

Dear House Committee on Behavioral Health,

Since the COVID19 pandemic, mental health has worsened in our state considerably. The numbers of people experiencing mental health/substance use challenges have risen to 40% (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>), in stark contrast to about 25% prior. There is indeed a state of emergency, with high demand and limited resources to meet it. I work in a mental health crisis center, and have been seeing first-hand the burnout rates with the professionals who work there, as well as an exponential increase in participants. I believe that this bill, while well-intentioned, will limit critical resources in our Oregon communities.

Though the registry stated in this bill would be voluntary, it will likely create de facto pressure on alternative care providers that would stall these vital services. Care providers of all types are stressed and anxious; adding the stress of navigating a new bill, becoming informed, and abiding by additional regulations would create a barrier between providers and the people who really need these services.

Alternative care providers are not licensed healthcare professionals. However, their support offers a significant buffer for people who are unable to receive frequent or timely care. At the crisis center, we refer people to mental health services, and currently many mental healthcare providers and agencies have long waitlists and are less able to accommodate an adequate amount of sessions.

I can speak personally, as well, on this subject. Over the past year and a half, I've faced increased suicidal ideation and feelings of depression. Receiving spiritual support and Reiki helped me to feel a significantly greater sense of freedom and ease, as well as bringing up insights that enabled me to see my life differently. Though I have also seen a therapist, I regard this alternative support as absolutely critical towards helping me want to live. I've heard many similar stories from the people I support who utilize alternative care approaches.

An additional consideration is that alternative care providers in Oregon can help to meet the equity gap for minorities: "The unlicensed providers are the most racially and ethnically diverse segment of the BH workforce as compared to licensed providers and licensed prescribers. This bright spot should be recognized and supported to overcome potential cultural barriers by having a provider that looks like them, in the hope of providing more accessible BH services and achieving more equitable patient outcomes." (Page 6: <https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/2019-03-Analysis-Oregon-BH-Workforce.pdf>)

Requiring application fees for the registry would create a barrier to those from economically-disadvantaged communities. Some of the modalities practiced by alternative care providers are also culturally-specific approaches, so this could even further restrict valuable resources.

There are legitimate concerns in this bill regarding quality of care and standards of practice. I believe these concerns are addressed by the following items:

1. ORS 675.020 already sets professional boundaries for the scope of practice for unlicensed care providers.
2. Technology has enabled community moderation via ubiquitous platforms such as Google Reviews and Yelp.
3. There are many associations that do enforce ethical conduct and provide a means to receive grievances. Examples of such bodies include the National Guild of Hypnotists, American Hypnosis Association, International Coaching Federation, and International Association of Reiki Professionals.

I do see some merit to this bill, but I think it would be prudent to consider the most prominent subcategories under alternative care and consult representative organizations and experts to determine how legislation can be most helpful. More community data may also be beneficial.

Thank You,

Andrew Pegram

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