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February 15, 2023

The Honorable Joseline Pena-Melnyk
Chair, House Health & Government Operations Committee
Room 241
House Office Building
Annapolis, MD 21401

House Bill 242 – Massage Therapy – Definition and Reimbursement

Dear Chair Pena-Melnyk,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *House Bill 242 – Massage Therapy – Definition and Reimbursement* and urges the committee to give the bill an unfavorable report.

House Bill 242 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 an unlimited time. Arguably a member could receive a massage from a licensed massage therapist every day, which would be reimbursable by carriers.

Also, with House Bill 242, 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 House Bill 242 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal stroke extending to the right.

Matthew Celentano
Executive Director

cc: Members, House Health & Government Operations Committee