



August 2017
PE 17-01-595

SUNRISE REPORT

MUSIC THERAPY STATE TASK FORCE

AUDIT OVERVIEW

The Regulation of Music Therapists by the Certification Board for Music Therapists Provides Adequate Protection for Citizens of the State



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Note: On Monday, February 6, 2017, the Legislative Manager/Legislative Auditor's wife, Ashley Summitt, began employment as the Governor's Deputy Chief Counsel. Most of the actions discussed and work performed in this report occurred prior to this date. Therefore, the Performance Evaluation and Research Division does not believe there are any threats to independence with regard to this report.

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EXECUTIVE SUMMARY

The West Virginia Music Therapy State Task Force submitted a Sunrise application to the Joint Standing Committee on Government Organization. Pursuant to West Virginia Code (W.Va.) §30-1A-3, the Performance Evaluation and Research Division is required to make a determination of whether state regulation of music therapists is or is not needed to adequately protect the public. **The Legislative Auditor concludes that there is no documented evidence of harm to the public caused by music therapists that rises to the level needed for state regulation.** A detailed analysis of this recommendation is provided within the report.

Frequently Used Acronyms in this Report:

PERD – Performance Evaluation and Research Division

CBMT – Certification Board for Music Therapists

AMTA – American Music Therapy Association

MT-BC – Music Therapist-Board Certified

Report Highlights:

Finding 1: The Regulation of Music Therapists by the Certification Board for Music Therapists Provides Adequate Protection for Citizens of the State.

- There is no documented harm to the public caused by music therapists in West Virginia.
- The Certification Board for Music Therapists and the West Virginia Office of the Attorney General provide a means for recourse should an individual believe a music therapist has caused harm or practiced unethically.
- The proposed fees would likely be sufficient to cover the increased cost of an advisory committee, but would also impose more costs to music therapists while adding minimal public safety.

Recommendations

1. *The Legislative Auditor does not recommend state licensure of music therapists.*

FINDING 1

The Regulation of Music Therapists By the Certification Board for Music Therapists Provides Adequate Protection for Citizens of the State.

Finding Summary

In accordance with West Virginia Code (W.Va.) §30-1A-3, a Sunrise application was submitted by the West Virginia Music Therapy State Task Force (“Task Force”) seeking the Legislature’s recognition of the profession of music therapy via individual special licensure through the West Virginia Department of Health and Human Resources (DHHR). Music therapy is not currently regulated in West Virginia, but a national certification is offered through the Certification Board for Music Therapists (CBMT). The Task Force proposes setting CBMT’s education and training requirements as West Virginia’s standards.

Music therapy is not currently regulated in West Virginia, but a national certification is offered through the Certification Board for Music Therapists.

The Task Force must show in its Sunrise application that if its proposal is not adopted by the Legislature, then there would be clear harm to the public health and welfare, and the potential for harm is easily recognizable and does not depend on remote or tenuous arguments per W.Va. §30-1A-3(c)(1). The Task Force states that there are a growing number of unqualified individuals claiming to practice music therapy and provides three examples of potential harm to the public. The Legislative Auditor found that two of the three examples represent potential harm; however, the regulation of music therapists would not prevent these examples from occurring. Furthermore, the Legislative Auditor found harm to the public throughout the nation from music therapy to be rare. **Consequently, the Legislative Auditor concludes that the Task Force does not provide sufficient evidence demonstrating harm to the general public if its proposal is not adopted.**

The Legislative Auditor found harm to the public throughout the nation from music therapy to be rare.

Background

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, as a profession, has its beginnings from musicians who would help World War I and II veterans suffering from traumatic injuries. Today, music therapists treat individuals with a wide array of needs – from a child with autism to senior citizens with dementia. They do this by developing specialized treatment plans for the individual or group they are serving. Their work also takes place in a variety of settings – from in-home to hospitals. According to the scope of practice defined in the proposed regulation, music therapy interventions can include:

- music improvisation,
- song writing,
- lyric discussion,
- singing,
- music combined with other arts,
- music-assisted relaxation, and,
- electronic music technology.

The AMTA and the CBMT oversee and set standards for music therapists at the national level. The stated mission of the AMTA is “to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world.” Besides advocating for the profession, one of the main responsibilities of the AMTA is to set education and clinical training requirements for music therapists who wish to obtain the Music Therapist-Board Certified (MT-BC) designation from the CBMT. The stated mission of the CBMT is “to ensure a standard of excellence in the development, implementation, and promotion of an accredited certification program for safe and competent music therapy practice.” The CBMT provides a national certification and allows music therapists who meet eligibility requirements and pass the CBMT examination to use the title, MT-BC. Music therapists who wish to maintain their MT-BC credential must meet continuing education requirements and abide by the CBMT Code of Professional Practice.

Music therapy is not currently regulated by the State of West Virginia. While there is not an official count of practitioners of music therapy, as of the time of this publication, there are 20 MT-BCs in the state. A 2016 survey by the AMTA found that a music therapist in West Virginia serves an average of 77 clients per year. Starting in Fall 2016, West Virginia University became the first university/college in the state to offer a degree in music therapy. The degree program is accredited by the National Association of Schools of Music and the AMTA. The degree program has 25 students and expects to have its first graduates in Spring 2018.

The AMTA and the CBMT oversee and set standards for music therapists at the national level.

While there is not an official count of practitioners of music therapy, as of the time of this publication, there are 20 MT-BCs in the state. A 2016 survey by the AMTA found that a music therapist in West Virginia serves an average of 77 clients per year.

Applicant Does Not Document Harm to the Public from Unregulated Practice of Music Therapists

A primary concern in reviewing a Sunrise Application is to determine if the unregulated practice or current state of regulation clearly harms or endangers the health and safety of the public. In the Sunrise application, the Task Force supplied the following three examples of harm to clients from failure to provide appropriate service, or erroneous or incomplete service. These three examples are identical to the examples of harm submitted to the Minnesota House of Representatives in support of state regulation and are very similar to examples provided in the Washington State Department of Health Music Therapy Sunrise Review.

No empirical evidence was provided in either of those instances, and the Task Force did not clarify in its application if the examples actually occurred; therefore, PERD analyzed the three examples, which are listed below, as hypothetical scenarios.

Task Force's Examples of Harm:

Example 1: *“An individual provided “relaxing” music at the bedside to a medically fragile patient, lowering the heart rate to a point that the patient became unstable and was transferred to a higher level of care in the coronary care unit. The individual, although a well-trained musician, had no training in reading and understanding patient telemetry monitors, thus putting the medically-fragile patient at-risk.”*

The example above demonstrates an example of potential harm to the public; however, per the narrative, the individual never claimed to be a music therapist or to be providing music therapy services. Therefore, according to the Task Force's proposed legislation, this example would be legal and would not be prevented by regulations. Furthermore, within a hospital setting, a medically fragile patient would likely have a team of medically trained staff monitoring the patient – thus reducing the risk of harm as described.

Example 2: *“Another example comes from a nurse at a long-term care facility, who 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; these types of social and emotional responses occur frequently and can be powerful.”*

PERD has two main issues with the second example. First, it does not document the occurrence of harm. Instead, the Task Force implies that social and emotional responses to musical stimuli are examples of potential harm. The Task Force does not describe what negative social or emotional responses could occur from music stimuli. Therefore, PERD analyzed research from the *Journal of Music Therapy* and found that negative emotional/social responses to musical stimuli can include tension, fear, anger, sadness, and agitation, among other things. Given the fact that music therapists often work with vulnerable populations, these types of emotional/social responses can represent potential harm to the public.

Second, the proposed regulation states, *“No person without a license as a music therapist shall use the title ‘music therapist’ or similar title or practice music therapy.”* Since the nurse in the second example

claimed to be performing music therapy, he/she would have violated the proposed regulation. The proposed regulation goes on to state,

“Nothing in this chapter may be construed to prohibit or restrict the practice, services, or activities of the following: (1) Any person licensed, certified, or regulated under the laws of this state in another profession or occupation or personnel supervised by a licensed professional in this State performing work, including the use of music, incidental to the practice of his or her licensed, certified, or regulated profession or occupation, if that person does not represent himself or herself as a music therapist...”

Consequently, if the nurse would not have claimed to be performing music therapy, the nurse would not have violated the proposed regulation. Nursing is one of several professions regulated by the State, and music may be considered incidental to his/her practice while working at the long-term care facility.

Example 3: *“As a third example, a qualified music therapist working in the Neonatal Intensive Care Unit is trained to administer both live and recorded music interventions to assist both the infant and family. This training includes an 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 licensure of music therapists, it is difficult to identify music therapists who are in compliance with state regulations, which is essential for public protection.”*

The third example lists competencies and skills that music therapists are expected to have, but does not provide any potential instances of harm taking place. Furthermore, the Task Force’s statement, *“Without licensure of music therapists, it is difficult to identify music therapists who are in compliance with state regulations, which is essential for public protection,”* is misleading. The process through which a Neonatal Intensive Care Unit identifies a music therapist would minimally change under the proposed regulations. As will be discussed later, the Task Force’s proposed regulation duplicates already established education and clinical training requirements set forth by the AMTA and the CBMT.

To find out whether there has been any harm caused by music therapists to West Virginians, PERD contacted West Virginia’s Office of the Attorney General. The Consumer Protection and Antitrust Division of the Office of the Attorney General responded that it has not received any consumer complaints against MT-BCs or any other practitioner of music therapy in the last five years. The CBMT’s Executive Director also confirmed to PERD that she has not received any complaints against

The Consumer Protection and Anti-trust Division of the Office of the Attorney General responded that it has not received any consumer complaints against MT-BCs or any other practitioner of music therapy in the last five years.

MT-BCs practicing in West Virginia. Furthermore, a legal search by the Office of Legislative Services did not find any civil or criminal cases involving music therapists in the state.

No Surrounding States Regulate Music Therapy, But a Growing Number of Other States Have Enacted Varying Forms of Regulation

As shown in Table 1, none of the surrounding states regulate music therapists; however, MT-BCs in Pennsylvania can apply to become a Licensed Professional Counselor by meeting additional education and training requirements. Of the five surrounding states, Maryland, Ohio, and Pennsylvania have had bills introduced to regulate music therapists. None of those bills made it out of the committee level.

None of the surrounding states regulate music therapists.

Table 1 Analysis of Surrounding States			
Surrounding States	Number of MT-BCs	State Regulation of Music Therapists	Bills Introduced to Regulate Music Therapists
Kentucky	74	No	No
Maryland	119	No	Yes
Ohio	338	No	Yes
Pennsylvania	505	No*	Yes
Virginia	207	No	No
<i>Sources: CBMT's "State Task Forces Map," CBMT's "Certified Music Therapist Search" for MT-BCs from surrounding states, and PERD's analysis of surrounding states legislative bills.</i>			
<i>*Music Therapists in Pennsylvania can become a Licensed Professional Counselor by meeting additional education and training requirements set forth by the Pennsylvania State Board of Social Workers, Marriage & Family Therapists, and Professional Counselors.</i>			

In total, nine states have regulation specifically over music therapists. As shown in Table 2, five states currently require licensure of practicing music therapists. One state offers practicing music therapists certification, two states provide a registry, and one state provides title protection.

In total, nine states have regulation specifically over music therapists.

Table 2
States With Regulation Over Music Therapists

State	Year Passed	Type of Regulation	Voluntary or Mandatory	Number Licensed, Certified, or Registered*
Connecticut	2016	Title Protection	-	-
Georgia	2012	License	Mandatory	124
Nevada	2011	License	Mandatory	19
North Dakota	2011	License	Mandatory	17
Oklahoma	2016	License	Mandatory	N/A
Oregon	2015	License	Mandatory	64
Rhode Island	2014	Registration	Mandatory	8
Utah	2014	Certificate	Voluntary	46
Wisconsin	1998	Registration	Voluntary	70

Sources: AMTA's "State Advocacy," CBMT's "State Licensure," University of Chicago Sunrise Review Music Therapy, PERD's review of individual state statutes, and PERD's analysis of individual state rules.

*As of May 25, 2017.

In addition to states with regulation specifically over music therapists, four states have regulation over groups that can include music therapists. This fact is not to be construed to mean that music therapists in the four states are required to obtain the state licenses listed in Table 3. Instead, these states only place additional requirements on music therapists if they wish to practice in certain areas. For example, music therapists in Wisconsin are only required to obtain state licensure if they practice psychotherapy.

Four states have regulation over groups that can include music therapists.

Table 3
States With Alternative Licensure for Music Therapists

State	Licensure	Education
New York	Creative Art Therapist	Masters
Pennsylvania	Professional Counselor License	Masters
Texas	Professional Counselor License	Masters
Wisconsin	License to Practice Psychotherapy	Masters

Sources: University of Chicago Sunrise Review Music Therapy and PERD's review of state statutes.

As part of this review, PERD reached out to all states that have had regulation of music therapists for at least one full year (Georgia, Nevada, North Dakota, Oregon, Rhode Island, Utah, and Wisconsin) to see how many complaints and what types of disciplinary actions have been taken since their state regulations were enacted. PERD received responses from each state except North Dakota and Oregon. Of the

states that replied, only Georgia and Wisconsin reported that they had received complaints. Georgia reported that it received a total of seven complaints since 2012. Six were for unlicensed practice and one was for unethical conduct. No disciplinary action has been taken in those cases. Wisconsin reported one complaint since 1999. The complaint was regarding unprofessional practice, but no disciplinary action was taken because of insufficient evidence.

Establishing a Separate Licensing Board for Music Therapists Would Not Enhance the Level of Safety Beyond What Is Currently Being Provided

Although no West Virginia state agency has testing or oversight responsibilities over music therapists, there are two organizations/agencies that provide a means of recourse against bad practice.

PERD reached out to all states that have had regulation of music therapists for at least one full year. Only Georgia and Wisconsin reported that they had received complaints. No disciplinary action has been taken in those cases.

1. Certification Board for Music Therapists

Music therapists who hold the MT-BC designation from the CBMT are required to provide services in an ethical manner in accordance with CBMT's Code of Professional Practice. Formal complaints against MT-BCs may be submitted to the CBMT and are referred to the Executive Director for disposition. The Executive Director is the first of three levels of potential review that a complaint may go through. The other two levels include the Disciplinary Review Committee, and the Disciplinary Hearing Committee. These are the only levels that issue sanctions. While the decisions made by the Disciplinary Review Committee may be referred to the Disciplinary Hearing Committee for a written review or oral hearing, all decisions made by the Disciplinary Hearing Committee are deemed final.

2. West Virginia Office of the Attorney General

The Consumer Protection and Anti-Trust Division of the Office of the Attorney General provides protection against fraud and ensures fair, safe business practices in West Virginia. If consumers of music therapy services in West Virginia feel they have been a victim of unlawful practice, they can file a consumer complaint report with the Office. Once a complaint is received by the Office, a staff member reviews the complaint to determine how the complaint can best be resolved. Methods used by the Office to resolve complaints include voluntary mediation, legal guidance, and conducting official investigations, which can lead to legal action (i.e. lawsuit).

The Task Force's Proposed Regulation Duplicates CBMT/AMTA Requirements

The Task Force application states, “*State licensure of music therapists would establish educational and clinical training requirements... [and] examination and continuing education requirements for music therapists.*” As shown in Table 4, however, the Task Force did not propose any additional standards above what the CBMT and the AMTA already require. Licensure, as proposed, would simply set CBMT’s and AMTA’s requirements as West Virginia’s standards.

The Task Force did not propose any additional standards above what the CBMT and the AMTA already require. Licensure, as proposed, would simply set CBMT’s and AMTA’s requirements as West Virginia’s standards.

Table 4
CBMT/AMTA Requirements vs. Proposed Regulation

	CBMT/AMTA Requirements	Task Force’s Proposed Regulation
Education Requirements	Bachelor’s degree in music therapy or its equivalent from AMTA-approved college	Same as CBMT/AMTA
Continuing Education Requirements	100 recertification credits during the 5-year recertification cycle	Must show proof of maintenance of the applicant’s status as a board certified therapist
Clinical Training Requirements	1,200 hours of clinical training; including, 180 hours of pre-internship experience and 900 hours in internship experiences	Same as CBMT/AMTA
Examination Requirement	CBMT Exam	Same as CBMT/AMTA
Disciplinary Power	Possible Sanctions: • Mandatory remediation through specific education, treatment, and/or supervision • Written reprimand • Suspension of MT-BC • Probation • Non-renewal of certification • Revocation of certification • Other corrective action	Possible Sanctions: • Suspension of license • Revocation of license • Denial of licensure • Refusal to renew license • Probation with condition • Reprimand • Fine between \$100 and \$1,000

Sources: AMTA Standards for Education and Clinical Training, CBMT Code of Professional Practice, CBMT “Recertification Credit Option,” and Sunrise Application.

Lack of State Licensure Does Not Restrict Music Therapists from Receiving Third-Party Insurance Payments

One area that PERD must consider when reviewing a Sunrise application is whether the lack of regulation makes the professional

service ineligible for third-party insurance payments. In the application, the Task Force states, “*The current lack of regulation does not make its practitioners ineligible for third party insurance payments or federal grants.*” DHHR confirmed to PERD that Medicaid reimburses music therapy services in the state; however, the number of individuals who can qualify for reimbursement is limited. First, Medicaid only reimburses the services through the Intellectual/Developmental (IDD) Waiver. Second, individuals who qualify for the IDD Waiver must choose to self-direct their services through the Participant Directed Goods and Services option. PERD was informed by DHHR that “*approximately 28 individuals were approved for Participant Directed Goods and Services for the use of music therapy*” from 2015 to 2017. It is important to note that there were 4,534 active individuals in the IDD Waiver Program at the end of FY 2016. DHHR also confirmed to PERD that the MT-BC credential from the CBMT or state board certification is required of music therapists wishing to have their services reimbursed by Medicaid. Therefore, the proposed state licensure of music therapists would have no effect on Medicaid coverage of music therapy services in the state since music therapists are already eligible to receive reimbursement as long as they have their MT-BC. PERD also reached out to the Public Employee’s Insurance Agency (PEIA). PEIA confirmed that it does not cover music therapy services. When asked if the lack of state licensure/certification prevents music therapy from being a covered/reimbursable service, PEIA replied that it does not.

DHHR confirmed to PERD that Medicaid reimburses music therapy services in the state; however, the number of individuals who can qualify for reimbursement is limited to those on the IDD Waiver.

State Regulation Would Impose More Costs to Licensees

As authorized in W.Va. §30-1-6(c), a board may set fees by legislative rule that are sufficient to enable the board to effectively carry out its duties and responsibilities. In the Sunrise application, the Task Force proposed a \$250 fee for initial licensure and a \$75 fee for license renewal every two years. This is in addition to the cost associated to become a MT-BC. To become certified by the CBMT, music therapists must pass the CBMT exam. The CBMT exam costs \$325 for first-time test-takers. To renew their MT-BC certification, music therapists must pay an annual maintenance fee of \$68 and obtain 100 recertification credits during every five-year renewal cycle. The cost of the recertification credits varies. Table 5 shows a summary of the fees associated with certification and licensure.

PEIA confirmed that it does not cover music therapy services. When asked if the lack of state licensure/certification prevents music therapy from being a covered/reimbursable service, PEIA replied that it does not.

Table 5
Cost of Music Therapy License

Current Fees for Music Therapists			Proposed Fees Under State Licensure	
CBMT Exam First-Time Certification	CBMT Annualized Maintenance Fee	CBMT Renewal Requirement	Initial Licensure	Biennial Renewal
\$325	\$68	Cost associated with obtaining 100 recertification credits	\$250	\$75

Sources: CBMT's Exam Candidate Handbook and Sunrise Application.

With the small number of music therapists and the proposed fee structure, the music therapy licensing board would generate less revenue than any other professional licensing board in the state. Assuming all 20 current MT-BCs obtain state licensure, \$5,000 in revenue would be generated the first year. Revenue would decrease significantly in following years, unless the state experiences significant growth in the number of music therapists. Table 6 shows the revenue from state licensure over the 2017-2021 period, assuming no growth in the number of music therapists.

With the small number of music therapists and the proposed fee structure, the music therapy licensing board would generate less revenue than any other professional licensing board in the state.

Table 6
Analysis of Proposed Fees*

	2017	2018	2019	2020	2021
Fees From Initial Licensure	\$5,000	\$0	\$0	\$0	\$0
Fees From Licensure Renewal	\$0	\$0	\$1,500	\$0	\$1,500
Total Fees	\$5,000	\$0	\$1,500	\$0	\$1,500

Source: PERD's analysis of Sunrise Application.
*Assuming no growth in the number of state-licensed music therapists.

In the application, the Task Force states that an advisory committee model under DHHR may be used for cost savings. As proposed, the advisory committee will consist of five members: three of whom are music therapists, one who is a health professional (other than a music therapist), and one who is a consumer of music therapy services. The proposed regulation states the five members of the advisory committee will serve without compensation and will be appointed by the "Director" or his or her designee. Although the Task Force does not clarify what position it is referring to, PERD assumes that the Director will be a department official within DHHR. The Director or designee would also be the main facilitator of the state license. His or her duties would include setting or changing fees with the consultation of the advisory committee, issuing licenses to applicants upon review of education and training credentials, and issuing sanctions for misconduct.

Even under the proposed model, the advisory committee would need to abide by W.Va. §30-1-6(c) – which requires regulatory boards to be self-sufficient. As proposed, it is not clear whether the music therapy advisory committee would be self-sufficient. First, the advisory committee would likely experience varying amounts of revenue year after year because of the small number of music therapists in West Virginia. Second, it is difficult to estimate expenses since the advisory committee will likely be using DHHR resources such as staff, equipment, and office space, to help with administration. While running the advisory committee would require staff time on the part of DHHR, PERD estimates that the time would likely be minimal. As the Task Force states, “*By using CBMT certification as the primary qualification for licensure, the state would only need to verify [certification] with CBMT.*” Consequently, the majority of staff time would consist of setting fees, imposing sanctions, and conducting regular office functions (i.e. answering phone calls/emails and maintaining website).

As proposed, it is not clear whether the music therapy advisory committee would be self-sufficient.

Conclusion

The Legislative Auditor finds that there is no documented evidence of harm to the public caused by music therapists that rises to the level needed for state regulation as stated by W.Va. §30-1A-3, and the hypothetical examples of harm provided by the applicant do not support the need for licensure. The AMTA and the CBMT are two national organizations that set standards of practice for music therapists throughout the United States. The regulatory responsibilities provided (i.e. ensuring competent education, training, and practice of music therapists) by these national organizations, in return, provides adequate protection to the public. Moreover, the Task Force does not propose any additional or enhancing criteria for licensure above what the CBMT and the AMTA already require. State licensure would duplicate what presently exists at the national level and additional costs would be imposed on West Virginia licensees while adding minimal public safety. Lastly, the CBMT maintains a database on its website where the general public is able to search for a certified music therapist by name or state. The public may also verify the board certification number and certification expiration date; therefore, state registration, the least restrictive form of regulation, would be largely redundant to what already exists.

State licensure would duplicate what presently exists at the national level and additional costs would be imposed on those licensed nationally while adding minimal public safety.

Recommendations

1. *The Legislative Auditor does not recommend state licensure of music therapists.*

Appendix A Transmittal Letter

WEST VIRGINIA LEGISLATURE *Performance Evaluation and Research Division*

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John Sylvia
Director

April 28, 2017

Amy Rodgers-Smith, MML, MT-BC
West Virginia Music Therapy State Task Force
714 Venture Drive #115
Morgantown, WV 26058

Dear Amy Rodgers-Smith:

This is to transmit a draft copy of the Sunrise Review of Music Therapists. This report has not yet been scheduled to be presented during interim meetings of the Joint Committee on Government Operations and the Joint Committee on Government Organization. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your task force be present at the meeting to orally respond to the report and answer any questions the committees may have during or after the meeting.

You have the option to provide a written response to this report. If you respond, please do so by Wednesday, May 10, 2017, in order for it to be included in the final report. Once an interim date has been established, if you intend to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 304-340-3192 to make arrangements.

We request that you do not disclose the report to anyone not affiliated with your task force. Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink that reads "John Sylvia".

John Sylvia

Enclosure

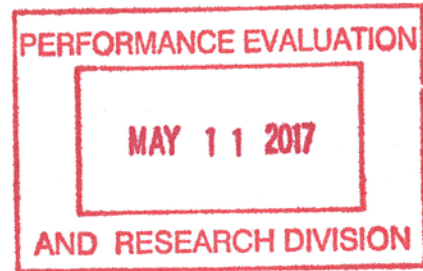
Joint Committee on Government and Finance

Appendix B Agency Response

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5/10/2017

John Sylvia
Director
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Charleston, WV 25305-0610



Dear Mr. Sylvia:

Thank you for your review of our application. We appreciate your feedback and will take this under advisement as we continue to pursue professional recognition within the state.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amy Rodgers Smith".

Amy Rodgers Smith, MMT, MT-BC
Chair, West Virginia Music Therapy Task Force



WEST VIRGINIA LEGISLATIVE AUDITOR

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