

## 214.002 EVIDENCE IN SUPPORT OF REGULATION.

Subdivision 1. Written report. Within 15 days of the introduction of a bill proposing new or expanded regulation of an occupation, the proponents of the new or expanded regulation shall submit a written report to the chair of the standing committee in each house of the legislature to which the bill was referred and to the Council of Health Boards setting out the information required by this section. If a committee chair requests that the report be submitted earlier, but no fewer than five days from introduction of the bill, the proponents shall comply with the request.

Subd. 2. Contents of report. A report in support of the regulation of a health-related or non-health-related occupation must address the following issues as specifically as possible:

**(1) the harm to the public that is or could be posed by the unregulated practice of the occupation or by continued practice at its current degree of regulation;**

There are a growing number of unqualified individuals claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of Music Therapist-Board Certified (MT-BC). The current lack of a music therapy license in the state leaves Minnesota residents at-risk for negative social, emotional, medical, and economic consequences due to the inability of an untrained individual having no experience or understanding of the established music therapy standards of clinical practice, including assessment, treatment planning, implementation, and documentation processes. Potential harm to the public may also be due to misrepresentation of the music therapy profession, as these individuals hold themselves out to the public as being able to produce outcomes that are not based upon evidence-based practice. Finally, these individuals show a substantial lack of supervised clinical training and feedback to promote and ensure ethical practice. This also puts the consumer at-risk financially, as he or she may be paying untrained individuals for services that do not include documented measurable outcomes and scientifically-based treatment.

It can be difficult to understand how music can cause harm, but there are several examples of how the improper use of a music stimulus, however well-intentioned, can be medically and emotionally harmful:

- An individual provided “relaxing” music at the bedside to a medically fragile patient, lowering the heart rate to a point that the patient became unstable and was transferred to a higher level of care in the coronary care unit. The individual, although a well-trained musician, had no training in reading and understanding patient telemetry monitors, thus putting the medically-fragile patient at-risk.
- A nurse at a long-term care facility claims to do “music therapy” by playing the piano for sing-a-longs for the residents. While qualified to address a number of physical issues, she is not trained to select or manipulate particular musical elements to elicit specific desired responses, nor is she trained to handle the social or emotional responses that those individuals may have in response to musical stimuli; these types of social and emotional responses occur frequently and can be powerful.
- A qualified music therapist working in the Neonatal Intensive Care Unit is trained to administer both live and recorded music interventions to assist both the infant and family.

This training includes an understanding of acoustical principles (effected by the playing of music in an isolette), appropriate levels of sound (i.e., decibel levels), and amount of time exposed to music. Additionally, music therapists are trained to read behavioral and empirical (i.e., vital signs) cues of the infant that indicate infant distress. Without licensure of music therapists, it is difficult to identify music therapists who are in compliance with state regulations, which is essential for public protection.

The potential for harm could be recognized when a non-qualified individual claiming to be a music therapist does not comply with federal and state statutes and regulations, (i.e., HIPAA regulations) safeguarding client privacy. Additionally, potential for harm exists if a non-qualified individual provides inappropriate applications of music therapy interventions that could cause physical or emotional harm, or if the individual participated in unethical practice that could be harmful to the public and consumers in general.

As indicated in the examples above, music therapists often work with vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Therefore, it is imperative to regulate this profession within the state in order to safeguard members of the public who may be less able to protect themselves. The harm with music therapy remaining unregulated is an assumption that members of the public could not have lasting detrimental effects because of an interaction with an individual who is not trained to utilize the therapeutic elements of music. Many referrals for music therapy services are made because other members of the treatment team have exhausted their options for helping the client. Music therapists have a great deal of success assisting clients achieve functional outcomes when other treatments have been unsuccessful or limited. A negative experience with a non-qualified individual claiming to provide music therapy could not only have lasting emotional, behavioral, or financial implications but could also turn a client away from a beneficial treatment option.

**(2) any reason why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public;**

No existing civil or criminal laws or procedures address the issue of protecting the public from unqualified individuals misrepresenting themselves as music therapists. Public access to music therapy services by qualified professionals in health and education settings is not able to be addressed under current statutes or regulations.

**(3) why the proposed level of regulation is being proposed and why, if there is a lesser degree of regulation, it was not selected;**

Music therapists in Minnesota are seeking licensure in order to protect the public from harm due to misuse of terms and techniques, to ensure competent practice, and to protect Minnesotans' access to music therapy services. State licensure of music therapists would:

- Establish educational and clinical training requirements for music therapists.
- Establish examination and continuing education requirements for music therapists.
- Establish music therapy scope of practice.

- Establish an ethics review procedure for complaints and potential ethical violations.
- Recognize music therapy as a valid, research-based health care service, on par with other therapy disciplines serving an equally wide range of clinical populations (e.g. speech-language pathology, occupational therapy).
- Validate the prominence of music therapy in state, national and international work settings for serving consumers of health- and education-related services.

The other available options for occupational regulation include registration and state certification.

- Registration.

The concern with registration is that this option does not ensure the greatest level of protection for the public. In addition, healthcare and educational settings typically require state certification or licensure. It is our understanding that individuals on a state registry would not be obligated to verify continuing education requirements. Therefore, this method of recognition would not adequately protect the public and these limited benefits would not justify the costs associated with its creation

- Certification.

A state certification would provide the necessary recourse for consumers and employers to verify competent clinicians, understand the scope of practice, and report unethical behavior and practice. It would not, however, provide the necessary access to music therapy services as required by many health and education facilities. The costs for establishing this program may be reasonable but the benefits would be limited as service access would not necessarily improve in many healthcare and education settings.

**(4) any associations, organizations, or other groups representing the occupation seeking regulation and the approximate number of members in each in Minnesota;**

There are approximately 130 board certified music therapists in Minnesota. However, the number of practicing music therapists in Minnesota is expected to grow due to the revitalization of the University of Minnesota Music Therapy Program and approval of a Master's Degree program at Augsburg College.

**(5) the functions typically performed by members of this occupational group and whether they are identical or similar to those performed by another occupational group or groups;**

What distinguishes music therapy from these other therapies is the intentional use of music as the therapeutic mechanism. The music therapy treatment plan is designed to help the client attain and/or maintain a maximum level of functioning using interactive music therapy strategies.

The practice of music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a

credentialed professional who has completed an approved music therapy program.

Music therapist's qualifications are unique due to the requirements to be a professionally trained musician in addition to training and clinical experience in practical applications of biology, anatomy, psychology, and the social and behavioral sciences. After assessing the strengths and needs of each client, qualified music therapists develop a music therapy treatment plan with goals and objectives and then provide the indicated music therapy treatment. Music therapists structure the use of both instrumental and vocal music strategies to facilitate changes that are non-musical in nature.

Music therapists actively create, apply, and manipulate various music elements through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages. In contrast, when OTs, Audiologists, and SLPs report using music as a part of treatment, it involves specific, isolated techniques within a pre-determined protocol, using one pre-arranged aspect of music to address specific and limited issues. This differs from music therapists' qualifications to provide interventions that utilize all music elements in real-time to address issues across multiple developmental domains concurrently.

**(6) whether any specialized training, education, or experience is required to engage in the occupation and, if so, how current practitioners have acquired that training, education, or experience;**

There is specialized education and clinical training required to become a music therapist. One must earn a bachelor's degree (based on 120 semester hours or its equivalent) or higher in music therapy from one of over 70 American Music Therapy Association (AMTA) approved colleges and universities. The University of Minnesota offers one such AMTA-approved music therapy degree program. These programs require academic coursework and 1,200 hours of clinical training, including a supervised internship. The academic institution takes primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Qualified supervision of clinical training is required and coordinated or verified by the academic institution. An academic institution, AMTA, or both may approve internship programs. Clinical supervisors must meet minimum requirements outlined by **AMTA Education and Clinical Training Standards (attached)**.

The approved curriculum is designed to impart entry-level competencies in three main areas: Musical Foundations, Clinical Foundations, and Music Therapy Foundations and principles as specified in the **AMTA Professional Competencies (attached)**. Entry-level study includes practical application of music therapy procedures and techniques learned in the classroom through required fieldwork in facilities serving individuals with disabilities in the community and/or on-campus clinics. Students learn to assess the needs of clients, develop and implement treatment plans, and evaluate and document clinical changes.

**(7) whether the proposed regulation would change the way practitioners of the occupation**

**acquire any necessary specialized training, education, or experience and, if so, why;**

The proposed regulation will not change the way board certified music therapy practitioners acquire the necessary specialized training, education, or experience.

**(8) whether any current practitioners of the occupation in Minnesota lack whatever specialized training, education, or experience might be required to engage in the occupation and, if so, how the proposed regulation would address that lack;**

To our knowledge, no current board certified music therapy practitioners in Minnesota lack the specialized training, education, or experience required to practice music therapy.

**(9) whether new entrants into the occupation would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, or both;**

In addition submitting an application and the required licensure fees, new entrants in the occupation would be required to provide proof of passing the examination for board certified music therapists offered by the Certification Board for Music Therapists (CBMT).

**(10) whether current practitioners would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, and, if not, why not; and**

Current music therapy practitioners who hold an existing music therapy credential (MT-BC) or a professional designation recognized in the United States to include Registered Music Therapist-RMT, Certified Music Therapist-CMT, Advanced Certified Music Therapist-ACMT and Music Therapist-Board Certified-MT-BC, would be eligible to apply for licensure. RMT, CMT, and ACMT were the original music therapy professional designations prior to creation of the national board certification exam. They are no longer available and will expire as of 2020. It would be required that each licensee who holds the RMT, CMT, or ACMT upon becoming licensed as a music therapist in Minnesota would become board certified prior to the end of her/his first licensing cycle. Current practitioners would be required to provide evidence of current board certification through the Certification Board for Music Therapists (CBMT) or proof of registration by the National Music Therapy Registry.

**(11) the expected impact of the proposed regulation on the supply of practitioners of the occupation and on the cost of services or goods provided by the occupation.**

Creating a license for music therapists creates the potential for increased access to services, additional employment opportunities, and support for students graduating from the music therapy

programs at the University of Minnesota and Augsburg College. In addition, the potential for job growth due to migration to the state of new professionals (or return of newly trained former residents) to work in the profession would be made possible by licensure.

The impact of licensure on the costs of services to the public would be minimal, if at all, as fees for the license would likely not be significant enough to warrant raising therapy rates. Furthermore, state facilities supported by the people of Minnesota who provide music therapy services by a licensed music therapist may, in fact, enjoy cost savings as evidenced by the impact of selected music therapy interventions on important cost drivers, e.g., length of stay in NICU, or medical procedural efficiencies in the peri-operative environment.

Licensure for music therapists could have a favorable economic impact on the public. There is potential for decreased out-of-pocket expenses for those receiving services as facilities confidently identify and employ therapists who have met the state requirements for professional practice. Reimbursement for music therapy services from third-party payers could be improved because most of these entities require state licensure for coverage. All of these factors are considered to have a positive impact for residents of the state, as access to quality services will increase as the profession is officially recognized.

**Subd. 3. Additional contents; health-related occupations. In addition to the contents listed in subdivision 2, a report submitted by supporters of regulation of a health-related occupation must address the following issues as specifically as possible:**

**(1) typical work settings and conditions for practitioners of the occupation; and**

Music therapy practitioners typically work with individuals who have a special need, which may include medical needs, learning and academic needs, mental health needs, rehabilitation needs, developmental needs, communication needs, or wellness needs. Music therapy services can be provided in individual or group sessions.

Music therapists work in many different settings, including:

Medical facilities

- General hospital settings, hospice, oncology, physical rehabilitation, home health agencies, outpatient clinics, VA facilities, partial hospitalization and children's hospitals or units

Geriatric facilities

- Adult day care, assisted living, geriatric facilities, (not nursing), geriatric psychiatric units, and nursing homes

Developmental centers

- Group homes, intermediate care facilities, community day treatment programs, and state institutions

Educational facilities

- Children's day care/preschool settings, early Intervention programs, and schools (K-12)

Mental health settings

- Child and adolescent treatment centers, psychiatric hospitals, community mental health

centers, drug and alcohol programs, forensic facilities, and inpatient psychiatric units

Private practice settings

- Music therapy clients or providing services in any of the facilities mentioned above

Other Settings

- Diagnosis-specific support groups, wellness and prevention programs, and work in a music retailer setting

**(2) whether practitioners of the occupation work without supervision or are supervised and monitored by a regulated institution or by regulated health professionals.**

Access to, and requirements for, supervision vary depending upon the clinical setting and facility policies and procedures. Some music therapists work independently in private practice and some are employed in an educational or healthcare setting. When employed by a healthcare facility, Therapy Service Department Directors may supervise music therapists, and peers often include physical therapists, occupational therapists, and speech/language pathologists. In educational settings, music therapists are usually supervised by Special Education Administrative Directors with peers in related services as listed above. For clinicians in private practice, supervision opportunities are available through state, regional, and national conferences. It is more common, however, especially when there is only one music therapist on staff, for music therapists to provide clinical interventions under the supervision of Special Education Directors, Physicians, Nurses, Social Workers, and PT, OT or ST professionals.