

Behavioral Health Sub-Report

Music Therapy

Overview

The practice of music therapy is regulated in 19 states. Of these, 13 regulate music therapy using licensure. In some states, music therapy is a distinct license; in others, the practice of music therapy is regulated under a general license for creative arts therapy. 6 states (including Utah) regulate music therapy through certification or registration. In Utah, the regulation of music therapists is overseen by the Division of Professional Licensing, Department of Commerce. Utah currently issues one certification type: State Certified Music Therapist (SCMT). This is a voluntary certification, not a mandatory license. This means the title of “state certified music therapist” is protected, but not the practice of music therapy.

Certification	Scope of Practice	Authority	Qualifications
SCMT	Non-Mental Health Therapist	Independent	Certification in good standing by the Certification Board for Music Therapists (CMBT) or an equivalent board ¹⁵¹

Fee Structure

Certification	Initial Licensing Fee		Annualized Renewal Fee	
	Utah Fee	US Median	Utah Fee	US Median
SCMT	\$70	\$150	\$47	\$90

Complaints

During the past 5 years (2018-2022), one report was filed against a state certified music therapist, and was found to be unsubstantiated.¹⁵² Common types of substantiated complaints among behavioral health licensees in general include violations of ethical standards, incompetence and/or negligence, sexual misconduct, criminal conduct, substance use, unauthorized practice, and failure to release records.

¹⁵¹ CMBT certification qualifications include “Successful completion of an academic and clinical training program for music therapy (programs must be approved by the American Music Therapy Association); successful completion of a written CBMT examination demonstrating current skills in the profession of music therapy; recertification every five years through the successful completion and documentation of 100 recertification credits, and completion of the CBMT Application for Recertification; [and] payment of an annual certification maintenance fee.” See <https://www.cbmt.org/candidates/candidates-fags/>.

¹⁵² OPLR Analysis of DOPL Substantiated Complaint Data

Wait Times and Active Certificants

On average, Utah music therapists report that at their primary practice location there is a **~15 day wait time** for those seeking care. This is lower than the **~37 day** average across Utah’s behavioral health care field, but higher than the **10 day CMS** guideline.^{153,154}

Name	# Active Licensees	Annualized 5-Year Growth Rate ¹⁵⁵
SCMT	75	5.86%

Recommendations

OPLR is statutorily required to consider public safety, access to services, and healthcare reimbursement in its periodic reviews of occupational regulations.¹⁵⁶ Based on these considerations, OPLR does not recommend that Utah policymakers enact any immediate changes to the regulation of music therapists at this time. As detailed below, OPLR has found that changes to the existing certification program are not necessary to ensure public safety, due to the current lack of evidence of safety issues. However, depending on future developments related to third-party payer reimbursement for music therapy services, it may be appropriate for the state to move to a licensure model in the next few years to facilitate Utahns’ access to services.

Alongside other expressive or creative arts therapies (e.g., art, dance, drama), music therapy is an established method of treatment used in both behavioral and physical health care.¹⁵⁷ Both public and private payers often condition reimbursement for services on providers’ state-issued credentials. As of the writing of this report, conversations between music therapy industry stakeholders, DHHS administrators, and legislators are ongoing to determine 1) whether a request for appropriation (RFA) for a federal music therapy Medicaid waiver is feasible and 2) what form of state credential (certification or licensure) is necessary to enable reimbursement. State licensure may also better facilitate private payers’ reimbursement of music therapy services (see “Access and Reimbursement” findings below).

The field of music therapy and creative arts therapies as a whole, as well as the regulation of music therapists around the country, is continuing to evolve as the profession becomes more

¹⁵³ OPLR Behavioral Health Care Workforce Survey (CPMDS)

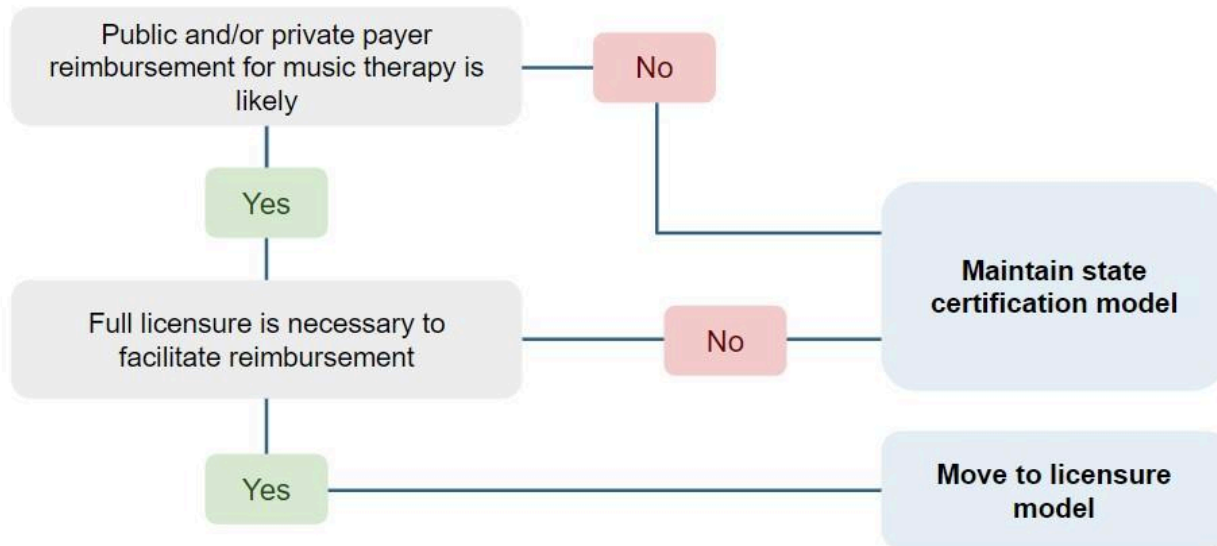
¹⁵⁴ Centers for Medicare & Medicaid Services Center for Consumer Information and Insurance Oversight (2022). 2023 Letter to Issuers in the Federally-facilitated Exchanges. [online] U.S. Department of Health and Human Services. Available at: <https://www.cms.gov/files/document/2023-draft-letter-issuers-508.pdf>

¹⁵⁵ OPLR Analysis of DOPL Licensing Data; 5 year growth rate

¹⁵⁶ [UCA 13-1b-302](#)

¹⁵⁷ Fancourt, D. and Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review.* [online] PubMed. Copenhagen: WHO Regional Office for Europe. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK553773/>.

established.^{158,159} A final determination regarding whether to maintain the current state certification model or to implement a full licensure model would be premature before additional information becomes available. Additionally, OPLR does not wish to disrupt the ongoing discussions regarding reimbursement by making any immediate alteration to the current state certification program. The following decision tree lays out OPLR’s recommendations for any future changes to the regulation of music therapy, based on developments related to third-party reimbursement:



The paragraphs that follow outline OPLR’s findings to date regarding safety, access, and reimbursement, and suggest areas for future research and consideration.

Safety. To date, OPLR has found no evidence of “present, recognizable, and significant” harms to the public in connection with the practice of music therapy. Since the enactment of the music therapy state certification program in 2014, DOPL has received only one complaint against a state certified music therapist, which was not found to be substantiated.¹⁶⁰ Data available from the National Practitioner Data Bank (NPDB) showed that nationwide, there has been only one adverse action against a music therapist reported to NPDB since the year 2000.¹⁶¹ Additionally, initial results from a survey fielded by the Utah Music Therapy Association (UMTA) to clients of music therapy services and their caregivers do not indicate the presence of “present, recognizable, and significant” harms from the perspective of music therapy clients.¹⁶² While half of respondents agreed with the statement that “unethical or unsafe practice within the field of music therapy could lead to significant harm regarding the client’s mental and/or physical health,” among 69

¹⁵⁸ Kern, P. and Tague, D.B. (2017). Music Therapy Practice Status and Trends Worldwide: An International Survey Study. *Journal of Music Therapy*, 54(3), pp.255–286. doi:<https://doi.org/10.1093/jmt/thx011>.

¹⁵⁹ Moore, K.S. (2015). Music Therapy Advocacy for Professional Recognition: A Historical Perspective and Future Directions. *Music Therapy Perspectives*, 33(1), pp.76–85. doi:<https://doi.org/10.1093/mtp/miu043>.

¹⁶⁰ OPLR Analysis of DOPL Substantiated Complaint Data

¹⁶¹ National Practitioner Data Bank (2023). *Public Use Data File*. [online] Available at: <https://www.npdb.hrsa.gov/resources/publicData.jsp>. Last updated December 2023.

¹⁶² Utah Music Therapy Association (2024). *Survey Results: Current Music Therapy Practices in Utah 2024 (As of 1/16/2024)*. Provided to OPLR on 1/16/2024.

respondents, only one reported that they had an experience in which a “music therapist was inept or unable to provide quality services,” and zero reported that they had an experience in which a “music therapist was unprofessional or unethical.” Respondents were also asked to describe any other incidents or concerns about the competence or the unethical or unprofessional behavior of a music therapist, but no responses to that question had been received as of 1/16/2024, when this survey data was provided to OPLR.

It should be noted that the available safety data described above is limited (e.g., due to the complaint-driven nature of incident data, a small survey sample size, and the small size of the music therapy profession itself), and thus OPLR cannot at this point draw definitive conclusions as to the safety of the practice of music therapy. However, the office has determined that at this time, there is not a demonstrated need to further regulate the practice of music therapy solely on the basis of safety concerns.

Access and Reimbursement. While occupational regulation in general has been found to be associated with a reduction in workforce size, competition, and the availability of services,¹⁶³ for healthcare providers the story is likely much more nuanced—and the opposite may even be true. Because reimbursement for healthcare services (whether by public or private payers) is so often dependent on individual providers holding state credentials, the licensure of healthcare providers may instead have an access-expanding effect—reflecting this effect, OPLR is statutorily required to account for not only questions of safety issues, but also questions of healthcare reimbursement and access when developing recommendations.¹⁶⁴ When licensure is in place, healthcare workers may find it more feasible to seek and receive reimbursement for their services.

Evidence suggests that both public and private reimbursement for music therapy services is becoming increasingly common across the U.S.,¹⁶⁵ and a growing body of research (including a scoping review published by the World Health Organization) shows that music therapy services can be effective in the treatment of both behavioral and physical health conditions.^{166,167,168} Further:

- The Utah Music Therapy Association has confirmed to OPLR that music therapists licensed in other jurisdictions have been able to obtain reimbursement from major third-party payers such as United HealthCare, Cigna, Aetna, Blue Cross Blue Shield, and TriCare.

¹⁶³ Kleiner, M.M. (2017). The influence of occupational licensing and regulation. *IZA World of Labor*. [online] doi:<https://doi.org/10.15185/izawol.392>.

¹⁶⁴ [UCA 13-1b-302](#)

¹⁶⁵ American Music Therapy Association (2012). *Reimbursement Overview*. [online] Available at: https://www.musictherapy.org/assets/1/7/AMTA_Reimbursement_Overview_2012.pdf.

¹⁶⁶ Fancourt, D. and Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. [online] PubMed. Copenhagen: WHO Regional Office for Europe. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK553773/>.

¹⁶⁷ McCrary, J.M., Altenmüller, E., Kretschmer, C. and Scholz, D.S. (2022). Association of Music Interventions With Health-Related Quality of Life: A Systematic Review and Meta-analysis. *JAMA Network Open*, [online] 5(3), pp.e223236–e223236. doi:<https://doi.org/10.1001/jamanetworkopen.2022.3236>.

¹⁶⁸ Gold, C., Voracek, M. and Wigram, T. (2004). Effects of music therapy for children and adolescents with psychopathology: a meta-analysis. *Journal of Child Psychology and Psychiatry*, 45(6), pp.1054–1063. doi:<https://doi.org/10.1111/j.1469-7610.2004.t01-1-00298.x>.

- The Centers for Medicare & Medicaid Services (CMS) reimburses music therapy services in partial hospitalization settings under code HCPCS G0176: “Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of a patient’s disabling mental health problems, per session (45 minutes or more)”^{169,170}
- At least 18 states currently have CMS waivers in place to enable reimbursement for music therapy services. Of the 13 states that regulate music therapy through full licensure, 7 of those have CMS waivers. Of the 6 states that regulate music therapy through certification or registration (including Utah), only Wisconsin has a CMS waiver. Some state waivers are limited to reimbursement for treatment of certain patient populations, such as children and adults with developmental disabilities, autistic patients, or geriatric patients.
- 32 states do not regulate music therapists; of these, 10 states have CMS waivers for music therapy reimbursement. It is possible that in these states, other types of licensed counselors are providing and being reimbursed for music therapy services. This highlights the question raised earlier of whether and how such services might be reimbursed in the absence of state regulation.

The current lack of licensure for music therapists may be a hindrance not only for creative arts therapists seeking reimbursement, but also for the many Utah consumers whose primary care providers wish to refer them for these services. For example, Utah music therapists report that they receive referrals from primary care providers, often at 3 times the rate they are able to accept them. In other words, demand for music therapy services in the state may be substantially outpacing supply. Anecdotal reports from music therapists working at a major health care institution suggest that they receive dozens of client referrals for music therapy services each day, while their lack of reimbursability limits their organization’s capacity to hire sufficient staff to meet this demand—given that the provision of these and other creative arts therapy services functions as a cost center rather than as a revenue center.¹⁷¹

Whether licensure, in itself, would be a sufficient impetus for public and private payers to reimburse music therapy services conducted by music therapists remains unknown. Not every state that licenses music therapists has a CMS waiver to reimburse for these services. Not every state that has a CMS waiver to reimburse for music therapy offers a separate license for music therapists, meaning that other licensed mental health therapists or behavioral health professionals may already be receiving reimbursement for the same services for which music therapists are seeking reimbursement—in which case, licensure would appear to be the primary factor affecting the reimbursability of these professionals. Still, the landscape of how licensure and public and private payer reimbursement correspond for music therapists is unclear.¹⁷² To our knowledge, no systematic evaluation of this relationship has been conducted, nor is descriptive information readily available regarding private payers’ reimbursement of music therapy services.

¹⁶⁹ Department of Health and Human Services (DHHS), Health Care Financing Administration (HCFA) (2000). Medicare Intermediary Manual Part 3 - Claims Process: Transmittal 1816. [online] HCFA. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1816A3.pdf>.

¹⁷⁰ Codify by AAPC (2023). G0176. [online] Aapc.com. Available at: <https://www.aapc.com/codes/hcpcs-codes/G0176>.

¹⁷¹ OPLR Listening & Vetting Tour

¹⁷² American Music Therapy Association (2012). *Reimbursement Overview*. [online] Available at: https://www.musictherapy.org/assets/1/7/AMTA_Reimbursement_Overview_2012.pdf.

Please note that OPLR did not research, and does not make evaluations of the effectiveness or medical necessity of music therapy and other activity-based therapies. This determination is best made by Utah's Medicaid office within DHHS.

In sum, a final determination regarding whether to maintain the current state certification regime or to implement a full licensure model of regulation would be premature before additional information is available. If new information demonstrates that full licensure of music therapists is necessary to facilitate reimbursement by public and/or private payers in Utah, shifting from a state certification program to a full licensure model could be appropriate.

The Utah Association of Music Therapists submitted a formal statement in response to this report on January 26, 2024, which is appended below.



Office of Professional Licensure Review
160 East 300 South
Salt Lake City, UT 84114

January 26, 2024

Dear Jeff Shumway, Laurie Haupt and other members of OPLR,

The government relations task force of the Utah Association of Music Therapists would like to thank you for the effort your team has spent on this Occupation Level Report and the recommendations you will make as a result to our Utah State legislature. We commend the focus on mental health and recognize the need to increase access to behavioral health services in our state addressing the significant need.

We have collaborated in this review and our response with our national organizations, the American Music Therapy Association and Certification Board for Music Therapists. Our response is also in direct alignment with our Scope of Music Therapy Practice and Code of Professional Practice as outlined by the [Certification Board for Music Therapists](#).

We understand that the OPLR's focus includes considerations in regards to public safety, access to services, and reimbursement. Upon review, we have identified some areas that require further comment and clarification. We believe that upon further consideration of this information and other data, change is indeed warranted and would benefit the state of Utah with increased access to providers and safer music therapy practice that would protect the public.

Public Safety

The OPLR's report states "OPLR has found that changes to the existing certification program are not necessary to ensure public safety, due to the current lack of evidence of safety issues."

It is of the opinion of the Utah Association of Music Therapy that harm that can occur within the context of music therapy is most likely to occur with those untrained, and not credentialed as music therapists. Board Certified Music Therapists have been trained to observe and respond to adverse responses to music, hold therapeutic space in vulnerable settings, and act in an ethical manner toward clients, caretakers, and colleagues. When music therapy is represented outside of credentialed music therapists, we are concerned for the safety of Utah residents requesting and seeking music therapy services. This drives our assertion that a license for music therapy would protect the public from harm.

"The issue that seems to be overlooked in the report is that harm happens when people who are not trained as music therapists offer "music therapy". This is when problems occur.



Without a license, we can't legally stop these people from misleading the public and claiming to offer a service they are not qualified to provide. The cases of harm we have collected over the years are often related to these types of fraudulent claims." - Judy Simpson, AMTA Director of Government Relations. Judy also provided a harm example document that is available through AMTA.

For additional information on the safety concerns regarding the practice of music therapy, see Addendum A, *"Safety Concerns Associated with the Unethical Practice of Music Therapy"*,

Reimbursement

The Music Therapy Occupational Level Report references concern about the demand for music therapy in the state far outpacing the supply. This is evident in major medical institutions offering music therapy with far more referrals than music therapists on staff can provide services to. Institutions are limited in the number of music therapists they can employ due to lack of reimbursement for their services. The decision tree provided indicated licensure is dependent upon reimbursement options. We have an additional resource to offer regarding the impact of licensure in other states on reimbursements and access to services. See Impact of Licensure attachment.

During conversations in the months leading up to the release of the initial draft of OPLR's recommendations regarding the regulation of music therapy, additional information was requested by OPLR which was not included as part of the report. The following points provide the information requested, as summarized from a report from the American Music Therapy Association (AMTA).

- **What is the impact of licensure on caseloads, employability and reimbursement for music therapy services in other states?**
National data suggests that employment opportunities and reimbursement options are increased and facilities are more willing to offer music therapy when provided by a licensed professional.
- **What is the impact of licensure on telehealth?**
In other states, music therapists have opted to become licensed in states with recognition in order to increase access to music therapy services and opportunities to provide telehealth services.
- **Who are the payers that are reimbursing music therapy across the country after music therapists obtain state licensure?**
Blue Cross Blue Shield, Aetna, Cigna, Medicaid (under the partial hospitalization program), Worker's Comp, Adoption Services, Juvenile Justice



Additional Considerations

- We support the creation of a Multi-Profession Board, as included in the 2023 Periodic Review of Behavioral Health from OPLR. Given that music therapy was noted in the field level report as a professional mental health service provider, we hope to engage in further discussions as part of this board. We feel that the voices of the music therapy community can provide a valuable resource for further collaboration on the wellbeing of Utah residents.
- To be clear, we are not looking to stop music wellness and music in health practitioners of many forms or the use of music by other clinicians within their own scopes. They offer valuable services to their clients, but it is not clinical music therapy. And when it is marketed as clinical music therapy, there are very real harms that can and do occur.

In Closing

The OPLR's focus on licensure review for public safety, access to services and reimbursement are important to UAMT and the music therapists across the state. We look forward to continued discussion with OPLR in an effort to provide safe music therapy services, increased access to providers as needed by the state, and an ability to work within the full measure of our scope to benefit our community. We intend to continue conversations and ask for OPLR support as we navigate legislation, reimbursement and upcoming Committee reviews as appropriate.

Respectfully Submitted by,

Emily Salisbury, SCMT, MT-BC

UAMT Vice President, UAMT GR Co-Chair

Emily Polichette, MM, SCMT, MT-BC

UAMT GR Co-Chair

Heather Fellows, MHA, SCMT, MT-BC

UAMT GR Co-Chair

Heather Overly, SCMT, MT-BC

UAMT President

Rebecca Zarate, PhD, LCAT, MT-BC

U of U Associate Dean for Research



Addendum A: Safety Concerns Associated with the Unethical Practice of Music Therapy

Below we have highlighted examples of safety concerns within the practice of music therapy. These concerns come into play when someone who is un-credentialed or inexperienced is providing services to a client seeking music therapy services.

Therapist / Client Relationship

Safety concerns related to the therapist/client relationship may manifest as inappropriate boundaries, failure to understand a client's cultural, moral, or religious background, and/or miscommunication which affects the efficiency of the therapeutic practice and treatment goals.

Working with Vulnerable Populations

It is not uncommon for music therapists in Utah to work with vulnerable populations, including the chronically ill and disabled, low-income and/or homeless individuals, LGBTQIA+ individuals, children, and older adults.

Trauma-Related Concerns

Music therapists are frequently servicing individuals who have experienced one or more traumatic experiences. Models of music therapy such as the Bonny Method of Guided Imagery and Music (GIM), improvising and/or songwriting, or the use of music related to a client's traumatic experiences hold the potential to evoke unconscious memories and associations. Certain songs, lyrics, or genres may intensify a person's experience with depression or anxiety if poorly administered.¹ Circumstances of providing services to an individual who has been traumatized must be handled with care. There is a risk of re-traumatization if the client is working with an unskilled and/or uncredentialed music therapist.

Psychosis-related Concerns

Previous research has shown that sensory overload causes an increase in manifestations of schizophrenia-like behavior². Music therapists who work with clients with a schizophrenia

¹ Kanagala, S. C., Schäfer, T., Greenberg, D. M., & Gabińska, A. (2021). Depression Symptoms are Linked to Music Use. *Music & Science*, 4. <https://doi.org/10.1177/20592043211057217>

² Wright B, Peters E, Ettinger U, Kuipers E, Kumari V. Effects of environmental noise on cognitive (dys)functions in schizophrenia: A pilot within-subjects experimental study. *Schizophr Res*. 2016 May;173(1-2):101-8. doi: 10.1016/j.schres.2016.03.017. Epub 2016 Mar 24. PMID: 27017491; PMCID: PMC4847736.



diagnosis must be trained in recognizing the signs of sensory overload. Those with a diagnosis of schizophrenia frequently experience increased sensitivity to repeated sounds.³

Neurologic-related Concerns

Overstimulation and confusion are potential risks related to a music listening experience. This is a relevant consideration for a person who has sustained a brain injury or who has a neurologic disorder which impacts their ability to make meaning of sensory input. A music therapist must be educated in the risks related to sound sensitivity in a client to whom they provide services.⁴

³ Kit Melissa Larsen, Morten Mørup, Michelle Rosgaard Birknow, Elvira Fischer, Oliver Hulme, Anders Vangkilde, Henriette Schmock, William Frans Christiaan Baaré, Michael Didriksen, Line Olsen, Thomas Werge, Hartwig R. Siebner, Marta I. Garrido, Altered auditory processing and effective connectivity in 22q11.2 deletion syndrome, *Schizophrenia Research*, Volume 197, 2018, Pages 328-336, ISSN 0920-9964, <https://doi.org/10.1016/j.schres.2018.01.026>.

⁴ Hiller, J., & Gardstrom, S. C. (2019, March 19). *Warning: music therapy comes with risks*. OUPblog. <https://blog.oup.com/2019/03/warning-music-therapy-risks/#:~:text=Finally%2C%20risks%20inherent%20to%20a,make%20meaning%20of%20sensory%20input>.