

August 18, 2023
9960 Mayland Dr, 2nd Floor
Board Room 2
1:00 p.m.

Call to Order – Gary Verhagen, MM, MT-BC, LCAT, Chairperson

- Welcome and Introductions
- Mission of the Board -----Page 2

Adoption of the Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of the minutes

- October 8, 2021, Advisory Board Minutes-----Page 3

Public Comment

The Advisory Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Legislative and Regulatory Report--Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs

- Chart on Regulatory Actions-----Page 6
- Reconsideration of proposed regulations based on Executive Branch review*---Page 7

New Business

- Veteran’s Affairs Request-----Page 19

Election of Officers--Jaime Hoyle, Executive Director, Boards of Counseling, Psychology, and Social Work

Bylaws-----Page 24

Next Meeting

Meeting Adjournment

**Requires a Board Vote*

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.



DRAFT

**Advisory Board on Music Therapy
Board Meeting Minutes
Friday, October 8, 2021 at 2:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Training Room 1**

- PRESIDING OFFICER:** Gary Verhagen, MM, MT-BC, LCAT
- ADVISORY BOARD MEMBERS PRESENT:** Anna McChesney, MS, LPC, MT-BC
Anthony Meadows, PhD, MT-BC, FAMI
Linda Rae Stone, DVM, Citizen Member
Michelle Westfall, MS, MT-BC
- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Jordan Mudd, Executive Assistant
- DHP STAFF PRESENT:** Elaine Yeatts, Senior Policy Analyst, Regulatory Compliance Manager, Department of Health Professions
- PUBLIC ATTENDEES:** none
- CALL TO ORDER:** Mr. Verhagen called the Advisory Board on Music Therapy meeting to order at 2:10 p.m.
- ESTABLISHMENT OF A QUORUM/ROLL CALL:** Meeting for the first time in-person, Mr. Verhagen requested an introduction of Advisory Board Members and Board staff. Ms. Austin announced that five members of the Advisory Board were present; therefore, a quorum was established.
- MISSION STATEMENT:** Ms. Austin read the mission statement of the Department of Health Professions, which was also the mission statement of the Advisory Board.
- ADOPTIONS OF AGENDA:** The agenda was approved as presented.
- PUBLIC COMMENT:** No public comment was provided
- APPROVAL OF MINUTES:** The minutes from the February 19, 2021 meeting were approved as presented.
- NEW BUSINESS:** **I. Recommendation to adopt proposed Regulations Governing the Practice of Music Therapy**
Ms. Yeatts walked the Advisory Board through the process to adopt the proposed regulations. Ms. Yeatts informed the Advisory Board that no public comments were received on the Notice of Intended Regulatory Action. After a review of the proposed regulations, the Advisory Board suggested the following changes:
1. **18VAC140-30-20:** To change fees to the same as the fees for a LBSW as Music Therapist do not diagnose and they require a bachelor level degree.
 2. **18VAC140-30-40:** Move the attestation section (18VAC140-30-40(B)(2)) up to section 18VAC140-30-40(A), then delete the remaining in section B
 3. **18VAC140-30-60(G):** Remove “who was licensed by examination”
 4. **18VAC140-30-80(C)(ii):** Add “or evidence of current certification as a MT-BC” after 80 hours

5. **18VAC140-30-90(B)(1)**: Remove “diagnostic or”
6. **18VAC140-30-90(B)(4)**: Change governing the practice of social work to governing the practice of music therapy
7. **18VAC140-30-90(C)(1)**: Remove the word “diagnosis” from both sentences in this section
8. **18VAC140-30-90(C)(4)**: Change the word “videotaping” to “video-recording”
9. **18VAC140-30-90(C)(5)**: Add information for those practicing in institution or school setting
10. **18VAC140-30-90(D)(1), (2)(3) & (4)**: Change “social workers” to “music therapist” in each section
11. **18VAC140-30-100(8)**: change practice of social work to practice of music therapy

Motion: Ms. McChesney made a motion, which Ms. Westfall properly seconded, to recommend to the full Board to adopt the proposed Regulations Governing the Practice of Music Therapy with the above amendments. The motion passed unanimously with none abstaining.

NEXT MEETING DATES:

Ms. Hoyle will poll the Advisory Board members to schedule the next meeting.

ADJOURNMENT:

Mr. Verhagen adjourned the October 8, 2021 Advisory Board on Music Therapy meeting at 4:13p.m.

Gary Verhagen, MM, MT-BC, LCAT, Chair

Jaime Hoyle, J.D., Executive Director

Music Therapy Advisory Board
Current Regulatory Actions
As of August 2, 2023

In the Governor’s office

None.

In the Secretary’s office

VAC	Stage	Subject Matter	Date submitted*	Office; time in office	Notes
18VAC140-30	Proposed	Initial regulations for licensure of music therapists	1/19/2022	HHR; 446 days	Implements licensure of music therapists pursuant to directive by the General Assembly

At DPB/OAG

None.

*Date submitted for executive branch review

Regulations set for publication or recently effective

None.

Agenda Item: Reconsideration of proposed regulations based on Executive Branch review

Included in your agenda packet:

- 18VAC140-30 *et seq.*, as promulgated by the Board and submitted for Executive Branch review on January 19, 2022

Staff Note: Agency staff received requests to reduce requirements contained in proposed regulations.

Action Needed:

- Review requirements for licensure contained in proposed regulations.
- Motion to recommend any changes to full board.
- If no changes are recommended, please state reasoning.

Project 6888 - Proposed

Board of Social Work

Initial regulations for licensure of music therapists

Chapter 30

Regulations Governing the Practice of Music Therapy (under development)

18VAC140-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in §§ 54.1-3700 and 54.1-3709.1 of the Code of Virginia:

"Board"

"Music therapist"

"Music therapy"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a music therapist.

"CBMT" means the Certification Board for Music Therapists.

"MT-BC" means a Music Therapist-Board Certified, a credential issued by the CBMT after completing the academic and clinical training requirements of the American Music Therapy Association and passing a national examination.

18VAC140-30-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a music therapist:

<u>Initial licensure: Application processing and initial licensure</u>	<u>\$100</u>
<u>Active annual license renewal</u>	<u>\$55</u>
<u>Inactive annual license renewal</u>	<u>\$30</u>
<u>Late renewal</u>	<u>\$20</u>
<u>Duplicate license</u>	<u>\$15</u>
<u>Verification of licensure to another jurisdiction</u>	<u>\$25</u>
<u>Reinstatement of a lapsed license</u>	<u>\$120</u>
<u>Replacement of or additional wall certificate</u>	<u>\$25</u>
<u>Returned check or dishonored credit card or debit card</u>	<u>\$50</u>
<u>Reinstatement following revocation or suspension</u>	<u>\$500</u>

B. All fees are nonrefundable.

18VAC140-30-30. Prerequisites for licensure as a music therapist.

A. Every applicant for licensure shall submit to the board:

1. A completed application;
2. The application processing fee and initial licensure fee as prescribed in 18VAC140-30-20;
3. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; and
4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. An applicant shall have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration held in Virginia or in another U. S. jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC140-30-40. Requirements for licensure.

In addition to prerequisites as set forth in 18VAC140-30-30, every applicant for licensure shall submit to the board:

1. Evidence of the current certification as a MT-BC granted by the CBMT or its successor organization, as approved by the board; and
2. An attestation of having read and understood the regulations and laws governing the practice of music therapy in Virginia.

18VAC140-30-50. Annual renewal of licensure.

A. Every licensed music therapist who intends to continue active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing education requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC140-30-20.

B. A licensed music therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC140-30-20. No person shall practice music therapy in Virginia unless he holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC140-30-80.

C. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

D. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC140-30-60. Continuing education requirements for renewal of a license.

A. For annual licensure renewal, a music therapist shall either hold a current credential as a MT-BC or be required to have completed a minimum of 20 hours of continuing education within

the past 12 months. A minimum of three of these hours every five years shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. Approved hours of continuing education activity for a music therapist shall be approved if they meet the continued education requirements for recertification as an MT-BC.

C. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

D. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

E. A music therapist who holds another license, certification, or registration issued by a Virginia health regulatory board may use up to 10 continuing education hours earned to satisfy the renewal requirements of that profession to satisfy the 20 total continuing education hours required to renew a music therapy license.

F. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of music therapy services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

G. A licensed music therapist is exempt from meeting continuing education requirements for the first renewal following initial licensure in Virginia.

18VAC140-30-70. Documenting compliance with continuing education requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or
2. Certificates of participation.

D. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC140-30-80. Late renewal; reactivation or reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC140-30-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing education requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health or health professional license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing education requirements to satisfy the hours necessary for the number of years the license has been lapsed, not to exceed a maximum of 80 hours, or evidence of current certification as a MT-BC. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued education hours to satisfy the hours necessary for the number of years the license has been inactive, not to exceed a maximum of 80 hours, or evidence of current certification as a MT-BC; and (iii) verification of any mental health or health professional license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

18VAC140-30-90. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of music therapy.

B. Persons licensed as music therapists shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of music therapy.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

6. Ensure that clients are aware of fees and billing arrangements before rendering services.

7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

13. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to client records, music therapists shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates treatment plans. Each record shall include a treatment plan, progress notes for each case activity, information received

from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated or permitted by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining written consent from clients or their legally authorized representative before (i) video-recording, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

5. For a music therapist practicing in an institution or school setting, follow the recordkeeping policies of the institution or school. For a music therapist practicing in a non-institutional setting, maintain records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

c. Records that have been transferred to another mental health professional or have been given to the client or his legally authorized representative.

D. In regard to dual relationships, music therapists shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Music therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Music therapists shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Music therapists who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitative nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, or an adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a music therapist does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Music therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

4. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the music therapist in his professional capacity.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC140-30-100. Grounds for disciplinary action or denial of issuance of a license.

The board may refuse to issue a license to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procuring, attempting to procure, or maintaining a license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

4. Being unable to practice music therapy with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

5. Conducting one's practice in a manner contrary to the standards of ethics of music therapy or in violation of 18VAC140-30-90, standards of practice;

6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued education requirements set forth in 18VAC140-30-60 or maintaining documentation as set forth in 18VAC140-30-70; and

8. Violating or aiding and abetting another to violate any statute applicable to the practice of music therapy or any provision of this chapter.

18VAC140-30-110. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-30-100 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.



DEPARTMENT OF VETERANS AFFAIRS
Under Secretary for Health
Washington DC 20420

July 28, 2023

Ms. Jaime Hoyle
Executive Director
Board of Social Work
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Ms. Hoyle:

The Department of Veterans Affairs (VA) is committed to honoring the Nation's Veterans by delivering world-class health care and service. In November 2020, VA [issued an interim final rule](#) confirming that VA health care professionals may practice their health care profession consistent with the scope and requirements of their VA employment, notwithstanding any State license, registration, certification, or other requirements that unduly interfere with their practice.

The Veterans Health Administration (VHA) is developing national standards of practice to uphold safe, high-quality care for the Nation's Veterans in VA's integrated health care system and ensure VA health care professionals can meet the needs of Veterans when practicing within the scope of their VA employment. National standards are designed to increase Veterans' access to health care, thereby improving health outcomes for the Nation's Veterans. These standards are exclusively for VA employees and most VA health care professionals will not experience any change in the way they practice health care.

To develop national standards, VHA reviewed State licensure, certification, and registration requirements; identified enterprise-wide practices that would enhance the practice of the profession at all VA medical facilities; and engaged with both VA employees and external stakeholders such as professional associations relevant to the occupation.

VA proposes to adopt a standard of practice for Music Therapists that is consistent with the Standards of Clinical Practice from the American Music Therapy Association (AMTA) and the Scope of Music Therapy Practice, which was developed jointly by the AMTA and the Certification Board for Music Therapists (CBMT). It is available at: <https://www.musictherapy.org/about/standards/>. We believe the proposed VA national standard of practice for Music Therapists **does not** vary from your State's current requirements. However, there may be variances with other States' requirements.

Page 2.

Ms. Jaime Hoyle

We would like to provide you, as a State licensing board for Music Therapists, with an opportunity to provide feedback directly to us on the proposed national standard for Music Therapists (enclosed). Please note, this standard is not final. This is a courtesy request to State boards to provide direct feedback to us simultaneously with our publication in the [Federal Register](#) for broader public engagement.

We would appreciate acknowledgement of receipt of this letter and your feedback on the VA standard by September 26, 2023. Furthermore, please provide any clarity you believe would be appropriate on your State's licensing laws, regulations, requirements, or restrictions related to either the supervision of individuals in this occupation or the supervision of individuals in a related discipline that VA should consider. We also ask you to consider creating an exemption for VA employees within your State practice act, as three other States already offer an exemption from their license requirements for either VA employees or all Federal employees.

VA welcomes the opportunity to further discuss the standard through a follow-up meeting if desired. Feedback or a request to meet can be emailed to VA.NSP@va.gov.

Thank you for your support in enabling VA health professionals to provide the best care to the Nation's Veterans.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shereef Elnahal', written over a light gray rectangular background.

Shereef Elnahal, M.D., MBA

Enclosure

manager in writing as indicated above. A request to contest or amend records must state clearly and concisely what record is being contested, the reasons for contesting it, and the proposed amendment to the record.

NOTIFICATION PROCEDURES:

Generalized notice is provided by the publication of this notice. For specific notice, see Record Access Procedure, above.

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

HISTORY:

76 FR 67561 (November 1, 2011).

VA Appendix 5

Community Residential Care Programs

Birmingham, AL; Tuscaloosa, AL; Tuskegee, AL; Fayetteville, AR; Little Rock, AR; Loma Linda, CA; Long Beach, CA; Los Angeles, CA; San Diego, CA; Washington, DC; Wilmington, DE; Bay Pines, FL; Gainesville, FL; Jacksonville, FL; Pensacola, FL; Tampa, FL; West Palm Beach, FL; Atlanta, GA; Augusta, GA; Chicago- Hines, IL; Danville, IL; Indianapolis, IN; Marion, IN; Des Moines, IA; Iowa City, IA; Topeka, KS; Lexington, KY; Louisville, KY; Alexandria, LA; New Orleans, LA; Shreveport, LA; Augusta, ME; Perry Point, MD; Bedford, MA; Boston, MA; Springfield, MA; Battle Creek, MI; Biloxi, MS; Jackson, MS; St Louis, MO; Lyons, NJ; Salisbury, NC; Montrose, NY; Northport, NY; Chillicothe, OH; Cleveland, OH; Columbus, OH; Dayton, OH; Coatesville, PA; Lebanon, PA; Philadelphia, PA; Pittsburgh, PA; Wilkes Barre, PA; San Juan, PR; Providence, RI; Mountain Home, TN; Murfreesboro, TN; Nashville, TN; Dallas, TX; Houston, TX; San Antonio, TX; Waco, TX; Hampton, VA; Richmond, VA; Salem, VA; Tacoma, WA; Martinsburg, WV; Tomah, WI.

[FR Doc. 2023-16020 Filed 7-27-23; 8:45 am]

BILLING CODE P

DEPARTMENT OF VETERANS AFFAIRS

Notice of Request for Information on the Department of Veterans Affairs Creative Arts Therapists (Music) Standard of Practice

AGENCY: Department of Veterans Affairs.

ACTION: Request for information.

SUMMARY: The Department of Veterans Affairs (VA) is requesting information to assist in developing a national standard of practice for VA Creative Arts Therapists (Music). VA seeks comments on various topics to help inform VA's development of this national standard of practice.

DATES: Comments must be received on or before September 26, 2023.

ADDRESSES: Comments must be submitted through www.regulations.gov. Except as provided below, comments received before the close of the comment period will be available at www.regulations.gov for public viewing, inspection, or copying, including any personally identifiable or confidential business information that is included in a comment. We post the comments received before the close of the comment period on the following website as soon as possible after they have been received: <http://www.regulations.gov>. VA will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the commenter will take actions to harm the individual. VA encourages individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments. Any public comment received after the comment period's closing date is considered late and will not be considered in any potential future rulemaking.

FOR FURTHER INFORMATION CONTACT: Ethan Kalett, Office of Regulations, Appeals and Policy (10BRAP), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, 202-461-0500. This is not a toll-free number.

SUPPLEMENTARY INFORMATION:

Authority

Chapters 73 and 74 of 38 U.S.C. and 38 U.S.C. 303 authorize the Secretary to regulate the professional activities of VA health care professions to make certain that VA's health care system provides safe and effective health care by qualified health care professionals to ensure the well-being of those Veterans who have borne the battle.

On November 12, 2020, VA published an interim final rule confirming that VA health care professionals may practice their health care profession consistent with the scope and requirements of their VA employment, notwithstanding any state license, registration, certification or other requirements that unduly interfere with their practice. 38 CFR 17.419; 85 FR 71838. Specifically, this rulemaking confirmed VA's current practice of allowing VA health care professionals to deliver health care services in a state other than the health care professional's state of licensure, registration, certification or other state requirement, thereby enhancing beneficiaries' access to critical VA health care services. The rulemaking also confirmed VA's authority to

establish national standards of practice for its health care professionals which would standardize a health care professional's practice in all VA medical facilities.

The rulemaking explained that a national standard of practice describes the tasks and duties that a VA health care professional practicing in the health care profession may perform and may be permitted to undertake. Having a national standard of practice means that individuals from the same VA health care profession may provide the same type of tasks and duties regardless of the VA medical facility where they are located or the state license, registration, certification or other state requirement they hold. We emphasized in the rulemaking and reiterate here that VA will determine, on an individual basis, that a health care professional has the necessary education, training and skills to perform the tasks and duties detailed in the national standard of practice and will only be able to perform such tasks and duties after they have been incorporated into the individual's privileges, scope of practice or functional statement. The rulemaking explicitly did not create any such national standards and directed that all national standards of practice would be subsequently created via policy.

Need for National Standards of Practice

As the Nation's largest integrated health care system, it is critical that VA develops national standards of practice to ensure beneficiaries receive the same high-quality care regardless of where they enter the system and to ensure that VA health care professionals can efficiently meet the needs of beneficiaries when practicing within the scope of their VA employment. National standards are designed to increase beneficiaries' access to safe and effective health care, thereby improving health outcomes. The importance of this initiative has been underscored by the Coronavirus Disease 2019 pandemic. With an increased need for mobility in our workforce, including through VA's Disaster Emergency Medical Personnel System, creating a uniform standard of practice better supports VA health care professionals who already frequently practice across state lines. In addition, the development of national standards of practice aligns with VA's long-term deployment of a new electronic health record (EHR). National standards of practice are critical for optimal EHR implementation to enable the specific roles for each health care profession in EHR to be consistent across the Veterans Health Administration (VHA) and to support increased interoperability

between VA and the Department of Defense (DoD). DoD has historically standardized practice for certain health care professionals, and VHA closely partnered with DoD to learn from their experience.

Process To Develop National Standards of Practice

Consistent with 38 CFR 17.419, VA is developing national standards of practice via policy. There will be one overarching national standard of practice directive that will generally describe VHA's policy and have each individual national standard of practice as an appendix to the directive. The directive and all appendices will be accessible on the VHA Publications website at: <https://vaww.va.gov/vhapublications/> (internal) and <https://www.va.gov/vhapublications/> (external) once published.

To develop these national standards, VA is using a robust, interactive process that is consistent with the guidance outlined in Executive Order (E.O.) 13132 to preempt state law. The process includes consultation with internal and external stakeholders, including state licensing boards, VA employees, professional associations, Veterans Service Organizations, labor partners and others. For each identified VA occupation, a workgroup comprised of health care professionals conducts state variance research to identify internal best practices that may not be authorized under every state license, certification or registration, but would enhance the practice and efficiency of the profession throughout the agency. The workgroup is comprised of VA employees who are health care professionals in the identified occupation; they may consult with internal stakeholders at any point throughout the process. If a best practice is identified that is not currently authorized by every state, the workgroup determines what education, training and skills are required to perform such task or duty. The workgroup then drafts a proposed VA national standard of practice using the data gathered during the state variance research and incorporates internal stakeholder feedback to date.

The proposed national standard of practice is internally reviewed, to include by an interdisciplinary workgroup consisting of representatives from Quality Management; Field Chief of Staff; Academic Affiliates; Field Chief Nursing Officer; Ethics; Workforce Management and Consulting; Surgery; Credentialing and Privileging; Field Chief Medical Officer; and EHR Modernization.

Externally, the proposed national standard of practice is provided to our partners in DoD. In addition, VA labor partners are engaged informally as part of a pre-decisional collaboration. Consistent with E.O. 13132, a letter is sent to each state board and certifying organization that includes the proposed national standard and an opportunity to further discuss the national standard with VA. After the states and certifying organization have received notification, the proposed national standard of practice is published to the **Federal Register** for 60 days to obtain feedback from the public, including professional associations and unions. At the same time, the proposed national standard is published on an internal VA site to obtain feedback from VA employees. Feedback from state boards, professional associations, unions, VA employees and any other person or organization who informally provides comments via the **Federal Register** will be reviewed. VA will make appropriate revisions in light of the comments, including those that present evidence-based practice and alternatives that help VA meet our mission and goals, and that are better for Veterans or VA health care professionals. We will publish a collective response to all comments at https://www.va.gov/standards_ofpractice.

After the national standard of practice is finalized, approved and published in VHA policy, VA will implement the tasks and duties authorized by that national standard of practice. Any tasks or duties included in the national standard will be incorporated into an individual health care professional's privileges, scope of practice or functional statement following any training and education necessary for the health care professional to perform those functions. Implementation of the national standard of practice may be phased in across all medical facilities, with limited exemptions for health care professionals, as needed.

National Standard for Creative Arts Therapists (Music)

The proposed format for national standards of practice when there is a national certification and some states require a license is as follows: The first paragraph provides general information about the profession and what the health care professionals can do. The second paragraph references the education and certification needed to practice this profession at VA. The third paragraph confirms that this profession follows the standard set by the national certifying body. A final statement explains that while VA only requires a

national certification, some states also require licensure for this profession. The standard includes information on which states offer an exemption for Federal employees and where VA will preempt state laws, if applicable.

We note that the proposed standards of practice do not contain an exhaustive list of every task and duty that each VA health care professional can perform. Rather, it is designed to highlight whether there are any areas of variance in how this profession can practice across states and how this profession will be able to practice within VA notwithstanding their state license, certification, registration and other requirements.

Music Therapists use an evidence-based clinical practice that uses music and music techniques to target group and individualized goals across the clinical domains. VA qualification standards require Music Therapists to have an active, current, full and unrestricted Music Therapist Board Certification (MT-BC) from the Certification Board for Music Therapists (CBMT). Please note that while VA Handbook 5005, Part II, Appendix G60 refers to this position as Creative Arts Therapists (Music), this position is commonly referred to as Music Therapists, and we will use that terminology throughout. The national certification follows the Standards of Clinical Practice from the American Music Therapy Association (AMTA) and the Scope of Music Therapy Practice which was jointly developed by CBMT and AMTA. VA reviewed whether there are any alternative registrations, certifications or state requirements that could be required for a Music Therapist and found that 11 states require a license to practice as a Music Therapist in that state. Of those, three states exempt Federal employees from state license requirements. The standards set forth in the licensure requirements for all 11 states are consistent with what is permitted by the Standards of Clinical Practice and the Scope of Music Therapy Practice. Therefore, there is no variance in how Music Therapists practice in any state.

VA proposes to adopt a standard of practice consistent with AMTA standards and the Scope of Music Therapy Practice that the CBMT follows. Therefore, VA Music Therapists will continue to follow the standard set by their national certification. AMTA standards can be found here: <https://www.musictherapy.org/about/standards/>. The Scope of Music Therapy Practice developed jointly by CBMT and AMTA can be found here:

https://www.musictherapy.org/about/scope_of_music_therapy_practice/.

Because the practice of Music Therapists is not changing, there will be no impact on the practice of this occupation when this national standard of practice is implemented.

Proposed National Standard of Practice for Music Therapists

1. Music Therapists use an evidence-based clinical practice that uses music and music techniques to target group and individualized goals across the clinical domains. Music interventions can target many goals including enhancement of cognitive processing (e.g., neuroconnectivity, memory, retention), sensory integration, fine and gross motor movement (e.g., initiation, sustaining, inhibiting), communication and support for mental and emotional well-being and recovery.

2. VA Music Therapists possess the education and certification required by VA qualification standards. See VA Handbook 5005, Staffing, Part II, Appendix G60, dated June 7, 2019.

3. VA Music Therapists practice in accordance with the Standards of Clinical Practice from AMTA and the Scope of Music Therapy Practice jointly developed by CBMT and AMTA, available at: <https://www.musictherapy.org/about/standards/>. VA reviewed license and certification requirements for this occupation in June 2023 and confirmed that all VA Music Therapists follow AMTA and CBMT standards.

4. Although VA only requires a certification, 11 states require a state license in order to practice as a Music Therapist in that state: Georgia, Maryland, Nevada, New Jersey, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Utah and Virginia. Of those, the following states exempt Federal employees from its state license requirements: Maryland, Nevada and Oklahoma. VA reviewed license and certification requirements for this occupation in June 2023 and confirmed that there is no variance in how VA Music Therapists practice in any state.

Request for Information

1. Are there any required trainings for the aforementioned practices that we should consider?

2. Are there any factors that would inhibit or delay the implementation of the aforementioned practices for VA health care professionals in any states?

3. Is there any variance in practice that we have not listed?

4. What should we consider when preempting conflicting state laws, regulations, or requirements regarding supervision of individuals working

toward obtaining their license or unlicensed personnel?

5. Is there anything else you would like to share with us about this national standard of practice?

Signing Authority

Denis McDonough, Secretary of Veterans Affairs, approved and signed this document on July 10, 2023, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

Jeffrey M. Martin,

Assistant Director, Office of Regulation Policy & Management, Office of General Counsel, Department of Veterans Affairs.

[FR Doc. 2023-16005 Filed 7-27-23; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

Notice of Request for Information on the Department of Veterans Affairs Recreation Therapists Standard of Practice

AGENCY: Department of Veterans Affairs.
ACTION: Request for information.

SUMMARY: The Department of Veterans Affairs (VA) is requesting information to assist in developing a national standard of practice for VA Recreation Therapists. VA seeks comments on various topics to help inform VA's development of this national standard of practice.

DATES: Comments must be received on or before September 26, 2023.

ADDRESSES: Comments must be submitted through www.regulations.gov. Except as provided below, comments received before the close of the comment period will be available at www.regulations.gov for public viewing, inspection, or copying, including any personally identifiable or confidential business information that is included in a comment. We post the comments received before the close of the comment period on the following website as soon as possible after they have been received: <http://www.regulations.gov>. VA will not post on [Regulations.gov](http://www.regulations.gov) public comments that make threats to individuals or institutions or suggest that the commenter will take actions to harm the individual. VA encourages individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments. Any public

comment received after the comment period's closing date is considered late and will not be considered in any potential future rulemaking.

FOR FURTHER INFORMATION CONTACT:

Ethan Kalett, Office of Regulations, Appeals and Policy (10BRAP), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, 202-461-0500. This is not a toll-free number.

SUPPLEMENTARY INFORMATION:

Authority

Chapters 73 and 74 of 38 U.S.C. and 38 U.S.C. 303 authorize the Secretary to regulate the professional activities of VA health care professions to make certain that VA's health care system provides safe and effective health care by qualified health care professionals to ensure the well-being of those Veterans who have borne the battle.

On November 12, 2020, VA published an interim final rule confirming that VA health care professionals may practice their health care profession consistent with the scope and requirements of their VA employment, notwithstanding any State license, registration, certification or other requirements that unduly interfere with their practice (38 CFR 17.419; 85 FR 71838). Specifically, this rulemaking confirmed VA's current practice of allowing VA health care professionals to deliver health care services in a State other than the health care professional's State of licensure, registration, certification or other State requirement, thereby enhancing beneficiaries' access to critical VA health care services. The rulemaking also confirmed VA's authority to establish national standards of practice for its health care professionals which would standardize a health care professional's practice in all VA medical facilities.

The rulemaking explained that a national standard of practice describes the tasks and duties that a VA health care professional practicing in the health care profession may perform and may be permitted to undertake. Having a national standard of practice means that individuals from the same VA health care profession may provide the same type of tasks and duties regardless of the VA medical facility where they are located or the State license, registration, certification or other State requirement they hold. We emphasized in the rulemaking and reiterate here that VA will determine, on an individual basis, that a health care professional has the necessary education, training and skills to perform the tasks and duties detailed in the national standard of

BYLAWS

THE ADVISORY BOARD ON MUSIC THERAPY VIRGINIA BOARD OF SOCIAL WORK

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with Section 54.1-3709.3 of the Code of Virginia.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chair and a vice-chair elected by the advisory board.

Section 2. Terms of Office - The chair and the vice-chair shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

a. Chair

- (1) The chair shall preside at all meetings when present, make such suggestions as the chair may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chair shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members.
- (2) The chair shall appoint members of all committees as needed.
- (3) The chair shall act as liaison between the advisory board and the Board of Social Work on matters pertaining to certification, discipline, legislation and regulation of music therapy.

b. Vice-Chair

The vice-chair shall preside at meetings in the absence of the chair and shall take over the other duties of the chair as may be made necessary by the absence of the chair.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chair and vice-chair and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of the Agenda - The order of the agenda may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that regular meeting, it shall be presented for consideration and vote to the Board of Social Work at its next regular meeting.