

STORAGE NAME: h1803a.cf

DATE: April 12, 1999

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
CHILDREN & FAMILIES
ANALYSIS**

BILL #: HB 1803

RELATING TO: Infant and early childhood development

SPONSOR(S): Representative Bullard

COMPANION BILL(S): SB 2120 (similar)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) CHILDREN & FAMILIES YEAS 7 NAYS 0
 - (2) EDUCATION INNOVATION
 - (3) HEALTH & HUMAN SERVICES APPROPRIATIONS
 - (4)
 - (5)
-

I. SUMMARY:

The bill requires program curriculum under the prekindergarten early intervention program to include music therapy services. Music therapy services would be included in developmental evaluation and intervention programs for high-risk and disabled infants and toddlers and in early intervention services for high-risk and developmentally disabled children under developmental services and related programs.

The cost of the bill cannot be determined from available information.

The Committee on Children and Families amended the bill to make the inclusion of music therapy optional in the various programs addressed by the bill.

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

The American Music Therapy Association defines music therapy as the prescribed use of music by a qualified person to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems. The association describes the activities of music therapists as follows:

- Assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses.
- Design music sessions for individuals and groups based on client needs using: music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music.
- Participate in interdisciplinary treatment planning, ongoing evaluation, and follow up.

The following questions and answers are provided by the association at <http://www.musictherapy.org/>.

What is the history of music therapy as a health care profession?

The discipline began after World War I when community musicians of all types, both amateur and professional, went to Veterans' hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma from the wars. The patients' notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians by the hospitals. It was soon evident that the hospital musicians needs some prior training before entering the facility and so the demand grew for a college curriculum. The first music therapy degree program in the world, founded at Michigan State University in 1944, celebrated its 50th anniversary last September. The American Music Therapy Association was founded in 1998 as a union of the National Association for Music Therapy and the American Association for Music Therapy.

Who is qualified to practice music therapy?

Persons who complete one of 69 approved college music therapy curricula including internship are then eligible to sit for the national examination offered by the Certification Board for Music Therapists. Music therapists who successfully complete the independently administered examination hold the music therapist-board certified credential (MT-BC). The National Music Therapy Registry (NMTR) serves qualified music therapy professionals with the following designations: RMT, CMT, ACMT. These individuals have met accepted educational and clinical training standards and are qualified to practice music therapy.

How is music therapy utilized in schools?

Music therapists are often hired in schools to provide music therapy services listed on the Individualized Education Plan for main streamed special learners. Music learning is used to strengthen nonmusical areas such as communication skills and physical coordination skills which are important for daily life.

Current Statutory Provisions

Section 230.2305, F.S.--At present, standards for the prekindergarten early intervention program curriculum do not specify services or therapies that must be included.

Section 391.305, F.S.--The Department of Health (DOH) has the responsibility for adopting rules for the administration of the developmental evaluation and intervention program for services for infants who are at high risk and infants born with disabilities. DOH is given the authority to adopt rules for the administration of this program and for the development of standards.

Section 393.064, F.S.--The Developmental Services Program provides early intervention services to children, aged three to five, who are at high risk of later diagnosis of a developmental disability. Currently, the statute allows for "specialized therapies" but does not specify what these include. This

broad category allows the Developmental Services program to provide a variety of specialized supports, for example, physical therapy, speech therapy, developmental training and evaluation.

Section 393.066, F.S.--Current language lists community-based services by example that are available to clients of the Developmental Services Program. The list, while not intended to be a comprehensive one, includes specialized therapies and other habilitative and rehabilitative services as needed.

Section 402.25, F.S.--Current language related to state-funded education programs for infants and toddlers describes "brain development activities" for children birth to age five as those that provide an environment that stimulates visual, auditory and tactile stimulation, including classical music.

Section 411.203, F.S. --Current language refers to the Department of Education and the Department of Health and Rehabilitative Services as the agencies charged with the responsibility for services for prevention and early intervention. In addition, education and services for high-risk children are described as developmental assistance programs, parent support and training and appropriate follow-up assistance.

Section 411.232, F.S. --Current language describes the essential elements of the Children's Early Investment Program and provides for core services to assist families in meeting the needs of their children including education and training to families, alcohol and drug abuse treatment, mental health services, transportation, housing and nutrition services.

B. EFFECT OF PROPOSED CHANGES:

The bill requires program curriculum under the prekindergarten early intervention program to include music therapy services. Music therapy services would be included in developmental evaluation and intervention programs for high-risk and disabled infants and toddlers and in early intervention services for high-risk and developmentally disabled children under developmental services and related programs.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

(3) any entitlement to a government service or benefit?

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

N/A

b. Does the bill require or authorize an increase in any fees?

N/A

c. Does the bill reduce total taxes, both rates and revenues?

N/A

d. Does the bill reduce total fees, both rates and revenues?

N/A

e. Does the bill authorize any fee or tax increase by any local government?

N/A

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

N/A

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

N/A

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

N/A

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

N/A

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

N/A

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

Amends sections 230.2305, 391.305, 393.064,.066, 402.25, 411.203, and 411.232, F.S.

E. SECTION-BY-SECTION ANALYSIS:

Section 1 amends section 230.2305, F.S., to require program curriculum for prekindergarten early intervention programs to include music therapy services. No definition for these services is included detailing who can provide music therapy services or what constitutes music therapy.

Section 2 amends section 391.305, F.S., to require the Department of Health to include music therapy services in their rules and standards as a support service to infants and toddlers.

Section 3 amends section 393.064, F.S., to specify music therapy as a specialized therapy which may be provided by the Developmental Services Program.

Section 4 amends section 393.066, F.S., to specify music therapy as a community-based service to be provided, to the extent of available resources.

Section 5 amends section 402.25, F.S. Current language requires state-funded education and care programs for children from birth to five years to provide environmental stimulation, including music. The proposed language adds music therapy as an avenue for maximizing individual potential to prevent developmental delays.

Section 6 amends section 6. 411.203, F.S., to change the Department of Health and Rehabilitative Services to the Department of Children and Family Services.

Section 7 amends section 411.232, F.S., to include music therapy as an essential element of the Children's Early Investment Program and is specifically mentioned as a support to assist families in meeting the needs of their child

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

Indeterminate.

3. Long Run Effects Other Than Normal Growth:

Indeterminate.

4. Total Revenues and Expenditures:

Indeterminate.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

N/A

3. Long Run Effects Other Than Normal Growth:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

N/A

2. Direct Private Sector Benefits:

N/A

3. Effects on Competition, Private Enterprise and Employment Markets:

N/A

D. FISCAL COMMENTS:

N/A

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

The effect of the bill is to have Music Therapy specifically named in the affected statutes although other supports, services and therapies are only referred to generically.

Section 6 of the bill on page 5, line 10 needs to be amended to add the Department of Health.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

The committee amended the bill to correct technical problems and to make the inclusion of music therapy optional in the various programs addressed by the bill.

Amnd	Issue	Location
1	Makes music therapy optional within the Prekindergarten and early intervention program.	Page 2, line 9
2	Makes music therapy optional within the developmental evaluation and intervention program in the Department of Health	Page 2, line 20
3	Technical renumbering of paragraph	Page 4, line 5
4	Makes music therapy optional within the infants and toddlers child care program requirements.	Page 4, line 21
5	Technical reflecting the reorganization of the old Department of Health and Rehabilitative Services. Adds Department of Health to the departments referenced in the continuum of comprehensive prevention and early assistance services	Page 5, line 10
6	Technical renumbering of paragraph	Page 6, line 1

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VII. SIGNATURES:

COMMITTEE ON CHILDREN AND FAMILIES:
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