

2011 HOUSE HUMAN SERVICES

HB 1352

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1352
January 26, 2011
Job #13443

☐ Conference Committee

Committee Clerk Signature

Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Establish a registry for music therapists.

Minutes:

See attached Testimonies #1-12

Chairman Weisz: Opened the hearing on HB 1352.

Rep. Lois Delmore: From District 43 in Grand Forks sponsored and introduced the bill. HB1352 establishes a registry for music therapists who work in our state. Although the degree is offered at the University of ND and graduate quality therapists there has been no mechanism to recognize them as the professionals they are. Music therapy is used to treat a wide variety of patients including those with developmental disabilities, Alzheimer's disease, autism and traumatic brain injuries. The training required to become a music therapist is demanding. I believe the program is about 4 ½ years. The program at UND is approved by the American Music Therapy Association. It is important to recognize evidence based practice by qualified and credentialed clinicians and protect our citizens from those who do not have the proper qualifications and credentials. HB 1352 offers quality assurances in this field and Andrew Knight from Grand Forks and others including those served by music therapists are here to provide testimony and to answer questions you may have. Please give him and all music therapists who do such necessary work in our state the recognition they deserve as healthcare professionals. Graduates from the music therapy at UND have little incentive sometimes to stay in ND. There are not many jobs for them and will move onto other states who value them for what they do and who they are if we don't help them. I have three handouts I will give you and I would ask that you would help these people to stay in our state. They contacted me. That's where the bill came from. I would hope you would give this bill favorable consideration and I thank you for your time. I'll answer any questions I can. (Listed below are the testimonies Rep. Delmore gave the committee.)

Natasha Thomas: (See Testimony #1.)

Vicki L. Peterson: (See Testimony #2.)

Patricia Kouba: (See Testimony #3.)

Andrew Knight: Assistant professor of music therapy at UND in Grand Forks, ND testified in support. (See Testimony #4.)

Chairman Weisz: How many are currently enrolled?

Knight: About 35 students enrolled as music therapy majors at UND.

Rep. Damschen: I'm very interested in music and agree it can be therapeutic. What constitutes a violation if you are doing this without a license or without claiming you are a music therapist?

Knight: Misrepresentation of the term music therapist is important to us. So that properly credentialed people aren't being misconstrued with other professionals that might be providing music, but not necessarily in the same way in the terms that I teach my students. Such as evaluations, assessments and going through various treatment protocols and making sure it is done following our code of ethics within our standards of clinical and scope of practice.

Rep. Devlin: As I'm looking at all the places you can practice, how would this bill help someone coming back be able to set up a practice? You can already practice in these facilities.

Knight: I would contend that a statewide recognition of our credential, the MT-BC Music Therapists for certified, demonstrates to any agencies who are interested in putting out job notices, position descriptions or individuals who have special needs who are interested in having funding sources through state agencies or through the private insurance carriers, can better understand what music therapy is. They can explain that to the people who are helping them through various state waiver programs or for school districts to better understand how music therapy fits in terms of their budgetary decisions. And, how they can employ music therapists should they want to. It gives them an official state sanction way of understanding what a music therapist is, what proper credentials mean and how therapy can be helpful to the individuals they serve at their facility.

Rep. Devlin: Then the national certification that you have doesn't do that?

Knight: The national certification is a like occupational therapy and physical therapy will also have national boards similar with counseling and some other affiliations that we have. Those professions also have state licensure and registries as well. So there is a closer eye on exactly what is going on and how those individuals are practicing. There may be individual practice differences among states, but it is not often given the newness of the profession. We just celebrated our 60th birthday from the national association for music therapy now called the American Music Therapy Association. Given the newness of the profession, I would not say there are a lot of agencies potential insurers and reimbursement and waiver organizations and boards that understand the MT-BC. They would more easily trust and understand what MT-BC refers to if there is a state sanction way of understanding that music therapist board certified refers to a professional and properly credential music therapist for that particular state.

Emily Wangen: Testified in support of the bill. (See Testimony #5.)

Chairman Weisz: Currently, do you receive any type of third party reimbursement whether private or Medicaid?

Wangen: Nothing. Currently we receive reimbursement from grant funding and through the State of Minnesota some individuals on waived services are able to use part of their CADI Waiver money. They can delegate that money for music therapy. But very little funding is accessed. No insurance agency.

Handed in Testimony

Peggy Biberdorf: (See Testimony #6.)

Nicole Thorson: (See Testimony #7.)

Donny and Jalene Suda: (See Testimony #8.)

Mrs. Lori Jensen: (See Testimony #9.)

Janice Kern: (See Testimony #10.)

Dr. James Popejoy: (See Testimony #11.)

Therese Costes: (See Testimony #12.)

NO OPPOSITION

Rod St. Aubyn: From BC/BS of ND expressed their concerns. This particular bill does not require third party reimbursement. Our fear is that is this the next step that there will be a mandate request now that they are certified they want to make sure that all insurers have to cover this? We don't object to the certification process itself. Our concern is this something that will mandate. Related to that although this is not covering a mandate; you need to be aware that under the federal healthcare reform PPACA, any mandate that goes beyond central services as defined by the Secretary of HHS, the state has to pay those additional costs for those mandated benefits. These essential benefits are not yet defined. There is a federal committee that is reviewing what those are and make a recommendation to the Secretary of HHS. I think they have only had one or two meetings so far.

Chairman Weisz: Is there a current situation where you would decide that type of therapy would be covered?

St. Aubyn: I don't know that, but can check with our medical management staff to find out. One of the limitations we would have and would be a positive, if there is a legitimate medical therapy that we would say would be appropriate, we would only approve and do reimbursement for credentialed professionals.

Chairman Weisz: Closed the hearing on HB 1352.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1352
February 1, 2011
Job #13775

☐ Conference Committee

Committee Clerk Signature

Ticky Crabtree

Minutes:

Chairman Weisz: Called the meeting to order on HB 1352. 1352 is the music therapist.

Rep. Porter: I see where the services that they provide have a benefit. What I don't see is why they need a registration process. They focused in on autism and how their work is beneficial and the parents paying the bill can choose who they want to do their therapy. I don't see the need for the registration process or start up of the board of musical therapy in the next session.

Chairman Weisz: The only rationale that was presented to me was if they're registered, potentially they could get reimbursed in certain cases by insurance.

Rep. Schmidt: On the bottom of the UND testimony, the last paragraph, "because music therapy is skilled profession qualified music therapists in ND along with American Music Therapy Association and certification board for music therapists, strongly recommend that music therapy become a protected title through a state registry". I have a tendency to agree with Rep. Porter. My comments I wrote down, the bill basically just protects their title why do we need a law for that?

Chairman Weisz: You're right. The only issue is do you want them to have the ability to potentially get reimbursed.

Rep. Paur: I can't remember the numbers, but wasn't it there was only three?

Chairman Weisz: There are four practices and thirty-five in the UND program.

Rep. Paur: So we are going to create a registry for four people?

Chairman Weisz: That beats the board because we have 3 on the board now.

Rep. Porter: I would make a motion for an amendment on page 3 line 13 to overstrike class B misdemeanor and insert "an infraction". An infraction is non-criminal and carries up to a \$500 fine. It is a range set by the Judge anywhere from \$20-\$500.

Chairman Weisz: We've never had any registry in the DHS have we?

Rep. Porter: No. I would further my amendment to overstrike any place that says Human Services and insert "the Dept. of Health".

Rep. Devlin: Second.

Chairman Weisz: Page 2 line 4, page 2 line 6 and page 6 line 9 need to be changed also. I have problems with the board I don't have problems with them trying to get reimbursement.

Rep. Holman: Isn't this basically trying to get state sanction of the title so there's a credibility issue.

Chairman Weisz: "Certificate of registration means document issued by the registrar, meaning the department, to an individual who meets the requirement under this chapter". But, there are no requirements outside of a music therapist who is an individual who practices music therapy.

Rep. Porter: That would be the rules process.

Chairman Weisz: That's it as far as the registrant holds the valid certificate of registration. And the department shall issue that certificate.

Rep. Paur: On page 2 line 31, does that address it?

Chairman Weisz: Page 2 on line 30 and 31, but (drops sentence). Then over on page 3, "meets any requirements established by the register". This is interesting, "meets any other requirements established by the registrant". That's a new one. The department has to recognize that it is a national organization.

Rep. Porter: As long as my amendment is still on the discussion phase; with the liken of the second, I would further amend to removed page 3 line 5.

Rep. Paur: How about line 3 and 4?

Rep. Porter: Let's not get rid of everything before we kill it.

Chairman Weisz: Unless you are going to spell out just what is going to be that is normal because they are the ones that determine. Unless we say that it is only this criteria and that's it. We could put in that if there is some national organization that accredits them, then that's it. Then you can hang your little plaque on your wall. That would take away any issue that the department would have on trying to come up with rules. We could say, "The department shall issue, the registrar shall issue a certificate of registration".

Rep. Porter: I think you do that on page 3.

Chairman Weisz: We do, but we also leave it open.

Rep. Porter: If we get rid of line 3 and 4 then wouldn't that do that?

Chairman Weisz: Not quite. I think it is close.

Rep. Porter: It says, if they have a certificate they are eligible to be in the registry.

Chairman Weisz: Starting on 29, "The registrar shall designate certified, registered or accredited as a certified registry to obtain an applicant shall complete an application a \$100 fee".

Rep. Holman: (Inaudible, microphone not on.)

(Discussion back and forth. No microphones on.)

Chairman Weisz: We can eliminate line 6 and 7 and language on 8, 9 and 10 is not proper.

(Discussion back and forth. No microphones on.)

Chairman Weisz: If we want to leave the language in on 29 and on page 2 and take out everything starting on line 2 through 7 on page 3. What you will have is a registration that says, "the registrant is certified, registered or credited by the department recognized national organization". That would be it.

Rep. Porter: (Inaudible, no mic.)

Chairman Weisz: You could just say registered recognized national organization, but there is nothing wrong with saying it is an organization that is certifies, registers or credits music therapists. Put a period after therapists. Delete everything up until line 8 on page 3. Change to health and the penalty is changed to an infraction.

Rep. Porter: What is Title 43?

Chairman Weisz: It is the board. Occupations and professional is in Title 43. It would be a whole new title and probably be in 43 56. There are 55 different titles. It would put them in a new section of the occupational and professional. Only thing not amended is the actual language of what is music therapy. We do have a motion in front of us to amend the bill to change Human Services to Dept of Health, making the changes from a misdemeanor to an infraction, and on page 3 deleting the language allowing them to make rules and determine who is going to qualify.

Voice Vote: Motion Carried

Rep. Paur: I move a Do Pass as amended.

Rep. Holman: Second.

VOTE: 9 y 4 n DO PASS CARRIED

House Human Services Committee

HB 1352

February 1, 2011

Page 4

Bill Carrier: Rep. Kilichowski

Chairman Weisz: Closed the meeting.

FISCAL NOTE
Requested by Legislative Council
03/28/2011

Amendment to: Engrossed
 HB 1352

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$2,050		\$3,450
Expenditures				\$4,500		\$6,900
Appropriations				\$4,500		\$6,900

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This Bill requires the Department of Health to receive music therapy registration applications and issue certificates of registration to qualified applicants.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Bill requires the Department to administer the registration of music therapists through the receiving of applications and issuing of certificates of registration to qualified applicants.

Any moneys collected as registration fees or renewal fees must be deposited in the Department's operating fund in the state treasury. The anticipated revenues are less than \$5,000 for both the 2011-2013 and the 2013-2015 biennium.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The estimated revenue is derived from the required \$50 annual registration fee for the registration of music therapists. The revenue is estimated based on the ten currently board certified music therapists in the state of North Dakota and the thirty-five students currently enrolled in the University of North Dakota's music therapy program, projecting that seven individuals will graduate from the program each year of the biennium.

Based on the above number of individuals in the program plus the current number of music therapists in the state the estimated revenues for the 2011-2013 biennium and the 2013-2015 biennium would be less than \$5,000.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impacts for the 2011-2013 biennium is less than \$5,000. Costs are based on the cost of processing the applications and registration of the individuals including: data base development and implementation, issuance of registration cards, printing, mailing envelopes and postage.

Anticipated costs for the 2013-2015 biennium are \$6,900.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

This bill includes an appropriation to collect and expend funds associated with this activity and is not included in the Department's appropriation bill (HB 1004).

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328-4542	Date Prepared:	03/28/2011

FISCAL NOTE
Requested by Legislative Council
02/04/2011

Amendment to: HB 1352

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						\$6,900
Expenditures						
Appropriations						\$6,900

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This Bill requires the Department of Health to receive music therapy registration applications and issue certificates of registration to qualified applicants.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Bill requires the Department to administer the registration of music therapists through the receiving of applications and issuing of certificates of registration to qualified applicants.

Any moneys collected as registration fees or renewal fees must be deposited in the Department's operating fund in the state treasury and must be spent subject to appropriation by the legislative assembly. The anticipated revenues are less than \$5,000 for the 2011-2013 biennium and \$6,900 for the 2013-2015 biennium.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The estimated revenue is derived from the required \$100 annual registration fee for the registration of music therapists. The revenue is estimated based on the ten currently board certified music therapists in the state of North Dakota and the thirty-five students currently enrolled in the University of North Dakota's music therapy program, projecting that seven individuals will graduate from the program each year of the biennium.

Based on the above number of individuals in the program plus the current number of music therapists in the state the estimated revenues for the 2011-2013 biennium would be less than \$5,000. The estimated revenues for the 2013-2015 biennium would be \$6,900, based on issuing 31 certificates in the first year of the biennium and 38 in the second year of the biennium at \$100 per certificate.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impacts for the 2011-2013 biennium is less than \$5,000 and \$6,900 for the 2013-2015 biennium. These

costs are based on the cost of processing the applications of registration, including: certificates, printing, mailing envelopes and postage.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Any moneys collected as registration fees or renewal fees under this chapter must be deposited in the Department's operating fund in the state treasury and must be spent subject to appropriation by the legislative assembly. The authority to spend this revenue is not included in the Department's appropriation Bill (HB 1004).

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	02/07/2011

FISCAL NOTE

Requested by Legislative Council
01/19/2011

Bill/Resolution No.: HB 1352

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						\$6,900
Expenditures						
Appropriations						\$6,900

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This Bill requires the Department of Human Services to receive music therapy registration applications and issue certificates of registration to qualified applicants.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Bill requires the Department to administer the registration of music therapists through the receiving of applications and issuing of certificates of registration to qualified applicants. The potential fiscal impact on the Department is estimated to be less than \$5,000 for the 2011-2013 and 2013-2015 bienniums.

Any moneys collected as registration fees or renewal fees must be deposited in the Department's operating fund in the state treasury and must be spent subject to appropriation by the legislative assembly. The anticipated revenues are less than \$5,000 for the 2011-2013 biennium and \$6,900 for the 2013-2015 biennium.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The estimated revenue is derived from the required \$100 annual registration fee for the registration of music therapists. The revenue is estimated based on the ten currently board certified music therapists in the state of North Dakota and the thirty-five students currently enrolled in the University of North Dakota's music therapy program, projecting that seven individuals will graduate from the program each year of the biennium.

Based on the above number of individuals in the program plus the current number of music therapists in the state the estimated revenues for the 2011-2013 biennium would be less than \$5,000. The estimated revenues for the 2013-2015 biennium would be \$6,900, based on issuing 31 certificates in the first year of the biennium and 38 in the second year of the biennium at \$100 per certificate.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impacts for both the 2011-2013 and 2013-2015 bienniums are based on the cost of processing the applications of registration, including: certificates, printing, mailing envelopes and postage. The impact for each biennium is estimated to be less than \$5,000.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Any moneys collected as registration fees or renewal fees under this chapter must be deposited in the Department's operating fund in the state treasury and must be spent subject to appropriation by the legislative assembly. The authority to spend this revenue is not included in the Department's appropriation Bill (SB 2012). The estimated impact on the 2011-2013 biennium is less than \$5,000 and \$6,900 for the 2013-2015 biennium. Therefore the Department would need other funds appropriation authority of \$6,900 for the 2013-2015 biennium related to the provisions of this Bill.

Name:	Brenda M. Weisz	Agency:	DHS
Phone Number:	328-2397	Date Prepared:	01/24/2011

February 1, 2011

YK
2/2/11

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1352

Page 2, line 4, after "the" insert "state"

Page 2, line 4, replace "human services" with "health"

Page 2, line 6, after "The" insert "state"

Page 2, line 6, replace "human services" with "health"

Page 2, line 29, remove the underscored colon

Page 2, line 30, remove "a."

Page 2, line 30, replace "Is" with "is"

Page 3, line 1, replace ", such as the certification board for music therapists, national" with an
an underscored period

Page 3, remove lines 2 through 7

Page 3, line 8, replace "3." with "2."

Page 3, line 9, after the first "the" insert "state"

Page 3, line 9, replace "human services" with "health"

Page 3, line 13, replace "a class B misdemeanor" with "an infraction"

Renumber accordingly

Date: 2-1-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1352

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Porter Seconded By Rep. Devlin

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

*Voice Vote
Motion Carried*

Date: 2-1-11
Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1352

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Paur Seconded By Rep. Holman

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN		✓			
REP. HOFSTAD	✓				
REP. LOUSER		✓			
REP. PAUR	✓				
REP. PORTER		✓			
REP. SCHMIDT		✓			

Total (Yes) 9 No 4

Absent _____

Floor Assignment Rep. Kilichowski

If the vote is on an amendment, briefly indicate intent:

DP as amended

REPORT OF STANDING COMMITTEE

HB 1352: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (9 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING). HB 1352 was placed on the Sixth order on the calendar.

Page 2, line 4, after "the" insert "state"

Page 2, line 4, replace "human services" with "health"

Page 2, line 6, after "The" insert "state"

Page 2, line 6, replace "human services" with "health"

Page 2, line 29, remove the underscored colon

Page 2, line 30, remove "a."

Page 2, line 30, replace "Is" with "is"

Page 3, line 1, replace ", such as the certification board for music therapists, national" with an an underscored period

Page 3, remove lines 2 through 7

Page 3, line 8, replace "3." with "2."

Page 3, line 9, after the first "the" insert "state"

Page 3, line 9, replace "human services" with "health"

Page 3, line 13, replace "a class B misdemeanor" with "an infraction"

Renumber accordingly

2011 SENATE HUMAN SERVICES

HB 1352

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

HB 1352
3-9-2011
Job Number 15217

☐ Conference Committee

Committee Clerk Signature *Patricia Nelson*

Explanation or reason for introduction of bill/resolution:

Relating to registration of music therapists.

Minutes:

Attachments.

Senator Judy Lee opened the hearing on **HB 1352**.

Representative Lois Delmore (District 43) introduced HB 1352. It establishes a registry for music therapists in ND. The degree is offered at the University of ND but there is no mechanism to recognize them as the professionals they are. She explained the program and said it is important to recognize evidence based practice by qualified and credentialed clinicians and protect the clients from those who do not have the proper qualifications and credentials.

She provided 4 letters of support. Attachment #1

There are fewer than a dozen music therapists in the state. That is one of the reasons they are asking for a registration and not a board at this time.

Natasha Thomas testified in support of HB 1352. She provided a packet of information detailing what music therapy is and who they serve in North Dakota. Attachment #2 She also suggested an amendment.

Senator Judy Lee asked why the national registry is going to be expiring.

Ms. Thomas wasn't sure but it only has about 3% of the certified music therapists. The MTBC is the current standing credential and that board has 97% of the certified music therapists.

Discussion followed on the version of the bill. A change had been made from the Dept. of Human Services to the Department of Health regulating the registry.

Senator Judy Lee asked if there had been any thought given to the DPI being the regulator.

Ms. Thomas said that was a possibility.

Senator Dick Dever asked if she was privately employed.

Ms. Thomas replied that she was a part time employee of the state schools. She is subcontracted for her work at the GF public schools.

Emily Wongen testified in support of HB 1352. Attachment #3 To answer a prior question about why it's not under DPI, she explained that they serve more than just education, such as hospitals, incarceration, medical facilities, infant development, etc. Throughout her testimony she referred to letters in Attachment #2 from Ms. Thomas.

Senator Tim Mathern asked if she could get the committee a copy of the curriculum from UND that would cover the people that would be registered.

Ms. Wongen agreed to do that.

Senator Dick Dever said he understood the intent of this bill as it applies to professional music therapists but wondered if there were any unintended effect on other people and institutions.

Discussion followed that using music is good. Using the term "music therapy" is what they are trying to protect because it is an evidence based practice that is executed by a licensed music therapist. For example, they ask that people who are playing piano once a week for residents of a facility do not call it "music therapy".

Vicki Peterson supported HB 1352. Attachment #4

There was no opposing testimony.

Dan Ulmer (BC/BS) provided neutral testimony. He just wanted to make sure that it does not mandate reimbursement. It is more developmental therapy than medical therapy.

Senator Spencer Berry asked if he was satisfied that as it is written it does not require reimbursement and under the new Affordable Health Care Act will it change that.

Mr. Ulmer said he is satisfied with the way it is written. They are still waiting for the Human Services Dept. at the federal level to tell them what essential benefits are.

Darlene Bartz (Department of Health) referred to the fiscal note on the last page. The authority to spend the revenue is not included in the Departments appropriation bill. Even though it is less than \$5000 they anticipate that next session it will get to be more than that. At this point the money they take in for the registration process couldn't be used to pay for the registration. She would like to see that amended to give them the authority to use the funds.

The registration fee was discussed. It was noted that it had been dropped from \$100 to \$50.

The hearing on HB 1352 was closed.

Attachment #5 – Additional information from Andrew Knight on curriculum, registry, and research.

Discussion: There was no discomfort with the language in the amendment. The reason for this is that there are people who say they include music therapy in their programs and they really are not “music therapists”. They just bring music in periodically. Music therapy is a specific academic major. They do want to be recognized for their major. They are not requesting reimbursement. This bill is just for registration.

The difference between registration and licensure was discussed.

The amendment suggested by Ms. Thomas was reviewed and the intern was asked to put it in proper form and style along with the suggestions from Department of Health.

Senator Gerald Uglen moved to accept the amendment dated 3-9-2011.

Seconded by **Senator Tim Mathern**.

Roll call vote 4-0-0. **Amendment adopted.**

Senator Tim Mathern moved a **Do Pass as Amended** and rerefer to Appropriations.

Seconded by **Senator Gerald Uglen**.

Roll call vote 4-0-0. **Motion carried.**

Carrier is **Senator Tim Mathern**.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1352
3-23-2011
Job Number 15885

☐ Conference Committee

Committee Clerk Signature

Tom Mathern

Explanation or reason for introduction of bill/resolution:

Minutes:

Attachment

Senator Judy Lee opened committee work on HB 1352 to discuss the amendment the committee had adopted.

Darlene Bartz (Department of Health) explained why they wanted to change the funds from general funds to operating funds. She said they were lacking the language that would allow them to spend the funds that were deposited. She proposed a change to the wording that would correct that. Proposed amendment dated 3-10-11. Attachment #6

Senator Judy Lee pointed out that it was a technical point but it needed to be fixed so they could spend the money they collect.

Senator Tim Mathern moved to **reconsider the actions by which they passed HB 1352 as amended.**

Seconded by **Senator Gerald Ugem.**

Motion passed on a voice vote.

Senator Tim Mathern moved to reamend HB 1352 using the amendment brought to their attention.

Seconded by **Senator Gerald Ugem.**

Roll call vote 5-0-0. **Amendment adopted.**

Senator Tim Mathern moved a **Do Pass as Amended.**

Seconded by **Senator Gerald Ugem.**

Roll call vote 5-0-0. **Motion carried.** Carrier is **Senator Tim Mathern.**

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1352
4-5-2011
Job Number 16377

☐ Conference Committee

Committee Clerk Signature

RAMONSON

Explanation or reason for introduction of bill/resolution:

Minutes:

Senator Judy Lee opened committee work on HB 1352. She explained that the Naturopath bill has passed in the House and they have set up an Integrated Health Board. The music therapists prefer to be in that and not to have the registry which is in this bill – 1352.

Senator Spencer Berry moved to reconsider the actions by which they passed amended HB 1352.

Seconded by **Senator Gerald Uglem**.

Senator Tim Mathern supported the motion to get it before them but suggested they actually look at the other bill before supporting a motion to defeat this bill.

Senator Dick Dever asked if the purpose was to defeat this bill or to amend the bill to include them in that registry.

Senator Judy Lee reported that Rep. Delmore recommended killing this and letting everything be in the other bill.

There was discussion on the options of the committee – keeping this bill alive until the other one is resolved or defeating it.

Voice vote on the reconsideration – **motion carried**.

Discussion – committee members felt it was important to see the amendments from the House on the Naturopath bill (2271) before they decide what they want to do with 1352.

The meeting was adjourned.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1352
4-6-2011
Job Number 16395

☐ Conference Committee

Committee Clerk Signature

J. Mathern

Explanation or reason for introduction of bill/resolution:

Minutes:

Senator Judy Lee opened HB 1352 for committee work.

Senator Gerald Uglem asked if it gives them an option to continue out a little ways if this bill is passed or if the last one signed is going to rule.

Senator Judy Lee thought it would be the last one signed that wins.

She said she would not concur on the Naturopath bill not because they would disagree with what was done but because they will want to have it explained even if they think it looks ok. The Naturopaths are ok with it.

Senator Dick Dever pointed out that the question is whether there is anything in it that will become a stumbling block on the Senate side that could jeopardize the bill in some way.

Senator Tim Mathern said there is a feature that is new to the legislature – creating a board that will begin to take in numbers of professions. That could be the issue. He thought the content regarding the Naturopaths and Music Therapists was fine and didn't think there would be problems with those.

Senator Tim Mathern moved a **Do Not Pass**.

Seconded by **Senator Gerald Uglem**.

Roll call vote 5-0-0 – **Motion carried**.

Carrier is **Senator Tim Mathern**.

3-9-2011

PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1352

Page 2, line 12-16, after the second "chapter" insert "shall not prevent or restrict the practice, services, or activities of any person licensed in another profession or personnel supervised by a licensed professional in this state from performing work incidental to the practice of his or her profession or occupation, if that person does not represent himself or herself as a music therapist."

Page 2, line 12, after the second "chapter" remove "do not"

Page 2, remove lines 13-16.

Page 2, line 20, replace "one hundred" with "fifty"

Page 2, replace line 29-31 with "holds the Music Therapist-Board Certified (MT-BC) credential from the Certification Board for Music Therapists; or holds a professional designation from the National Music Therapy Registry (NMTR), which includes Registered Music Therapist (RMT), Certified Music Therapist (CMT), and Advanced Certified Music Therapist (ACMT)."

Page 3, after line 6, insert

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the general fund of the state treasury, not otherwise appropriated, the sum of \$6,900, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry for the biennium beginning July 1, 2011 and ending June 30, 2013."

Date: 3-9-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1352

Senate HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 3-9-2011

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Uglem Seconded By Sen. Mathern

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry					

Total (Yes) 4 No 0

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-9-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1352

Senate HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☒ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry					

Total (Yes) 4 No 0

Absent 1

Floor Assignment Sen. Mathern

If the vote is on an amendment, briefly indicate intent:

Darlene Bantz 3-10-11

#6

PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1352

Page 3, after line 6, insert

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the ~~general fund of the state treasury~~ state department of health operating fund, not otherwise appropriated, the sum of \$4,500 ~~6,900~~, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry for the biennium beginning July 1, 2011 and ending June 30, 2013."

Date: 3-23-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1352

Senate HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 3-10-11

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

March 9, 2011

JB
B-23-11

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1352

Page 1, line 2, remove "and"

Page 1, line 2, after "penalty" insert "; and to provide an appropriation"

Page 2, line 9, replace "a person" with "an individual"

Page 2, line 11, replace the first "person" with "individual"

Page 2, line 11, replace the second "person" with "individual"

Page 2, remove lines 13 through 15

Page 2, line 16, replace "which that individual is licensed" with "prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist"

Page 2, line 20, replace "one hundred" with "fifty"

Page 2, line 29, remove "is"

Page 2, replace lines 30 and 31 with "holds the music therapist board-certified credential from the certification board for music therapists or holds a professional designation from the national music therapy registry, which includes registered music therapist, certified music therapist, and advanced certified music therapist."

Page 3, line 5, replace "person that" with "individual who"

Page 3, after line 6, insert:

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the state department of health operating fund, not otherwise appropriated, the sum of \$4,500, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

Date: 3-23-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1352

Senate HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.0594.02002 Title 04000

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Mathern

If the vote is on an amendment, briefly indicate intent:

Roll Call Vote # _____

BILL/RESOLUTION NO. 1352

Senate **HUMAN SERVICES** Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☒ Reconsider

Motion Made By Sen. Berry Seconded By Sen. Ugleson

[illegible]

Total	(Yes)	No
100	50	50

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Voice
Vox
Carried

Date: 4-6-11

Roll Call Vote # _____

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1352

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Mathern

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1352, as engrossed: **Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1352 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "and"

Page 1, line 2, after "penalty" insert "; and to provide an appropriation"

Page 2, line 9, replace "a person" with "an individual"

Page 2, line 11, replace the first "person" with "individual"

Page 2, line 11, replace the second "person" with "individual"

Page 2, remove lines 13 through 15

Page 2, line 16, replace "which that individual is licensed" with "prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist"

Page 2, line 20, replace "one hundred" with "fifty"

Page 2, line 29, remove "is"

Page 2, replace lines 30 and 31 with "holds the music therapist board-certified credential from the certification board for music therapists or holds a professional designation from the national music therapy registry, which includes registered music therapist, certified music therapist, and advanced certified music therapist."

Page 3, line 5, replace "person that" with "individual who"

Page 3, after line 6, insert:

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the state department of health operating fund, not otherwise appropriated, the sum of \$4,500, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1352, as engrossed and amended: Human Services Committee (Sen. J. Lee, Chairman) recommends DO NOT PASS (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1352, as amended, was placed on the Fourteenth order on the calendar.

2011 TESTIMONY

HB 1352

#1
Natasha Thomas, MT-BC
Music Therapist, Board Certified
Braille Music Specialist
North Dakota Vision Services, School for the Blind
ND School for the Deaf

Dear Members of the Human Services Committee:

It is my profound pleasure to be writing a letter in support of music therapy in North Dakota and House Bill 1352. I am a Music Therapist employed part time by the North Dakota School for the Deaf, ND Vision Services/School for the Blind, and a variety of private entities, including Music Therapy in Motion LLC, which is owned and operated by Emily Wangen. I am a graduate of the Music Therapy Program at UND, currently being run by Andrew Knight and Therese Costes, and it has been my joy over the 3 years since passing my Board Certification exam to serve the State of North Dakota in a field with such utility for so many population groups.

A growing number of children in our country are born with Autism. Individuals with Autism (children and adults) comprise a large percentage of the people I serve. They are also a population that responds tremendously to music. I have had the opportunity of seeing persons believed to be incapable of meaningful communication with their peers reach out to "Shake a friend's hand" when I sing those lyrics in a "Hello Song," or initiate a vocal conversation with another individual because they have an instrument he or she wants to play.

Children at the ND School for the Deaf recently shared a Holiday Program of Music for their parents, teachers, and assorted guests, at which Senator Dave Oehlke was present. Children often stigmatized as impulsive and insubordinate stood together and played a large drum in perfect sync with their peers, stopping and starting together, playing fast and slow rhythms and signing familiar songs of the season with appropriate affect for presentation in front of a large group of their peers and adults alike. These are all examples of individuals achieving non-musical goals through music.

As in all other helping professions, it is important to recognize evidence-based practice by qualified and credentialed clinicians, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances and improved access to the growing and important field of music therapy.

Respectfully submitted;



Natasha Thomas

#2

Testimony On House Bill 1352

2011 Legislative Session

January 22nd, 2011

Chairman, Representative Weisz

And Members of the Human Services Committee,

I am very pleased to be writing you a letter of support for HB 1352. I have a son with autism. Aaron was nonverbal for many years, has intellectual disability, sensory processing issues, multiple medical issues, as well as an unknown sleeping disorder. Aaron is the light of my life.

Just about two years ago I was introduced to Natasha Thomas, a certified Music Therapist. This introduction came from a very special mom, with a very special daughter, whom I am very saddened to say is no longer with us. This mom told me all about how music therapy helped her daughter with vision issues as well as a host of medical issues. The smiles it brought to her face; I could see in the mom's eyes this was special. That same smile is now on the face of my son. Natasha has brought Music Therapy into our lives. My son looks forward to her visit, every single time. His vocabulary has increased since she has worked with him on the technique that involves music, rhythm and repetition. My son's social skills are improving every day, partly because other children can relate to him by using songs to communicate and have something in common, the love of music. Music Therapy has brought joy and laughter into our household that sometimes was very silent.

As a parent of a child with special needs, it is important to me that evidenced-based practices are provided by qualified clinicians. As a parent it is very important to me that my child be protected by providers whom are unregulated professionals who may not hold said qualifications. HB 1352 offers these qualifications and assurances. Music Therapy is a growing and important field of practice. For my son, and many more children with special needs, I hope you see to pass this important bill.

Thank You For Your Consideration

Vicki L Peterson

Parent

319 Aspen Avenue

Bismarck, ND 58503

#3

January 21, 2011

Dear Members of the Human Services Committee:

I am pleased to write a letter to support music therapy in North Dakota and House Bill 1352. My child has been served by Natasha Thomas, a private practice music therapist, and we have enjoyed learning more about the field and its utility to several different population groups.

My daughter McKenzie has an autism spectrum disorder and is also developmentally delayed. When she was quite young, we noticed that not only was music something she enjoyed immensely, but an area of strength directly related to her learning. She has learned to spell her name by singing it to a tune, as well as her address, phone number, and other important information. She is able to imitate a tune and play it on the piano, follow directions and patterns to music, and sing many songs that would be considered difficult for many neurotypical children.

Natasha began working with McKenzie when she was seven and for the past three years has worked with her in both individual and in small group settings. She has learned how to follow directions, listen and follow a pattern, do fine and large motor activities, and talk and answer questions to name a few in individual sessions. In group sessions, she has learned to take turns, work with other students on an activity, work together to complete an activity, and have fun with other students in wonderful learning environment. She truly enjoys sessions with Natasha, and it is a joy to see her have so much fun and learn at the same time.

As a parent of a child with special needs, it is important to recognize evidence-based practice by qualified and credentialed clinicians, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances and access with regard to a growing and important field, music therapy. Please consider this bill and its importance to the clinicians as well as our children.

Respectfully submitted,

Patricia Kouba



#4

January 26, 2011

Dear Members of the Human Services Committee:

I am Andrew Knight, assistant professor of music therapy at the University of North Dakota and a board-certified music therapist. Thank you for the time to talk with you about my profession of music therapy today. I would also like to thank Representative Delmore for putting this bill forward, and Reps. Pietsch, Hogan, and Kilichowski, and Senators Fischer and Lee for co-sponsorship.

The official definition of 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.

But these words don't give you the full story about what music therapy is, and why it is effective for several different populations I have served, and soon my students, will serve.

I urge you to take a moment to empathize with the written letters from parents of children with autism, or the families of older adults with dementia in hospice care. The personal stories of music therapy, although anecdotal, are helpful to understand the profound impact of music on all of us. Music therapists research and study these effects and use music to achieve non-musical goals. Music therapy is many things: a social science for researchers to explore, a profession to thousands in the United States, and a treatment modality to hundreds in North Dakota.

There are four national Board-Certified Music Therapists (MT-BCs) in North Dakota. They serve clients in residential care facilities, schools, general medical hospitals, rehabilitation hospitals, hospice, behavioral and mental health agencies, geriatric facilities, group homes, child development centers, and in private practice.

The state of North Dakota supports the music therapy program I am a part of at the University of North Dakota. Our program started in 2000 and has grown exponentially in the past few years, mostly with North Dakota resident students who want to make a difference in the lives of their fellow North Dakotans.

Because music therapy is a skilled profession, qualified music therapists in North Dakota, along with the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT), strongly recommend that "music therapy" become a protected title through a state registry. **This is essential for insuring the safety of North Dakota citizens and for increasing their access to music therapy.**

Board-certified music therapists work within a scope of practice, adhere to a code of professional practice, and demonstrate current competency in the profession. In addition, board-certified music therapists must meet extensive, continuing education and recertification requirements every five years.

There are three main issues that are important about HB 1352. First, this bill provides for the regulation of music therapists and empowers us to serve the citizens of North Dakota with special needs.

Second, this bill supports music therapy in the state that most of our students are from and want to return to following their internship to work at facilities, agencies, and in private practice. Although the University of North Dakota offers a nationally approved bachelors level music therapy training program, all graduates must seek clinical internships outside of North Dakota. Only three of the three dozen graduates of our program from 2004-2008 have returned to North Dakota to practice, mostly because, as Emily Wangen can attest, it is a struggle. Finally, the bill ensures that only qualified and properly credentialed professional music therapists provide services to North Dakotans with special needs.

I appreciate your time in listening to my remarks and invite any questions you may have about our profession or this legislation.

Thank you for your service to North Dakota.

Andrew Knight, MA, MT-BC
Neurologic Music Therapist
Hughes Fine Arts Center, Room 268
3350 Campus Road, Stop 7125
Grand Forks, ND 58202-7125
Andrew.knight@und.edu
701-777-2836

Hello, My name is Emily Wangen, I am a Board Certified Music Therapist and a Certified Neonatal Intensive Care Unit Music Therapist.

I want to thank you, the members of the Human Services Committee, for hearing my story as a 2004 graduate of UND's Music Therapy Program and owner and director of a music therapy private practice named, Music Therapy in Motion, LLC. We practice in several settings and with various populations including 2 of the largest school districts in ND, Grand Forks and Fargo. We also provide private individual and group music therapy sessions to agencies, hospitals, various organizations and to self-paying families throughout the state.

I am one of the first graduates from the UND music therapy program. Back in 2003 it was my dream to be able to provide music therapy to all individuals with special needs, mental health, older adults, crisis centers, and to individuals seeking wellness across the state of North Dakota. In 2010 I can say we are trying our hardest to keep this dream alive.

I have often been told by the numerous parents I visit with on a daily basis that... "When nothing else works... music therapy does!" I believe that is a powerful statement.

On recent example is that I had the opportunity to provide music therapy to pediatric hospice patient and her family. It is truly amazing when a parent says to you, "When nothing else worked, music therapy did!"

I also work with many children on the Autism Spectrum... when I meet with families for the first time they will often tell me... "My child loves music! Although he does not speak, he can hum on pitch or mimic a favorite cartoon song". I often offer that song that the child is interested in and after a couple times of music therapy sessions and specific music therapy techniques.. While the child starts to express his first words! This is not by any means an everyday occurrence, but we know the research that demonstrates effectiveness of music therapy interventions with clients that I see.

As a blessed parent of 2 healthy, beautiful young children, Levi 3 and Lydia 4 months, I am very aware of all the daily tasks that a parent must provide. I am also aware of what parents of individuals with disabilities have to provide... care, communication, and most importantly advocacy. Clients and professionals often tell me that they are so lucky to have music therapy! They often state that they wish it were more readily available to all children, adolescents and adults who need more than the traditional form of treatments.

As I write this letter and speak to you today, I cannot express to you how essential music therapy is, as an equal form of treatment for all individuals including children with special needs, for agencies who serve adults and older adults with mental health and intellectual disabilities, for hospitals, skilled nursing facilities, incarceration, behavioral units, crisis intervention centers, troubled youth, preschools, early intervention programs, daycares, and refugees seeking a universal language in a foreign country.

As of last year, Jan, I was traveling over 900 miles per week to reach children as far as Grafton, Park River, Crookston, Climax, Grand Forks, Fargo, Valley City, and Larimore, sometimes seeing over 100 children a day. However, due to the lack of funding, most of these private practice individuals have exhausted their grant funding or their personal pocket books, as there is no additional funding for our services.

As a result of that, there are fewer jobs in the state of ND for the 35 Music Therapy students that we enrolled in our MT program at UND this spring. However, most importantly, the children and individuals who were improving in areas of social skills, communication, expressive and receptive language, self-esteem, attention and those able to follow directions with minimal prompts, have now all been discontinued from MT services because of grant funding running out.

Through my private practice, it has been my goal to be able to provide our students with ND music therapy positions as they complete their clinical coursework. Thus far we have 2 full time positions, and 1 part time position. However, what are we going to be able to provide for the rest of the students enrolled in our program at UND? Also, what can we do about the other 4 MT's currently looking for work in the state of ND, not to mention the number of MT's who have left the state to go elsewhere because of the inability to find work here.

I ask that you consider a music therapy registry as the first step in making sure that we as music therapists are able to provide the best quality services with the highest quality professionals.

I thank you for your time and consideration of this bill, as it is the first step in helping us spread the ability to access music therapy across the state of ND. Many parents in our state would love to have the opportunity to work with a music therapist as they have seen the evidenced based research regarding the effectiveness of our work. We ask you in helping our children, families, agencies, schools and persons who are in need of assistance to be able to access qualified music therapy professionals by the recognition of the board certification credential.

With much thanks and appreciation,

Sincerely,

Emily J. Wangen, MT-BC, BM in MT, NICU-MT
Music Therapy in Motion, LLC, Owner/Director

#6

SPEECH, LANGUAGE AND HEARING CLINIC

UNIVERSITY OF NORTH DAKOTA
P.O. BOX 8040
GRAND FORKS, ND 58202-8040
701 - 777-3232

Dear Members of the Human Services Committee:

I am pleased to write a letter to support music therapy in North Dakota and House Bill 1352. I work with Andrew Knight, a faculty member in music therapy at the University of North Dakota, and have enjoyed learning more about the field and its utility to several different population groups.

Mr. Knight and I have collaborated to incorporate music therapy into a communication program serving handicapped toddlers located at UND. This group, the Toddler Language Circle, (TLC), is comprised of toddlers from the North Dakota Infant Development Program. Graduate student clinicians from the Department of Communication Sciences and Disorders provide direct communication services to these children in need of speech and language intervention. Music therapy has been a welcome addition and has drawn raves from my students and the families we serve!

Music Therapy is an established health-care profession. Goals are non-music related and commonly address social, cognitive, emotional, behavioral, and physical needs. Once goals are established (following assessment and baseline data), treatment is delivered through music experiences specifically tailored to the individuals' needs.

Because music and speech are structurally similar, however processed differently in the brain, music can elicit responses from individuals which otherwise would be impossible if processed strictly through the speech pathways of the brain. Following a stroke, some patients are unable to speak, however they can sing clearly without challenge. "Individuals with particular types of aphasia may be incapable of producing voluntary speech but automatic, over-learned responses can be elicited. Music therapists can capitalize on this existing strength by using familiar songs, melodies, etc. to stimulate responses working toward more functional speech responses." (Hobson, 2006).

Singing is effective in speech rehabilitation as well because it shares the same natural expression as speech such as inflection of tone that is naturally incorporated into speaking and important to interpreting what others are saying. Other "benefits to speech that may result from singing include controlled rate of speech; improved articulation; intelligibility and vocal frequency; and increased vocal intensity, break, and muscle control." (Hobson, 2006). Music can highly benefit

articulation problems and perception of pitch contour in speech. Harmonic changes often imitate sentence structure and the natural rise and fall of speech.

What can I do in speech and language therapy that helps children stay attentive; motivates them to vocalize; teaches them to imitate motor movements, speech sounds, words and phrases; and gives parents enjoyable practice materials for home and daily routines? The answer is to sing a simple song. Music is used to engage children and promote communication and self-regulation. Music is used to promote social awareness, provides motivation to respond to and initiate interactions with others, helps to develop receptive and expressive language and pretend play.

Not everyone realizes what the gift of music can bring to the speech-language pathology world. Songs may contribute to language acquisition in three important ways:

1. The emotional aspect of the song may provide motivation for learning.
2. The presence of pitch contours may enhance phonological discrimination.
3. The consistent mapping of musical and linguistic structure may optimize the operation of learning mechanisms

As in all helping professions such as mine and music therapy, it is important to recognize evidence-based practice by **qualified and credentialed clinicians**, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances with regard to a growing and important field, music therapy.

Respectfully submitted,
Peggy Biberdorf, M.S., CCC-SLP
Speech-Language Pathologist and Clinical Instructor

References:

Hobson, Marly Rychener. (2006). The Collaboration of Music Therapy and Speech-Language Pathology in the Treatment of Neurogenic Communication Disorders: Part I – Diagnosis, Therapist Roles, and Rationale for Music. *Music Therapy Perspectives* 24, (2). 58-65.

King, Betsey. (2007). Language and Speech: Distinguishing Between Aphasia, Apraxia, and Dysarthria in Music Therapy Research and Practice. *Music Therapy Perspectives* 25, (1). 13-18.

Dear members of ND legislation:

I am writing as a to encourage you to support music therapy HB 1352 in North Dakota. It is vital that the state, with the rising number of children with autism and similar disabilities be able to access this therapeutic option as a reimbursable service through private insurance, medicaid and medicare.


I am the parent of a child with autism, and a senior psychology undergraduate student at UND studying several areas of ASD disorders. I want to share with you my experience. My son Chandler is 8 years old. He has been in intensive Speech services since the age of 2. He spoke under 50 words. Over 2010, I was lucky enough to win a radio contest that would pay a bill of my choice. I chose music therapy for my son. I was in disbelief as I heard him humming melodies, tapping out rhythms, and new emerging words began. There is no doubt that music therapy has resulted in a large communication increase for my child.

It is equally important that more school systems across North Dakota begin to incorporate music therapy into the curriculum for special needs children. For most children with special needs, music is cut off to them at some point in their education. They are entitled to the same benefits that music brings to other students, and it is important our schools support this and recognize the health, communication, and psychological benefits for those students and their families.

Music therapy is an empirically reviewed, research-based therapy. It is not new, as it has been practiced for years, and has in place planned treatment, goals, and objectives. It addresses the needs of children and adults with physical, psychological, cognitive, social, and communication challenges. It also includes wellness programs to maintain good health. It would be important for North Dakota to have a registry for music therapists so parents and family members are assured that only qualified therapists are providing this needed service.

I ask you to support this important piece of legislation, which will make such a difference in the lives of constituents you serve.

Sincerely,
Nicole Thorson




1009 N, 3rd street
Grand Forks, ND 58201
January 24, 2011

8

To Whom It May Concern:

Music Therapy in my Multi-handicap room has really benefited my students. They range in a variety of developmental levels. Music Therapy has helped develop many of the skills I'm working on with my students in a more "fun" and "interesting" way for these students. Without Music Therapy, I strongly feel they would not have made some of the nice gains they have over the years I've been with them. Music helps open up my students' ability to attend better and makes them more actively engaged in learning the concepts I want them to learn. I hope that Music Therapy will continue to be a part of their program here at Wilder Elementary or wherever they will continue their public education. Please feel free to call me if you have any questions or need more information from me. Thank you!

Sincerely,



Mrs. Lori Jensen
Special Education Teacher
Wilder Elementary
(701) 787-4537

#9

To whom it may concern:

I am writing this letter today to try to have you see Autism from a parents perspective. Our son Ethan developed typically and then regressed starting at 18 months old.

Like most loving parents, you visit with others who have gone through a similar ordeal and look to find answers to your child's issues. Ethan had many issues. Some of those consisted of no speech, no interaction, and no play. We heard from parents from our local Autism support group about Music Therapy and how it helped their child. Since the state, school or insurance didn't pay for it, it was the parent testimonials that made us decide to give it a try.

We paid out of pocket for Music Therapy for over 2 years and we also paid for mileage for her to come to our town. It was worth every penny. Ethan developed language, a love for music, started to interact with others and it also taught him to follow directions while working on his sensory issues as well.

When you are making decisions to benefit children, please listen to the parents. We know what works. Music Therapy is one of those things.

Sincerely,

Donny and Jalene Suda
Grafton, ND

#10

Dear Legislator,

I would like you to know that Music Therapy has been a good thing for my children affected by autism. In the school setting it was beneficial for peer interaction, social skills, language development and much more. In the home, it was helpful for our children to become engaged with each other as well as with us. It is one of many treatments proven beneficial for children with autism and other disabilities. Our funds are exhausted and that is how we determined how much music therapy our children could receive. Unfortunately they would have benefitted from having regular ongoing music therapy that we cannot afford.

We were able to incorporate Music Therapy into our son's school day (just like Occupational Therapy, Physical Therapy and Speech Therapy) but it had to be paid out of our own pocket. Music Therapy involves goals, planning, objectives to reach the desired goals and is provided by licensed therapists. Music Therapy in North Dakota is a great idea that everyone should want to associate themselves with by doing what they can to get it recognized in our state. Friends who live 15 miles away have Music Therapy as a recognized treatment that is covered by insurance. A river shouldn't be the reason my children cannot receive this same beneficial treatment.

Thank you

Janice Kern

Grafton North Dakota

701-352-4980

Mom to Kenny, Charlie, Tommy and Jack

Supporter of Music Therapy for North Dakota kids!!

#11

January 25, 2011

DEPARTMENT OF MUSIC
HUGHES FINE ARTS BUILDING ROOM 110
3350 CAMPUS ROAD STOP 7125
GRAND FORKS ND 58202-7125
(701) 777-2644
FAX (701) 777-3320

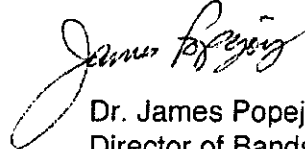
Dear Members of the Human Services Committee:

I am pleased to write a letter to support music therapy in North Dakota and House Bill 1352. Andrew Knight, one of the proponents of this bill, is a colleague of mine at the University of North Dakota where he serves as an Assistant Professor of Music Therapy. Professor Knight has shared with me much information about this field and its utility to several different population groups.

During the eleven years I have worked as a professor in the Department of Music at the University of North Dakota, I have also had the opportunity to work and observe our Music Therapy program since its inception by our Associate Professor of Music Therapy, Therese Costes. In that time I have worked with a countless number of our music therapy majors in my ensembles and classes, as well as developed an appreciation for what this field offers our special needs population in this region. Through this interaction, I have grown to recognize that this work is truly making a difference in the lives of so many people. It is my hope that this field continues to expand, and that the state of North Dakota will provide leadership in this endeavor.

As in all helping professions such as music therapy, it is important to recognize evidence-based practice by qualified and credentialed clinicians, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances with regard to a growing and important field, music therapy.

Sincerely,



Dr. James Popejoy
Director of Bands
Professor of Music
University of North Dakota
3350 Campus Road, Stop 7125
Grand Forks, ND 58202-7125
james.popejoy@und.edu
701-777-2815

#12

January 24, 2011

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HUGHES FINE ARTS BUILDING ROOM 110
3350 CAMPUS ROAD STOP 7125
GRAND FORKS ND 58202-7125
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FAX (701) 777-3320

RE: HB 1352 - Recognition of the credentials MT-BC (music therapist-board certified) for practice of music therapy in North Dakota

To Whom It May Concern:

My name is Therese Costes and I direct the Music Therapy Program at the University of North Dakota, now in its eleventh year. I am writing to express my strong support for Bill HB 1352. Recognition of the MT-BC credential will guarantee that only qualified and appropriately trained professionals practice music therapy in the state of North Dakota. Recognition of the MT-BC credential will increase access to music therapy services and insure that the citizens of North Dakota receive a professional standard of care.

The training required to become an MT-BC is rigorous and demanding. As an example, our program at UND is approved by the American Music Therapy Association (AMTA), and complies with the Standards for Education and Clinical Training as outlined by AMTA. The four and one-half year program leads to a Bachelor of Music in Music Therapy. Graduates of the program take the national certification examination offered by the Certification Board for Music Therapists (CBMT). After passing this exam, the individual becomes a board-certified music therapist (MT-BC). To demonstrate continued competence and to maintain the MT-BC credential, music therapists are required every five years to complete 100 hours of continuing music therapy education, or to re-take and pass the CBMT examination. Board-certified music therapists are expected to work within a scope of practice and adhere to a code of professional practice and ethics.

Bill HB 1352 will encourage state agencies and school districts to establish positions for music therapists. Graduates of the UND Music Therapy Program, who must currently leave the state to practice music therapy, may soon have the opportunity to practice music therapy in their home state, serving several thousand children and adults who have disabilities.

Thank you for your support of music therapy.

Sincerely,

Therese Costes

Therese Costes
Director of Music Therapy
Associate Professor
Department of Music
3350 Campus Road, 7125 Stop
Grand Forks, 58202
North Dakota

January 21, 2011

#1

Dear Members of the Human Services Committee:

I am pleased to write a letter to support music therapy in North Dakota and House Bill 1352. My child has been served by Natasha Thomas, a private practice music therapist, and we have enjoyed learning more about the field and its utility to several different population groups.

My daughter McKenzie has an autism spectrum disorder and is also developmentally delayed. When she was quite young, we noticed that not only was music something she enjoyed immensely, but an area of strength directly related to her learning. She has learned to spell her name by singing it to a tune, as well as her address, phone number, and other important information. She is able to imitate a tune and play it on the piano, follow directions and patterns to music, and sing many songs that would be considered difficult for many neurotypical children.

Natasha began working with McKenzie when she was seven and for the past three years has worked with her in both individual and in small group settings. She has learned how to follow directions, listen and follow a pattern, do fine and large motor activities, and talk and answer questions to name a few in individual sessions. In group sessions, she has learned to take turns, work with other students on an activity, work together to complete an activity, and have fun with other students in wonderful learning environment. She truly enjoys sessions with Natasha, and it is a joy to see her have so much fun and learn at the same time.

As a parent of a child with special needs, it is important to recognize evidence-based practice by qualified and credentialed clinicians, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances and access with regard to a growing and important field, music therapy. Please consider this bill and its importance to the clinicians as well as our children.

Respectfully submitted,

Patricia Kouba

Natasha Thomas, MT-BC
Music Therapist, Board Certified
Braille Music Specialist
North Dakota Vision Services, School for the Blind
ND School for the Deaf

Dear Members of the Human Services Committee:

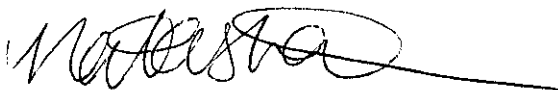
It is my profound pleasure to be writing a letter in support of music therapy in North Dakota and House Bill 1352. I am a Music Therapist employed part time by the North Dakota School for the Deaf, ND Vision Services/School for the Blind, and a variety of private entities, including Music Therapy in Motion LLC, which is owned and operated by Emily Wangen. I am a graduate of the Music Therapy Program at UND, currently being run by Andrew Knight and Therese Costes, and it has been my joy over the 3 years since passing my Board Certification exam to serve the State of North Dakota in a field with such utility for so many population groups.

A growing number of children in our country are born with Autism. Individuals with Autism (children and adults) comprise a large percentage of the people I serve. They are also a population that responds tremendously to music. I have had the opportunity of seeing persons believed to be incapable of meaningful communication with their peers reach out to "Shake a friend's hand" when I sing those lyrics in a "Hello Song," or initiate a vocal conversation with another individual because they have an instrument he or she wants to play.

Children at the ND School for the Deaf recently shared a Holiday Program of Music for their parents, teachers, and assorted guests, at which Senator Dave Oehlke was present. Children often stigmatized as impulsive and insubordinate stood together and played a large drum in perfect sync with their peers, stopping and starting together, playing fast and slow rhythms and signing familiar songs of the season with appropriate affect for presentation in front of a large group of their peers and adults alike. These are all examples of individuals achieving non-musical goals through music.

As in all other helping professions, it is important to recognize evidence-based practice by qualified and credentialed clinicians, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances and improved access to the growing and important field of music therapy.

Respectfully submitted;

A handwritten signature in black ink, appearing to read "Natasha Thomas", with a long horizontal line extending to the right.

Natasha Thomas

January 25, 2011

DEPARTMENT OF MUSIC
HUGHES FINE ARTS BUILDING ROOM 110
3350 CAMPUS ROAD STOP 7125
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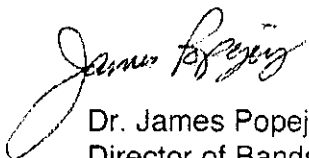
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During the eleven years I have worked as a professor in the Department of Music at the University of North Dakota, I have also had the opportunity to work and observe our Music Therapy program since its inception by our Associate Professor of Music Therapy, Therese Costes. In that time I have worked with a countless number of our music therapy majors in my ensembles and classes, as well as developed an appreciation for what this field offers our special needs population in this region. Through this interaction, I have grown to recognize that this work is truly making a difference in the lives of so many people. It is my hope that this field continues to expand, and that the state of North Dakota will provide leadership in this endeavor.

As in all helping professions such as music therapy, it is important to recognize evidence-based practice by qualified and credentialed clinicians, and to protect citizens with special or different needs from unregulated professionals who may not hold said qualifications. HB 1352 offers North Dakotans quality assurances with regard to a growing and important field, music therapy.

Sincerely,



Dr. James Popejoy
Director of Bands
Professor of Music
University of North Dakota
3350 Campus Road, Stop 7125
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james.popejoy@und.edu
701-777-2815

Testimony On House Bill 1352

2011 Legislative Session

January 22nd, 2011

Chairman, Representative Weisz

And Members of the Human Services Committee,

I am very pleased to be writing you a letter of support for HB 1352. I have a son with autism. Aaron was nonverbal for many years, has intellectual disability, sensory processing issues, multiple medical issues, as well as an unknown sleeping disorder. Aaron is the light of my life.

Just about two years ago I was introduced to Natasha Thomas, a certified Music Therapist. This introduction came from a very special mom, with a very special daughter, whom I am very saddened to say is no longer with us. This mom told me all about how music therapy helped her daughter with vision issues as well as a host of medical issues. The smiles it brought to her face; I could see in the mom's eyes this was special. That same smile is now on the face of my son. Natasha has brought Music Therapy into our lives. My son looks forward to her visit, every single time. His vocabulary has increased since she has worked with him on the technique that involves music, rhythm and repetition. My son's social skills are improving every day, partly because other children can relate to him by using songs to communicate and have something in common, the love of music. Music Therapy has brought joy and laughter into our household that sometimes was very silent.

As a parent of a child with special needs, it is important to me that evidenced-based practices are provided by qualified clinicians. As a parent it is very important to me that my child be protected by providers whom are unregulated professionals who may not hold said qualifications. HB 1352 offers these qualifications and assurances. Music Therapy is a growing and important field of practice. For my son, and many more children with special needs, I hope you see to pass this important bill.

Thank You For Your Consideration

Vicki L Peterson

Parent

319 Aspen Avenue

Bismarck, ND 58503

Music Therapy in North Dakota

Serving Individuals with Special Needs

Fact Sheet

What is music therapy?

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. (*American Music Therapy Association (AMTA) definition, 2011*)

North Dakotans receiving music therapy services, weekly estimate

<i>Demographic</i>	<i>City</i>	<i>County</i>	<i>Total</i>
North Dakota Vision/School for the Blind	Pembina, Walsh, and GF counties		40
Students K-12 Valley City Public Schools	Valley City	Barnes	20
Children, private practice	Bismarck	Burleigh	10
Children, private practice	Fargo	Cass	20
Students K-12 Fargo Public Schools	Fargo	Cass	250
Adults with developmental disabilities	Grand Forks	Grand Forks	180*
Preschool children with language delay	Grand Forks	Grand Forks	6
Children, private practice	Grand Forks	Grand Forks	10
Patients at Altru hospital (three units)	Grand Forks	Grand Forks	10
Ruth Meier Adolescent Treatment Facility	Grand Forks	Grand Forks	10
Valley Eldercare, older adults	Grand Forks	Grand Forks	15
LISTEN Day Services, adults	Grand Forks	Grand Forks	15
Lutheran Social Services (K-12 students)	Grand Forks	Grand Forks	15
Students K-12 Grand Forks Public Schools	Grand Forks	Grand Forks	150
North Dakota School for the Deaf	Devils Lake	Ramsey	15
	7 cities		766*

*Grants in progress in Grand Forks, Jamestown, Bismarck, and Valley City for starting or continuing music therapy services with nonprofit agencies.

Unfortunately, many more could benefit from music therapy services, but have no access to services due to a lack of state recognition of our clinical training and board certification.

Who practices music therapy in North Dakota and what facilities do they serve?

There are six national Board-Certified Music Therapists (MT-BCs) in North Dakota. They serve clients in residential care facilities, schools, general medical hospitals, rehabilitation hospitals, hospice, behavioral and mental health agencies, geriatric facilities, group homes, child development centers, and in private practice.

(Next page)

Where are professionals trained in music therapy in North Dakota?

University of North Dakota offers a nationally-approved bachelor of music degree in music therapy and facilitates research for publication to advance the evidence base of music therapy.

The music therapy degree program requires:

- Completion of coursework toward the bachelor's degree at one of 72 AMTA-approved institutions (UND is the only one in ND)
- Completion of a minimum of four clinical practicum experiences in the community
- Completion of a minimum of 1200 clinical training hours, including a supervised internship

Upon completion of the degree requirements, individuals are eligible to sit for the national examination offered by the Certification Board for Music Therapists (CBMT). Music therapists who successfully complete the independently administered examination hold the music therapist-board certified credential (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.

Although the University of North Dakota offers a nationally approved bachelors level music therapy training program, all graduates must leave the state for clinical internships and ready employment in neighboring states, including Minnesota and Iowa, due to the lack of professional opportunities in our state.

How to advance music therapy in North Dakota

Because music therapy is a skilled profession, qualified music therapists in North Dakota, along with the American Music Therapy Association and the Certification Board for Music Therapists, strongly recommend that "music therapy" become a protected title through a state license or registry. **This is essential for insuring the safety of North Dakota citizens and for increasing their access to music therapy.** Board-certified music therapists work within a scope of practice, adhere to a code of professional practice, and demonstrate current competency in the profession.

American Music Therapy Association (AMTA) - www.musictherapy.org

AMTA is a nonprofit professional organization representing approximately 5,000 music therapists nationwide. AMTA's purpose is the progressive development of the therapeutic use of music in rehabilitation, special education, and community settings.

Certification Board for Music Therapists (CBMT) - www.cbmt.org

CBMT is an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. CBMT is committed to insuring competent practice and consumer protection in music therapy services.

Contact Andrew Knight for questions/comments on this fact sheet.

Assistant Professor of Music Therapy

University of North Dakota

701-777-2836

Andrew.knight@und.edu

Summary of Amendments Proposed for HB 1352 – Music Therapy Registry

Lines 12-16, pg. 2, change to:

“The registration provisions of this chapter INSERT

...shall not prevent or restrict the practice, services, or activities of any person licensed in another profession or personnel supervised by a licensed professional in this State performing work incidental to the practice of his or her profession or occupation, if that person does not represent himself or herself as a music therapist.

Rationale: This clause protects other professionals who use music as part of their work (e.g. occupational therapists, speech therapists, psychologists, etc.). This bill is not intended to restrict other professionals from using music in their practice, but protects music therapy practice by asking that these other professionals not call their use of music “music therapy.”

Lines 30-31, pg. 2, and Lines 1-2, pg. 3 CHANGE TO:

a. holds the Music Therapist-Board Certified (MT-BC) credential from the Certification Board for Music Therapists; or holds a professional designation from the National Music Therapy Registry (NMTR), which includes Registered Music Therapist (RMT), Certified Music Therapist (CMT), and Advanced Certified Music Therapist (ACMT).

Rationale: Added to include music therapists who hold a designation through the National Music Therapy Registry. This clause protects those music therapists from being ineligible to be included on the North Dakota Registry.

Line 20, pg. 2 Cost of registry

The cost for annual registration for a music therapist is currently at \$100. That would make North Dakota the most expensive registry in the nation. Given that North Dakota music therapists are currently not recognized, receive no reimbursements from insurers, and are thus among the lowest paid music therapists in the nation, this proportion is too large.

Recommend change from \$100 to \$50 per year for ND MT registry.

Rationale: The Music Therapy Registry is a cost-neutral additional to the state and will need very little money to administrate. Additionally, adding a significant cost could be prohibitive for young professionals who are looking to work in North Dakota.

Dear members of ND legislation:

I am writing as a to encourage you to support music therapy HB 1352 in North Dakota. It is vital that the state, with the rising number of children with autism and similar disabilities be able to access this therapeutic option as a reimbursable service through private insurance, medicaid and medicare.

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I ask you to support this important piece of legislation, which will make such a difference in the lives of constituents you serve.

Sincerely,
Nicole Thorson

To whom it may concern:

I am writing this letter today to try to have you see Autism from a parents perspective. Our son Ethan developed typically and then regressed starting at 18 months old.

Like most loving parents, you visit with others who have gone through a similar ordeal and look to find answers to your child's issues. Ethan had many issues. Some of those consisted of no speech, no interaction, and no play. We heard from parents from our local Autism support group about Music Therapy and how it helped their child. Since the state, school or insurance didn't pay for it, it was the parent testimonials that made us decide to give it a try.

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1009 N, 3rd street
Grand Forks, ND 58201
January 24, 2011

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Sincerely,

Mrs. Lori Jensen
Special Education Teacher
Wilder Elementary
(701) 787-4537

January 25, 2011

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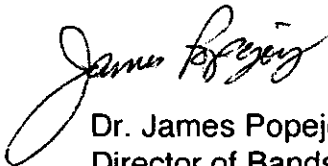
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Director of Bands
Professor of Music
University of North Dakota
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January 24, 2011

RE: HB 1352 - Recognition of the credentials MT-BC (music therapist-board certified) for practice of music therapy in North Dakota

To Whom It May Concern:

My name is Therese Costes and I direct the Music Therapy Program at the University of North Dakota, now in its eleventh year. I am writing to express my strong support for Bill HB 1352. Recognition of the MT-BC credential will guarantee that only qualified and appropriately trained professionals practice music therapy in the state of North Dakota. Recognition of the MT-BC credential will increase access to music therapy services and insure that the citizens of North Dakota receive a professional standard of care.

The training required to become an MT-BC is rigorous and demanding. As an example, our program at UND is approved by the American Music Therapy Association (AMTA), and complies with the Standards for Education and Clinical Training as outlined by AMTA. The four and one-half year program leads to a Bachelor of Music in Music Therapy. Graduates of the program take the national certification examination offered by the Certification Board for Music Therapists (CBMT). After passing this exam, the individual becomes a board-certified music therapist (MT-BC). To demonstrate continued competence and to maintain the MT-BC credential, music therapists are required every five years to complete 100 hours of continuing music therapy education, or to re-take and pass the CBMT examination. Board-certified music therapists are expected to work within a scope of practice and adhere to a code of professional practice and ethics.

Bill HB 1352 will encourage state agencies and school districts to establish positions for music therapists. Graduates of the UND Music Therapy Program, who must currently leave the state to practice music therapy, may soon have the opportunity to practice music therapy in their home state, serving several thousand children and adults who have disabilities.

Thank you for your support of music therapy.

Sincerely,



Therese Costes
Director of Music Therapy
Associate Professor
Department of Music
3350 Campus Road, 7125 Stop
Grand Forks, 58202
North Dakota



March 9, 2011

Dear Members of the Senate Human Services Committee:

I am assistant professor of music therapy at the University of North Dakota and a board-certified music therapist. Thank you for considering HB 1352 about my profession of music therapy today. I would also like to thank Representative Delmore for putting this bill forward and Senators Fischer and Lee for co-sponsorship.

The official definition of 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.

But these words don't give you the full story about what music therapy is, and why it is effective for several different populations I have served, and soon my students, will serve.

I urge you to take a moment to empathize with the written letters from parents of children with autism, or the families of older adults with dementia in hospice care. The personal stories of music therapy, although anecdotal, are helpful to understand the profound impact of music on all of us. Music therapists research and study these effects and use music to achieve non-musical goals. Music therapy is many things: a social science for researchers to explore, a profession to thousands in the United States, and a treatment modality to hundreds in North Dakota.

There are four national Board-Certified Music Therapists (MT-BCs) in North Dakota. They serve clients in residential care facilities, schools, general medical hospitals, rehabilitation hospitals, hospice, behavioral and mental health agencies, geriatric facilities, group homes, child development centers, and in private practice. This may seem like music therapy is progressing well in our state, but these jobs are created only through an extraordinary amount of hard work by the clinicians to "sell" music therapy, which is so new to the upper Midwest. Most of these facilities get music therapists to attend to their populations through fleeting grants, minimal sliding pay scales, or the good faith and volunteerism of a music therapist who is willing to put time in to a situation in the hope that an administrator may see the progress being made and begin to pay for services.

The state of North Dakota supports the music therapy program I am a part of at the University of North Dakota. Our program started in 2000 and has grown exponentially in the past few years, mostly with North Dakota resident students who want to make a difference in the lives of their fellow statespersons.

Because music therapy is a skilled profession, qualified music therapists in North Dakota, along with the American Music Therapy Association (AMTA) and the Certification Board for Music

Therapists (CBMT), strongly recommend that “music therapy” become a protected title through a state registry. **This is essential for insuring the safety of North Dakota citizens and for increasing their access to music therapy.**

Board-certified music therapists work within a scope of practice, adhere to a code of professional practice, and demonstrate current competency in the profession. In addition, board-certified music therapists must meet extensive continuing education and recertification requirements every five years.

There are three main issues that are important about HB 1352. First, this bill provides for the regulation of music therapists and empowers us to serve the citizens of North Dakota with special needs.

Second, this bill supports music therapy in the state that most of our students are from and want to return to following their internship to work at facilities, agencies, and in private practice. Although the University of North Dakota offers a nationally approved bachelors level music therapy training program, all graduates must seek clinical internships outside of North Dakota. Only three of the three dozen graduates of our program from 2004-2010 have returned to North Dakota to practice and are currently practicing, mostly because, as Emily Wangen can attest, it is a struggle. Finally, the bill ensures that only qualified and properly credentialed professional music therapists provide services to North Dakotans with special needs.

I invite any subsequent questions you may have about our profession or this legislation.

Thank you for your service to North Dakota.

Andrew Knight, MA, MT-BC
Neurologic Music Therapist
Assistant Professor
Hughes Fine Arts Center, Room 268
3350 Campus Road, Stop 7125
Grand Forks, ND 58202-7125
Andrew.knight@und.edu
701-777-2836

#3

Journal of Music Therapy

Hello, My name is Emily Wangen, I am a Board Certified Music Therapist and a Certified Neonatal Intensive Care Unit Music Therapist.

I want to thank you, the ^{Chairman} members of the Human Services Committee, for hearing my story as a 2004 graduate of UND's Music Therapy Program and owner and director of a music therapy private practice named, Music Therapy in Motion, LLC. We practice in several settings and with various populations including 2 of the largest school districts in ND, Grand Forks and Fargo. We also provide private individual and group music therapy sessions to agencies, hospitals, various organizations and to self-paying families throughout the state.

Curriculum that would

I am one of the first graduates from the UND music therapy program. Back in 2003 it was my dream to be able to provide music therapy to all individuals with special needs, mental health, older adults, crisis centers, and to individuals seeking wellness across the state of North Dakota. In 2010 I can say we are trying our hardest to keep this dream alive.

I have often been told by the numerous parents I visit with on a daily basis that... "When nothing else works... music therapy does!" I believe that is a powerful statement.

offer

One recent example is that I had the opportunity to provide music therapy to a pediatric hospice patient and her family. It is truly amazing when a parent says to you, "When nothing else worked, music therapy did!"

DTI

I also work with many children on the Autism Spectrum... when I meet with families for the first time they will often tell me... "My child loves music! Although he does not speak, he can hum on pitch or mimic a favorite cartoon song". I often offer that song that the child is interested in and after a couple ~~times~~ of music therapy

sessions and specific music therapy techniques.. ~~While~~ the child starts to express his first words! This is not by any means an everyday occurrence, but we know the research that demonstrates effectiveness of music therapy interventions with clients that I see.

As a blessed parent of 2 healthy, beautiful young children, ~~Levi 3~~ and Lydia 4 months, I am very aware of all the daily tasks that a parent must provide. I am also aware of what parents of individuals with disabilities have to provide... care, communication, and most importantly advocacy. Clients and professionals often tell me that they are so lucky to have music therapy! They often state that they wish it were more readily available to all children, adolescents and adults who need more than the traditional form of treatments.

As I write this letter and speak to you today, I cannot express to you how essential music therapy is, as an equal form of treatment for all individuals including children with special needs, for agencies who serve adults and older adults with mental health and intellectual disabilities, for hospitals, skilled nursing facilities, incarceration, behavioral units, crisis intervention centers, troubled youth, preschools, early intervention programs, daycares, and refugees seeking a universal language in a foreign country.

As of last year, Jan, I was traveling over 900 miles per week to reach children as far as Grafton, Park River, Crookston, Climax, Grand Forks, Fargo, Valley City, and Larimore, sometimes seeing over 100 children a day. However, due to the lack of funding, most of these private practice individuals have exhausted their grant funding or their personal pocket books, as there is no ~~additional~~ *third party membership* funding for our services.

As a result of that, there are fewer jobs in the state of ND for the 35 Music Therapy students that we enrolled in our MT program at UND this spring. However, most importantly, the children and

individuals who were improving in areas of social skills, communication, expressive and receptive language, self-esteem, attention and those able to follow directions with minimal prompts, have now all been discontinued from MT services because of grant funding running out.

Through my private practice, it has been my goal to be able to provide our students with ND music therapy positions as they complete their clinical coursework. Thus far we have 2 full time positions, and 1 part time position. However, what are we going to be able to provide for the rest of the students enrolled in our program at UND? Also, what can we do about the other 4 MT's currently looking for work in the state of ND, not to mention the number of MT's who have left the state to go elsewhere because of the inability to find work here.

I ask that you consider a music therapy registry as the first step in making sure that we as music therapists are able to provide the best quality services with the highest quality professionals.

I thank you for your time and consideration of this bill, as it is the first step in helping us spread the ability to access music therapy across the state of ND. Many parents in our state would love to have the opportunity to work with a music therapist as they have seen the evidenced based research regarding the effectiveness of our work. We ask you in helping our children, families, agencies, schools and persons who are in need of assistance to be able to access qualified music therapy professionals by the recognition of the board certification credential.

With much thanks and appreciation,

Sincerely,

Emily J. Wangen,

Testimony in Favor of House Bill 1352**2011 Legislative Session****March 9th, 2011**

Chairperson Lee

And Members of the Senate Human Services Committee,

Good Morning. My name is Vicki Peterson and I reside in Bismarck. I am very pleased to be here today in support of HB 1352 which will create a Music Therapist Registry.

I have a 9 yr. old son with autism. Aaron was nonverbal for many years, has an intellectual disability, sensory processing issues, multiple medical issues, as well as an unknown sleeping disorder. Aaron received Early Intervention Services at a very early age of 10 mos., and it was then I first heard of Music Therapy as I attended a National Autism conference for parent training. When I returned to ND, I was unsure of where to look for these services as I knew my son would benefit greatly with the impact of music throughout his day. I was told then that such a program does not exist in ND, but maybe a music teacher could help. I explained that I was in search of a music therapist, whom was trained in evidence-based music intervention to improve individualized goals for my son in the areas of social interaction, verbal communication and sensory related areas in a 1:1 relationship. I was told again none in the area.

A couple years later I again came in contact with Music Therapy when I attended a local Parent conference. At that time I asked how I could access this wonderful therapy that I knew in my heart would benefit my child in so many ways. It took some time but I was eventually introduced to a music therapist whom could possibly help us receive music therapy for my son. This introduction came from a very special mom, with a very special daughter, whom I am very saddened to say is no longer with us. This mom told me all about how music therapy helped her daughter with vision issues as well as a host of medical issues. The smiles it brought to her face; I could see in the mom's eyes this was special. That same smile is now on the face of my son. My son looks forward to her visit, every single time. His vocabulary has increased since she has worked with him on the technique that involves music, rhythm and repetition. My son's social skills are improving every day, partly because other children can relate to him by using songs to communicate and have something in common, the love of music. Music Therapy has brought joy and laughter into our household that sometimes was very silent.

As a parent of a child with special needs, it is important to me that evidenced-based practices are provided by qualified clinicians. As a parent it is very important to me that my child be protected by providers whom are unregulated professionals who may not hold said qualifications. HB 1352 offers these qualifications and assurances. Music Therapy is a growing and important field of practice. For my son, and many more children with special needs, I hope you see to pass this important bill.

Thank You For Your Consideration

Vicki L Peterson

Parent

319 Aspen Avenue

Bismarck, ND 58503



From: Lee, Judy E.
Sent: Tuesday, March 15, 2011 8:10 AM
Subject: NDLA, S HMS
Attachments: FW: Music therapy info on HB 1352
bib_autism.pdf; ATT00001...htm; MT Medicine 2006.pdf; ATT00002...htm

Please print for our books.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

#5

From: Andrew Knight [mailto:Andrew.Knight@und.edu]
Sent: Monday, March 14, 2011 8:26 PM
To: Lee, Judy E.; Uglem, Gerald P.; Berry, Spencer D.; Dever, Dick D.; Mathern, Tim
Subject: Music therapy info on HB 1352

Dear Chairwoman Lee and Members of the State Senate Human Services Committee,

Although I was unable to attend the Human Services Committee hearing on HB 1352 regarding establishment of a music therapy registry, I would like to thank you for your attention to this issue. As you continue to deliberate on your committee and later full Senate vote for HB 1352, please let me know if there is any information that I may personally assist you with. Clinical questions are expertly handled by our two primary ND clinicians who testified personally, Ms. Wangen and Ms. Thomas.

They also relayed some questions and requests for more information from the hearing on Wednesday. I thought I would hold up my end of the bargain (since I could not travel to Bismarck) and provide that for you. Please feel free to continue corresponding if there is anything I can clarify for you. I was told the three points of information were on the curriculum of the music therapy program at UND specifically, the national registry of music therapists, and about research in the profession. I have attempted to clarify those issues below.

1. The curriculum of the UND Music Therapy program

The Music Therapy major is a competency-based program, which includes both academic and clinical work, culminating in an American Music Therapy Association-approved internship. Academic requirements include courses in Sociology, Psychology, Anatomy, and Music and Music Therapy courses. Clinical requirements include a minimum of four levels of practica in a variety of community settings under the supervision of a board certified music therapist in cooperation with community clinicians and a total of 1200 hours of clinical experience. The program is designed to produce highly skilled and broadly-based music therapists who will meet the requirements for accreditation by the Certification Board for Music Therapists.

From page 166 in the recent UND
Catalog: <http://www.und.nodak.edu/dept/registrar/catalogs/Year2009-11/Catalog2009-2011.pdf>

BACHELOR OF MUSIC WITH A MAJOR IN MUSIC THERAPY

Required 125 credits (36 of which must be numbered 300 or above, and 60 of which must be from a 4-year institution) including;

I. Essential Studies Requirements (see University ES listing).

II. The Following Curriculum:

Music majors must achieve a grade of C or better in every music course taken toward the degree in order to pass the Sophomore Proficiency.

Core Courses

Musc 130, 134, 230, 234 ..	Harmony and Theory Sequence	(12)
Musc 131, 135, 231, 235 ..	Aural Skills Sequence	(4)
Musc 203	Popular and Classical Musics of the World	(3)
Musc 310, 311	Music History Survey I, II	(6)
Musc 490	Seminar in Music	(3)

Supporting Courses in Music

Applied lessons (one instrument or voice)	(8)	
Musc 150, 151	Class Lessons: Guitar	(2)
Musc 150, 151	Class Lessons: Voice, and/or	
Musc 140, 399	Methods: Percussion, Jazz Improvisation	(4)
Piano Proficiency through Level IV or		
Musc 133/136/233/236, Keyboard Skills Sequence	(4)	
Major Ensembles (at least three different)	(6)	
Musc 256	Basic Conducting	(2)
Musc 423	Instrumental and Choral Arranging	(2)
Musc 340	Introduction to Music Technology	(2)

Music Therapy Courses

Musc 180	Introduction to Music Therapy	(3)
Musc 280	Music Therapy Theory and Methods I	(3)
Musc 281	Music Therapy Techniques I	(2)
Musc 282	Music Therapy Practicum I	(1)
Musc 380	Music Therapy Theory and Methods II	(3)
Musc 381	Music Therapy Techniques II	(2)
Musc 382	Music Therapy Practicum II	(1)
Musc 383	Music Therapy Practicum III	(1)
Musc 480	Psychological Foundations of Music Learning	(3)
Musc 481	Music Therapy Practicum IV	(1)
Musc 497	Music Therapy Internship	(3)

Additional Required Courses

Psyc 111	Introduction to Psychology	(3)
Psyc 250	Developmental Psychology	(4)
Psyc 270	Abnormal Psychology	(3)
Anat 204	Anatomy for Paramedical Personnel	(3)
Anat 204L	Anatomy for Paramedical Personnel	(2)
T&L 315	Education of Exceptional Children	(3)
Soc 326	Sociological Statistics	(3)
General Electives (chosen in consultation with adviser)		(6)

2. Registry of Music Therapists vs Certification Board (NRMT vs CBMT)

NRMT, or the National Registry for Music Therapy is being discontinued in 2020. The NRMT currently is a list of a very small percentage of music therapists who were "grandfathered" in to certification after the MT-BC credential was established as the lone official credential for music therapy in the United States in the mid-1980s. Although the chance of a music therapist with one of the credentials on the registry (ACMT, advanced certified music therapist; CMT, certified music therapists; RMT, registered music therapist) coming to work in North Dakota is rather small, the CBMT (Certification Board for Music Therapists) helped us craft the language requested in the amendment concerning the NRMT to encompass all credentialed and recognized music therapists according to the CBMT.

Research

From <http://musictherapy.org/research.html>

- The two American research journals are called "Journal of Music Therapy" and "Music Therapy Perspectives." Both are peer-reviewed journals with an international editorial board and readership. JMT is quarterly and MTP is semi-annually. JMT is indexed in PubMed and MedLine, databases in the physical and health sciences.

From <http://musictherapy.org/factsheets.html>

-Several fact sheets and research bibliographies about the effectiveness of music therapy with several populations are available here, including Autism, Alzheimer's Disease, Special Education, Mental Health, and Medicine. I have attached the MT and Medicine (pdf) and Autism bibliographies as examples.

As a faculty member at a research university, I have my own research interests, publications, and presentations that I collaborate on with colleagues in other departments, and much more in-depth information about research in my profession. Please do feel free to keep in touch if you would like to learn more.



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Autism Spectrum Disorders: Music Therapy Research and Evidence-Based Practice Support

STATEMENT OF PURPOSE

Music therapy is a well-established professional health discipline that uses music as the therapeutic stimulus to achieve non-musical treatment goals. **In special education and settings serving persons with autism spectrum disorders, music therapists utilize music as an educational related service to promote learning and skill acquisition.**

Research supports connections between speech and singing, rhythm and motor behavior, memory for song and memory for academic material, and overall ability of preferred music to enhance mood, attention, and behavior to optimize the student's ability to learn and interact. Therefore, one of the purposes of music therapy for persons with autism is to provide the student with an initial assist using melodic and rhythmic strategies, followed by fading of musical cues to aid in generalization and transfer to other learning environments.

Recognized as a related service, music therapy serves as an integral component in helping the child with special needs attain educational goals identified by his/her IEP team,* either through direct or consultant services. The strength of evidence is growing and music therapy interventions were reviewed for quality of evidence by the Cochrane Collaborative with favorable results.

STANDARDIZATION: Music therapy sessions are documented in a treatment plan and delivered in accordance with standards of practice. Music selections and certain active music-making activities are modified for client preferences and individualized needs (i.e., song selection and music may vary). Toolkits are available via AMTA and publications.

REPLICATION: Yes; has also been used with different providers and populations.

OUTCOMES:

Increased attention	Improved behavior
Decreased self-stimulation	Enhanced auditory processing
Improved cognitive functioning	Decreased agitation
Increased socialization	Improved verbal skills
Successful and safe self-expression	Enhanced sensory-motor skills

* The Individuals with Disabilities Education Act (IDEA) 20 U.S.C. §1400, provides that eligible children and youth with disabilities shall receive special education and related services. The law includes a definition of related services that the U.S. Department of Education notes is not exhaustive. In addition, in June 2000, the U.S. Department of Education issued a letter of policy clarification related to the use of music therapy. The letter reiterated the Department's continuing policy that "[i]f the IEP team determines that music therapy is an appropriate related service for a child, the team's determination must be reflected in the child's IEP, and the service must be provided at public expense . . ." [This interpretation stands with the 2006 regulations.]

OVERVIEW OF RESEARCH

- ❖ Trends regarding evidence-based review and recommendations regarding assessment and referral criteria based on current research and clinical evidence are emerging. Music therapy is a particularly important intervention for children with autism spectrum disorders to engage and foster their capacity for flexibility, creativity, variability, and tolerance of change, in order to balance the more structured and behaviorally driven education required in school settings. One review protocol published in the Cochrane Collaborative of Systematic Reviews concluded music therapy was superior to “placebo” therapy with respect to verbal and gestural communicative skills (verbal: 2 RCTs, $n = 20$, SMD 0.36 CI 0.15 to 0.57; gestural: 2 RCTs, $n = 20$, SMD 0.50 CI 0.22 to 0.79). The addition of music therapy intervention to a child’s treatment program can have positive outcomes and may be an effective method for increasing joint attention skills in some children with autism. The Council for Exceptional Children (CEC) published an article examining the effectiveness and efficacy of various intervention and music therapy was one of the few professions listed as promising based upon the systematic reviews of research compiled and listed herein.
 - Gold, C., & Wigram, T. (2006). Music therapy for autistic spectrum disorder. *Cochrane Database of Systematic Reviews*, 1.
 - Reitman, M. R. (2005). Effectiveness of music therapy interventions on joint attention in children diagnosed with autism: A pilot study (Doctoral dissertation, Carlos Albizu University, 2005). *Dissertation Abstracts International*, B66(11). (AAT 3195248)
 - Umbarger, G.T. (2007). State of the evidence regarding complementary and alternative medical treatments for autism spectrum disorders. *Education and Training in Developmental Disabilities*, 42(4): 437-447.
 - Wigram, T. (2002). Indications in music therapy. *British Journal of Music Therapy*, 16(1), 11–28.
- ❖ An overall positive direction is noted in meta-analytic reviews of the literature on the subject of music therapy and autism in terms of an array of outcomes related to both therapeutic and specific educational goals. Variations for effect size occur within the broad category of the autism spectrum disorders and tend to reflect the idiosyncratic nature of the disorders between individuals. This is typical across disciplines.
 - Standley, J. M. (1996). A meta-analysis on the effects of music as reinforcement for education/therapy objectives. *Journal of Research in Music Education*, 44(2), 105–133.
 - Whipple, J. (2004). Music in intervention for children and adolescents with autism: A meta-analysis. *Journal of Music Therapy*, 41(2), 90–106. (Listed in *Database of Abstracts of Reviews of Effects* produced by the Centre for Reviews and Dissemination, 2007.)
- ❖ Survey research indicates goal areas typically addressed by music therapists among persons with autism include language/communication, behavioral/psychosocial, cognitive, and musical, to perceptual/motor. Goal attainment was found to be high within one year, and parents and caregivers surveyed indicated subjects generalized skills/responses acquired in music therapy to non-music therapy environments.

- Kaplan, R. S., & Steele, A. L. (2005). An analysis of music therapy program goals and outcomes for clients with diagnoses on the autism spectrum. *Journal of Music Therapy*, 42(1), 2–19.
- ❖ **Survey research examining therapy trends of inpatient and habilitation care of autistic children revealed the most common therapies were physical therapy, speech, occupational, and music therapy. One hundred and seventy-eight subjects out of 187 showed some improvement on the Childhood Autism Rating Scale (CARS). All modes of therapy were found to be useful.**
 - Kielinen, M., Linna, S. L., & Moilanen, I. (2002). Some aspects of treatment and habilitation of children and adolescents with autistic disorder in Northern-Finland. *International Journal of Circumpolar Health*, 61(Suppl. 2), 69–79.
- ❖ **Observational study of the effect of music therapy on communication skills revealed significant gains in autistic children's communication behaviors as measured by Checklist of Communicative Responses/Acts Score Sheet (CRASS). Commensurate decreases in scores were noted when music therapy intervention was removed.**
 - Edgerton, C. (1994). The effect of improvisational music therapy on the communicative behaviors of autistic children. *Journal of Music Therapy*, 21(1), 31–62.
- ❖ **Preschool children in an early intervention music therapy program show high on-task behavior during sessions and a high success rate in language development, social skills, cognitive concepts, motor skills, and music knowledge.**
 - Standley, J. M., & J. E. Hughes (1996). Documenting developmentally appropriate objectives and benefits of a music therapy program for early intervention: A behavioral analysis. *Music Therapy Perspectives*, 14(2), 87–94.
- ❖ **Research demonstrates the efficacy of music used in the curriculum to enhance literacy skills. Musical cueing is effective to improve word recognition, logo identification, print concepts and prewriting skills of children in early intervention programs. Shared reading paired with song rehearsal of text facilitates greater text accuracy than spoken rehearsal with kindergarten students.**
 - Colwell, C. M. (1994). Therapeutic applications of music in the whole language kindergarten. *Journal of Music Therapy*, 31(4), 238–247.
 - Register, D. (2001). The effects of an early intervention music curriculum on pre-reading/writing. *Journal of Music Therapy*, 38(3), 239–248.
 - Standley, J., & Hughes, J. (1997). Evaluation of an early intervention music curriculum for enhancing pre-reading/writing skills. *Music Therapy Perspectives*, 15, 79–86.
- ❖ **Selected verbal language and speech skills are enhanced through music activities in special education populations. Musical presentation of new vocabulary words results in an increased number of words learned and transferred in elementary school-age**

children. Music is effective as a prompt and reinforcer to increase verbal response in preschool-age children with limited verbal communication.

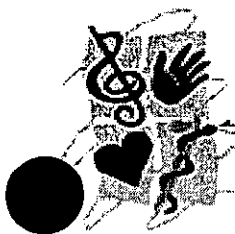
- Braithwaite, M., & Sigafoos, J. (1998). Effects of social versus musical antecedents on communication responsiveness in five children with developmental disabilities. *Journal of Music Therapy*, 35(2), 88–104.
- Buday, E. M. (1995). The effects of signed and spoken words taught with music on sign and speech imitation by children with autism. *Journal of Music Therapy*, 32(3), 189–202.

❖ **Research supports the use of music to structure and organize information in order to increase learning and retention of number concepts. Sequential verbal information, such as telephone numbers and multiplication tables, set to melodic and rhythmic patterns are more effectively memorized and recalled than through non-music presentation.**

- Claussen, D., & Thaut, M. (1997). Music as a mnemonic device for children with learning disabilities. *Canadian Journal of Music Therapy*, 5, 55–66.
- Wolfe, D., & Hom, C. (1993). Use of melodies as structural prompts for learning and retention of sequential verbal information by preschool students. *Journal of Music Therapy*, 30(2), 100–118.

❖ **Music-facilitated interactions and structured instrument playing are effective to improve social skills in school-age populations. Social problem solving skills in 5-year-old students are increased on a long-term basis through creative musical activities. Positive affect induced by music helps to improve social problem solving skills in middle school students.**

- Bryan, T., Sullivan-Burstein, K., & Mathur, S. (1998). The influence of affect on social-information processing. *Journal of Learning Disabilities*, 31(5), 418–426.
- Ulfarsdottir, L., & Erwin, P. (1999). The influence of music on social cognitive skills. *The Arts in Psychotherapy*, 26(2), 81–84.



American Music Therapy Association, Inc.

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MUSIC THERAPY AND MEDICINE

"I certainly think that every institution should have its music therapy and its music therapists."

- Oliver Sacks, MD, Neurologist

What Is Music Therapy?

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. It is an established health service similar to occupational therapy and physical therapy and consists of using music therapeutically to address physical, psychological, cognitive and/or social functioning for patients of all ages. Because music therapy is a powerful and non-invasive medium, unique outcomes are possible. In addition to its applications with hospital patients, music therapy is used successfully with persons of all ages and disabilities.

How Does Music Therapy Make A Difference For Medical Patients?

Music therapy has been shown to be an efficacious and valid treatment option for medical patients with a variety of diagnoses. Music therapy can be used to address patient needs related to respiration, chronic pain, physical rehabilitation, diabetes, headaches, cardiac conditions, surgery, and obstetrics, among others. Research results and clinical experiences attest to the viability of music therapy even in those patients resistant to other treatment approaches. Music is a form of sensory stimulation, which provokes responses due to the familiarity, predictability, and feelings of security associated with it.

What Do Music Therapists Do?

Music therapists use music activities, both instrumental and vocal, designed to facilitate changes that are non-musical in nature. Music therapy programs are based on individual assessment, treatment planning, and ongoing program evaluation. Frequently functioning as members of an interdisciplinary team, music therapists implement programs with groups or individuals addressing a vast continuum of outcomes, including reduction of pain and anxiety, stress management, communication, and emotional expression.

What Can One Expect From A Music Therapist?

Music therapy utilized in a medical setting complies with the expectations and requirements inherent in the medical model of treatment. Professionally trained music therapists design and utilize individualized music experiences to assess, treat, and evaluate patients. Music therapy patient objectives are specific and relevant to medical diagnosis, course of treatment, and discharge timeline. Benefits are described in medical, and not musical, terms.

Through a planned and systematic use of music and music activities, the music therapist provides opportunities for:

- Anxiety and stress reduction
- Nonpharmacological management of pain and discomfort
- Positive changes in mood and emotional states
- Active and positive patient participation in treatment
- Decreased length of stay
-

In addition, music therapy may allow for:

- Emotional intimacy with families and caregivers
- Relaxation for the entire family
- Meaningful time spent together in a positive, creative way

Who Is Qualified As A Music Therapist?

Graduates of colleges or universities from more than 70 approved music therapy programs are eligible to take a national examination administered by the Certification Board for Music Therapists (CBMT), an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). In addition to the MT-BC credential, other recognized professional designations are Registered Music Therapists (RMT), Certified Music Therapists (CMT), and Advanced Certified Music Therapist (ACMT) listed with the National Music Therapy Registry. Any individual who does not have proper training and credentials is not qualified to provide music therapy services.

Where Do Music Therapists Work?

Music therapists offer services in medical hospitals, skilled and intermediate care facilities, rehabilitation hospitals, adult day care centers, senior centers, hospices, psychiatric treatment centers, drug and alcohol programs, schools and other facilities. In the medical setting, music therapists work with a variety of patient needs, and may work in many different hospital units, including ICU, NICU, Pre- and Post-Op, surgery, chronic pain management, cardiac care, obstetrics, emergency, pediatrics, physical rehabilitation, and outpatient programs. Some therapists are self-employed and work on the basis of independent contracts, while others are salaried hospital employees.

How Does Music Therapy Help Patients And Health Care Staff?

Dr. Walter Quan, Jr., Oncologist-Hematologist of St. Luke's Medical Center in Cleveland, Ohio, attests that:

"Music therapy has a wide range of applications. We see some patients whose blood pressure does come down and seems to stay down through regular use of music therapy. Another important aspect is the use in the labor and delivery room. We know that patients, who go through Lamaze training for instance, can also use music therapy to help them relax and to have pain relief in terms of labor pains."

Music therapy is quantifiable and qualitative. Dr. Quan continues:

"...[I]n general as a physician you only use those things that you can measure or that have a number related to [them]... but there are a number of disciplines, and music therapy is one of them, where there is a qualitative effect which can give a lot of benefit for patients."

Music therapists complete assessments for each patient and collect extensive data in order to write a complex patient history and develop a client-centered treatment plan. The music therapist is then able to evaluate the patient during the course of treatment. All of this contributes to the quantifiability of music therapy treatment.

Music therapy interventions are favored for the ability to meet quality of life needs. As quality of life issues and patient choice are pushed to the forefront of the national healthcare agenda, music therapy is being increasingly recognized for its unique contribution to patient quality of life.

Music therapy can help to relieve pain and reduce stress and anxiety for the patient, resulting in physiological changes, including:

- Improved respiration
- Lower blood pressure
- Improved cardiac output
- Reduced heart rate
- Relaxed muscle tension

Music therapy has been shown to have a significant effect on a patient's perceived effectiveness of treatment, self reports of pain reduction, relaxation, respiration rate, behaviorally observed and self-reported anxiety levels, and patient choice of anesthesia and amount of analgesic medication.

Why Music Therapy?

William Frohlich, President, Beth Abraham Health Services in New York, talks about music therapy as part of the total treatment modality:

"I think that the therapist plays an integral team role when you are talking about a team of physicians, a team of nurses, therapists, physical or occupational therapists and so on... included in that team needs to be a music therapist. The observations where a patient may be singing where they could not speak before or they may be walking or dancing where they could not move before – that is important for the music therapist to bring to the occupational therapist or physical therapist to become part of the total treatment modality."

Dr. Walter Quan, Jr., Hematologist-Oncologist, St. Luke's Medical Center in Cleveland, Ohio, on music therapy in the treatment of cancer:

"The mind/body relationship is particularly important in terms of looking at the immune system to treat cancer. We believe that patients who are under less stress, who are in a brighter mood, appear to do better in terms of their anti-cancer therapy. I think that music therapy and imaging and immune therapy of cancer all tie together... I think it can be helpful in conjunction with biologic therapy for cancer. A study done just relatively recently on cancer patients showed that approximately three quarters of cancer patients that had their usual pain medicines but also had the additional music therapy experienced less pain than previously... Music therapy in helping patients relax could possibly be beneficial in raising the innate immune system which could have therapeutic implications for cancer."

Susan Shurin, M.D., Chief of Pediatric-Hematology, Oncology at the Ireland Cancer Center in Cleveland, Ohio, comments on the effectiveness of music therapy in treatment of neurological impairments:

"Music therapy enables people to sometimes put words together in ways that are hard for them to do otherwise. ...[I]t often seems to be easier if [the patient] has

the rhythm and cadence that comes along with music. Particularly with people with certain kinds of neurological deficits I think that [music therapy] can be very helpful. The music seems to get through to the patient and in many ways it enables [the patient] to get through to us which [may be] very hard to do with any other modality."

Joseph Arezzo, PhD, Vice Chair, Department of Neuroscience, Albert Einstein College of Medicine, New York, talks about music therapy's role in restorative neurology:

"[T]he degree to which function can be recovered is phenomenal and we are just tapping into the extent that we can get recovery following stroke or injury or disease. We hope that music might play a particularly important role in helping [the regeneration of] those cells, in helping the individual learn to interpret the pattern and essentially to help that person learn again."

What Is AMTA?

The American Music Therapy Association (AMTA) represents over 5,000 music therapists, corporate members, and related associations worldwide. AMTA's roots date back to organizations founded in 1950 and 1971. Those two organizations merged in 1998 to ensure the progressive development of the therapeutic use of music in rehabilitation, special education, and medical and community settings. AMTA is committed to the advancement of education, training, professional standards, and research in support of the music therapy profession. The mission of the organization is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. Currently, AMTA establishes criteria for the education and clinical training of music therapists. Members of AMTA adhere to a Code of Ethics and Standards of Practice in their delivery of music therapy services.

Related Resources Available from AMTA:

- Medical Music Therapy, Edited by Jayne M. Standley
2005. ISBN #1-884914-14-4
- Music Therapy in Pediatric Healthcare, Edited by Sheri L. Robb
2003. ISBN #1-884914-10-1
- Clinical Guide to Music Therapy in Adult Physical Rehabilitation Settings,
Written by Elizabeth H. Wong
2004. ISBN #1-884914-11-X
- Music Therapy with Premature Infants, Written by Jayne M. Standley
2003. ISBN #1-884914-09-8
- Music Therapy & Medicine, Edited by Cheryl Dileo
1999. ISBN #1-884914-00-4

How Can You Find a Music Therapist or Get More Information?

American Music Therapy Association
8455 Colesville Road, Suite 1000
Silver Spring, MD 20910
Phone (301) 589-3300
Fax (301) 589-5175
Web: www.musictherapy.org
Email: info@musictherapy.org

Darlene Barte 3-10-11

#6

PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1352

Page 3, after line 6, insert

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the ~~general fund of the state treasury~~ state department of health operating fund, not otherwise appropriated, the sum of ~~\$4,500~~ 6,900, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry for the biennium beginning July 1, 2011 and ending June 30, 2013."

(1) 3-9-2011

PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1352

Page 3, after line 6, insert

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the general fund of the state treasury, not otherwise appropriated, the sum of \$6,900, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry for the biennium beginning July 1, 2011 and ending June 30, 2013."

3-9-2011

PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1352

Page 2, line 12-16, after the second "chapter" insert "shall not prevent or restrict the practice, services, or activities of any person licensed in another profession or personnel supervised by a licensed professional in this state from performing work incidental to the practice of his or her profession or occupation, if that person does not represent himself or herself as a music therapist."

Page 2, line 12, after the second "chapter" remove "do not"

Page 2, remove lines 13-16.

Page 2, line 20, replace "one hundred" with "fifty"

Page 2, replace line 29-31 with "holds the Music Therapist-Board Certified (MT-BC) credential from the Certification Board for Music Therapists; or holds a professional designation from the National Music Therapy Registry (NMTR), which includes Registered Music Therapist (RMT), Certified Music Therapist (CMT), and Advanced Certified Music Therapist (ACMT)."

Page 3, after line 6, insert

"SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the general fund of the state treasury, not otherwise appropriated, the sum of \$6,900, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing and maintaining a music therapist registry for the biennium beginning July 1, 2011 and ending June 30, 2013."