



Testimony on behalf of the Maryland Chiropractic Association
House Bill 374—State Acupuncture Board-Revisions

Support with Amendments

February 11, 2026

House Health Committee

The Maryland Chiropractic Association appreciates the opportunity to provide testimony on House Bill 374. 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.