**SB 216.pdf**Uploaded by: David Madon
Position: FAV

### **Testimony for SB 216**

Good afternoon. My name is David Madon and I am the President of the Maryland Chapter of the American Massage Therapy Association. I am here today to speak in favor of SB 216. This bill repeals the fact that insurance plans, HMOs or the like do not have to reimburse a licensed massage therapist or registered massage practitioner. Given the opportunity many adults have used or would use a complimentary holistic health approach. In fact, there are currently codes on the books for massage. However, most insurance plans only allow certain health care providers to use those ICD codes, including chiropractic care or physical therapist. Many hear the word massage and think of the luxury relaxation spa aspect. There are many health and medical reasons individuals may get a massage. Massage can provide relief to that person who has fibromyalgia or carpal tunnel syndrome. Massage can assist with depression and anxiety and maybe reduce the number of times that person has a panic attack. Or on a personal note – massage led to my speedy recovery when I had back surgery. I took pain meds for a week or less. I was up and walking without a walker within 2. In addition, we all realize that we have a major opioid crisis on our hands. I am a firm believer that massage will assist in the reduction of the number of opioids used. Would you rather allow someone to continuously be in pain or assist them by taking a holistic approach? By allowing massage therapists the opportunity to bill insurance carriers it will greatly help our citizens of Maryland who might not have the luxury of spending money on receiving a massage. So, in conclusion I ask that you vote in favor of SB 216. Thank you!

# **Greeting - Senate Bill 216.pdf**Uploaded by: Nova Coston Position: FAV

### (Opening)

Good Afternoon Chair Griffith, Vice Chair Klausmeier, and members of the Finance committee.

I am Senator Arthur Ellis representing the 28th Legislative District of Maryland, Charles County.

I am here today to present **Senate Bill 216, Massage Therapy - Definition** and **Reimbursement.** I will now ask that my witness panel come join me.

The purpose of this bill is to alter the definition of "massage therapy", and repeal a provision of law that provides that certain provisions of law do not require a nonprofit health insurance plan, an insurer, a health maintenance organization, or a person acting as a third party administrator to reimburse a licensed massage therapist or registered massage practitioner for any services rendered.

### (Closing)

Thank you to Chair Griffith and Vice Chair Klausmeier for the opportunity to present Senate Bill 216, Massage Therapy - Definition and Reimbursement and ask for your favorable report.

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Position: FAV



### **Board of Massage Therapy Examiners**

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

Kristen Bodnarchuk, Chair — Sharon J. Oliver, Executive Director 4201 Patterson Avenue, Suite 301 Baltimore MD 21215 Phone: 410-764-4738

### 2023 SESSION POSITION PAPER

BILL NO: SB 216 COMMITTEE: Finance POSITION: Support

**TITLE:** Massage Therapy – Definition and Reimbursement

**BILL ANALYSIS:** The main purpose of Senate Bill (SB) 216 is to update the definition of Massage Therapy and repeal a provision of law that does not require a nonprofit health insurance plan, an insurer, a health maintenance organization, or a person acting as a third party administrator to reimburse a licensed massage therapist or registered massage practitioner for any services rendered.

**POSITION AND RATIONALE:** The Maryland Board of Massage Therapy Examiners (the Board) supports SB 216.

The Board is seeking to remove a section from the statute that restricts licensed massage therapists from billing third parties for medically necessary services. No other health occupation board has this restrictive language. We are licensed healthcare providers as defined by the statute. Under other bills such as the House Bill (HB) 25 Public Health – Healthy Maryland Program – Establishment, the universal single-payer health bill, massage therapy is covered as a medical service.

Finally, in line with the removal of section **6-403** the Board is aiming to remove language from the definition of Massage Therapy which specifically precludes the "**treatment**" of illness, disease, or injury from the scope of practice. Massage therapy is currently ordered and accepted as part of a normal **treatment** plan(s) prescribed for patients by Physicians or other health authorities also covered under the health occupations article.

For all of these reasons, the Board of Massage Therapy Examiners respectfully requests a favorable vote on SB 216.

For more information, please contact Sharon J. Oliver, Executive Director at 410-764-5985 or Sharon.oliver@maryland.gov, or Lillian Reese, the legislative liaison for the boards at 443-794-4757 or at lillian.reese@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

### DOCS-#229787-v1-SB\_216\_Massage\_Mandate\_OPPOSE\_2023

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200 Annapolis, Maryland 21401 410-269-1554

February 14, 2023

The Honorable Melony Griffith Chair, Senate Finance Committee 3 East Miller Senate Office Building Annapolis, MD 21401

### Senate Bill 216 - Massage Therapy - Definition and Reimbursement

Dear Chairman Griffith,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *Senate Bill 216 – Massage Therapy – Definition and Reimbursement* and urges the committee to give the bill an unfavorable report.

Senate Bill 216 repeals existing law specifying that a nonprofit health service plan, insurer, health maintenance organization, or person acting as a third-party administrator is not required to reimburse a licensed massage therapist or registered massage practitioner for any services rendered. In essence, the bill requires all carriers to reimburse for all massage therapy services without limit, discretion, or medical necessity.

Plainly, the bill requires no proof that the massage therapy is a medical treatment or is medically necessary and could have the unintended consequence of requiring health insurers reimburse massage therapists for any purpose and for a unlimited time. Arguably a member could receive a massage from a licensed massage therapist every day, which would be reimbursable by carriers.

Also, with Senate Bill 216, and as a result of the expansion of required reimbursement, it establishes a new mandated benefit. Under the ACA, each state must pay, for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes

a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 216 an unfavorable report.

Very truly yours,

Matthew Celentano Executive Director

cc: Members, Senate Finance Committee