

Esteemed Representatives, Senators and Delegates,

I strongly oppose HB374/SB0370 — the Acupuncture Reform Bill —and would like to share my perspective as a occupational therapist and national instructor of Insight Acupressure curriculum. I have completed acupressure Process and Clinical Acupressure training through Insight Acupressure, a rigorous, established curriculum with classes that have engaged more than 500 students in Maryland and 5,000 worldwide. This bill would negatively impact my professional practice, and deprive my clients of treatment they have come to rely upon.

I would like to respectfully offer the following points for your consideration regarding HB374/SB 0370 and the regulation of acupressure:

Acupressure is a distinct practice. Acupuncture and acupressure are fundamentally distinct practices. Acupuncture is an invasive, needle-based medical procedure requiring licensure, while acupressure is a non-invasive, touch-based modality used for wellness, self-care, and complementary support across multiple professions.

Risk of penalizing trained, ethical practitioners. We recognize and support the Acupuncture Board's concern regarding unlicensed individuals misrepresenting their training and, in some cases, engaging in unsafe or illegal activity. However, as currently written, HB374/SB0370 appears overly broad and risks penalizing trained, ethical practitioners rather than targeting the specific bad actors the Board seeks to regulate.

Scope of Practice. Acupressure is widely practiced within existing licensed scopes of practice and is not the exclusive domain of acupuncture. Massage therapists, nurses, occupational and physical therapists, and other allied health professionals use acupressure as a complementary, skilled-touch technique. These practitioners are not performing acupuncture and are regulated within their respective professional frameworks.

Acupuncturists seek post-graduate training in acupressure. It is also important to clarify that acupuncture training does not necessarily provide comprehensive education in acupressure. Many licensed acupuncturists actively seek additional training in established acupressure systems, demonstrating that these are distinct skill sets requiring separate, competency-based education.

"Underground" training programs. Established acupressure training programs should be recognized within any regulatory framework. Longstanding programs offering 150–700+ hours of training—including supervised practice, mentoring, and continuing education approval—represent rigorous, safety-focused education and should be explicitly included or grandfathered, rather than characterized as informal or “underground.”

Risk of regulatory overreach. The central issue appears to be enforcement and clarity, specifically, how to address unlicensed individuals who misrepresent services. Expanding the definition of acupuncture to include all non-invasive manual point therapies risks regulatory overreach without effectively resolving these enforcement challenges.

Suggestion for a more balanced approach. A more balanced approach would clearly distinguish needle-based acupuncture from non-invasive manual therapies, recognize qualified training pathways, and strengthen enforcement mechanisms where needed. This would protect the public while preserving access to safe, complementary wellness practices that Maryland residents currently rely upon.

Thank you again for your time, consideration, and thoughtful engagement on this important issue. I would welcome the opportunity to continue the dialogue.

Sincerely,

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