

May 30, 2017

Dear Senate Committee on Healthcare members,

I'm writing to you as a citizen of Salem, Oregon who works as a Hypnotherapist, Personal and Professional Coach, Trainer and Consultant. I have been a practicing certified Clinical Hypnotherapist with 28 years of experience. I am also a certified Hypnotherapy Instructor and Designated Examiner with the American Council of Hypnotist Examiners (ACHE). I am a Coach University graduate and practicing Personal and Professional Coach since 1998.

I'm writing to voice opposition to the A-3 amendment to HB 2303. The amendment aims to add a large number of practitioners, previously self-regulated, to those who must go through extensive licensing requirements, as follows:

(a) 'Alternative behavioral health practitioner' includes a: "(A) Hypnotherapist; "(B) Sexologist; "(C) Somatic therapist; "(D) Life coach; "(E) Parenting coach; or "(F) Wellness coach

For the professions named here that I have experience with, I can attest that Hypnotherapists and Coaches generally work with skill-based training and professional organizations to obtain the knowledge, skills and methods to serve in their chosen professions. Each of these credentialing organizations has their own sets of professional and ethical standards, competency assessments and certification processes. Many also have established procedures to address issues, concerns or complaints a client may have about a specific practitioner.

Though many of these named professions may overlap in some ways, each of them has a distinct set of principles, practices and processes unique to those professions. As hypnotherapists and coaches, we are instructed and strongly directed to stay within the scope of our knowledge, skill and training and to not misrepresent ourselves as practicing professions we are not trained or licensed in – such as medicine, counseling, psychotherapy or psychiatry. It is also very important that practitioners of these professions don't misrepresent themselves as practicing hypnotherapy, coaching or other skill sets if they are not properly trained and certified as well.

Hypnotherapy and coaching professional organizations such as ACHE, the International Coaching Federation and the National Guild of Hypnotists have fought for many years to distinguish themselves as unique professions. We generally don't reference the medical model of mental illness. We don't identify mental illnesses nor do we diagnose, prescribe or treat them. We do not work with medications.

We reference many other models, principles, strategies and techniques to help clients define their outcomes and how to organize themselves to achieve them. Our professional organizations have well-established training curriculum, assessment and certification processes, codes of ethics and corrective practices in place if there are problems with practitioners.

This A-3 amendment to HB2303 is not only **unnecessary** for these professions but would also be **detrimental** to thousands of practitioners' businesses in Oregon. Additionally, it limits the freedom of choice to our citizens to seek the kind of services they want to assist in making the changes they want to make.

The A-3 amendment also contains problematic language in that it purports to be a registration requirement when it is actually a licensure requirement with all of its regulations, fees, government oversight, etc. The amendment also does not specify the standards and requirements for training,

certification and/or licensure for these professions. The amendment also does not specify who would have the appropriate expertise and authority to make those determinations. We cannot agree to such legislation until we clearly understand the specific standards, requirements and assessment processes involved for each of these professions and have the opportunity for input.

I have met with Dr. John Butler, President of the American Council of Hypnotist Examiners over the past week to discuss this amendment. I would like to offer the following submission (below) from ACHE regarding further action on this amendment.

Since this amendment is problematic on multiple levels, it is our formal request that any voting or approval of this amendment be postponed until there can be further discussion and input from the various practitioner groups involved and resolve the multiple problems and issues this amendment would generate as written.

If this legislative body is sincere in protecting the public, supporting small businesses and making a wide range of services available to the citizens for their benefit, then this amendment deserves more time and work so that it fulfills its intent and does no harm to practitioners nor the public.

Thank you,

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### **HB2303 Amendment A3**

#### **Submission from the American Council of Hypnotist Examiners**

1. We would like this amendment tabled to allow time for adequate discussion and for representations to be made by interested parties, including members of the public. Large number of practitioners and their clients would be affected by this proposed amendment.
2. The proposed regulation is being put forward presumably as a beneficial amendment, however the proposed benefits, and the proposed beneficiaries, are not specified and have not been discussed in consultation with practitioners in the field. Such regulation presumes that there is a need for regulation, and also an absence of existing controls. This is not the case. Practitioners who are members of our professional association, are subject to training standards, code of ethics, scope of practice and also a complaints procedure. Similar systems operate in many other professional associations. This is in addition to the existing protections for the public in consumer and criminal law.
3. The argument that there is a necessity to protect the public that is not already being done is without a proper evidence base whatsoever, despite attempts to claim such over many years. No evidence has been provided of any risk to the public. It is certainly the duty of legislators to protect the public where there is actual danger, but it is a generally accepted principle in a mature democracy that where existing measures have not been found to be wanting, and there is no demonstrable risk to the public, there is no case for imposing an additional and expensive layer of bureaucracy.

4. The potential exists for loss of jobs, restriction on trade and restriction of the ability for the public to access the services of affordable practitioners. The services of hypnotherapy practitioners consist of communications between individuals, in which there is no involvement of hazardous medications or other substances, nor infringement of medical practices. There is an example in the state of Indiana, for instance, where hypnotherapists were licensed under the State Professional Licensing Agency, and after 12 years it was recommended by this Agency that there was no reason to regulate these practitioners, as there was no demonstrable harm connected to the practice of hypnotherapy, and any other issues were adequately covered by laws giving consumer protection and protection from criminal actions.
5. Practitioners work, and clients access their services, under the First Amendment right to freedom of communication. An automatic assumption that a practitioner providing services must be subject to specific control and regulation by the state is not justified, where no harm or potential for harm is demonstrated, and is therefore subject to challenge in the Courts.