



amta  
american **massage therapy** association®

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The Honorable Orrin Hatch  
Chair, Senate Finance Committee  
Washington, DC 20010

The Honorable Ron Wyden  
Ranking Member, Senate Finance Committee  
Washington, DC 20010

February 14, 2018

Dear Senators Hatch and Wyden:

On behalf of the American Massage Therapy Association (AMTA), we applaud your leadership in seeking responsible legislative solutions to the opioid epidemic facing the U.S. today, particularly as it impacts mandatory government spending in the Medicare and Medicaid arenas. In response to your February 2, 2018 request for feedback in 8 distinct areas, we respectfully submit the following recommendations to #1 (Medicare and Medicaid incentives to minimize the risk of opioid addiction), #2 (existing barriers to non-pharmacologic therapies for pain in Medicare and Medicaid) and #7, (state and private sector best practices). Established in 1943 and numbering more than 80,000 members, AMTA works to advance the massage therapy profession through ethics and standards, the promotion of fair and consistent licensing of massage therapists in all states, and public education on the benefits of massage therapy. Massage therapists are currently licensed in 46 states and the District of Columbia.

**#1. Medicare and Medicaid incentives to minimize the risk of opioid addiction.**

There is universal agreement that no single 'silver bullet' exists to address the addiction problem. However, new data from the Centers for Disease Control (CDC) show that too many people continue to be prescribed too many pills for too many days. We must provide physicians with the knowledge, tools and ability to provide evidence-based alternatives for their patients with pain who are at risk of opioid misuse leading to addiction. While prescriptions for pain medications are covered under Medicare and Medicaid, evidence-based, non-pharmacologic treatments such as massage therapy are not.

We urge the Finance Committee to consider establishing a pilot or other demonstration project, working with the Centers for Medicare and Medicaid Innovation (CMMI) that would enable massage therapists to participate in Alternative Payment Models (APMs) or other appropriate models of care to compare health outcomes and costs when massage therapy is integrated into the pain treatment model, versus prescription 'medication-only' approaches to patient care. This study should compare all costs of opioids, including social costs and the costs associated with addiction vs. the use of massage therapy for those types of pain where it has been shown to be effective.

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## **#2: What are the barriers to non-pharmacologic therapies for pain? How can these barriers be addressed?**

Massage therapy has been singled-out as an effective non-pharmacologic approach to pain, as shown by a significant body of clinical research, and supported by the National Institutes of Health (NIH), the American College of Physicians, The Joint Commission, the Federation of State Medical Boards and many nationally renowned hospitals and other institutions, such as the Mayo Clinic, M.D. Anderson Cancer Center, Duke Integrative Medicine, the Cleveland Clinic and Memorial Sloan Kettering Cancer Center.

Massage therapy is specifically mentioned in guidelines for non-pharmacologic opioid alternatives by the Attorney General of West Virginia; and, it is among a list of four non-pharmacologic approaches to pain in the September 18, 2017 letter to American's Health Insurance Plans, signed by 37 Attorneys General, which urges health insurance companies to prioritize non-opioid pain management options for chronic pain, as follows:

*“When patients seek treatment for any of the myriad conditions that cause chronic pain, doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to physical therapy, acupuncture, massage, and chiropractic care.”*

Despite the evidence supporting the use of massage therapy for pain, massage therapy is currently not covered by Medicare, and is covered under Medicaid in only 4 states. While no one disputes the fact that massage undertaken by an individual solely for relaxation purposes should not be a covered benefit, a physician referral for massage therapy, with appropriate documentation of medical necessity for a specific acute or chronic condition, should be covered under Medicare and promoted for inclusion as a state Medicaid benefit.

## **#9. State Best Practices**

Below are examples of effective models of care utilizing massage therapy that we believe could be integrated into state-wide models of care to promote evidence based non-pharmacologic alternatives to opioid use for the management of pain.

For many years, the Mayo Clinic has integrated massage therapy into patient care, especially for various types of pain management. Massage therapy is incorporated into both outpatient and inpatient care. “Mayo Clinic researchers have found that massage therapy can reduce pain and tension in people facing or recovering from many problems, including: heart surgery, breast cancer, and colon and rectal surgeries.” Contracted massage therapists work closely within a team for patient care.

M.D. Anderson Cancer Center fully integrates massage therapy into patient care, with on-staff massage therapists. They describe their program as follows: “Oncology massage can help reduce nausea, anxiety and pain for patients at all stages, from active treatment to recovery to near the end of life. Research suggests that stress-reduction programs tailored to the cancer setting, such as massage, may help patients cope with treatment side effects and improve quality of life. The

Integrative Medicine Center offers oncology massage for MD Anderson outpatients and inpatients.”

In closing, we appreciate the opportunity to comment on this important issue and would be pleased to provide more information if needed. We believe that the solution to our nation’s opioid crisis rests on a multi-faceted approach that provides alternatives to pain management that can dramatically minimize the chances for substance abuse. These alternatives include the use of clinical massage therapy for pain management when prescribed by a physician or other health care provider.

We are happy to follow up with any additional details as needed

Sincerely,

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

James Specker  
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