# State of Connecticut Department of Public Health Report to the General Assembly

## Scope of Practice Review Committee Report on Music Therapists

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#### **Executive Summary**

In accordance with Connecticut General Statutes (CGS) Section 19a-16d through 19a-16f, the Connecticut board-certified music therapy community (music therapists) submitted a scope of practice request to the Department of Public Health seeking the creation of a state license for music therapists in the state of Connecticut.

The current statute related to music therapy provides title protection and gives the profession statutory recognition but does not include licensure. Chapter 383f of the CGS defines music therapy 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 a music therapy program approved by the American Music Therapy Association, or any successor of said association." A music therapist is defined in the statute as "a person who (A) has earned a bachelor's or graduate degree in music therapy or a related field from an accredited institution of higher education, and (B) is certified as a music therapist by the Certification Board for Music Therapists or any successor of said board."

According to the music therapists, because music therapy is not licensed, qualified board-certified music therapists (MT-BCs) are frequently restricted from providing services in health care facilities or certain educational settings. As a result, Connecticut residents may have difficulty accessing music therapy services within educational and health care facilities.

The review committee met once and there was no objection to the concept of licensing music therapists in Connecticut. In reviewing and evaluating the information presented, the scope of practice committee focused on assessing any public health and safety risks associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training.

#### Background

Connecticut General Statute Section 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request, may submit a

written impact statement to the Department of Public Health (DPH). The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by the Department. Committees shall consist of the following members:

- Two members recommended by the requestor to represent the health care profession making the scope of practice request;
- 2. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request;
- 3. The Commissioner of Public Health or the commissioner's designee, who shall serve as ex- officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

#### Scope of Practice Request

The music therapists submitted a request for the Department to convene a scope of practice review committee to consider licensure of music therapists and regulation by the state of Connecticut.

#### **Impact Statements**

The Connecticut Hospital Association (CHA) was the only organization to submit an impact statement and requested to participate on the review committee. CHA expressed that this scope of practice change will impact

the delivery of care for all patients, including children and seniors, by placing limits on the use of these modalities, narrowing how and by whom the work is performed, and requiring hospitals to revise policies and procedures.

#### Scope of Practice Review Committee Membership

In accordance with the provisions of Connecticut General Statute 19a-16e, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by The Connecticut Association of Addiction Professionals. Membership on the scope of practice review committee included representation from:

- 1. The Connecticut Hospital Association (CHA);
- 2. Representatives from the Connecticut board-certified music therapy community; and
- 3. The Commissioner's designee (chairperson and ex-officio, non-voting member).

#### Scope of Practice Review Committee Evaluation of Request

#### **Health & Safety Benefits**

According to the music therapists, demand for music therapy services continues to grow in Connecticut and regulating music therapy will provide the following benefits to the public: improved public safety/physical and psychological protection, increased access to quality music therapy services provided by qualified professionals, protection of patient privacy and confidentiality, compliance with state regulations, positive economic impact and safe continuation of services throughout emergent situations.

The existing title protection has benefited music therapists in terms of appropriate representation of the field and the educational and training requirements to provide music therapy services. Music therapists anticipate that licensure will have the added benefit of improving access to services through reimbursement and increased service availability through health care providers and facilities. Licensure may enable reimbursement options that are currently limited for music therapy services.

Music therapists often work with vulnerable populations (e.g., persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Regulation of music therapists within

the state can help 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. State licensure will also help clarify the qualifications of music therapists to health care providers.

#### **Access to Healthcare**

Connecticut citizens who wish to access music therapy through their health care insurance face numerous challenges and often must pay out of pocket for music therapy services. Many funding sources, including private insurance reimbursement, require some form of recognition by the state before issuing payments. State licensure may provide options for reimbursement that will expand access to music therapy for more residents.

#### Laws Governing the Profession and the State's Current Regulatory Oversight of the Profession

Current Connecticut state law – Chapter 383f, Sec. 20-195ggg - provides title protection for music therapy. According to this statute: "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.

#### **Current Requirements for Education and Training and Applicable Certification Requirements**

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. 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 and the CBMT Scope of Practice.

#### **Summary of Known Scope of Practice Changes**

Not applicable

#### Impact on Existing Relationships within the Health Care Delivery System

Music therapists anticipate that music therapy licensure will improve access to services by health care providers and individual Connecticut citizens. This may be achieved through increased options for third-party reimbursement and 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. The music therapists do not anticipate that the relationships and the practice of other health care professionals will be negatively affected by licensing of music therapists. Music therapists

believe that greater understanding of the training and qualifications of music therapists will improve such relationships and may increase collaboration for treatment and service delivery.

The music therapists emphasize 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.

#### **Economic Impact**

There are no major economic impacts anticipated other than the potential for music therapists to increase service delivery due to the potential expansion of third-party reimbursement for music therapy services.

#### **Regional and National Trends**

Currently, music therapists are required to obtain a national credential, MusicTherapist 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)	Illinois (license)
Georgia (license)	lowa (title protection)
Maryland (license)	Oregon (license)
Nevada (license)	Rhode Island (registry)
New Jersey (license)	Utah (state certification)
New York (license)	Virginia (license)
North Dakota (license)	Wisconsin (registry)
Oklahoma (license)	

## Other Health Care Professions that may be impacted by the Scope of Practice Request as Identified by the Requestor

The music therapists described that they connected with other professional associations when lobbying for title

protection. The only concern identified during those connections and during the scope of practice review committee was that any regulation of music therapists should not deny other appropriately licensed health care professionals from using music during service delivery. The existing statutory language allows other professions to use music in service delivery if they do not refer to themselves as music therapists.

### <u>Description of How the Request Relates to the Professions Ability to Practice to the Full Extent of the Profession's Education and Training</u>

The music therapists have stated that the lack of licensure has limited their ability to deliver music therapy services. According to the music therapists, some have reported being 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. The music therapists believe that licensing will assist in rectifying their ability to practice to the full extent of their education and training.

#### Findings/Conclusions

The scope of practice committee met on November 14, 2022, and completed its deliberations at this meeting. The committee reviewed the information in the music therapists' scope of practice request. The scope of practice committee's evaluation of the proposal focused on assessing potential health and safety benefits associated with the request, whether the request enhances access to quality and affordable health care, the potential economic impact of the request, and how the request might enhance the ability of the profession to practice to the full extent of the profession's education and training.

The music therapists request licensure as a mechanism to expand the availability of music therapy in different settings and increase the likelihood of reimbursement for music therapy services. The music therapists also view licensure as an important mechanism to improve public safety/physical and psychological protection, protection of patient privacy and confidentiality, and to protect vulnerable populations who may receive music therapy services. The music therapists clearly expressed that they do not propose prohibiting other licensed professionals from incorporating music into their treatment or services provided to clients.

Committee members expressed no opposition to the concept of licensing music therapists.