



amta
american **massage therapy** association®

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November 26, 2019

RE: Recommendations to the Ways & Means Committee's Rural and Underserved Communities Health Task Force

On behalf of the American Massage Therapy Association (AMTA), we are pleased to submit the following in response to the questions posed by the Ways and Means Committee Request for Information (RFI) to assist the new Rural and Underserved Communities Health Task Force that are of particular relevance to AMTA.

AMTA is the national non-profit professional association dedicated to advancing the massage therapy profession, with over 92,000 members across the country. We advocate for fair and consistent licensing of massage therapists across the states, support clinical research on the efficacy and cost benefits of massage therapy, and promote public education.

We have been closely involved with agency and congressional efforts in recent years that are intended to mitigate the opioid crisis through increased use of non-opioid pain management integrative therapies, such as massage therapy. We believe our members who work in rural and underserved areas bring a unique perspective to the health challenges faced by individuals in these areas in accessing health care.

As requested, our comments are brief, and we are happy to provide more information or answer any questions that may assist the Rural and Underserved Health Task Force.

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

AMTA believes one of the most significant health gaps rural and underserved communities is a lack of federal, state and commercial payor coverage to effectively address various pain conditions through clinically appropriate integrative health care services. Massage therapy for patients with acute and chronic pain is one avenue:

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- Peer-reviewed research demonstrates that massage therapy can ease many forms of pain, either replace the use of drugs, or working in conjunction with non-addictive medicine for pain relief. Massage can reduce overall addiction rates in the U.S. by about 111,000 people and save nearly \$26 billion annually. This access to care is particularly important in rural and underserved communities experiencing deficits in care delivery and limited access to physicians and/or other health care providers.
- Massage is being utilized by both the DoD and the VHA to treat military personnel and veterans with a variety of chronic pain issues. The Department of Veterans Affairs has now created full-time General Schedule (GS) positions on staff at multiple VA managed facilities for massage technicians.
- The Central Appalachia Inter-Professional Pain Education Consortium (CAIPEC) program conducted a study to deliver a multifaceted educational and implementation research program over 15 months that targeted a spectrum of learners related to the safe use of opioids, as well as alternatives, such as massage therapy, in the management of chronic pain. Those attending the educational activities included physicians among and a range of other healthcare professionals, with CAIPEC observing a significant increase in the use of alternative therapies (8.5%).

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

AMTA strongly supports the May 2019 report presented by the HHS Pain Task Force emphasizing the need for enhanced federal, state and commercial insurance payers to adopt a multi-modal and multi-disciplinary approach to pain management that includes massage therapy and other complementary and integrative therapies.

- AMTA encourages the adoption of additional federal policies that would expand massage therapy coverage in rural and underserved communities, building upon current insurer reimbursement available in the Medicare Advantage (MA) program. Present MA program guidelines specifically include massage therapy provided by a state licensed massage therapist as an optional supplemental benefit for non-opioid pain therapy.

- Recent research indicates that at least 122 MA plans across the U.S. have integrated massage therapy as part of their coverage in CY 2020, demonstrating increasing interest in utilizing this cost-effective tool to improve health outcomes. Given that MA plans must carefully consider the relative merits of cost vs. benefit in considering the addition of new services, we believe this speaks clearly to a growing awareness of the value of massage therapy as a non-opioid pain treatment.

A handwritten signature in black ink that reads "James E. Specker". The signature is fluid and cursive, with a large initial "J" and "S".

James Specker
AMTA Director, Industry and Government Relations
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