

## REPORT OF CONFERENCE COMMITTEE

MR. PRESIDENT AND MR. SPEAKER:

We, the undersigned conferees, have had under consideration the amendments to the following entitled BILL:

S. B. No. 2741: Professional music therapists; provide for licensure by State Department of Health.

We, therefore, respectfully submit the following report and recommendation:

1. That the House recede from its Amendment No. 1.
2. That the Senate and House adopt the following amendment:

Amend by striking all after the enacting clause and inserting in lieu thereof the following:

27        **SECTION 1.** The intent of this chapter is to recognize that  
28 music therapy affects public health, safety and welfare and that  
29 the practice of music therapy should be subject to regulation; to  
30 assure the highest degree of professional conduct on the part of  
31 music therapists; to guarantee the availability of music therapy  
32 services provided by a qualified professional to persons in need  
33 of those services; and to protect the public from the practice of  
34 music therapy by unqualified individuals.

35        **SECTION 2.** As used in this chapter, the following terms  
36 shall be defined as provided in this section:

37                (a) "Advisory committee" means the Music Therapy  
38 Advisory Committee.

39                (b) "Board" means the State Board of Health.



40 (c) "Board-certified music therapist" means an  
41 individual who holds current board certification from the  
42 Certification Board for Music Therapists.

43 (d) "Department" means the State Department of Health.

44 (e) "Director" means the Executive Director of the  
45 State Department of Health or his or her designee.

46 (f) "Licensed professional music therapist" (LPMT)  
47 means a person licensed to practice music therapy under this  
48 chapter.

49 (g) "Music therapy" means the clinical and  
50 evidence-based use of music interventions to accomplish  
51 individualized goals for people of all ages and ability levels  
52 within a therapeutic relationship by a board-certified music  
53 therapist. Music therapists develop music therapy treatment plans  
54 specific to the needs and strengths of the client, who may be seen  
55 individually or in groups. Music therapy treatment plans are  
56 individualized for each client. The goals, objectives and  
57 potential strategies of the music therapy services are appropriate  
58 for the client and setting. The music therapy interventions may  
59 include, but are not limited to, music improvisation, receptive  
60 music listening, song writing, lyric discussion, music and  
61 imagery, singing, music performance, learning through music, music  
62 combined with other arts, music-assisted relaxation, music-based  
63 patient education, electronic music technology, adapted music  
64 intervention and movement to music. The practice of music therapy



65 does not include the screening, diagnosis or assessment of any  
66 physical, mental or communication disorder. The term "music  
67 therapy" may include, but is not limited to:

68 (i) Accepting referrals for music therapy services  
69 from medical, developmental, mental health or education  
70 professionals, family members, clients, caregivers or others  
71 involved and authorized with provision of client services;

72 (ii) Conducting a music therapy assessment of a  
73 client to determine if treatment is indicated. If treatment is  
74 indicated, the licensee collects systematic, comprehensive and  
75 accurate information to determine the appropriateness and type of  
76 music therapy services to provide for the client;

77 (iii) Developing an individualized music therapy  
78 treatment plan for the client that is based upon the results of  
79 the music therapy assessment. The music therapy treatment plan  
80 includes individualized goals and objectives that focus on the  
81 assessed needs and strengths of the client and specify music  
82 therapy approaches and interventions to be used to address these  
83 goals and objectives;

84 (iv) Implementing an individualized music therapy  
85 treatment plan that is consistent with any other developmental,  
86 rehabilitative, habilitative, medical, mental health, preventive,  
87 wellness care or educational services being provided to the  
88 client;



89 (v) Evaluating the client's response to music  
90 therapy and the music therapy treatment plan, documenting change  
91 and progress and suggesting modifications, as appropriate;

92 (vi) Developing a plan for determining when the  
93 provision of music therapy services is no longer needed in  
94 collaboration with the client, physician or other provider of  
95 health care or education of the client, family members of the  
96 client and any other appropriate person upon whom the client  
97 relies for support;

98 (vii) Minimizing any barriers to ensure that the  
99 client receives music therapy services in the least restrictive  
100 environment;

101 (viii) Collaborating with and educating the client  
102 and the family, caregiver of the client or any other appropriate  
103 person regarding the needs of the client that are being addressed  
104 in music therapy and the manner in which the music therapy  
105 treatment addresses those needs; and

106 (ix) Using appropriate knowledge and skills to  
107 inform practice, including use of research, reasoning and problem  
108 solving skills to determine appropriate actions in the context of  
109 each specific clinical setting.

110 **SECTION 3.** (1) There is created within the department the  
111 Music Therapy Advisory Committee, which shall consist of five (5)  
112 members.



113           (2) The director shall appoint all members of the advisory  
114 committee. The advisory committee shall consist of persons  
115 familiar with the practice of music therapy to provide the  
116 department with expertise and assistance in carrying out its  
117 duties under this chapter.

118           (3) The director shall appoint members of the advisory  
119 committee to serve for terms of four (4) years. Three (3) members  
120 shall be licensed to practice as music therapists in this state;  
121 one (1) member shall be a licensed health care provider who is not  
122 a music therapist; and one (1) member shall be a consumer of music  
123 therapy services.

124           (4) Members shall receive no compensation for their  
125 services, but shall be reimbursed for their expenses actually  
126 incurred in the performance of their duties, including mileage, as  
127 provided in Section 25-3-41.

128           (5) Members may serve consecutive terms in the discretion of  
129 the director. Any vacancy shall be filled in the same manner as  
130 the regular appointments.

131           (6) The initial appointments to the advisory committee shall  
132 consist of three (3) music therapists who are not licensed under  
133 this chapter but who have been engaged in their respective  
134 practices for at least three (3) years. Once licensing under this  
135 chapter is implemented, music therapists appointed to the advisory  
136 committee must hold the requisite license.



**SECTION 4.**

(1) The advisory committee shall meet at least once per year or as otherwise called by the director.

(2) The department shall seek the advice of the advisory committee for issues related to music therapy.

(3) The board shall consult with the advisory committee before setting or changing fees in this chapter.

(4) The advisory committee may facilitate the development of materials that the department may use to educate the public concerning music therapist licensure, the benefits of music therapy and use of music therapy by individuals and in facilities or institutional settings.

(5) The advisory committee may act as a facilitator of statewide dissemination of information between music therapists, the American Music Therapy Association or any successor organization, the Certification Board for Music Therapists or any successor organization and the department.

(6) The advisory committee shall provide an analysis of disciplinary actions taken, appeals and denials or revocation of licenses at least once per year.

**SECTION 5.**

Beginning on January 1, 2026, no person without a license as a professional music therapist shall use the title "licensed professional music therapist," "LPMT" or similar title that implies that the person is a professional music therapist. Nothing in this chapter may be construed to prohibit or restrict the practice, services or activities of the following:



162 (a) Any person licensed, certified or regulated under  
163 the laws of this state in another profession or occupation,  
164 including physicians, psychologists, psychoanalysts, registered  
165 nurses, marriage and family therapists, social workers,  
166 occupational therapy practitioners, professional or rehabilitation  
167 counselors, speech-language pathologists or audiologists or  
168 personnel supervised by a licensed professional, performing work,  
169 including the use of music, incidental to the practice of his or  
170 her licensed, certified or regulated profession or occupation, if  
171 that person does not represent himself or herself as a  
172 professional music therapist; or

173 (b) Any person whose training and national  
174 certification attests to the individual's preparation and ability  
175 to practice his or her certified profession or occupation, if that  
176 person does not represent himself or herself as a professional  
177 music therapist; or

178 (c) Any practice of music therapy as an integral part  
179 of a program of study for students enrolled in an accredited music  
180 therapy program, if the student does not represent himself or  
181 herself as a professional music therapist; or

182 (d) Any person who practices music therapy under the  
183 supervision of a licensed professional music therapist, if the  
184 person does not represent himself or herself as a professional  
185 music therapist.



**SECTION 6.**

(1) Before a licensed professional music therapist provides music therapy services to a client for an identified clinical or developmental need, the licensee shall review the client's diagnosis, treatment needs and treatment plan with the health care providers involved in the client's care. Before a licensed professional music therapist provides music therapy services to a student for an identified educational need in a special education setting, the licensee shall review with the individualized family service plan or individualized education program team the student's diagnosis, treatment needs and treatment plan.

(2) During the provision of music therapy services to a client, the licensed professional music therapist shall collaborate, as applicable, with the client's treatment team, including the client's physician, psychologist, licensed clinical social worker or other mental health professional. During the provision of music therapy services to a client with a communication disorder, the licensed professional music therapist shall collaborate and discuss the music therapy treatment plan with the client's audiologist or speech-language pathologist so that a music therapist may work with the client and address communication skills.

(3) When providing educational or health care services, a licensed professional music therapist may not replace the services provided by an audiologist, a speech-language pathologist or an





occupational therapy practitioner. Unless authorized to practice speech-language pathology, music therapists may not evaluate, examine, instruct or counsel on speech, language, communication and swallowing disorders and conditions. An individual licensed as a professional music therapist may not represent to the public that the individual is authorized to treat a communication disorder. This does not prohibit an individual licensed as a professional music therapist from representing to the public that the individual may work with clients who have a communication disorder and address communication skills.

**SECTION 7.** (1) The department shall issue a license to an applicant for a music therapy license when the applicant has completed and submitted an application upon a form and in such manner as prescribed by the department, accompanied by applicable fees, and evidence satisfactory to the department that:

(a) The applicant is at least eighteen (18) years of age;

(b) The applicant holds a bachelor's degree or higher in music therapy, or its equivalent, including clinical training hours, from a music therapy program within an accredited college or university;

(c) The applicant is in good standing based on a review of the applicant's music therapy licensure history in other jurisdictions, including a review of any alleged misconduct or



neglect in the practice of music therapy on the part of the applicant; and

(d) The applicant provides proof of passing the examination for board certification offered by the Certification Board for Music Therapists or any successor organization or provides proof of being transitioned into board certification, and provides proof that the applicant is currently a board-certified music therapist.

(2) The department shall issue a license to an applicant for a music therapy license when the applicant has completed and submitted an application upon a form and in such manner as prescribed by the department, accompanied by applicable fees, and evidence satisfactory to the department that the applicant is licensed and in good standing as a music therapist in another jurisdiction where the qualifications required are equal to or greater than those required in this chapter at the date of application. The issuance of a license by reciprocity to a military-trained applicant, military spouse or person who establishes residence in this state shall be subject to the provisions of Section 73-50-1 or 73-50-2, as applicable.

(3) The department shall issue a license to an applicant for a music therapy license when the applicant has completed and submitted an application not later than January 1, 2026, upon a form and in such manner as prescribed by the department, accompanied by applicable fees, and evidence satisfactory to the



department that the applicant has practiced music therapy for ten (10) or more years before July 1, 2025, with at least five (5) years' practice immediately before July 1, 2025, and that the applicant's practice during that time was substantially the same as that which would require a license under this act, as determined by the advisory committee and certified to the department.

**SECTION 8.** (1) Every license issued under this chapter shall be renewed biennially. A license shall be renewed upon (a) payment of a renewal fee if the applicant is not in violation of any of the terms of this chapter at the time of application for renewal; and (b) proof of maintenance of the applicant's status as a board-certified music therapist.

(2) A licensee shall inform the department of any changes to his or her address. Each licensee shall be responsible for timely renewal of his or her license.

(3) Failure to renew a license shall result in forfeiture of the license. Licenses that have been forfeited may be restored within one (1) year after the expiration date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one (1) year after the date of its expiration shall result in the automatic termination of the license, and the department may require the individual to reapply for licensure as a new applicant.



(4) Upon written request of a licensee, the department may place an active license on an inactive status subject to an inactive status fee established by the board. The licensee, upon request and payment of the inactive license fee, may continue on inactive status for a period up to two (2) years. An inactive license may be reactivated at any time by making a written request to the department and by fulfilling requirements established by the department.

**SECTION 9.** (1) The board may sanction a licensee for any of the following acts:

(a) Ineligibility for licensure, including, but not limited to, falsification of information submitted for licensure or failure to maintain status as a board-certified music therapist;

(b) Failure to pay fees when due;

(c) Failure to provide requested information in a timely manner;

(d) Conviction of a felony;

(e) Conviction of any crime that reflects an inability to practice music therapy with due regard for the health and safety of clients and patients, or with due regard for the truth in filing claims with Medicare, Medicaid or any third party payor;

(f) Inability or failure to practice music therapy with reasonable skill and consistent with the welfare of clients and patients, including, but not limited to, negligence in the



309 practice of music therapy; intoxication; incapacity; and abuse of  
310 or engaging in sexual contact with a client or patient; and

311 (g) Disciplinary action by another jurisdiction.

312 (2) The department is authorized to conduct investigations  
313 into allegations of conduct described in subsection (1) of this  
314 section.

315 (3) The board may impose one or more of the following  
316 sanctions upon a licensee for a violation of this chapter:

317 (a) Suspension of a license;

318 (b) Revocation of a license;

319 (c) Denial of a license;

320 (d) Refusal to renew a license;

321 (e) Probation with conditions;

322 (f) Reprimand; or

323 (g) A fine of not less than One Hundred Dollars  
324 (\$100.00) or more than One Thousand Dollars (\$1,000.00) for each  
325 violation.

326 **SECTION 10.** (1) The board shall set fees for the following  
327 purposes: application; initial license; license renewal; late  
328 renewal; license restoration; inactive status and such other  
329 purposes as determined by the board.

330 (2) All fees collected by the department under this chapter  
331 shall be deposited in a special fund that is created in the State  
332 Treasury, and shall be expended by the department, upon  
333 appropriation of the Legislature, for the implementation and



administration of this chapter. Unexpended amounts remaining in the special fund at the end of a fiscal year shall not lapse into the State General Fund, and any interest earned on amounts in the special fund shall be deposited to the credit of the special fund.

(3) All penalties collected by the department for violations of this chapter shall be deposited into the State General Fund.

**SECTION 11.** Sections 1 through 10 of this act shall be codified as a new chapter in Title 73, Mississippi Code of 1972.

**SECTION 12.** (1) There is created the Mississippi Comprehensive Cancer Care Coalition (MCCCC) Task Force to develop and propose a plan for addressing cancer-related issues in the state, using the following principles to guide the plan's development:

(a) Every person in the state should have an equally effective chance of receiving appropriate and timely health care of equal quality;

(b) Disparities should be considered for groups that experience a higher burden of illness, disability or mortality;

(c) Goals must address the cancer control continuum - primary prevention, early detection, diagnosis, treatment and survivorship - with a health equity lens;

(d) Measures should be realistic and data driven; and

(e) Goals and objectives are developed in alignment with the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control, the National Comprehensive Cancer



359 Network (NCCN) Guidelines, and applicable guidelines or consensus  
360 statements developed by an independent, multidisciplinary panel of  
361 experts using a transparent methodology and reporting structure  
362 and with a conflict-of-interest policy published in impactful  
363 scientific journals.

364 (2) The task force shall be composed of the following  
365 members:

366 (a) Three (3) members of the House of Representatives  
367 appointed by the Speaker of the House, and three (3) members of  
368 the Senate appointed by the Lieutenant Governor;

369 (b) The Executive Director of the State Department of  
370 Health or his or her designee;

371 (c) The Executive Director of the Division of Medicaid  
372 or his or her designee;

373 (d) A representative from the Mississippi Insurance  
374 Department;

375 (e) A representative from the State Board of Pharmacy;

376 (f) A representative from the Governor's Office;

377 (g) A representative from the Office of Insurance of  
378 the Department of Finance and Administration;

379 (h) The director of the University of Mississippi  
380 Medical Center's Cancer Center and Research Institute or his or  
381 her designee;

382 (i) The Executive Director of the Mississippi Hospital  
383 Association or his or her designee;



(j) Two (2) physicians representing the Mississippi Oncology Society, one (1) of whom specializes in oncology and one (1) of whom specializes in hematology;

(k) A representative from the Mississippi Association of Health Plans;

(l) A nurse specializing in oncology/hematology representing the state chapter of the Oncology Nurses Society;

(m) A representative from the Pharmaceutical Research and Manufacturers of America (PhRMA) appointed by the Lieutenant Governor;

(n) Three (3) advocacy representatives nominated by the American Cancer Society or their Cancer Action Network (ACS CAN) in the state, the state chapter of the Susan G. Komen breast cancer organization, and the state chapter of the Leukemia & Lymphoma Society;

(o) Two (2) cancer survivors appointed by the Governor;

(p) One (1) cancer survivor appointed by the Lieutenant Governor; and

(q) A representative from a hospice provider in the state appointed by the Speaker of the House.

(3) (a) Appointments to the task force shall be made within thirty (30) days after the effective date of this section. Within fifteen (15) days thereafter on a day to be designated jointly by the Speaker of the House of Representatives and the Lieutenant Governor, the task force shall meet and organize by selecting from





its membership a chair and a vice chair. The vice chair shall also serve as secretary and shall be responsible for keeping all records of the task force. A majority of the members of the task force shall constitute a quorum. In the selection of its officers and the adoption of rules, resolutions and reports, an affirmative vote of a majority of the task force shall be required. All members shall be notified in writing of all meetings, and those notices shall be mailed at least fifteen (15) days before the date on which a meeting is to be held.

(b) The task force shall meet at least once quarterly, and shall complete its plan for addressing cancer-related issues in the state and present the plan, together with any recommended legislation, to the Legislature not later than December 1, 2025, at which time the task force will be dissolved.

(4) Members of the task force shall receive no compensation for their service on the task force, but members of the task force who are not state employees may receive reimbursement for mileage and actual expenses as provided in Section 25-3-41 to the extent that funds are available for that purpose.

(5) The State Department of Health shall provide the staff and other support necessary for the task force to perform its duties.

(6) To effectuate the purposes of this act, any department, division, board, bureau, committee, institution or agency of the state, or any political subdivision thereof, shall, at the request



434 of the chairman of the task force, provide the facilities,  
435 assistance, information and data needed to enable the task force  
436 to carry out its duties.

437       **SECTION 13.** This act shall take effect and be in force from  
438 and after July 1, 2025, except for Section 12, which shall take  
439 effect and be in force from and after the passage of this act.

**Further, amend by striking the title in its entirety and  
inserting in lieu thereof the following:**

1       AN ACT TO PROVIDE FOR THE LICENSURE OF PROFESSIONAL MUSIC  
2 THERAPISTS BY THE STATE DEPARTMENT OF HEALTH; TO PROVIDE FOR  
3 DEFINITIONS; TO PROVIDE FOR THE ESTABLISHMENT, APPOINTMENT AND  
4 MEMBERSHIP OF THE MUSIC THERAPY ADVISORY COMMITTEE; TO DIRECT THE  
5 DEPARTMENT TO SEEK THE ADVICE OF THE ADVISORY COMMITTEE FOR ISSUES  
6 RELATED TO MUSIC THERAPY; TO PROVIDE FOR THE POWERS AND DUTIES OF  
7 THE ADVISORY COMMITTEE; TO PROVIDE THAT BEGINNING ON JANUARY 1,  
8 2026, NO PERSON WITHOUT A LICENSE AS A PROFESSIONAL MUSIC  
9 THERAPIST SHALL USE ANY TITLE THAT IMPLIES THAT THE PERSON IS A  
10 PROFESSIONAL MUSIC THERAPIST; TO PRESCRIBE CERTAIN REQUIREMENTS  
11 FOR PROFESSIONAL MUSIC THERAPISTS IN THE PROVISION OF MUSIC  
12 THERAPY SERVICES; TO PROVIDE FOR LICENSURE APPLICATION AND  
13 QUALIFICATIONS FOR LICENSURE; TO PROVIDE FOR LICENSE RENEWAL; TO  
14 PROVIDE FOR DISCIPLINARY ACTIONS AGAINST LICENSEES; TO DIRECT THE  
15 STATE BOARD OF HEALTH TO SET CERTAIN FEES; TO CREATE A SPECIAL  
16 FUND IN THE STATE TREASURY; TO REQUIRE THAT ALL FEES COLLECTED BY  
17 THE DEPARTMENT UNDER THIS ACT SHALL BE DEPOSITED INTO THE SPECIAL  
18 FUND; TO CREATE THE MISSISSIPPI COMPREHENSIVE CANCER CARE  
19 COALITION TASK FORCE TO DEVELOP AND PROPOSE A PLAN FOR ADDRESSING  
20 CANCER-RELATED ISSUES IN THE STATE; TO PROVIDE FOR THE MEMBERSHIP  
21 OF THE TASK FORCE; TO PROVIDE THAT THE TASK FORCE SHALL COMPLETE  
22 ITS PLAN FOR ADDRESSING CANCER-RELATED ISSUES IN THE STATE AND  
23 PRESENT THE PLAN, TOGETHER WITH ANY RECOMMENDED LEGISLATION, TO  
24 THE LEGISLATURE NOT LATER THAN DECEMBER 1, 2025; AND FOR RELATED  
25 PURPOSES.



CONFEREES FOR THE SENATE

X (SIGNED)

Bryan

X (SIGNED)

Parker

X (SIGNED)

Wiggins

CONFEREES FOR THE HOUSE

X (SIGNED)

Creekmore IV

X (SIGNED)

Felsher

X (SIGNED)

Waldo

