

06 - 0371



# Minnesota Council of Health Boards

## Legislative Review of Health Occupation Program

---

Massage Therapy Registration

# Contents

Summary of Sub-Committee.....Tab 1

Proposed Legislation .....Tab 2

Response to CHB Request ..... Tab 3

# MINNESOTA COUNCIL OF HEALTH BOARDS

## REVIEW OF LEGISLATIVE REQUEST HEALTH OCCUPATION REVIEW

### **History:**

In 2001, the legislature enacted a law requiring the Council of Health Boards, upon request by the legislature, to submit information to the legislature on proposals relating to health occupation regulation. The purpose of the law is to enable the legislature to have objective information from a neutral source for use in evaluating proposals to regulate new occupations or to change the regulatory status of occupations already regulated.

## REGISTRATION SYSTEM FOR MASSAGE THERAPISTS AND ORIENTAL BODYWORK THERAPISTS

### **Process:**

Diane Krueger, American Massage Therapy Association, Minnesota Chapter submitted all documentation relative to the review of the proposed legislation by the Council of Health boards.

Following is a list of members from the Council of Health Boards and associated board staff assigned to the subcommittee for review of proposed legislation for the regulation of massage therapists and oriental bodywork therapists:

- Rosemary Kassekert, Board of Chiropractic Examiners
- Corinne Ellingham and Stephanie Lunning, Board of Physical Therapy
- Yvonne Hundshamer and Laurie Mickelson, Board of Dietetics and Nutrition Practice

In the 2002 legislative session, H.F. No. 401 / S.F. 616 was introduced which would establish a registration system for massage therapists and oriental bodywork therapists. The registration system would operate as an advisory council to the Board of Chiropractic Examiners. This legislative proposal was forwarded to the Council of Health Boards for its review pursuant to Minnesota Statutes Chapter 214.

The Council of Health Boards established a subcommittee to review the proposal and to report back to the council with its findings.

Each member of the subcommittee was sent a copy of the materials submitted by the American Massage Therapy Association, Minnesota Chapter. These materials consisted of a copy of the proposed legislation, the association's answers to the questions contained in the Minnesota Health Occupation Review Program manual and background documents providing further information.

The first task was for the subcommittee members to review the responses to the questionnaire and numerically rate the workbook responses on the ratings worksheet. A rating of positive 1 or 2 would indicate that the information supports the proposal, a rating of negative 1 or 2 would mean that the information provided does not support the proposal. The subcommittee met on December 17, 2002 to evaluate the results of the committee member's independent review of the submitted answers.

**Findings:**

- *After the committee reviewed and evaluated the submitted materials, it was concluded that the documentation does not support the proposal for registration of massage therapists and oriental bodywork therapists.*
- *Although the proponents of the new registration requirements addressed each question included in the Minnesota Health Occupations Review Program Worksheet, the responses were consistently inadequate to substantiate the need for the proposed regulatory process.*
- *The broad definitions do not prohibit these practitioners from treating medical conditions, as stated in Section 148D.01, Subd. 5 and 9.*
- *Section 148D.01, Subd. 5 and 9 also state that no diagnosis will be made by the massage and oriental bodywork therapists, therefore there can be no initial or ongoing assessment or outcome measurement.*
- *The absence of any form of referral, communication, coordination or collaboration with healthcare providers fails to protect the public.*
- *Because of the voluntary nature of the proposed regulation, the entire profession will not be held to the education standards and not subject to disciplinary sanctions described in the proposed legislation.*
- *The documents submitted to the committee do not support a change from the existing system of regulation for this profession through the Office of Unlicensed Complementary and Alternative Health Care Practice of the Minnesota Department of Health.*

**Appendix:**

Attached are supporting documents submitted by Diane Krueger, American Massage Therapy Association, Minnesota Chapter.



# Minnesota House of Representatives

[Legislature Home](#) | [Search](#) | [Help](#) | [Links to the World](#)

[House](#) | [Senate](#) | [Legislation & Bill Status](#) | [Laws, Statutes & Rules](#) | [Joint Depts. & Commissions](#)

KEY: ~~stricken~~ = old language to be removed  
underscored = new language to be added

NOTE: If you cannot see any difference in the key above, you need to change the display of stricken and/or underscored language.

[Authors and Status](#) ■ [List versions](#)

**H.F No. 401, as introduced: 82nd Legislative Session (2001-2002) Posted on Jan 29, 2001**

- 1.1 A bill for an act  
 1.2 relating to health professions; establishing a  
 1.3 registration system for massage therapists and  
 1.4 Oriental bodywork therapists; authorizing rulemaking;  
 1.5 providing criminal penalties; amending Minnesota  
 1.6 Statutes 2000, sections 13.411, by adding a  
 1.7 subdivision; 116J.70, subdivision 2a; 144.335,  
 1.8 subdivision 1; 214.23, subdivision 1; and 604A.01,  
 1.9 subdivision 2; proposing coding for new law as  
 1.10 Minnesota Statutes, chapter 148D.  
 1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:  
 1.12 ARTICLE 1  
 1.13 MASSAGE THERAPISTS AND ORIENTAL BODYWORK THERAPISTS  
 1.14 Section 1. [148D.01] [DEFINITIONS.]  
 1.15 Subdivision 1. [SCOPE.] The terms defined in this section  
 1.16 apply to this chapter.  
 1.17 Subd. 2. [BOARD.] "Board" means the state board of  
 1.18 chiropractic examiners.  
 1.19 Subd. 3. [CUPPING.] "Cupping" means a therapy in which a  
 1.20 jar-shaped instrument is attached to the skin and negative  
 1.21 pressure is created by using suction.  
 1.22 Subd. 4. [MASSAGE THERAPIST.] "Massage therapist" means a  
 1.23 health care provider who practices massage therapy.  
 1.24 Subd. 5. [MASSAGE THERAPY.] "Massage therapy" means a  
 1.25 health care profession that involves the application of a system  
 1.26 of structured touch, pressure, movement, and holding to the soft  
 1.27 tissues of the human body in which the primary intent is to  
 1.28 enhance or restore the health and well-being of the client.  
 2.1 Massage therapy includes methods or techniques such as  
 2.2 effleurage, petrissage, tapotement, compression, vibration, or  
 2.3 friction applied manually or by mechanical device that mimics or  
 2.4 enhances the actions of the hands, and the application of oils,  
 2.5 lotions, or similar preparations. Massage therapy is  
 2.6 administered for the purposes of maintaining, restoring, and  
 2.7 enhancing health; relaxing musculature; increasing range of  
 2.8 motion; reducing stress; relieving pain; and improving  
 2.9 circulation or lymphatic flow, or both. It does not include any  
 2.10 form of diagnosis, nor does it attempt to adjust or manipulate  
 2.11 any articulations of the body or spine as described in section  
 2.12 146.23 or 148.01, nor to mobilize articulations of the body or  
 2.13 spine by means of a thrusting force.  
 2.14 Subd. 6. [MOXIBUSTION.] "Moxibustion" means the

2.15 application of heat to acupuncture points or other areas of the  
 2.16 body by the use of the herb commonly known as moxa. To treat a  
 2.17 specific point, the herb is generally powdered, rolled into a  
 2.18 small cone, and lit.

2.19 Subd. 7. [MUNICIPALITY.] "Municipality" means a county,  
 2.20 town, home rule charter or statutory city, or other municipal  
 2.21 corporation or political subdivision of the state.

2.22 Subd. 8. [ORIENTAL BODYWORK THERAPIST.] "Oriental bodywork  
 2.23 therapist" means a health care provider who practices Oriental  
 2.24 bodywork therapy.

2.25 Subd. 9. [ORIENTAL BODYWORK THERAPY.] "Oriental bodywork  
 2.26 therapy" means a health care profession that uses Oriental  
 2.27 medical theory and principles and Oriental massage methods or  
 2.28 techniques including pressure; kneading; vibration; tapping;  
 2.29 placement of the hands on the body to affect the energy field of  
 2.30 the body; the topical application of herbal preparations, oils,  
 2.31 liniments, magnets, cupping, moxibustion, or other devices; and  
 2.32 the application of heat or cold. Oriental bodywork therapy is  
 2.33 administered for the purposes of maintaining, restoring, and  
 2.34 enhancing health; relaxing musculature; increasing range of  
 2.35 motion; reducing stress; relieving pain; and improving  
 2.36 circulation or lymphatic flow, or both. It does not include any  
 3.1 form of diagnosis, nor does it attempt to adjust or manipulate  
 3.2 any articulations of the body or spine as described in section  
 3.3 146.23 or 148.01, nor to mobilize articulations of the body or  
 3.4 spine by means of a thrusting force.

3.5 Subd. 10. [ORIENTAL MEDICINE.] "Oriental medicine" means a  
 3.6 system of healing arts that perceives the circulation and  
 3.7 balance of energy in the body as being fundamental to the  
 3.8 well-being of the individual. Oriental medicine implements this  
 3.9 theory through specialized methods of analyzing the energy  
 3.10 status of the body and treating the body with Oriental bodywork  
 3.11 therapy and other related modalities for the purposes of  
 3.12 strengthening the body, improving energy balance, maintaining or  
 3.13 restoring health, improving physiological function, and reducing  
 3.14 pain.

3.15 Sec. 2. [148D.02] [APPLICATION OF CHAPTER.]

3.16 This chapter applies only to individuals who are applicants  
 3.17 for state registration, who are state registered, who represent  
 3.18 that they are state registered, or who use protected titles.  
 3.19 This chapter does not require state registration by somatic  
 3.20 practitioners, touch therapists, or individuals who practice  
 3.21 massage therapy or Oriental bodywork therapy.

3.22 Sec. 3. [148D.03] [DUTIES OF THE STATE BOARD OF  
 3.23 CHIROPRACTIC EXAMINERS.]

3.24 The board, in consultation with the advisory council  
 3.25 established under section 148D.11, shall:

3.26 (1) determine necessary forms;

3.27 (2) issue registrations to qualified applicants;

3.28 (3) keep a complete record of registered massage therapists  
 3.29 and Oriental bodywork therapists, maintain a current official  
 3.30 listing of the names and addresses of registered massage  
 3.31 therapists and Oriental bodywork therapists, and make a copy of  
 3.32 the listing available upon request to any member of the public  
 3.33 upon payment of a copying fee; and

3.34 (4) employ appropriate personnel and establish their duties.

3.35 Sec. 4. [148D.04] [REGISTRATION.]

3.36 Subdivision 1. [ESTABLISHMENT.] The board shall establish  
 4.1 a registration system for massage therapists and Oriental  
 4.2 bodywork therapists who apply for registration. The board shall

4.3 issue a registration to an individual applying for massage  
 4.4 therapy registration who meets the qualifications in section  
 4.5 148D.06 or 148D.08, or to an individual applying for Oriental  
 4.6 bodywork therapy registration who meets the qualifications in  
 4.7 section 148D.07 or 148D.08.

4.8 Subd. 2. [REGISTRATION PROCEDURES.] To apply for  
 4.9 registration, an applicant must:

4.10 (1) submit an application for registration at a time and in  
 4.11 a form established by the board; and

4.12 (2) submit all fees required by the board.

4.13 Subd. 3. [ADVERTISING.] A state registered therapist's  
 4.14 registration number must appear in all advertisements by the  
 4.15 therapist.

4.16 Sec. 5. [148D.05] [TITLE PROTECTION.]

4.17 Subdivision 1. [PROTECTED TITLES.] No individual may use  
 4.18 or advertise in a public or private communication any title  
 4.19 protected in this chapter unless the individual is registered  
 4.20 under this chapter. Protected titles are registered massage  
 4.21 therapist (RMT), state registered massage therapist (SRMT),  
 4.22 registered Oriental bodywork therapist (ROBT), state registered  
 4.23 Oriental bodywork therapist (SROBT), or any other derivation or  
 4.24 abbreviation of terms that indicate or imply registration by the  
 4.25 state of Minnesota as a massage therapist or Oriental bodywork  
 4.26 therapist.

4.27 Subd. 2. [TITLES NOT PROTECTED.] A practitioner of massage  
 4.28 therapy or Oriental bodywork therapy, including individuals who  
 4.29 are not registered under this chapter, may use any title not  
 4.30 protected by this chapter that implies or indicates a massage  
 4.31 therapy or Oriental bodywork therapy technique, method, or  
 4.32 practitioner, including, but not limited to, the title massage  
 4.33 therapist or Oriental bodywork therapist.

4.34 Subd. 3. [CERTIFICATES FROM OTHER ORGANIZATIONS.] Massage  
 4.35 therapists or Oriental bodywork therapists who have received  
 4.36 certificates from organizations, associations, or educational  
 5.1 corporations are not prohibited from using the term "certified"  
 5.2 in any form of advertising when referring to those trainings,  
 5.3 provided that the originating body for the certification is  
 5.4 stated clearly in the advertisement.

5.5 Sec. 6. [148D.06] [QUALIFICATIONS FOR REGISTRATION;  
 5.6 MASSAGE THERAPY.]

5.7 Except as provided in section 148D.08, an applicant for  
 5.8 state registration for massage therapy must meet all of the  
 5.9 following requirements:

5.10 (1) be 18 years of age or older;

5.11 (2) have obtained a high school diploma or the equivalent;

5.12 (3) show evidence of maintaining current professional  
 5.13 liability insurance;

5.14 (4) have achieved a passing score on the National  
 5.15 Certification Examination for Therapeutic Massage and Bodywork  
 5.16 or a board-approved, psychometrically formulated examination;

5.17 (5) have done one of the following: (i) successfully  
 5.18 completed a course of study consisting of 500 or more classroom  
 5.19 hours of supervised instruction from a recognized school with a  
 5.20 curriculum that meets the basic guidelines under section 148D.18  
 5.21 for massage therapy; or (ii) qualified for the National

5.22 Certification Examination for Therapeutic Massage and Bodywork  
 5.23 by the portfolio review process or the current equivalent; and

5.24 (6) have achieved a passing score on an examination of  
 5.25 relevant state laws, if an examination is prescribed by the  
 5.26 board.

- 5.27 Sec. 7. [148D.07] [QUALIFICATIONS FOR REGISTRATION;  
 5.28 ORIENTAL BODYWORK THERAPY.]  
 5.29 Except as provided in section 148D.08, an applicant for  
 5.30 state registration for Oriental bodywork therapy must meet all  
 5.31 of the following requirements:  
 5.32 (1) be 18 years of age or older;  
 5.33 (2) have obtained a high school diploma or the equivalent;  
 5.34 (3) show evidence of maintaining current professional  
 5.35 liability insurance;  
 5.36 (4) have achieved a passing score on the Comprehensive  
 6.1 Written Examination in Oriental Bodywork Therapy administered by  
 6.2 the National Commission for the Certification of Acupuncture and  
 6.3 Oriental Medicine, the National Certification Examination for  
 6.4 Therapeutic Massage and Bodywork, or a board-approved,  
 6.5 psychometrically formulated examination;  
 6.6 (5) have done one of the following: (i) successfully  
 6.7 completed a course of study consisting of 500 or more classroom  
 6.8 hours of supervised instruction from a recognized school with a  
 6.9 curriculum that meets the basic guidelines under section 148D.18  
 6.10 for Oriental bodywork therapy; (ii) qualified for the  
 6.11 Comprehensive Written Examination in Oriental Bodywork Therapy  
 6.12 by the portfolio review process or the current equivalent; or  
 6.13 (iii) qualified for the National Certification Examination for  
 6.14 Therapeutic Massage and Bodywork with training hours that  
 6.15 include 260 or more classroom hours of Oriental bodywork therapy  
 6.16 and applications; and  
 6.17 (6) have achieved a passing score on an examination of  
 6.18 relevant state laws, if an examination is prescribed by the  
 6.19 board.  
 6.20 Sec. 8. [148D.08] [INDIVIDUALS FROM OTHER JURISDICTIONS.]  
 6.21 Subdivision 1. [REGISTRATION BY RECIPROCITY.] Applications  
 6.22 from individuals from another United States jurisdiction or  
 6.23 another country seeking state registration for massage therapy  
 6.24 or Oriental bodywork therapy in this state must be considered  
 6.25 individually. In order for a license, registration, or  
 6.26 certification from another jurisdiction to be recognized for  
 6.27 registration in this state, the home regulating jurisdiction of  
 6.28 the applicant must have requirements substantially equal to or  
 6.29 exceeding those of this state. In applying for registration  
 6.30 under this section, applicants must provide the following:  
 6.31 (1) an official document from the jurisdiction's regulatory  
 6.32 authority verifying the status of the applicant's license,  
 6.33 registration, or certification, including date of issuance, date  
 6.34 of expiration, and information regarding any disciplinary  
 6.35 action;  
 6.36 (2) a statement from the jurisdiction's regulatory  
 7.1 authority outlining the regulatory requirements of that  
 7.2 jurisdiction; and  
 7.3 (3) proof of a passing score on the National Certification  
 7.4 Examination for Therapeutic Massage and Bodywork, the  
 7.5 Comprehensive Written Examination in Oriental Bodywork Therapy,  
 7.6 or a board-approved, psychometrically formulated examination.  
 7.7 Subd. 2. [VISITING INSTRUCTORS.] A visiting massage  
 7.8 therapy or Oriental bodywork therapy instructor from another  
 7.9 United States jurisdiction or another country who wishes to  
 7.10 teach massage therapy or Oriental bodywork therapy in this state  
 7.11 is not required to be registered in this state.  
 7.12 Sec. 9. [148D.09] [RULEMAKING.]  
 7.13 The board shall adopt rules:  
 7.14 (1) to establish health and sanitation standards for the



- 7.15 practice of massage therapy and Oriental bodywork therapy;  
 7.16 (2) to adopt a code of ethics and a client bill of rights;  
 7.17 (3) to establish continuing education requirements;  
 7.18 (4) to establish procedures for registration and  
 7.19 registration renewal; and  
 7.20 (5) that the board finds necessary to administer this  
 7.21 chapter to protect the public health, safety, and welfare.  
 7.22 Sec. 10. [148D.10] [MUNICIPAL REGULATION.]  
 7.23 Subdivision 1. [PREEMPTION.] A municipality may not  
 7.24 require an individual who is state-registered under this chapter  
 7.25 and who performs massage therapy or Oriental bodywork therapy  
 7.26 within its jurisdiction to also hold a professional massage  
 7.27 therapy or Oriental bodywork therapy license issued by the  
 7.28 municipality. Nothing in this chapter preempts or supersedes  
 7.29 any municipal ordinance relating to land use, building and  
 7.30 construction requirements, nuisance control, the licensing of  
 7.31 commercial enterprises in general, or the professional licensing  
 7.32 of individuals who are not state-registered under this chapter  
 7.33 but who perform massage therapy or Oriental bodywork therapy.  
 7.34 Subd. 2. [MUNICIPAL DISCRETION.] A municipality may, by  
 7.35 ordinance, require all persons performing massage therapy or  
 7.36 Oriental bodywork therapy within its jurisdiction to hold a  
 8.1 current state registration under this chapter.  
 8.2 Sec. 11. [148D.11] [ADVISORY COUNCIL.]  
 8.3 (a) The advisory council for massage therapy and Oriental  
 8.4 bodywork therapy consists of seven members appointed by the  
 8.5 board to carry out the provisions of this section.  
 8.6 (b) The advisory council shall consist of:  
 8.7 (1) three state registered professional members  
 8.8 representing massage therapy;  
 8.9 (2) two state registered professional members representing  
 8.10 Oriental bodywork therapy; and  
 8.11 (3) two public members, as defined in section 214.02.  
 8.12 (c) The advisory council shall:  
 8.13 (1) advise the board on adoption of rules and the  
 8.14 enforcement of rules and statutes;  
 8.15 (2) advise the board on rules for applications for  
 8.16 registration and for renewal;  
 8.17 (3) review applications for registration and for renewal,  
 8.18 and make recommendations to the board;  
 8.19 (4) in accordance with chapter 214, review complaints,  
 8.20 including all related investigatory materials, against state  
 8.21 registered massage therapists or Oriental bodywork therapists,  
 8.22 and following such review, forward the complaints and all  
 8.23 related investigatory materials to the board and advise the  
 8.24 board on appropriate disposition of the complaints;  
 8.25 (5) propose a biennial budget to the board;  
 8.26 (6) propose recommendations for continuing education to the  
 8.27 board; and  
 8.28 (7) perform other duties authorized for advisory councils  
 8.29 under chapter 214, as directed by the board.  
 8.30 (d) The advisory council shall be organized and  
 8.31 administered under section 15.059, except that appointments to  
 8.32 the initial advisory council shall be governed by section 22.  
 8.33 Sec. 12. [148D.12] [GROUNDS FOR DISCIPLINARY ACTION;  
 8.34 DATA.]  
 8.35 Subdivision 1. [GROUNDS LISTED.] (a) The board may refuse  
 8.36 to grant, revoke, suspend, limit, or condition the registration  
 9.1 of a therapist registered under this chapter, or otherwise  
 9.2 discipline a state registered therapist or applicant as

9.3 described in section 148D.13. Actions in paragraphs (b) to (c)  
 9.4 are grounds for disciplinary action.

9.5 (b) Employing fraud or deceit in procuring or attempting to  
 9.6 procure a state registration for massage therapy or Oriental  
 9.7 bodywork therapy or attempting to subvert the registration  
 9.8 examination process.

9.9 (c) Conviction of a felony, gross misdemeanor, or  
 9.10 misdemeanor reasonably related to the practice of massage  
 9.11 therapy or Oriental bodywork therapy. Conviction as used in  
 9.12 this paragraph includes a conviction of an offense that, if  
 9.13 committed in this state, would be considered a felony, gross  
 9.14 misdemeanor, or misdemeanor without regard to its designation  
 9.15 elsewhere, or a criminal proceeding where a finding or verdict  
 9.16 of guilt is made or returned but the adjudication of guilt is  
 9.17 either withheld or not entered.

9.18 (d) Revocation, suspension, limitation, conditioning, or  
 9.19 other disciplinary action taken against the person's massage  
 9.20 therapy or Oriental bodywork therapy license, registration, or  
 9.21 certification in another state, territory, or country; failure  
 9.22 to report to the board that charges regarding the person's  
 9.23 license, registration, or certification are pending in another  
 9.24 state, territory, or country; or having been refused a license,  
 9.25 registration, or certification by another state, territory, or  
 9.26 country.

9.27 (e) Engaging in unprofessional conduct, including, but not  
 9.28 limited to, a departure from or failure to comply with statutes  
 9.29 or board rules for massage therapy or Oriental bodywork therapy,  
 9.30 or, if no rule exists, to the minimal standards of acceptable  
 9.31 and prevailing massage therapy or Oriental bodywork therapy; or  
 9.32 any massage therapy or Oriental bodywork therapy practice that  
 9.33 may create unnecessary danger to a client's life, health, or  
 9.34 safety. Actual injury to a client need not be established under  
 9.35 this clause.

9.36 (f) Actual or potential inability to practice massage  
 10.1 therapy or Oriental bodywork therapy with reasonable skill and  
 10.2 safety to clients by reason of illness; use of alcohol, drugs,  
 10.3 chemicals, or any other material; or as a result of any mental  
 10.4 or physical impairment or condition.

10.5 (g) Engaging in any unethical conduct, including, but not  
 10.6 limited to, conduct likely to deceive, defraud, or harm the  
 10.7 public, or demonstrating a willful or careless disregard for the  
 10.8 health, welfare, or safety of a client. Actual injury to a  
 10.9 client or to the public need not be established under this  
 10.10 paragraph.

10.11 (h) Engaging in conduct with a client that is sexual or may  
 10.12 reasonably be interpreted by the client as sexual, or in any  
 10.13 verbal behavior that is seductive or sexually demeaning to a  
 10.14 client, or engaging in sexual exploitation of a client or former  
 10.15 client.

10.16 (i) Obtaining money, property, or services from a client,  
 10.17 other than reasonable fees for services provided to the client,  
 10.18 through the use of undue influence, harassment, duress,  
 10.19 deception, or fraud, or any other act that exploits the client  
 10.20 for financial gain.

10.21 (j) Revealing a privileged communication from or relating  
 10.22 to a client except when otherwise required or permitted by law.

10.23 (k) Engaging in abusive or fraudulent billing practices,  
 10.24 including violations of federal Medicare and Medicaid laws or  
 10.25 state medical assistance laws.

10.26 (l) Improper management of client records, including

10.27 failure to maintain adequate client records, to comply with a  
10.28 client's request made pursuant to section 144.335, or to furnish  
10.29 a client record or report required by law.

10.30 (m) Violating a rule adopted by the board, an order of the  
10.31 board, or a state or federal law relating to the practice of  
10.32 massage therapy or Oriental bodywork therapy, or a state or  
10.33 federal narcotics or controlled substance law.

10.34 (n) Making a false statement or knowingly providing false  
10.35 information to the board or the advisory council, failing to  
10.36 make reports as required by section 148D.14, or failing to  
11.1 cooperate with an investigation of the board as required by  
11.2 section 148D.16.

11.3 (o) Engaging in false, fraudulent, deceptive, or misleading  
11.4 advertising.

11.5 Subd. 2. [EVIDENCE.] In disciplinary actions alleging a  
11.6 ground for disciplinary action established in subdivision 1,  
11.7 paragraph (c) or (d), a copy of the judgment or proceeding under  
11.8 the seal of the court administrator or the administrative agency  
11.9 that entered the same shall be admissible into evidence without  
11.10 further authentication and shall constitute prima facie evidence  
11.11 of the violation concerned.

11.12 Subd. 3. [EXAMINATION; ACCESS TO MEDICAL DATA.] (a) The  
11.13 board may take the actions in paragraphs (b) and (c) if it has  
11.14 probable cause to believe that grounds for disciplinary action  
11.15 exist under subdivision 1, paragraph (f).

11.16 (b) The board may direct the applicant or therapist to  
11.17 submit to a mental or physical examination or chemical  
11.18 dependency evaluation. For the purpose of this subdivision,  
11.19 when a therapist registered by this chapter is directed in  
11.20 writing by the board to submit to a mental or physical  
11.21 examination or chemical dependency evaluation, that individual  
11.22 is considered to have consented and to have waived all  
11.23 objections to admissibility on the grounds of privilege.  
11.24 Failure of the applicant or therapist to submit to an  
11.25 examination when directed constitutes an admission of the  
11.26 allegations against the applicant or therapist, unless the  
11.27 failure was due to circumstances beyond the individual's  
11.28 control, and the board may enter a default and final order  
11.29 without taking testimony or allowing evidence to be presented.  
11.30 A therapist affected under this paragraph shall, at reasonable  
11.31 intervals, be given an opportunity to demonstrate that the  
11.32 competent practice of massage therapy or Oriental bodywork  
11.33 therapy can be resumed with reasonable skill and safety to  
11.34 clients.

11.35 (c) Notwithstanding section 13.384, 144.651, 595.02, or any  
11.36 other law limiting access to medical or other health data, the  
12.1 board may obtain medical data and health records relating to a  
12.2 therapist or applicant for registration without that  
12.3 individual's consent. The medical data may be requested from a  
12.4 provider, as defined in section 144.335, subdivision 1,  
12.5 paragraph (b), an insurance company, or a government entity,  
12.6 including the department of human services. A provider,  
12.7 insurance company, or government entity shall comply with any  
12.8 written request of the board under this paragraph. A provider,  
12.9 insurance company, or government entity is not liable in any  
12.10 action for damages for releasing the data requested by the board  
12.11 if the data are released pursuant to a written request under  
12.12 this subdivision, unless the information is false and the person  
12.13 providing the information knew, or had reason to believe, the  
12.14 information was false. Information obtained under this

- 12.15 paragraph is private data on individuals as defined in section  
 12.16 13.02.
- 12.17 Subd. 4. [DATA.] Data of the board under this chapter are  
 12.18 governed by section 13.41.
- 12.19 Sec. 13. [148D.13] [FORMS OF DISCIPLINARY ACTION;  
 12.20 AUTOMATIC SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.]
- 12.21 Subdivision 1. [FORMS OF DISCIPLINARY ACTION.] When the  
 12.22 board finds that grounds for disciplinary action exist under  
 12.23 section 148D.12, subdivision 1, it may take one or more of the  
 12.24 following actions:
- 12.25 (1) deny the state registration;  
 12.26 (2) revoke the state registration;  
 12.27 (3) suspend the state registration;  
 12.28 (4) impose limitations on the state-registered therapist;  
 12.29 (5) impose conditions on the retention of the state  
 12.30 registration;
- 12.31 (6) order the state-registered therapist to provide  
 12.32 unremunerated services;
- 12.33 (7) reprimand the state-registered therapist;  
 12.34 (8) impose a civil penalty not exceeding \$10,000 for each  
 12.35 separate violation, the amount of the civil penalty to be fixed  
 12.36 so as to deprive the state-registered therapist of any economic  
 13.1 advantage gained by the violation or to reimburse the board for  
 13.2 all costs related to the receipt, review, investigation,  
 13.3 adjudication, or other disposition of the complaint; or  
 13.4 (9) any other action justified by the facts in the case.
- 13.5 Subd. 2. [AUTOMATIC SUSPENSION.] A state registration for  
 13.6 massage therapy or Oriental bodywork therapy is automatically  
 13.7 suspended if:
- 13.8 (1) a guardian of a therapist is appointed by order of a  
 13.9 court under sections 525.54 to 525.6199;
- 13.10 (2) the therapist is committed by order of a court under  
 13.11 chapter 253B; or
- 13.12 (3) the therapist is determined to be mentally incompetent,  
 13.13 mentally ill, chemically dependent, or a person dangerous to the  
 13.14 public by a court of competent jurisdiction within or outside  
 13.15 this state.
- 13.16 The registration remains suspended until the therapist is  
 13.17 restored to capacity by a court and, upon petition by the  
 13.18 therapist, the suspension is terminated by the board after a  
 13.19 hearing or upon agreement between the board and the therapist.
- 13.20 Subd. 3. [TEMPORARY SUSPENSION.] In addition to any other  
 13.21 remedy provided by law, the board may, without a hearing,  
 13.22 temporarily suspend the state registration of a massage  
 13.23 therapist or Oriental bodywork therapist for not more than 60  
 13.24 days if the board finds that the therapist has violated a  
 13.25 statute or rule which the board is empowered to enforce and if  
 13.26 continued practice by the therapist would create a serious risk  
 13.27 of harm to the public. The suspension shall take effect upon  
 13.28 written notice to the therapist specifying the statute or rule  
 13.29 violated. The suspension shall remain in effect until the board  
 13.30 issues a final order in the matter after a hearing. At the time  
 13.31 it issues the suspension notice, the board shall schedule a  
 13.32 disciplinary hearing to be held pursuant to the Administrative  
 13.33 Procedure Act. The therapist shall be given at least 20 days'  
 13.34 notice of any hearing held under this subdivision.
- 13.35 Subd. 4. [REINSTATEMENT.] The board may reinstate and  
 13.36 reissue a state registration for massage therapy or Oriental  
 14.1 bodywork therapy, but as a condition may impose any disciplinary  
 14.2 or corrective measure that it might originally have imposed.

14.3 Any therapist whose state registration has been revoked,  
14.4 suspended, or limited may have the state registration reinstated  
14.5 when the board finds that the action is warranted.

14.6 Sec. 14. [148D.14] [REPORTING REQUIREMENT.]

14.7 Subdivision 1. [LICENSED PROFESSIONALS.] A person licensed  
14.8 or registered by a health-related licensing board, as defined in  
14.9 section 214.01, subdivision 2, shall report to the board  
14.10 personal knowledge of any conduct the individual reasonably  
14.11 believes constitutes grounds for disciplinary action under this  
14.12 chapter by a state registered therapist, including conduct  
14.13 indicating that the therapist may be incompetent, may have  
14.14 engaged in unprofessional or unethical conduct, or may be  
14.15 mentally or physically unable to engage safely in the practice  
14.16 of massage therapy or Oriental bodywork therapy.

14.17 Subd. 2. [DEADLINES; FORMS.] Reports required by  
14.18 subdivision 1 must be submitted no later than 30 days after the  
14.19 reporter learns of the occurrence of the reportable event or  
14.20 transaction. The board may provide forms for the submission of  
14.21 reports required by this section, may require that the reports  
14.22 are submitted on the forms provided, and may adopt rules  
14.23 necessary to assure prompt and accurate reporting.

14.24 Sec. 15. [148D.15] [IMMUNITY.]

14.25 Subdivision 1. [REPORTING.] Any person is immune from  
14.26 civil liability or criminal prosecution for submitting in good  
14.27 faith a report to the board under section 148D.14 or for  
14.28 otherwise reporting in good faith to the board violations or  
14.29 alleged violations of this chapter.

14.30 Subd. 2. [INVESTIGATION.] Members of the board and persons  
14.31 employed by the board or engaged in the investigation of  
14.32 violations and in the preparation and management of charges of  
14.33 violations of this chapter on behalf of the board or persons  
14.34 participating in the investigation or testifying regarding  
14.35 charges of violations are immune from civil liability and  
14.36 criminal prosecution for any actions, transactions, or  
15.1 publications in the execution of, or relating to, their duties  
15.2 under this chapter.

15.3 Sec. 16. [148D.16] [THERAPIST COOPERATION.]

15.4 A massage therapist or Oriental bodywork therapist who is  
15.5 the subject of an investigation or who is questioned in  
15.6 connection with an investigation by or on behalf of the board  
15.7 shall cooperate fully with the investigation. Requests by the  
15.8 board for cooperation must be consistent with the nature and  
15.9 seriousness of the conduct being investigated. Cooperation  
15.10 includes responding fully and promptly to questions raised by or  
15.11 on behalf of the board relating to the subject of the  
15.12 investigation; providing copies of client and other records in  
15.13 the therapist's possession relating to the matter under  
15.14 investigation as requested by the board; assisting the board in  
15.15 its investigation, including executing releases for records as  
15.16 requested by the board; and appearing at disciplinary or  
15.17 educational conferences scheduled by the board.

15.18 Sec. 17. [148D.17] [VIOLATIONS; PENALTY.]

15.19 Subdivision 1. [VIOLATIONS DESCRIBED.] It is unlawful for  
15.20 any person to:

15.21 (1) sell or fraudulently obtain or furnish any massage  
15.22 therapy or Oriental bodywork therapy diploma, state  
15.23 registration, or record, or aid or abet any to do so;

15.24 (2) use any title, abbreviation, or other designation  
15.25 protected under section 148D.05, subdivision 1, unless duly  
15.26 state registered, except as otherwise authorized by statute or

- 15.27 by the board by rule;  
15.28 (3) practice massage therapy or Oriental bodywork therapy  
15.29 not in compliance with a state registration that has been  
15.30 conditioned by the board;  
15.31 (4) use a title protected under section 148D.05,  
15.32 subdivision 1, during the time a registration issued under this  
15.33 chapter is suspended or revoked; and  
15.34 (5) knowingly employ a person in the practice of massage  
15.35 therapy or Oriental bodywork therapy who is practicing massage  
15.36 therapy or Oriental bodywork therapy under cover of any diploma,  
16.1 permit, license, registration, certificate, or record illegally  
16.2 or fraudulently obtained or signed or issued unlawfully or under  
16.3 fraudulent representation.  
16.4 Subd. 2. [PENALTY.] Any person violating any provisions of  
16.5 subdivision 1 is guilty of a misdemeanor.  
16.6 Subd. 3. [LOCAL ENFORCEMENT.] A municipality may issue a  
16.7 citation for any violation described in subdivision 1.  
16.8 Subd. 4. [NUISANCE VIOLATION.] A violation of any  
16.9 provision of subdivision 1 shall constitute a nuisance for  
16.10 purposes of section 617.81, subdivision 2.  
16.11 Sec. 18. [148D.18] [EDUCATION.]  
16.12 Subdivision 1. [MESSAGE THERAPY TRAINING  
16.13 REQUIREMENTS.] The requirements for state registration as a  
16.14 massage therapist, unless raised by the board by rule, are:  
16.15 (1) a minimum of 100 hours of anatomy, physiology, and  
16.16 kinesiology;  
16.17 (2) a minimum of 300 hours of theory, technique, and  
16.18 supervised clinical or in-class practice-related modalities of  
16.19 massage therapy, with at least 150 of those hours being  
16.20 practical technique, with a passing score on a competency-based  
16.21 examination demonstrating skills and ability in massage therapy  
16.22 techniques; and  
16.23 (3) a minimum of 100 hours of related coursework, which  
16.24 must include, at a minimum, pathology; contraindications;  
16.25 business practices and professional ethics; and cardiopulmonary  
16.26 resuscitation and first aid.  
16.27 Subd. 2. [ORIENTAL BODYWORK THERAPY TRAINING  
16.28 REQUIREMENTS.] The requirements for state registration as an  
16.29 Oriental bodywork therapist, unless raised by the board by rule,  
16.30 are:  
16.31 (1) a minimum of 100 hours of anatomy and physiology and  
16.32 Western pathology;  
16.33 (2) a minimum of 100 hours of Oriental medical theory;  
16.34 (3) a minimum of 160 hours of technique and  
16.35 practice-related modalities of Oriental bodywork therapy with a  
16.36 passing score on a competency-based examination demonstrating  
17.1 skills and ability in Oriental bodywork therapy techniques;  
17.2 (4) a minimum of 70 hours of supervised clinical  
17.3 application; and  
17.4 (5) a minimum of 70 hours of related coursework, which must  
17.5 include, at a minimum, business practices and professional  
17.6 ethics; law considerations; Oriental pathology;  
17.7 contraindications; and cardiopulmonary resuscitation and first  
17.8 aid.  
17.9 Subd. 3. [CONTINUING EDUCATION REQUIREMENTS FOR  
17.10 REGISTRATION RENEWAL.] For registration renewal, an individual  
17.11 registered under this chapter must complete all continuing  
17.12 education requirements prescribed by the board.  
17.13 Sec. 19. [148D.19] [REGISTRATION RENEWAL AND FEES.]  
17.14 State registrations expire biennially and must be renewed

17.15 as prescribed by rule. Upon payment of the renewal fee,  
17.16 providing evidence of maintaining current professional liability  
17.17 insurance, and compliance with all the rules of the board, the  
17.18 applicant shall be entitled to renewal of the state registration.

17.19 Sec. 20. [REGISTRATION DURING TRANSITIONAL PERIOD; MASSAGE  
17.20 THERAPISTS.]

17.21 For a period of one year beginning on a date determined by  
17.22 the board, an applicant may qualify for state registration as a  
17.23 massage therapist if the applicant does not meet the examination  
17.24 and educational requirements in Minnesota Statutes, sections  
17.25 148D.06 and 148D.18, by providing the following:

17.26 (1) a notarized affidavit by the applicant stating  
17.27 completion of 100 hours of supervised massage therapy  
17.28 instruction or training and any two of the following:

17.29 (i) a notarized affidavit by the applicant stating that the  
17.30 applicant has been in practice for at least two years, with a  
17.31 minimum of 150 documented client hours per year;

17.32 (ii) evidence of maintaining current professional liability  
17.33 insurance;

17.34 (iii) evidence of maintaining current membership in a  
17.35 national professional association; or

17.36 (iv) photocopies of ten weeks from the applicant's current  
18.1 and/or past appointment books accompanied by an affidavit  
18.2 stating that the appointments indicated are evidence of massage  
18.3 therapy clientele;

18.4 (2) a notarized affidavit stating that the applicant has  
18.5 resided in Minnesota for at least one year prior to submitting  
18.6 the application and that the applicant has had no convictions of  
18.7 a felony, gross misdemeanor, or misdemeanor reasonably related  
18.8 to the practice of massage therapy. Conviction, as used in this  
18.9 clause, includes a conviction of an offense that if committed in  
18.10 this state would be considered a felony, gross misdemeanor, or  
18.11 misdemeanor without regard to its designation elsewhere, or a  
18.12 criminal proceeding where a finding or verdict of guilt is made  
18.13 or returned but the adjudication of guilt is either withheld or  
18.14 not entered;

18.15 (3) verification that the applicant is 18 years of age or  
18.16 older; and

18.17 (4) a statement that the applicant will abide by the code  
18.18 of ethics established by the board.

18.19 For renewal, the applicant must meet the requirements in  
18.20 Minnesota Statutes, sections 148D.18, subdivision 3, and 148D.19.

18.21 Sec. 21. [REGISTRATION DURING TRANSITIONAL PERIOD;  
18.22 ORIENTAL BODYWORK THERAPISTS.]

18.23 For a period of one year beginning on a date determined by  
18.24 the board, an applicant may qualify for state registration as an  
18.25 Oriental bodywork therapist if the applicant does not meet the  
18.26 examination and educational requirements in Minnesota Statutes,  
18.27 sections 148D.07 and 148D.18, by providing the following:

18.28 (1) a notarized affidavit by the applicant stating  
18.29 completion of 100 hours of supervised Oriental bodywork therapy  
18.30 instruction or training and any two of the following:

18.31 (i) a notarized affidavit by the applicant stating that the  
18.32 applicant has been in practice for at least two years, with a  
18.33 minimum of 150 documented client hours per year;

18.34 (ii) evidence of maintaining current professional liability  
18.35 insurance;

18.36 (iii) evidence of maintaining current membership in a  
19.1 national professional association; or

19.2 (iv) photocopies of ten weeks from the applicant's current

19.3 and/or past appointment books accompanied by an affidavit  
19.4 stating that the appointments indicated are evidence of Oriental  
19.5 bodywork clientele;

19.6 (2) a notarized affidavit stating that the applicant has  
19.7 resided in Minnesota for at least one year prior to submitting  
19.8 the application and that the applicant has had no convictions of  
19.9 a felony, gross misdemeanor, or misdemeanor reasonably related  
19.10 to the practice of massage therapy or Oriental bodywork  
19.11 therapy. Conviction, as used in this clause, includes a  
19.12 conviction of an offense that if committed in this state would  
19.13 be considered a felony, gross misdemeanor, or misdemeanor  
19.14 without regard to its designation elsewhere, or a criminal  
19.15 proceeding where a finding or verdict of guilt is made or  
19.16 returned but the adjudication of guilt is either withheld or not  
19.17 entered;

19.18 (3) verification that the applicant is 18 years of age or  
19.19 older; and

19.20 (4) a statement that the applicant will abide by the code  
19.21 of ethics established by the board.

19.22 For renewal, the applicant must meet the requirements in  
19.23 Minnesota Statutes, sections 148D.18, subdivision 3, and 148D.19.

19.24 Sec. 22. [INITIAL ADVISORY COUNCIL.]

19.25 The terms of the initial members of the advisory council  
19.26 shall be staggered as follows: one massage therapist member  
19.27 shall serve a one-year term; one public member and one Oriental  
19.28 bodywork therapist member shall serve two-year terms; one  
19.29 massage therapist member and one Oriental bodywork therapist  
19.30 member shall serve three-year terms; and one public member and  
19.31 one massage therapist member shall serve four-year terms. The  
19.32 initial therapist members need not be registered provided they  
19.33 meet the standards in Minnesota Statutes, section 148D.06 or  
19.34 148D.07.

19.35 Sec. 23. [EFFECTIVE DATE.]

19.36 This article is effective 60 days following final enactment.

20.1 ARTICLE 2

20.2 CONFORMING AMENDMENTS

20.3 Section 1. Minnesota Statutes 2000, section 13.411, is  
20.4 amended by adding a subdivision to read:

20.5 Subd. 5a. [MESSAGE THERAPISTS AND ORIENTAL BODYWORK  
20.6 THERAPISTS.] Data relating to the registration of massage  
20.7 therapists and Oriental bodywork therapists are classified under  
20.8 section 148D.12.

20.9 Sec. 2. Minnesota Statutes 2000, section 116J.70,  
20.10 subdivision 2a, is amended to read:

20.11 Subd. 2a. [LICENSE; EXCEPTIONS.] "Business license" or  
20.12 "license" does not include the following:

20.13 (1) any occupational license or registration issued by a  
20.14 licensing board listed in section 214.01 or any occupational  
20.15 registration issued by the commissioner of health pursuant to  
20.16 section 214.13;

20.17 (2) any license issued by a county, home rule charter city,  
20.18 statutory city, township, or other political subdivision;

20.19 (3) any license required to practice the following  
20.20 occupation regulated by the following sections:

- 20.21 (i) abstracters regulated pursuant to chapter 386;
- 20.22 (ii) accountants regulated pursuant to chapter 326;
- 20.23 (iii) adjusters regulated pursuant to chapter 72B;
- 20.24 (iv) architects regulated pursuant to chapter 326;
- 20.25 (v) assessors regulated pursuant to chapter 270;
- 20.26 (vi) athletic trainers regulated pursuant to chapter 148;



- 20.27 (vii) attorneys regulated pursuant to chapter 481;  
 20.28 (viii) auctioneers regulated pursuant to chapter 330;  
 20.29 (ix) barbers regulated pursuant to chapter 154;  
 20.30 (x) beauticians regulated pursuant to chapter 155A;  
 20.31 (xi) boiler operators regulated pursuant to chapter 183;  
 20.32 (xii) chiropractors regulated pursuant to chapter 148;  
 20.33 (xiii) collection agencies regulated pursuant to chapter  
 20.34 332;  
 20.35 (xiv) cosmetologists regulated pursuant to chapter 155A;  
 20.36 (xv) dentists, registered dental assistants, and dental  
 21.1 hygienists regulated pursuant to chapter 150A;  
 21.2 (xvi) detectives regulated pursuant to chapter 326;  
 21.3 (xvii) electricians regulated pursuant to chapter 326;  
 21.4 (xviii) mortuary science practitioners regulated pursuant  
 21.5 to chapter 149A;  
 21.6 (xix) engineers regulated pursuant to chapter 326;  
 21.7 (xx) insurance brokers and salespersons regulated pursuant  
 21.8 to chapter 60A;  
 21.9 (xxi) certified interior designers regulated pursuant to  
 21.10 chapter 326;  
 21.11 (xxii) massage therapists and Oriental bodywork therapists  
 21.12 regulated pursuant to chapter 148D;  
 21.13 (xxiii) midwives regulated pursuant to chapter 147D;  
 21.14 ~~(xxiii)~~ (xxiv) nursing home administrators regulated  
 21.15 pursuant to chapter 144A;  
 21.16 ~~(xxiv)~~ (xxv) optometrists regulated pursuant to chapter  
 21.17 148;  
 21.18 ~~(xxv)~~ (xxvi) osteopathic physicians regulated pursuant to  
 21.19 chapter 147;  
 21.20 ~~(xxvi)~~ (xxvii) pharmacists regulated pursuant to chapter  
 21.21 151;  
 21.22 ~~(xxvii)~~ (xxviii) physical therapists regulated pursuant to  
 21.23 chapter 148;  
 21.24 ~~(xxviii)~~ (xxix) physician assistants regulated pursuant to  
 21.25 chapter 147A;  
 21.26 ~~(xxix)~~ (xxx) physicians and surgeons regulated pursuant to  
 21.27 chapter 147;  
 21.28 ~~(xxx)~~ (xxxi) plumbers regulated pursuant to chapter 326;  
 21.29 ~~(xxxi)~~ (xxxii) podiatrists regulated pursuant to chapter  
 21.30 153;  
 21.31 ~~(xxxii)~~ (xxxiii) practical nurses regulated pursuant to  
 21.32 chapter 148;  
 21.33 ~~(xxxiii)~~ (xxxiv) professional fund raisers regulated  
 21.34 pursuant to chapter 309;  
 21.35 ~~(xxxiv)~~ (xxxv) psychologists regulated pursuant to chapter  
 21.36 148;  
 22.1 ~~(xxxv)~~ (xxxvi) real estate brokers, salespersons, and  
 22.2 others regulated pursuant to chapters 82 and 83;  
 22.3 ~~(xxxvi)~~ (xxxvii) registered nurses regulated pursuant to  
 22.4 chapter 148;  
 22.5 ~~(xxxvii)~~ (xxxviii) securities brokers, dealers, agents, and  
 22.6 investment advisers regulated pursuant to chapter 80A;  
 22.7 ~~(xxxviii)~~ (xxxix) steamfitters regulated pursuant to  
 22.8 chapter 326;  
 22.9 ~~(xxxix)~~ (xl) teachers and supervisory and support personnel  
 22.10 regulated pursuant to chapter 125;  
 22.11 ~~(xl)~~ (xli) veterinarians regulated pursuant to chapter 156;  
 22.12 ~~(xli)~~ (xlii) water conditioning contractors and installers  
 22.13 regulated pursuant to chapter 326;  
 22.14 ~~(xlii)~~ (xliii) water well contractors regulated pursuant to

- 22.15 chapter 103I;
- 22.16 ~~(xliii)~~ (xliv) water and waste treatment operators
- 22.17 regulated pursuant to chapter 115;
- 22.18 ~~(xliii)~~ (xlv) motor carriers regulated pursuant to chapter
- 22.19 221;
- 22.20 ~~(xlv)~~ (xlvi) professional firms regulated under chapter
- 22.21 319B;
- 22.22 ~~(xlvi)~~ (xlvii) real estate appraisers regulated pursuant to
- 22.23 chapter 82B;
- 22.24 ~~(xlvii)~~ (xlviii) residential building contractors,
- 22.25 residential remodelers, residential roofers, manufactured home
- 22.26 installers, and specialty contractors regulated pursuant to
- 22.27 chapter 326;
- 22.28 (4) any driver's license required pursuant to chapter 171;
- 22.29 (5) any aircraft license required pursuant to chapter 360;
- 22.30 (6) any watercraft license required pursuant to chapter
- 22.31 86B;
- 22.32 (7) any license, permit, registration, certification, or
- 22.33 other approval pertaining to a regulatory or management program
- 22.34 related to the protection, conservation, or use of or
- 22.35 interference with the resources of land, air, or water, which is
- 22.36 required to be obtained from a state agency or instrumentality;
- 23.1 and
- 23.2 (8) any pollution control rule or standard established by
- 23.3 the pollution control agency or any health rule or standard
- 23.4 established by the commissioner of health or any licensing rule
- 23.5 or standard established by the commissioner of human services.
- 23.6 Sec. 3. Minnesota Statutes 2000, section 144.335,
- 23.7 subdivision 1, is amended to read:
- 23.8 Subdivision 1. [DEFINITIONS.] For the purposes of this
- 23.9 section, the following terms have the meanings given them:
- 23.10 (a) "Patient" means a natural person who has received
- 23.11 health care services from a provider for treatment or
- 23.12 examination of a medical, psychiatric, or mental condition, the
- 23.13 surviving spouse and parents of a deceased patient, or a person
- 23.14 the patient appoints in writing as a representative, including a
- 23.15 health care agent acting pursuant to chapter 145C, unless the
- 23.16 authority of the agent has been limited by the principal in the
- 23.17 principal's health care directive. Patient includes a client
- 23.18 under chapter 148D. Except for minors who have received health
- 23.19 care services pursuant to sections 144.341 to 144.347, in the
- 23.20 case of a minor, patient includes a parent or guardian, or a
- 23.21 person acting as a parent or guardian in the absence of a parent
- 23.22 or guardian.
- 23.23 (b) "Provider" means (1) any person who furnishes health
- 23.24 care services and is regulated to furnish the services pursuant
- 23.25 to chapter 147, 147A, 147B, 147C, 148, 148B, 148C, 148D, 150A,
- 23.26 151, 153, or 153A, or Minnesota Rules, chapter 4666; (2) a home
- 23.27 care provider licensed under section 144A.46; (3) a health care
- 23.28 facility licensed pursuant to this chapter or chapter 144A; (4)
- 23.29 a physician assistant registered under chapter 147A; and (5) an
- 23.30 unlicensed mental health practitioner regulated pursuant to
- 23.31 sections 148B.60 to 148B.71.
- 23.32 (c) "Individually identifiable form" means a form in which
- 23.33 the patient is or can be identified as the subject of the health
- 23.34 records.
- 23.35 Sec. 4. Minnesota Statutes 2000, section 214.23,
- 23.36 subdivision 1, is amended to read:
- 24.1 Subdivision 1. [COMMISSIONER OF HEALTH.] The board shall
- 24.2 enter into a contract with the commissioner to perform the

24.3 functions in subdivisions 2 and 3. The contract shall provide  
24.4 that:

24.5 (1) unless requested to do otherwise by a regulated person,  
24.6 a board shall refer all regulated persons infected with HIV,  
24.7 HBV, or HCV to the commissioner;

24.8 (2) the commissioner may choose to refer any regulated  
24.9 person who is infected with HIV, HBV, or HCV as well as all  
24.10 information related thereto to the person's board at any time  
24.11 for any reason, including but not limited to: the degree of  
24.12 cooperation and compliance by the regulated person; the  
24.13 inability to secure information or the medical records of the  
24.14 regulated person; or when the facts may present other possible  
24.15 violations of the regulated persons practices act. Upon request  
24.16 of the regulated person who is infected with HIV, HBV, or HCV  
24.17 the commissioner shall refer the regulated person and all  
24.18 information related thereto to the person's board. Once the  
24.19 commissioner has referred a regulated person to a board, the  
24.20 board may not thereafter submit it to the commissioner to  
24.21 establish a monitoring plan unless the commissioner of health  
24.22 consents in writing;

24.23 (3) a board shall not take action on grounds relating  
24.24 solely to the HIV, HBV, or HCV status of a regulated person  
24.25 until after referral by the commissioner; and

24.26 (4) notwithstanding sections 13.39 and 13.41 and chapters  
24.27 147, 147A, 148, 148D, 150A, 153, and 214, a board shall forward  
24.28 to the commissioner any information on a regulated person who is  
24.29 infected with HIV, HBV, or HCV that the department of health  
24.30 requests.

24.31 Sec. 5. Minnesota Statutes 2000, section 604A.01,  
24.32 subdivision 2, is amended to read:

24.33 Subd. 2. [GENERAL IMMUNITY FROM LIABILITY.] (a) A person  
24.34 who, without compensation or the expectation of compensation,  
24.35 renders emergency care, advice, or assistance at the scene of an  
24.36 emergency or during transit to a location where professional  
25.1 medical care can be rendered, is not liable for any civil  
25.2 damages as a result of acts or omissions by that person in  
25.3 rendering the emergency care, advice, or assistance, unless the  
25.4 person acts in a willful and wanton or reckless manner in  
25.5 providing the care, advice, or assistance. This subdivision  
25.6 does not apply to a person rendering emergency care, advice, or  
25.7 assistance during the course of regular employment, and  
25.8 receiving compensation or expecting to receive compensation for  
25.9 rendering the care, advice, or assistance.

25.10 (b) For the purposes of this section, the scene of an  
25.11 emergency is an area outside the confines of a hospital or other  
25.12 institution that has hospital facilities, or an office of a  
25.13 person licensed to practice one or more of the healing arts  
25.14 under chapter 147, 147A, 148, 148D, 150A, or 153. The scene of  
25.15 an emergency includes areas threatened by or exposed to  
25.16 spillage, seepage, fire, explosion, or other release of  
25.17 hazardous materials, and includes ski areas and trails.

25.18 (c) For the purposes of this section, "person" includes a  
25.19 public or private nonprofit volunteer firefighter, volunteer  
25.20 police officer, volunteer ambulance attendant, volunteer first  
25.21 provider of emergency medical services, volunteer ski patroller,  
25.22 and any partnership, corporation, association, or other entity.

25.23 (d) For the purposes of this section, "compensation" does  
25.24 not include payments, reimbursement for expenses, or pension  
25.25 benefits paid to members of volunteer organizations.

25.26 (e) For purposes of this section, "emergency care" includes

## Questions Relating to Description of the Occupation

**1. What is the occupational group proposed for regulation?**

The occupational groups proposing the regulation are massage therapists and Oriental bodywork therapists.

**2. What does the occupation do and how does it provide care? How does the occupation describe itself in terms of the types of care it provides, and the types of care that are beyond its professional scope?**

Massage therapy is a health care service involving the systematic manipulation of or pressure on soft tissues (muscles, tendons, ligaments, and fascia) for therapeutic purposes (e.g., relief of pain and stress, improving circulation, and increasing range of motion).

It does not include any form of diagnosis, nor does it attempt to adjust or manipulate any articulations of the body or spine as described in section 146.23 or 148.01, nor to mobilize articulations of the body or spine by means of a thrusting force.

Oriental bodywork therapy is a health care service based on traditional Oriental principles, involving systematic manipulation and/or pressure on the body to affect the soft tissues and/or energy system, with the purposes of promoting, maintaining, and restoring health.

It does not include any form of diagnosis, nor does it attempt to adjust or manipulate any articulations of the body or spine as described in section 146.23 or 148.01, nor to mobilize articulations of the body or spine by means of a thrusting force.

**3. Is the occupation a "complete system" that includes a range of modalities and therapies? If not, is it a modality that could be provided by members of different occupations?**

Yes, both massage therapy and Oriental bodywork therapy are complete systems.

Practitioners of both modalities meet individually with clients to take client histories, determine treatment protocols, and execute any variety of techniques appropriate to the client's needs.

Treatment of soft tissue may already be included in the scopes of practice of the following health care providers and others who act under a professional license, certificate, or registration: acupuncturists, athletic trainers, barbers, chiropractors, cosmetologists, medical doctors, nurses, occupational therapists, osteopaths, physical therapists, and podiatrists. These professionals would not be affected by voluntary registration and do not oppose the proposed legislation. The bill does not define a scope of practice but is instead a limited title protection bill and therefore would not infringe on other scopes of practice.

4. **Are practitioners of the occupation typically responsible for making a diagnosis? If not, are they responsible for making an evaluation or identification of a problem?**

Practitioners are not responsible for making a diagnosis. Our responsibilities for evaluation or identification of a problem are answered in question 3.

5. **Are practitioners of the occupation responsible for writing, interpreting, or otherwise contributing to the establishment of the service or treatment plan? If yes describe the responsibilities. If not, identify who is responsible.**

Yes – See #4 above

6. **What services provided by the occupation are typically unsupervised?**

Virtually all functions performed by these practitioners are performed unsupervised. The majority is self-employed; some are independent contractors; some are employees. Most often, if there is a work supervisor, the supervisor has no training in massage therapy or Oriental bodywork therapy.

7. **What are typical work settings?**

Typical work settings vary and include individual private practice in a home or office setting, spas, salons, health clubs, chiropractic offices, holistic clinics, and often in hospitals.

8. **How long has the occupation been in existence?**

Practice of Swedish massage has been reported as early as the late 1800s. The American Massage Therapy Association (AMTA) has been in existence since 1943. The American Organization of Bodywork Therapies of Asia (AOBTA) began in 1989.

9. **Is it found only in the United States? If not, what is its current international status?**

It is not only found in the U.S. Massage therapy is very common in many countries in Europe and Asia. The status varies in different cultures. Canada requires 2000 hours of training for massage therapists to practice. The AMTA has over 46,000 members in 30 countries.

10. **What is the philosophy behind the occupation? What ethics, concepts, or values help define the occupation? Has a "Code of Ethics" been developed by the occupation?**

The AMTA, AOBTA and the National Certification Board of Therapeutic Massage and Bodywork all have their own Code of Ethics.

See attached

11. **Does the occupation identify itself more in terms of an "acute care" (sickness) model or in terms of a "health promotion/disease prevention" (wellness) model?**

The occupation identifies with both sickness and wellness models as indicated in our proposed bill Article 1, Subd. 5.

12. **How is the occupation different from or similar to other health occupation systems and modalities?**

Massage therapy is the only occupation that treats soft tissue for an entire hour. Similarities are found in question #2.

13. **What processes and guidelines exist for inter-professional referral, co-management and collaboration?**

See the attached Standards of Practice Document of the AMTA, page 2.

14. **How many individuals practice the occupation in Minnesota? How many of these would be subject to regulation?**

The AMTA Minnesota Chapter has 550-600 members. The AOBTA has 153 members. We believe the total number of unaffiliated people calling themselves massage therapists to be somewhere between 4,000 and 5,000. Under the proposed legislation, practitioners could become state regulated if they choose; however we are proposing voluntary registration.

15. **Is the workforce growing? If so at what rate? What are the estimated demand requirements and workforce supply for the occupation?**

The workforce is growing. The AMTA national membership numbers for the past five years are as follows:

1997:	27,528
1998:	30,814
1999:	36,914
2000:	41,222
2001:	45,348
2002:	46,232

See attached for demand for massage therapy.

## Questions Relating to Safety and Efficacy

16. **What evidence exists to demonstrate the efficacy of the service provided by the occupation?**

See attached for a sample survey of efficacy that includes some of the efficacy studies that have been done.

17. **How does the occupation measure the safety and efficacy of the services it provides?**

I am not aware of specific methodologies for measuring safety. It is our belief that the standard of 500 hours of education and existing testing practices produce entry-level practitioners with sufficient knowledge of anatomy, pathologies, contraindications and techniques to be safe practitioners.

18. **What are the findings of studies (US and international) that have been done on safety and risk of harm to patients/clients from the care approaches, treatments, and modalities used by members of the occupation?**

I am not aware of studies that have been done; however, the attached sheet states potential for harm issues.

19. **Describe and document consequences in each of the following areas:**
- A. **Emotional consequences**
  - B. **Financial consequences**
  - C. **Physical consequences**
  - D. **Social consequences**

Documented complaints against practitioners in regulated states run as high as 85+ per state in one year and include physical injury, emotional harm, and fraud.

- **Potential for physical harm:** When practitioners have inadequate or no training, injury may result from the use of massage therapy or Oriental bodywork in instances when they are contraindicated, the improper use of accepted techniques, and the failure to observe and assess problems which should be referred to and evaluated by the appropriate health care provider. For example:

- \* **Varicose Veins:** Working on these areas can loosen a blood clot (embolism)
- \* **Pregnancy:** Incorrect client positioning can interrupt blood flow to both mother and baby
- \* **Carotid Artery:** Pressure by therapist can damage mechanism that influences blood pressure and cardiac output

- **Potential for emotional harm:** Practitioners with inadequate or no training may be unprepared to respond in a manner that maintains client safety when massage therapy or Oriental bodywork therapy evoke a client's emotions that are related to former sexual abuse or other trauma.

- **Potential for economic harm:** Consumers have no practical means of determining the extent of preparation of a practitioner and therefore pay the market price for massage therapy or Oriental bodywork therapy regardless of the practitioner's qualification level.

- **Potential for social harm:** Practitioners without training in ethics might not be aware of relationship or sexual issues between practitioner and client.

- 20. Describe any complaints filed with state law enforcement authorities, courts, departmental agencies, occupational boards, or occupational associations that have been lodged against practitioners of the occupation in Minnesota within the past five years.**

It is easy to track complaints in regulated states. It is nearly impossible to track complaints in Minnesota at this time. One professional association reports having received several complaints against members in recent years; the complaints were referred to the level of the national professional association's grievance procedures. There are many unaffiliated practitioners in Minnesota, and local ordinances do not have grievance procedures. In fact, the licensing staff of the City of St. Paul told us that they have received complaints from the public against massage therapists but have no procedure for responding to them.

Complaints often involved inappropriate actions and behavior on the part of the practitioner. Several years ago there was a court case in Washington County involving a practitioner using sexual touch with his female client. That practitioner was prohibited from practicing there, but we hear he is currently practicing in Hennepin County.

- 21. What are the findings of studies (US and International) that have been done on efficacy and effectiveness of the care approaches, treatments, and modalities used by members of occupation?**

Refer to question #16. In the past, massage schools responded to city ordinances that required fewer hours, for example 150 hours, by creating 150-hour programs. It is our belief that graduates of these programs have gaps in their knowledge.

- 22. Where does the occupation or field recognize gaps in its members' knowledge and perhaps even competency? What is the occupation's research agenda?**

The AMTA has a foundation that advances the knowledge and practice of massage therapists by supporting scientific research, education and community outreach.

The 30 regulated states require at least 500 hours of training.

- 23. How is the occupation working internally and with other occupations to support the safe development of new and unconventional practices?**

The AMTA is a professional association and is a member of the Federation of Therapeutic Massage, Bodywork and Somatic Practice Organization. The AMTA Foundation research organizations are a network of professional organizations representing different complimentary care modalities.



## Questions Relating To Government and Private Sector Recognition

- 24. Describe the proposed minimum qualifications for entry into the occupation. Include a description of any levels of specialization within the occupation and the qualifications for each. How are the specialties taught and tested?**

The minimum proposed qualifications for entry is 500 hours of initial education. Levels of specialization would be sought upon completion of the 500 hours of training.

- 25. Is the occupation affirmatively regulated in any states (or provinces)? For each state that regulates the occupation, provide the name of the agency that provides the regulation, the type/level of regulation, the legislative scope of practice (including supervisory and disclosure requirements), and regulatory requirements such as continuing education, licensing fees, and disciplinary processes. If the occupation is regulated by a board, provide information on the board structure, including the size of the board and board membership eligibility requirements.**

See attached

- 26. Does any state or province prohibit the practice of the occupation? If so, provide summary language of each such statute.**

No

- 27. How do the rest of the states/provinces treat the occupation from a regulatory and legislative standpoint? For example, is the occupation statutorily ignored but permitted to be provided as long as practitioners do not cross over the line into the medical practice act? Is licensure nominally available but technically impossible to obtain? Have any states enacted innovative legislation or developed new policies that recognize emerging occupations in some novel way?**

The Complimentary Alternative Medicine Law, while it provides a place for the public to lodge complaints, it sets no standards of education and has no advisory committee that includes professionals in the field. Some people consider Minnesota's CAM law to be an innovative approach.

- 28. Are there pivotal opinions issued by state attorneys general or case law decisions that control the provision of care from members of the occupation?**

To our knowledge, no

- 29. If this occupation is regulated in other jurisdictions, is there third-party reimbursement for the services provided by the occupation in those jurisdictions?**

Reimbursement for services varies from state to state. Florida has mandatory licensure and third party reimbursement is done case by case. Washington state has mandatory licensure and passed a law mandating any health care professional that's regulated by the state has to be allowed to get third party reimbursement. We have no interest in asking for required third party reimbursement.

- 30. Is malpractice insurance widely available to members of the occupation? What information is available about members of the occupation from malpractice monitoring services?**

The AMTA offers a 2 million-dollar liability policy with membership in the organization. People who don't belong to an organization may obtain reasonably priced policies directly from insurance companies.

- 31. What are the (estimated) utilization rates for the occupation? How many client/patient visits are made to members of the occupation per defined time period?**

See attached

- 32. Do hospitals, clinics and other health care institutions recognize members of the occupation with admitting or other privileges?**

Since we are not physicians, we do not admit into hospitals; however there are massage therapists in clinics, hospitals and other health care facilities. For example: the cardiac unit at Abbott Northwestern Hospital has massage therapists as part of their after-care team.

- 33. Are jobs available for members of the occupation?**

Massage therapy is one of the top 2 complimentary alternative therapies in terms of public's choice of providers. Refer to question #7 for employment opportunities.

- 34. Is the occupation affiliated with an association which enacts and enforces standards? If so, explain the enforcement mechanism.**

The AMTA requires 500 hours for membership but has no legal enforcement capabilities regarding who can or cannot practice in any given jurisdiction. The AMTA can only enforce membership not laws. The AMTA and National Certification Board both have standards of practice. See attached.

- 35. Describe the extent to which the proposed regulation will affect the cost of the services provided by practitioners.**

The fiscal note on the bill indicates that state registration fees would be less than most city ordinance fees and the voluntary nature of registration would allow the current level of competition to continue or increase, because practitioners could choose not to register and stay in practice.

Practitioners affiliated with professional associations are already taking continuing education seminars that would be applicable to the continuing education requirements to be set by the Advisory Council under the propose legislation, as do some unaffiliated practitioners. So continuing education should not increase in cost to the practitioner, and there would not be an additional cost to pass along to consumers.

The fiscal note run on the bill last session indicates that registration fees of less than \$100 every two years will cover all administrative costs, according to Dr. Larry Spicer of the Board of Chiropractic Examiners.

- 36. Describe the over-all cost-effectiveness and economic impact of the proposed regulation, including indirect costs to consumers.**

See question #35

## Questions Relating To Education And Training

- 37. Are education, clinical training or apprenticeships available to train would-be members of the occupation? What is the range of opportunities? How many programs are offered?**

Following is a list of some of the education programs available in MN. Attached are three examples of curriculums.

Center Point  
1313 5<sup>th</sup> St. SE-Ste 336  
Minneapolis, MN 55414-4504  
612-617-9090

Globe College  
7166 10<sup>th</sup> St. N.  
Oakdale, MN 55128  
651-730-5100

High Tech Institute  
5701 Shingle Creek Pkwy  
Brooklyn Center, MN 55430  
888-324-9700

Lake Superior College  
2101 Trinity Rd.  
Duluth, MN 55811-3399  
800-432-2884

Minneapolis School of Massage &  
Bodywork  
85 22<sup>nd</sup> Ave. N.E.  
Minneapolis, MN 55418  
612-788-8907

MN School of Business  
1401 W. 76<sup>th</sup> St.-Ste. 500  
Richfield, MN 55423  
612-861-2000

MN School of Business  
5910 Shingle Creek Pkwy  
Brooklyn Center, MN 55430  
763-566-7777

NW Health Sciences University  
2501 W. 84 St.  
Bloomington, MN 55431  
952-888-4777

Sister Rosalind Gefre School of  
Massage  
149 Thompson Ave. E.  
W. St. Paul, MN 55118  
651-554-3010

Sister Rosalind Gefre Schools &  
Clinics of Massage  
30 Elton Hills Dr. N.W.  
Rochester, Mankato, MN 55118  
507-286-8608

Touch of Life School of Massage  
574 Prairie Center Dr-Ste 155  
Eden Prairie, MN 55344  
612-996-9655

- 38. For each opportunity (degree program, apprenticeship, etc), what are the prerequisites, requirements, supervision, and financial costs?**

See question #37

- 39. What are the didactic and clinical components of the training opportunities? For any clinical practicum, what is the level of supervision, length of program, and level of patient/client base (primary care, specialty, acute, average)?**

Refer to question #37

- 40. How are students tested for competence during and at completion of all didactic and clinical programs?**

Refer to question #37

- 41. Are educational opportunities standardized across the states for the occupation? For example, do faculty members in different institutions rely on standard curricula established by the occupation? If so how were curricula standardized? What agency or institution oversees maintenance of standards?**

The Commission on Massage Therapy Accreditation (COMTA) has been recognized by the U.S. Department of Education as a specialized accrediting agency for massage therapists and bodywork programs and institutions. COMTA approved schools have standards for their curriculum. All schools want their students to be successful and meet standards to provide an education and to pass National Certification and state exams.

- 42. For apprenticeship models, describe the components, competency assessment, and supervision and mentoring elements.**

At the current time there is no apprenticeship model.

- 43. Are there accepted national or regional standards of education and training for competent practice of the occupation? (An indication of such standards is the existence of a national or regional psychometrically valid and reliable test for measuring achievement of minimum entry-level skill and knowledge.)**

Yes there is an independently administered psychometrically valid national exam --- the National Certification Examination for Therapeutic Massage and Bodywork, which the proposed legislation would require for registration following the expiration of the grandparenting provision. The examination is voluntary at this time.

- 44. Does the occupation have standard tests individuals can take to demonstrate their knowledge, skills and judgment in the occupation?**

See question #43

- 45. Are individuals sufficiently educated and trained to be competent to practice the occupation? How is competence determined?**

Some individuals are sufficiently trained and some are not. All who register under this proposed legislation would be required to complete continuing education requirements in order to renew their registration and would therefore increase their knowledge and skills.

- 46. Are specialties in the occupation offered? How are these taught and tested?**

Specialties are offered through continuing education. The classes are available through the AMTA state and national levels and other national education organizations who offer courses in Minnesota and elsewhere.

- 47. What does the occupation propose as a vehicle to ensure continued competency?**

The vast majority of practitioners can be grandparented in during the first year. To ensure continued competency, regulated practitioners must meet continued education requirements, to be determined by the advisory council.

## Questions Relating To Practice Model And Viability Of Occupation

- 48. What efforts has the occupation made to develop practice guidelines and treatment protocols for clinical care? Does the occupation encourage the use of peer review meetings and outcomes and treatment measures as feedback for individual practitioners?**

Treatment protocols for clinical care are taught in schools and continuing education. See attached for AMTA Standard of Practice

- 49. What guidelines has the occupation developed and encouraged for work in interprofessional teams and consulting and referral arrangements? Does the occupation provide, through initial and continuing education, information about other health care occupations so that members of the occupation can make informed decisions about collaboration and referrals?**

- 1.) We are not aware of specific guidelines that the occupations as a whole have developed and encouraged for work in interprofessional teams and consulting and referral arrangements. Many professional associations including the AMTA and AOBTA have participated in national forums, eventually forming a national coalition/federation that have discussed these arrangements. Ongoing discussions are occurring with representatives of bodywork organizations and associations to further establish a more well defined system.
- 2.) Yes, the degree to which this occurs depends upon the educational institution that is teaching the initial education and their philosophy regarding inter-disciplinary relationships and referrals. In many schools there are numerous exercises in both professional development and technique courses that require the students to interface, interview and establish relationships with allied health care providers including referrals.

- 50. What is the occupation's record in terms of patient satisfaction and provider/patient relationships? What commitment has the occupation made to ensure that care provided by its members is culturally appropriate?**

Massage therapy is one of the top two complimentary alternative therapies in terms of the number of people choosing these practitioners. The National Certification renewal process requires an ethics course every 4 years, which deals with current social, cultural and ethical issues.

- 51. How does the occupation support and encourage new modalities and therapies within the occupation? How is the occupation incorporating new technologies and communications capacities into its practice?**

See question #46

- 52. Describe the extent to which the proposed regulation will affect the cost of the services provided by the practitioners.**

See question #35

- 53. What is the expected impact of the proposed regulation the existing supply of practitioners?**

Since registration would not be required under this proposed legislation, all current practitioners could stay in business. As an example of how state regulation affects the supply of practitioners, in Iowa in 1987 there were fewer than 100 massage therapists practicing; in 1992 a state law passed requiring 500 hours of education and a national examination for mandatory licensing. In 1998 there were 900 licensed massage therapists working in Iowa.

Grandparenting provisions in the proposed legislation are so lenient as to allow the vast majority of practitioners in the state to register if they wish. Once registered, the grandparented practitioners would have to meet continuing education requirements to be set by the Advisory Council for all registered therapists in order to qualify for renewal of registration.

- 54. What percentage of current practitioners will be able to meet the proposed eligibility criteria?**

Because so many practitioners calling themselves massage therapists are professionally unaffiliated, we don't know what percentage would meet the criteria. However, the vast majority would.

- 55. Will individuals who are not able to meet the proposed eligibility criteria be able to continue to provide services under a different but related occupational title?**

Any individual who chooses not to be registered may practice using the title of Massage Therapist or Oriental Bodyworker. Protected titles and unprotected titles are defined in the proposed legislation in section 5, subd.1.

- 56. Under the proposal, will current practitioners be "grandparented"? If current practitioners would be grandparented, describe how long and under what conditions.**

A vast majority of practitioners can be grandparented in for the during the first year. To maintain regulated status, continued education requirements, to be determined by an Advisory Council, must be met.

57. What groups, including national and state professional and trade associations, are working on behalf of the occupation? What are their membership numbers and criteria for membership? What are their goals and current policy agendas? Provide the address of each.

#### Supporters Of Proposed Bill

AMTA – Minnesota  
14585 Grand Ave So—Ste 207  
Burnsville, MN 55306  
952-898-5143  
Membership:550-600

\*Minneapolis School of Massage  
& Bodywork  
85 22<sup>nd</sup> Ave. N.E.  
Minneapolis, MN 55418  
612-788-8907

\*Sister Rosalind Gefre School  
of Massage  
149 Thompson Ave. E.  
W. St. Paul, MN 55118  
651-554-3010

Centerpoint  
1313 5<sup>th</sup> St. S.E.-Ste 336  
Minneapolis, MN 55414-4504  
612-617-9090

MN Chiropractic Association  
Dave Kunz  
612-805-3394  
Membership:800

Lake Superior College  
2101 Trinity Rd  
Duluth, MN 55811-3399  
1-800-423-2884

Northwestern Health Sciences  
University  
2501 W 84<sup>th</sup> St  
Bloomington, MN 55431

\*Support is contingent on language "soft tissue manipulation" be reinstated into the definition in the proposed legislation. It was originally in the language and was deleted at the request of the Board of Chiropractic examiners.

The other listed supporters are schools, not associations. They don't have members; they have thousands of graduates.



## Questions Relating To Regulatory Framework

- 58. Identify any existing governmental agencies that can protect consumers who utilize the services of the occupation.**

Under the new Complimentary Alternative Medicine law, the Department of Health provides a model based on the Minnesota Unlicensed Mental Health Care Law. It contains no standard of education and no advisory council with members of the profession.

The law enforcement and court system will only apply if a practitioner breaks any existing laws.

- 59. Describe why existing remedies are inadequate to prevent or readdress the kinds of harm that could result from non-regulation.**

Local ordinances do not have grievance procedures for redress of complaints from the public. Many local ordinances do not require much or any education for practitioners. The greatest, single population of practitioners under one ordinance in Minnesota is in Minneapolis. The local ordinance there is so inadequate that it is willingly not enforced by the licensing officials of the city. Under strict interpretation of the existing ordinance, as many as 1,000 practitioners are practicing illegally, and the city knows it.

Our proposed legislation would provide regulation in addition to those presently locally regulated practitioners by placing those practitioners who choose to be regulated under a state agency or board.

Effective July 1, 2001, the Complimentary and Alternative Medicine law (CAM) went into effect. It mandates informed consent for clients of all unlicensed complimentary care practitioners, which includes massage therapists and Oriental bodywork therapists. The informed consent regulates only the ethics of the professional relationship. It does not address education, proper techniques, contraindications and pathologies.

- 60. In which of the ways described below should the occupation be regulated?  
Explain the rationale:**

- A. By a new independent board?**
- B. By an existing board where the board is renamed and reorganized to include a significant number of board members representing the newly credentialed occupation?**
- C. By an existing board where the board membership is changed to include one or more board members representing the newly credentialed occupation?**
- D. By an existing board where the board forms a separate advisory committee with members from the newly credentialed occupation, as well as public members, to advise the board?**

**E. By the Department of Health, using an advisory committee comprised of members of the public and the newly credentialed occupation?**

We have requested D and some legislators are interested in E. We are satisfied with either. It would save money by not forming a new board and we felt no need for a completely new board. The rest of our rationale you already have in answers to previous questions— to address the inconsistency and inadequacy of local ordinances and to require sufficient practioner education to prevent potential harm to clients.

#10



About Massage Therapy

About AMTA

About AMTA

Sections & Massage Therapists

Massage Basics

Massage

International Codes

AMTA Events

Learn to Earn™

Calendar

Massage Therapy

Journal & Index

AMTA Network

Business Cards

Classified Ads

News Room

Hot Sites

Search Us

Home

Partners

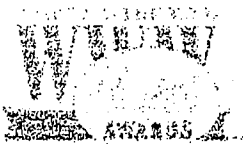
Privacy

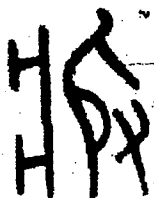
## American Massage Therapy Association® Code of Ethics

*This Code of Ethics is a summary statement of the standards by which massage therapists agree to conduct their practices and is a declaration of the general principles of acceptable, ethical, professional behavior.*

### Massage therapists shall:

1. Demonstrate commitment to provide the highest quality massage therapy/bodywork to those who seek their professional service.
2. Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients and/or colleagues.
3. Demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness by continued education and training.
4. Acknowledge the confidential nature of the professional relationship with clients and respect each client's right to privacy.
5. Conduct all business and professional activities within their scope of practice, the law of the land, and project a professional image.
6. Refrain from engaging in any sexual conduct or sexual activities involving their clients.
7. Accept responsibility to do no harm to the physical, mental and emotional well-being of self, clients, and associates.





*AOBTA Members pledge to honor the ethical and professional requirements set forth in the*

## *AOBTA Code of Ethics*

About AOBTA

Ethics

1. ***Social/Ecological Concern***  
Members recognize their intrinsic involvement in the total community of life on the planet Earth.
2. ***Professional Conduct***  
AOBTA members conduct themselves in a professional and ethical manner, performing only those services for which they are qualified, and represent their education, certification, professional affiliations and other qualifications honestly. They do not in any way profess to practice medicine or psychotherapy, unless licensed by their State or Country to do so.
3. ***Health History and Referrals***  
AOBTA members keep accurate client records, including profiles of the body/mind health history. They discuss any problem areas that may contraindicate use of Asian Bodywork techniques, and refer clients to appropriate medical professionals when indicated.
4. ***Professional Appearance***  
AOBTA members pay close attention to cleanliness and professional appearance of self and clothing, of linens and equipment, and of the office environment in general. They endeavor to provide a relaxing atmosphere, giving attention to reasonable scheduling and clarity about fees.
5. ***Communication and Confidentiality***  
AOBTA members maintain clear and honest communications with their clients, and keep all information, whether medical or personal, strictly confidential. They clearly disclose techniques used, appropriately identifying each in the scope of their professional practice.
6. ***Intention and Trust***  
AOBTA members are encouraged to establish and maintain trust in the client relationship and to establish clear boundaries and an atmosphere of safety.

7. *Respect of Clients*

AOBTA members respect the client's physical/emotional state and do not abuse clients through actions, words or silence, nor take advantage of the therapeutic relationship. They, in no way, participate in sexual activity with a client. They consider the client's comfort zone for touch and for degree of pressure, and honor the client's requests as much as possible within personal, professional and ethical limits. They acknowledge the inherent worth and individuality of each person and therefore do not unjustly discriminate against clients or colleagues.

8. *Professional Integrity*

AOBTA members present Asian Bodywork in a professional and compassionate manner representing themselves and their practice accurately and ethically. They do not give fraudulent information, nor misrepresent AOBTA or themselves to students or clients, nor act in a manner derogatory to the nature and positive intention of AOBTA. They conduct their business honestly.

9. *Professional Courtesy*

AOBTA members respect the standards set by the various AOBTA modalities, and they respect service marks, trademarks and copyright laws. Professional courtesy includes respecting all ethical professionals in speech, writing, or otherwise, and communicating clearly with others.

10. *Professional Excellence*

AOBTA members strive for professional excellence through regular assessment of personal and professional strengths and weaknesses, and by continued education and training.

[Click here for a copy of Code of Ethics](#)

[Back to Top](#)

---

Copyright 2002 AOBTA. All rights reserved. No portion of this website may be reproduced, stored in a retrieval system, or transmitted in any form by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the AOBTA.

Webmaster



[more selections on Obtaining Certification...](#)

**NCBTMB's  
Online Applications**

[How to Apply for the  
NCE NEW](#)

[What's New at NCB](#)

[Media Room](#)

[What Consumers  
Should Know](#)

[Find Practitioners in  
Your Area](#)

[Applicant's Corner](#)

[Obtaining Certification](#)

[How to Recertify](#)

[Continuing Education](#)

[Shortcut to Important  
Forms](#)

[NCB Publications](#)

[Board of Directors](#)

[Contact NCB Staff](#)

## Code of Ethics

The Code of Ethics of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) requires certificants to uphold professional standards that allow for the proper discharge of their responsibilities to those served, that protect the integrity of the profession, and that safeguard the interest of individual clients. Those practitioners who have been awarded national certification by the NCBTMB will:

- Have a sincere commitment to provide the highest quality of care to those that seek their professional services.
- Represent their qualifications honestly, including their educational achievements and professional affiliations, and will provide only those services which they are qualified to perform.
- Accurately inform clients, other health care practitioners, and the public of the scope and limitations of their discipline.
- Acknowledge the limitations of and contraindications for massage and bodywork and refer clients to appropriate health professionals.
- Provide treatment only where there is reasonable expectation that it will be advantageous to the client.
- Consistently maintain and improve professional knowledge and competence, striving for professional excellence through regular assessment of personal and professional strengths and weaknesses and through continued education training.
- Conduct their business and professional activities with honesty and integrity, and respect the inherent worth of all persons.
- Refuse to unjustly discriminate against clients or other health professionals.
- Safeguard the confidentiality of all client information, unless disclosure is required by law, court order, or is absolutely necessary for the protection of the public.
- Respect the client's right to treatment with informed and voluntary consent. The NCTMB practitioner will obtain and record the informed consent of the client, or client's advocate, before providing treatment. This consent may be written or verbal.
- Respect the client's right to refuse, modify, or terminate treatment regardless of prior consent given.
- Provide draping and treatment in a way that ensures the safety, comfort and privacy of the client.
- Exercise the right to refuse to treat any person or part of the body for just and reasonable cause.
- Refrain, under all circumstances, from initiating or engaging in

any sexual contact, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship.

- Avoid any interest, activity or influence which might be in conflict with the practitioner's obligation to act in the best interests of the client or the profession.
- Respect the client's boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and the client's reasonable expectations of professional behavior. Practitioners will respect the client's autonomy.
- Refuse any gifts or benefits which are intended to influence a referral, decision or treatment that are purely for personal gain and not for the good of the client.
- Follow all policies, procedures, guidelines, regulations, codes, and requirements promulgated by the National Certification Board for Therapeutic Massage and Bodywork.

National Certification Board for Therapeutic Massage and Bodywork  
6201 Greensboro Drive, Suite 300 • McLean, VA 22102  
1-800-236-0664 • (703) 610-8015 • Fax: (703) 610-8005

Top of Page

Copyright © 1999 - 2001 by the National Certification Board for Therapeutic Massage and Bodywork. All Rights Reserved





knowledge and skills of pathophysiology and the appropriate application of massage/bodywork.

2.2.2 The Practitioner monitors feedback from the client throughout a session.

2.2.3 The Practitioner makes appropriate referrals to other reputable healthcare providers.

### **3. Professional Relationships with Clients**

3.1 The Practitioner relates to the client in a manner consistent with accepted standards and ethics.

3.2 The Practitioner maintains appropriate professional standards of confidentiality.

3.3 The Practitioner relates to the client in a manner which respects the integrity of the client and practitioner.

3.4 The Practitioner ensures that representations of his/her professional services, policies, and procedures are accurately communicated to the client prior to the initial application of massage/bodywork.

3.5 The Practitioner elicits participation and feedback from the client.

### **4. Professional Relationships with Other Professionals**

4.1 The Practitioner relates to other reputable professionals with appropriate respect and within the parameters of accepted ethical standards.

4.2 The Practitioner's referrals to other professionals are only made in the interest of the client.

4.3 The Practitioner's communication with other professionals regarding clients is in compliance with accepted standards and ethics.

4.4 A Practitioner possessing knowledge that another practitioner:

(1) committed a criminal act that reflects adversely on the Practitioner's competence in massage therapy, trustworthiness or fitness to practice massage therapy in other respects;

2) engaged in an act or practice that significantly undermines the massage therapy profession; or

(3) engaged in conduct that creates a risk of

serious harm to the physical or emotional well-being of a recipient of massage therapy; shall report such knowledge to the appropriate AMTA committee if such information is not protected or restricted by a confidentiality law.

## **5. Records**

### **5.1 Client Records**

5.1.1 The Practitioner establishes and maintains appropriate client records.

### **5.2 Financial Records**

5.2.1 The Practitioner establishes and maintains client financial accounts that follow accepted accounting practices.

## **6. Marketing**

6.1 Marketing consists of, but is not limited to, advertising, public relations, promotion and publicity.

6.2 The Practitioner markets his/her practice in an accurate, truthful and ethical manner.

## **7. Legal Practice**

7.1 American Massage Therapy Association members practice or collaborate with all others practicing professional massage/bodywork in a manner that is in compliance with national, state or local municipal law(s) pertaining to the practice of professional massage/bodywork.

## **8. Research**

8.1 The Practitioner engaged in study and/or research is guided by the conventions and ethics of scholarly inquiry.

8.2 The Practitioner doing research avoids financial or political relationships that may limit objectivity or create conflict of interest.

**Standard I: Professionalism**

The certificant must provide optimal levels of professional massage and bodywork services and demonstrate excellence in practice by promoting healing and well being through responsible, compassionate and respectful touch. In his/her professional role the certificant shall:

- a) adhere to the NCBTMB Code of Ethics, Standards of Practice, policies and procedures
- b) comply with the peer review process conducted by the NCBTMB Ethics and Standards Committee regarding any alleged violations against the NCBTMB Code of Ethics and Standards of Practice
- c) conduct themselves in a manner in all settings meriting the respect of the public and other professionals
- d) treat each client with respect, dignity and worth
- e) use professional verbal, nonverbal and written communications
- f) provide an environment that is safe and comfortable for the client and which, at a minimum, meets all legal requirements for health and safety
- g) use standard precautions to insure professional hygienic practices and maintain a level of personal hygiene appropriate for practitioners in the therapeutic setting
- h) wear clothing that is clean, modest, and professional
- i) obtain voluntary and informed consent from the client prior to initiating the session
- j) if applicable, conduct an accurate needs assessment, develop a plan of care with the client, and update the plan as needed
- k) use appropriate draping to protect the client's physical and emotional privacy
- l) be knowledgeable of their scope of practice and practice only within these limitations
- m) refer to other professionals when in the best interest of the client and/or practitioner
- n) seek other professional advice when needed
- o) respect the traditions and practices of other professionals and foster collegial relationships
- p) not falsely impugn the reputation of any colleague
- q) use the initials NCBTMB to designate his/her professional ability and competency to practice therapeutic massage and bodywork only
- r) remain in good standing with and maintain NCBTMB certification
- s) understand that the NCBTMB certificate may be displayed prominently in the certificant's principal place of practice

- t) when using the NCBTMB logo and certification number on business cards, brochures, advertisements, and stationery, doing so only in a manner that is within established NCBTMB guidelines
- u) not duplicate the NCBTMB certificate for purposes other than verification of the practitioner's credentials
- v) immediately return the certificate to NCBTMB if it is revoked or suspended.

#### Standard II: Legal and Ethical Requirements

The certificant must comply with all the legal requirements in applicable jurisdictions regulating the profession of massage therapy and bodywork. In his/her professional role the certificant shall:

- a) obey all applicable local, state, and federal laws
- b) refrain from any behavior that results in illegal, discriminatory, or unethical actions
- c) accept responsibility for their own actions
- d) report to the proper authorities any alleged violations of the law by other certificants
- e) maintain accurate and truthful records
- f) report to the NCBTMB any criminal convictions regarding him/herself and other certificants
- g) report to NCBTMB any pending litigation and resulting resolution related to his/her professional practice and the professional practice of other certificants
- h) respect existing publishing rights and copyright laws.

#### Standard III: Confidentiality

The certificant shall respect the confidentiality of client information and safeguard all records. In his/her professional role the certificant shall:

- a) protect the client's identity in social conversations, all advertisements, and any and all other manners unless requested by the client in writing, medically necessary, or required by law
- b) protect the interests of clients who are minors or who are unable to give voluntary consent by securing permission from an appropriate third party or guardian
- c) solicit only information that is relevant to the professional client/therapist relationship
- d) share pertinent information about the client with third parties when required by law
- e) maintain the client files for a minimum period of four years
- f) store and dispose of client files in a secure manner.

#### Standard IV: Business Practices

The certificant shall practice with honesty, integrity, and lawfulness in the business of massage and bodywork. In

his/her professional role the certificant shall:

- a) provide a physical setting that is safe and meets all applicable legal requirements for health and safety
- b) maintain adequate and customary liability insurance
- c) maintain adequate progress notes for each client session, if applicable
- d) accurately and truthfully inform the public of services provided
- e) honestly represent all professional qualifications and affiliations
- f) promote his/her business with integrity and avoid potential and actual conflicts of interest
- g) advertise in a manner that is honest, dignified, and representative of services that can be delivered and remains consistent with the NCBTMB Code of Ethics
- h) advertise in a manner that is not misleading to the public by, among other things, the use of sensational, sexual or provocative language and/or pictures to promote business
- i) comply with all laws regarding sexual harassment
- j) not exploit the trust and dependency of others, including clients and employees/co-workers
- k) display/discuss schedule of fees in advance of the session that are clearly understood by the client or potential client
- l) make financial arrangements in advance that are clearly understood by and safeguard the best interests of the client or consumer
- m) follow acceptable accounting practices
- n) file all applicable municipal, state and federal taxes
- o) maintain accurate financial records, contracts and legal obligations, appointment records, tax reports and receipts for at least four years.

#### Standard V: Roles and Boundaries

The certificant shall adhere to ethical boundaries and perform the professional roles designed to protect the client, the practitioner, and safeguard the therapeutic value of the relationship. In his/her professional role the certificant shall:

- a) recognize his/her personal limitations and practice only within these limitations
- b) recognize his/her influential position with the client and shall not exploit the relationship for personal or other gain
- c) recognize and limit the impact of transference and counter-transference between the client and the certificant
- d) avoid dual or multidimensional relationships that could impair professional judgment or result in exploitation of the

- e) not engage in any sexual activity with a client
- f) acknowledge and respect the client's freedom of choice in the therapeutic session
- g) respect the client's right to refuse the therapeutic session
- h) refrain from practicing under the influence of alcohol, drugs, or any illegal substances (with the exception of prescribed dosage of prescription medication which does not significantly impair the certificant)
- i) have the right to refuse and/or terminate the service to a client who is abusive or under the influence of alcohol, drugs, or any illegal substance.

#### Standard VI: Prevention of Sexual Misconduct

The certificant shall refrain from any behavior that sexualizes, or appears to sexualize, the client/therapist relationship. The certificant recognizes that the intimacy of the therapeutic relationship may activate practitioner and/or client needs and/or desires that weaken objectivity and may lead to sexualizing the therapeutic relationship.

In his/her professional role the certificant shall:

- a) refrain from participating in a sexual relationship or sexual conduct with the client, whether consensual or otherwise, from the beginning of the client/therapist relationship and for a minimum of six months after the termination of the client/therapist relationship
- b) in the event that the client initiates sexual behavior, clarify the purpose of the therapeutic session, and, if such conduct does not cease, terminate or refuse the session
- c) recognize that sexual activity with clients, students, employees, supervisors, or trainees is prohibited even if consensual
- d) not touch the genitalia
- e) only perform therapeutic treatments beyond the normal narrowing of the ear canal and normal narrowing of the nasal passages as indicated in the plan of care and only after receiving informed voluntary written consent
- f) only perform therapeutic treatments in the oropharynx as indicated in the plan of care and only after receiving informed voluntary consent
- g) only perform therapeutic treatments into the anal canal as indicated in the plan of care and only after receiving informed voluntary written consent
- h) only provide therapeutic breast massage as indicated in the plan of care and only after receiving informed voluntary consent from the client.

#### Glossary of Terms Used in This Document

- **Acceptable Accounting Procedures:** Rules, conventions, standards, and procedures that are widely accepted among financial accountants.
- **Boundary:** A boundary is a limit that separates one person from another. Its function is to protect the integrity of each person.
- **Competency:** Study and development of a particular professional knowledge base and skills associated with and applied in practice within that knowledge base.
- **Counter-Transference:** A practitioner's unresolved feelings and issues that are unconsciously transferred to the client.
- **Dignity:** The quality or state of being worthy, honored or esteemed.
- **Dual Relationships:** An alliance in addition to the client/therapist relationship, such as social, familial, business or any other relationship that is outside the therapeutic relationship.
- **Genitalia, Female:** Labia majora, labia minora, clitoris and vaginal orifice.
- **Genitalia, Male:** Testes, penis and scrotum.
- **Impugn:** To assail by words or arguments, oppose or attack as false.
- **Integrity:** Honesty. Firm adherence to a code of values.
- **Multi-dimensional Relationships:** Overlapping relationships in which therapist and client share an alliance, in addition to the therapeutic relationship. Multi-dimensional relationships suggest a more complex interweaving of roles.
- **Progress Notes:** Notes written, by a practitioner certified by the NCBTMB, and kept in a separate client file that indicates the date of the session, areas of complaint as stated by client, and observations made and actions taken by the practitioner.

- **Sexual Activity:** Any verbal and/or nonverbal behavior for the purpose of soliciting, receiving or giving sexual gratification.
- **Sexual Harassment:** Sexual harassment consists of unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
  1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
  2. Submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individuals; or
  3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
- **Scope of Practice:** The minimum standards necessary for safe and effective practice and the parameters of practice determined by certificant, professional training and education, and, when applicable, regulatory bodies.
- **Transference:** A client's unresolved feelings and issues that are unconsciously transferred to the practitioner.

National Certification Board for Therapeutic Massage and Bodywork  
8281 Greensboro Drive, Suite 300 • McLean, VA 22102  
1-800-296-0664 • (703) 610-9015 • Fax: (703) 610-9005

Top of Page

Copyright © 1999 - 2001 by the National Certification Board for Therapeutic Massage and Bodywork. All Rights Reserved.



# 15



About Massage Therapy

About AMTA

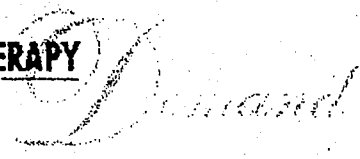
About AMTA

How to be a Massage Therapist

- Massage Programs
- Massage Schools
- Massage Certification
- Massage Journals
- Massage Publications
- Massage Conferences
- Massage Workshops
- Massage Seminars
- Massage Events
- Massage Organizations
- Massage Associations
- Massage Networks
- Massage Directories
- Massage Resources
- Massage Research
- Massage Statistics
- Massage History
- Massage Theory
- Massage Practice
- Massage Ethics
- Massage Law
- Massage Insurance
- Massage Marketing
- Massage Business
- Massage Career
- Massage Education
- Massage Training
- Massage Employment
- Massage Job Opportunities
- Massage Salary
- Massage Benefits
- Massage Retirement
- Massage Social Security
- Massage Unemployment
- Massage Disability
- Massage Workers' Compensation
- Massage Health Insurance
- Massage Life Insurance
- Massage Long-Term Care
- Massage Annuities
- Massage IRAs
- Massage 401(k)
- Massage 403(b)
- Massage 529
- Massage 528
- Massage 529-ED
- Massage 529-ES
- Massage 529-EP
- Massage 529-EQ
- Massage 529-ET
- Massage 529-EB
- Massage 529-EC
- Massage 529-ED
- Massage 529-EE
- Massage 529-EF
- Massage 529-EG
- Massage 529-EH
- Massage 529-EI
- Massage 529-EJ
- Massage 529-EK
- Massage 529-EL
- Massage 529-EM
- Massage 529-EN
- Massage 529-EO
- Massage 529-EP
- Massage 529-EQ
- Massage 529-ER
- Massage 529-ES
- Massage 529-ET
- Massage 529-EU
- Massage 529-EV
- Massage 529-EW
- Massage 529-EX
- Massage 529-EY
- Massage 529-EZ



# DEMAND FOR MASSAGE THERAPY



## Demand for Massage Therapy Use and Acceptance Increasing

The massage therapy profession and the public's use of massage continue to grow in quantity as well as quality. The most significant growth is in medical practitioners' and consumers' interest in and appreciation for massage therapy as an effective integrative and complementary modality. Mainstream acceptance of massage therapy continues its strong trend. Since 1997, the number of adult Americans who say they had a massage from a massage therapist in the previous 12 months has more than doubled.

### Acceptance Continues to Grow

A total of 17% of the adult U.S. population had a massage in the past 12 months.<sup>1</sup>

The percentage of American adults receiving one or more massages from a massage therapist in the previous year (17%) more than doubled since 1997 (8%).<sup>2</sup>

Among people who had experienced severe back, neck or shoulder pain, the rate of use of massage therapy increased from 14.6% in 1996 to 19.4% in 1999.<sup>3</sup>

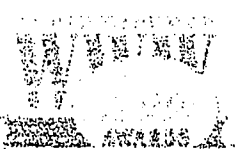
The massage explosion can be attributed partly to the growing population of tired, aging, not-quite-as-limber-as-they-once-were baby boomers, partly to an increased awareness of the effects of stress and of the physiological benefits of "pressing the flesh."<sup>4</sup>

Doctors and consumers are turning more and more to massage as an adjunct to regular health practices.<sup>5</sup>

More working-class professionals are using massage therapy to relieve stress and treat sore muscles. Massage therapists that once served only elite professionals or athletes see a wider range of clientele.<sup>6</sup>

### The Number of Massage Therapists Continues to Grow

The number of massage therapists in the United States, including students, is between 280,000 and 290,000. This compares to approximately 120,000 – 160,000 in 1996.<sup>7</sup>



American Massage Therapy Association's membership increased more than fourfold since 1990, to over 46,000 members in July 2001.<sup>8</sup>

### **Massage Is Mainstream**

Massage is popular among consumers of all ages, with people ages 25 to 34 reporting the highest usage at 22% in the past 12 months. Rates of usage for other groups are: ages 18-24 (15%); ages 35-44 (21%); ages 45-54 (13%); ages 55-64 (20 %); age 65+ (11%).<sup>9</sup>

Adults in the 55-64 age group who had a massage in the previous 12 months jumped from 13% in 2000 to 20% in 2001.

Those who seek massage therapy from a trained professional average 7 visits per year.<sup>10</sup>

Massage is slightly more popular among women (20%) than men (14%).<sup>11</sup>

Consumers visit massage therapists 114 million times each year.<sup>12</sup>

A total of 27% of adults say they had a massage in the past five years, compared with 17% in 1997.<sup>13</sup>

Over the past five years, massage is popular among people with some college education (26%) and people with only a high school education (21%), but more popular among college graduates (36%).<sup>14</sup>

### **Massage Is at Work with Employees**

An increasing number of corporations, small businesses and municipalities have found on-site massage to be a low-cost benefit with high payoff.<sup>15</sup>

The Investor Relations Group, Inc., of New York, offers each of its 15 full-time and part-time employees a weekly 15-minute massage, because it makes a difference in retention and employee morale.<sup>16</sup>

Among organization benefits managers, 8% report that massage is an employee benefit.<sup>17</sup>

At Boeing and Reebok, headaches, back strain and fatigue fell since the companies started bringing in massage therapists.<sup>18</sup>

By including 15 minutes of free massage therapy once each week, the Calvert Group, an investment firm in Bethesda, MD, reduced its turnover rate to 5% in an industry where the norm is 20%.<sup>19</sup>

### **Massage and Medicine**

Among emergency room patients, 31% report they have used massage in the past for painful conditions.<sup>20</sup>

Among complementary and alternative medicine practices surveyed, medical practitioners ranked massage therapy highest (74%) in terms of being

perceived as always or usually effective. The next closest was acupuncture at 67.7%.<sup>21</sup>

Of the 16% of adults who spoke to their doctors or other healthcare providers in the past 12 months about massage therapy, 79% report that the conversation was favorable about massage and 13% report the conversation was neutral. Of those people, 26% report that their physicians referred them to a massage therapist.<sup>22</sup>

HMO members using complementary and alternative medicine services rate their satisfaction with HMO-defined acupuncture, naturopathic, and massage benefits as high.<sup>23</sup>

### Statistics about Health Care and Massage Therapy

The cost of health care in the United States is estimated to reach \$2.2 trillion by 2008 from \$1.6 trillion in 1998.<sup>24</sup>

Consumers spend between \$4 and \$6 billion annually on visits to massage therapists.

Approximately 27% of the \$21.2 billion spent on unconventional healthcare in 1997.<sup>25</sup>

About 18% of the 629 million annual visits to alternative healthcare providers are to massage therapists.<sup>26</sup>

Among Fortune 200 companies, 14% offer massage as part of their employee benefit program.<sup>27</sup>

1. "Public Attitudes Towards Massage Study" [Caravan Survey] Opinion Research Corporation International (July 2001).
2. "Public Attitudes," Opinion Research (2001).
3. Gordon, Nancy P. and Teresa Y. Lin, Kaiser Permanente Research study, presented at Scientific Conference on Complementary Alternative and Integrative Medicine Research, San Francisco, CA, May 21, 2001.
4. "Society of Human Resource Management 2000 Benefits Survey" (April 4, 2000).
5. Alderman, Lesley, "Hands-On Therapy", *Barron's* (May 21, 2001).
6. "Society of Human Resource Management 2000 Benefits Survey" (April 4, 2000).
7. AMTA Market Analysis (2001).
8. AMTA Membership Report (July 2001).
9. "Public Attitudes," Opinion Research (2001).
10. "The Landmark Report on Public Perceptions of Alternative Care" (November 1997).
11. "Public Attitudes," Opinion Research (2001).
12. Eisenberg, et. al., "Trends in Alternative Medicine Use in the United States, 1990-1997," *Journal of the American Medical Association* 280 (18): 1569-1575 (November 11, 1998).
13. "Public Attitudes," Opinion Research (2001).
14. "Public Attitudes," Opinion Research (2001).
15. Littman, Margaret, "Massage Helps Address Major Corporate Kneads," *Crain's Chicago Business* (July 21, 1999).
16. Rivkin, Victoria, "Flexibility and Perks Sweeten the Job Pot," *Crain's New York Business* (February 12, 2001).

17. "Society for Human Resource Management 2000 Benefits Survey" (April 4, 2000).
18. Underwood, Anne, "The Magic of Touch," *Newsweek* (April 6, 1998): 71-72.
19. *HR Focus* (September 1997): 1-3.
20. "Many ER Patients Have Tried Alternative Remedies," *Reuters Health* (March 7, 2000).
21. "Post-Legislative Mandate: Two-Thirds of Group Health Clinician Respondents View CAM as Effective," *The Integrator for the Business of Alternative Medicine* (April 2001).
22. "Public Attitudes," Opinion Research (2001).
23. "First Retrospective Member Survey on HMO," *St. Anthony's Alternative Medicine Integration & Coverage* 2(8): 1 (February 1998).
24. *Health Industry Today* Vol. 62, Pg. 10 (October 1999).
25. Eisenberg.
26. Eisenberg.
27. "Complementary and Alternative Care Benefits Employer Survey" PriceWaterhouseCoopers (June 2000)

For the .PDF version of this page



### **CIRCULATORY & RESPIRATORY SYSTEMS**

- a. Fakouri, C., Jones, P. Relaxation Rx: Slow Stroke Back Rub. *J. of Geron. Nurs.* 13 (2): 32-35; February 1987.  
*Massage reduces blood pressure and heart rate.*
- b. Yates, J. *A Physician's Guide to Therapeutic Massage: Its Physiological Effects and Their Application to Treatment*; 1990.  
*"It is commonly believed that massage can increase local blood flow, even in normal tissues. Various attempts have been made to verify this effect of massage, with diverse results..."*
- c. Ashton, J. Holistic Health. Six. In Your Hands. *Nurs. Times (England)*. 80:54; 1984.  
*Slow stroke massage reduces heart rate and blood pressure.*
- d. Curtis, M. The Use of Massage in Restoring Cardiac Rhythm. *Nurs. Times (England)*. 90 (38): 36-37; September 21-27, 1994.  
*Massage reduces heart rate.*
- e. Cady, S.H., Jones, G.E. Massage Therapy as a Workplace Intervention for Reduction of Stress. *Perceptual and Motor Skills*. 84(1): 157-158; February 1997.  
*Massage reduced systolic and diastolic blood pressure.*
- f. Beeken, J., et. al. Effectiveness of Neuromuscular Release Massage Therapy on Chronic Obstructive Lung Disease. *Clin. Nurs. Research*. 7(3): 309-325; August 1998.  
*Massage increases thoracic gas volume, peak flow and forced vital capacity.*

### **IMMUNE FUNCTION**

- a. Ironson, G., Field, T., et.al. Massage Therapy is Associated with Enhancement of the Immune System's Cytotoxic Capacity. *Intern. J. Neuroscience*. 84:205-217; 1996.
- b. Zeitlin, D., et.al. Immunological Effects of Massage Therapy During Academic Stress. (*unpublished*); 1998.
- c. Field, T., Hernandez-Reif, M., Ironson, G. Massage Therapy Effects on Breast Cancer. (*unpublished*); 1998.  
*These three studies showed that massage increases cytotoxic capacity (activity level of the body's natural "killer cells") and decreases T-cells. The studies demonstrate consistent findings across different populations.*

### **INFANTS AND CHILDREN**

- a. Field, T. Massage Therapy for Infants and Children. *J. Dev. Behav. Pediatr.* 16 (2): 105-11; April 1995.  
*Demonstrates clinical improvement of infants and children with a variety of medical conditions.*
- b. Scafidi, F.A., Field, T., Schanberg, S.M. Factors that Predict Which Preterm Infants Benefit Most From Massage Therapy. *J. Dev. Behav. Pediatr.* 14 (3): 176-80; June 1993.  
*Massage therapy enhances weight gain in preterm infants.*
- c. Field, T., Morrow, C., Valdeon C., Larson, S., Kuhm, C., Schanberg, S. Massage Reduced Anxiety in Child and Adolescent Psychiatric Patients. *J. Am. Acad. Child Adolesc. Psychiatry*. 31 (1): 125-31; January 1992.

## LYMPH

### General

- a. Mortimer, P.S., Simmonds, R., Rezvani, M., et.al. The Measurement of Skin Lymph Flow by Isotope Clearance — Reliability, Reproducibility, Injection Dynamics, and the Effect of Massage. *J. Invest. Derm.* 95: 766-682; 1990.

*Demonstrated that extrinsic factors such as massage strongly influence lymph flow.*

- b. Drinker, C.K., Yoffey, J.M. Lymphatics, Lymph and Lymphoid Tissue: Their Physiological and Clinical Significance. *Cambridge: Harvard University Press; 1941.*

*Base study demonstrated in dogs that lymph flow could be sustained indefinitely by massage.*

- c. Elkins, E.C., Herrick, J.F., Grindlay, J.H., et. al. Effects of Various Procedures on the Flow of Lymph. *Arch. Phys. Med.* 34: 31; 1953.

*Massage increases lymph flow rate by seven to nine times.*

### Reduction of Lymphedema

- a. Zanolla, R., Monzeglio, C., Balzarini, A., et. al. Evaluation of the Results of Three Different Methods of Postmastectomy Lymphedema Treatment. *J. Surg Oncol.* 26: 210-13; 1984.

*Demonstrated reduced edema with manual lymphatic massage and with uniform-pressure pneumatic massage.*

- b. Bunce, I.H., Mirolo, B.R., Hennessy, J.M., et. al. Post-mastectomy Lymphedema Treatment and Measurement. *Med. J. Aust.* 161: 125-28; 1994.

- c. Brennan, M.J. and Weitz, J. Lymphedema 30 Years After Radical Mastectomy. *Am. J. Phys. Med. Rehabil.* 71: 12-14; 1992.

- d. Badger, C. The Swollen Limb. *Nurs. Times (England).* 82 (31): 40-41; 1986.

*Discusses the treatment of lymphedema due to cancer surgery or radiotherapy. Treatment with diuretics has declined and the use of mechanical compression devices and/or massage has become more prevalent.*

## MUSCULOSKELETAL

- a. Baumann, J.U. Effect of Manual Medicine in the Treatment of Cerebral Palsy. *Manuelle Medizin (Berlin).* 34:127-133; 1996.

*Pilot study involving myofascial release, massage, craniocervical manipulation, and physiotherapy shows marked improvements in gait, range of motion and foot-to-floor force.*

- b. Danneskiold-Samsøe, B., Christiansen, E., Anderson, R.B. Myofascial Pain and the Role of Myoglobin. *Scand J. Rheumatol (Stockholm).* 15: 174-78; 1986.

*Massage produces an increase in plasma myoglobin and helps decrease muscle tension and pain after repeated treatments.*

- c. Ginsburg, F., Famaey, J.P. A Double-blind Study of Topical Massage with Rado-Salil Ointment in Mechanical Low Back Pain. *J. of Int. Med. Res.* 15 (3): 148-53; May/June 1987.

*Demonstrated improvements in measures of spontaneous, muscular contracture, and in finger-floor distance and the degree of lumbar extension by massaging with ointment.*

- d. Haldeman, S. Spinal Manipulative Therapy: Terminology and Neurologic Implications. (Conference Paper) Paper presented at the 8th Annual Meeting of the International Society for the Study of the Lumbar Spine; Paris, France. *Orthopedic Transactions.* 6 (1): 37-38; May 16-20, 1981.

*Discusses the effects of massage and joint mobilization exercises on somato-visceral reflexes.*

## MUSCULOSKELETAL *continued...*

- e. Sunshine, W., Field, T., et. al. Fibromyalgia Benefits From Massage Therapy and Transcutaneous Electrical Stimulation. *J. Clin. Rheum.* 2(1): 18-22; February 1996.

*Massage reduces pain, lessens stiffness and fatigue.*

- f. Hammer, W.I. The Use of Transverse Friction Massage in the Management of Chronic Bursitis of the Hip and Shoulder. *J. Manip. & Phys. Therap.* 16(2): 107-111; 1993.

*Massage is beneficial for adhesions in chronic bursitis.*

## PAIN TREATMENT

### Cancer

- a. Ferrell-Torry, A.T. and Glick, O.J. The Use of Therapeutic Massage as a Nursing Intervention to Modify Anxiety and the Perception of Cancer Pain. *Cancer Nurs.* 16 (2): 93-101; April 1993.

*Therapeutic massage is a beneficial nursing intervention that promotes relaxation and alleviates the perception of pain and anxiety in hospitalized cancer patients.*

- b. Wilkinson, S. Aromatherapy and Massage in Palliative Care. *Int. J. Palliat. Nurs.* 1 (1): 21-30; January/March 1995.

*Cancer patient post-test scores on the Rotterdam Symptom Checklist and the State-Trait Anxiety Inventory improved. Patients reported that massage reduced anxiety, tension, pain, and depression.*

### Headache

- a. Jensen, O.K., Neilsen, F.F., Vosmar, L. An Open Study Comparing Manual Therapy with the Use of Cold Packs in the Treatment of Post-traumatic Headache. *Cephalalgia* (Norway). 10 (5): 241-50; October 1990.

*A controlled trial on specific manual therapy on the neck to reduce headache as compared with cold pack treatments on the neck. The type of manual therapy used had a specific effect in reducing post-traumatic headache.*

- b. Puustjarvi, K., Airaksinen, O., Pontinen, P.J. The Effects of Massage in Patients with Chronic Tension Headache. *Acupunct. Electrother. Res.* 15 (2): 159-62; 1990.

*Confirms clinical and physiological effects of massage.*

### General

- a. Mobily, P.R., Herr, K.A., Nicholson, A.C. Validation of Cutaneous Stimulation Interventions for Pain Management. *Int. J. Nurs. Stud.* 31 (6): 533-44; December 1994.

*Identifies and validates specific activities considered important in the implementation of selected cutaneous stimulation pain management. These included heat and cold application, massage, and Transcutaneous Electrical Nerve Stimulation (TENS).*

- b. Weintraub, M. Shiatsu, Swedish Muscle Massage and Trigger Point Suppression in Spinal Pain Syndrome. *Am. J. Pain Man.* 2 (2): 74-78; April 1992.

*Demonstrated significant reductions in acute and chronic pain and increased muscle flexibility and tone using a variety of massage techniques.*

- c. Kaard, B., Tostinbo, O. Increase of Plasma Beta Endorphins in a Connective Tissue Massage. *Gen. Pharm.* 20 (4): 487-89; 1989.

*Massage stimulates the brain to produce endorphins, the body's natural pain control.*

## **PAIN TREATMENT** *continued...*

### **Pregnancy**

- a. Dundee, J.W., Sourial, F.B., Ghaly, R.G., Bell, P.F. P6 Acupressure Reduces Morning Sickness. *J. The Royal Soc. of Med.* 81 (8): 456-57; August 1988.  
*Reduces morning sickness.*
- b. Avery, M.D. and Burket, B.A. Effect of Perineal Massage on Incidence of Episiotomy and Perineal Laceration in a Nurse-Midwifery Service. *J. Nurse-Midwifery.* 31 (3): 128-34; May/June 1986.  
*Decreases the need for episiotomy.*
- c. Field, T., Hernandez-Reif, et.al. Labor Pain is Reduced by Massage Therapy. *J. Psychosomatic Obs. and Gyn.* 18: 286-291; 1997.  
*Massage reduces duration of labor, hospital stay and post-partum depression.*

### **PSYCHOLOGICAL/EMOTIONAL**

- a. Meek, S.S. Effects of Slow Stroke Back Massage on Relaxation in Hospice Clients. *Image. J. Nurs. Sch.* 25 (1): 17-21; Spring 1993.  
*Examines the effects of slow stroke back massage (SSBM) on systolic and diastolic blood pressure, heart rate, and skin temperature. SSBM was associated with decreases in blood pressure and heart rate, an increase in skin temperature, and vital signs indicating relaxation.*
- b. Shulman, K.R., Jones, G.E. The Effectiveness of Massage Therapy Intervention on Reducing Anxiety in the Workplace. *J. Applied Behav. Sc.* 32(2): 160-173; June 1996.  
*Chair Massage reduces anxiety levels for employees.*
- c. Culpepper-Richards, K., Effect of a Back Massage and Relaxation Intervention on Sleep in Critically Ill Patients. *Am. J. Crit. Care.* 7(4): 288-299; July 1998.  
*Back massage, as an alternative or adjunct to pharmacological treatment, is a clinically effective nursing intervention for the promotion of sleep.*

### **SPORTS MEDICINE**

- a. Goats, G.C. Massage—The Scientific Basis of an Ancient Art: Parts 1 and 2. *Br. J. Sports Med (UK).* 28 (3): 149-52 & 153-56; September 1994.  
*Reviews techniques and previous research on effects of massage on blood flow and composition, edema, connective tissue, muscle and the nervous system. Demonstrates that the use of massage in sports medicine can be justified.*
- b. Smith, L.L., et.al. The Effects of Athletic Massage on Delayed Onset Muscle Soreness, Creatine Kinase, and Neutrophil Count: A Preliminary Report. *J. Orthop Sports Phys. Ther.* 19 (2): 93-99; February 1994.  
*Suggests that sports massage will reduce delayed onset muscle soreness and creatine kinase when administered two hours after the termination of eccentric exercise.*



#18

## THE POTENTIAL FOR HARM: MASSAGE THERAPY AND ORIENTAL BODYWORK THERAPY

### DOCUMENTATION OF HARM

Documented complaints against massage therapists in the 28 regulated states has run as high as eighty-five in one state for one year.

In Minnesota, complaints are difficult to track for several reasons:

- There is no state office that coordinates complaints against massage therapists.
- Municipalities regulate massage therapy in some cases. The two cities with the largest numbers of therapists – Minneapolis and St. Paul – do not record and track complaints.

### THE POTENTIAL FOR PHYSICAL HARM

Therapists who have inadequate training may harm the consumer in the following ways:

- CONTRAINDICATIONS

A contraindication is a condition in which massage therapy is improper or undesirable, or requires special considerations in order not to harm the client. Such conditions include diabetes, hypertension, recent stroke or heart attack, varicose veins, osteoporosis, use of anti-coagulant or other drugs, and many others. These conditions require that the practitioner has been trained to know what the contraindications are and how to take a client history that will reveal them.

EXAMPLE: A therapist places a client, eight months pregnant, face down on a massage table for an hour. The position endangered the blood supply to mother and baby by putting pressure on the aorta, the major blood vessel coming from the heart.

- ENDANGERMENT SITES

Nerves, arteries, veins, lymph nodes, and delicate organs can be harmed by prolonged or excessive pressure when they lie close to the surface of the body.

EXAMPLE: Therapist applies pressure toward the neck on the sternocleidomastoid muscle. The carotid artery is under this muscle and, therefore, the muscle should only be worked by lifting it away from the neck. Pressure on the artery could interrupt blood supply to the brain and could harm a mechanism in the artery that helps control blood pressure.

- FAILURE TO OBSERVE AND ASSESS

Some problems should be referred to and evaluated by the appropriate health care provider such as changes in moles or lumps on the body, extreme pain, extreme loss of mobility, unusual swelling, or numbness.

EXAMPLE: Therapist works on client who complains of low back pain. Client can sustain nerve damage if the therapist fails to refer the client to a physician and instead continues to see the client on an ongoing basis.

### THE POTENTIAL FOR EMOTIONAL HARM

Inappropriate boundaries by therapists can cause emotional harm. Victims of sexual, physical and emotional abuse are referred by psychotherapists to therapists. It is vital that therapists have adequate education to understand the potential for re-traumatizing clients when applying touch when working with these vulnerable people, as well as clients who may not be aware of their own abuse history but who can be traumatized in this way.

For example, female clients have reported to massage therapists that other massage therapists have exposed the client's breasts during a massage, without warning and without need. Victims of inappropriate techniques are often shamed and confused to find that there is no state regulatory agency to report complaints.

#25



## Massage Practice Laws Information Guide

Regulatory Board	Education Requirements	Fees	Reciprocity	Continuing Education Requirements
<p><b>Alabama Board of Massage Therapy</b></p> <p>660 Adams Avenue, Suite 150 Montgomery, AL 36104-0058</p> <p>(334) 269-9990 (334) 263-8115 (fax)</p>	<p>650 hours: 325 hours of basic massage therapy and clinical practice; 100 hours of anatomy, pathology and physiology; 50 hours of related coursework (after 12/31/97, 650 hours will be required; after 12/31/01, 1000 hours will be required)</p>	<p>Application: \$25.00</p> <p>Licensing: \$100.00</p> <p>Renewal: \$100.00</p>	<p>On a state by state basis; each is reviewed by board</p>	<p>Yes; renewal is biannual</p>
<p><b>Arkansas State Board of Massage Therapy</b></p> <p>P.O. Box 20739 103 Airway Hot Springs, AR 71913</p> <p>(501) 623-0444</p>	<p>500 hours from an accredited massage therapy school or similar institution</p>	<p>Registration: \$75.00</p> <p>Exam: \$25.00</p>	<p>No</p>	<p>6 hours a year (by June 30) approved by state board</p>
<p><b>Connecticut</b></p> <p>Massage Therapy Licensure Department of Public Health 410 Capitol Avenue - MS# 12APP PO Box 340308 Hartford, CT 06134-0308</p> <p>(860) 509-7570 (860) 509-8457 (fax)</p>	<p>500 hours from a school accredited by an accrediting agency and a curriculum approved by COMTA</p>	<p>Application: \$300.00</p> <p>Annual renewal: \$100.00</p>	<p>No</p>	<p>No</p>
<p><b>Delaware Board of Massage and Bodywork</b></p> <p>861 Silver Lake Boulevard Dover, DE 19904</p> <p>(302) 739-4522 (302) 739-2711 (fax)</p>	<p>Two tiers -</p> <p>100 hours: certified massage technician</p> <p>500 hours: licensed massage therapist</p> <p>500 hours of supervised study; 100 hours of anatomy and physiology; 300 hours of technique and theory; 100 hours of electives; CPR required</p>	<p>Application: \$25.00</p> <p>Licensing: \$69.00 for 2 years</p> <p>Certification: TBD</p>	<p>Yes</p>	<p>12 hours every two years for technician</p> <p>24 hours for therapists</p>

EXA1

NCET

Stat Expt

NCET

NCET

NCET

<p><b>District of Columbia Massage Therapy Board</b></p> <p>Occupational and Professional Licensing Administration Attn: Branch Chief 614 H Street NW, Room 921 Washington, DC 20001</p> <p>(202) 422-4320 (202) 727-8068 (fax)</p>	<p>Minimum 500 hours of training</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>NCE TM</p>
<p><b>Florida Department of Health</b></p> <p>Northwood Center 1940 North Monroe Street Tallahassee, FL 32399-0774</p> <p>(850) 488-0585 (850) 922-6959 (fax)</p>	<p>500 hours from state board approved school or completed 1,453 hours apprentice program. 3 hours HIV / Aids ed.</p>	<p>Application: \$150.00</p>	<p>No</p>	<p>12 hours every two years and 3 hours HIV/AIDS update classes</p>	<p>NCE TM</p>
<p><b>State of Hawaii</b></p> <p>Professional and Vocational Licensing Division</p> <p>Department of Commerce and Consumer Affairs PO Box 3469 Honolulu, HI 96801</p> <p>(808) 586-3000 (808) 586-2689 (fax)</p>	<p>570 hours: 50 hours of anatomy, physiology and kinesiology; 100 hours of theory and demonstration; 420 hours of practical training; must spend a minimum of 6 months as an apprentice in an AMTA or Rolf Institute School</p>	<p>Exam: \$80.00 Application: \$50.00 License Fee: \$60.00/yr</p>	<p>No</p>	<p>Renewal every even-numbered year</p>	<p>State Exam</p>
<p><b>Iowa Department of Public Health</b></p> <p>Board of Massage Therapy Examiners Lucas State Office Building 321 East 12th Street Des Moines, IA 50319</p> <p>(515) 281-6959, (515) 281-7074 or (515) 242-5936 (515) 281-3121 (fax)</p>	<p>500 hours from a state-licensed or accredited school approved by the department; 100 hours of anatomy and physiology; 400 hours of other subjects including first aid and CPR</p>	<p>Application: \$100.00  (Bi-annual)</p>	<p>Yes</p>	<p>12 hours by September 30 of odd-numbered years</p>	<p>NCE TM B</p>
<p><b>Louisiana Board of Massage Therapists</b></p> <p>PO Box 1279 Zachary, LA 70791</p> <p>(225) 658-8941 (504) 658-8496 (fax)</p>	<p>500 hours supervised course of instruction at an approved school.</p>	<p>Oral exam: \$75.00  Professional license: \$50.00</p>	<p>Yes, if meets Louisiana's requirements</p>	<p>12 hours/yr</p>	<p>NCE TM B State Oral Exam</p>

<p><b>Maine</b></p> <p>Department of Professional and Financial Regulation</p> <p>Licensing and Enforcement Division 35 State House Station Augusta, ME 04333-0035</p> <p>(207) 824-8612 (207) 824-8637 (fax)</p>	<p>500 hours, Exam or diploma from a massage training program accredited or approved by COMTA</p>	<p>Application: \$25.00</p> <p>Registration (yearly): \$100.00</p>	<p>Yes if other states' requirements are met.</p>	<p>none</p>
<p><b>Maryland Board of Chiropractic Examiners</b></p> <p>4201 Patterson Avenue, 5<sup>th</sup> floor Baltimore, MD 21215-2299</p> <p>(410) 764-4728 (410) 358-1879 (fax)</p>	<p>500 hours that include anatomy and physiology, massage therapy techniques and practice contraindications for massage therapy</p>	<p>\$100 application \$200 certificate</p>	<p>Yes</p>	<p>No</p>
<p><b>Missouri State Board of Therapeutic Massage</b></p> <p>PO Box 1335 Jefferson City, Mo 65102-1335</p> <p>(573) 522-8277 (573) 751-0735 (fax)</p>				
<p><b>Nebraska</b></p> <p>Health and Human Services Credentialing Division PO Box 94988 Lincoln, NE 68509-4988</p> <p>(402) 471-2117 or (402) 471-4927 (402) 471-3577 (fax)</p>	<p>1,000 hours: physiology: 100 hours, anatomy: 100 hours, massage: 100 hours, pathology: 100 hours, hydrotherapy: 100 hours, hygiene/practical demo: 100 hrs, health service mgmt: 100 hours, clinical practice of massage therapy: 300 hours</p>	<p>Renewal: \$252.00 every two years.</p> <p>\$102.00 for application</p>	<p>Yes; states with substantially similar rules and laws</p>	<p>18 hours approved by state board every two years</p>
<p><b>New Hampshire Office of Program Support</b></p> <p>Health Facilities Administration 8 Hazen Drive Concord, NH 03301-8527</p>	<p>High school diploma or GED plus graduation from school of massage; 750 hours: 150 hours of anatomy and physiology; 50 hours of massage; 50</p>	<p>Initial license: \$125 (includes state test); Renewals: \$100</p>	<p>No</p>	<p>12 hours every two years should increase with the next 8 months to 24 hours</p>

*NCETMB  
OR  
Diploma  
from a  
COMTA  
TRAINING  
PROGRAM*

*TSD*

*NCETMB*

*NCETMB  
→  
State  
Practical  
Exam*

<p>(803) 271-0277 (803) 271-5590 (fax)</p>	<p>175 hours of Swedish and related modalities; 10 hours of rules and ethics; 50 hours of allied massage techniques; 50 hours of hygiene; 25 hours of health services management; 125 hours of practical massage; 65 hours of electives; CPR certification also required</p>			
<p><b>New Jersey Board of Nursing</b>  PO Box 45010 Newark, NJ 07101  (973)504-8430 (973)648-3481 (fax) Attn: Massage, Bodywork &amp; Somatic Therapy Mailing List</p>	<p>Fact Sheet can be found at:</p>			
<p><b>New Mexico</b>  Board of Massage Therapy Regulation and Licensing Department PO Box 25101 Santa Fe, NM 87504  (505) 478-7090 / 7089 (505) 478-7095 (fax)</p>	<p>650 hours  Alternative qualifications: See web application - 500 MT; 150 hours alternative qualifying ed.</p>	<p>Initial application: \$50.00 \$25.00 before exam (temps) Initial licensing: \$150.00 Jurisprudence exam: \$10.00 Annual renewal: \$125.00</p>	<p>No</p>	<p>16 hours approved by state board every two years</p> <p><i>NCETMC + TAKE home juris-prudent</i></p>
<p><b>New York State Board of Massage Therapy</b>  Cultural Education Center, Room 3041 Albany, NY 12230  (518) 473-1417 or (518) 474-3868 (518) 473-6995 (fax)</p>	<p>H.S. Graduate. Graduate of a New York school program or equivalent program; 1000 hours: 100 pathology, 200 miology, 60 first aid/cpr, 150 oriental/western theory (50 in each) 325 theory &amp; practice (including 150 w/patient)</p>	<p>Exam: \$180.00  Application: \$100.00</p>	<p>Yes; if licensed in a state with substantially similar requirements and practicing massage for at least two years</p>	<p>No</p> <p><i>State Exam</i></p>
<p><b>North Carolina Board of Massage and Bodywork Therapy</b>  PO Box 2539 Raleigh, NC 27602  (919) 548-0050 (919) 833-1059 (fax)</p>				