

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 729 Music Therapists  
**SPONSOR(S):** Health Quality Subcommittee; Ponder  
**TIED BILLS:** **IDEN./SIM. BILLS:** SB 562

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	15 Y, 0 N, As CS	Langston	McElroy
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

Music therapy is clinical, evidence-based use of music interventions to accomplish individualized goals in a therapeutic relationship. Music therapists work in a variety of settings, including hospitals, outpatient clinics, rehabilitation facilities, day care treatment centers, drug and alcohol programs, senior centers, nursing homes, correctional facilities, schools and private practice settings.

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT), working in tandem, have established the national board certification requirements for the practice of music therapy. AMTA requires music therapists to have a bachelor's degree or higher from one of AMTA's approved colleges and universities and 1,200 hours of clinical training. Initial certification requires passage of the board certification examination. CBMT indicates that over 6,549 music therapists in the U.S. currently maintain a Music Therapist-Board Certified (MT-BC) credential. It is estimated that 253 music therapists in Florida currently maintain an MT-BC credential.

Music therapists are regulated in Connecticut, Georgia, Nevada, North Dakota, Oklahoma, Oregon, Rhode Island, and Utah. Currently, music therapists are not regulated in Florida.

CS/HB 729 creates Part XVII of ch. 468, F.S., consisting of s. 468.85, F.S., to require music therapists to register with the Department of Health (DOH). It defines "music therapy," provides examples of acts a music therapist is authorized to perform when providing music therapy, and specifies that music therapy does not include the diagnosis or assessment of any physical, mental, or communication disorder. To register, applicants must submit an application, proof of board certification by CBMT, and pay a fee. The bill requires biennial renewal.

The bill prohibits unregistered people from practicing music therapy or holding themselves out as music therapists in Florida. The bill provides registration exemptions for certain professionals and students, if such persons do not represent that they are music therapists.

The bill authorizes DOH to establish the application, fees, and to adopt rules as necessary to administer the registration of music therapists. Application, registration and renewal fees may not to exceed \$50.

The bill will have a significant negative fiscal impact on DOH, which will be partially offset by fee revenue and partially absorbed within existing resources.

The bill provides an effective date of July 1, 2017.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### **Background**

##### Regulation of Florida Health Care Practitioners

The Division of Medical Quality Assurance (MQA) within the Department of Health (DOH) and the boards under MQA are responsible for the licensure of health care practitioners in the state. In addition to the regulatory authority in specific practice acts for each profession or occupation, ch. 456, F.S., provides general regulatory provisions that apply to all health care practitioners.

Section 456.001, F.S., defines “health care practitioner” as any person licensed under chapters 457 (acupuncture); 458 (medicine); 459 (osteopathic medicine); 460 (chiropractic medicine); 461 (podiatric medicine); 462 (naturopathic medicine); 463 (optometry); 464 (nursing); 465 (pharmacy); 466 (dentistry and dental hygiene); 467 (midwifery); 478 (electrology or electrolysis); 480 (massage therapy); 484 (opticianry and hearing aid specialists); 486 (physical therapy); 490 (psychology); 491 (psychotherapy), F.S., or parts III or IV of ch. 483 (clinical laboratory personnel or medical physicists), F.S. Additionally, the miscellaneous professions and occupations regulated in parts I, II, III, V, X, XIII, or XIV (speech-language pathology and audiology; nursing home administration; occupational therapy; respiratory therapy; dietetics and nutrition practice; athletic trainers; and orthotics, prosthetics, and pedorthics) of ch. 468, F.S., are considered health care practitioners under s. 456.001, F.S.

##### Music Therapy

Music therapy is the specialized use of music by a credentialed professional who develops individualized treatment and supportive interventions for people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, sensory and spiritual needs.<sup>1</sup> After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music.<sup>2</sup> Through this treatment the clients’ abilities are strengthened and transferred to other areas of their lives.<sup>3</sup> Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words.<sup>4</sup> Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people’s motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings.<sup>5</sup>

Clinical populations served by music therapy range in age from neonates in the NICU to older adults in hospice care.<sup>6</sup> Music therapy services are provided in a variety of clinical settings, including psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient clinics, day care treatment centers, agencies serving persons with developmental disabilities, community mental health centers, drug and alcohol programs, senior centers, nursing homes, hospice programs, correctional facilities, halfway houses, schools, and private practice.<sup>7</sup>

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<sup>1</sup> THE CERTIFIED BOARD FOR MUSIC THERAPISTS, <http://www.cbmt.org/> (last visited March 2, 2017).

<sup>2</sup> AMERICAN MUSIC THERAPY ASSOCIATION, *What is Music Therapy*, <http://www.musictherapy.org/about/musictherapy/> (last visited March 2, 2017).

<sup>3</sup> AMERICAN MUSIC THERAPY ASSOCIATION, *What is Music Therapy: Definitions and Quotes About Music Therapy*, <http://www.musictherapy.org/about/quotes/> (last visited March 2, 2017).

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> FLORIDA SENATE SUNRISE QUESTIONNAIRE, Submitted by the Florida Music Therapy State Task Force, December 16, 2015 (on file with Health Quality Subcommittee Staff).

<sup>7</sup> *Id.*

## *Music Therapists*

Music therapists typically work with individuals who have special needs, which may include medical, learning and academic, mental health, rehabilitation, developmental, communication, or wellness needs.<sup>8</sup> The use of live music interventions demands that the therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs.<sup>9</sup> Given the diversity of diagnoses with which music therapists work and the practice settings in which they work independently, clinical training and experience are necessary.<sup>10</sup>

A music therapist's clinical practice is guided by the integration of the best available research evidence, the client's needs, values, and preferences, and the expertise of the clinician.<sup>11</sup> Music therapists are trained to independently analyze client non-verbal, verbal, psychological, and physiological responses to music and non-music stimuli in order to be clinically effective and refrain from contra-indicated practices.<sup>12</sup> Music therapists use their knowledge, skills, training and experience to facilitate therapeutic, goal oriented music-based interactions that are meaningful and supportive to the function and health of their clients.<sup>13</sup>

## *Accredited Music Therapy Degree Programs*

In order to become a credentialed music therapist, a student must earn a bachelor's degree or higher in music therapy from an American Music Therapy Association's (AMTA's) approved college or university. These programs require academic coursework and 1,200 hours of clinical training, including an approved supervised internship.<sup>14</sup> Qualified supervision of clinical training is required and coordinated or verified by the academic institution.<sup>15</sup>

Currently in Florida, Florida State University (FSU)<sup>16</sup> and the University of Miami (UM)<sup>17</sup> have the only accredited music therapy programs. FSU and UM both offer Bachelor's, Master's, and Doctoral degrees in Music Therapy.<sup>18</sup> FSU graduates approximately 35 - 40 students annually and UM graduates 10 - 12 students annually.

## *National Certification of Music Therapists*

Two national organizations recognize the music therapy profession: the AMTA and the Certification Board for Music Therapists (CBMT). The CBMT is the only organization that credentials music therapists nationally.<sup>19</sup> The professional credential, Music Therapist – Board Certified (MT-BC), is granted to individuals who have successfully completed an AMTA-approved academic and clinical

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<sup>8</sup> Id.

<sup>9</sup> AMERICAN MUSIC THERAPY ASSOCIATION, *Scope of Music Therapy Practice* (2015), available at [http://www.cbmt.org/upload/CBMT-AMTA\\_SoMTP\\_V6.pdf](http://www.cbmt.org/upload/CBMT-AMTA_SoMTP_V6.pdf) (last visited March 2, 2017).

<sup>10</sup> Id.

<sup>11</sup> Id.

<sup>12</sup> Id.

<sup>13</sup> Id.

<sup>14</sup> An internship may be approved by the academic institution, the AMTA, or by both.

<sup>15</sup> Internship supervisors must meet minimum requirements outlined by the AMTA Education and Clinical Training Standards. A music therapy internship supervisor must have a clinical practice in music therapy (either private or institutional) and demonstrate the following: all professional level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of internship students, and established skills in supervision. See AMERICAN MUSIC THERAPY ASSOCIATION, *AMTA Standards for Education and Clinical Training*, <http://www.musictherapy.org/members/edctstan/> (last visited March 2, 2017).

<sup>16</sup> FLORIDA STATE UNIVERSITY COLLEGE OF MUSIC, *Music Therapy*, <http://music.fsu.edu/programs/music-therapy> (last visited March 2, 2017).

<sup>17</sup> FROST SCHOOL OF MUSIC UNIVERSITY OF MIAMI, *Music Therapy Program*, [http://www.miami.edu/frost/index.php/music\\_therapy/](http://www.miami.edu/frost/index.php/music_therapy/) (last visited March 2, 2017).

<sup>18</sup> *Supra*, notes 16, 17.

<sup>19</sup> *Supra*, note 1.

training program and have passed a written objective national examination.<sup>20</sup> Currently, a majority of music therapists hold the MT-BC credential.<sup>21</sup>

The National Music Therapy Registry previously qualified music therapy professionals with the following designations: Registered Music Therapist (RMT), Certified Music Therapist (CMT), or Advanced Certified Music Therapist (ACMT).<sup>22</sup> While new RMT, CMT, and ACMT designations are no longer awarded, individuals who have received and continue to maintain these designations have met certain educational and clinical training standards.<sup>23</sup>

The Florida Music Therapy State Task Force estimates that there are 253 MT-BCs, four RMTs, and four CMTs in Florida.<sup>24</sup>

### *Regulation of Music Therapists*

Music therapists are bound by the AMTA Code of Ethics, AMTA Standards of Clinical Practice, CBMT Code of Professional Practice, CBMT Board Certification Domains, and other applicable state and federal laws.<sup>25</sup> Both AMTA and CBMT have mechanisms to investigate violations of safe and ethical practice, which can result in disciplinary action pursuant to their codes of professional practice, including revocation of certification.<sup>26</sup>

Regulation of music therapists is a recent development at the state level. Wisconsin uses voluntary registration,<sup>27</sup> while Rhode Island has a mandatory music therapy registry.<sup>28</sup> Two states regulate music therapy through certification: Utah requires state certification for board-certified music therapists,<sup>29</sup> and Connecticut limits the provision of music therapy services to music therapists holding the MT-BC credential, and prohibits anyone without that credential from using the title of “music therapist” or “certified music therapist.”<sup>30</sup> In addition, five states license music therapists. The first states to license music therapists were North Dakota<sup>31</sup> and Nevada<sup>32</sup> in 2011, and Georgia<sup>33</sup> in 2012. Oregon initiated licensure in 2015,<sup>34</sup> and Oklahoma was the most recent state to license music therapists, in 2016.<sup>35</sup>

Music therapists are not presently regulated in Florida.

### The Sunrise Act and Sunrise Questionnaire

The Sunrise Act (the act), codified in s. 11.62, F.S., requires the Legislature to consider specific factors in determining whether to regulate a new profession or occupation. The legislative intent in the act provides that:

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<sup>20</sup> THE CERTIFIED BOARD FOR MUSIC THERAPISTS, *About Certification*, <http://www.cbmt.org/about-certification/> (last visited March 2, 2017).

<sup>21</sup> *Supra*, note 1. Over 6,638 music therapists currently maintain the MT-BC credential.

<sup>22</sup> AMERICAN MUSIC THERAPY ASSOCIATION, *How to Find a Music Therapist*, <http://www.musictherapy.org/about/find/> (last visited March 2, 2017).

<sup>23</sup> *Id.* These designations were granted prior to 1998 and will expire in 2020. *Supra*, note 6.

<sup>24</sup> *Supra*, note 6.

<sup>25</sup> *Supra*, note 9.

<sup>26</sup> *Id.*, see also, THE CERTIFIED BOARD FOR MUSIC THERAPISTS, *Code of Professional Practice*, <http://www.cbmt.org/about-certification/code-of-professional-practice/> (last visited March 3, 2017).

<sup>27</sup> Wis. Stat. s. 440.03.

<sup>28</sup> R.I. Gen. Laws s. 23-20.8.1 et seq.

<sup>29</sup> Utah Code Ann. s. 58-84-102 et seq.

<sup>30</sup> 2016 Conn. Pub. Act page no. 66 s. 35.

<sup>31</sup> N.D. Cent. Code s. 43-59-01 et seq.

<sup>32</sup> Nev. Rev. Stat. s. 640D.010 et seq.

<sup>33</sup> Ca. Code Ann. 43-25A-1 et seq.

<sup>34</sup> Ss. 681.700 – .730, Or. Rev. Stat.

<sup>35</sup> Okla. Stat. tit. 59 s. 889 et seq.

- No profession or occupation be subject to regulation unless the regulation is necessary to protect the public health, safety, or welfare from significant and discernible harm or damage and that the state's police power be exercised only to the extent necessary for that purpose; and
- No profession or occupation be regulated in a manner that unnecessarily restricts entry into the practice of the profession or occupation or adversely affects the availability of the services to the public.<sup>36</sup>

The Legislature must review all legislation proposing regulation of a previously unregulated profession or occupation and make a determination for regulation based on consideration of the following:

- Whether the unregulated practice of the profession or occupation will substantially harm or endanger the public health, safety, or welfare, and whether the potential for harm is recognizable and not remote;
- Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability;
- Whether the regulation will have an unreasonable effect on job creation or job retention in the state or will place unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a given profession or occupation to find employment;
- Whether the public is or can be effectively protected by other means; and
- Whether the overall cost-effectiveness and economic impact of the proposed regulation, including the indirect costs to consumers, will be favorable.<sup>37</sup>

The act requires the proponents of legislation for the regulation of a profession or occupation to provide specific information in writing to the state agency that is proposed to have jurisdiction over the regulation and to the legislative committees of reference.<sup>38</sup> This required information is traditionally compiled in a "Sunrise Questionnaire."

#### *Music Therapist Sunrise Questionnaire*

The Sunrise Questionnaire was completed by the Florida Music Therapy State Task Force (the Task Force); the Task Force was created by the AMTA and CBMT.<sup>39</sup>

Florida music therapists are seeking regulation to protect the public, including certain vulnerable populations treated by music therapists, and to increase consumer access to music therapy services.<sup>40</sup> The Task Force claims that regulating music therapy would protect clients from the misuse of terms and techniques by unqualified individuals and to ensure competent practice.<sup>41</sup> According to the Task Force, there are a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of MT-BC, which has the potential to cause harm, because these individuals provide services that are not based upon evidence-based practice.<sup>42</sup> Their lack of formalized training and credentials may pose unnecessary and unintended risks to clients.<sup>43</sup> For example, the Task Force states that:

- "If the music stimulus is too complex for one's neurological system, it may cause increased agitation and dysregulation."

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<sup>36</sup> S. 11.62(2), F.S.

<sup>37</sup> S. 11.62(3), F.S.

<sup>38</sup> S. 11.62(4), F.S.

<sup>39</sup> *Supra*, note 6 at 4.

<sup>40</sup> *Id.* at 6.

<sup>41</sup> *Id.* at 7.

<sup>42</sup> *Id.*

<sup>43</sup> *Id.*

- Noncompliance with safety protocols and guidelines in the clinical environment, including those related to appropriate sound environment, can result in loss, injury, infection, regression, or even death.
- Music has the potential to elicit or evoke intense emotions. The lack of, or ineffective therapeutic responses to, or processing of, these emotions may lead to short- or long- term social and psychological damage.<sup>44</sup>

The Task Force does not present any clinical or scientific studies to support these assertions. There is research to suggest that music therapy may be beneficial in a number of circumstances,<sup>45</sup> but there is only anecdotal evidence on the harms of music therapy, whether by a board-certified music therapist or not.<sup>46</sup> There are no studies on the outcomes of patients treated by someone who is a board-certified music therapist as compared to someone who is not.

The Task Force asserts that regulation would prevent unqualified individuals from having access to clients' confidential information and potentially compromising clients' health and wellness issues.<sup>47</sup>

According to the Task Force, access to medically, behaviorally, or educationally necessary music therapy services would be improved by regulation, as residents would be able to locate qualified providers recognized by the state.<sup>48</sup> There are some settings where the Task Force believes regulation is necessary, as with school districts; where lack of regulation prevents individuals from accessing services, because a license is required to provide services.<sup>49</sup> Furthermore, the Task Force claims that access to qualified music therapists would also be made easier for employers and that facilities interested in providing music therapy services would be able to utilize the state system to locate qualified professionals.

Other states have rejected proposals to regulate music therapy. For example, a sunrise review in Washington found that while there is a therapeutic benefit of music to address the cognitive, emotional, physical, social, or functional needs of clients, there is no a clear and easily recognizable threat to public health and safety from the unregulated practice of music therapy.<sup>50</sup> It noted that anecdotal incidents or generalized examples of harm that even if verified would not rise to the level requiring state regulation.<sup>51</sup> Washington also recognized that the lack of a state credential may prevent music therapists from being employed in certain educational and state mental health facilities, or may prevent them from being compensated for services by insurance or some government programs; however, it found those barriers to be outside the scope of the sunrise review criteria.<sup>52</sup>

<sup>44</sup> Id.

<sup>45</sup> Music interventions may have beneficial effects on anxiety, pain, fatigue, and quality of life in people with cancer. Bradt, Dileo, Magill, and Teague. *Music interventions for improving psychological and physical outcomes in cancer patients*, COCHRANE DATABASE SYSTEM REV. Aug. 15, 2016, <https://www.ncbi.nlm.nih.gov/pubmed/27524661> (last visited March 4, 2017). Instrument-based music interventions can improve fine motor dexterity and gross motor functions in stroke. Moumghjian, Sarkamo, Leone, Leman, and Feys, *Effectiveness of music-based interventions on motricity or cognitive functioning in neurological populations: a systematic review.*, EUR. J PHYS. REHABIL. MED., Nov. 23, 2016, <https://www.ncbi.nlm.nih.gov/pubmed/27879960> (last visited March 4, 2017).

<sup>46</sup> See, e.g., Steve Swayne, *The Dangers of Overestimating Music Therapy*, THE ATLANTIC, Jul. 15, 2014, <https://www.theatlantic.com/health/archive/2014/07/the-dangers-of-overestimating-music-therapy/374402/> (last visited March 4, 2017) (using music to awaken memories in a patient suffering from dementia can cause the patient to have negative feelings, such as anxiety, sadness, or terror); and Lillieth, *Can music be dangerous? YES!*, MILESTONE MUSIC THERAPY, Mar. 29, 2012, <http://milestone-musictherapy.com/can-music-be-dangerous-yes/> (last visited March 4, 2017) (teenager in a coma following a traumatic brain injury experienced increased agitation and heart rate, and decreased oxygen saturation rates when someone who claimed to be a music therapist, but was not, played classical music in an attempt to help the teen relax; the teen only relaxed when someone trained as a music therapist found out his favorite music from his parents and played that for him).

<sup>47</sup> Id. at 7.

<sup>48</sup> Id. at 6.

<sup>49</sup> Id.

<sup>50</sup> WASHINGTON STATE DEPARTMENT OF HEALTH, *Information Summary and Recommendations: Music Therapy Sunrise Review*, Dec. 2012, available at <http://www.doh.wa.gov/Portals/1/Documents/2000/MusicTherapy.pdf> (last visited March 4, 2017).

<sup>51</sup> Id.

<sup>52</sup> Id.

## Effect of Proposed Changes

### Regulation of Music Therapists

CS/HB 729 creates Part XVII of ch. 468, F.S., consisting of s. 468.85, F.S., which requires DOH to register music therapists. This creates a new regulated profession. The bill provides that it is the intent of the Legislature to regulate music therapy to protect the public from the practice of it by unregistered individuals. The bill grants title protection, such that an individual may not practice music therapy or represent himself or herself as being able to practice music therapy in Florida unless he or she registers with DOH.

The bill defines “music therapy” as the clinical and evidence based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a board-certified music therapist. Music therapy interventions include:

- Music improvisation;
- Receptive music listening;
- Song writing;
- Lyric discussion;
- Music and imagery;
- Singing;
- Music performance;
- Learning through music;
- Music combined with other arts;
- Music-assisted relaxation;
- Music-based patient education;
- Electronic music technology;
- Adapted music intervention; and
- Movement to music.

The bill authorizes a music therapist to:

- Accept referrals for music therapy services from other professionals involved and authorized with provision of client services;
- Collaborate with the client’s primary care provider and treatment team before and while providing music therapy services to the client;
- Conduct a music therapy assessment of a client to determine whether music therapy is necessary, and if so, collecting required information to provide the appropriate type of music therapy services to the client;
- Develop an individualized music therapy treatment plan for the client based on the music therapy assessment and ensure that the plan that is consistent with any other services being provided to the client;
- Evaluate the client’s response to music therapy and suggesting modifications to the music therapy treatment plan, as appropriate;
- Develop a plan for determining when music therapy services are no longer needed, in collaboration with certain persons;
- Minimize any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborate with and educating the client, and the family or caregiver of the client, or any other appropriate person, about the client’s needs that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and
- Utilize appropriate knowledge and skills to maintain an informed practice of music therapy.

The bill states that the practice of music therapy does not include the diagnosis or assessment of any physical, mental, or communication disorder.

### *Registration of Music Therapists*

The bill directs DOH to register an applicant as a music therapist when the applicant submits:

- A completed application form issued by DOH;
- Application and registration fees;
- Proof of passing the examination for board certification; and
- Proof that the applicant is currently a board-certified music therapist.

The bill requires biennial renewal, conditioned on payment of a renewal fee and proof that the registrant continues to hold an active certificate as a board-certified music therapist. A registered music therapist must inform DOH within 10 days of a change in his or her address or status as a board certified music therapist.

DOH may deny or revoke registration or renewal of registration for failing to meet the registration requirements.

The bill authorizes DOH to establish application, registration, and renewal fees not to exceed \$50 per fee, and to adopt rules necessary to administer the registration of music therapists.

### *Exemptions from Registration*

The bill specifies it does not prohibit or restrict the practice, services, or activities of any person:

- Licensed, certified, or regulated under the laws of this state in another profession or occupation or personnel supervised by a licensed professional in this state performing work, including the use of music, incidental to the practice of his or her licensed, certified, or regulated profession or occupation, if that person does not represent himself or herself as a music therapist;
- Whose training and national certification attests to the individual's preparation and ability to practice his or her certified profession or occupation, if that person does not represent himself or herself as a music therapist;
- Practicing music therapy as an integral part of a program of study for students enrolled in an accredited music therapy program, if the student does not represent himself or herself as a music therapist; or
- Practicing music therapy under the supervision of a registered music therapist, if the person does not represent himself or herself as a music therapist.

The bill provides an effective date of July 1, 2017.

## B. SECTION DIRECTORY:

**Section 1:** Creates s. 468.85, F.S., relating to registration of music therapists.

**Section 2:** Provides an effective date of July 1, 2017.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

DOH/MQA will experience an increase in revenues associated with music therapy registration and renewal fees.



DOH estimates revenues of \$28,787 for the first biennium, using the maximum, \$50, fees provided by the bill.<sup>53</sup> DOH estimates revenues \$15,079 for the second biennium, using the maximum, \$50, fees provided by the bill.<sup>54</sup>

2. Expenditures:

DOH/MQA will incur a recurring increase in workload and costs associated with the regulation of music therapists. DOH anticipates that .5 FTE will be required to carry out the provisions of this bill.<sup>55</sup>

DOH currently contracts services for processing of initial and renewal applications and related fees; the cost of the contracted service is based on a \$7.69 per application rate. DOH projects 298 new applications will be processed for a biennial cost of \$2,230.<sup>56</sup>

Additional costs associated with increase in workload associated the development and maintenance of a new website, online renewals, and online applications can be absorbed within DOH's existing resources.<sup>57</sup>

The total estimated costs are:

<b>Estimated Cost</b>	<b>First Biennium</b>	<b>Second Biennium</b>
Salary	\$18,850/Recurring	\$18,850/Recurring
Expense	\$5,948/Recurring \$4,296/Non-Recurring	\$5,948/Recurring
Contracted Services	\$2,292/Recurring Biennially	\$2,292/Recurring Biennially
Human Resources	\$339/Recurring	\$339/Recurring
<b>TOTAL</b>	<b>\$56,862</b>	<b>\$52,566</b>

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Music therapists currently maintaining MT-BC credentials, will be required to pay registration and renewal fees to become registered and maintain their registration in Florida.

D. FISCAL COMMENTS:

None.

<sup>53</sup> Department of Health, Agency Bill Analysis of 2017 House Bill 729, (February 7, 2017) (on file with Health Quality Subcommittee Staff). First biennium revenues are calculated based on 298 estimated applicants for licensure. The estimated revenue for application fees is \$14,900 (298 x \$50) and the estimated revenue for initial registration fees is \$14,900 (298 x \$50). The unlicensed activity revenues are calculated based on 298 initial licensees for a total of \$1,490 (298 x \$5). The fees collected are subject to the 8% general revenue surcharge and \$2,503 (\$14,900 + \$14,900 + \$1,490 \* .08) is deducted from the estimated amounts to be collected.

<sup>54</sup> Id. Second biennium revenues are calculated based on 298 estimated registration renewals. The estimated revenue for renewal fees is \$14,900 (298 x \$50) The unlicensed activity revenues are calculated based on 298 initial licensees for a total of \$1,490 (298 x \$5). The fees collected are subject to the 8% general revenue surcharge and \$1,311 (\$14,900 + \$1,490 \* .08) is deducted from the estimated amounts to be collected.

<sup>55</sup> Id.

<sup>56</sup> Id.

<sup>57</sup> Id.

### **III. COMMENTS**

#### **A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

#### **B. RULE-MAKING AUTHORITY:**

The bill provides rulemaking authority DOH to develop new rules relates to the registration of music therapists.

#### **C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

### **IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

On March 8, 2017, the Health Quality Subcommittee adopted an amendment that relocates the registration of music therapists from ch. 491, F.S., which regulates clinical, counseling, and psychotherapy services, to a new part XVII of ch. 468, F.S., which regulates miscellaneous professions and occupations. The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.