

C. Questions Comprising the Application for Credentialing Review

Description of the Applicant Group and its Proposal and Identification of the Applicant Group

1. **Provide the following information for the applicant group(s):**
 - a. **name, address, telephone and fax numbers, and electronic mail address of the applicant group in Nebraska, and any national parent organization,**

Nebraska Music Therapists

NE Music Therapy State Task Force Chair
Jamie Young, MA, MT-BC
311 Broadway Street
Concord, NE 68728
H: 402-584-5061
C: 402-833-8035
F: 402-584-2061
jamiyoungmtbc@yahoo.com

The Certification Board for Music Therapists (CBMT)
Attn: Dena Register, PhD, MT-BC
Regulatory Affairs Advisor
506 E. Lancaster Ave., Suite 102
Downingtown, PA 19335
C: 785-218-6115
dregister@cbmt.org

American Music Therapy Association (AMTA)
Attn: Judy Simpson, MT-BC
Director of Government Relations
8455 Colesville Rd., Suite 1000
Silver Spring, MD 20910
T: 301-589-3300 x105
F: 301-589-5175
Simpson@musictherapy.org
www.musictherapy.org

AMTA Midwestern Region
Blythe LaGasse, PhD, MT-BC
Regional President
PO Box 270712
Fort Collins, CO 80527
blagasse@colostate.edu

- b. **composition of the group and approximate number of members in Nebraska,**

According to the Certification Board for Music Therapists, there are currently 26 Music Therapists in Nebraska.

c. relationship of the group to the occupation dealt with in the application.

The group and the occupation being dealt with are the same.

2. Identify by title, address, telephone and fax numbers, and electronic mail address, any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

a. members of the same occupation or profession as that of the applicant group,

There are no other groups, associations, or organizations in Nebraska whose membership consists of members of the same occupation as that of the applicant group.

All Music Therapists in Nebraska must maintain board certification with CBMT but membership in AMTA is not mandatory.

b. members of the occupation dealt with in the application,

There are no other groups, associations, or organizations in Nebraska whose membership consists of members of the occupation dealt with in the application.

c. employers of the occupation dealt with in the application,

Beatrice State Developmental Center
3000 Lincoln St
Beatrice, NE 68310
402-223-6600

Columbus Public School
2508 27th Street
P.O. Box 947
Columbus, NE 68601

Lancaster Manor
1001 South Street
Lincoln, NE 68502-2251
(402) 441-7101

Lasting Hope Recovery Center- Alegent Health
415 S 25th Avenue
Omaha, NE 68131
Administrative Offices: 402-717-5300
Referrals: 402-717-HOPE
(402-717-4673)

Laurel Public School
502 Wakefield Street
Laurel, NE 68745
(402) 256-3730

The Nebraska Medical Center
987400 Nebraska Medical Center
Omaha, NE 68198-7400
402-559-8158

Omaha Public Schools
3215 Cuming Street
Omaha, NE 68131
402-557-2222

Providence Medical Center
1200 Providence Road
Wayne, NE 68787
402-375-3800

Tabitha Nursing Rehabilitation Center
4720 Randolph Street
Lincoln, NE 68510
402-483-7671
www.tabitha.org

- d. **practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application,**

Nebraska Music Educators Association

Joyce Patch
Executive Director
539 North 6th Avenue
Broken Bow, NE 68822-1313
T: 888.870.NMEA
F: 308.872.2902
jpatch@kdsi.net
<http://www.nmeanbraska.org/>

Nebraska Occupational Therapy Association, Inc.

P.O. Box 31594
Omaha, NE 68131-0594
T: 402-399-2605
notaassistant@gmail.com
<http://www.notaonline.org/>

Nebraska Physical Therapy Association

P.O. Box 540427
Omaha, NE 68154
T: 402-491-3660
F: 402-431-1372
npta@npta.org
<http://www.npta.org/>

Nebraska Psychological Association

Nebraska Psychological Association

P.O. Box 6785

Lincoln, NE 68506

T: 402-475-0709, 877-355-7934

F: 877-355-9234

npa@nebpsych.org

<http://www.nebpsych.org/>

Nebraska Speech-Language-Hearing Association

455 South 11th Street, Suite A

Lincoln, NE 68508

T: 402-476-9573

F: 402-476-7740

info@nslha.org

<http://www.nslha.org/>

American Art Therapy Association

225 North Fairfax Street

Alexandria, VA 22314

T: 703-548-5860

F: 703-783-8468

info@arttherapy.org

www.arttherapy.org

American Dance Therapy Association

10632 Little Patuxent Parkway, Suite 108

Columbia, MD 21044

T: 410.997.4040

F: 410.997.4048

info@adta.org

www.adta.org

American Therapeutic Recreation Association

Chapter Affiliate's Council, Chair

Michael S. Ratliff, CTRS

Director of Therapeutic Recreation

Oregon State Hospital

2600 Center Street NE

Salem, OR 97301-2682

(503) 945-2967 (c)

Michael.s.ratliff@state.or.us

<http://atra-online.com/displaycommon.cfm?an=1&subarticlenbr=17>

Nebraska Health Care Association

Nebraska Assisted Living Association

3900 N W 12, Suite 100

Lincoln, NE 68521

402-435-3551

- e. **educators or trainers of prospective members of the occupation dealt with in the application,**

Currently, there are no AMTA approved music therapy degree programs offered in NE.

- f. **citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.),**

Alzheimer's Association--Great Plains Chapter
1500 South 70th Street, Suite 201
Lincoln, NE 68506
402-420-2540

Area Agencies on Aging
120 W. 2nd Street
North Platte, NE 69101

The Ambassador
4405 Normal Blvd
Lincoln, NE 68506
402-488-2355

The Arbors
3777 N. 58th Street
Lincoln, NE 68507
402-466-3774

AseraCare Hospice
1600 S. 70th Street, Suite 201
Lincoln, NE 68506
402-488-1363

Autism Society of Nebraska
PO Box 83559
Lincoln, NE 68501-3559
1-800-580-9279

Beatrice Manor
1800 Irving Street
Beatrice, NE 68310
402-223-2311

Belle Terrace
1133 North 3rd Street
Tecumseh, NE 68450
402-335-3357

Bickford Cottage
4451 Old Cheney Road
Lincoln, NE 68516
402-420-6058

Brian Injury Association of Nebraska
1108 Avenues H
P.O. Box 124
Gothenburg, NE 68158

Careage of Wayne
811 East 14th Street
Wayne, NE 68787
402-375-1922

Crestview Healthcare Center
1100 West First Street
P.O. Box D
Milford, NE
402-761-2261

Educational Service Units 1 through 19
211 Tenth Street
Wakefield, NE 68784
<http://www.esu1.org/stateesus.html> (Map of all Educational Units)
<http://www.esu1.org/>

Emerald Care Communities
1609 N Street
Lincoln, NE 68501
402-475-7755

Friend Manor
905 2nd Street
Friend, NE 68359
402-947-2541

Gold Crest Retirement Center
200 Levi Lane
Adams, NE
402-988-7115

Good Samaritan Society
600 South 22nd Street
Beatrice, NE
402-228-3322

Good Samaritan Society
1622 Walnut Street
Syracuse, NE
402-269-2251

Good Samaritan Society
105 East D Street
Wymore, NE
402-645-3355

Haven Manor
4800 South 48th Street
Lincoln, NE 68506
402-434-2680

Heritage Care Center
909 17th Street
Fairbury, NE 68352
402-729-2289

Hillcrest Care Center
702 Cedar Avenue
Laurel, NE 68745-1714
(402) 256-3961

Holmes Lake Manor
6101 Normal Blvd
Lincoln, NE 68506
402-489-7175

Homestead Rehabilitation Center
4735 South 54th Street
Lincoln, NE 68506
402-488-0977

The Landing at Williamsburg Village
3500 Faulkner Drive
Lincoln, NE 68516
402-420-9355

Legacy Estates
7200 Van Dorn
Lincoln, NE 68506

The Legacy
5600 Pioneers Blvd
Lincoln, NE 68506

Legacy Terrace
5700 Fremont
Lincoln, NE 68507

Milder Manor
1750 S. 20th Street
Lincoln, NE 68502

Montessori School for Young Children
4727 A Street
Lincoln, NE 68510

Nebraska Association of Homes and Services for the Aging
1701 K St.
Suite B
Lincoln, NE 68508
402-436-2165

Nebraska Autism Spectrum Disorder Network
University of Nebraska-Lincoln
253 Barkley
Special Education & Communication Disorders
University of Nebraska-Lincoln
253 Barkley Memorial Center
Lincoln, NE 68583-0747
402-472-4194

Nebraska State Educational Association
605 South 14th Street
Lincoln, NE 68508

Nemaha County Good Samaritan Center
Route 1 Box 4
Auburn, NE 68305
402-274-4954

NorthStar Services
1202 E. 14th Street
Wayne, NE 68787
1-800-672-8693
www.northstarservices.net

Orchard Park Assisted Living
3110 South 48th Street
Lincoln, NE 68506
402-488-8191

Pawnee Manor
438 12th Street
Pawnee City, NE 68420
402-852-2975

People First of Nebraska
345 S G St
Broken Bow, NE 68822
308-872-6490

Region IV
Blue Valley Community Action
PO Box 273
Fairbury, NE 68352

Region V
936 N. 70th Street
Lincoln, NE 68505

South Haven
1400 Mark Drive
Wahoo, NE 68066
402-443-3737

Village Manor
3220 North 14th Street
Lincoln, NE 68521
402-476-3274

Wakefield Health Care Center
306 Ash Street
Wakefield, NE
402-287-2244

The Waterford
3940 Pine Lake Road
Lincoln, NE 68526
402-423-0000

Waverly Care Center
11041 North 137th Street
Waverly, NE 68462
402-786-2626

Wayne State College-Music Dept.
1111 Main Street
Wayne, NE 68787

West Prospector Place and Folsom
P.O. Box 94949
Lincoln, NE 68509

Wilber Care Center
611 North Main Street
Wilber, NE 68465
402-821-2331

g. any other group that would have an interest in the application.

We have made every effort to identify those groups who would have any interest in this application.

The Applicant's Proposal

3. Briefly summarize your proposal for credentialing the health occupation in question.

Music therapists in Nebraska are seeking licensure in order to protect the public from harm due to misuse of terms and techniques, to insure competent practice, and to protect Nebraskans access to music therapy services. State licensure of music therapists would:

- Recognize music therapy as a valid, research-based health care service, on par with other therapy disciplines serving an equally wide range of clinical populations (e.g. speech-language pathology, occupational therapy).
- Validate the prominence of music therapy in state, national and international work settings for serving consumers of health- and education-related services.
 - Establish educational and clinical training requirements for music therapists.
 - Establish examination and continuing education requirements for music therapists.
 - Establish music therapy scope of practice.
 - Establish an ethics review procedure for complaints and potential ethical violations.

We also seek to gain:

- The inclusion of music therapy in state-wide legislation that protects consumers of music therapy;
- The ability for Nebraska residents and businesses to easily determine qualified music therapy practitioners;
- The ability for facilities interested in providing music therapy services to comply with state regulations in contracting with or employing licensed music therapists.

4. Identify the problems or weaknesses of the current situation that this proposal is designed to address.

We propose licensure for music therapists to address the following problem and weakness: to protect the public against potential harm caused by unqualified individuals; and to provide assistance for Nebraska residents to verify provider qualifications and credentials. Without official state licensure that outlines a music therapist's qualifications, Nebraska residents and potential employers do not have a state established system for verifying education and training to insure competent practice and have no recourse should they feel a person has practiced unethically.

Many existing state regulations require that education and healthcare providers hold official Nebraska state licensure. Since music therapy is not licensed, qualified music therapists are frequently restricted from providing services within these settings. As a result, Nebraska state residents have difficulty accessing music therapy services within educational and healthcare facilities. Communication with state education and healthcare agencies emphasize that service provision procedures require official state licensure for Nebraska citizens to access services.

5. Does this proposal authorize the regulatory entity to enter into reciprocity agreements with other jurisdictions, or make analogous provision for credentialing by waiver of examination for persons meeting equivalent standards and credentialed by examination in another jurisdiction?

The regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions as the profession of music therapy requires the same education, clinical training and examination standards to obtain the national professional credential in the United States. There are currently two states, which have recently passed music therapy licensure legislation. Both states, Nevada and North Dakota, require the same education, clinical training, and examination standards for licensure applicants that we propose for consideration by Nebraska.

The music therapy profession supports state licensure that adopts education, clinical training and exam standards that are consistent across the country. Since not all jurisdictions currently offer a license for music therapists, we are proposing that these established standards be considered for adoption as the minimum requirement for licensure for practitioners within Nebraska, as well as from other jurisdictions.

We refer to the “Statutes Relating to Licenses, Profession and Occupational (Uniform Licensing Law)” of the State of Nebraska for specific language that outlines how reciprocal licenses are issued.

6. Describe the regulatory process that would administer this proposal.

a. Boards of health professions

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

b. examinations

We recommend that Nebraska consider the adoption of a national certification examination currently available to music therapists who have met the education and clinical training standards of the profession. The Certification Board for Music Therapists (CBMT) administers this exam.

c. renewal, revocation, suspension, etc. of credentials

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

d. conduct of inspections

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

e. receipt of complaints and disciplinary actions against practitioners

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

f. levy and collection of necessary fees

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

7. **What mechanism, if any, does this proposal create in order to provide for the suspension, limitation, revocation, or other discipline of a practitioner (e.g., a code of unprofessional conduct and/or adoption of the disciplinary provisions of the Uniform Licensure Law, etc.)?**

This proposal recommends adoption of the disciplinary provisions of the Nebraska Uniform Licensure Law. In addition, we propose that the state consider the review of the Code of Professional Practice generated by the Certification Board of Music Therapists (CBMT) for suggestions regarding a potential outline of practice standards specific to music therapists.

Description of the Occupation to be Regulated

8. Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions, and if possible, explain why the Legislature created these restrictions.

Music therapists are qualified to complete the following tasks independently, and when applicable, in conjunction with an interdisciplinary treatment team: music therapy assessment, music therapy program planning and implementation, music therapy treatment evaluation and documentation, and music therapy service termination. Supervision of music therapy services is determined by the work setting. When employed by a healthcare facility, Therapy Service Department Directors may supervise music therapists, and peers often include physical therapists, occupational therapists, and speech/language pathologists. In educational settings, music therapists are usually supervised by Special Education Administrative Directors with peers in related services as listed above. For clinicians in private practice, supervision opportunities are available through state, regional, and national conferences.

Music therapy is used in general hospitals to: alleviate pain in conjunction with anesthesia or pain medication; elevate patients' mood and counteract depression; promote movement for physical rehabilitation; calm or sedate, often to induce sleep; counteract apprehension or fear; and lessen muscle tension for the purpose of relaxation, including the autonomic nervous system.

Music therapy in skilled nursing facilities is used to increase or maintain level of physical, mental, and social/emotional functioning. The sensory and intellectual stimulation of music therapy can enhance an individual's quality of life.

Music therapists offer related service interventions on Individualized Education Plans in special education. Music therapy strategies are used to strengthen nonmusical areas such as academics, social skills, behavioral goals and communication.

Music therapy in behavioral health settings provides music experiences that allow individuals to explore personal feelings, make positive changes in mood and emotional states, and practice problem-solving and coping skills.

From a national perspective, the American Music Therapy Association (AMTA) Standards of Clinical Practice (**attached**) and Code of Ethics (**attached**) outline therapist responsibilities and relationships with other professionals involved in client treatment. In addition, the CBMT Scope of Practice (**attached**) and Code of Professional Practice (**attached**) provide requirements and guidance for clinical work.

Since Nebraska does not have a license for music therapists, music therapists have been prevented from providing services in certain healthcare and educational settings. For example, even though the federal government recognizes music therapy as a related service in special education, music therapists are frequently not allowed to work in Nebraska schools as a related service, due to the lack of a state licensure for the profession. This situation has restricted employment opportunities, as well as created access problems for qualifying students.

9. **Identify other occupations that perform some or all of the same functions or similar functions, and indicate which of those occupations are credentialed in Nebraska or in neighboring states.**

As members of the interdisciplinary team, music therapists frequently address similar treatment goals as other allied health therapists, such as occupational therapy, physical therapy, and speech therapy, all of which are licensed in Nebraska. What distinguishes music therapy from these other therapies, however, is the use of music as the therapeutic tool. The music therapy treatment plan is designed to help the client attain and maintain a maximum level of functioning using interactive music therapy strategies.

10. **What functions are unique to this occupation? What distinguishes this occupation from those identified in question 9?**

The practice of music therapy is defined 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 an approved music therapy program.

Music therapists actively apply various music elements through live, improvised, adapted, individualized, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages. After assessing the strengths and needs of each client, qualified music therapists develop a music therapy treatment plan with goals and objectives and then provide the indicated music therapy treatment. Music therapists structure the use of both instrumental and vocal music strategies to facilitate changes that are non-musical in nature.

Education and clinical training of music therapists is unique because it involves not only foundations in music and music therapy, but also includes coursework and practical applications in biology, anatomy, psychology, social and behavioral sciences.

11. **What is the relationship between members of this occupation and other health occupations? What health occupations, if any, do members of this occupation regularly supervise? What health occupations, if any, regularly supervise members of this occupation? List any health occupations with which this occupation has a collaborative relationship.**

Nationally, music therapists frequently collaborate and sometimes provide co-treatment with other allied health professions, such as physical therapy (PT), occupational therapy (OT), and speech therapy (ST). Behavioral health settings promote collaboration between music therapists and psychologists, social workers, and mental health counselors. Most healthcare settings provide opportunities for music therapists to interact as treatment team members in collaboration with nursing staff and physicians. Education settings allow collaboration with teachers, special educators, administrators, and other related service providers.

Occasionally, music therapists serve as directors in rehabilitation departments or activity therapy programs, supervising PT, OT, and ST or recreation therapists, child-life therapists, and creative arts therapists. It is more common, however, especially when there is only one music therapist on staff, for music therapists to provide clinical interventions under the supervision of Special Education Directors, Physicians, Nurses, Social Workers, and PT, OT or ST professionals.

12. **What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?**

Currently, a music therapist is bound to the allowable actions, judgments, and procedures outlined in the profession's Standards of Clinical Practice (**attached**) and Code of Ethics (**attached**), and the national credential examination's Scope of Practice (**attached**) and Code of Professional Practice (**attached**).

All music therapists are qualified to conduct music therapy assessments, develop and implement music therapy treatment plans, evaluate and document response to music therapy interventions, and contribute to multidisciplinary treatment team reports and meetings.

Some music therapists work independently in private practice and some are employed in an educational or healthcare setting. Access to, and requirements for, supervision vary depending upon the clinical setting and facility policies and procedures. It is common practice for physicians to order music therapy in medical settings or when making a referral to a self-employed music therapist. Other settings and situations allow for referrals from a wide variety of practitioners.

13. **Describe the general level of education and training possessed by persons who are currently practicing this occupation, and then describe how and where practitioners typically acquire this training under the current practice situation.**

The education of a music therapist is unique among college degree programs because it not only allows a thorough study of music, but encourages examination of one's self as well as others. Students may begin their study on the undergraduate or graduate level through a music therapy academic program approved by the American Music Therapy Association (AMTA). The entry-level curriculum includes clinical coursework and extended internship requirements in an approved healthcare, special education, or mental health facility.

The approved curriculum is designed to impart entry-level competencies in three main areas: Musical Foundations, Clinical Foundations, and Music Therapy Foundations and principles as specified in the AMTA Professional Competencies. Entry-level study includes practical application of music therapy procedures and techniques learned in the classroom through required fieldwork in facilities serving individuals with disabilities in the community and/or on-campus clinics. Students learn to assess the needs of clients, develop and implement treatment plans, and evaluate and document clinical changes.

Individuals who already have a baccalaureate degree may elect to complete the degree equivalency program in music therapy offered by most AMTA-approved universities. Under this program, the student completes only the coursework necessary for equivalent music therapy training without necessarily earning a second baccalaureate degree. Some schools may require that the student's initial degree be in music.

Graduate programs in music therapy examine, with greater breadth and depth, issues relevant to the clinical, professional, and academic preparation of music therapists, usually in combination with established methods of research inquiry. Selected universities offer doctoral

study in music therapy, some of which include coursework in music therapy in combination with doctoral study in related areas.

There are currently 72 AMTA-approved music therapy degree programs in colleges and universities throughout the United States.

14. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation?

There are currently 26 music therapists in Nebraska. Unfortunately, there is no mechanism for accurately tracking individuals who are misrepresenting themselves as members of this occupation. However, records from the American Music Therapy Association and the Certification Board for Music Therapists indicate an additional 13 individuals who were, at one time, members of the profession who have since let their credential or designation lapse. Because there is no formal state mechanism for tracking individuals qualified to provide music therapy in Nebraska or for filing a complaint for unethical practice, it is possible that these individuals have not maintained skills that demonstrate competency in the profession.

Some individuals in related professions who have previously claimed to provide music therapy without the required education and clinical training include: social workers; nurses; music educators; and music performers. In addition, volunteers who might provide background or performance music at various healthcare facilities sometimes call this service “music therapy” when in fact these events are more appropriately called music enrichment or entertainment.

15. Identify the work settings typical of this occupation (e.g., hospitals, private physicians offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., self-employed, hospitals, private physician, etc.).

Music therapists work in many different settings, including:

Medical facilities

- General hospital settings, hospice, oncology, physical rehabilitation, home health agencies, outpatient clinics, VA facilities, partial hospitalization and children’s hospitals or units

Geriatric facilities

- Adult day care, assisted living, geriatric facilities, (not nursing), geriatric psychiatric units, and nursing homes

Developmental centers

- Group homes, intermediate care facilities, community day treatment programs, and state institutions

Educational facilities

- Children’s day care/preschool settings, early Intervention programs, and schools (K-12)

Mental health settings

- Child and adolescent treatment centers, psychiatric hospitals, community mental health centers, drug and alcohol programs, forensic facilities, and inpatient psychiatric units

Private practice settings

- Music therapy clients or providing services in any of the facilities mentioned above

Other Settings

- Diagnosis-specific support groups, wellness and prevention programs, and work in a music

retailer setting

16. **Identify all training programs in this occupation in Nebraska and in neighboring states that supply a significant number of practitioners for Nebraska.**

There are currently no AMTA-approved music therapy degree programs in Nebraska.

Training programs for music therapy that are located in neighboring states include:

Colorado

Colorado State University

School of the Arts
Dept. of Music, Theatre, and Dance
Fort Collins, CO 80523
United States
Phone: (970) 491-5888
E-mail: William.Davis@colostate.edu
Web Site: <http://www.colostate.edu>

Iowa

University of Iowa

302 Communications Center
Iowa City, IA 52242
United States
Phone: (319) 335-1643
E-mail: mary-adamek@uiowa.edu
Web Site: <http://www.uiowa.edu>

Wartburg College

School of Music
222 9th Street
Waverly, IA 50677
United States
Phone: (319) 352-8401
E-mail: melanie.harms@wartburg.edu
Web Site: <http://www.wartburg.edu>

Kansas

University of Kansas

MEMT Division, Room 448 Murphy Hall
1530 Naismith Drive
Lawrence, KS 66045-3102
United States
Phone: (785) 864-9635
E-mail: ccolwell@ku.edu
Web Site: <http://www.ku.edu>

Minnesota

Augsburg College

2211 Riverside Avenue
Minneapolis, MN 55454
United States
Phone: (612) 330-1273
E-mail: kagin@augzburg.edu
Web Site: <http://www.augszburg.edu>

University of Minnesota

School of Music
2106 4th Street S. - 100 Ferguson Hall
Minneapolis, MN 55455
United States
Phone: (612) 624-1091
Web Site: <http://www.umn.edu>

Missouri

Drury University

Director of Music Therapy
900 North Benton Avenue
Springfield, MO 65802
United States
Phone: (417) 873-7370
E-mail: mcassity@drury.edu
Web Site: <http://www.drury.edu>

Maryville University

School of Health Professions
13550 Conway Road
St. Louis, MO 63141
United States
Phone: (314) 529-9441
E-mail: cbriggs@maryville.edu
Web Site: <http://www.maryville.edu>

University of Missouri-KC

UMKC - Conservatory of Music
4949 Cherry, 316 Grant Hall
Kansas City, MO 64110-2229
United States
Phone: (816) 235-2920
E-mail: groener@umkc.edu
Web Site: <http://www.umkc.edu>

17. **Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.**

Reasons for seeking music therapy interventions may include one or more of the following;

- To increase attention span
- To facilitate speech and communication
- To decrease anxiety and alleviate depression
- To enhance stress management and coping skills
- To increase physical range of motion
- To develop fine and gross motor skills
- To stimulate memory recall
- To manage transitions
- To reduce use of anesthesia and alleviate perception of pain
- To facilitate self-expression
- To provide support to those in palliative care
- To manage symptoms related to Alzheimer's and/or Dementia
- To facilitate social skills
- To build self-confidence and self-esteem
- To develop self-awareness

Music therapists work across the lifespan, providing healthcare and educational services. As such, they work with a variety of client groups, including those with:

Developmental Disabilities

Including, but not limited, to Down Syndrome, Autism Spectrum Disorders, Rett Syndrome, Fragile X Syndrome, Cerebral Palsy

Acute or Chronic Illnesses or Pain

Including, but not limited, to HIV/AIDS, cancer, Multiple Sclerosis, burns, surgeries

Impairments or Injuries due to Aging or Accidents

Including, but not limited, to stroke, Alzheimer's disease or other dementias, Traumatic Brain Injury, Parkinson's.

Hearing, Visual, or Speech Impairments

Multiple Impairments

Terminal Illnesses

Hospice and palliative care

Learning Disabilities

Including, but not limited, to math difficulties, language difficulties, or motor difficulties

Mental Illnesses

Including, but not limited, to Post-Traumatic Stress Disorder, schizophrenia, Bipolar Disorder, depression, emotional/behavioral disorders, substance abuse

Health and Wellness Issues

Including, but not limited, to cardiac care and well seniors

18. **Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?**

In schools, referrals typically come from the interdisciplinary team: parents; classroom teachers; and other professionals involved in a child's education. Reasons for special education referrals for music therapy include when a student:

- Is motivated to attempt and/or complete tasks through the use of music
- Benefits from the use of additional communication modalities
- Initiates interaction with music or musical instruments in the classroom or in the home
- Retains information conveyed in songs more easily than information conveyed in spoken interchanges

It is common practice for physicians to order music therapy in medical settings or when making a referral to a self-employed music therapist. Other settings and situations allow for referrals from a wide variety of practitioners, such as:

- Speech-Language Pathologist
- Occupational Therapist
- Physical Therapist
- Educator
- Special Educator
- Social Worker
- Clinical Case Manager
- Psychologist
- Psychotherapist
- Physician
- Neurologist
- Nurse
- Behaviorist
- Counselor
- Another client
- Interdisciplinary Team
- Qualified Developmental Disability Professional

Reasons for referrals can include areas of need identified in Question 17.

19. Typically, is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

A prescription or order from a practitioner of another health occupation is not necessary in order for music therapy services to be provided to a client. Furthermore, clients may be referred by members of another occupational group. This distinction is typically determined by the clinical setting. For example, Nebraska Providence Medical Center of Wayne requires an order from a physician for music therapy services in the hospice department as well as in the therapy department. In addition, physician orders are usually required if clients are seeking third party reimbursement or when services are provided in a healthcare facility.

20. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.

Music therapists routinely serve members of the general population, working across the lifespan in healthcare and educational settings. Therefore, there are no restrictions to certain

segments of the population. As such, music therapists work with a variety of client groups, previously identified in Question 17.

21. **Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the level of credentialing provided in each, and then summarize the standards for credentialing used in other jurisdictions credentialing this occupation.**

North Dakota: On April 26, 2011, North Dakota Governor Jack Dalrymple signed into law SB 2271, which creates a music therapy license through the newly created Board of Integrative Health. The law prohibits people from practicing music therapy or representing themselves as a music therapist unless they are licensed to do so.

Nevada: On June 3, 2011 Nevada Governor Brian Sandoval signed into law SB 190, which creates a music therapy license through the State Board of Health. The law adds music therapy to the state statute that defines "provider of health care." The law prohibits a person from engaging in the practice of music therapy without a license.

Wisconsin: Since 1998, Wisconsin has provided a State Registry for Music Therapists through the Department of Regulation and Licensing. This system defines music therapy and outlines its scope of practice in the state.

AMTA and CBMT are currently working with music therapists in 34 states implementing a state recognition operational plan. This plan is designed to increase awareness of music therapy in healthcare and education settings and to protect the public by seeking state recognition for music therapists in the form of licensure, registry or certification required for competent practice. Currently the profession outlines national practice requirements, which include holding a bachelor's degree or higher in music therapy from an AMTA-approved music therapy program in an accredited college or university and obtaining the credential "MT-BC" (Music Therapist-Board Certified) as issued by the Certification Board for Music Therapists (CBMT). CBMT is an independent, non-profit corporation fully accredited by the National Commission for Certifying Agencies. The "MT-BC" is granted by the CBMT upon successful completion of 1) an AMTA approved academic and clinical training program and 2) a written objective national examination.

Nevada, North Dakota, and Wisconsin all require evidence of successful completion of an AMTA-approved music therapy academic program including clinical training hours and evidence of board certification from CBMT. Each state also allows for acceptance of music therapists who have completed the AMTA-approved education and clinical training and hold a professional designation from the National Music Therapy Registry (NMTR). This registry, which represents the profession's original form of practice designation prior to creation of a national exam, stopped granting designations in 1997 and all existing designations will expire in 2020.

QUESTIONS PERTINENT TO THE FOUR CRITERIA

Criterion One States: Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not dependent upon tenuous argument.

Questions Pertinent to Criterion One

22. **Summarize the nature of the potential harm to the public if this occupation is not regulated (i.e., if the current situation is permitted to continue), and the extent to which the public could suffer negative physical, emotional, social, or economic consequences from erroneous or incompetent care in the usual practice of this occupation.**

There are a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of Music Therapist-Board Certified (MT-BC). This potential harm to the public includes misrepresentation of the music therapy profession, as these individuals hold themselves out to the public as being able to produce outcomes that are not based upon evidence-based practice; and, these individuals show a substantial lack of supervised clinical training and feedback to promote and ensure ethical practice.

The current lack of a music therapy license in the state leaves Nebraska residents at-risk for negative social, emotional and economic consequences due to the inability of an untrained individual having no experience or understanding of the assessment, treatment planning, implementation and documentation processes. For example, a nurse at a long-term care facility claimed to do "music therapy" by playing the piano for sing-a-longs for the residents. While qualified to address a number of physical issues, she is not trained to select or manipulate particular musical elements to elicit specific desired responses nor is she trained to handle the social or emotional responses that those individuals may have in response to musical stimuli. Financial implications for constituents include untrained individuals charging a variety of fees with the inability to document measurable outcomes as a result of scientifically based treatment.

23. **What functions, implements, substances, devices, or techniques routinely used by this occupation could be inherently dangerous if used improperly?**

Music therapists often work with vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). Therefore, 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. A person claiming to be a music therapist, but who does not have the appropriate academic and clinical could potentially cause significant health and/or safety risks.

The potential for harm could be recognized when a non-qualified individual claiming to be a music therapist does not comply with federal and state statutes and regulations, (i.e., HIPAA regulations) safeguarding client privacy. Additionally, potential for harm exists if a non-qualified individual provides inappropriate applications of music therapy interventions that could cause physical or emotional harm, or if the individual participated in unethical practice that could be harmful to the public and consumers in general. For example, a qualified music

therapist working in the Neonatal Intensive Care Unit is able trained to administer both live and recorded music interventions to assist both the infant and family. This training includes understanding of acoustical principles (effected by the playing of music in an isolette), appropriate levels of sound (*i.e.* decibel levels) and amount of time exposed to music. Additionally music therapists are trained to read behavioral and empirical (*i.e.*, vital signs) cues of the infant that indicate infant distress. Without state licensure of music therapists, it is difficult to identify music therapists who were in compliance with state regulations, which is essential for public protection.

24. **Have there been complaints from the public regarding the conduct of the practitioners of this occupation (e.g., court cases against practitioners of this occupation)? If so, have members of the public identified credentialing as a means of addressing problems with practitioners?**

No known, official complaints have been made to the state of Nebraska regarding music therapy being unregulated, as there is no mechanism for reporting or tracking such complaints at this time. However, reports from the public indicate previous experiences dealing with individuals falsely claiming to be music therapists without evidence of the nationally recognized education, clinical training, or board certification determined by the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT). These members of the public report receiving unprofessional, invasive, and poor quality treatment and interventions from these unqualified individuals. Several musicians and music educators across the state identify themselves both verbally and in writing as "Music Therapists". These individuals have offered to provide "music therapy" yet have no education or clinical training in the profession. For example, a nurse at a long-term care facility claimed to do "music therapy" by playing the piano for sing-a-longs for the residents. Additionally, these types of reports are consistent with documentation by both the American Music Therapy Association and the Certification Board for Music Therapists who accept, track and respond to issues of misrepresentation across the country.

Criterion Two States: Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest.

Questions Pertinent to Criterion Two

25. **Would the proposal to credential this occupation create barriers to service that could bring about potential for harm to the physical or emotional health of the public? If so, identify the barriers and the potential harm.**

There are no foreseeable barriers to service that could bring about potential harm to the physical or emotional health of the public as a result of regulating this profession through licensure. Licensure of individuals who complete the specified proposed requirements of the state would not restrict entry into the profession. On the contrary, this would create a mechanism for a) public and facility awareness, b) advocacy for the profession, and c) access to services. Nationally, music therapists who migrate from other states would likely be eligible to apply for the Nebraska license as they would have met the requirements for practice in their previous state.

26. **Would the proposal to credential this occupation create barriers to service that could bring about the potential for economic harm to the public? If so, identify the barriers and the potential harm.**

There are no foreseeable barriers to service that could bring about potential economic harm to the public as a result of regulating this profession through licensure. Licensure of individuals, who complete the specified requirements by the state, would not restrict entry into the profession. On the contrary, this would create a mechanism for a) public and facility awareness, b) advocacy for the profession, and c) for access to services. Nationally, music therapists who migrate from other states would likely be eligible to apply for the Nebraska license as they would have met the requirements for practice in their previous state.

The potential for economic growth as a result of credentialing this occupation is more likely to occur. Music therapy is a cost effective treatment modality and the potential for job growth due to migration to the state of new professionals (or return of newly trained former residents) to work in the profession would be made possible by licensure. Furthermore, state facilities supported by the people of Nebraska who provide music therapy services by a licensed music therapist may, in fact, enjoy cost savings as evidenced by the impact of selected music therapy interventions on important cost drivers, e.g., length of stay in NICU, or medical procedural efficiencies in the peri-operative environment.

27. **Describe the nature and duration of training and education required for credentialing under the terms of this proposal, including a description of any supervised fieldwork included in the 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 70 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 (**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., OT, nurse, special educator, etc.). Under these circumstances, the student must have a 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 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, or to re-take and pass the CBMT examination within every five-year recertification cycle.

All 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 music therapy assessments, draft and incorporate goals and objectives into music therapy 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 (**attached**) and the CBMT Scope of Practice (**attached**).

28. What percentage of the individuals who currently practice or identify themselves as members of the occupation for which state regulation is being sought will be unable to meet the eligibility requirements proposed by the applicant group?

There are currently two music therapists in Nebraska (of a identified total of 26) who currently identify themselves as music therapists, are in regular contact with other music therapy professionals in the state and practice but do not meet the qualifications proposed by this group. This 8% (2 MTs /26 NE MTs*100) is comprised of individuals who have completed music therapy degree training from accredited training programs but have not completed the board certification exam or maintained the credential following their training because there was no official recognition or requirement to do so. Additionally, a music therapist may choose not to recertify or meet the criteria of 100 hours with an audit from CBMT because there is no demand by the state or the consumer market to maintain continuing education or competent practice.

Additional relevant designations include RMT, CMT, and ACMT, which were the original music therapy professional designations prior to creation of the national board certification exam. They are no longer available and will expire as of 2020. It would be required that each licensee who holds the RMT, CMT, or ACMT upon becoming licensed as a music therapist in Nebraska become prior to the end of her/his first licensing cycle.

29. Will those who have not met the minimum standards for credentialing be able to continue to provide services under a different but related occupational title?

Those who have not met the minimum standards for licensure will not be able to continue to provide services under a different but related occupational title. However, the provisions of this proposal would not apply to the following: (1) Any person registered, certified, credentialed, or licensed to engage in another profession or occupation or any person working under the supervision of a person registered, certified, credentialed, or licensed to engage in another profession or occupation in this State if the person is performing work incidental to the practice of that profession or occupation and the person does not represent himself or herself as a licensed music therapist. (2) A student enrolled in an approved music therapy education program if music therapy services performed by the student are an integral part of the student's course of study and are performed under the direct supervision of a professional licensed in Nebraska. (3) A music therapist employed by the United States government when performing duties associated with that employment.

30. What impact would the proposal have on those who enter into the practice of the occupation in question after the requirements go into effect?

This proposal would have an impact on those who enter into the practice of music therapy after the requirements go into effect. All those who wish to become music therapists would have to complete the licensure requirements as delineated in question 28.

31. Under this proposal, are there alternative routes of entry or alternative methods of meeting this training, education, and experience qualifications? If so, please describe.

There are no known alternative routes of entry or alternative methods of meeting this training, education, and experience qualifications; all those who wish to become music therapists would have to complete the licensure requirements as delineated in question 28.

32. Does the proposal contain a grandfather clause? Will practitioners regulated under this clause be required to meet the prerequisite qualifications established by the regulatory entity at a later date?

Yes, this proposal contains a grandfather clause. All music therapists who hold an existing music therapy credential or professional designation recognized in the United States to include Registered Music Therapist-RMT, Certified Music Therapist-CMT, Advanced Certified Music Therapist-ACMT and Music Therapist--MT-BC, would be eligible to apply for licensure. RMT, CMT, and ACMT were the original music therapy professional designations prior to creation of the national board certification exam. They are no longer available and will expire as of 2020. It would be required that each licensee who holds the RMT, CMT, or ACMT upon becoming licensed as a music therapist in Nebraska would become prior to the end of her/his first licensing cycle.

The standards established through this proposal would be the same as those required of all music therapists across the United States. The language in this request follows an AMTA and CBMT national initiative working with music therapy task forces in 36 states to obtain state recognition of music therapy. If implemented, any music therapist from another state who

successfully completes the state application, submits the required fees, and demonstrates adherence to the CBMT Code of Professional Practice (**attached**) could be eligible to practice in Nebraska. Details of education, clinical training and exam requirements are addressed in question 28.

33. **What impact, if any, will the proposal have on the pool of eligible applicants and job openings in both public and private sector job markets for the occupation in question?**

The minimum requirements for those who wish to become a music therapist are unchanged by this document; this proposal aims to have these same requirements credentialed. As a result, there will be no impact on the pool of eligible applicants and job openings in both the public and private job markets for music therapy.

34. **What impact, if any, will the proposal have on the ability of the poor, minorities, and women to enter into practice in this occupation?**

The proposed licensure will not affect the ability of the poor, minorities, and women to enter into the practice of music therapy.

35. **Does the proposal require an internship, or fieldwork experience for credentialing? If so, how must this experience be acquired? Can the required experience be easily obtained in all parts of Nebraska?**

The proposal requires 1200 hours of supervised clinical training, which includes a 900-hour internship. Academic institutions approved by the American Music Therapy Association take 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 (**attached**).

Because there currently no universities in Nebraska that offer a degree in music therapy, students are unable to complete the portion of fieldwork experience associated with academic curriculum. However, there is one AMTA-approved internship site located in Omaha and a second site is currently under review for addition to the national roster.

36. **Describe any examination required for credentialing. Is there a nationally standardized examination? If not, who will develop an examination? Are there provisions for waiver of the examination? What are the estimated costs of developing an examination?**

CBMT is the only organization to certify music therapists to practice music therapy nationally. It's Music Therapist-Board Certified (MT-BC) credential has been fully accredited by the National Commission for Certifying Agencies (NCCA) since 1986. Over 5,300 music therapists currently maintain the MT-BC credential, and participate in a program of recertification designed to measure or enhance competence in the profession of music therapy. At the completion of academic and clinical training, students are eligible to take the national

examination. After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). The only provision for waiver of the examination occurred for those individuals who were practicing music therapy prior to the establishment of the CBMT exam.

37. **Does the proposal require continuing education for renewal of the credential? If so, describe opportunities for continuing education for practitioners. Are these programs easily accessible to practitioners that are residents of Nebraska?**

This proposal requires continuing education for renewal of the credential and to demonstrate continued competence. Music therapists are required to complete 40 hours of continuing music therapy education per two-year cycle in order to renew the license.

To assist with maintaining the license, there are multiple state, regional, and national offerings that serve as continuing education opportunities for music therapists. Many courses are provided through live, interactive workshops, but there are also audio and web conference presentations, online courses, and self-directed specialized trainings available nationwide to meet the needs of all music therapists.

38. **What would be the procedure for renewal of credentials under the terms of the proposal?**

The procedure for renewal of credentials under the terms of the proposal would include documentation of existing CBMT requirements, which includes clearly defined continuing education and adherence to the CBMT Code of Professional Practice (**attached**). Licensure would be renewed once every 2 years as outlined in 6 (c) of this document.

39. **What impact, if any, will the proposal have on the ability of the public to gain access to the services provided by this occupation?**

The potential impact of this proposal is greater access to quality services for more individuals and families throughout Nebraska. Job growth and promotion will be supported as health and educational organizations in the state recognize licensure as an appropriate means of professional recognition. Additionally, this process creates further opportunity for public education and awareness of professional qualifications and benefits of music therapy for clients and their families which, in turn, allow the public greater access to the services provided by qualified music therapists.

40. **Are there occupations or professions similar to this occupation that should be included in this proposal? Are there practitioners or practitioner groups that should be excluded from this proposal?**

No, there are no occupations or professions similar to this occupation that should be included in this proposal. Practitioner groups excluded from this proposal due to incongruous training and clinical practice include music practitioners, therapeutic musicians, music thanatologists, harp therapists, sound healers, and clinical musicians. However, this proposal does not intend to exclude those practitioners from utilizing music in their work as long as they do not hold themselves out to the public as music therapists or as practicing music therapy.

As we address state regulation across the country, we have been in communication with the national associations of related allied health professions (American Physical Therapy Association, American Occupational Therapy Association, American Speech-Language-Hearing Association), as well as some treatment specific programs that use music, in an effort to create exemption language that satisfies all interested parties.

We have agreed upon submitting the following exemption language for licensure bills drafted in the future. Obviously, the intro wording would need to be revised to reflect the wording of the bills in each state, but the language about not preventing other professionals licensed in the state from using music would remain.

"The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from using music in their practice, if said individual is not represented as a music therapist."

41. **What is likely to be the overall impact of the proposal on the health care delivery system in Nebraska (e.g., will the proposal fragment this delivery system, or will it impose hardships on other health care professionals?)?**

The overall impact of this proposal on the health care delivery system in Nebraska would in no way fragment the delivery system or impose hardships on other healthcare professionals. In contrast, the complementary nature in which music therapists provide services in healthcare settings offer the potential to enhance the services and outcomes for patients and their families. Additionally, there is potential enhancement of treatment team options available to patients and families.

42. **What impact would the proposal have on the public's ability to choose freely amongst practitioners (competition)?**

The proposed licensure of music therapists in the state of Nebraska will not have a negative impact on the public's ability to choose freely amongst music therapists or other practitioners. Music therapy can be used to complement or enhance the work of other disciplines. In both educational and medical settings, a music therapist typically works as an integral part of an interdisciplinary team as opposed to working in lieu of other disciplines.

43. **Are there any other risks or potential for harm associated with these proposed changes that were not covered by the previous questions? If so, discuss them.**

There are no other risks or potential for harm associated with the proposed licensure of music therapists in the state of Nebraska not covered by the previous questions.

Criterion Three States: The public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional ability by the State.

Questions Pertinent to Criterion Three

- 44. Discuss the reasons why the public needs additional assurance of initial and continuing professional ability by the state regarding the practitioners of this occupation.**

The public needs additional assurance through licensing music therapists so that they are protected from the misuse of terms and techniques by unqualified individuals and to insure competent practice. Nebraska citizens would be assured that individuals providing music therapy services are qualified clinicians who have met the education, clinical training, and examination requirements for the profession. Access to medically, behaviorally, or educationally necessary music therapy services would be improved, as residents would be able to locate qualified providers recognized by the state. Facilities interested in providing music therapy services would be able to utilize the state system to locate qualified professionals. Licensure will prevent the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness issues.

State licensure would effectively eliminate confusion for those seeking private services, as consumers would have a means to determine competence. There are a large number of non-credentialed individuals claiming to practice music therapy who could cause psychological harm as they do not have the necessary education and clinical training to assess, develop and implement interventions. This is confusing to the general public as these individuals do not always represent themselves accurately.

- 45. What measurable improvements, if any, in the quality of the health care services provided by this occupation will be enjoyed by the public if the proposal is adopted?**

Licensing music therapists will ensure that those who have not been adequately trained as music therapists would not be able to step into or attempt to perform the duties of a music therapist, therefore increasing the safety and quality of music therapy services provided to Nebraska citizens. This maintains the current standard of care in the state of Nebraska by establishing minimum essentials for a practitioner to abide by to perform the services of a music therapist.

- 46. Would the public benefit economically from the proposal?**

Licensure for music therapists could have a positive economic impact on the public. There is potential for decreased out-of-pocket expenses for those receiving services as facilities confidently identify and employ therapists who have met the state requirements for professional practice. Reimbursement for music therapy services from third-party payers could be improved because most of these entities require state licensure for coverage.

- 47. Has this proposed mode of regulation been adopted in other jurisdictions? If so, have these changes provided benefits to the public in these jurisdictions that were absent prior to the adoption of this mode of regulation?**

Other states have and are considering credentialing music therapists by creating a state registry, a state certification, or a state license. Wisconsin created a music therapy registry in 1998. In 2011, Nevada and North Dakota both passed music therapy licensure legislation. Anecdotal evidence suggests that Nevadans who are serviced through the juvenile justice system will more easily be able to access music therapy services due to the newly created state license. States that have considered licensing music therapists in 2012 include Georgia, Hawaii, Minnesota, North Carolina, Oklahoma, and Tennessee. States that have considered creating a music therapy registry in 2012 include Colorado, Indiana, and South Carolina. Washington and Arizona are currently preparing Sunrise Review applications.

48. **Do consumers have direct access to practitioners, or do other health practitioners refer them to them? On what basis do consumers normally select the persons to provide the services in question?**

Consumers have direct access to music therapy and may be referred by members of another occupational group. This distinction is typically determined by the clinical setting. For example, in schools, referrals typically come from the interdisciplinary team: parents; classroom teachers; and other professionals involved in that child's education. Clients have direct access to music therapists in private practice, sometimes with a referral and sometimes without. Clients may also see a music therapist who is employed in an educational or healthcare setting.

49. **To what extent are ordinary consumers able to observe the results of services performed by this occupation and determine the completeness and competency of the service performed?**

It is not uncommon for family members, friends, and loved ones to observe benefits of music therapy services. However, due to the specialized nature of the profession, it is unlikely that an ordinary consumer will be able to recognize the comprehensive functions of music therapy interventions though they are able to observe the emotional, social, and physical changes that occur as a result of working with a music therapist.

50. **To what extent are ordinary consumers able to evaluate the qualifications of persons offering the service in question? Will this proposal assist the public in doing so, and if so, how?**

Although consumers could verify the qualifications of a music therapist by contacting the Certification Board for Music Therapists (CBMT), this service remains largely unutilized. This proposal will assist the public by decreasing confusion for those seeking services, as consumers would have a means to determine competence and evaluate qualifications.

51. **Are there national or State accreditation mechanisms for training programs in this occupation? If so, indicate the name and address of the accrediting bodies and a brief summary of their accreditation standards.**

American Music Therapy Association (AMTA)
8455 Colesville Road, Suite 1000
Silver Spring MD 20910

The national American Music Therapy Association (AMTA) provides the standards for academic and clinical training of prospective music therapists, on which eligibility to sit for the board certification examination is based. The AMTA Education and Clinical Training Standards (**attached**), along with the AMTA Professional Competencies (**attached**), provide a structure for entry-level skill development for a music therapist who has completed either a bachelor's degree or its equivalent in music therapy. All AMTA-approved bachelor's degree training programs incorporate the competencies into their music therapy curriculum. Competencies are revised to reflect the growth of the professional knowledge base as music therapy clinical and research activities expand.

52. **Describe state or national mechanisms for non-governmental certification of this occupation. If applicable, describe the examination used for initial certification. Are these mechanisms sufficient to provide the public a basis for making an informed choice of practitioners?**

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 (NCCA).

The CBMT defines the body of knowledge that represents competent practice in the profession of music therapy, creates and administers a program to evaluate initial and continuing competence of this knowledge, and issues the credential of MT-BC to individuals that demonstrate the required level of competence. The CBMT Examination Committee assembles the national certification exam with technical psychometric assistance provided by Applied Measurement Professionals, Inc. (AMP). The tests are administered according to standard procedures by AMP using its computer-testing network. Each form of the certification examination consists of 130 test items systematically selected to represent the CBMT content domain as identified in the Scope of Practice (SOP) (**attached**).

CBMT is charged with setting and enforcing quality practice standards, which are outlined in the CBMT Scope of Practice. Every five years a practice analysis is completed in cooperation with a team of experts in the field, surveyed certificants, and CBMT's testing firm, AMP. It is from this process that the current Scope of Practice is developed which details the tasks necessary to practice competently to ensure consumer protection. The five content outline areas, essentially performance domains, encompass the certificants' scope of practice.

Any person representing himself or herself as a board certified music therapist shall practice within the Scope of Practice and adhere to the CBMT Code of Professional Practice (**attached**). Any complaints made by the public against a board certified music therapist should be brought to the attention of CBMT for investigation and possible disciplinary action as defined by the CBMT Code of Professional Practice. These mechanisms, in total, are sufficient to provide the public a basis for making an informed choice of practitioners.

53. **Would the proposal to credential this occupation create barriers to service that could bring about potential for harm to the social welfare of the public? If so, identify the barriers and the potential harm.**

There are no foreseeable barriers to service that could bring about potential harm to the social welfare of the public as a result of regulating this profession through licensure. Licensure of individuals who complete the specified requirements by the state would not restrict entry into the profession. On the contrary, this would create a mechanism for public and facility awareness and advocacy for the profession and for access to services. Nationally, music therapists who migrate from other states would likely be eligible to apply for the Nebraska license as they would have met the requirements for practice in their previous state.

We believe these mechanisms provide the public a basis for making an informed choice when seeking a qualified practitioner, but it is not enough. Consumers and employers could require the MT-BC credential as the minimum standard for practice; however, this process remains largely unutilized.

54. Document voluntary measures taken by members of this occupation to establish a code of ethics or to establish peer group evaluation or review mechanisms. If appropriate, describe these mechanisms.

Music therapists are responsible for working within Standards of Clinical Practice (**attached**) and a Code of Ethics (**attached**) established by their professional association, the American Music Therapy Association (AMTA). Music therapists must also abide by the Code of Professional Practice (**attached**) and work within the Scope of Practice (**attached**) established by the Certification Board for Music Therapists (CBMT). These standards, codes, and professional documents require that music therapists follow state and institutional laws and mandates for ethical practice. Additionally, in January 2011, the CBMT added a 3-hour ethics training requirement that all board certified music therapists must meet as part of their 5-year recertification cycle.

55. Describe the methods by which supervisors or employers of members of this occupation can identify and correct inappropriate actions or incompetent performances by members of this occupation. Are these sufficient to protect the public?

Currently, the only means by which a supervisor or employer of a music therapist can identify and correct inappropriate actions or incompetent performances is by internal review. In some employment situations, the music therapist is evaluated periodically by the employer or supervisor and they are responsible for ensuring the music therapist's clinical competency. These are not sufficient to protect the public.

Other than the internal review process, a supervisor or employer can report the music therapist to the Certification Board for Music Therapists (CBMT). Following a disciplinary process outlined in the CBMT Code of Professional Practice (**attached**), the CBMT may revoke or otherwise take action with regard to the application or certification of a candidate or certificant in the case of:

- Ineligibility for certification or recertification; if a candidate or certificant has not successfully completed the academic and/or clinical training requirements for music therapy, or their equivalent, as set forth by AMTA; or if a candidate does not qualify for an alternate admission consideration due to lack of or inadequate training, which may or may not include applicants from countries outside of the United States; or if a recertification applicant has not maintained his or her quota of CMTE credits within the five year cycle;

- Failure to pay fees required by the CBMT;
- Unauthorized possession of, use of, or access to the CBMT examinations, certificates, and logos of the CBMT, the name 'Certification Board for Music Therapists', and abbreviations relating thereto, and any other CBMT documents and materials;
- Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement; fraud or deceit in an application, reapplication, representation of event/s, or any other communication to the CBMT;
- Misrepresentation of the CBMT certification or certification status;
- Failure to provide any written information required by the CBMT;
- Habitual use of alcohol or any other drug/substance, or any physical or mental condition which impairs competent and objective professional performance;
- Failure to maintain confidentiality as required by law;
- Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation;
- Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to music therapy practice, public health or safety, or music therapy certification or recertification;
- The conviction of, plea of guilty or plea of nolo contendere to a felony or misdemeanor related to music therapy practice or health/mental health related issues as listed in the section on criminal convictions in Section II of this document.
- Failure to timely update information to CBMT; or
- Other violation of a CBMT standard, policy or procedure as outlined in the CBMT Candidate Handbook, Recertification Manual, or other materials provided to candidates or certificants.

Though this mechanism exists, it does not sufficiently protect the public. The CBMT has no legal recourse to prevent an unqualified individual from claiming to practice "music therapy." Furthermore, this system does not provide oversight for health and education facilities who have unknowingly hired unqualified individuals.

56. Are there laws that provide recourse for the problem or problems identified in question #4? If so, describe the extent and nature of your use of applicable law to address such problems. Are these sufficient to protect the public?

There are no laws within the state that address the problem identified for the music therapy profession. Despite recognition of the profession in national statutes and by federal agencies, occupational regulation is primarily governed by individual states. As a result, there is no education, clinical training, or exam requirements currently specified in federal law.

Criterion Four States: The public cannot be effectively protected by other means in a more cost-effective manner.

Questions Pertinent to Criterion Four

- 57. In questions 4 and 22 you identified specific problems and harm to the public. Identify how this proposal will specifically and directly solve these problems and protect the public from harm.**

The proposed licensing of music therapists will protect the general public by creating a minimum standard for music therapists to practice in Nebraska. The licensing process will ensure that only qualified, trained individuals who have met the education, clinical training and examination requirements will be able to practice music therapy. Furthermore, Nebraska residents and potential employers will have a state-established system for verifying competent music therapy practice as well as a disciplinary system to address issues of unethical behavior and practice.

- 58. Discuss the following alternative forms of state credentialing in terms of their comparative cost-effectiveness and ability to address the problems and harm to the public identified in questions 4 and 22.**

Licensure of music therapy in Nebraska is the most cost-effective solution for protecting the public. By utilizing established education, clinical training and exam standards of the profession the state is able to minimize financial obligations and risks. Alternative forms of state recognition considered include:

a. Registration of all practitioners

It is our understanding that individuals on a state registry would not be obligated to verify continuing education requirements. Therefore, this method of recognition would not adequately protect the public.

b. Establishing a protected title for the occupation via state credentialing

Title protection alone will not ensure that music therapists meet the minimum criteria for clinical competency. Additionally, this does not provide a mechanism for the public to report those who fall below minimum standards. Therefore, this method of state credentialing would not adequately protect the public.

c. Credentialing of all practitioners

A state license would provide the necessary recourse for consumers and employers to verify competent clinicians, understand the scope of practice, and report unethical behavior and practice.

- 59. Discuss the following alternatives to credentialing in terms of their comparative cost-effectiveness and ability to address the problems and harm to the public identified in questions 4 and 22.**

a. Strengthening present laws

There are no current laws for credentialing music therapists with which to strengthen.

b. Regulation of business employers or practitioners rather than employee practitioners

Regulating business employers and other practitioners would not be in the best interest of protecting the public as these entities do not have the knowledge to determine the standard of care or clinical competency that state licensing would provide.

c. Regulation of the program or service rather than the individual practitioners

Music therapists work in a wide variety of settings (e.g. hospitals, schools, hospices, mental health facilities, etc.) and perform a variety of services (e.g. individual sessions, group sessions, consultations, etc.). Given the wide scope and variety of our clinical practice, it is not in the state's best interest to attempt to regulate all the possible programs and services a music therapist can provide.

d. Working with voluntary professional associations to establish or strengthen a code of ethics and/or a peer review mechanism for the occupation in question

The American Music Therapy Association (AMTA) is a voluntary professional association that has already established a Code of Ethics (**attached**) and the Certification Board for Music Therapists (CBMT) has already established a Code of Professional Practice (**attached**). However, these are national mechanisms that do not adequately cover the needs of Nebraska citizens nor do they adequately protect Nebraskans from harm since both organizations are limited in their disciplinary power.

e. Working with voluntary professional associations to establish or strengthen a system of private certification for the occupation in question

There is a system of private, national board certification in place that is administered by the Certification Board for Music Therapists (CBMT). However, without the creation of a state license, the public remains unprotected regardless of the existence of documents and measures developed by the professional association or private certification board.

f. Other alternatives

There are no other known alternatives.

60. What are the projected annual costs of implementing and administering this proposal for the next five years?

Not applicable

61. What are the projected annual revenues that would result from the implementation of this proposal for the next five years?

Not applicable

62. **Will all costs of implementation and administration be covered by projected revenues? If not, what other sources of revenue could be tapped to cover the costs of regulation?**

Not applicable

63. **Are there services generally provided by the occupation seeking regulation that are considered substitutes for the services provided by another currently regulated occupation (i.e., are there services provided by currently credentialed occupations that are similar to, or alternate to those delivered by the occupation to be regulated)? If so, what are the comparative costs to consumers of the services provided by these occupations on the one hand and the profession to be regulated on the other?**

There are no other services generally provided by music therapists that are considered substitutes for the services provided by another currently regulated occupation.

64. **Will the adoption of the proposed mode of regulation facilitate or assure access to reimbursement from third party payers? If so, what is the expected impact on expenditures by third party payers? What would be the expected impact on such government assistance programs such as medical assistance?**

The adoption of a state license for music therapists may facilitate access to reimbursement from third party payers, though it is not a guarantee. The expected impact on third party payers would be determined on a case-by-case basis and through the documentation of medical or behavioral necessity of services. Although the state license for music therapists will allow government assistance programs to verify professional qualifications, participation in these programs will still require formal inclusion by the agency.

65. **In the absence of state regulation, do third party payers and government assistance programs such as medical assistance provide reimbursement for services provided by practitioners of the occupation for which state regulation has been requested? Is this reimbursement provided directly or is it provided indirectly via another provider?**

The current lack of regulation does not make music therapists ineligible for third party insurance payments, but it does severely limit access.

In a 2009 survey of members of the American Music Therapy Association (AMTA), only 15% reported receiving "some type" of third-party reimbursement and 3.8% reported getting payments from private insurance companies. A recent survey of Nebraska music therapists found only one reported getting reimbursement from private insurance.

Most funding sources, including private insurance reimbursement, require some form of recognition by the state before issuing payments. In Nebraska, third-party insurance payments for music therapy are only happening on a case-by-case basis. The majority of music therapists in Nebraska have indicated that their services are funded privately by clients and families or through general operating budgets in various facilities. Currently, government assistance programs in Nebraska do not pay for music therapy services. State licensing of music therapy

would increase opportunity for music therapy services to be considered for public and private third party payment.

66. Will the institutions that would provide the education and training requirements proposed by the applicant group be able to meet a demand for additional graduates?

There are currently no institutions in Nebraska that train future music therapists. Should Nebraska recognize music therapy through the creation of a state license, institutions that currently provide music therapy education are equipped to train music therapists to work in Nebraska and meet the demand for additional graduates.

67. What effect will the implementation of this proposal have upon the costs of services to the public?

Not applicable.

68. What impact will the implementation of this proposal have on those institutions responsible for the administration of the proposal (e.g., the Licensure Unit of the Division of Public Health of the Department of Health and Human Services)?

Not applicable.