



THE VIRGINIA BOARD OF HEALTH PROFESSIONS

**STUDY INTO THE NEED TO REGULATE MUSIC THERAPISTS
IN THE COMMONWEALTH OF VIRGINIA**

SEPTEMBER 2019

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AUTHORITY

At its May 14, 2019 meeting, the Board of Health Professions reviewed Senate Bill 1547. The bill directed the Board of Health Professions to evaluate whether music therapists and the practice of music therapy should be regulated in the Commonwealth and the degree of regulation to be imposed and to be reported to the Chairmen of the Senate Committee on Education and Health and to the House Committee on Health, Welfare and Institutions by November 1, 2019. At this meeting, the Regulatory Research Committee (RRC) also reviewed and adopted the study workplan.

Section 54.1-2510 (7) & (12) of the Code of Virginia assigns certain powers and duties to the Board of Health Professions (BHP), among them are the power and duty:

- To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
- To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts.

Pursuant to these powers and duties, the Board of Health Professions and its Regulatory Research Committee has conducted a sunrise review into the need to regulate music therapists in the Commonwealth of Virginia.

The review used the principles, evaluative criteria, and research methods set forth in the Board of Health Professions standard policies and procedures for evaluating the need for regulation of health occupations and professions. It examined music therapist education, training, competency examination and continuing competency requirements, typical duties and functions, regulation in other U.S. jurisdictions, available workforce data, and the potential impact on existing behavioral health professions currently regulated in Virginia.

THE CRITERIA AND THEIR APPLICATION

The Board of Health Professions has adopted the following criteria and guidelines to evaluate the need to regulate health professions. Additional information and background on the criteria are available in the Board of Health Professions Guidance Document 75-2 *Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupations or Professions*, revised February 2019 available on the Board's website: [Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions](#).

CRITERION ONE: RISK FOR HARM TO THE CONSUMER

The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

CRITERION TWO: SPECIALIZED SKILLS AND TRAINING

The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

CRITERION THREE: AUTONOMOUS PRACTICE

The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

CRITERION FOUR: SCOPE OF PRACTICE

The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

CRITERION FIVE: ECONOMIC IMPACT

The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

CRITERION SIX: ALTERNATIVES TO REGULATION

There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

CRITERION SEVEN: LEAST RESTRICTIVE REGULATION

When it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions.

APPLICATION OF THE CRITERIA

In the process of evaluating the need for regulation, the Board's seven criteria are applied differently, depending upon the level of regulation which appears most appropriate for the occupational group. The following outline delineates the characteristics of licensure, certification, and registration (the three most commonly used methods of regulation) and specifies the criteria applicable to each level.

- **Licensure** - Licensure confers a monopoly upon a specific profession whose practice is well defined. It is the most restrictive level of occupational regulation. It generally involves the delineation in statute of a scope of practice which is reserved to a select group based upon their possession of unique, identifiable, minimal competencies for safe practice. In this sense, state licensure typically endows a particular occupation or profession with a monopoly in a specified scope of practice.
 - Risk: High potential, attributable to the nature of the practice.
 - Skill & Training: Highly specialized accredited post-secondary education required; clinical proficiency is certified by an accredited body.
 - Autonomy: Practices independently with a high degree of autonomy; little or no direct supervision.
 - Scope of Practice: Definable in enforceable legal terms.
 - Cost: High
 - Application of the Criteria: When applying for licensure, the profession must demonstrate that Criteria 1 - 6 are met.

- **Statutory Certification** - Certification by the state is also known as "title protection." No scope of practice is reserved to a particular group, but only those individuals who meet certification standards (defined in terms of education and minimum competencies which can be measured) may title or call themselves by the protected title.
 - Risk: Moderate potential, attributable to the nature of the practice, client vulnerability, or practice setting and level of supervision.
 - Skill & Training: Specialized; can be differentiated from ordinary work. Candidate must complete education or experience requirements that are certified by a recognized accrediting body.
 - Autonomy: Variable; some independent decision-making; majority of practice actions directed or supervised by others.
 - Scope of Practice: Definable, but not stipulated in law.
 - Cost: Variable, depending upon level of restriction of supply of practitioners.
 - Application of Criteria: When applying for statutory certification, a group must satisfy Criterion 1, 2, 4, 5, & 6.

- **Registration** - Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.
 - Risk: Low potential, but consumers need to know that redress is possible.
 - Skill & Training: Variable, but can be differentiated for ordinary work and labor.
 - Autonomy: Variable.
 - Application of Criteria: When applying for registration, Criteria 1, 4, 5, & 6 must be met.

EXECUTIVE SUMMARY

MAJOR FINDINGS OF THE STUDY

1. Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.
2. Not all music in a healthcare setting is music therapy. Clinical music therapy is the only professional, research-based discipline that actively supplies supportive science to the creative, emotional, and energizing experiences of music for treatment and educational goals.
3. Music therapists work with vulnerable populations, individuals with intellectual or emotional disabilities, or persons coping with physical, mental or terminal health diagnoses. Potential for harm exists when nonqualified individuals provide inappropriate applications of music therapy interventions that could cause emotional harm.
4. Music therapists practice autonomously as well as under supervision.
5. Music therapists are bachelor's degree level trained and must sit for a national board certification exam to obtain the Music Therapist-Board Certified (MT-BC) credential, which is necessary for professional practice.
6. Five states license music therapists, one state provides title certification and two states require registration.
7. There are approximately 227 music therapists who hold the MT-BC credential in Virginia.
8. There is a need for music therapists in Virginia.

RECOMMENDATION

At its July 31, 2019 meeting, the Regulatory Research Committee recommended licensure for music therapists. A motion was made to license music therapists in the Commonwealth of Virginia and properly seconded and approved. Two members were in favor, one opposed.

The recommendation was forwarded to the Full Board for review and consideration at its August 20, 2019 meeting. At that meeting, upon properly seconded motion and discussion, the Board voted to adopt the recommendation of the Regulatory Research Committee for licensure of music therapists in Virginia. Ten members were in favor, one abstained and one opposed.

Should the General Assembly agree with licensure of the profession of music therapy, the Board recommends placing this profession under the Board of Counseling as this board specifically regulates rehabilitation providers.

OVERVIEW

HISTORY OF THE PROFESSION

The healing influence of music is as old as the writings of Aristotle and Plato. The 20th century profession formally began after World War I and World War II when community musicians of all types, both amateur and professional, went to hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma from the wars.

In the 1940s, three persons emerged as innovators and key players in the development of music therapy as an organized clinical profession. Psychiatrist Ira Altshuler promoted music therapy in Michigan for three decades. Willem van de Wall pioneered the use of music therapy in state-funded facilities and wrote the first "how to" music therapy text, *Music in Institutions* in 1936. E. Thayer Gaston, known as the "father of music therapy," was instrumental in moving the profession forward from organizational and educational standpoints. Michigan State University established the first academic program in music therapy in 1944 and other universities followed, including the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College. (AMTA, 2019)

MUSIC THERAPY DEFINED

According to the American Music Therapy Association (AMTA), music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy is an evidence-based health profession with a strong research foundation. Music therapy degrees require knowledge in psychology, medicine, and music.

A music therapist assesses emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses and designs music sessions for individuals and groups based on client needs. The therapist may use music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music. The music therapist also participates in interdisciplinary treatment planning, ongoing evaluation, and follow up.

A music therapist has a genuine interest in people and a desire to help others empower themselves. The essence of music therapy practice involves establishing caring and professional relationships with people of all ages and abilities. Empathy, patience, creativity, imagination, an openness to new ideas, and understanding of oneself are also important attributes. Because music therapists are accomplished musicians as well as therapists, a background and love of music are also essential. A music therapist must be versatile and able to adjust to changing circumstances. Music therapists must express themselves well in speech and in writing. In addition, they must be able to work well with other health care providers.

A music therapist is versatile and able to adjust to changing circumstances. Many different instruments may be used within a therapeutic context. Music therapy students generally choose one instrument to be their instrument of focus during their educational course of study and are given basic training on a variety of instruments (guitar, piano percussion, voice). The choice of instrument or musical intervention used in a music therapy session is dependent upon goals and objectives, the client's preferences, and the music therapist's professional judgement.

Credentialed music therapists work with brain-injured patients to help them regain speech. They may work with older adults to lessen the effects of dementia or with children to reduce asthma episodes. Music therapists work with hospitalized patients to reduce pain. They work with children who have autism to improve communication capabilities. In addition, music therapy may be beneficial to help improve premature infants sleep patterns and music therapy intervention may stimulate infant weight.

Not all music in a healthcare setting is music therapy. Music therapy does not include a patient suffering from dementia listening to favorite songs, nurses playing background music for patients, or a choir singing on the pediatric floor of a hospital.

The AMTA posits that clinical music therapy is the only professional, research-based discipline that actively applies supportive science to the creative, emotional, and energizing experiences of music for health treatment and educational goals. Music therapy and the credentialed music therapists who practice it have a bachelor's degree in music therapy from one of AMTA's 80 approved colleges and universities. They have completed 1,200 hours of clinical training and hold the MT-BC credential, issued through the Certification Board for Music Therapists (CBMT). This certification is a way to protect the public by ensuring competent practice and requiring continuing education. Some states also require licensure for board-certified music therapists.

ASSOCIATIONS

AMERICAN MUSIC THERAPY ASSOCIATION

The American Music Therapy Association (AMTA) serves 5000 member music therapists, students, graduate students and other supporters. AMTA's mission is to advance public knowledge of the benefits of music therapy and to increase access to quality music therapy services. AMTA also serves as an advocate for music therapy on state and federal levels

VIRGINIA MUSIC THERAPY ASSOCIATION

The Virginia Music Therapy Association's (VMTA) mission is to advance music therapy as a professional discipline in the state of Virginia. The association seeks to engage and involve music therapy professionals and students who are committed to advocating, educating and legislating for the profession of music therapy.

The VMTA State Task Force works collaboratively with AMTA and CBMT to implement the State Recognition Operational Plan and works to fulfill the AMTA mission of increasing awareness of the benefits of music therapy and increasing access to quality music therapy services within the state. The Virginia State Task Force consists of five music therapists and one student member.

DISCUSSION OF THE CRITERIA

CRITERION ONE: RISK OF HARM

Due to the low number of states that license or utilize title protection for music therapists, and the CBMT requirement that all MT-BC credential holders self-report violations of the CBMT Code of Professional Practice, the volume of reported cases is very low. There has been, however, a yearly increase in the number of cases since 2015.

The following information regarding disciplinary action against music therapists is provided by CBMT. The data represents the last 20 years since the current Code of Professional Practice and new disciplinary procedures were adopted in 1998. (See Table 1)

Table 1. CBMT-Violations 1998-June 2019

State	Falsification of Records	Misuse of Credential	Negligence and Malpractice	Inappropriate Boundaries/ Dual Relationships	Sexual Offenders or Sexual Harassment	Financial Exploitation
Alabama			1			
Arkansas			1	1		
Arizona		1			1	
California	1	3				1
Connecticut*		1				
Florida					1	
Illinois				1		
Indiana	1	2	1			
Maryland					1	
Massachusetts		2	1			
Michigan		3				
Missouri	1	2				
New Mexico		1				
New York	1	1	1			
North Carolina		1				
Ohio		1	1	1		
Oklahoma*	1	1				
Oregon*		1				
Pennsylvania	2	4	1			
Texas	1	2		2		
Virginia					1	
Wisconsin		1				1
Total	8	27	7	5	4	2

*States with existing licensure

Since 1998, Pennsylvania has had the highest number of reported disciplinary actions with seven cases reported. (Table 2) The greatest number of cases (13) was reported in 2018. (Table 3) Overall, Misuse of Credentials was the most frequently disciplined violation with 27 actions over 20 years. (Table 1) In 2009 Virginia had its first and only reported case falling under the Sexual Offenders/Sexual Harassment category.

Table 2. CBMT-Disciplinary Action by State

State	
Alabama	1
Arkansas	2
Arizona	2
California	5
Connecticut*	1
Florida	1
Illinois	1
Indiana	4
Maryland	1
Massachusetts	3
Michigan	3
Missouri	3
New Mexico	1
New York	3
North Carolina	1
Ohio	3
Oklahoma*	2
Oregon*	1
Pennsylvania	7
Texas	5
Virginia	1
Wisconsin	2
Total	53

*States with existing licensure
Source: CBMT

Table 3. CBMT-Disciplinary Action by Year

Year	Incidents Reported
Prior to 2010	5
2010	2
2011	0
2012	1
2013	1
2014	0
2015	9
2016	11
2017	7
2018	13
2019	4
Total	53

Source: CBMT

Virginia does not delineate disciplinary actions or complaints against practitioners with music therapy credentials, and there have been no cases reported to the Department of Health Professions. Virginia does not have a peer review mechanism for music therapists; however, credentialed music therapists are subject to review according to the CBMT code of Professional Practice.

Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

Music therapists do not utilize dangerous equipment while performing within their practice guidelines. They do, however, work with vulnerable populations, individuals with intellectual or emotional disabilities, and persons coping with physical, mental or terminal health diagnosis. The potential for harm exists if a nonqualified individual provides inappropriate applications of music therapy interventions that could cause emotional harm.

The Virginia Department of Education does not formally recognize the profession or its national board certification credential. VMTA purports that a lack of recognition has led to the disruption of student progress, school staff being asked to provide services they are not qualified to offer, and significant frustration for families affected by the interpretation of the federal special education law. (VMTA, 2019)

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and with transport protocols for clients. According to the VMTA, a therapist is trained to recognize the potential harm of music experiences and use them with care. The therapist knows the potential harm of verbal and physical interventions during music experiences and uses them with care. A music therapist practices infection control protocols (e.g., universal precautions, disinfecting instruments) and recognizes client populations and health conditions for which music experiences are contraindicated. (VMTA, 2019)

The potential for fraud does exist, as there are no existing laws or regulations regarding this profession. Virginia does not acknowledge the profession of music therapy, does not codify a scope of practice, nor does it provide any form of title protection for individuals practicing as music therapists. Consumers are not able to determine actual credentialed music therapists with academic and clinical training from those that claim to be music therapists but have no training.

Music therapists in Virginia may qualify for direct third party payments. Third party payers could be paying for services provided by untrained individuals.

CRITERION TWO: SPECIALIZED SKILLS AND TRAINING

EDUCATION

A music therapist must earn a bachelor's degree or higher in music therapy from one of over 80 American Music Therapy Association (AMTA) approved programs and have at minimum the entry level credential, MT-BC to ethically practice as a music therapist.

The curriculum includes coursework in music, music therapy, biology, psychology, social and behavioral sciences, disabilities and general studies as outlined below.

Musical Foundations (45%)

Music Theory, Composition and Arranging, Music History and Literature, Applied Music Major, Ensembles, Conducting, Functional Piano, Guitar, and Voice

Clinical Foundations (15%)

Exceptionality and Psychopathology, Normal Human Development, Principles of Therapy, The Therapeutic Relationship

Music Therapy (15%)

Foundations and Principles, Assessment and Evaluation, Methods and Techniques, Pre-Internship and Internship Courses, Psychology of Music, Music Therapy Research, Influence of Music on Behavior, Music Therapy with Various Populations

General Education (20-25%)

English, Math, Social Sciences, Arts, Humanities, Physical Sciences, etc.

Electives (5%)

Clinical skills are developed through 1,200 hours of required fieldwork, including an extended internship requirement in an approved mental health, special education, education or health care facility. Clinical supervisors must meet minimum requirements outlined by the AMTA Standards for Education and Clinical Training and abide by the AMTA Professional Competencies, CBMT Board Certification Domains and AMTA Code of Ethics. (AMTA, 2019)

Upon successful completion of the music therapy bachelor's degree an individual is eligible to sit for the national certification exam to obtain the credential Music Therapist-Board Certified (MT-BC) which is necessary for professional practice. The Certification Board administers the national exam for Music Therapists. The exam consists of a 150 question multiple-choice test administered by computer at over 200 Assessment Centers geographically. To maintain this credential, 100 hours of continued competence in music therapy education is required every five years. (AMTA, 2019)

All board certified music therapists receive education and training in compliance procedures for state, federal and facility regulations and accreditation. They are trained to conduct music therapy 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 the process utilizing standard tools. (AMTA, 2019)

There are two universities in Virginia, Radford University and Shenandoah University, that offer bachelor's level and master's level music therapy training. Both are accredited and approved by the AMTA. Radford University is also approved by the National Association of Schools of Music (NASM).

MASTER'S DEGREE

A music therapist with a bachelor's degree in music therapy may obtain a master's degree in music therapy to expand the depth and breadth of their clinical skills in advanced and specialized fields of study such as supervision, college teaching, administration, a particular method, orientation, or population.

DOCTORAL DEGREES

Although there is no AMTA-approved doctoral degree in music therapy, selected universities do offer coursework in music therapy in combination with doctoral study in related disciplines, which imparts advanced competence in research, theory, development, clinical practice, supervision, college teaching, and/or clinical administration, depending on the title and purpose of the degree program. (AMTA, 2019)

CREDENTIALING

Nationally, the CBMT is the only organization to certify a music therapist to practice music therapy. Since 1986, the CBMT MT-BC program has been fully accredited by the National Commission for Certifying Agencies (NCCA). Some music therapists hold older designations as a registered music therapist (RMT), certified music therapist (CMT) or advanced certified music therapist (ACMT) which were issued by the American Music Association of Music Therapy (AMTA) or the National Association of Music Therapy (NAMT). The ACMT and NAMT merged into the American Music Therapy Association (AMTA). The AMTA has phased out the AMT, CMT and ACMT designations as well as the national registry. Currently music therapists seeking national certification must obtain the MT-BC credential.

Table 4. Virginia Music Therapists with CBMT Certification

Year	Number Certified Each Year
1985-2008	88
2009	11
2010	11
2011	5
2012	8
2013	10
2014	18
2015	17
2016	20
2017	16
2018	16
2019	7
Total	227

Source: CBMT-Virginia Certified Music Therapist

The CBMT administers the examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are deemed psychometrically sound as they are developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

To maintain this credential, music therapists must demonstrate continued competence by completing 100 recertification credits or retaking and passing the CBMT examination within each five-year recertification cycle. The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

CBMT credentialing allows for easy recognition of individuals who have successfully completed an academic and clinical training program approved by the AMTA and successfully completed a written objective examination demonstrating current competency in the profession of music therapy. Today, over 8,200 music therapists hold the credential, Music Therapist-Board Certified (MT-BC). There are over 200 MT-BC therapists in Virginia. (Table 4)

The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT.

CRITERION THREE: AUTONOMOUS PRACTICE

Whether practice is autonomous depends on the music therapist's clinical practice setting. Should the music therapist have a private practice, all treatment would likely be unsupervised, holding the music therapist accountable for the job they perform. However, when treating patients in a clinical environment or school setting, there would be some level of being either supervised or unsupervised, holding both parties accountable for the job being performed. Virginia currently cannot hold music therapists legally liable for improper conduct or unethical practice because no standards have been established for this unlicensed profession. Music therapists currently are expected by their credentialing to follow the Standards of Clinical Practice established by the AMTA.

According to the AMTA Standards of Clinical Practice, music therapists in private practice are responsible for seeking and participating in supervision on a regular basis. Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision. A music therapist may seek supervision from another music therapist as

well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses. Supervision is only mandatory for selected advanced practice certifications.

Music therapists design music therapy treatment plans, collaborate with other health care providers, direct the music therapy portion of treatment but do not typically direct an overall patient care program. In general, a music therapist works as a member of the treatment team, alongside nurses, physicians and allied health providers. Clients have direct access to music therapy. Other occupational groups may also refer them. Music therapists do not diagnose or use dangerous equipment or substances. (AMTA, 2019)

CRITERION FOUR: SCOPE OF PRACTICE AND OVERLAP

The practice of music therapy is specific in its scope of practice. Music therapists provide health care and educational support services to individuals of all ages and ability levels. Client groups include individuals with developmental disabilities, mental illnesses, acute or chronic illnesses or pain, impairments or injuries due to accidents or aging, hearing, visual or speech impairments, terminal illnesses, the learning disabled, and others with health and wellness issues. (AMTA, 2019)

Typical work settings for music therapists include medical facilities, mental health settings, geriatric facilities, developmental centers, educational facilities and private practice settings. Music therapists often work in conjunction with an interdisciplinary treatment team. (AMTA, 2019)

There are several professions (licensed and unlicensed) that use or may use music as a modality for treatment. Licensed professions that may employ musical modalities include, psychologists, occupational therapists, speech-language pathologists, marriage and family therapists, professional counselors, social workers and massage therapists. These professions are licensed by the Department of Health Professions. Unlicensed professions who may use music include hypnotherapists, therapeutic musicians, music practitioners and healing musicians.

Music therapy differs from the professions listed above in that its practice uses music interventions to accomplish individualized goals. This form of therapy involves the development of music therapy treatment plans specific to the needs and strengths of the individual client.

The regulation of music therapists could negatively affect other licensed professionals who use music during treatment. Regulation would also negatively affect individuals utilizing the term “music therapy” when they do not hold the necessary credentials to do so. (AMTA, 2019)

CRITERION FIVE: ECONOMIC IMPACT

WAGES & SALARIES

Available compensation data on the profession is subsumed within broader behavioral health providers' categories, specifically "Recreational Therapists." The U.S. Department of Labor Bureau of Labor Statistics in May 2018 showed that the national median salary per year for recreational therapists is \$47,860 with a salary range of \$29,590 up to \$77,050. (BLS, 2019)

The Virginia Labor Market Information (LMI) occupation profile does not provide information specifically for music therapists, but rather groups them under recreational therapists. Recreational therapists in Virginia have a median annual wage of \$43,180.00.

Table 5. Salary of Music Therapists by State

State	Salary
Connecticut	\$48,730
Georgia	\$43,270
Nevada	\$53,580
North Dakota	\$44,510
Oklahoma	\$36,980
Oregon	\$56,970
Rhode Island	\$43,610
Utah	\$42,030
Wisconsin	\$41,010

Source: Career Explorer-Music Therapist Salary

According to the AMTA, music therapists' salaries vary based on location, setting, population, experience, training, full time or part time employment, as well as a number of other factors. Many music therapists work in private practice and charge an hourly rate for services. In 2014, the overall average salary reported by all music therapists surveyed was \$50,808. The overall median salary reported in 2014 was \$46,000 and the overall most commonly reported salary was \$40,000. (Table 5)

The average hourly individual rate for a music therapist in the Mid-Atlantic region is \$83.31 with the average hourly group rate per person at \$78.04. The national average hourly individual rate is \$68.93 with the average hourly group rate per person is \$77.67. (VMTA, 2019)

WORKFORCE ADEQUACY

According to CBMT, there are 227 music therapists in Virginia with the MT-BC credential. Whether there is a shortage or an oversupply of these practitioners in Virginia is unknown. The profession-distinct supply and demand data are not available to make such assessment. It may be said that as mental health providers in Virginia, that music therapists do provide care to individuals in need of this unique type of mental health care.

Many facilities that would employ music therapists often require providers to have state recognized credentials. The Virginia Department of Education does not recognize music therapists or the MT-BC credential because the profession is not licensed in Virginia.

REIMBURSEMENT

The American Music Therapy Association now estimates that approximately 20% of music therapists receive third party reimbursement for the services they provide.

Music therapy is comparable to other allied health professions such as occupational therapy and physical therapy in that individual assessments are provided for each client, service must be found reasonable and necessary for the individual's illness or injury, and interventions must include a goal-directed documented treatment plan.

MEDICARE

Since 1994, music therapy has been identified as a reimbursable service under benefits for Partial Hospitalization Programs (PHP). Falling under the heading of Activity Therapy, the interventions cannot be purely recreational or diversionary in nature and must be individualized and based on goals specified in the treatment plan. The current HCPCS Code for PHP is G0176.

Music therapy must be considered an active treatment by meeting the following criteria:

1. Be prescribed by a physician;
2. Be reasonable and necessary for the treatment of the individual's illness or injury;
3. Be goal directed and based on a documented treatment plan;
4. The goal of treatment cannot be to merely maintain current level of functioning; the individual must exhibit some level of improvement.

MEDICAID

There are currently a few states that allow payment for music therapy services through use of Medicaid Home and Community Based Care waivers with certain client groups. In some situations, although music therapy may not be specifically listed within regulatory language, due to functional outcomes achieved, music therapy interventions qualify for coverage under existing treatment categories such as community support, rehabilitation, or habilitation services. Approximately 23 states provide funding for music therapy services through Medicaid Waiver programs or state agency funds.

PRIVATE INSURANCE

At this time, private insurance companies in Virginia are not directly reimbursing for music therapy service.

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. Like other therapies, music therapy is reimbursable when services are pre-approved and deemed medically or behaviorally necessary to reach the individual patient's treatment goals.

OTHER SOURCES

Additional sources for reimbursement and financing of music therapy services include many state departments of mental health, state departments of developmental disabilities, state adoption subsidy programs, private auto insurance, employee worker's compensation, county boards of developmental disabilities, IDEA Part B related services funds, foundations, grants, and private pay. (AMTA, 2019)

IMPACT OF LICENSURE ON THE DEPARTMENT OF HEALTH PROFESSIONS

Some regulated professions lack a sufficient number of individuals to cover their regulatory costs. This places a strain on a board's cash resources that are supported by other professions fees.

CRITERIA SIX AND SEVEN: ALTERNATIVES TO REGULATION/ LEAST RESTRICTIVE REGULATION

Currently, nine states regulate music therapists. Five states license music therapists, one state provides title protection only, one state provides title certification, and two states require registration. (Table 6) Currently there are 11 states seeking some form of legislation. (Table 7)

Table 6. Current State Licensure Recognition

State	Licensure	Title Certification	Title Protection	Registry
Connecticut			Must hold MT-BC	
Georgia (LPMT)	X - 140			
Nevada (LPMT)	X - 23			
North Dakota (MT-BC/L)	X - 18			
Oklahoma (LPMT)	X - 23			
Oregon (LPMT)	X - 76			
Rhode Island (LPMT)	X - 8			X***
Utah (SCMT)		X - 54**		
Wisconsin (WMTR)				X - 38*
Total	288	54	1	38

*Applicants must be certified, registered or accredited as Music Therapists by one of the following organizations:
The Certification Board for Music Therapists, National Music Therapy Registry, American Music Therapy Association, or another national organization that certifies, registers, or accredits Music Therapists.

**Currently seeking licensure

***Rhode Island-registration functions as a license

Source: AMTA

Table 7. 2018 Legislative Activity by State

State	Licensure	Title Certification	Title Protection	Registry
Illinois	X			
Iowa		X		
Michigan	X			
Minnesota	X			
Missouri			X	
New Jersey	X			
New York	X			
North Carolina	X			
Ohio	X			
Pennsylvania	X			
Utah	X			
Total	9	1	1	

Source: AMTA

MUSIC THERAPY LICENSURE IN OTHER STATES

CONNECTICUT (2016)

Music therapists in Connecticut are not strictly regulated and are provided title protection only. Individuals who are not board certified by the CBMT and have not graduated with a bachelor’s degree from an AMTA accredited program cannot call themselves “music therapists” or “certified music therapists”. An individual that wrongly uses either title is guilty of a class D felony. (Connecticut, 2019)

GEORGIA (2012)

In Georgia, music therapists are licensed, pursuant to statute, by the Secretary of State. Music therapists who wish to be licensed must obtain a bachelor’s degree from an accredited AMTA school, complete a minimum of 1,200 hours of clinical training, have passed the CBMT exam, have passed a criminal background check, and must be at least 18 years of age. Licensure renewal requires maintaining the MT-BC credential, and 40 hours of continuing education approved by the CBMT. (Georgia, 2019)

NEVADA (2011)

Music therapists are licensed in Nevada by the Bureau of Health Care Quality and Compliance. Licensure protects the public health, safety and welfare from unqualified or unlicensed individuals. Qualifications for licensure include at least a bachelor’s degree from an accredited AMTA school, submission of a licensing fee, completion of a minimum of 1,200 hours of clinical training, a passing grade on the CBMT exam, a criminal background check, and must be at least 18 years of age. Licensure renewal requires completion of 100 hours of continuing education every three years from a CBMT approved program. (Nevada, 2019)

NORTH DAKOTA (2011)

Music therapists in North Dakota are regulated by the Board of Integrative Health Care. Qualifications for licensure include graduation from a board-approved program, completion of a board-approved exam, good standing with the CBMT, have the physical, mental, and professional competencies to practice and have not

committed any acts that would warrant discipline. Licenses expire biannually and 40 hours of approved continuing education must be completed biannually. (North Dakota, 2019)

OKLAHOMA (2011)

Music therapists in Oklahoma are licensed by the State Board of Medical Licensure and Supervision. Music therapists must hold at least a bachelor's degree in music therapy by an AMTA approved program, completed at least 1,200 hours of clinical training in an approved program, have a passing grade on the CBMT exam, be at least 18 years old, and be in good moral character. Licenses expire every two years and music therapists must remain in good standing with the CBMT. (Oklahoma, 2019)

OREGON (2015)

In Oregon the Health Licensing Office regulates music therapists. To obtain licensure, a music therapist must pass the CBMT certification exam within two years preceding application submission, maintaining CBMT certification as well as a professional designation and must be at least 18 years of age. To maintain licensure music therapists must complete a minimum of ten continuing education credits each year. (Oregon, 2019)

RHODE ISLAND (2014)

Music therapists in Rhode Island are regulated by the Department of Health and are termed "registered," with registration functioning as a license. To qualify for registration as a music therapist an applicant must hold a bachelor's degree from an AMTA approved school, complete a minimum of 1,200 hours of clinical training provided by an AMTA approved program, pass the CBMT certification board exam, currently be a board certified music therapist, and be at least 18 years of age. Registrations expire biannually and renewal requirement is that the music therapist remain board certified. (Rhode Island, 2019)

UTAH (2014)

Utah music therapists are regulated by the Division of Occupational and Professional Licensing. To qualify for certification as a music therapist an applicant must be in good standing with the CBMT, be of good moral character, and pay an application fee. Certificates expire biannually and to renew a music therapist must prove good standing with the CBMT. This certification system functions closer to a title protection act than a practice act, but it does allow for more disciplinary measures than traditional title protection. (Utah, 2019)

WISCONSIN (2011)

The Department of Safety and Professional Services regulates Wisconsin music therapists. Music therapists fall under a subset of creative arts therapists, which itself is a subset of psychotherapists. Music therapists must be CBMT board certified, disclose criminal convictions or pending criminal charges and pay an application fee. Registration expires biannually and to renew a registration a music therapist must maintain CBMT certification.

To register as a psychotherapist, which is optional for music therapists, the individual must pass an exam on the Wisconsin statutes and rules that apply specifically to the profession, hold a master's or doctoral level degree in music therapy from an approved AMTA school, submit completion of at least 3,000 hours of clinical training in the form of signed and sworn affidavits, pass the CBMT certification exam, disclose any criminal convictions or pending criminal charges and pay an application fee. Psychotherapy registrations expire biannually and music therapists must remain in good standing with the CBMT to renew. (Wisconsin, 2019)

SUMMARY OF PUBLIC HEARING

A public hearing was conducted on June 24, 2019 in Board Room 4 at 9:00 AM at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia. The purpose of the hearing was to receive public comment on the need to regulate music therapists in the Commonwealth Virginia.

Approximately 13 persons attended the hearing representing music therapists, related professional organizations, hospital organizations, universities, as well as individuals previously and currently employed in these and related professions. Comment on the need for regulation was provided by some of the individuals in attendance and 64 comments were received in writing at the offices of the Board of Health Professions. All of the comments received were in support of regulation.

SOURCES

American Music Therapy Association (AMTA). <https://www.musictherapy.org/about/>

Bureau of Labor Statistics (BLS): <https://www.bls.gov/ooh/healthcare/recreational-therapists.htm#tab-5>

Career Explorer: <https://www.careerexplorer.com/careers/music-therapist/salary/west-virginia/> Certification

Board for Music Therapists (CBMT). <https://www.cbmt.org/>

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

Georgia Music Therapy Regulations: <https://sos.ga.gov/index.php/licensing/plb/59/faq>

Labor Market Information-Virginia (LMI: <https://virginiaworks.com/career-search/occupation-report?soccode=29-1125.00&keyword=recreational%20therapists&title=Recreational%20Therapists>)

Nevada Music Therapy Regulations: <http://dpbh.nv.gov/Reg/MusicTherapist/MusicTherapists - Home/> North

Dakota Music Therapy Regulations: <https://www.legis.nd.gov/cencode/t43c59.pdf>

Oklahoma Music Therapy Regulations: http://www.okmedicalboard.org/music_therapists

Oregon Music Therapy Regulations: <https://www.oregon.gov/OHA/PH/HLO/Pages/Board-Music-Therapy-Program-License.aspx>

Rhode Island Music Therapy Regulations: <http://health.ri.gov/licenses/detail.php?id=287>

Utah Music Therapy Regulations: <https://dopl.utah.gov/music/index.html>

Virginia Music Therapy Association (VMTA). <https://www.musictherapy.org/about/>

Wisconsin Music Therapy Regulations: <https://dsps.wi.gov/Pages/Professions/MusicTherapist/Default.aspx>