards of care that naturopaths are required to meet.

Alternative medicine aims to achieve the healing effects of medicine, but lacks biological plausibility, lacks empirical support, is untestable, or has been proven ineffective. Complementary medicine (CM), complementary and alternative medicine (CAM), integrated medicine or integrative medicine (IM), and holistic medicine are among many rebrandings of the same phenomenon. Research into alternative therapies often fails to follow proper research protocols (such as placebo-controlled trials, blind experiments and calculation of prior probability). In contrast, experimental medicine employs scientific methods to test plausible therapies by way of responsible and ethical clinical trials, producing evidence of either effect or of no effect.

The recommendations that we have good reason to consider good for health - nutrition, exercise (for endurance, strength, balance, flexibility), daily sleep in darkness, some exposure to sunlight during the day, social interaction, mental stimulation, stress reduction, etc. - are part of established scientific medicine. Alternatives to evidence

based medicine are, by definition, at least partially not based on widely accepted scientific principles of health, disease, and health care, yet they self-appropriate for themselves the "scientific", "evidence based", and "medicine" labels. There is no flaw or weakness with current medical practice that is remediated or eliminated by alternatives to evidence based medicine.

Complementary medicine is based on prescientific or nonscientific mysticism; there is no clear standard of care to guide regulation; there is no clear standard of education for practitioners; and the available scientific evidence is most consistent with its effects being all nonspecific or placebo effects, an expected finding given the scientific implausibility of the practice. For example, Homeopathy is a discredited form of treatment. In 2017, the Federal Trade Commission (FTC) warned homeopathy marketers that they may be found to be illegally misleading consumers unless they state clearly on homeopathy product labels that "1) there is no scientific evidence that the product works; and 2) the product's claims are based only on theories of homeopathy from the 1700s that are not accepted by most modern medical experts."

A 2018 study published in JAMA Oncology used data on 258 complementary medicine users with 1,032 people in a control group. Complementary therapies included herbs, vitamins, traditional Chinese medicine, homeopathy, naturopathy, yoga, acupuncture, and others. The cancer patients who used complementary treatments were more likely to refuse of surgery, chemotherapy, radiation, and hormone treatments. They had more than double the risk of death, including a lower five year survival rate.

The plausibility of acupuncture is low because there is no known mechanism, or even a plausible theoretical mechanism, for any medical application of acupuncture, outside of temporary nausea and pain reduction. Even after extensive research, acupuncturists cannot demonstrate that acupuncture points exist. They do not agree on where they are and what they do. In short – scientifically speaking, acupuncture points don't exist. Acupuncture thus fails from a basic science perspective. Acupuncture also fails from a clinical research perspective. Systematic reviews have failed to show a consistent replicable and specific effect from acupuncture. This is true despite decades of research and thousands of studies. If there were a real effect there, we should be clearly seeing it by now, but we are not. What the clinical research does reflect is mostly small and poorly designed studies, with the better studies tending to be negative. There is lots of p-hacking and publication bias. There is also a great deal of heterogeneity – different acupuncture points and different outcomes. In other words – the acupuncture literature

in total has the red flags and features of an intervention that does not work. Combined with its dubious history and lack of plausibility, the best fit with the available evidence conclusion is that acupuncture does not work.

Pseudoscientific medical treatments cause substantial harm to some patients. In some cases these treatments jeopardize patient health. But even when disproven treatments are merely ineffective, they waste valuable time that should be used to diagnose and treat a patient's ailments before they worsen. Research published in peer-reviewed medical journals has shown that even when "complementary" medical treatments are marketed for use in conjunction with science-based medicine, some consumers use these treatments as wholesale substitutes for science-based medicine, tragically leading to significantly higher mortality rates from treatable illnesses, most notably from various forms of cancer. In addition to the issue of state licensure conferring respectability to pseudoscience, a major problem with licensing a specialty that is not based in science is that it will be members of that specialty who form a board to oversee the practitioners of that specialty, which means that there will be no scientific standards regulating that specialty. Neither will be based in science, and, contrary to the intent of the bill, the public will not be protected from bad actors any more than they are by the present system. In addition, the reason practitioners of unconventional specialties so crave state licensure is that it is the first step to requiring insurers to pay for their services. This results in a diversion and waste of precious health care resources to pay for ineffective therapies.

There are many individuals and institutions profiting from promoting a hodgepodge of treatments that are likely to be of no benefit to anyone receiving those treatments. Alternative medicine ruses, such as homeopathy, craniosacral therapy, osteopathic manipulation as a treatment for systemic disease, magnetic therapy, orthomolecular therapy, etc., have been repeatedly disproven by clinical trials. These treatments originated, and continue to be promoted, without first having been demonstrated to be effective. Government should be discouraging and cautioning against relying on alternative medicine.

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