

---

---

## STATE MEDICAL BOARD

### **Sonographer use of intravenous ultrasound enhancing agents**

- Authorizes a sonographer to administer intravenously ultrasound enhancing agents under physician delegation if certain conditions are met.

### **Licensure of music therapists**

- Creates licensing requirements for the practice of music therapy and requires the State Medical Board to license and regulate music therapists.
- Prohibits, beginning one year after the Music Therapy Licensing Law's effective date, unlicensed individuals from knowingly providing music therapy services or using the title "music therapist" or a similar title.
- Establishes criminal penalties for violating that prohibition.
- Specifies the activities in which a licensed music therapist may and may not engage.
- Lists the requirements and establishes procedures for obtaining initial and renewed music therapy licenses.
- Establishes grounds and procedures for taking disciplinary action against a licensee or license applicant.
- Creates the Music Therapy Advisory Committee to provide expertise and assistance to the Medical Board in regulating the practice of music therapy.
- Authorizes the Medical Board to adopt rules to implement the Music Therapy Licensing Law.

### **Legacy Pain Management Study Committee**

- Establishes the Legacy Pain Management Study Committee to study and evaluate the care and treatment of patients experiencing chronic or debilitating pain, in particular those who have been prescribed opioids for lengthy periods of time, often referred to as legacy patients.
- Requires the committee, by December 1, 2024, to prepare and submit to the General Assembly a report of its recommendations for legislation addressing the care and treatment of legacy patients.

## **Sonographer use of intravenous ultrasound enhancing agents**

(R.C. 4731.37)

### **Conditions on delegation and administration**

The bill authorizes a sonographer to administer, under a physician's delegation, an ultrasound enhancing agent intravenously if several conditions are met. These include the following:

- The delegating physician's normal course of practice and expertise must include the intravenous administration of ultrasound enhancing agents.
- The sonographer must have successfully completed an education and training program in sonography, be certified by a nationally recognized accrediting organization, and have successfully completed training in the intravenous administration of ultrasound enhancing agents. Under the bill, training in intravenous administration may be obtained as part of a sonography education and training program, training provided by the delegating physician, or a training program developed and offered by the facility where the physician practices.
- The sonographer must administer the agent in accordance with a written practice protocol developed by the facility. The protocol's standards for intravenous administration must align with clinical standards and industry guidelines.
- The delegating physician must be physically present at the facility where the sonographer administers the agent, though the bill specifies that the physician is not required to be in the same room as the sonographer.

### **Intravenous mechanism**

Under the bill, the delegated authority to administer an ultrasound enhancing agent intravenously also includes the authority to insert, maintain, and remove an intravenous mechanism.

### **Exemptions**

The bill specifies that it does not prohibit any of the following individuals from administering intravenously an ultrasound enhancing agent:

- An individual who is otherwise authorized by statutory law to administer intravenously ultrasound enhancing agents, including a physician assistant, registered nurse, or licensed practical nurse;
- An individual who is awaiting certification or registration as a sonographer and administers the agent under the general supervision of a physician and the direct supervision of either a sonographer with delegated authority to administer agents intravenously or an individual otherwise authorized to administer agents intravenously;
- A student who is enrolled in a sonography education and training program and, as part of the program, administers intravenously ultrasound enhancing agents.

## Licensure of music therapists

(R.C. Chapter 4787 with conforming changes in R.C. 109.572, 4731.07, 4731.224, 4731.24, 4731.25, 4776.01, and 4776.20; Section 747.20)

Ohio does not currently regulate the practice of music therapy or require music therapists to be licensed. To practice as a music therapist, the bill requires an individual to be licensed by the State Medical Board.

### Unlicensed practice prohibited

Beginning one year after the Music Therapy Licensing Law's effective date, a person is prohibited from knowingly providing music therapy services or using the title "music therapist" or a similar title without a valid license issued by the Medical Board.

The bill defines "music therapy" as the clinical use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan developed for a client. "Music therapy services" are services a licensed music therapist is authorized under the bill to provide to achieve the goals of music therapy.

### Penalty

A person who violates the bill's prohibition against the unlicensed practice of music therapy or use of title is guilty of a fourth degree misdemeanor for the first offense and a third degree misdemeanor for each subsequent offense.

### Exemptions

The bill exempts the following individuals from the requirement to obtain a license to practice music therapy, as long as the individual does not represent the individual's self as a music therapist:

- **Individuals performing services in an accredited music therapy program** – individuals who perform services or participate in activities as an integral part of a program of study in an accredited music therapy program;
- **Individuals performing services incidental to their profession** – individuals holding a professional license in Ohio, or their supervised employees, who use music in performing services that are incidental to the practice of the individual's profession;
- **Individuals with training and national certification** – individuals whose training and national certification attests to the individual's preparation and ability to practice the individual's certified profession or occupation;
- **Supervised individuals** – individuals who practice music therapy under the supervision of a licensed music therapist.

### Scope of practice

#### Required action

The bill requires a licensed music therapist to collaborate with a client's physician, psychologist, primary care provider, or mental health professional, as applicable, to review the

client's diagnosis, treatment needs, and treatment plan before providing music therapy services for a medical, developmental, or mental health condition. The music therapist also must collaborate with the client's treatment team while providing music therapy services.

### **Permissible activities**

The bill authorizes a licensed music therapist to do any of the following activities:

- Accept referrals for music therapy services from health care, social service, or education professionals, clients, or caregivers of prospective clients;
- Conduct a music therapy assessment of a client to collect systematic, comprehensive, and accurate information necessary to determine appropriate music therapy services;
- Develop an individualized treatment plan for a client that identifies the goals, objectives, and potential strategies of appropriate music therapy services for the client using music interventions, including music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music, and movement to music;
- If applicable, carry out an individualized treatment plan consistent with other medical, developmental, mental health, educational, or rehabilitative services being provided to the client;
- Evaluate a client's response to music therapy and the individualized treatment plan and suggest modifications;
- Develop a plan to determine when music therapy services are no longer needed in collaboration with a client, the client's treatment providers, family members, and other persons as needed;
- Minimize any barriers for the client to receive music therapy services in the least restrictive environment;
- Collaborate with and educate the client, the client's family or caregiver, or any other appropriate person about the client's needs being addressed through music therapy and the manner in which music therapy addresses those needs.

The bill does not prohibit a licensed music therapist from providing services to a client diagnosed with a communication disorder.

### **Prohibited activities**

The bill prohibits a licensed music therapist from doing either of the following:

- Replacing speech and language services typically provided to a child with a disability who has been identified as having a speech or language impairment when providing educational services under the bill;
- Replacing the services provided by a speech-language pathologist when providing rehabilitative services.

## Licensure

### License requirements

To be eligible for a license to practice as a music therapist, the bill requires an individual to provide proof of all of the following to the Medical Board:

- **Age** – proof the applicant is at least 18 years old;
- **Education** – proof the applicant has earned a bachelor’s degree or higher in music therapy approved by the American Music Therapy Association or its successor;
- **Board certification** – proof the applicant has either passed the board certification examination by the Certification Board for Music Therapists, or obtained certification as a music therapist by the Certification Board on January 1, 1985, and is currently certified as a music therapist by the Certification Board;
- **Clinical training** – proof the applicant has completed at least 1,200 hours of clinical training, including at least 180 hours in preinternship experience and at least 900 hours in internship experience approved by an academic institution, the American Music Therapy Association or its successor, or both.

For one year beginning on the Music Therapy Licensing Law’s effective date, the Medical Board must waive the examination requirement for licensure if the individual demonstrates the individual is either a board-certified music therapist or is designated as a registered music therapist, certified music therapist, or advanced certified music therapist and is in good standing with the National Music Therapy Registry. For the purposes of the waiver provision, “board-certified music therapist” is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association, has passed the Certification Board for Music Therapists certification examination or obtained certification by the Certification Board on January 1, 1985, and remains actively certified by the Certification Board.

### License application and issuance

An individual seeking a license to practice as a music therapist must file with the Medical Board a completed application on a form provided by the Board, pay an application fee of \$150 or a higher amount established by the Board, and submit to a criminal records check.

If the Board determines that an applicant meets the requirements for a license to practice as a music therapist, the Board must issue a license within 60 days after receiving the required information from an applicant and proof that the applicant complied with the required criminal records check. A license is valid for three years from the date of issuance and may be renewed.

Not earlier than one year after the Music Therapy Licensing Law’s effective date, the Medical Board may require an application fee in excess of \$150 with Controlling Board approval, so long as the increase does not exceed 50% of the fee or the amount necessary for the Board to carry out the Music Therapy Licensing Law.

## **Out-of-state applicants**

Beginning December 29, 2023, the Medical Board must issue a license to practice as a music therapist to an applicant in accordance with the Occupational Licenses for Out-of-State Applicants Law<sup>134</sup> if the applicant:

- Holds a license to practice as a music therapist in another state; or
- Has satisfactory work experience, a government certification, or a private certification in the practice of music therapy in a state that does not issue a license to practice as a music therapist.

## **License renewal**

An individual seeking to renew a music therapist license must apply for license renewal before the license expires. The Medical Board must send renewal notices at least one month before the license expiration date. A licensee must notify the Board in writing of any change in address.

To renew, a licensee must submit to the Board a completed renewal application and a renewal fee of \$150 or other amount prescribed by the Board. Not earlier than one year after the Music Therapy Licensing Law's effective date, the Medical Board may require a fee in excess of that amount with Controlling Board approval, so long as the increase does not exceed 50% of the fee or the amount necessary for the Board to carry out the Music Therapy Licensing Law.

To be eligible for renewal, a licensee must submit to the Medical Board proof of both of the following:

- Proof that the licensee has continuously maintained the licensee's certification for the previous three years by the Certification Board for Music Therapists or its successor organization and is currently certified as a music therapist by the Certification Board;
- Proof that the licensee has completed at least 60 hours of continuing education approved by the Certification Board or its successor and any other continuing education requirements established by the Medical Board.

## **License forfeiture and inactive status**

A music therapy license that is not renewed on or before its expiration date is delinquent and must be forfeited to the Medical Board. The Board must notify the licensee of the delinquency by certified mail, return receipt requested, within 30 days after the license becomes delinquent. The Board must inform the licensee in the notice that the licensee's license is forfeited and explain procedures for restoring the forfeited license.

A licensee can restore a forfeited license within one year after the delinquency by meeting the bill's license renewal requirements. The Board must terminate a forfeited license

---

<sup>134</sup> R.C. Chapter 4796 (effective December 29, 2023).

that is not restored within one year after it becomes delinquent. The Board may require an individual whose license has been terminated to apply for a new license.

On a licensee's written request, the Board may place a license on inactive status for up to two years if the licensee pays an inactive status fee established by the Board. A licensee may reactivate an inactive license at any time during the two-year period if the licensee makes a written request to the Board and fulfills any requirements established by the Board.

## **Discipline**

### **Complaints**

If a member of the Medical Board or Music Therapy Advisory Committee (see below) becomes aware of grounds for initiating disciplinary action against a licensee, the bill requires the member to file a written complaint with the Board. As soon as practicable after receiving a complaint, the Board must conduct an investigation to determine whether the complaint's allegations warrant initiating disciplinary proceedings against the licensee.

### **Grounds for discipline**

If, after an investigation conducted by the Medical Board and after notice and hearing in accordance with the Administrative Procedure Act, the Board finds grounds to take disciplinary action against a licensee or applicant, the bill authorizes the Board to take disciplinary action as described below for any of the following reasons:

- Submitting false, fraudulent, or misleading information to the Board, a state agency, another state, or the federal government;
- Violating the Music Therapy Licensing Law or any rules adopted under it;
- Being convicted of or pleading guilty to a disqualifying offense (which is an offense that is a felony having a direct nexus to the individual's field of licensure, certification, or employment) or a crime of moral turpitude;
- Having an impaired ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair the ability to practice;
- Using fraud or deception in applying for a license;
- Failing to pay fees when due;
- Failing to timely provide requested information;
- Failing to practice music therapy with reasonable skill and consistent with the welfare of clients, including negligence in the practice of music therapy, incapacity, and abuse of or engaging in sexual contact with a client;

- Being subject to disciplinary action by another jurisdiction regarding a license to practice music therapy issued by that jurisdiction.<sup>135</sup>

### **Disciplinary actions**

The bill authorizes the Medical Board to take any of the following disciplinary actions, or a combination of them, against a licensed music therapist or an applicant for a license:

- Place a licensee on probation;
- Administer to an applicant or licensee a public reprimand;
- Refuse to issue or renew a license;
- Suspend or revoke a license;
- Impose an administrative fine between \$100 and \$1,000 for each violation.

The Medical Board cannot refuse to issue an initial license to an applicant because of a conviction of or plea of guilty to an offense unless the refusal is in accordance with the continuing law procedure that limits a licensing authority's ability to refuse to issue an initial license based on a prior disqualifying offense.<sup>136</sup>

### **Injunction**

The bill authorizes the Medical Board to sue to enjoin persons from violating or continuing to violate the Music Therapy Licensing Law or any rules adopted under it. An injunction may be issued without proof of actual damage to a person and does not prohibit criminal prosecution and punishment of the violator.

### **Child support orders**

On receipt of a notice that a licensed music therapist is in default under a child support order under the procedures established in continuing law, the bill requires the Medical Board to comply with the requirements of that law or rules adopted pursuant to it with respect to a music therapist license issued under the bill.

### **Human trafficking**

On receipt of a notice that a licensed music therapist has been convicted of, pleaded guilty to, or a judicial finding of guilt of or judicial finding of guilt resulting from a plea of no contest was made to the offense of trafficking in persons, the bill requires the Medical Board to immediately suspend the music therapist's license in accordance with continuing law requirements.

---

<sup>135</sup> See R.C. 4776.10, not in the bill.

<sup>136</sup> See R.C. 9.79, not in the bill.

## **Orders of the licensing authority and public records**

The bill permits the Medical Board to issue an order imposing discipline and may include terms, provisions, or conditions that the Board considers appropriate. The order and any findings of fact and conclusions of law supporting it are public records. The Board may not issue a private reprimand.

Complaints filed with the Board and all accompanying documents and information are confidential and not subject to Ohio Public Records Law, unless the person being investigated requests that the documents and information be made public records. The charging documents filed with the Board to initiate disciplinary action and information considered by the Board in determining whether to impose discipline against a licensee or applicant, and the order imposing discipline, are public records.

The bill does not prohibit the Board from communicating or cooperating with, or providing any documents or information to, any other licensing board or any agency investigating a person, including law enforcement.

## **Regulatory procedures**

The bill establishes additional procedures for the regulation of music therapists that are the same as procedures that apply to the other health care professionals the Medical Board regulates. The issues addressed include the following:

- Notifications provided to the Board by physicians authorized to practice medicine or surgery or professional associations or societies of those physicians regarding a violation of the Music Therapy Licensing Law;
- Requirements relating to music therapists suffering impairment from the use of drugs or alcohol;
- A register of license applicants, and music therapy licenses issued, suspended, or revoked;
- Deposit of fees, penalties, and other funds in the state treasury to the credit of the preexisting State Medical Board Operating Fund.

## **Advisory Committee**

The bill creates the Music Therapy Advisory Committee to provide expertise and assistance to the Medical Board. The Committee must meet at least yearly or as called by the Board. The Committee consists of the following five members familiar with the practice of music therapy:

- Three individuals who, one year after the Music Therapy Licensing Law's effective date, are licensed to practice as music therapists;
- One individual who is a licensed health care professional who is not a licensed music therapist;
- One individual who is a consumer.

The Board must appoint the members to the Committee within 90 days after the Music Therapy Licensing Law's effective date. Initially, two of the members will serve one year terms; the remaining three members will serve terms of two, three, and four years, respectively. Thereafter, terms of office for all members are four years and end on the same day of the same month as the previous term.

Members hold office from the date of appointment until the end of the term for which the member was appointed. Members may be reappointed. The bill includes the standard vacancy provisions. The Committee is not subject to the Sunset Review Law.<sup>137</sup>

Members are not compensated for service on the Committee and are not reimbursed for expenses.

The Board must consult with the Committee before changing fees established under the Music Therapy Licensing Law. The Board must seek the advice of the Committee for issues related to music therapy. At least once a year, the Committee must provide the Board with an analysis of disciplinary actions taken against license applicants and licensees, appeals and denials, and revocation of music therapy licenses. The Committee also may help develop materials to educate the public about music therapy and licensure. It may facilitate the exchange of information across Ohio between music therapists, the American Music Therapy Association or its successor, the Certification Board for Music Therapists or its successor, and the Medical Board.

### **Rulemaking**

The bill authorizes the Medical Board to adopt rules it considers necessary to carry out the Music Therapy Licensing Law. The rules may include requirements for:

- Continuing education in addition to those specified in the bill; and
- Issuing a license to practice music therapy to an individual who holds a license to practice music therapy in another country.

The Board is responsible for enforcing the Music Therapy Licensing Law and any rules adopted under it.

### **Register of licenses**

The bill requires the Medical Board to provide a copy of the bill's required register of applicants for music therapist licenses, and music therapist licenses issued, suspended, or revoked, on request and payment of a fee established by the Board. The Board cannot charge a fee that exceeds the actual cost incurred to make the copy.

---

<sup>137</sup> R.C. 101.82 to 101.87, not in the bill.

## Legacy Pain Management Study Committee

(Section 335.20)

The bill establishes the Legacy Pain Management Study Committee to study and evaluate the care and treatment of patients suffering from chronic or debilitating pain, in particular those who have been prescribed opioids for lengthy periods of time, often referred to as legacy patients.

By December 1, 2024, the Committee must prepare and submit to the General Assembly a report of its recommendations for legislation addressing the care and treatment of legacy patients. The Committee ceases to exist on the submission of its report.

### Membership

The Committee consists of the following nine members, each of whom must be appointed not later than 30 days after the bill's effective date:

- Four members of the 135<sup>th</sup> General Assembly, two appointed by the Speaker of the House and two by the Senate President;
- The Director of OhioMHAS or Director's designee;
- The President of the State Medical Board of Ohio or President's designee;
- The Executive Director of the Board of Pharmacy or Executive Director's designee;
- Two public members, one representing patients appointed by the Speaker and the other representing prescribers appointed by the Senate President.

### Chairperson and meetings

Members are to select a chairperson from among the Committee's membership. The Committee must meet as necessary to satisfy the bill's requirements. The Medical Board is to provide to the Committee the administrative support necessary to execute its duties.

### Topics for study and evaluation

In conducting the required study and evaluation, the Committee is to consider all of the following topics relating to legacy patients:

- The needs of patients experiencing chronic or debilitating pain;
- The challenges associated with tapering opioid doses for pain patients and the need for flexibility and tapering pauses when treating such patients;
- The ways in which communications between patients and prescribers can be improved;
- The availability of and patient access to pain management specialists;
- Any other topic the Committee considers relevant.