

## **2022 Music Therapy Scope of Practice Request State of Connecticut**

### **A. Plain language description of the request.**

The Connecticut board-certified music therapy community is seeking state professional licensure. Many existing state regulations require that education and health care providers hold official Connecticut state licensure. Because music therapy is not licensed, qualified board-certified music therapists (MT-BCs) are frequently restricted from providing services within these settings. As a result, Connecticut state residents have difficulty accessing music therapy services within educational and health care facilities. Communication with state education and health care agencies emphasize that service provision procedures require official state licensure for Connecticut citizens to access services. To address these concerns, we are seeking the creation of a state license for music therapists in the state of Connecticut.

### **B. Public health and safety benefits, and harm to public health and safety if it is not implemented.**

Demand for music therapy services continues to grow in Connecticut. Our profession strives to meet the needs of our communities with safe, appropriate, and accessible services provided by qualified professionals. More specifically, regulating music therapy will provide the following benefits to the public: 1) improved public safety/ physical and psychological protection, 2) increased access to quality music therapy services provided by qualified professionals, 3) protection of patient privacy and confidentiality, 4) compliance with state regulations, 5) positive economic impact, and 6) safe continuation of services throughout emergent situations.

Current legislation provides title protection for music therapy. Title protection has benefited the profession in terms of appropriate representation of the field and the educational and training requirements to provide music therapy services. The implementation of state licensure will have the added benefit of improving access to services in both reimbursement and increased service availability through health care providers. Licensure will ensure that health care providers hire qualified music therapists and enable reimbursement options that are currently limited for music therapy services.

Even with title protection, there continues to be misunderstanding about the field of music therapy and who is qualified to provide such services. There is substantial concern for the safety and welfare of the public without greater regulation of the music therapy profession. Individuals who present to the public as music therapists without the credential "music therapist board-certified" (MT-BC) do not have the training in clinical applications of music to address therapeutic goals.

Music therapists often work with vulnerable populations (e.g., persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). 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. Music therapists abide by the AMTA Code of Ethics and CBMT Code of Professional Practice, which serve to guide ethical practice. An untrained, uncredentialed music therapist is not aware or obligated to follow this code and could result in ethically questionable practices. State licensure will help clarify the qualifications of music therapists to health care providers.

**C. Impact of the request on public access to health care.**

As noted, the requirement for state licensure for health care providers has resulted in limitations for qualified music therapists to provide services to a wide range of Connecticut citizens. Reasons for this include services not being provided by health care providers within their therapeutic milieu and the need for individuals to pay privately for services.

It has been observed by the Connecticut music therapy community that health care providers when posting positions do not seem to fully understand the training and credentialing required for music therapists, or may not hire music therapists due to the lack of state regulation on the field which limits reimbursement options. It is also common for individual citizens to be unaware of how to access the services of music therapists and how to find a qualified professional.

Connecticut citizens who wish to access music therapy through their health care insurance face numerous challenges. Many funding sources, including private insurance reimbursement, require some form of recognition by the state before issuing payments. State licensure will provide options for reimbursement for both individuals and providers, and provide the public with clearer identification of qualified music therapists.

**D. Summary of state laws governing the profession.**

Current Connecticut state law – Chapter 383f, Sec. 20-195ggg - provides title protection for music therapy.

<https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Music-Therapist/Music-Therapist>

**E. State's current regulatory oversight of the profession.**

According to the statute noted above:

“No person unless certified as a music therapist by the Certification Board for Music Therapists, or any successor of said board, may use the title "music therapist" or "certified music therapist" or make use of any title, words, letters, abbreviations or insignia indicating or implying that he or she is a certified music therapist. Any person who violates this section shall be guilty of a class D felony. For purposes of this section, each instance of contact or consultation with an

individual that is in violation of any provision of this section shall constitute a separate offense.”

**F. Current education, training, and examination requirements and relevant certification requirements applicable to the profession.**

Those who wish to become music therapists must earn a bachelor’s degree (based on 120 semester hours or its equivalent) or higher in music therapy from one of over 80 American Music Therapy Association (AMTA) approved colleges and universities. 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 (**see attached**). In exceptional cases, a student may have an on-site supervisor or facility coordinator who may not be a music therapist but holds a professional, clinical credential (e.g., occupational therapist, nurse, special educator, etc.). Under these circumstances, the student must have a board-certified music therapist as a supervisor under the auspices of the university.

At the completion of academic and clinical training, students are eligible to take the national examination administered by the Certification Board for Music Therapists (CBMT), an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). To demonstrate continued competence and to maintain this credential, music therapists are required to complete 100 hours of continuing music therapy education within every five-year recertification cycle.

All board-certified music therapists receive education and training in how to comply with state and federal and facility regulations and accreditation. They are trained and skilled to conduct assessments, draft and incorporate goals and objectives into treatment plans, specify procedures and define expected treatment outcomes, evaluate and make appropriate modifications and accommodations, and document this process utilizing standard tools. The competencies required of music therapists are outlined in the AMTA Professional and Advanced Competencies (**see attached**) and the CBMT Scope of Practice (**see attached**).

**G. Summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding this request.**

Not applicable.

**H. The extent to which the request directly affects existing relationships within the health care delivery system.**

As noted above, it is anticipated that licensing of music therapists will lead to greater access to services by both health care providers and individual Connecticut citizens. This is influenced by both increased options for third-party reimbursement and from greater clarity as to the qualifications of credentialed music therapists.

Currently, music therapists frequently provide services as part of a treatment team and in collaboration with other health care professionals. These relationships and the practice of other health care professionals will not be negatively affected by licensing of music therapists. In fact, it is anticipated that greater understanding of the training and qualifications of music therapists will improve such relationships and may increase collaboration for treatment and service delivery.

It is also important to note that licensing of music therapists does not preclude other professionals from using music in their clinical work, so long as it remains in their scope of practice and is not termed “music therapy.” This is consistent with current state title protection.

**I. The anticipated economic impact of the request on the health care delivery system.**

In other states where music therapy is licensed, there has not been a reported increase in fees or salaries following occupational regulation. It is anticipated that music therapy will be increasingly reimbursed by third-party payers. At this time, there have been no music therapists in Connecticut reporting direct reimbursement from private insurance companies. Music therapy programs in health care facilities are often funded through the daily reimbursement rate provided by private payers and the Medicare Prospective Payment System.

Nationally, AMTA reports that approximately 20% of music therapy services receive third-party reimbursement. Companies like Blue Cross Blue Shield, United Healthcare, Cigna, and Aetna have all paid for music therapy services at some time. Success has occurred on a case-by-case basis when the therapist implements steps within the reimbursement process and receives pre-approval for music therapy services. Approximately 23 states provide funding for music therapy services through Medicaid Waiver programs or state agency funds.

**J. Regional and national trends in licensing of the health profession and relevant scope of practice provisions enacted in other states.**

Currently, music therapists are required to obtain a national credential, Music Therapist – Board Certified (MT-BC). Individual states provide licensing in various ways. The following is a list of states that currently license or otherwise regulate music therapists:

- California (title protection)
- Georgia (license)
- Illinois (license)
- Iowa (title protection)

- Maryland (license)
- Nevada (license)
- New Jersey (license)
- New York (license)
- North Dakota (license)
- Oklahoma (license)
- Oregon (license)
- Rhode Island (registry)
- Utah (state certification)
- Virginia (license)
- Wisconsin (registry)

There is current legislative activity in the following states:

- Colorado
- Florida
- Hawaii
- Indiana
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Missouri
- Nebraska
- New Hampshire
- North Carolina
- Ohio
- Pennsylvania
- South Carolina
- Texas
- Vermont
- Washington

**K. Identification of any health care professional that can reasonably be anticipated to be directed affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions.**

During the process of legislation for title protection, music therapists on local, state, and national levels have had interactions with other professional organizations. In accordance with the language of the current title protection statute, other health care professionals will continue to be able to use music in their service delivery, so long as they do not represent themselves to the public as music therapists. The current language is as follows:

“The provisions of this section shall not apply to a person who (1) is licensed, certified or regulated under the laws of this state in another profession or occupation, including, but not limited to, occupational therapy, physical therapy, speech and language pathology, audiology or counseling, or is supervised by such a licensed, certified or regulated person, and uses music in the practice of his or her licensed, certified or regulated profession or occupation that is incidental to such practice, provided the person does not hold himself or herself out to the public as a music therapist, (2) is a student enrolled in a music therapy educational program or graduate music therapy educational program approved by the American Music Therapy Association, or any successor of said association, and music therapy is an integral part of the student's course of study and such student is performing such therapy under the direct supervision of a music therapist, or (3) is a professional whose training and national certification attests to such person's ability to practice his or her certified occupation or profession and whose use of music is incidental to the practice of such occupation or profession, provided such person does not hold himself or herself out to the public as a music therapist.”

**L. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.**

As has been noted above, music therapists have been limited in service delivery based on the lack of state licensure. Music therapists have reported having been denied positions in health care facilities due to the lack of licensure. In addition, music therapists with advanced training are often limited in their ability to provide therapy and more advanced levels of service because of restrictions in third-party reimbursement and in employment.

For example, music therapy services are often associated with services that have less training in the full range of the treatment process, such as with integrative medicine teams. While such services are helpful, they are often seen as ancillary services and as such not part of standard care for consumers. However, the training of music therapists qualifies them to provide a higher level of care and intervention to meet a variety of clinical needs (e.g., neurological, cognitive, physical, physiological, psychological, and psychosocial). Music therapists have equivalent training (and in some cases a higher level of training) with allied health professionals, yet are often not included with these health care providers. It is anticipated that state licensure will help advance the practice of music therapy in Connecticut, thus benefiting the citizens of this state.