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To: Chair of the House Committee on Behavioral Health Representative  
Mitch Greenlick, and Committee Members

Subject: Public Hearing for HB4031; Opposition to HB4031 Section 1

Thank you for this opportunity to share with each of you my concerns regarding HB4031 which lead me to oppose the bill as now written, and instead offer a different approach to insuring public safety.

My credentials include that I am an alternative counselor in private practice now for 16 years. My seven years of post-baccalaureate education lead to a masters degree in psychology and training in three counseling modalities. My writing has been published in magazines, scholarly and peer-reviewed journals, two books, and also the two books I authored.

I staunchly support HB4031's *intention* to safeguard public safety. Yet I oppose the *means* whereby the bill seeks to achieve that the end. Instead I propose an alternative means to insure that important goal of public safety.

HB4031, Section 1 proposes to delete sections 675.825 (4)(a-b) which protect alternative therapists' right to practice. Without the protection of these sections, other behavioral health boards may next seek to end the right to practice of several thousand alternative practitioners.

Rather than possibly deprive several thousand Oregonians of their livelihood, reduce the tax base, and add to the welfare roll, why not instead regulate the class of alternative therapists just as other classes of licensed practitioners are regulated?

Extend to alternative therapists the privilege of regulation that licensed behavioral health practitioners enjoy. Regulate them as other states such as Washington have done to ensure public safety.

Proponents of the bill might argue instead that alternative practitioners are unethical and a consequent danger to the public. But the cases brought by the existing boards against their own licensed practitioners prove infrequent ethical failures are common to both communities.

Proponents of the bill might argue instead that alternative counselors are untrained. Not so. They are differently trained, sometimes spending years and tens of thousands of dollars to acquire training in approaches to personal growth and well-being not taught by the curricula required for licensure.

For example, hypnotherapists are trained in smoking cessation; licensed practitioners not. Life coaches are educated in strategic planning and career development, licensed practitioners not. Counselors such as myself may be trained in somatic, existential and spiritual concerns, licensed practitioners not.

In summary, I recommend deleting HB4031 provisions to remove Section 1 (4)(a-b) protections that allow alternative therapists to practice.

In turn I suggest that Oregon's behavioral health bodies collaborate to devise an approach to regulate alternative therapists. Perhaps their reflections might begin with considering the approaches whereby others states such as Vermont and Washington have regulated alternative therapists to insure public safety.

Thank you again for this opportunity to present on behalf of my fellow skilled alternative therapists.

Michael Nagel