Alternative Therapist/Counsel Health Workgroup 900 Court Street, NE Salem, OR 97301

RE: HB 2493

May 9, 2021

Dear Workgroup Members,

As I am informed of the House Committee on Behavioral Health Workgroup's work on HB 2493 I find myself alarmed by several issues as this bill has moved forward. The majority of critical stakeholders (the practitioners themselves) have not been significantly informed of the bill and its intent. Little to no outreach has been attempted by the workgroup to determine how those impacted by the bill would be in support of it, how it would impact them, or might have alternative suggestions for the legislation. As a complementary practitioner who offered to attend workgroup session as the bill moved from a legislative concept to a bill I heard nothing from the workgroup or committee, neither did any of my colleagues. Who from our community of practitioners has been a part of the development of this bill and has been invited to fully participate in its development? Even today's meeting was unknown to those that are following this bill until last Thursday.

Alternative/complementary practitioners are already restricted in Oregon when they are describing their services because of the inability to use specific words. Words that are listed in the DSMR cannot be used by any alternative/complementary practitioner as they are considered proprietary for those that are licensed as a behavioral health care professional, words such as "depression," anxiety," "phobia," "obsessive-compulsive" that are used daily by others and are available as descriptive words by complementary practitioners in other states. When I explain this to complementary/alternative practitioners in other states they are surprised at these restrictions.

Besides my major concern of the lack of input of the affected community I have other concerns regarding this bill. They are as follows:

- The financial burden this will put on practitioners that are already under financial strain due to the pandemic
- The broad category of "alternative practitioner" that includes so many modalities that it would be difficult (if not impossible) to determine who and where they are and to notify all of them
- The restriction of Oregonians choice of alternative practitioners

- This bill is labeled as "an emergency situation" as if the current and past 40+ years have constituted a public safety threat
- Complementary practitioners do not practice medicine or mental health and do not claim to do so – it is not their job to diagnose or treat a mental, emotional, or behavioral disorder
- Again, practitioners would have no say in who governs them, there is no provision to put complementary/alternative practitioners on the governing boards – which would be a lack of parity and/or equity

As this bill is reviewed by this workgroup and the Behavioral Health Committee it is my hope and expectation that the committee and work group thoroughly review the above considerations and take some steps to ensure that all stakeholders are informed, considered, and involved in any further advancement of this bill, or any other affecting the complementary/alternative practice community,

Thank you,

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