

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.

Clinical Art Therapy

2) Briefly describe the proposed change.

Creation of a license to ensure that only qualified practitioners can claim to provide clinical art therapy services, bill themselves as Clinical Art Therapists, or use any titles or letters that would suggest that they do either of the above

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.

Current (2025-2026) legislation is authored as follows:

SF 1675 – Sen. John Hoffman (Chief Author), Sen. Alice Mann, Sen. Liz Boldon, Sen. Jim Abeler
HF2590 – Rep. Matt Norris (Chief Author), Rep. Esther Agbaje, Rep. Liz Reyer, Rep. Bernie Perryman, Rep. Peter Fischer, Rep. Alex Falconer

Previous versions: SF 3613/HF 2743 (introduced 2023-2024).
Also introduced in 2017-2018, bill #'s unknown.

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 help legislative committees decide which 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.

The proposed bill defines Art Therapy, Art Therapy services, Certified Art Therapist, Clinical Art Therapy, and creates the title of Licensed Clinical Art Therapist and Provisional Licensed Clinical Art Therapist.

Art therapy. "Art therapy" is an evidenced-based clinical practice that is an integrative application of psychotherapeutic principles, techniques, and methods with specialized training in art therapy theory, art media, the neurobiological implications of art-making, the creative process, and art-based assessment models to assist an individual, family, or group to alleviate mental and emotional disorders and psychopathologies, improve cognitive and sensory-motor functions, increase self-awareness and self-esteem, cope with grief and traumatic experience(s), resolve conflicts and distress, and enhance daily functioning in a professional relationship.

Art therapy services. "Art therapy services" means the provision of services to accomplish art therapy goals, which includes using art media, creative techniques, nonverbal communication, psychotherapy, art-based assessment models, and the creative process in a therapeutic relationship between a Licensed Clinical Art Therapist or a provisional Licensed Clinical Art Therapist and their client(s). "Art therapy services" also includes, but is not limited to: utilization of evaluation and assessment to define and implement goals to address developmental, rehabilitative, habilitative, mental health, preventive, wellness care, or educational needs of the client(s)

Certified art therapist. "Certified art therapist" means a person who holds the registered art therapist with board certification (ATR-BC) credential in good standing with the Art Therapy Credentials Board or a substantially similar successor credentialing organization.

Clinical art therapy. "Clinical art therapy" means the application of art therapy services and clinical decision-making skills in the evaluation, assessment, diagnosis, prevention, treatment, and amelioration of mental, developmental, behavioral, and emotional disorders and conditions in children, adolescents, and adults. "Clinical art therapy" also includes the utilization of appropriate knowledge and specialized training in art therapy to inform and determine the appropriate course of action within the clinician's scope of art therapy practice while tailored to the context of each specific clinical setting.

The practice of clinical art therapy includes:

1. the implementation of art therapy services, including evaluation, assessment, diagnosis, treatment planning, intervention, and referral;
2. the development of an individualized art therapy treatment plan to address the cognitive, developmental, behavioral, and emotional disorders of a client;
3. systematically evaluating and comparing the individual's response to the individualized art therapy treatment plan and suggesting modifications, as appropriate;
4. use of therapeutic interventions to facilitate alternative modes of receptive and expressive communication therapeutic interventions that can circumvent the limitations of verbal articulation;
5. use of treatment interventions that include psychotherapy or counseling integrated with art therapy theory, the creative process, or art media to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with daily functioning;
6. use of art media, the creative process, and the resulting artwork to assist clients in coping with and reducing psychiatric symptoms and posttraumatic stress, enhancing neurological, cognitive and verbal abilities, and promoting appropriate skills development;
7. crisis intervention; and
8. art-based treatments that effectively respond to multicultural and diverse populations.

Licensed Clinical Art Therapist. "Licensed Clinical Art Therapist" means a person who is licensed by the board and meets the requirements of section 148B.77 (of the proposed bill)

Provisional Licensed Clinical Art Therapist. "Provisional Licensed Clinical Art Therapist" means a person who has been issued a provisional license by the board and meets the requirements of section 148B.78 (of the proposed bill).

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

The American Art Therapy Association represents the Art Therapy profession at the national level. AATA has approximately 5000 total members, with approximately 123 members representing the Art Therapy profession in Minnesota.

The Art Therapy Credentials Board (ATCB) provides national registrations and certifications for Art Therapists in the United States and Canada, with 6,235 total credentialed Art Therapists nationally, and 200 credentialed Art Therapists in Minnesota.

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

Art therapy is practiced in clinical one on one (individual) or group settings serving a wide range of

populations including but not limited to the elderly, those with learning disabilities, individuals from backgrounds in which traditional talk therapy is heavily stigmatized, veterans suffering from post-traumatic stress disorder, children struggling to process neglect or trauma, adults and adolescents dealing with substance use or eating disorders, individuals experiencing depression and anxiety, survivors of domestic violence or neighborhood/community violence, survivors of sexual abuse or sexual assault, and many more.

Nationally, Art Therapists work in a variety of settings, including but not limited to: medical institutions like hospitals, cancer treatment centers and psychiatric facilities; community mental health clinics (general mental health and specialized populations); schools; community-based programs; private practice; corrections departments/facilities, nursing homes/senior living facilities, and more.

In Minnesota, Art Therapists work in schools; outpatient mental health clinics including those geared towards children with autism and those geared towards adolescent depression/anxiety/trauma treatment; hospitals (psychiatric or related to cancer/medical treatment); multi-level programs geared towards Eating Disorder or Substance Use Disorder recovery; Minnesota’s Department of Corrections; and private practice/group practice.

- 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.**

Art therapists, through gained knowledge during master’s degree studies in art therapy, utilize art materials, the art making process, and neuroscience to provide mental health services to a number of distinct client groups with clinical skills similar to professional counselors and marriage and family therapists.

Clinical Art Therapists seek to engage a client in ways that are distinct from verbal articulation alone. Clinical Art Therapy inherently works with the client’s nervous system and neurology to build stronger and healthier habits, thought processes, and functioning by modifying the brain’s physiology and structure. Clinical Art Therapists use Art Therapy assessments and methods to create kinesthetic, sensory, perceptual, affective, symbolic, and creative opportunities that invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression give clients and patients a new language to experience healing and transformation.

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?**

National requirements for professional entry into the practice of Art Therapy include, at minimum, a Master’s degree and extensive post-graduate clinical experience under the supervision of credentialed Art Therapists—a process which typically requires a minimum of four years.

Because of the uniqueness of the study and practice of Art Therapy, practitioners must be trained within an approved Art Therapy Master’s degree program recognized by the American Art Therapy Association, or equivalent mental health education programs approved by Art Therapy Credentials Board. The Association has approved thirty-nine Art Therapy master’s degree programs at thirty-five accredited colleges and

universities in twenty states, Canada, and the District of Columbia.

Graduate program supervised experience includes a 100-hour practicum involving observation and practice in preparation for clinical internship practice. The internship requires a minimum of 600 supervised hours over at least two academic terms. A minimum of 350 hours must involve working directly with clients providing Art Therapy services. The remaining hours may be divided between experience with case review, record keeping, preparation, treatment team meetings, in-service conferences, and supervisor evaluations. Art Therapy master's program training is distinct in its emphasis on neuroscience, imagery and art-making. This understanding of both art process and art products combined with a strong grasp of neuroscience facilitates the therapeutic relationship to bring about healthy self-expression that can reduce symptoms and/or bring closure to clients experiencing trauma. The graduate curriculum also encourages students' immersion in their own art practice and wellness, and art-based learning is integrated into all Art Therapy courses and clinical supervision.

Current program and curriculum standards for Art Therapy master's programs were established in 2007 and continue to be administered by the American Art Therapy Association's Educational Programs Approval Board (EPAB). The standards will continue to apply to programs with unexpired EPAB approval through a five-year transition to a new program of external accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Currently, any art therapy program graduate from an AATA approved program who is granted the ATR-Provisional (ATR-P) credential must contract to participate in on-going supervision by a qualified supervisor who is an ATR-BC. They must complete a minimum of 1000 hours of direct client Art Therapy services and receive a minimum of 100 hours of supervision, of which 50% must be from an ATR-BC. The practitioner may also receive additional supervision in the workplace or independently from another board approved mental health practitioner (LMFT, LPCC, LP, or LICSW). This is the minimum requirement for the nationally recognized art therapy credential of Registered Art Therapist (ATR).

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?

Preparation. The proposed legislation would not change the educational requirements for art therapists preparing to enter the field, as those have been established as described above. The legislation would require more supervised practice hours than is currently required by the Art Therapy Credentials Board for the Art Therapist-Registered (ATR) credential in order to stay aligned with other allied mental health professions. Educational requirements and supervised practice requirements are outlined in the legislation.

Ultimately, this would not change, substantially, the requirements for licensure, and would reduce licensing board time required per new granted license by creating a more tailored streamline process for licensure of Clinical Art Therapists, since currently art therapists rely on special exemptions predicated on language allowing for 'substantially similar' educational backgrounds and require special examination by the licensing board or staff to receive a related mental health license (most commonly Licensed Professional Clinical Counselor or LPCC).

Cost. The cost of maintaining a licensing process for Art Therapy depends on the route taken to establish such a license. This proposal aims to regulate Clinical Art Therapists under an already extant board (the Board of Behavioral Health and Therapy). We have proposed a fee structure in the legislation that is comparable to LPCC fees. In the proposed legislation, applicants for licensure that have met the other qualifications will pay an initial application and licensure fee. Licensees will pay an annual renewal fee. The fees will be received and processed by the Board of Behavioral Health and Therapy. By regulating Clinical

Art Therapists in this way, additional cost to the state can be minimized. Additionally, because Art Therapy is nationally credentialed, the state will not be required to offer any type of examination and can rely on an extant examination.

As of January 2026, follow-up discussions about the fee structure have occurred with BBHT (Oct/Nov 2025) and the HFP Committee Co-Chair & Committee Administrator (Jan 2026). Additional discussions are scheduled for February 2026 to ensure all parties are on the same page regarding fiscal elements.

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

The American Art Therapy Association tracks all current state advocacy efforts and licensure successes and updates their website in real time. As of February 2025, 12 states and the District of Columbia have Art Therapy licenses: Connecticut, Delaware, Kentucky, Maryland, Mississippi, Nebraska, New Jersey, New Mexico, Ohio, Oregon, Tennessee, Virginia.

Connecticut (2019): HB7424, Sec. 176

Delaware (2017): SB43

Washington, D.C. (2020): B23-0250

Kentucky (2009): HB73

Maryland (2012): HB1207 and SB969

Mississippi (2000): HB2428

Nebraska (2024): LB605

New Jersey (2016): A1783 and S2020

New Mexico (initial 1993, updated 2001)

Ohio (2023): HB33 – Ohio Rev. Code tit. 47 c. 4757.24

Oregon (2017): HB2432

Tennessee (2021): SB101

Virginia (2020): SB713

Additionally, there are four states licensing art therapists under related licenses (New York, Pennsylvania, Texas, and Wisconsin) and three states recognizing art therapists for purposes of state hiring and/or title protection (Arizona, Louisiana, and New Hampshire).

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?

The proposal provides clarification on the requirements needed to become a Licensed Clinical Art Therapist, including the training, education, and credentials.

The Art Therapy Credentials Board currently maintains the credentialing and certification offered at a national level, which constitutes recognition of current competence and adherence to the Code of Ethics, Conduct and Disciplinary Procedures in the practice of art therapy. However, the ATCB is limited to reviewing the competence and ethical standards for currently credentialed art therapists. In the case of other licensed mental health practitioners, there is nothing preventing an unqualified practitioner from attempting to utilize art therapy methods and billing themselves as art therapists, and in the case of unlicensed individuals, so long as they are able to avoid protected scope of practice of other mental health professions, there is, similarly, nothing preventing such misleading claims. This proposal reduces the potential for unqualified practice.

Additionally, the proposal establishes qualifications for post-graduate supervision and supervised practice, which addresses the current shortage of qualified art therapy supervisors.

- 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, new entrants would need to provide sufficient evidence of preparation (Master's degree and art therapy supervision hour completion as stated in the proposed bill) and be required to pass the Art Therapy Credentials Board's board certification exam (ATBCE). There are also proposed requirements for current practitioners that hold a national credential, to become licensed in Minnesota, including evidence of passage of the examination.

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?**

Currently, candidates for the Registered Art Therapy (ATR) credential administered by the Art Therapy Credentials Board receive supervision by Board Certified art therapists (ATR-BC), with allowance for partial number of supervision hours to be received by other licensed mental health practitioners. They must complete a minimum of 1000 hours of direct client Art Therapy services and receive a minimum of 100 hours of supervision (of which 50% must be from an ATR-BC).

In the proposed legislation, the amount of experience and supervision required to achieve proposed licensure status in MN would increase to 4000 hours of experience with 200 hours of individual, dyad or group supervision by a qualified supervisor. The proposed legislation defines the requirements for a qualified art therapy supervisor as meeting one of the following criteria: an art therapy certified supervisor (ATCS); a Licensed Clinical Art Therapist (LCAT) as defined in the proposed legislation; a licensed marriage and family therapist who is a certified art therapist; a licensed professional clinical counselor who is a certified art therapist; and a certified art therapist (ATR-BC).

There would be minimal change from what Art Therapists currently do to receive supervision or complete required hours, with the exception of increased hours and more clearly defined qualifications for art therapy supervisors.

- 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.**

This legislation proposes the regulation of Clinical Art Therapists under the Minnesota Board of Behavioral Health and Therapy (BBHT) by the addition of 5 professional members representing the Art Therapy profession and to establish reasonable standards regarding minimum requirements for licensure, leaving some space for board member discretion with regard to academic background in line with the other professions regulated under the board at present. This legislation proposes educational, practicum, and certification requirements for applicants, as follows: at least 18 years of age, is of good moral character, a

graduate degree in Art Therapy from an accredited institution or equivalent graduate 8 level coursework in Art Therapy post graduate degree, the completion of 4000 hours of supervised practice, and receipt of a passing score from the ATCB board certification examination. The ATCB and BBHT will agree upon the division of responsibilities for administering the license through a formal contract process.

This proposal has been reviewed by Samantha Strehlo, Executive Director for the MN Board of Behavioral Health and Therapy, and Briana Colton, Chair of the Minnesota Art Therapy Licensure Coalition. The most recent conversation occurred on March 4, 2025, when they also met with a representative from the Council of Health Boards (Lindsey Franklin).

As of January 2026, discussions with Ms. Strehlo from Oct/Nov 2025 indicated the potential adjustment of Board participation for LCATs by either a reduction in board members who are LCAT or creation of Advisory Council/Committee.

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

Practitioners are required to demonstrate maintenance of competency through a continuing education quota. The proposed legislation requires Licensees to complete 40 hours of board-approved continuing education every two years. Of the 40 hours, at least 20 hours must involve content related to the practice of art therapy. There are additional proposed requirements for CE hours in ethics and cultural competence. These are similar to those required by related mental health fields (including Professional Clinical Counselors, Clinical Social Workers, and Marriage & Family Therapists)

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.

Psychological Harm. Art Therapy is not currently regulated in Minnesota and almost anyone can represent themselves to the public as an Art Therapist or as having the training to practice Art Therapy. The primary potential for harm exists from individuals using Art Therapy methods without appropriate training.

Recent advancements in understanding the brain and its functions have increased public awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health. This has encouraged other licensed mental health practitioners (non-Art Therapists) to include art materials and clinical Art Therapy methods within their practice without formal Art Therapy training and supervision. Individuals using Art Therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat. The potential for harm is magnified where a client has a vulnerable psychological predisposition.

Trained Art Therapists know how to appropriately respond to information communicated in and through a client’s artwork or creative process without doing harm. Understanding how art interacts with a client’s psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique

to clinical Art Therapy training. If applied beyond the training and competence of the practitioner, the practice of Art Therapy carries risk of harm including but not limited to failure to recognize mental health symptoms and presentation in clients during art-making or indicators of mental health illness within artwork made in session, both of which can indicate risk of harm to self or others.

Financial Harm. The public is also at risk of financial harm due to the degree of confusion present in the marketplace from the insufficient clarification and regulation of Clinical Art Therapy from “art and wellbeing”, “arts in health”, and “art in therapy”. Individuals seeking art therapy services are not reasonably able to delineate between qualified art therapy providers and individuals providing ‘art for mental health’ services under the guise of art therapy or individuals attempting to practice art therapy without adequate training. In either event, untrained individuals are unable to provide the service that the consumer reasonably expects and should be entitled to when contracting art therapy services, which can lead to a financial loss. In the most severe cases, this loss can encompass far more than the inability to make fully informed decisions about retaining services. Untrained individuals attempting to render art therapy services has resulted in worsening of the symptoms being experienced by the client, refusal on the part of the client to seek additional needed mental healthcare often for an extended period of time, and general failure to address the complaint of the client. Each of these can create financial harm to clients by extending their need for care and increasing financial strain through co-pay, deductible, or self-pay costs.

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

At present, there are no civil or criminal law procedures to remedy this harm to the public. Without the title and practice protection granted by licensure, there is no legal remedy for those harmed by an individual calling themselves an art therapist beyond civil lawsuits. There is no systematic way for individuals in the public to reliably distinguish between qualified and unqualified providers in the way that an individual can distinguish between licensed and unlicensed providers.

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

Licensure is the only level of regulation which disallows individuals not meeting the minimum criteria for practice from utilizing the title “Clinical Art Therapist” or “Licensed Clinical Art Therapist”. In a marketplace already confused by a proliferation of “art for mental health”, “art for wellbeing”, and “healing art” among other things, the ability of potential clients to distinguish between an individual providing art therapy services and art for mental health services is already fraught with potentially misleading claims and advertising, to expect potential clients to also delve into the academic credentials of each potential provider is simply to expect too much.

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?

The proposed legislation will increase the availability of art therapy services throughout the state, primarily by opening the door to more insurance reimbursement options for clients and ensuring that all providers are adequately qualified to render art therapy services.

There is a mental health therapist shortage nationally, and Minnesota is no exception, particularly in rural areas. According to the Rural Healthcare in Minnesota Chartbook 2022, approximately 80% of Minnesota counties are designated as mental health professional shortage areas. Licensure increases recruitment opportunities for rural and isolated areas, in addition to increasing recruitment in settings and with populations that normally only hire licensed professionals.

Licensure also makes Minnesota a more appealing place for new art therapy graduates. In addition to our single graduate program in Minnesota, the closest Midwest-based graduate school programs outside of Minnesota are in Milwaukee, Wisconsin; Chicago, Illinois; and Emporia, Kansas. State licensure makes graduate programs more appealing to prospective students, and makes living in Minnesota more appealing for new graduates (those who want to stay, and those who may want to move here after they complete programs in other states). In general, we see a substantial increase in the number of art therapists within a state once licensing legislation is passed and, with them, better access to mental healthcare, generally, as art therapists proliferate and serve traditionally underserved communities.

Art Therapy services are especially impactful for those whom traditional “talk therapy” does not work, including children, those with nonverbal delays or difficulties, and individuals with high levels of trauma in their history. Minnesota’s population includes 6.4% veterans, 15% seniors over 65, 3% individuals with Autism (as of 2018), and 11-12% individuals for whom English is a second language. In 2018, nearly 7,000 children were involved in Child Protective Services cases, and Minnesota ranked 6th in prevalence of mental health concerns in the adult population. Art Therapy services can address each of these populations’ special needs in very distinct and important ways. Licensure will allow us to increase the reach of services to these and other much needed communities.

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.

The proposed legislation is likely to have the effect of substantially increasing the supply of art therapists in the state. In other states where art therapy has been licensed, we have experienced an increase in retention of graduates from art therapy programs and an influx of new art therapists into the state, especially in cases where the new license is the first in a region. See previous sections.

Current cost of Art Therapy. Current standards of credentialing with a lack of consistency in provider qualifications for Art Therapists, type of employment, and variety of payors in Minnesota results in variable fees to clients. For art therapists billing under their allied mental health profession for third-party reimbursement, service costs vary by contract. Payments for group therapy also vary depending on whether payment is being collected on a sliding scale fee structure or through third-party reimbursement under an allied mental health license. Payments also are different for contract-based group services where the Art Therapist earns a lump sum for a given time-frame with a variable number of clients attending the therapy session. In addition, Art Therapists are currently allowed to serve clients who qualify for a Community Access for Disabilities Inclusion (CADI) waiver (Muslik & Granger, 2016) by providing art therapy under Independent Living Skills Therapies (ILS), suggesting that some MN Art Therapists may already provide services at low cost to the public. However, Art Therapists are not currently eligible for reimbursement for services through Medical Assistance (Department of Human Services, 2017).

Cost of Art Therapy with a license. Clients may continue to experience some variability in cost of services, as Clinical Art Therapists may continue to seek out direct pay and contract-for-services, with level of experience or specialized qualifications dictating cost. We hope that Licensed Clinical Art Therapists will expand their service to more clients who qualify for Medical Assistance. In addition, we are proposing an

amendment to current Statute 245I.04 that would add Licensed Clinical Art Therapists to the defined Mental Health Professionals, allowing third-party reimbursement for Clinical Art Therapy. When this change occurs, clientele will have access to services from Clinical Art Therapists who can accept insurance reimbursement for services. The end result will be many more low-cost opportunities for clients.

Financial Impact on Employers. With the proposed amendment to Statute 245I.04 employers of Art Therapists currently receiving third-party remuneration for Art Therapy services through another license will not experience any financial impact from this legislative change. Self-employed Art Therapists may experience an increase in income due to expanded clientele allowing them to take more clients who cannot afford to pay out-of-pocket (e.g., Medical Assistance, Insurance).

Financial Impact on Insurers. Insurers of clients may see an increase in the number of clients who are requesting Art Therapy services, and thus a rise in overall payouts for mental health. However, since many Art Therapists already seek insurance reimbursement through alternative licenses, this increase is not likely to be drastic.

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?

The proposed legislation does not directly impact how or by whom services are compensated but licensure has in some cases led to wider insurance coverage leading to greater affordability for clients.

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)?

State recognition of art therapy on a par with the rest of the allied mental health professions will help to allow clinical art therapy to serve successfully as part of holistic care plans, will increase awareness of art therapy, will encourage and spur innovation for the delivery of services, and will require the cultural competency of practitioners in the state through tailored continuing education requirements.

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

In all comparable cases, art therapy licenses have operated at a budgetary surplus.

An updated fiscal note will be completed by the Board of Behavioral Health & Therapy. The previous version of this bill proposed regulating the profession through the Board of Marriage and Family Therapy, and their board structure is different from the Board of Behavioral Health and Therapy which changes the management of fees and administrative costs.

As of January 2026, exploration of statutes in New Jersey, Ohio, and Oregon indicate that those states (with between 80-125 art therapists) charge between \$100-\$250 in annual fees and are able to manage the cost of the license. Recent & ongoing meetings with the Board of Behavioral Health & Therapy, as well as the HFP Co-Chair & Committee Administrator, involve clarification of the costs.

6. Evaluation/Reports

a. 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.

N/A

7. Support for and opposition to the proposal

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

American Art Therapy Association: 123 members in Minnesota

*Art Therapy Credentials Board (ATCB) does not officially endorse or sponsor legislation, but they currently have 200 credentialed art therapists in Minnesota who are represented by the Minnesota Art Therapy Licensure Coalition.

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

The Board of Behavioral Health & Therapy has stated they do not take a formal stance on whether a profession should be regulated, but noted they stand ready to help implement the licensure process if the Minnesota Legislature passes the measure.

Individual members of allied mental health professions including social workers, marriage and family therapists, and clinical counselors.

Individual employers of current art therapists.

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.

Other allied mental health professionals may express concern about the “regulation of art in therapy”. In similar conversations, providing education about what Clinical Art Therapy is and why it’s important, most have come to understand and agree with the reason for licensure.

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

Minnesota Art Therapy Licensure Coalition continues to provide education with other allied mental health professionals through individual conversations and ongoing discussions with professional organizations and state boards. We will continue to take formal and informal opportunities to provide education and build awareness about the need and rationale for a clinical art therapy license.