Antitrust Referral Analysis Submittal by Person Affected by Board or Commission Action

Contact Name: __Matthew Gajkowski D.C._____

Company (if applicable):____Northeast Ohio Academy of Chiropractic_____

Date: ___3/21/18_____

Referral Topic: _ Ohio State Medical Board arbitrarily limits massage therapists working with Chiropractic Physicians

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. The CSI office was codified by ORC 107.52 for agency rule review. Additional scope was added in 2017 under ORC 107.56 which describes actions to be reviewed by the CSI office for determination of approval or disapproval.

Please note: When submitting this analysis form to the CSI Office, evidence must be provided that a copy of this completed form was also transmitted to the subject board or commission, as required by ORC 107.56 (C)(2).

Referral Information

1. Name of board or commission taking or proposing to take action:
   State Medical Board of Ohio (SMBO).
2. Does this action/proposed action deny an application for licensure?
   No.

3. Does this referral pertain to a disciplinary action by the licensing board or commission taken against you or your company?
   No.
4. What is the action/proposed action being taken?
   The action is the continuance, implementation, and enforcement of rules implemented by the SMBO.

5. Please describe the relevant factual background you wish to include in this referral (e.g., history, context). Please see the attached packet.

6. Please check all of the following that apply as reasons the action/proposed action is subject to review? (ORC 107.56(B)(1))?

   ☒ Fixes prices or limits price competition;

   ☐ Divides, allocates or assigns customers or potential customers or geographic markets in this state among members of the occupation regulated by the boards;

   ☒ Excludes present or potential competitors from the occupation regulated by the board;

   ☒ Limits output or supply in this state of any good or service provided by the members of the regulated occupation;

   ☒ Prohibits offering a particular quality-level of a product or service;

   ☐ Restricts advertising or makes it more expensive or less effective;

   ☒ Substantially reduces the number of firms or providers that can serve a particular set of customers; or

   ☐ Any other activity that could be subject to state or federal antitrust law if undertaken by private persons.

7. In a brief statement, explain why you believe the board or commission does not have the statutory or other legal authority to take the action/proposed action? As outlined in the attached background packet, many of the rules promulgated by SMBO went beyond the clearly articulated state policy established by the legislature in statute. Additionally, even the rules that implement the statute without going beyond it are "merely a pretext by which the board or commission enables the members of an occupation or industry the board or commission regulates to engage in anticompetitive conduct that could be subject to state or federal antitrust law if the action were taken by a private person or combination of private persons." (Am. Sub. H.B. No. 49 132nd GA.: Sec. 107.56(D).)

a. How is the action/proposed action consistent or inconsistent with state or federal antitrust law and how does it impact competitiveness? These rules are likely in violation of 15 U.S.C. s 2 "Monopolizing trade a felony; penalty." These rules impact competitiveness by limiting the market for licensed massage therapists in physician's offices. Delegation of services is part of the legal scope of practice of chiropractic physicians and other physicians in Ohio. SMBO is violating federal antitrust law by not allowing chiropractic physicians to delegate services to licensed massage therapists.

*Send this form, a complete copy of the action or proposed action, and evidence that this form was transmitted to the board or commission taking or proposing the action, and any other documentation deemed appropriate for evaluation to the CSI Office at CSIReferrals@governor.ohio.gov.

Northeast Ohio Academy of Chiropractic

Sent via electronic mail

April 4, 2018

Lieutenant Governor Mary Taylor
Ohio Common Sense Initiative
CSIOhio@governor.ohio.gov
CC: Emily Kaylor

Lieutenant Governor Taylor and Ohio Common Sense Initiative Staff:

The Northeast Ohio Academy of Chiropractic (NOAC) is a 501c 6 regional Cleveland association that represents chiropractic physicians. With the passage last year of House Bill 49, I am contacting you to bring to your attention to "OAC 4731-1-05 scope of practice: massage therapy" which is promulgated by the State Medical Board of Ohio (SMBO). Since at least 2007 this regulation has had an anti-competitive effect on licensed massage therapists and chiropractic physicians in the State of Ohio.

OAC 4731-1-05 Scope of Practice: Massage Therapy
(F) Massage therapy does not include:
(1) The application of ultrasound, diathermy, and electrical neuromuscular stimulation or substantially similar modalities;
(5) The prescription of therapeutic exercise for the purpose of rehabilitation or remediation of a disorder of the human body;

The SMBO has decided to interpret this to mean that chiropractic physicians cannot delegate licensed massage therapists to perform ultrasound, diathermy, electrical neuromuscular stimulation, similar modalities and supervise exercise instruction in their offices (see Appendix A & B).

Chiropractic physicians can delegate unlicensed personnel to perform ultrasound, diathermy, and electrical neuromuscular stimulation, similar modalities and to supervise exercise instruction in their offices under 4734-8-02 (see Appendix E). A reasonable person would interpret that since an LMT is not a chiropractor that they are unlicensed personnel in a chiropractor's office. SMBO is interfering with the scope of practice of chiropractic physicians in Ohio. The SMBO does not have jurisdiction over chiropractors the Ohio State Chiropractic Board (OSCB) does.

Here is an example of SMBO's position. A chiropractic physician has an unlicensed assistant. The chiropractor trains and then delegates to the assistant the application of modalities like ultrasound, diathermy, electrical neuromuscular stimulation and exercise training. This unlicensed assistant then decides to further her education in the healing arts by going to massage therapy school while she continues to work for the chiropractor. She even performs relaxation massages in the chiropractor's office without a license. She then passes her tests and gets her massage therapy license. Now she can provide 3rd party billable therapeutic massage services in the chiropractor's office, but she is no longer employable because she cannot apply modalities or provide the exercise instruction, duties that she had legally performed for years. The chiropractor is then forced to hire an unlicensed person to perform the job duties she can no longer legally provide. Now she is only able to treat when there is a patient there for massage. She must sit on her hands in the office the rest of the time. The licensed massage therapist and the unlicensed medical assistants are not being treated equally under the law. This harms the public since people with formal medical training are being prohibited from performing delegated tasks.

"Relaxation massage" can be performed in Ohio by anyone without a license (Appendix G). An observer would be hard pressed to tell the difference between someone doing a relaxation massage versus a therapeutic massage which requires a license. So, an unlicensed massage therapist can perform all the delegated duties in a chiropractic physician's office, but a licensed massage therapist cannot. This makes no sense.

The safety of the public would be better served for instance, if an LMT was applying modalities under the supervision of a physician rather than an unlicensed person. The LMT is going to understand the instructions of the physician better and apply the modality in the designated area with better positioning. When applying therapeutic ultrasound, the physician's order can be "apply U.S. to the lateral ankle especially the anterior tibiofibular ligament area". The LMT is going to know this anatomical position, the unlicensed person is not. If I was injured I would rather have an LMT applying modalities to me in a physician's office than an unlicensed individual.

The scope of practice for an LMT is clearly defined by the SMBO and allowing them to do other modalities and exercise instruction under chiropractic physician supervision does not contradict or expand their scope of practice.

LMTs in a chiropractor's office rarely have a full day's worth of patients. 49% of massage therapists have other jobs. The average massage therapist works 18 hours a week providing massage. Nationwide 17% of massage therapists work in chiropractor's office compared to 7% in a hospital/medical office. More referrals for massage therapy come from chiropractic physician's office than other sources (see Appendix H). Massages usually last from 15-30 minutes per patient in a chiropractor's office and when a patient cancels or does not show up there is nothing else that the massage therapist can do clinically in the chiropractor's office.

Chiropractic physicians usually have one staff person that does clerical and clinical duties. They answer the phone, do billing, make appointments and perform clinical duties like modalities and exercise instruction with patients. As the office gets busier adding an LMT makes sense. However, since they cannot do the delegated modalities and exercise instruction what happens is a second unlicensed person is hired. They take over the delegated duties while the first staff person is given more time to handle clerical duties. Only if things get busier and there is a demand for massage is the LMT brought on and then just part time because they cannot do the delegated tasks. Massages are rarely scheduled all in a row.

This forces LMTs to work on their own in private practice more. Allowing LMTs to perform delegated duties allowed by unlicensed personnel under chiropractic physician supervision would get more LMTs working in physician's offices which would be better for the safety of the public. This would not allow them to do these modalities in their own office. LMTs are a natural fit in a chiropractor's office as they too provide care without the use of drugs or surgery and are confident in the abilities of conservative care. This is yet another example of how the State of Ohio favors providers who prescribe opioids over those take care of patient's problems without any drugs (LMTs and chiropractic physicians).

The State Medical Board of Ohio is comprised of twelve members: nine physicians (seven MD, one DO, one DPM) and three non-physician public members (Appendix J). There are over 12,000 massage therapists licensed in Ohio and less than 1,000 podiatrists. Yet there is a podiatrist on the board and no licensed massage therapists. The SMBO does not represent the LMT and they are restricting their trade. It seems to me that the LMT would be better represented if they had their own board or were on another board. In fact, if the LMTs were on the Ohio State Chiropractic Board (OSCB) there would be no problem with them performing delegated duties in a chiropractic physician's office. The OSCB asked the SMBO to make this possible in 2011 but the SMBO did not reply (Appendix C).

SMBO is excluding competitors (LMT) to unlicensed personnel from working in chiropractor's office. This greatly reduces the number of people with healthcare backgrounds that can work in a chiropractor's office. Chiropractors do not have the "economy of scale" to create an extra position that is so limited like

that of an LMT. This restricts the number of available jobs for LMT's. Chiropractors are instead forced to hire less qualified unlicensed personnel to legally carry out all their delegated tasks.

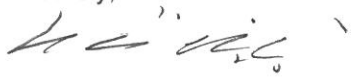
This puts chiropractors at a competitive disadvantage. Chiropractors cannot legally hire physician's assistants, physical therapy assistants or nurse practitioners to work under them. Chiropractic physicians do not have a licensed assistant position. An LMT comes closest to fitting the bill. SMBO is only allowing unlicensed personal to perform the delegated duties of chiropractic physicians. SMBO has made it illegal for licensed massage therapist to perform these delegated duties.

SMBO is limiting the supply of massage services and delegated services by LMTs in physician's offices and substantially reducing the number of LMT providers that can serve patients in physician's offices. SMBO is prohibiting LMTs from offering higher quality delegated services in physician's offices. SMBO is limiting price competition as chiropractic physicians are put at a disadvantage. SMBO is regulating the occupation of unlicensed personnel in physician's offices and excluding LMTs from that occupation.

SMBO is regulating chiropractic physician practice in the State of Ohio. They are going against the statutory law ORC and OAC regulating chiropractic practice. LMTs are unlicensed individuals in a chiropractor's office because they do not have a license to practice chiropractic. The intent of 4734-8-02 is to delegate services to people working in a chiropractor's office not to exclude someone with training. The Ohio State Chiropractic Board tried to get the SMBO to change its position on this issue to no avail (see Appendix C)

SMBO's role is not to decide what services LMT's are able to perform when they are under the supervision of another health care provider especially a provider that is not regulated by their board like a chiropractic physician. SMBO has exceeded its statutory and regulatory authority and is violating federal anti-trust law.

Sincerely,



Matthew Gajkowski D.C.

Vice President,
Northeast Ohio Academy of Chiropractic

Enclosures:

Appendix A

-----Original Message-----
From: Sallie.Debolt <Sallie.Debolt@med.ohio.gov>
To: gruppen <gruppen@aol.com>
Sent: Fri, Mar 9, 2018 3:27 pm
Subject: FW: MD delegated duties?

Dear Sir:

This message is in response to yours below.

A licensed massage therapist is specifically prohibited from performing modalities like ultrasound, diathermy or electrical muscle stimulation. A physician may not authorize the massage therapist to perform a service that prohibited by law.

As to exercise instruction, please see the attached letter.

I hope you find this information to be helpful to you.

Sincerely,

Sallie Debolt
Senior Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, OH 43215
(614) 644-7021
Sallie.Debolt@med.ohio.gov

Appendix B

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

November 2, 2007

Thomas J. Misny, M.D.
Quality Assurance Medical Director
Cleveland Therapy Center, Inc.
28895 Lorain Road, Suite 200
North Olmsted, OH 44070-4042

Dear Dr. Misny:

The Scope of Practice Committee of the State Medical Board appreciates your willingness to come to Columbus on August 8, 2007, and to submit a revised "Protocol for Exercise Instruction" for the delivery of exercise instruction at Cleveland Therapy Center. The revisions were discussed in some detail at the September 2007 meeting of the Scope of Practice Committee. Accordingly, on October 10, 2007, the State Medical Board of Ohio reviewed the Committee's findings and approved the following response:

Your original April 21, 2006, letter to the Medical Board inquired as to the ability of a licensed massage therapist to perform exercise instruction pursuant to physician delegation, as though the massage therapist is an unlicensed individual. The Scope of Practice Committee's response was that the provision of exercise instruction clearly does not fall within the scope of practice of a massage therapist. Your follow-up letter dated December 21, 2006, provided your explanation of why Cleveland Therapy Center prefers that a massage therapist provide the instruction for the range of motion exercises and that your reading of the scope of practice set forth in Rule 4731-1-05(A), Ohio Administrative Code, is that massage therapy includes passive joint movements within the normal physiological range of motion and stretching. The explanation also included that the massage therapist's clinical training is a better fit with the services of Cleveland Therapy Center than that of a physical therapist or exercise physiologist. At the August 2007 Scope of Practice Committee meeting, Committee members expressed to you their belief that pursuant to Cleveland Therapy Center's "Protocol for Exercise Instruction" the massage therapist was practicing beyond the scope of massage therapy by assessing the patient and determining the type of exercise and number of repetitions. You agreed to revise the protocol to state that only the physician would assess the patient and prescribe the specific exercise and number of repetitions appropriate for each patient, with the role of the massage therapist limited to simple instruction of the proper way to perform the prescribed exercise.

While the revised Cleveland Therapy Center protocol does include a proviso that the massage therapist is only permitted to instruct the patient on how to properly perform the exercise for the

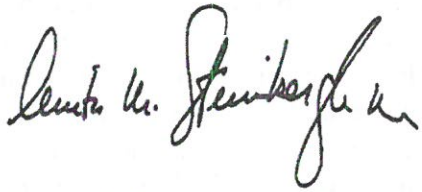
number of repetitions prescribed by the physician, significant issues remain. First, instruction on the correct performance of range of motion exercises is not within the scope of practice of a massage therapist as defined in Rule 4731-1-05(A), Ohio Administrative Code. However, instruction on the correct performance of range of motion exercises is within the scope of practice of a physical therapist and might also be delegated by a physician to an unlicensed individual, such as a physiologist or medical assistant, in compliance with the criteria of Rule 4731-23-02, Ohio Administrative Code.

Second, while the initial inquiry was whether the massage therapist might perform the exercise instruction as an unlicensed individual, the procedures at Cleveland Therapy Center do not distinguish between when the massage therapist is providing massage therapy under a massage therapy license and when that person is performing exercise instruction as an unlicensed individual. For example, according to your December 21, 2006 letter, the massage therapist gathers clinical information on the patient's pain and restrictions during the massage therapy portion of treatment and applies that knowledge when instructing the patient on the prescribed range of motion exercise. Moreover, at the August 2007 meeting with the Committee, you stated that when a massage therapist performs exercise instruction the service is billed as massage therapy. As a result the scope of practice of a massage therapist is blurred for both the patient and the massage therapist. In addition, the massage therapist who performs exercise instruction is open to administrative discipline against his/her massage therapy license should there be an adverse outcome for a patient during or subsequent to the exercise instruction.

Exercise instruction may be a task that might be delegated in compliance with Rule 4731-23-02, Ohio Administrative Code. However, where exercise instruction is delegated to an unlicensed individual, it may not be performed under a massage therapy license and would be billed as a physician service under the physician's CPT code.

Thank you for your cooperation in this matter.

Sincerely,



Anita M. Steinbergh, D.O.
Chair
Scope of Practice Committee

Appendix C

Ohio State Chiropractic Board minutes December 8, 2011
"MASSAGE THERAPY SCOPE The Board discussed the scope of practice for massage therapists and requested that Director Caudill contact the Medical Board about amending the scope to allow massage therapists to perform modalities under the supervision or delegation of a chiropractic physician."

Ohio State Chiropractic Board minutes December 8, 2011
"Director Caudill discussed the letter sent to the Medical Board and their Massage Therapy Committee on August 25, 2011 on behalf of the Board requesting that the Medical Board consider amending administrative rule 4734-1-15 to permit massage therapists to administer therapeutic ultrasound, diathermy, electrical stimulation and supervise therapeutic exercise at the direction of and under the direct supervision of a licensed M.D., D.O., D.C., D.P.M., or DDS. Director Caudill stated that she had not received a reply to the correspondence but reported that the Medical Board minutes reflect receipt and discussion of the Board's correspondence."

Ohio State Chiropractic Board Newsletter February 2013
"MASSAGE THERAPISTS LMTs are prohibited from applying ultrasound, diathermy, electrical neuromuscular stimulation or substantially similar modalities. Allowing, directing, or supervising an LMT to perform these modalities puts your license, as well as the LMT's license, at risk for disciplinary action."

Ohio State Chiropractic Board Newsletter June 2010
"MASSAGE CPT Code 97124 Unlicensed personnel should not be performing massage billed as CPT Code 97124. To bill for a massage utilizing CPT Code 97124, either a licensed chiropractic physician or a licensed massage therapist should perform the massage."

Appendix D

4731-1-05 Scope of practice: massage therapy.

(A) Massage therapy is the treatment of disorders of the human body by the manipulation of soft tissue through the systematic external application of massage techniques including touch, stroking, friction, vibration, percussion, kneading, stretching, compression, and joint movements within the normal physiologic range of motion; and adjunctive thereto, the external application of water, heat, cold, topical preparations, and mechanical devices.

(B) A massage therapist shall not diagnose a patient's condition. A massage therapist shall evaluate whether the application of massage therapy is advisable. A massage therapist may provide information or education consistent with that evaluation, including referral to an appropriate licensed health care professional, provided that any form of treatment advised by a massage therapist falls within the scope of practice of, and relates directly to a condition that is amenable to treatment by, a massage therapist. In determining whether the application of massage therapy is advisable, a massage therapist shall be limited to taking a written or verbal inquiry, visual inspection including observation of range of motion, touch, and the taking of a pulse, temperature and blood pressure.

(C) No person shall use the words or letters "massage therapist," "licensed massage therapist," "L.M.T." or any other letters, words, abbreviations, or insignia, indicating or implying that the person is a licensed massage therapist without a valid license under Chapter 4731. of the Revised Code.

(D) A massage therapist may treat temporomandibular joint dysfunction provided that the patient has been directly referred in writing for such treatment to the massage therapist by a physician currently licensed pursuant to Chapter 4731. of the Revised Code, by a chiropractor, currently licensed pursuant to Chapter 4734. of the Revised Code, or a dentist currently licensed pursuant to Chapter 4715. of the Revised Code.

(E) All persons who hold a certificate to practice massage therapy issued pursuant to section 4731.17 of the Revised Code shall prominently display that certificate in the office or place where a major portion of the certificate holder's practice is conducted. If a certificate holder does not have a primary practice location, the certificate holder shall at all times when practicing keep the wallet certificate on the holder's person.

(F) Massage therapy does not include:

(1) The application of ultrasound, diathermy, and electrical neuromuscular stimulation or substantially similar modalities;

(2) Colonic irrigation;

(3) The practice of chiropractic, including the application of a high velocity-low amplitude thrusting force to any articulation of the human body;

(4) The use of graded force applied across specific joint surfaces for the purpose of breaking capsular adhesions;

(5) **The prescription of therapeutic exercise for the purpose of rehabilitation or remediation of a disorder of the human body;**

(6) The treatment of infectious, contagious or venereal diseases;

(7) The prescription, dispensing, personally furnishing or administration of drugs; and

(8) The performance of surgery or practice of medicine in any other form.

(G) As used within this rule:

(1) "External" does not prohibit a massage therapist from performing massage therapy inside the mouth or oral cavity; and

(2) "Mechanical devices" means any tool or device which mimics or enhances the actions possible by the hands that is within the scope of practice as defined in section 4731.17 of the Revised Code and this rule.

Effective:					01/24/2012
R.C. 119.032	review	dates:	10/18/2011	and	01/24/2017
Promulgated		Under:			119.03
Statutory	Authority:	4731.05,	4731.15,		4731.20
Rule	Amplifies:		4731.15,		4731.17
Prior Effective Dates: 11/4/75, 3/8/92, 5/31/04					

Appendix E

4734-8-02 Unlicensed supportive personnel.

(A) A chiropractic physician is responsible for the care of his or her patients. Such responsibility includes ensuring that all unlicensed supportive personnel are competent and properly qualified by education, training, and/or experience to perform their assigned duties.

(B) A chiropractic physician may delegate certain professional responsibilities to unlicensed supportive personnel who are qualified by education, training, and/or experience to perform such duties.

(C) Unlicensed supportive personnel means an individual or individuals who are on the job trained by a chiropractic physician and who participate in chiropractic patient care delivery. Unlicensed supportive personnel do not hold professional licensure and work under the direction of a chiropractic physician utilizing their education, training, and/or experience to perform designated tasks and duties related to the practice of chiropractic. This does not include any activity that would require performance, clinical interpretation and/or treatment by a licensed professional.

(D) A licensed chiropractic physician must properly supervise all unlicensed supportive personnel to whom responsibilities are delegated. Properly supervise within the meaning of this rule is defined as on-site initial and ongoing direction, procedural guidance, observation, and evaluation by a licensed chiropractic physician.

(E) Professional responsibilities shall only be delegated by the order of a licensed chiropractic physician. Professional responsibilities within the meaning of this rule include:

(1) Taking measurements for height, weight, blood pressure, respiration, pulse, and temperature;

(2) Recording observable signs and symptoms;

(3) Collecting bodily fluids for diagnostic purposes;

(4) Applying hot and/or cold packs;

(5) Applying mechanical traction;

(6) Applying electrical stimulation;

(7) Applying vasopneumatic devices;

(8) Applying diathermy;

(9) Applying therapeutic ultrasound;

(10) Exercise instruction and supervision of exercise activities;

(11) Supervision of therapeutic procedures;

(12) Assist patients to safely perform activities related to the development of strength and endurance;

(13) Other services or procedures as deemed appropriate by the board.

(F) A chiropractic physician shall not delegate duties to unlicensed supportive personnel in a negligent manner.

Effective:				06/01/2013
R.C. 119.032 review	dates:	03/11/2013	and	06/01/2018
Promulgated				Under: 119.03
Statutory				Authority: 4734.10
Rule				Amplifies: 4734.31
Prior Effective Dates: 8/1/2007				

Appendix F

Ohio Licensed Massage Therapist Program Requirements

Ohio State Medical Board Requirements

In order to practice massage therapy in the state of Ohio, one must:

- Complete an approved massage therapy educational program from a facility that has received approval to teach massage therapy by the State Medical Board of Ohio. The approved program includes not less than:
  - 750 hours of instruction which includes Anatomy & Physiology, Massage, Ethics, and Business Law.
- Successfully pass the MBLEx examination to become a Licensed Massage Therapist (LMT) with a score of 70% or higher.

The State Medical Board of Ohio DOES NOT require one to earn an Associates Degree in order to become a licensed massage therapist (LMT).

Appendix G

Ohio Small Business Development Center

Unlicensed Massage in Ohio

1st STOP CHECKLIST: MASSAGE

REQUIREMENTS & REGULATIONS

[] Medical massage, also known as massage therapy, is done for purposes other than relaxation. If you will offer massage therapy, you must be licensed as a massage therapist by the State of Ohio Medical Board. Contact Ohio's State Medical Board at (614) 466-3934 or http://www.med.ohio.gov/mt_about_massage_therapy.htm.

[] Non-medical massage is simply for relaxation. Non-medical massage does not require state licensing. However, it is often regulated locally. Contact your local city or municipal officials.

[] If you have questions about the difference between medical and non-medical massage, contact the State Medical Board.

[] Contact the Ohio Environmental Protection Agency (EPA) for information about the proper disposal of hazardous and solid waste. The EPA can be reached at (614) 644-3020 for General Inquiries or (800) 329-7518 for Office of Compliance Assistance and Pollution Prevention. The Ohio EPA is also on-line at www.epa.state.oh.us.

Remember to check local government agencies.

[] Massage (unless ordered by a licensed physician or chiropractor) and retail sales are taxable. You must have a VENDOR'S LICENSE and collect sales tax. If you have questions about sales tax, contact the Ohio Department of Taxation at (888) 405-4039 for Business Tax Assistance; 888-405-4089 for Tax Registration; or (800) 282-1782 for the Forms Request Line. Information is also on-line at http://tax.ohio.gov and also on-line at http://business.ohio.gov . *Remember to check local government agencies.*

[] For more information, consult the Ohio Revised Code (ORC) Section 4731.15. The ORC can be found at your local library or on-line at http://codes.ohio.gov/orc.

For more help, contact your local Small Business Development Center (SBDC).

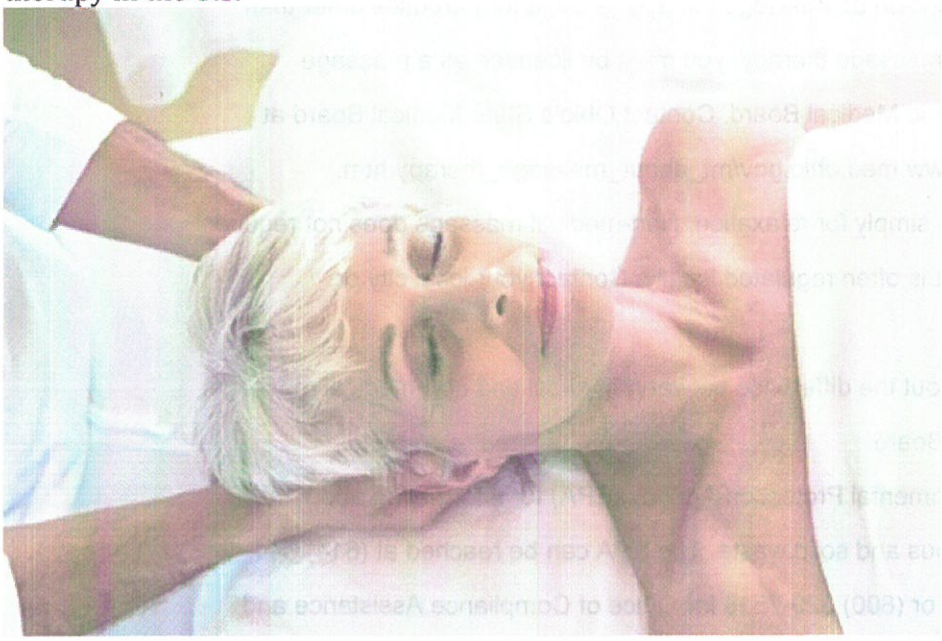
www.ohiosbdc.ohio.gov *REMEMBER TO CHECK LOCAL GOVERNMENT AGENCIES* THIS CHECKLIST IS ABOUT STATE REQUIREMENTS. NACIS 621399/16 NAICS for MASSAGE PARLORS 812199/16

Appendix H

Massage Therapy Industry Fact Sheet

Review a compilation of data gathered by the American Massage Therapy Association® (AMTA®) from U.S. government statistics, surveys of consumers and massage therapists and recent clinical studies on the efficacy of massage.

These data provide an overview of the current state of the massage therapy profession, public and medical acceptance of the value of massage and increasing consumer usage of massage therapy in the U.S.



1. Massage Therapy As A Profession
2. Who Is Today's Massage Therapist?
3. Massage Therapy as a Career
4. Education and Credentials Valued In The Massage Therapy Profession
5. State Regulation Of The Massage Profession Rapidly Growing
6. Who Gets Massage, Where and Why?
7. Massage and Health Care
8. Massage Therapy Research

The Massage Therapy Profession

- Research estimates that massage therapy was a $12.1 billion industry in the country in 2015.[2]
- By comparison, in 2005, massage therapy was projected to be a $6 to $11 billion a year industry.[1]

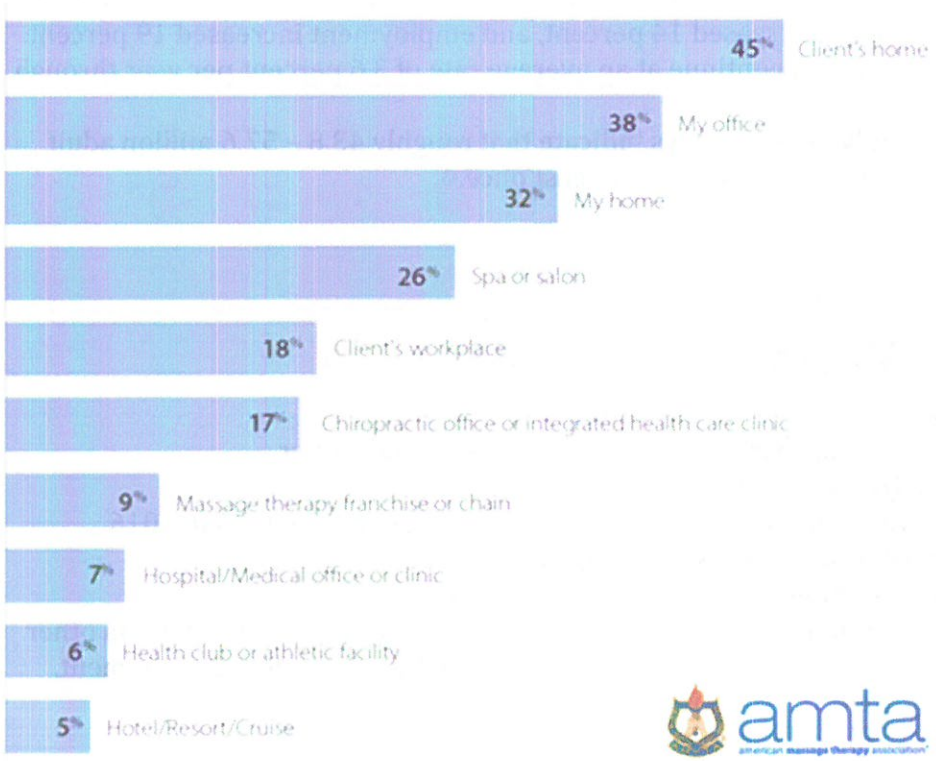
- It is estimated that there are 325,000 to 375,000 massage therapists and massage school students in the United States.[2]
- From 2011 to 2015, revenue from alternative/complementary healthcare providers, which includes massage therapists, increased 14 percent, and employment increased 19 percent. Revenue growth is projected to continue at an average rate of 3.6 percent per year through 2020.[3]
- Between July 2015 and July 2016, surveys indicate that roughly 43.8 – 57.6 million adult Americans (19 - 25 percent) had a massage at least once.[4,5]

Who Is Today's Massage Therapist?

Today's massage therapists are…[6]

- Most likely to enter the massage therapy profession as a second career.
- Predominantly female (89 percent).
- At a median age of 45 years old. Twenty-two percent were younger than 35 in 2016.
- Most likely to be members of a professional organization.
- Most likely to be sole practitioners
- Working an average of 18 hours a week providing massage. (Excludes time spent on other business tasks such as billing insurance, bookkeeping, supplies, maintaining equipment, marketing, scheduling, etc.)
- Charging an average of $71.64 for one hour of massage vs. $69 in 2015.
- Earning an average wage of $46 an hour for all massage-related work.
- Heavily dependent on repeat clients.
- Likely to provide massage therapy in a number of settings, including client's home/office, spa/salon, their own office, a health care setting, health club/athletic facility, or massage therapy only franchise or chain.

In what type of massage setting do you work?



Massage Therapy as a Career

- In 2016, the average annual income for a massage therapist (including tips) was estimated to be $25,539.[7]
- While massage therapists work in a variety of work environments, sole practitioners account for the largest percentage of practicing therapists (58 percent). Of all therapists, 63 percent work at least part of their time at a client's home/business/corporate setting, 38 percent at their office, 32 percent at their home, 24 percent in a health care setting, and 26 percent in a spa setting.[4]
- Eighty-two percent of massage therapists started practicing massage therapy as a second career.[6]
- Forty-seven percent of massage therapists say they would like to work more hours of massage than they currently do.[6]
- Forty-nine percent of massage therapists also earn income working in another profession.[6]
- Of those massage therapists who earn income working in another profession, 12 percent practice other forms of bodywork, 8 percent work in other forms of health care, 7 percent teach/write/lecture about massage therapy, 7 percent work in personal care and 4 percent do movement therapy.[6]

Education and Credentials in the Massage Therapy Profession

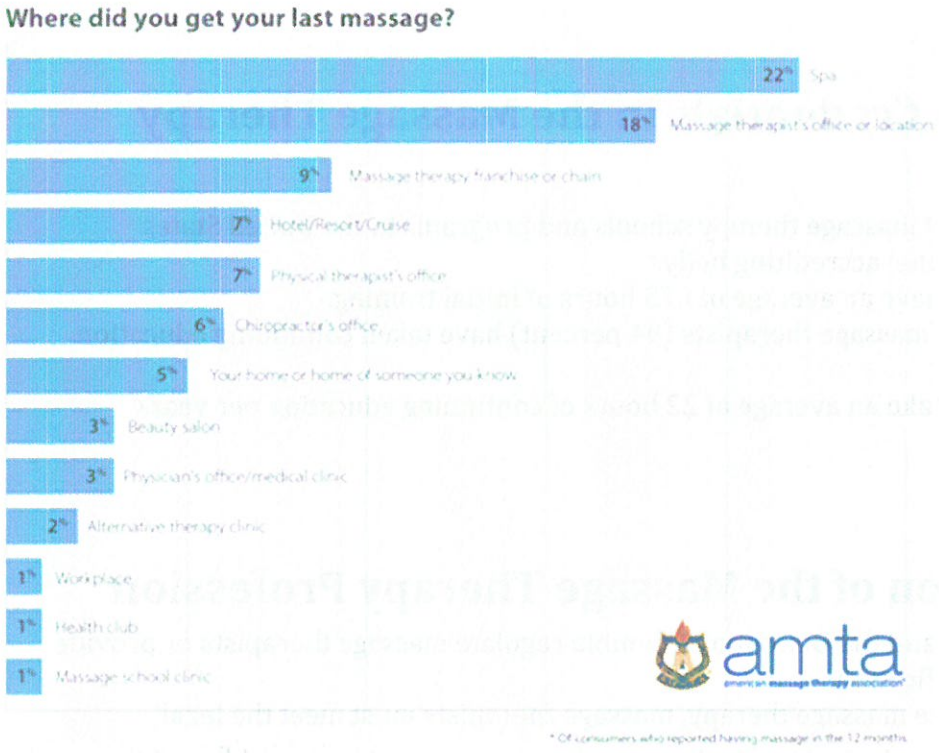
- There are nearly 300 massage therapy schools and programs in the United States accredited by a national accrediting body.[2]
- Massage therapists have an average of 673 hours of initial training.[6]
- The vast majority of massage therapists (94 percent) have taken continuing education classes.[7]
- Massage therapists take an average of 22 hours of continuing education per year.[6]

State Regulation of the Massage Therapy Profession

- Currently, 46 states and the District of Columbia regulate massage therapists or provide voluntary state certification.
- In states that regulate massage therapy, massage therapists must meet the legal requirements to practice, which may include minimum hours of initial training and passing an exam.
- In states that do not regulate massage therapy, this task may fall to local municipalities.
- Most states that license massage therapists require a passing grade on the Massage & Bodywork Licensing Exam (MBLEx) or one of two exams provided by the National Certification Board for Therapeutic Massage & Bodywork.
- AMTA supports fair and consistent licensing of massage therapy in all states.

Who Gets Massage, Where and Why?

- According to AMTA's 2016 Consumer Survey, an average of 19 percent of adult Americans received at least one massage between July 2015 and July 2016, and an average of 32 percent of adult Americans received a massage in the previous five years.[7] A Zogby Analytics survey of consumers in January 2017 indicated 25 percent received a massage from a massage therapist in 2016. [5]
- In July 2016, 22 percent of women and 16 percent of men reported having a massage in the past twelve months.[4]
- Twenty-two percent of massage consumers reported receiving their last massage at a spa in 2016.[4]



The primary reason people received massage was for health and wellness reasons.[4]

- Fifty percent of adult Americans who had a massage between July 2015 and July 2016 received it for medical or health reasons such as pain management, soreness/stiffness/spasms, injury rehabilitation, or overall wellness, a slight decrease from 2015 data.
- Eighty-nine percent agree that massage can be effective in reducing pain.
- Twenty-eight percent of massage consumers had a massage for relaxation/stress reduction between July 2015 and July 2016.

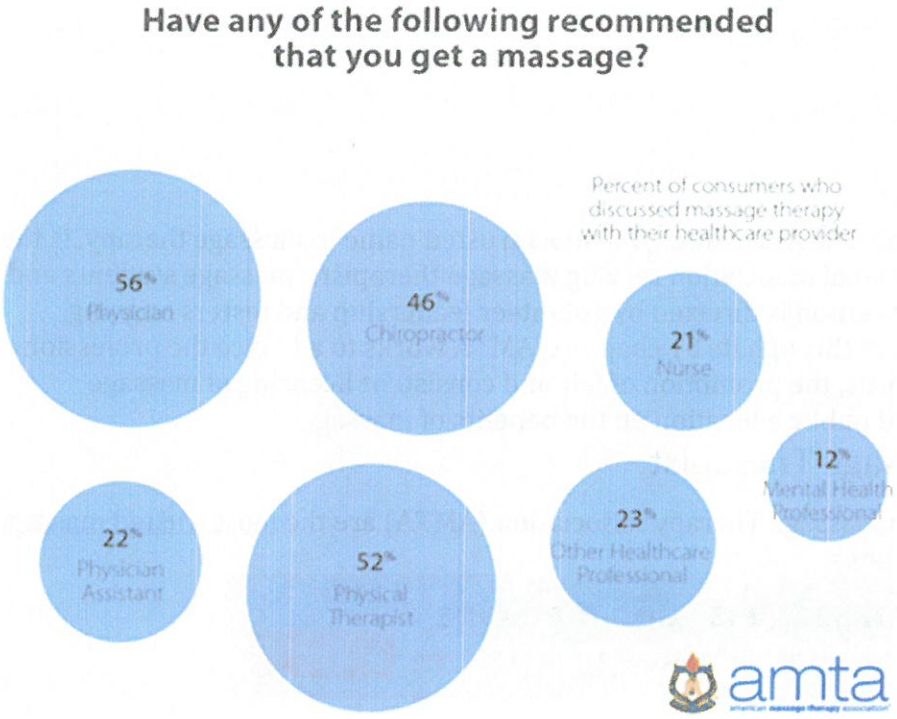
Massage Therapy & Health Care

More Americans discussing massage with their doctors or health care providers.

- In July 2016, more than fifty-one million American adults (17 percent) had discussed massage therapy with their doctors or health care providers in the previous year, consistent with past years' data.[4]
- Of those 17 percent who discussed massage with their doctor or health care provider, 63 percent of their doctors or health care providers referred them to a therapist/strongly recommended massage therapy/encouraged them to get a massage. While physicians led the way in recommending massage (56 percent vs. 54 percent in 2015), chiropractors (46

percent, unchanged from 2015) and physical therapists (52 percent vs. 37 percent in 2015) also recommended massage therapy when their patients discussed it with them.[4]

- More referrals come from chiropractic offices than other sources, with 10 percent of respondents reporting receiving referrals at least once per week, and another 23% receiving referrals several times per month. Fifty-six percent of massage therapists received at least one referral every 6 months or less from a hospital or medical office in 2016.[6]



Massage therapists and consumers favor integration of massage into health care.

- Nearly two-thirds of adult Americans (64 percent) would like to see their insurance cover massage therapy.[4]
- The vast majority of massage therapists (97 percent) believe massage therapy should be considered part of the health care field.[6]

Massage Therapy Research

The therapeutic benefits of massage continue to be researched and studied. Recent research has shown the effectiveness of massage for the following conditions:

- Cancer-related fatigue[8]
- Low back pain[9]
- Osteoarthritis of the knee[10]

- Reducing post-operative pain[11]
- Boosting the body's immune system functioning[12]
- Decreasing the symptoms of carpal tunnel syndrome[13]
- Lowering blood pressure[14]
- Reducing headache frequency[15]
- Easing alcohol withdrawal symptoms[17]
- Decreasing pain in cancer patients[17]
- Fibromyalgia[18]

About AMTA

The American Massage Therapy Association, the most trusted name in massage therapy, is the largest non-profit, professional association serving massage therapists, massage students and massage schools. The association is directed by volunteer leadership and fosters ongoing, direct member-involvement through its 51 chapters. AMTA works to advance the 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.

Find a Trusted Massage Therapist

Members of the American Massage Therapy Association (AMTA) are the most trusted massage therapists in the United States.

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Appendix I

4731.01 State medical board.

The governor, with the advice and consent of the senate, shall appoint a state medical board consisting of twelve members, eight of whom shall be physicians and surgeons licensed to practice in Ohio. Seven members of the board shall hold the degree of doctor of medicine. Terms of office of members holding the degree of doctor of medicine shall be for five years, commencing on the nineteenth day of March and ending on the eighteenth day of March, except that upon expiration of the term ending March 18, 1976, the new term which succeeds it shall end on March 18, 1982; upon expiration of the term which ends on March 14, 1977, the new term which succeeds it shall end on March 18, 1983; upon expiration of the term ending June 16, 1978, the new term which succeeds it shall end on March 18, 1985; and upon expiration of the two terms ending on March 18, 1980, one of the terms which succeeds them shall end on March 18, 1986, and the other succeeding term shall end on March 18, 1987. One member shall hold the degree of doctor of podiatric medicine. The first term of office for the member holding the degree of doctor of podiatric medicine shall begin December 28, 1975, and shall be for seven years. Each succeeding term shall be for five years. One member of the board shall hold the degree of doctor of osteopathy. The term of office for the member holding the degree of doctor of osteopathy shall be for five years, commencing on the twenty-sixth day of April and ending on the twenty-fifth day of April. One member of the board shall represent the interests of consumers. Two additional members shall represent the interests of consumers and shall not be a member of, or associated with, a health care provider or profession. At least one of the consumer members shall be at least sixty years of age. The terms of office for the consumer members shall be for five years, commencing on the first day of August and ending on the thirty-first day of July. Each member shall hold office from the date of his appointment until the end of the term for which he was appointed. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall hold office for the remainder of such term. Any member shall continue in office subsequent to the expiration date of his term until his successor takes office, or until a period of sixty days has elapsed, whichever occurs first.

Effective Date: 07-24-1990 .