January 24, 2020

Senator L. Louise Lucas, Chair
Education and Health Committee
Pocahontas Building, Room E604
900 East Main Street
Richmond, Virginia 23219

RE: ASHA Opposition to Senate Bill 633

Dear Chairwoman Lucas and Members of the Committee:

On behalf of the American Speech-Language-Hearing Association, I write to oppose SB 633, which licenses music therapists.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,400 ASHA members reside in Virginia.

Although SB 633 prohibits music therapists from diagnosing and assessing communication disorders, the bill does not prohibit the treatment of those disorders. ASHA maintains that music therapists are not appropriately trained to diagnose, assess, and treat communication disorders, which falls under the scope of practice for speech-language pathologists (SLPs).

**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:

- 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. 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 indicted 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

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<tr>
<th>Topic Area</th>
<th>Speech-Language Pathologists</th>
<th>Music Therapists</th>
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<tr>
<td>Language</td>
<td>Option to take courses in 25 different areas, such as: • psychology of language • 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</td>
<td>Introduction to speech and hearing process disorders</td>
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<tr>
<td>Cognitive</td>
<td>Option to take courses in 18 different areas, such as: • developmental language disorders • neurogenic disorders of language • language training • language of school-age children • degenerative disorders • medical speech-language pathology</td>
<td>Introduction to speech and hearing process disorders</td>
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<td>Assessment</td>
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<td>Swallowing</td>
<td>Option to take courses in 20 different areas, such as: • craniofacial disorders • dysphagia • head and neck cancer</td>
<td>• Introduction to speech and hearing process disorders • Anatomy and physiology</td>
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<td>Topic Area</td>
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<td>motor speech disorders</td>
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**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. ASHA believes 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.”
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.\(^5\)

Thank you for your consideration of ASHA’s position on the music therapy licensure bill, SB 633. If you or your staff have any questions, please contact Tim Boyd, ASHA’s director of state health care and education affairs, at tboyd@asha.org.

Sincerely,

Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

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