

# HOUSE BILL REPORT

## HB 1247

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to licensure for music therapists.

**Brief Description:** Licensing music therapists.

**Sponsors:** Representatives Reed, Harris, Mena, Berry, Simmons, Morgan, Slatter, Ryu, Goodman, Donaghy, Reeves, Sandlin, Stearns and Fosse.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/24/23, 2/14/23 [DPS].

**Brief Summary of Substitute Bill**

- Establishes music therapists as a new health profession licensed by the Department of Health to provide clinical and evidence-based music interventions.
- Creates the Music Therapy Advisory Committee within the Department of Health to provide expertise on practice standards and professional responsibilities for music therapists.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Hutchins, Assistant Ranking Minority Member; Barnard, Bronoske, Davis, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

**Minority Report:** Without recommendation. Signed by 2 members: Representatives Schmick, Ranking Minority Member; Graham.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Staff:** Christopher Blake (786-7392).

**Background:**

According to a 2012 sunrise review by the Department of Health (Department), music therapists use music interventions to achieve therapeutic goals by assessing an individual's functioning through response to music; designing music interventions and therapy sessions based on treatment goals, objectives, and the individual's needs; and evaluating and documenting treatment outcomes.

Music therapists may practice as part of an interdisciplinary team that includes medical, mental health, occupational therapy, physical therapy, or educational professionals. Music therapists may work in hospitals, clinics, rehabilitative facilities, mental health centers, residential and day facilities, substance use disorder treatment facilities, correctional facilities, schools, or in private practice.

Music therapists are not regulated in Washington. Practitioners may receive training in the practice through the completion of a bachelor's degree in music therapy. In addition, certification is available through national organizations which have their own education, internship, and testing standards.

In December 2012 the Department issued a sunrise review related to a proposal to certify music therapists. In the review, the Department recognized the therapeutic benefit of music to address the cognitive, emotional, physical, social, or functional needs of clients, but found that the proposal did not meet the sunrise criteria to support certification.

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**Summary of Substitute Bill:**

Music therapists are established as a new health profession licensed by the Department of Health (Department). To be licensed as a music therapist, an applicant must be at least 18 years old, be in good standing with any other states where the applicant is credentialed to practice music therapy, complete an academic and clinical training program of music therapy approved by the Secretary of Health (Secretary), have successfully completed an examination approved or administered by the Secretary, pay a fee, and meet any other requirements determined by the Department. In approving the academic and clinical training programs, as well as the examination, the Secretary must consult with the Music Therapy Advisory Committee (Advisory Committee) and consider standards adopted by national certification boards for music therapy. Licenses must be renewed every two years.

"Music therapy" is defined as clinical and evidence-based use of music interventions to accomplish individualized goals of clients by employing certain tools and strategies. These tools and strategies include:

- accepting referrals for music therapy from health care professionals, educational

- professionals, family members, or caregivers;
- conducting music therapy assessments of clients to determine appropriate music therapy services;
- developing and implementing individualized music therapy treatment plans;
- using music therapy techniques such as improvisation, performance, receptive music listening, song writing, lyric discussion, guided imagery with music, learning with music, and movement to music;
- collaborating, as applicable, with the client's treatment team including physicians, occupational therapists, and mental health professionals;
- evaluating a client's response to music therapy techniques and the individualized music therapy treatment plan and making necessary modifications;
- collaborating with other health care professionals treating a client;
- minimizing barriers that may restrict a client's ability to receive or fully benefit from music therapy services; and
- developing a plan for determining when music therapy services are no longer needed.

If the client has a communication disorder, the music therapist must collaborate and discuss the treatment plan with the client's audiologist, occupational therapist, or speech-language pathologist. Music therapists may not evaluate, examine, instruct, or counsel on speech, language, communication, or swallowing disorders or conditions, unless they are authorized to practice speech-language pathology. Music therapists may work with clients who have a communication disorder and address communication skills, but may not treat the communication disorder. For clients with a clinical or developmental need, it is recommended that music therapists review the diagnosis, treatment needs, and treatment of the client with the client's health care providers. When providing educational or health care services, music therapists may not replace the services provided by an audiologist, occupational therapist, or speech-language pathologist. When working with a student for an identified educational need, music therapists must review the diagnosis, treatment needs, and treatment plan with the individualized family service plan's team or the individualized education program's team. "Music therapy" does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

The Department is authorized to perform administrative functions related to the profession, including adopting rules, establishing fees and forms, issuing and denying licenses, administering and grading examinations, determining reciprocity equivalency, and implementing a consumer education campaign. Music therapists are subject to the Uniform Disciplinary Act and the Department is the disciplining authority in any case of unprofessional conduct.

Beginning January 1, 2025, a person may not practice music therapy or use the title of "music therapist" unless the person is licensed as a music therapist. Exemptions are established for: (1) persons credentialed in another health profession that uses music incidental to the practice of that profession; (2) persons whose training and certification attests to the person's preparation and ability to practice that profession without representing

themselves as music therapists; and (3) the practice of music therapy as part of an educational program of study in music therapy.

The Advisory Committee is established consisting of five members, including three who practice as music therapists in Washington, one who is licensed to practice a health profession other than music therapy, and one member who is a consumer. The Advisory Committee must provide the Department with expertise and assistance with developing regulations and establishing standards of practice and professional responsibility for music therapists. The Department must consult with the Advisory Committee on issues related to licensure and renewals and provide the Advisory Committee with an annual analysis of disciplinary activities.

**Substitute Bill Compared to Original Bill:**

The substitute bill replaces the licensing requirements to have a current certification with and complete an examination of the Certification Board for Music Therapists with requirements to: (1) complete an academic and clinical training program for music therapy approved by the Secretary of Health (Secretary), following consultation with the Music Therapy Advisory Committee and consideration of the standards of national certification boards for music therapy; (2) pass an examination administered or approved by the Secretary following consultation with the Music Therapy Advisory Committee and consideration of the standards of national certification boards for music therapy; and (3) pay a fee.

The substitute bill replaces the requirement that a music therapist review a client's diagnosis, treatment needs, and treatment with health care providers involved in the client's care with a recommendation that the music therapist review a client's diagnosis, treatment needs, and treatment.

The substitute bill authorizes the Secretary to perform certain administrative functions related to the profession, including adopting rules, establishing fees and forms, issuing and denying licenses, administering and grading examinations, determining reciprocity equivalency, and implementing a consumer education program. Unused definitions are removed.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill contains multiple effective dates. Please see the bill.

**Staff Summary of Public Testimony:**

(In support) Music therapists are trained practitioners who work with patients ranging from early childhood to elders to build developmental skills, assist with activities of daily living, improve quality of life and communication, and treat memory loss, anxiety, and depression. All people who choose to engage in music therapy should have access to safe and affordable services and this is possible through licensure.

Music therapy is best when administered through a licensed music therapist because it ensures that it is safe and effective and follows scientific guidelines. This bill will assure parents that their children are receiving proper therapy. It is important that music therapists who work with clients with complex mental health needs have the necessary qualifications. Licensure will help vulnerable people from being taken advantage of by people claiming to be music therapists who do not have any actual training. Without proper training, music therapy can cause physical, emotional, social, and cognitive harm. Licensing music therapists will protect residents by ensuring that only clinicians with nationally credentialed training and education can offer music therapy.

Professionals trained in using music therapy as a therapeutic option offer an important modality. Music therapists work in partnership with audiologists, occupational therapists, speech therapists, and physicians to create a whole person approach to treating some of the most vulnerable Washingtonians.

Music therapy should be more available to people in Washington. This bill will further the growth of the profession of music therapy. This bill will support the creative workforce that needs a meaningful expansion of job opportunities through licensed programs. Licensure will increase equitable access to music therapy services since many residents would benefit from music therapy services, but most pay out of pocket making it a service that is only available to persons with financial means. This bill will help decrease disparities in access to music therapy. The goal of music therapy licensure is to create a service that every person can access.

(Opposed) None.

(Other) The bill's requirement that a music therapist check in with other health care providers who are providing services to the client and review the client's diagnosis and treatment plan should either be removed or made a recommendation since it limits the ability of music therapists to provide services to those clients.

**Persons Testifying:** (In support) Representative Julia Reed, prime sponsor; Michael Moran, Washington State Music Therapy Task Force; Diana Stadden, The Arc of Washington State; Evelyn Stagnaro, Music Therapy Task Force and Seattle Pacific University; Betsy Hartman, Swedish Cancer Institute and Multiple Sclerosis Center and Pacific Northwest Music Therapy; Steven Field; Christina Kressin; Becky Snider, Telecare Pierce County; Mickey Stuart; Jen Chong Jewell; and Manuel Cawaling, Inspire Washington.

(Other) Sean Graham, Washington State Medical Association.

**Persons Signed In To Testify But Not Testifying:** None.