



ASHA
American
Speech-Language-Hearing
Association

March 22, 2021

The Honorable Shane Pendergrass
Chair
Health and Government Operations Committee
Maryland House of Delegates
Room 241
House Office Building
Annapolis, MD 21401

RE: HB 233/SB 82 State Board of Professional Counselors and Therapists - Maryland Music Therapists Act

Dear Chairwoman Pendergrass:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write in opposition to the Maryland Music Therapists Act (HB 233/SB 82) that is now before your Committee. I refer you to my initial letter of opposition, dated January 14, 2021, as to why I believe this bill should not pass as written. ASHA is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,050 ASHA members reside in Maryland.¹

As ASHA's President and spokesperson for the association, I want to share my experience and frustrations with the accusations, falsehoods, and unequal treatment that I have encountered during this process.

ASHA has been actively working on issues related to the licensing of music therapists since 2012. ASHA supports the appropriately licensing of music therapists. However, ASHA opposes licensing music therapists with a scope of practice that inappropriately infringes upon the scope of practice of speech-language pathologists, particularly concerning the assessment and treatment of communication disorders. Over the past several years ASHA has proposed licensure language to the American Music Therapy Association (AMTA) that supports licensed music therapists working with individuals who have a communication disorder while the underlying disorder itself is treated by a licensed and certified speech-language pathologist. Regrettably, AMTA has rebuffed these overtures.

As ASHA's President, I am very concerned about the accusations and misrepresentations that were made and I believe it is important that I confront them, particularly since I was not afforded the opportunity to do so at either Board meeting. Below, I would like to address the serious falsehoods that have been made during the two Board meetings I attended:

March 18 Board Meeting

- Senator Malcom Augustine, Dr. Jennifer Mertes, and several music therapists repeatedly characterized ASHA as a "bully." As a profession that works with adults and children with disabilities, we take the issue of bullying very seriously. Especially in the current environment, using this loaded term is a very serious and unfounded accusation.

- Senator Augustine indicated that he had approached both ASHA and the Maryland Speech-Language-Hearing Association (MSHA) to discuss this bill. In ASHA's case, this is patently untrue. ASHA staff have not received communication from, nor spoken to, Senator Augustine or his staff about this issue. He also shared that this was a "collaborative" bill. Again, this is patently untrue. This bill was presented by the music therapists with no input from ASHA or MSHA.
- Dr. Mertes refused to answer questions from the public on a statement she made indicating the Board never voted to remove their support of the music therapy bills. However, Board minutes from the March 1 meeting reflect the board's unanimous withdrawal of support for music therapy licensure."²

I am dismayed by the imbalanced approach the Board has taken toward this critical issue that encroaches on the scope of practice of SLPs. As I have noted, I attended two of the Board meetings—an emergency meeting on March 1 and the open meeting on March 18. In both meetings, ASHA had to request to be included on the agenda, unlike AMTA and music therapists who were invited. In the Board Chair's quest to license music therapists, the questions and concerns of SLPs were ignored. Below are examples of the unequal treatment.

- I attended the March 18 meeting of the Board in which music therapists and the bill sponsor, Senator Augustine, were invited and given ample time to promote their licensure bill. However, in both the March 1 and 18 meetings, I was given only 2 minutes to share concerns compared to the over 30 minutes afforded to the music therapists in the March 18 meeting. Before even being allowed to speak in the March 18 meeting, I had to interrupt Board Chair, Dr. Mertes, who had moved on to the next agenda item after the music therapists had spoken, to ask to address the comments that were made. I was given 2 minutes and told my mic would be turned off if I went over that time.
- Senator Augustine noted at the end of his talk at the March 18 meeting that "you know I'm for the underdog," referring to the smaller profession of music therapists relative to SLPs. If I had the opportunity to respond to Senator Augustine, I would note that as SLPs, we are for our patients, clients, and students. In the March 1 meeting, the public member of the Board questioned, how would an SLP differ from a music therapist in treating a child with a communication disorder. This is the heart of our concern: the lack of clarity in the bill, as written, does not exclude music therapists from treating underlying communication disorders. This bill makes Maryland citizens vulnerable to receiving treatment for communication disorders from music therapists who are not trained or qualified to establish long-term goals and short-term objectives to treat a communication disorder. I do not believe this is the outcome Senator Augustine would want. It is unfair to cast this serious issue as "David versus Goliath." It is unprofessional and does not serve the citizens of Maryland.

In my attendance at these Board meetings, I have come to believe that SLPs are not being adequately represented by the Board. I have never encountered a situation in which there is a lack of interest in hearing from the professionals whose practice will be affected by a bill. It has the appearance of being pushed through while concerns raised by SLPs to protect our scope of practice are labelled as "bullying." I must reiterate that defending your professional scope of practice is not bullying.

ASHA maintains that music therapists should be appropriately licensed. ASHA also maintains that the scope of practice of music therapists should not infringe on the scope of practice of SLPs and other professions. SLPs assess, diagnose, treat, and help to prevent communication and swallowing disorders in children and adults. A music therapist is part of a subgroup of creative arts therapists who use the arts in support of treatment of mental illness, provide support for individuals with disabilities, and promote wellness, personal growth, and creativity. Each profession has a role. ASHA does not devalue the role or profession of music therapy.

ASHA takes its part in collaboration and interprofessional practice very seriously. ASHA adapted the World Health Organization definitions of *interprofessional education* (IPE) and *interprofessional practice* (IPP), to reflect audiologists' and SLPs' engagement in IPP in both health care and education settings.³ In ASHA's definition, IPE is an activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve. Similarly, IPP occurs when multiple service providers from different professional backgrounds provide comprehensive health care or educational services by working with individuals and their families, caregivers, and communities to deliver the highest quality of care across settings. Furthermore, ASHA's *Envisioned Future: 2025* identifies the significance of interprofessional education and collaborative practice models for audiologists and SLPs.⁴

ASHA members have and will continue to work collaboratively with music therapists and other professionals to ensure that individuals with disabilities receive the care they need and deserve to be successful.

Thank you for your consideration of ASHA's position and the points I have made in relation to the false and unequal treatment we have faced related to this bill. I ask that you refer this bill to a summer study or legislative workgroup to resolve the differences of the groups involved and restore the collaborative nature of the legislative process. If you or your staff have any questions, please contact Susan Adams, ASHA's director, state legislative and regulatory affairs, at sadams@asha.org.

Sincerely,



A. Lynn Williams, PhD, CCC-SLP
2021 ASHA President

Attachment

cc: Senator Malcolm Augustine
Mrs. Oluremi Dean, Acting Executive Director, Maryland Board of Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists

¹ American Speech-Language-Hearing Association. (2020). *Maryland* [Quick Facts]. <https://www.asha.org/siteassets/uploadedfiles/Maryland-State-Flyer.pdf>.

² Board of Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. (2021). Emergency Session Minutes, March 1, 2021. <https://health.maryland.gov/boardsahs/Documents/March%201,%202021%20Emergency%20Session%20Minutes.pdf>.

³ World Health Organization. (2021). *Framework for Action on Interprofessional Education & Collaborative Practice*. https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=9D1A84ADBB66D96A8063C3DABF4C2C27?sequence=1.

⁴ American Speech-Language-Hearing Association. (2021). ASHA's Envisioned Future: 2025. <https://www.asha.org/about/ashas-envisioned-future/>.