



ASHA
American
Speech-Language-Hearing
Association

April 13, 2021

The Honorable Ann Johnson
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The Honorable Kelly Hancock
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RE: HB 2473/SB 1452 – Licensure and Regulation of Music Therapists

Dear Representative Johnson, Senator Alvarado, Chairpersons Klick and Hancock:

On behalf of the American Speech-Language-Hearing Association, I write to share strong concerns with HB 2473/SB 1452 as written, regarding the licensure and regulation of music therapists.

The American Speech-Language-Hearing Association (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 15,500 ASHA members reside in Texas.¹

ASHA maintains that although a music therapist may work with an individual who has a communication disorder, music therapists are not qualified to treat the communication disorder itself, which falls under the scope of practice of a speech-language pathologist (SLP). Therefore, ASHA requests that the following provisions be added to the definition on “music therapy”, section 456.001 (4) (D):

Music therapists shall collaborate with and discuss the music therapy treatment plan with the audiologist or speech-language pathologist of a client with a communication disorder.

ASHA also requests that the definition of the practice of music therapy in Section 456.001 (4), be amended as follows:

The practice of music therapy does not include the screening, diagnosis or assessment of any physical, mental, or communication disorder or treatment of a communication disorder. The services of a music therapist shall not replace the services of an audiologist or speech-language pathologist.

Speech-Language Pathologists: Professionals Trained to Assess and Treat Communication Disorders

SLPs are uniquely educated and trained to assess and treat speech, language, swallowing, and cognitive communication disorders in children and adults. These services help children acquire language and enable people to recover essential skills to communicate about their health and safety, to swallow adequate nutrition safely, and to have sufficient attention, memory, and organizational skills to function in their environment.

SLPs complete a comprehensive education program that meets rigorous standards of practice based on objective methodology, which includes the following:²

- A master's or doctoral degree with **75 semester credit hours in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology, as determined, validated, and systematically updated using a skills validation process.**
- A minimum of 400 clock hours of supervised **clinical** experience in the practice of speech-language pathology, with supervision provided by individuals holding the ASHA Certificate of Clinical Competence (CCC).
- A passing score, determined by a cut score analysis, on a national examination administered and validated by the Educational Testing Service.
- Completion of a supervised Clinical Fellowship to meet the requirements of the CCC, the recognized standard in the field.
- State licensure (SLPs are regulated in all 50 states and the District of Columbia).
- Completion of 30 hours of professional development activities every three years.

Music Therapy vs. Speech-Language Pathology Training Program

Although the American Music Therapy Association's scope of practice for music therapy was revised in 2015, it did not address the treatment of communication disorders.³ The scope of practice continues to indicate that music therapists are qualified to treat communication disorders.

Below is a comparison of core courses and electives for entry-level SLPs and entry-level music therapists that are specific to areas of communication. SLPs undergo rigorous training across all aspects of communication as they earn their master's degree. Although training programs vary among universities, a typical master's program includes the option to take the courses indicated below. **The core training for music therapy, which requires only a bachelor's degree to treat communicative and cognitive disorders, is minimal, provides only an overview of communication disorders, and does not address specific treatment standards and methods.**

Core Course Comparisons

Topic Area	Speech-Language Pathologists	Music Therapists
Language	Option to take courses in 25 different areas, such as: <ul style="list-style-type: none">• psychology of language	Introduction to speech and hearing process disorders

Topic Area	Speech-Language Pathologists	Music Therapists
	<ul style="list-style-type: none"> • linguistics • language disorders of children • aphasia • developmental neuroscience • phonological development and disorders • clinical phonology • language acquisition • disorders of speech sounds • communication for individuals with autism 	
Cognitive Assessment	Option to take courses in 18 different areas, such as: <ul style="list-style-type: none"> • developmental language disorders • neurogenic disorders of language • language training • language of school-age children • degenerative disorders • medical speech-language pathology 	Introduction to speech and hearing process disorders
Swallowing	Option to take courses in 20 different areas, such as: <ul style="list-style-type: none"> • craniofacial disorders • dysphagia • head and neck cancer • motor speech disorders • communication disorders in children with medical and developmental needs • neuroscience • speech science 	<ul style="list-style-type: none"> • Introduction to speech and hearing process disorders • Anatomy and physiology

States Respond to Legislation for Music Therapists

The State of Washington rejected proposed regulations for music therapy, while Arizona and Indiana have opposed legislation to certify and license music therapists in their state. Below is a summary of each state's response.

Washington State Sunrise Review

In December 2012, the Washington State Department of Health completed its sunrise report on the proposed regulation of music therapists.⁴ ASHA maintains that this information may be useful to illustrate why licensing music therapists is not needed.

Washington music therapists had indicated that the regulation of their profession was necessary to protect the public from misuse of terms and techniques; ensure competent practice; protect access to music therapy services by encouraging payment by third-party payers; recognize music therapy as a valid, research-based health care service; validate the profession in state, national, and international work settings; establish credentialing; and provide a method of addressing consumer complaints and ethics violations.

The Department found that the regulations of music therapists did not meet the sunrise criteria based on the following:

- The applicant had not identified a clear and easily recognizable threat to public health and safety from the unregulated practice of music therapy.
- The proposal did not articulate the public need for regulation or that regulation would ensure initial and continuing professional ability above the current requirements for nationally certified music therapists.
- The applicant did not demonstrate that the public cannot be effectively protected by other means in a more cost-beneficial manner.
- The proposal would place a heavy financial burden on the small pool of potential music therapy practitioners to cover the state's costs of regulating the profession.
- The proposal contains flaws that would prohibit the use of music-based therapy by other practitioners as well as Native American and other traditional healers who may use music to aid the sick, injured, or dying.

Arizona and Indiana Opposition

Both former Arizona Governor Jan Brewer and former Indiana Governor Mike Pence vetoed legislation to certify and license music therapists.

In former Governor Brewer's veto message, she indicated that the legislation for state certification would fail, "to grant even the most basic oversight authority to the state agency that is charged with issuing the certificates," and that, "there is an expectation from the public that the certificate holder or licensee is subject to a certain level of oversight."⁵

Former Governor Pence chose to veto the bill introduced in Indiana because he did not believe that music therapy certification would create new opportunities for employment.⁶

Thank you for your consideration of ASHA's position and requested amendment to HB 2473/SB 1452. If you or your staff have any questions, please contact Janet Deppe, ASHA's director, state affairs, at jdeppe@asha.org.

Sincerely,



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

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

² American Speech-Language-Hearing Association. (2020). *2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology*. <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>.

³ American Music Therapy Association. (2015). *Scope of Music Therapy Practice*. https://www.musictherapy.org/about/scope_of_music_therapy_practice/.

⁴ Washington State Department of Health. (2012). *Music Therapy Sunrise Review*. <https://www.doh.wa.gov/Portals/1/Documents/2000/MusicTherapy.pdf>.

⁵ Arizona State Legislature. (2013). *Re: Senate Bill 1437 (music therapists; licensure)*. <https://www.azleg.gov/govLettr/51leg/1R/SB1437.PDF>.

⁶ NUVO Inc. (2013). *Pence vetoes occupational licensing*. https://www.nuvo.net/news/news/pence-vetoes-occupational-licensing/article_0757a5e0-e446-5834-b810-baea2e09fc13.html.