General Comments: The Alliance for Massage Therapy Education (AFMTE) thanks the Federation of State Massage Therapy Boards (FSMTB) for the opportunity to comment on the publication of the FSMTB’s proposed Model Practice Act for massage therapy (MPA). After reviewing the document, AFMTE board members shared their feedback based on personal beliefs, public comments, members’ feedback, and evaluation of the MPA and a thorough discussion of the potential effects of this act. With this in mind the AFMTE would like to offer the following feedback to FSMTB.

Section 101 Title of Act—The Alliance supports the title of the MPA

Section 102 Legislative Declarations—The Alliance supports this section, but would like to see it strengthened through inclusion of language similar to the Iowa practice act "No city, county, or other governmental jurisdiction within this state shall impose any regulations on Licensed Massage Therapists that are not equally imposed on all state licensed health care providers."

Section 103 Definitions—Sub-Section B: Approved Massage Therapy Education Program. The Alliance commends the committee for their work on this section. At this time, it is the belief of AFMTE that requiring accreditation of all massage schools will negatively impact the massage field by putting many smaller schools out of business. While AFMTE supports accreditation of all massage schools, we believe the MPA should include language allowing individual state massage therapy boards the ability to approve schools based on a set of common standards such as those developed by COMTA, including a review of curriculum. If no such language is included, AFMTE suggests removing the language requiring accreditation until the DOE, COMTA and FSMTB can work collaboratively to create an accreditation that works for the entire massage school sector. It is further noted the Alliance prefers a competency based approach, rather than an hours based approach to entry-level education.

Sub-Section K: Examination—The Alliance supports a defensible exam, administered by the Board, but strongly feels this language should be left to rule, not statute. The Alliance supports a change in language to read, “An exam developed according to accepted psychometric standards and approved by the Board.” This will allow for easier changes in the future as the industry matures.
Section 104 Practice of Massage—In general Alliance believes this is a limited scope of practice that takes a step backwards for many massage therapists. The Alliance supports adoption of a Scope of Practice similar to the language proposed by Rick Rosen:

“PRACTICE OF MASSAGE THERAPY.

A healthcare service of the healing arts provided to clients by a person who is licensed pursuant to this Act.

1. The practice includes:
   (a) Assessment of the functional and structural characteristics of the myofascial network and related systems of the body through tactile, visual and verbal methods;
   (b) Treatment of the myofascial network and related systems of the body using manual methods, or by mechanical or electrical devices or tools that emulate or enhance the action of human hands;
   (c) Active or passive movement of the body within the normal anatomical range of movement;
   (d) Application of lubricants and other topical agents to the skin;
   (e) Use of hydrotherapy and other adjunctive methods to produce therapeutic effects;
   (f) Client education to facilitate body awareness and self-care;
   (g) Treatment planning, communicating or collaborating with massage therapists and other licensed health care providers, and engaging in research, teaching and administration.

2. Primary areas of application for massage therapy include:
   (a) Wellness/Stress Reduction: treatment that supports the general health and well-being of the client, facilitates the relaxation response, addresses patterns of chronic tension related to stress, reduces pain and discomfort, promotes a more positive sense of self;
   (b) Corrective/Rehabilitative: treatment that addresses specific symptoms or conditions, provides rehabilitation from the effects of injury, trauma or surgery;
   (c) Performance Optimization: treatment that improves the performance of specific activities or occupations, facilitates postural alignment and more efficient ergonomic patterns of use;
   (d) Palliative: treatment for clients in recovery from illness or in the end stage of life that focuses on providing psychosocial support and relief from discomfort;
   (e) Integrative: treatment that promotes awareness of the connections within the physical, cognitive and emotional aspects of the client, as well as treatment in conjunction with other licensed medical or mental health providers in a coordinated plan of care.

3. The practice does not include:
   (a) The diagnosis of illness or disease;
(b) Medical procedures, high-velocity low-amplitude chiropractic adjustive procedures, or prescription of medicines.
(d) The use of modalities for which a license to practice medicine, chiropractic, nursing, physical therapy, occupational therapy, acupuncture or podiatry is required by law; or
(d) Sexual activity of any kind.”

**Sub-Section 1:**
The alliance believes this language should read “Assessment, evaluation, and treatment. The current wording of “or” could be interpreted to mean massage therapists can assess or treat, but not both.

**Sub-Section 2:**
The Alliance believes this language should read “Pressure, friction, stroking, gliding, kneading, percussion and vibration.” Current wording of “or” could be interpreted to mean we can only do one.

**Sub-Section 5:** The Alliance believes this language should be changed to “including but not limited to...” As written, current language could prevent massage therapists from using essential oils, homeopathics, counter-irritants etc. The current language unnecessarily limits the massage therapist’s scope of practice.

**Section 105 Special Provisions**—The Alliance supports special provisions to accommodate inter-state travel of massage therapists, instructors and CE providers. It was noted a National Approval for CE providers would seem preferable to a state-by-state process, allowing for easier travel and less burdensome approval for instructors.

**Sub-section 3—Declared Emergencies**—The Alliance supports the formation of Nationally Approved Massage Emergency Response Teams (MERT), prior to an emergency, not after the fact. MERT’s should be allowed a 30-day window to assist in disaster situations without individual state board approvals. If MERT teams require board approval, this will limit the effect they can have during a disaster since many boards do not meet regularly. The Alliance believes it is restricting to require board approval and will prevent massage therapists from getting to a disaster area outside of their state. It is noted that state boards could develop the criteria for a MERT to operate in their state.

**Section 204 Terms of office**—The Alliance supports this section as written, although there is a typo in the next to last line of section 204 using “be” twice
**Section 212 Source of Examination**—The Alliance supports this section as written. The entry level examination should be legally defensible, psychometrically sound and developed by the federation. It is also the belief of the Alliance that the NCB or other non-profit organization should focus on creating specialty certifications for the advanced practice of massage therapy.

**Section 403 Unlawful Practice**—The Alliance supports this section as written, although there is a typo “Practice” in the title should be capitalized

The Alliance for Massage Therapy Education would like to thank the FSMTB for the time and effort spent on this project for our profession. We sincerely respect your time, efforts and expertise. Statutes are difficult to create, and often the best intentions and deliberations miss something or do not recognize opportunities or potential. If no comment is made for a particular section, the Alliance has no reason to believe they would negatively harm the profession. We submit these comments and suggestion based on our collective experience as educators, massage therapists and partners and on behalf of our membership.

The Alliance Board of Directors

Pete Whitridge
Su Bibik
Eric Polgar
Christa Fratantoro
Stephanie Beck
Cherie Sohnen-Moe
Stan Dawson
Gloria Lawrence
Dawn Saunders