

SB 370 FAV MDHTTF.pdf

Uploaded by: Amanda Rodriguez

Position: FAV



BILL NUMBER: SB 370

TITLE: State Acupuncture Board - Revisions

COMMITTEE: Finance

HEARING DATE: 2/10/2026

POSITION: FAV

The Maryland Human Trafficking Task Force (MDHTTF) is Maryland’s coordinated, multi-disciplinary response to human trafficking, bringing together federal, state, and local law enforcement, government agencies, and nongovernmental organizations to identify and support survivors and hold traffickers accountable. The Legislative Subcommittee includes members from law enforcement, victim advocacy organizations, service providers, government entities, and faith-based partners, and works to improve Maryland’s human trafficking laws, partner with legislators, and testify on key legislation each session. On behalf of the Maryland Human Trafficking Task Force Legislative Subcommittee, we respectfully submit this testimony in support of Senate Bill 370.

SB 370 clarifies the definition and scope of “manual therapies” within the practice of acupuncture and ensures that these therapies, including acupressure and related pressure-based techniques grounded in East Asian medical theories, fall squarely within the licensed practice of acupuncture. By tying these services to licensure and regulatory oversight, the bill reduces the ability of bad actors to use vague or unregulated “bodywork” or “wellness” language as a cover for illicit activity, including sex and labor trafficking in purported health and personal care businesses. The Legislative Subcommittee supports clear statutory definitions in sectors where traffickers have historically exploited ambiguity to hide exploitative practices.

SB 370 also prohibits employing an individual to practice acupuncture without a license and makes it unlawful to aid or abet the unauthorized practice of acupuncture, with criminal and civil penalties for violations. These provisions are especially significant from an anti-trafficking perspective because trafficking operations often rely on layers of facilitators—owners, managers, landlords,

and front-facing “employers”—who attempt to distance themselves from direct contact with clients while profiting from exploitation. Holding both unlicensed practitioners and those who knowingly employ or enable them accountable creates an important tool to disrupt business models that can be used to facilitate trafficking in massage, bodywork, and similar settings.

The bill’s tiered penalty structure for those who violate licensing requirements, including enhanced penalties for repeat offenders, provides regulators and law enforcement with stronger leverage to address chronic, noncompliant businesses whose patterns of conduct may signal deeper exploitation. In combination with existing anti-trafficking statutes, these penalties can support more effective investigations by encouraging cooperation, prompting closer scrutiny of suspect establishments, and reducing the number of high-risk venues where traffickers can operate. The Legislative Subcommittee views robust, enforceable licensing frameworks in high-risk industries as a core component of a comprehensive strategy to prevent and reduce human trafficking.

By requiring the State Acupuncture Board to make proof of license renewal available, SB 370 facilitates timely verification of credentials by employers, regulators, and community partners. Easy access to accurate licensing information helps distinguish legitimate acupuncture practices from operations that misuse the language of acupuncture or manual therapy while operating outside the law. This transparency can aid law enforcement and regulatory agencies in identifying locations that warrant closer inspection and can support public awareness efforts by giving consumers a concrete way to check whether a provider is properly licensed.

The Maryland Human Trafficking Task Force Legislative Subcommittee supports SB 370 because it strengthens professional standards in the acupuncture field while reducing opportunities for traffickers and exploitative operators to misuse health and wellness settings. Clear definitions, enforceable licensing requirements, and meaningful penalties for those who attempt to circumvent them are essential tools in Maryland’s ongoing efforts to prevent trafficking, protect survivors, and hold perpetrators accountable.

For these reasons, the Maryland Human Trafficking Task Force Legislative Subcommittee respectfully urges the Finance Committee to issue a Favorable report on Senate Bill 370.

For further inquiries, please contact Amanda Rodriguez, Esq., Chair, MDHTTF Legislative Committee, at arodriguez@turnaroundinc.org.

Testimony_ SB370 (2026).pdf

Uploaded by: Dawn Luedtke

Position: FAV



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

DAWN LUEDTKE
COUNCILMEMBER
DISTRICT 7

February 10, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: Senate Bill 370, *State Acupuncture Board – Revisions*

Dear Chair Beidle,

Thank you for the opportunity to provide testimony in support of Senate Bill 370.

I urge your favorable consideration of this bill because it represents an important reform to Maryland’s occupational licensing framework that will close a longstanding regulatory loophole and protect our communities from exploitation and illicit activity.

The revisions proposed in SB 370 to the State Acupuncture Board’s authority and definitions, including clarifying the scope of manual therapies and strengthening licensure requirements, will close ambiguities that have allowed unregulated practitioners to operate outside meaningful oversight. These ambiguities have created a regulatory gap, particularly in areas of practice that overlap with “bodyworks” and similar services, which in turn has hampered the ability of local jurisdictions to effectively license, monitor, and, where necessary, enforce against establishments operating on the margins of state law.

Anti-human-trafficking organizations emphasize how looser licensing and regulatory structures are exploited by bad actors to conceal illicit businesses or to create environments where employees are vulnerable to coercion and abuse. Where licensing standards are unclear or inconsistent across professions, it becomes easier for operators to evade scrutiny, and significantly harder for local regulators – including health departments, code enforcement, and law enforcement partners – to differentiate lawful health-oriented services from those that mask illegal activity.

By strengthening the State Acupuncture Board’s definitions and enforcement tools, SB 370 helps close that loophole. This supports local jurisdictions’ ability to:


1. More effectively monitor practitioners and ensure that only qualified individuals provide therapeutic services;
2. Support local licensure regimes that are calibrated to community health needs while preventing illicit establishments from using gaps in state licensing as shelters from oversight;
3. Disrupt environments that can facilitate exploitation, including human trafficking, by increasing transparency about who is licensed, what services they are authorized to perform, and under what standards; and
4. Empower local regulators to act confidently and decisively when unlicensed or unauthorized practices are identified.

This bill aligns with the recommendations of advocacy groups and human-trafficking task forces that call for tight, clear, and enforceable regulatory systems as a cornerstone of community safety. Closing licensing gaps is not simply a technical adjustment; it is a substantive step toward ensuring that regulatory frameworks do not inadvertently provide cover for those who would harm residents or exploit vulnerable workers.

For these reasons, I respectfully urge the Committee's favorable report on Senate Bill 370.

Thank you for the opportunity to provide testimony.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dawn Luedtke", written in a cursive style.

Dawn Luedtke
Montgomery County Councilmember, District 7

Letter of Support SB0370 (State Acupuncture Board

Uploaded by: Jodi Finkelstein

Position: FAV



**MONTGOMERY COUNTY
HUMAN TRAFFICKING PREVENTION COMMITTEE**

February 6, 2026

Finance Chair Pamela Beidle and members of the Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: SB 370-State Acupuncture Board--Revisions

Dear Finance Chair Beidle and members of the Finance Committee,

On behalf of the Montgomery County Human Trafficking Prevention Committee (HTPC), I am writing in strong support of SB 370—State Acupuncture Board—Revisions.

The mission of the HTPC is to increase understanding of human trafficking and to develop effective strategies for prevention and response. While SB 370 is a straightforward bill, its passage would have significant and far-reaching implications for public safety, consumer protection, and the prevention of exploitation.

SB 370 clarifies that East Asian “manual therapy”—including practices commonly referred to as acupressure, bodywork, or other forms of East Asian massage—is part of the practice of acupuncture and East Asian medicine and therefore requires proper licensure. The bill also establishes penalties for individuals who employ, assist, or otherwise enable the unlicensed practice of acupuncture and East Asian medical therapies.

Montgomery County recently launched the “Look Before You Book” campaign to educate the public about the differences between legally operating and illegal massage and acupuncture businesses. During recent police inspections, officers found the same “certificate” displayed in nearly every inspected spa, falsely claiming that employees were “certified” to perform acupressure. These certificates are not legitimate and mislead consumers into believing the services being offered are lawful and properly regulated.

Without this statutory clarification, massage and bodywork business owners may continue to hire—and potentially exploit—unqualified individuals to perform acupuncture-related services. This practice undermines licensed and trained professionals, places consumers at risk, and creates conditions that can facilitate labor exploitation and trafficking. It is critical that local authorities have the ability to hold individuals accountable for aiding and abetting the illegal use of acupressure and other East Asian medical therapies. For these reasons, the Montgomery County Human Trafficking Prevention Committee respectfully urges the committee’s support of SB 370.

Sincerely,
Jodi Finkelstein, MSW
Executive Director
Montgomery County Human Trafficking Prevention Committee



**MONTGOMERY COUNTY
HUMAN TRAFFICKING PREVENTION COMMITTEE**

SB370_MoCoDHHS_Frey_FAV (GA26).pdf

Uploaded by: Leslie Frey

Position: FAV



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 370

DATE: February 10, 2026

SPONSOR: Senator Augustine

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: FAVORABLE (Department of Health and Human Services)

State Acupuncture Board – Revisions

Senate Bill 370 requires the State Acupuncture Board, on renewal of a license, to make available proof of renewal to each licensee rather than issuing a renewal certificate. The bill prohibits a person from employing an individual to practice acupuncture without a license or aiding or abetting the unauthorized practice of acupuncture. A violator is subject to fines and/or imprisonment, as well as a civil fine of up to \$10,000. The bill also defines “manual therapies,” and clarifies the definition of “practice acupuncture”.

Montgomery County is the only county in Maryland that requires a business to be licensed if performing the act of acupuncture and reflexology if all employees performing the act are not state licensed Massage Therapists. Montgomery County’s reasoning for licensing these businesses is to prevent human trafficking. Senate Bill 370 will enhance Montgomery County’s efforts to eradicate human trafficking by establishing the requirement that employees performing acupuncture are licensed. Prior to enacting a local law, a number of businesses in the County were fronts for human trafficking while advertising as performing reflexology, acupuncture, or other similar practices that did not fit the State definition of massage. Senate Bill 370 will permit legitimate establishments that practice bodywork to continue while preventing illegal human trafficking operations from operating in the State under the pretext of practicing bodywork. Without the bill, traffickers can evade licensing requirements by labeling themselves as “reflexologists” or “acupressurists”, practices that fall outside the state definition of “massage” for licensing purposes.

Requiring a state license for individuals performing these services will strengthen Montgomery County’s enforcement efforts and help prevent licensed businesses from later engaging in illicit activities, such as moving trafficked individuals within the State. Therefore, the Montgomery County Department of Health and Human Services supports this bill as an important measure to close gaps in current state law and respectfully urges the committee to issue a favorable report on Senate Bill 370.

SB370 - FIN - Acupuncture Bd - LOS.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary
Board of Acupuncture
Metro Executive Plaza
4201 Patterson Avenue, Third Floor
Baltimore, Maryland 21215

**2026 SESSION
POSITION PAPER**

BILL NO: SB 370
COMMITTEE: Finance
POSITION: SUPPORT

TITLE: State Acupuncture Board – Revisions

BILL ANALYSIS: The bill clarifies that East Asian ‘manual therapy’, even when identified by one of its subcategories (e.g., acupressure or bodywork, forms of East Asian massage), is within the practice of acupuncture and East Asian medicine and requires a license to practice. It creates a sanction for individuals who employ or aid and abet the unauthorized practice of acupuncture and East Asian medical therapies without a license.

The bill additionally: (1) acknowledges that the Board of Acupuncture no longer provides a traditional printed license as proof of active licensure after completing the renewal process; and (2) updates the legal name of the education accrediting organization.

POSITION AND RATIONALE: The State Acupuncture Board (the “Board”) supports SB 370.

The Maryland Acupuncture Act (the “Act”) encompasses both well-known modes of practice, such as stimulation of the body through the insertion of needles and lesser known modes including East Asian manual therapy/massage and/or bodywork, such as Tui Na, Gua Sha and Acupressure. As needle acupuncture has become more widely used as an integral part of the Western health regimen, it has overshadowed the other East Asian medical therapies that are part of an acupuncturist practice, convincing some that needle work is the extent of an acupuncturist’s practice. Recently, the Board has become aware that many patients and practitioners in Maryland are unaware that the Act does include subcategories such as manual therapy, specifically acupressure.

Acupressure is a type of acupuncture (East Asian manual therapy) that uses fingers, thumbs, and other tools, excluding needles. Like with needles, acupressure targets body mapped acupoints to stimulate the flow of energy along meridians and thereby positively impacting a variety of health conditions. Acupressure, while in existence for years and regulated by the Board since its

inception as a manual therapy, has been mistakenly treated by some as a modality that does not require a license. The Board has received increasing numbers of complaints indicating that individuals are claiming to perform this modality without a license thereby skirting the law for two health occupations - Acupuncture & East Asian medicine and Massage Therapy.

Additionally, more troubling is that the ambiguity around acupressure is being exploited as a cover for sex-trafficking and slave labor businesses. Currently, the Board has no authority to sanction those skirting the law or exploiting those vulnerable to sex-trafficking and slave labor. Rather current law only allows the Board to discipline those practicing without a license. This bill also creates legal authority to criminally and administratively sanction those that employ or aid and abet the practice of acupuncture, thereby authorizing criminal authorities and the Board to take action against those exploiting victims of sex-trafficking and slave labor. This bill protects the integrity of the Act, the Board's enforcement power and ultimately its ability to protect the public in the regulation of acupuncture and East Asian medicine. The Board has put forth this proposal after collaborating with the Board of Massage Therapy Examiners, the National Certification Board of Acupuncture & Herbal Medicine, and Montgomery County Government officials including County Councilwoman Ludtke; the Women's Commission, Sex Trafficking Task Force, and members of the Police department.

Additional proposed bill changes include:

- permanent codification of the Board's ability to provide proof of licensure in alternative (other than a traditional printed license) formats; and
- updating the legal name of the Accreditation Commission of Acupuncture & Oriental Medicine to the Accreditation Commission of Acupuncture & Herbal Medicine.

Health occupations boards and commissions, as credentialing entities, are the gateway to Maryland having a high quality system of care. For more than 30 years, the Board has worked to protect the public through the administration of licensing and all the related regulatory processes for acupuncture and East Asian medicine. The proposed changes fortify the work of the Board and clarifies to both the public and professionals its scope of enforcement. Additionally, it grants the Board the ability to hold non-licensed offenders of the law accountable. It is for these reasons that the Board respectfully requests a favorable vote on SB 370.

For more information, please contact Tiffany L. Smith Williams, Executive Director for the Board of Acupuncture at (410)764-5925 or tiffany.smith-williams@maryland.gov; or Lillian Reese, the Legislative & Regulatory Liaison for the boards at 443-794-4757 or at lillian.reese@maryland.gov.

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

2026 MCA Testimony SB 370.pdf

Uploaded by: Ashlie Bagwell

Position: FWA



Testimony on behalf of the Maryland Chiropractic Association
Senate Bill 370—State Acupuncture Board-Revisions

Support with Amendments

February 10, 2026

Senate Finance Committee

The Maryland Chiropractic Association appreciates the opportunity to provide testimony on Senate Bill 370. We respect the education, clinical expertise, and philosophical foundations that licensed acupuncturists bring to Maryland healthcare, and we support clear statutory language that allows each profession to practice safely within appropriately defined boundaries. However, we have significant concerns about ambiguities in this bill that create patient safety risks and regulatory confusion.

The bill includes the use of "manual therapies" and "manipulation using hands or another part of the body" but provides no clarification about what type of manipulation is intended and where and how they would be applied.

In clinical practice, "manipulation" ranges across a spectrum:

- Gentle passive range-of-motion movements
- Soft tissue mobilization techniques
- Low-velocity joint mobilization
- High-velocity, low-amplitude spinal manipulation (adjustment)

These are fundamentally different procedures with different risk profiles. High-velocity spinal and joint manipulation requires extensive training in differential diagnosis, contraindications, biomechanics, radiographic interpretation, and complication management. It is a high-skill intervention that, when performed without adequate training, can result in serious patient harm.

Chiropractors, for example, complete a minimum of 4,200 hours of education, including approximately 4,000 hours focused specifically on the musculoskeletal system, spinal biomechanics, and hands-on manipulation technique. This training includes supervised clinical rotations where students perform thousands of adjustments under direct observation.

We have reviewed acupuncture program curricula and found minimal to no formal training in spinal or joint manipulation techniques, biomechanical assessment, contraindication screening for manipulative procedures, or management of manipulation-related complications. Licensed acupuncturists do, however, receive excellent education in acupuncture theory, needling techniques, and East Asian medical philosophy. However, their educational preparation does not include the intensive musculoskeletal and manipulation training that chiropractors and osteopathic physicians receive. Without clear statutory language defining which manual procedures are authorized and requiring demonstrated competency in those procedures, Maryland patients may:

- Receive manipulative treatment from practitioners without adequate training
- Be confused about which provider has appropriate credentials for their condition
- Be placed at unnecessary risk of harm

Suggested amendment:

On page 2, after line 16 include:

(3) “MANUAL THERAPIES” DOES NOT INCLUDE HIGH-VELOCITY, LOW-AMPLITUDE SPINAL OR EXTREMITY MANIPULATION, GRADE V MOBILIZATION, THRUST-BASED JOINT MANIPULATION OR ANY PROCEDURE INTENDED TO FORCIBLY REPOSITION OR ALTER SKELETAL ALIGNMENT OR JOINT ARTICULATION THROUGH RAPID OR FORCEFUL JOINT MOVEMENT.

In addition, the bill repeatedly authorizes licensed acupuncturists to perform "East Asian medical therapies" without defining the boundaries of this phrase. East Asia encompasses diverse countries with vastly different healthcare practices and standards. Without specification, this language could be interpreted to authorize any procedure performed by any healthcare provider in any East Asian country, a scope far beyond what acupuncture education programs provide and far beyond what we believe is the legislative intent. This ambiguity leaves both practitioners and the public uncertain about what procedures are actually authorized under Maryland law. We would respectfully request language that adds some guardrails around what is allowed with regard to 'East Asian therapies.'

Our testimony is offered in the spirit of collaboration and patient protection. Clear statutory language benefits everyone: it protects patients, provides regulatory clarity for practitioners, and prevents future jurisdictional disputes between professions. We welcome dialogue with the bill's sponsors and the acupuncture community to develop language that achieves the legislation's legitimate goals while maintaining unambiguous patient safety standards.

NCBAHM MD - sb0370 Recommendations.pdf

Uploaded by: Tuesday Wasserman

Position: FWA



February 4, 2026

Chair Heather Bagnall
Maryland House Health Committee
240 Taylor House Office Building,
Annapolis, MD 21401

Re: Support for SB0370 – Acupuncture Practice Act Revisions

Dear Honorable Bagnall and Members of the House Health Committee,

I am writing to express my support for SB0370, which makes important updates to the statutes governing the practice of acupuncture in Maryland. I appreciate the bill's intent to strengthen public protection and professional accountability; however, I respectfully recommend that the Committee clarify language related to certification and examination requirements to ensure alignment with current national standards.

Clarification Needed on Certification and Examination Language

Section 1A–302(b) of the bill references “a passing score on an examination,” but this wording can be misleading. National board certification administered by the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) - formerly, NCCAOM - is not a single exam. Board Certification requires passing multiple, distinct exam modules, each of which assesses separate core competencies essential to safe practice.

Using the singular term “exam” throughout the bill may unintentionally imply that certification requirements can be satisfied through only one exam. In actuality, NCBAHM Certification for Acupuncture requires successful completion of three separate exam modules:

1. ACPL – Acupuncture with Point Location
Establishes competence in needle technique, point location accuracy, and foundational acupuncture skills.
2. FOM – Foundations of Oriental Medicine
Evaluates understanding of diagnostic theory, pattern differentiation, and classical East Asian medical principles—critical for accurate and safe patient assessment.
3. BIO – Biomedicine
Ensures acupuncturists have appropriate biomedical knowledge, including red flag conditions, contraindications, safety precautions, and referral guidelines.

These modules collectively establish the nationally recognized minimum standards for safe, entry-level acupuncture practice under current NCBAHM certification standards administered



by NCBAHM. Certification is awarded only after successful completion of all required examination modules, each addressing distinct and essential areas of practitioner competency.

To prevent ambiguity and maintain high standards of public safety, I recommend that HB0374 explicitly state that:

- Applicants must achieve passing scores on all required NCBAHM exam modules (not one single exam).
- The term “examination” be replaced with “required certification examinations” or otherwise clarified to reflect the multi-exam structure.-exam structure.
- Reference to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) be updated consistently throughout the statute to reflect the current national certifying body.

Accurate statutory language ensures that Maryland’s licensed acupuncturists have demonstrated competence in all areas required for safe practice. The ACPL, FOM, and BIO exams each address uniquely critical safety domains. Maintaining clear statutory language is important to ensure that certification requirements are fully understood and applied, supporting patient safety in areas such as diagnosis, needling technique, and identification of biomedical red-flag conditions.

SB0370 is a strong step toward modernizing the practice act. Ensuring that the certification language fully aligns with current national standards will strengthen the bill and reinforce Maryland’s commitment to patient safety and practitioner competence.

Thank you for your consideration and for your work in advancing high-quality healthcare policy in Maryland. I respectfully urge a favorable report on SB0370 with the recommended clarifying amendments.

NCBAHM stands ready to assist the State of Maryland as it considers these proposed rule adjustments. Thank you for your thoughtful consideration and for your continued commitment to protecting public health while ensuring access to safe, qualified acupuncture care. Please feel free to contact me at (703-314-2908) or mlarson@ncbahm.org should you require any further information.

Sincerely,

Mina M. Larson, M.S., MBA, CAE

Chief Executive Officer



NATIONAL CERTIFICATION BOARD™
FOR ACUPUNCTURE & HERBAL MEDICINE

SB0370_CarleahBowling_UNF

Uploaded by: Carleah Bowling

Position: UNF

Testimony:

SB0370 / HB 0374 Section F

Myself and the large majority of my colleagues in the massage therapy, physical therapy, and chiropractic fields are strongly opposed to any part of this law that would require an Acupuncturist license to practice acupressure for the following reasons.

Acupressure is a no-needle manual therapy technique that comes from Traditional Chinese Medicine (TCM), and follows TCM principles. Many of us as licensed massage therapists and other manual therapy practicing fields study it, were taught it in school, and use it as a regular part of our practice. Many modern manual therapy techniques owe homage to TCM.

Currently, acupressure can be practiced by all licensed manual therapy professions (massage therapists, acupuncturists, chiropractors, and physical therapists), and to my knowledge, anyone certified in acupressure regardless of licensure. It has never been under single profession ownership, and is commonly taught across bodywork practices in Continuing Education or directly in school programs.

Section F would prohibit LICENSED providers as well as certificate holding individuals from practicing acupressure or East Asian manual therapy techniques like shiatsu, because the practice of such would now require an Acupuncture license. Acupuncture licensure requires significant time, money, and potentially travel to out of state schools, as Maryland has limited options. This is not a reasonably accessible program for most current practitioners. Therefore, this law as it is written would likely deal significant damage (or completely destroy) a number of businesses in the above fields, as well as harm schools and Continuing Education providers who include it on their curriculum.

Further potential damages may occur as described below, if the definition of manual therapy in section F passes:

-Harm the income, rapport, and operation of businesses, like my own, by limiting the types of techniques we can practice even though we have trained for them.

-Harm our clients, by limiting the ways in which we are able to help them. I encountered my own health issues which were helped more by TCM than other techniques. I would be devastated if my trusted providers could no longer render these services. I know many of my clients share this fear with the way this law is written.

-Harm the ethics of our practices by removing the ability to involve and credit the contributions acupressure and TCM have on massage therapy and manual therapies.

-Destroy our connection point to clients who culturally identify with, or prefer this framework. This would damage the level of culturally relevant care we can provide to many individuals.

-Destroy the ability of massage therapists and other licensed professionals to participate in the scientific studies of acupressure and its impacts on modern medicine. It is a commonly used

technique in clinical manual therapy studies across the world, that would greatly benefit Marylanders if all professions remain able to collaborate and contribute.

-*Completely put out of business* many licensed professional practices that primarily use TCM manual therapy techniques like acupressure and shiatsu.

-*Completely put out of business* a very large number of small, primarily Chinese immigrant owned, businesses who rely on certificate based acupressure to deliver their cultural healing methods on a wider scale.

-Limit public access to acupressure and TCM manual therapy frameworks as a whole by reducing it to a solely acupuncturist practice.

-Cause accredited school programs in massage therapy and other manual therapy based professions to eliminate entire curriculums on acupressure, potentially lose attendance or accreditation, and limit valuable professional knowledge on East Asian frameworks

-Loss of income and hours of approved coursework of Continuing Education providers, including acupuncturists, who teach acupressure to other professions.

I believe Section F will be felt more strongly as a restriction and damage across other professions than as a benefit or gain to acupuncturists, who already maintain the ability to use this practice if they choose to.

The large majority of professionals I've spoken to strongly oppose this bill for the above reasons. However, I'd like to address the concerns of a small number of professionals who have expressed favor of additional acupressure regulations.

Some share the perspective that this bill could prevent sex trafficking by requiring a license for acupressure. While I strongly stand behind the intent of keeping people safe, I believe this approach to doing so is rooted in discrimination, and will impact many innocent lives. Let me clarify.

There is a known, harmful, stereotype in our industry about Asian massage clinics being involved with sex trafficking. Sex trafficking is a danger regardless of profession, and has been found to occur in various places beyond just acupressure facilities. It should be a known ethical danger to society to place any stereotypes or blanket statements on a community or their cultural practices in this way. The East Asian modality of acupressure SHOULD NOT be directly, under any circumstances, associated with sex work. As a licensed professional, I believe that sex trafficking is our enemy, not acupressurists, and not other professionals. It is a harmful misattribution, with particularly damaging effects on East Asian individuals and businesses, to believe that targeting acupressure is targeting sex trafficking.

Some hold the perspective that acupressure regulations should be put in place so that the general public can be kept safe within the practices of acupressure. This law could intend that by board ownership, this would ensure someone is regulating an intake and use protocol by preventing individuals from practicing under a non-licensed certificate.

This concern should not be applied to licensed professionals in any of the above industries that include manual therapy, as we already have training in safe touch of the human body, intake, sanitation, ethics, kinesiology, Anatomy & Physiology, and more. I believe this law should be denied until the Acupuncture Board and the Boards of Massage Therapy, Physical Therapy, and Chiropractics can agree on a means of regulating acupressure that does not limit anyone's scope of practice.

I understand then that this concern may be more targeted towards individuals practicing acupressure with a certificate, and no licensure. I will refer to these individuals as certified acupressurists. I'd like to reiterate that acupressure is a generally safe technique, with the most common side effects being mild bruising and soreness (common of all manual therapy side effects, and similar to the side effects of rigorous exercise or sports). Severe side effects are extremely rare, with no reported cases of death that I have been able to find in my research. This is because unlike acupuncture, which uses the insertion of needles, acupressure is entirely noninvasive. Routines are able to be performed over clothing, and may include, but do not require, deeper levels of pressure to be performed.

Conversely, acupuncture, which requires needle insertion, does come with a recorded risk of death in cases of malpractice or accident, though also extremely rare. This explains the significant difference in training and regulation needed between acupuncture and acupressure. If anyone is aware of cases of severe damage caused by manually applied acupressure practice, that have occurred with any level of frequency or concern to the general public, this may warrant further safeties. However, after 6 years and much research in the massage therapy industry, I have not come across these risks. The scope of practice for East Asian manual therapy techniques, while they teach an understanding of East Asian medicine and energy theories, do not in any way require a diagnostic or prescriptive practice.

While it is appreciated that our massage therapy advocacy organization is making sure that the law is amended to be distinct from Western massage therapy practices, it entirely misses the impact this law could have on businesses, communities, individuals, and schools or practices that use East Asian techniques. I argue that it may not even be ethical to force providers to separate these techniques, as East Asian medicine influences many bodywork practices and are already under-recognized for their contributions.

If the concern of public safety remains, possible alternative avenues of regulation are as follows that do not limit the scope of practice for licensed professionals, and provide certified acupressurists fair opportunity:

1) Maintain the system as is, but encourage boards or existing professionals to vet and recommend certificate based programs to ensure the quality of education is appropriate. A website or online platform can be updated with programs approved by the trusted professionals. Create initiatives to educate consumers on the differences between certified and licensed professionals, as well as which certificates have been vetted, to promote informed consent without eliminating options.

2)OR By updating the definition of manual therapy practices in ALL AFFECTED boards, WITHOUT using terminology that prohibits the entirety of acupressure as a practice. Certificate holders would need to abide by parameters of non-licensed practice, but do not lose the opportunity to practice their techniques all together. For example, if skin contact is a specific concern for non-license holders, modify the legal definitions of manual therapies such that bodywork with removal of clothing is only available to licensed professionals. Certified acupressurists do not lose the ability to practice acupressure, but to avoid infringing on the scope of licensed professionals, they would only be able to practice over clothing.

3) OR Similarly to how the massage board previously had RMP and LMT designations, more easily attained licensure with a reasonable number of hours could be proposed to regulate acupressure, by either board, with easily reachable programs in local trade schools or community colleges. Ideally these programs would be made with language accessibility considerations for the significant number of immigrant owned businesses affected. Furthermore, acupressure should remain within or be written into the scope of all practicing professional boards, to ensure no professionals lose their existing scopes.

I urge the boards to remove Section F of the bill until further consideration of ways to preserve as many ethical small businesses as possible. And as we try to find a solution that works for all, I ask you...

-To consider that many other unlicensed physical practices, such as personal training or sports, are generally considered safe for the public.

-To recognize and preserve the importance of culture and belief in these practices, and before passing judgement on certificate holders, consider that the level of adequate education on East Asian theories may look different for those raised with knowledge of these practices.

-To exercise caution and consideration when assigning any board ownership of cultural medicine regulations.

-To consider expanding consumer education and informed consent through community outreach as an alternative to professional overregulation.

-And finally, to consider unique solutions like the above mentioned licensure alternatives, if all boards agree that licensure is necessary for the safety of the public.

For the concern of prevention of sex trafficking, I reiterate that we should not associate East Asian medicine practices with sex work. Bodyworkers and massage therapists often carry the burden of proving our professionalism due to the unethical actions of others. We should instead target sex trafficking itself as the problem, rather than hyperregulating ethical professionals and businesses. We could begin this process by...

- Collaborating with survivors of trafficking to learn how to make it safer for victims to come forward

- Creating risk prevention programs, safe exit strategies, and rescue resources available in multiple languages

- Raising public awareness of red flags, so consumers know when to report a genuinely suspicious facility for audit

- Doing, as certain upcoming legislation proposes, and creating courses on professional awareness for trafficking so that we know when to report an incident or facility

I hope this is an opportunity to discuss exactly what safety concerns are present for this practice if not those listed above. That being said, within my professional experience, I do not feel as though Section F provides appropriate safeties to any of the above concerns, but instead inflicts greater damages. Until we can attain a method forward that does not harm the lives of many individuals, cultures, schools, and businesses, I ask that you share opposition to this section of the bill.

I believe that Marylanders and Maryland legislators want our state to be a home for culturally competent practices, small businesses, and fair opportunity. I believe that by changing Section F of this law such that it does not require an Acupuncture license to practice acupressure, we can hold true to these values, and find other avenues that work for all.

Tom_Swiss_LMT_acupressure_acupuncture_bill.pdf

Uploaded by: Tom Swiss

Position: UNF

Testimony in opposition to HB0374/SB0370

Tom Swiss, Dipl. ABT (NCBAHM), CP (AOBTA), LMT
2119 Arlonne Drive
Catonsville, MD, 21228

for himself and as a member of the **American Organization for Bodywork Therapies of Asia (AOBTA)**

Dear Senators and Delegates:

I come before you as **one of the people who would be criminalized by HB 374 / SB 370** now before the Senate finance committee and the House health committee. This bill would outlaw the practice of Asian Bodywork therapy (“manual therapies” performed along the “principles of East Asian medical theories and practices”) without an acupuncture license.

I am a 2004 graduate of the **Shiatsu and Asian Bodywork** program at the Baltimore School of Massage. I am **nationally certified** as a Diplomate in Asian Bodywork Therapy by the NCCAOM (recently renamed to the NCBAHM), an AOBTA Certified Practitioner, and a **Maryland Licensed Massage Therapist**.

I have practiced massage therapy and Asian Bodywork Therapy (ABT) for over 20 years.

I am a member of the **faculty of the Potomac Massage Training Institute**, where I have taught fundamentals of ABT to massage therapy students. (I’m scheduled to teach there later this month, but now I’ll have to warn students that this may become **forbidden knowledge!**)

And I am a member of the **medical staff of Mercy Hospital**, where I work with cancer and other chemotherapy patients using massage and Asian Bodywork therapy.

Indeed, just a few hours before I learned about this bill, I learned of the death of a patient I had been working with for over three years. I reflected on how I was there when she got the bad news about cancer infiltrating her brain, **how I tried to take away some small part of the grief and pain with my hands**, marveled at her strength as she made plans to continue the fight with radiation treatment. She was a strong advocate for the work I did there, **telling the head of the oncology department to make sure I was able to continue** to work with her.

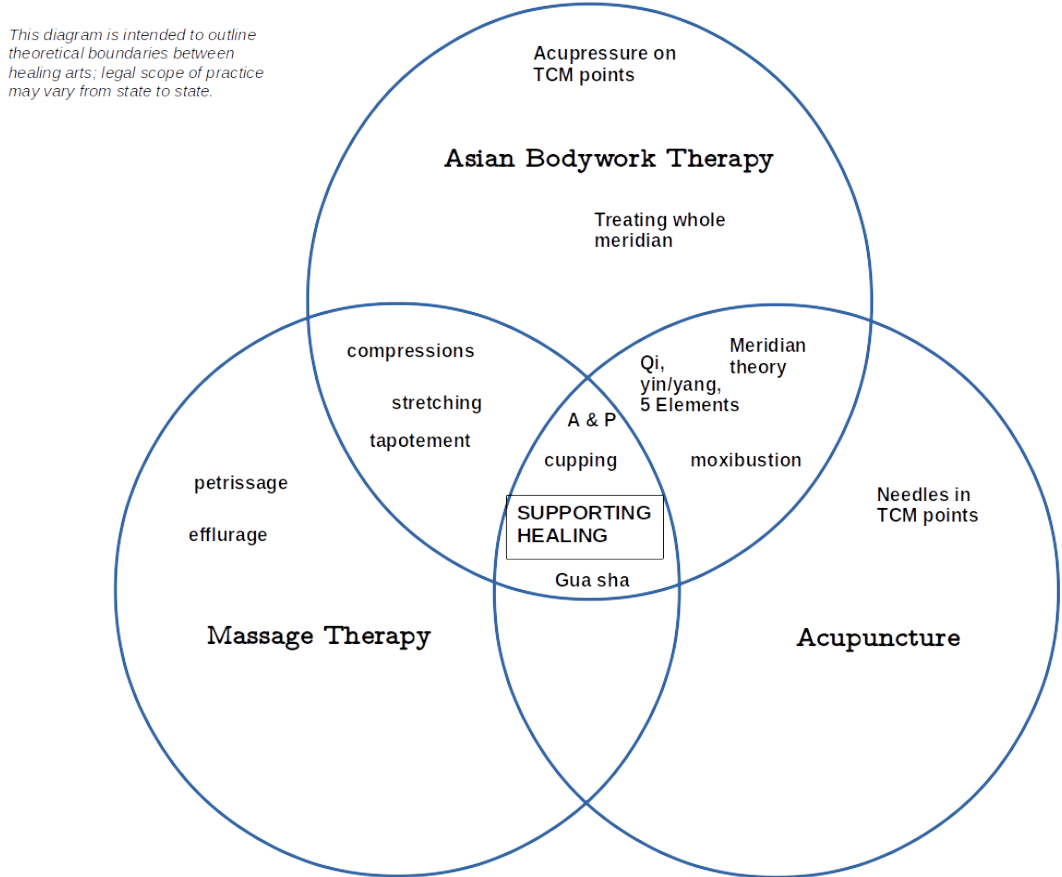
This bill proposes to incarcerate me if I continue such work.

My training at BSOM, and subsequent decades of continuing education, includes the theories of traditional East Asian Medicine, and manual therapies rooted in them, including shiatsu, acupressure, tui na, moxibustion, gua sha, and cupping.

Many of my teachers were practitioners of acupuncture as well as of Asian Bodywork therapy. I regard acupuncturists as colleagues, and have several times attended continuing education events put on by the Maryland Acupuncture Society.

I am therefore shocked and dismayed to see an attempt, apparently originating with the acupuncture board, to **destroy the practice of Asian Bodywork Therapy in Maryland** -- when some of us ABTs are certified by the same national board that certifies acupuncturists!

ABT is a distinct practice and profession from acupuncture. While we share a theoretical basis, the application is different – with shiatsu, for example, we treat an entire "meridian", while acupuncturists can only treat individual points. The theories, scopes of practice, and therapeutic methods of acupuncture, massage therapy, and ABT overlap – as do the theories, scopes of practice, and therapeutic methods of many healthcare professions.



Some ABT techniques fall under the legal definition of massage therapy in Maryland, and most Asian Bodywork therapists obtain **massage therapy licensure** to make use of them. Some use only static point acupressure, which is (properly) exempted from state massage regulation as it poses no risk to the public. **Point acupressure is an ancient folk medicine** that people have been doing for millennia. Indeed as a historical matter, acupressure was here first -- people figured out to press an acupoint long before they decided to stick a needle in one.

One can learn simple basic acupressure for self and family care out of a book. I routinely give clients simple self-care instructions. But acupressure can also be a much more complete and complex system. For example, psychotherapist Iona Marsaa Teeguarden developed the Jin Shin Do acupressure system in the 1970s; this system certifies practitioners with hundreds of hours of training.

We Asian Bodywork Therapists have been proudly practicing for decades across the United States, with no problems or issues that indicate a threat to the public requiring further government regulation, let alone a ban.

Acupuncturists deserve respect for their ability to use needles – an invasive process with chance of harm. It is reasonable for such a process to be regulated. Whether that regulation should permit acupuncturists to claim expertise or competence in Asian Bodywork therapy, is not the question that concerns me.

But static point **acupressure** poses absolutely **no threat or risk** to the public and there is no call to regulate it; especially not to **incarcerate people over it!**

Other manual modalities are the proper regulatory domain of the massage board. This bill **bizarrely** suggests that if as a massage therapist I rub a point and call it an “acupressure point” I may be jailed, but if I call it a “trigger point” I am free to practice. (Or **is it criminal to even know** that the point is “Gall Bladder 21”, “Shoulder Well”?)

Acupuncturists do not have a monopoly on applying the meridian and point theories of Chinese Medicine. There are several national organizations of acupressure and ABT practitioners, including the American Organization for Bodywork Therapies of Asia, the Ohashiatsu Network, the Acupressure Training Circle, and the Jin Shin Do Foundation. And it is proper and suitable for massage therapists to study these theories, integrate them with their knowledge of western anatomy and physiology.

This bill’s **redefinition of acupuncture** would **destroy** with the practice of Asian Bodywork therapy, and **interfere** with the practice of other massage therapists who have started to incorporate elements of ABT. It would **deprive our clients** of therapies they have come to appreciate and reply on.

It is a **grave injustice** and absolutely must be stopped.

I will be **happy to answer any questions you may have**, or to put you in contact with representatives from the national ABT professional organization, the AOBTA.

Further, I am appending a statement from Nate Novgrod, Lac, a licensed acupuncturist and continuing education provider who teaches manual therapies to both acupuncturists and massage therapists across the country and will be teaching later this year in Maryland.

Thank you for your consideration.

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To: The Honorable Members of the Senate & House

From: Nate Novgrod LAc / CEUseminars.org [2-5-26]

I am writing today to express my strong opposition to **Senate Bill 370**. While I support the mission of the State Acupuncture Board to ensure public safety, the new definitions proposed in this bill regarding "manual therapies" create a significant and scientifically unfounded encroachment on the scope of practice for Maryland's Licensed Massage Therapists (LMTs).

1. The Flawed Definition of "Energetic Physiology" SB 370 defines "Manual Therapies" as modalities that apply pressure or manipulation along points or meridians to normalize "energetic function". From a biological standpoint, physiology is physiology. All manual therapies—including massage—affect the body's energetic and electromagnetic systems, whether through nervous system regulation, blood flow, or cellular signaling. By claiming "energetic physiology" as the exclusive domain of acupuncture, this bill effectively prohibits any manual therapist from affecting the soft tissue if their intent is to influence the body's natural state.

2. Scope Overlap is the Norm, Not the Exception It is standard across all health professions for scopes of practice to overlap. Physical therapists, massage therapists, and acupuncturists all work with human soft tissue. SB 370 attempts to regulate the *framework of a practitioner's thought process* rather than the actual *technique* being applied. If an LMT applies pressure to a trigger point to relieve pain, it is considered massage. If the same LMT applies the same pressure but considers it a "meridian point," this bill would categorize that action as the unauthorized practice of acupuncture, punishable by significant fines and even felony charges for subsequent offenses.

3. Intent vs. Technique Acupuncture is defined by the use of needles. Manual pressure applied to the soft tissue is a fundamental component of massage therapy. A practitioner could simply rename their techniques—discussing "neuro-myofascial tracts" instead of "meridians"—to perform the exact same physical action. Laws should regulate physical safety and technical application, not the terminology or internal intent of a licensed professional performing safe, non-invasive manual pressure.

4. Economic Impact and Barriers to Care This bill would effectively ban common and safe practices like acupressure within a massage session unless the therapist holds a dual license. This places an undue burden on LMTs and limits the care options available to Maryland citizens who seek integrative, manual-based relief.

For these reasons, I urge the committee to issue an **Unfavorable Report** on SB 370. The definition of manual therapies in this bill is overbroad and threatens the livelihood of thousands of manual therapists who have safely served Marylanders for decades.