

To: The House Health and Government Operations Committee / Senate Finance Committee Re: OPPOSITION to HB 374 / SB 370 – State Acupuncture Board – Revisions From: Angela Serabian, MSA, LAc, LMT

Date: February 9, 2026

### Statement of Opposition: Protecting Maryland's Wellness Workforce

I am writing to express my strong opposition to HB 374 and SB 370. As a dual-licensed practitioner (LAc and LMT) and a national leader in acupuncture advocacy, I believe this bill's attempt to grant the Acupuncture Board exclusive jurisdiction over "acupressure" is clinically unnecessary and ignores the long-standing safety record of the massage profession.

#### 1. Defining Acupressure: A Non-Invasive Manual Technique

Acupressure is simply the application of manual pressure using fingers, thumbs, or elbows to specific points on the body.

Surface vs. Invasive: Unlike acupuncture, which involves the insertion of needles to penetrate the skin and reach deeper tissue, acupressure is entirely non-invasive. It works on the surface of the skin to relieve muscle tension and promote relaxation.

Safety Profile: Because no needles are used, there is zero risk of infection, punctured organs, or nerve damage associated with needle insertion. For a Massage Therapist, performing acupressure is no more "harmful" than performing a standard deep-tissue massage; in fact, it is often gentler.

#### 2. Precedent for Success: The "Training Requirement" Model

We do not need to ban Massage Therapists from practicing acupressure to protect the public. Maryland has already established a successful regulatory model for shared modalities that requires additional training rather than exclusion.

The Cupping and Tool Precedent (HB 1497, 2024): In 2024, the General Assembly passed House Bill 1497 (Chapter 788). This bill successfully amended the definition of "practice massage therapy" to include massage cupping, muscle scraping, and vibration therapy, subject to additional education and training requirements.

A Better Path: I propose that acupressure be designated under both occupations. Just as LMTs must now meet specific Board-determined standards for cupping and scraping under HB 1497, the state should require specific Continuing Education (CE) credits for LMTs who wish to practice Acupressure or Shiatsu.

#### 3. The Financial and Professional Reality

Billing Disincentives: Under CPT codes 97810/97811, acupuncturists can treat multiple patients at once. Performing one-on-one manual therapy (CPT 97140) is financially inefficient for them. Granting them a monopoly over a service they are disincentivized to perform creates a "service desert" for patients.

The Shiatsu Factor: Shiatsu is a meridian-based massage modality practiced almost exclusively by bodyworkers. This bill would effectively "orphan" Shiatsu, making it illegal for the very therapists who are trained to provide it.

Inseparability: Every Swedish massage touches the body's meridians. You cannot legally or practically separate massage from the energetic pathways of the body.

### Conclusion

Acupressure is a part of the integrative practice of massage. I urge the committee to reject the exclusionary language of HB 374 / SB 370 and instead follow the successful precedent set by House Bill 1497 (2024). Let us require training and ensure safety without creating a monopoly that serves neither the practitioner nor the patient.

Sincerely,

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