Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

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Is this proposal regarding:

- ***New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.***
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Music Therapy

2) Briefly describe the proposed change.

The board-certified music therapists, living and working in Minnesota, are seeking a new regulation (licensure) for the profession of music therapy in Minnesota. The purpose of the proposed language is to improve accessibility to music therapy delivered by a board-certified music therapist adn to protect Minnesota citizens from the unlicensed delivery of music therapy.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

SF 3078: Chief Author Sen. Jerry Newton

HF 3292: Chief Author Rep. Mike Freiberg

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to assist the House Health Finance and Policy Committee in deciding which legislative proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

a. Define the occupations, practices, or practitioners who are the subject of this proposal.
Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. A music therapist is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association (AMTA) and who holds current board certification from The Certification Board for Music Therapists (CBMT).

b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

There are currently 343 board-certified music therapists in the state of Minnesota. The average yearly growth rate for board-certified music therapists in Minnesota is eighteen (18). This growth is maintained and consistent due to both board-certified music therapists moving to Minnesota and graduating music therapists from both the University of Minnesota Music Therapy Program (circa 1972) and the Music Therapy Program located at Augsburg University (circa 1974).

c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Music therapists work in a variety of work environments in Minnesota including:

1. K-12 School districts, Special Education Programs, Preschools, Daycares, Early Childhood Family Education Centers (ECFE), and other childcare day programs.
2. Adult Day Care facilities
3. Service User's Home
4. Correctional Facilities
5. Domestic Violence/Women's Shelter
6. Early Intervention Programs
7. Group Homes, Adult Living Care Facilities, and Long-term Care Facilities
8. Hospice for all pediatrics, adults, and older adults
9. Hospitals including Children's (PICU & NICU), Transplant Units, Cancer Units, Mental Health, Rehabilitation, & Residential.
10. Mental Health Facility & Inpatient Mental Health in a General Hospital
11. Music-based Facilities
12. Nursing Home/Assisted Living Community
13. Oncology Settings (during chemotherapy)
14. Private Practice Office or Clinic
15. Rehabilitation Facility
16. State or County Residential Facility
17. Substance Abuse Treatment Centers
18. Veterans (VA) Medical Center
19. Homeless Shelters
20. Foster Care Facilities
21. National Telehealth Practice
22. Psychiatric Hospitals (all ages included)
23. University Clinic (the University of Minnesota has an on-campus clinic where clients from the community receive treatment and students receive supervised clinical training)

Clinical Populations most commonly served in Minnesota:

1. Autism Spectrum Disorder
2. Elderly/End of Life (including Alzheimer's Disease, dementia, Parkinson's and Huntington's Disease)
3. Geriatrics
4. Intellectual/Cognitive Impairments
5. Developmental Disabilities
6. Physical Disabilities
7. Visual Impairments
8. Medical/Rehabilitation
9. Mental Health
10. Psychiatric
11. Early Childhood

These answers are based on the Minnesota Association of Music Therapy - State Recognition Task Force 2021 State Survey. These categories are based on the primary place of work environment and primal population served. Many music therapists work in multiple settings and populations beyond their primary.

d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Music therapy is intervention-specific in that those practicing music therapy utilize music to achieve non-musical goals within the context of a professional therapeutic relationship. Music

therapists can address social, academic, physical, spiritual, and communicative goals with a variety of clinical populations. Some work duties and functions typically performed by credentialed music therapists (all of the below examples would include MTs working, collaborating, consulting, and perhaps co-treating with other currently licensed health care professionals):

- Work in a long term care facility with older adults to address varying psychosocial, emotional, communication, motor, and cognitive needs.
- Work in a children's (including a NICU and PICU) and/or general hospital providing individual referral based and group-based services to assist with pain management, social, motor, communication, and cognitive stimulation and growth.
    - MT-BCs can receive advanced training and certification in NICU MT
- Work in public, private, and/or charter school settings with children between the ages of preschool and 21 years of age. MTs often serve on the Individualized Family Service Plan, 504 and/or Individualized Education Plan teams.
- Work for hospice/palliative care companies to provide pain management, life review, communication, social, cognitive, and emotional support
- Work in a physical rehabilitation center or Work with people who have Parkinson's disease to improve motor function.
- Work in a mental health care facility or to provide support for illness management and recovery.

These examples of therapeutic music are noteworthy, but are not clinical music therapy:

- A person with Alzheimer's listening to an iPod with headphones of his/her favorite songs
- Groups such as Bedside Musicians, Musicians on Call, Music Practitioners, Sound Healers, and Music Thanatologists
- Celebrities performing at hospitals and/or schools
- A piano player in the lobby of a hospital
- Nurses playing background music for patients
- Artists in residence
- Arts educators
- A high school student playing guitar in a nursing home
- A choir singing on the pediatric floor of a hospital

Other professions such as Occupational Therapy, Physical Therapy and Speech Therapy may utilize music within their practices to address specific interventions but not solely for therapeutic music purposes. This proposed legislation does not impact these other professions from continuing to provide services that may include music.

2) Specialized training, education, or experience ("preparation") required to engage in the occupation

a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Music therapists complete a four-year degree at a college or university approved and accredited by the American Music Therapy Association. Currently, there are 89 colleges/universities in the United States that offer either a bachelor's, master's and/or doctorate in Music Therapy. The profession is a bachelor's entry occupation where undergraduate students accumulate up to 300 hours of clinical training while in the academic setting, and 900 hours of additional clinical experience during their internship, supervised by a Board-Certified Music Therapist (MT-BC). Within their scope of practice, Music therapists are trained to assess clients and formulate individualized treatment goals using observable and measurable criteria and document effects of treatment in

the client's health care records. Music therapists utilize a Scope of Practice (Certification Board for Music Therapists; www.cbmt.org) and attain entry level and advanced level Professional Competences (American Music Therapy Association; www.musictherapy.org) in order to practice.

In order to practice music therapy as a Board Certified music therapist, one must:

1. Complete an undergraduate degree in music therapy (or the equivalency) at an institution approved by the American Music Therapy Association (www.musictherapy.org).
2. Following completion of academic coursework, the individual must complete a 900 hour (minimum) music therapy internship at an internship site approved by the American Music Therapy Association;
3. Following completion of the music therapy internship, the individual must pass a nationally accredited Board Certification exam administered by the Certification Board for Music Therapists (www.cbmt.org). Once an individual passes the exam, the individual earns the MT-BC (Music Therapist – Board Certified) credential and is allowed to practice.
4. After initially becoming a Board Certified music therapist, practitioners must maintain the MT-BC credential by completing 100 Continuing Music Therapy Education Units (minimum) or successfully re-take the Board Certification Exam every 5 years.

b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

The proposed regulation would not change the way Board Certified music therapy practitioners acquire any necessary specialized training, education, or experience. The fee for the state license is the only new cost that would be added to the practitioner and they would bear the cost.

c. Is there an existing model of this change being implemented in another state? Please list the state, originating bill and year of passage?

There are **47 states** that have participated at some point in the State Recognition. A total of **36 states** have introduced some form of music therapy legislation in 2021. Of the 47 states, eight (8) of them include regulation of music therapy through a state license.

Georgia	SB414	2012
Maryland	SB82	2021
Nevada	SB190	2011
New Jersey	A2183	2020
North Dakota	SB 2271	2011
Oklahoma	HB2820	2016
Oregon	HB2786	2015
Virginia	HB1562	2020

d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal 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. If a person does not have the required education, clinical training, and Board Certification, that individual cannot title, fund, or bill the service provided as "music therapy." As most music therapists work with people who have a type of special need, the purpose of the proposed legislation is to protect the

service users and ensure the service they are purchasing is music therapy provided by a practitioner with the required academic and clinical training. Along with the overall proposed regulation, the volunteer Music Therapy Advisory Council, created through this legislation, will work to both protect the consumers of music therapy services as well as to educate those interested in maintaining as and or becoming a board-certified music therapist on how to obtain the specialized training, education or experience needed to become a board-certified music therapist.

e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

Yes. The Certification Board for Music Therapists (CBMT) currently regulates all American music therapists entering the field. In order to become a board-certified music therapist, candidates must provide evidence of training, internship completion, and pass a certification board examination. These requirements would remain but would not change with the addition of licensure in Minnesota. Current and new practitioners would not be required to provide additional evidence with the passage of licensure. Current and new practitioners are required to fulfill continuing education requirements as designated and regulated by CBMT. Practitioners are required to recertify every five years.

3) Supervision of practitioners

a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Music therapists are currently able to work without supervision. The Certification Board for Music Therapy (CBMT) oversees that providers are qualified to enter the field and monitors continuing education requirements. However, developing licensure in the state would provide a higher level of regulation for people providing music therapy in the state of Minnesota.

b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

Currently there is not a regulatory entity that exists for music therapists within Minnesota. In accordance with MN Statute 15.059, This legislation would create a five-member advisory council that would include one (1) member who is a licensed health care professional who is not a music therapist; one (1) member who is a consumer; and three (3) members who are licensed to practice as music therapists in this state. This advisory council will advise the commissioner regarding standards for licensure for music therapists; review investigation summaries of competency violations and make recommendations to the commissioner as to whether the allegations of incompetence are substantiated; provide for the distribution of information regarding music therapist licensure standards; facilitate dissemination of information between music therapists, the american Music Therapy Association or any successor organization, the Certification Board for Music therapists or any successor organization, and the commissioner; develop public education materials to inform the public on the benefits of music therapy, the use of music therapy by individuals and in facilities or institutional settings, and the licensure of music therapists; and perform other duties authorized for advisory councils under chapter 214, as directed by the

commissioner.

c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

Yes, the proposed legislation is directly linked to the continuing education requirements defined by the Certification Board for Music Therapists. One way this legislation ensures protection for the consumer is the expectation of the board-certified music therapist to maintain their professional competencies through continued education.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and well being of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)

a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

1) False claims of music therapy services delivered by non-qualified individuals present physical, psychological, and/or emotional harm to vulnerable persons. Furthermore, non-credentialed and unqualified individuals claiming they provide music therapy are not trained in mandatory reporting and place children and vulnerable consumers at risk. We are happy to provide more information regarding the potential for harm upon request.

2) Harm also exists when one is not adequately trained to work with individuals with, but not limited to: Autism Spectrum Disorder, mental health diagnoses, Parkinson's, Alzheimer's, cancer, Intellectual Disabilities, those receiving hospice care, our veterans and other populations most commonly served by music therapists.

3) The current lack of a music therapy license in the state leaves Minnesota residents at-risk for negative social, emotional, and economic consequences due to the inability of an untrained individual having no experience or understanding of the assessment, treatment planning, implementation, and documentation processes expected of a trained clinician. Additionally, not complying with federal and state statutes and regulations, (i.e., HIPAA regulations) when safeguarding client privacy.

4) As it relates to the delivery of music therapy, by a board-certified music therapist, the potential for harm may be further defined by physical, cognitive, sensory, emotional, and ethical harm.
    a) Physical harm: Music therapists are trained and expected to receive continuing education ensuring that the selection of the appropriate instrument does not cause physical harm to their service user. Music therapists also receive education and on-going training in anatomy, physiology.
    b) Cognitive harm: Music therapists are trained and expected to receive continuing education ensuring that the selection of the repertoire, instruments, and use of rhythm, melody, harmony, timbre, tempo, and other aspects of music will not cause cognitive overstimulation. Music therapists also receive training and expected to receive continuing education in neuroanatomy/neurophysiology..
    c) Sensory harm: Music therapists are trained and expected to receive continuing education regarding the complex sensory system and its influence on motor, communication, cognitive, social, and emotional skills. Music therapists are trained to recognize hypo and hyper sensory stimulation and how to address both in order to keep their service users safe.

d) Emotional harm: Music therapists are trained and expected to receive continuing education regarding various counseling and psychotherapy approaches/techniques. Moreover, song repertoire selection can be triggering and music therapists base their clinical decisions on a thorough and individualized assessment of their service users.
e) Ethical harm: Music therapists are trained and expected to receive continuing education in various aspects related to providing and engaging in ethical decision making. Through their Code of Ethics (https://www.musictherapy.org/about/ethics/), music therapists are expected to adhere to the following eight core values: 1. Kindness, 2. Social Responsibility, 3. Dignity/Respect, 4. Equality, 5. Accountability, 6. Excellence, 7. Integrity, and 8. Courage. Additionally, music therapy is an accepted evidence-based practice - meaning all clinical decisions are driven by three key and equal components: 1. client's preferences, needs, and values, 2. clinician's expertise and experience, and 3. best available research.

b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

There are no civil or criminal laws in Minnesota which regulate, recognize or define the profession of Music Therapy, by Board-Certified Music Therapists. Thus, a license would protect music therapy recipients from being treated by someone without adequate professional education and clinical training. These laws are only adequate to the extent that harm is recognized and charges filed. More practically speaking, in cases where a non qualified individual claims to provide music therapy services, even if well intended in spirit, and causes clinical harm and/or disrupts the care plan and needs of the client/patient, existing laws and procedures miss this all too frequent occurrence. A documented case, for example, involved an unsupervised "volunteer musician" in a hospital who approached a young patient on a pediatric unit with multiple medical issues. The volunteer proceeded to play "relaxing" music without understanding the child's needs or response as displayed on the cardiac monitors and telemetry. The child's heart rate dropped to a dangerous level, arrhythmia ensued, and the child required treatment and transfer to a higher level of care until vital signs were back within normal limits. We are happy to provide you with current references and citations from peer reviewed literature on this particular topic, upon request.

c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

While possible, lesser regulation is not being considered at this time because lesser degrees of regulation carry much weaker courses of action in cases of harm, such as described above. According to Minnesota Statute, section 214.001, licensure is the only level of regulation that ensures that the practitioner has met predetermined qualifications, and persons not so licensed are prohibited from practicing (thus providing title and scope of practice protection). While we have a national certification, the Certification Board for Music Therapists (CBMT) is not a regulating body, thus there is no legal recourse to address issues of consumer harm. By having a license to practice music therapy in MN, there would be consequences for misrepresentation, from the appointed and volunteer Music Therapy Advisory Council (defined in our bill), for claiming to offer music therapy when not a Board Certified Music Therapist. As there are over 343 Board Certified Music Therapists in MN who provide services to nearly 76,000 clients per year (this was an estimate based on a state survey of MT-BCs in 2018), this bill – and the protection it provides to service users – is consequential. Second, licensure increases the possibility of a future multistate compact with states such as with nearby North Dakota or other states where licensure is in place. Third, in states where licensure is in place we are seeing some evidence of an increase in MT-BCs

working in the state following passage of a licensure bill (e.g., Georgia); whereas, in states where licensure is not offered, we have seen an outflow of qualified music therapists to other states following completion of University education and training program (e.g., Arizona).

5) Implications for Health Care Access, Cost, Quality, and Transformation

a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

Regulation and licensure will increase availability, accessibility, delivery, and quality of care to all current and future service users.

This proposed licensure bill will contribute to meeting these needs by assuring the quality of care being delivered to a service user are administered by a credentialed music therapist that has completed all necessary qualifications, training, and has obtained their board certification; deliverance of therapy is of the highest quality; and increase accessibility by including music therapy within the Minnesota Department of Health Commissioner's Board as an allied health profession service option for all individuals who have been denied access.

b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

It is expected that the supply of music therapists and the costs of services will not change due to licensure. This is because the licensure fee is projected to be minimal and because the workforce is continually growing. However, it is expected that the quality of services provided will improve, due to licensure, as consumers will be able to ensure that a provider of music therapy has the appropriate training and continuing education requirements to practice within the scope of music therapy.

c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

This proposal does not change how and by whom the services are compensated. The hope is that by recognizing music therapy and board-certified music therapists as a licensed health care profession in Minnesota that this will improve access to third party reimbursement options for consumers who have been denied access to music therapy, because it is not currently identified as a licensed health care profession in Minnesota.

d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

Board-certified music therapists often collaborate with other allied health professionals, medical professionals, and educators. MT-BCs are held to high standards and expectations to remain informed regarding the topics of diversity, equity, inclusion, and cultural competency (in our profession we often refer to this as cultural humility).

e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

A fiscal note was drafted during the 2011-2012 legislative session, however, the language in the bill has been refined based on feedback received over the last 10 years and a new fiscal note needs to be prepared. As far as we know there is no additional cost to the state, we are striving for this proposed legislation to be cost neutral to the state. A fiscal note will be provided if requested following the bill introduction.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

The five-member advisory committee in conjunction with the Music Therapy Association of Minnesota will work together to measure the impact of the proposed legislation. Consumer satisfaction surveys can be administered along with surveys focused on access to services can be administered to practitioners, consumers, and community partners. Surveys can be administered each year. We are amenable to recommendations by legislators and others who have more experience in how this should be done.

7) Support for and opposition to the proposal

a. **What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?**

The American Music Therapy Association	28 members (3,042 total members)
Certification Board for Music Therapists	343 members (9,483 total members)
Music Therapy Association of Minnesota	14 members

b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Academy of Whole Learning	The Emily Program
River Village	Park Nicollet Melrose Center
Opportunity Partners	Montgomery Insurance Benefits
Minneapolis VA Health Care System	Meridian Manor
Memory Care	Medtronic
MacPhail Center for Music	Heart to Home
Golden Living Center	Gianna Homes Memory Care
Fraser	Essential Health
Episcopal Home Spiritual Life	Episcopal Homes of MN
Episcopal Church	Above and Beyond Senior Services
Gillette's Children's Hospital	Mount Olivet Rolling Acres
Minneapolis Public Schools	St. Paul Public Schools
GG's Playhouse	Minnesota State Academy for the Blind
Mayo Clinic, Rochester	Minnesota Rehabilitation Unit
Autism Society of Minnesota	Augsburg University: Music Therapy Program
University of MN: Music Therapy Program	Zivix

Minnesota Creative Arts Therapy Association (MNCATA)

c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

None that we are aware of.

d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

Over the years of having active legislation, we have worked through opposition through listening, answering any questions that have been raised, had discussions about any concerns, and demonstrated openness and willingness to consider modifications when appropriate and necessary.

Additionally, other groups that have shown interest in our proposed legislation were contacted for their feedback and suggestions. Some of these organizations responded with no concerns while other groups expressed concerns. For those that did express concerns, their concerns have been addressed and language in the bill has been agreed upon by all parties.

Groups contacted after inquiry:

American Speech-Language-Hearing Association
Education Minnesota
Minnesota Speech-Language-Hearing Association
Minnesota Department of Health
Minnesota Health Regulation Division
Minnesota Occupational Therapists
Minnesota Creative Arts Therapy Association