Feb 21, 2024

To: Senate Committee On Health Care

While I am not a fan of corporate healthcare and hedge funds taking over healthcare, I have some significant concerns about a few aspects of this bill. I find your intent to be good, but am extremely concerned you do not fully understand the implications of this bill in a way that won't have significant unintended consequences. I **DO NOT think there is adequate time in a short session** for you to really understand and actually get it right but I am supportive of it conceptually. Healthcare is a very complicated industry as **it is very possible you could unintentionally hurt or destroy smaller private practices which is not the goal here**.

First, you need to understand that **restricting non-compete contracts is a problem**, especially for a small private primary care practice like myself. Nobody refers patients to primary care clinics, we have to go get them ourselves unlike specialty clinics. I have existing patients. If I hire a provider to see my patients, then allow them to develop a relationship with my patients it is entrusting the key aspect of my business in the hands of someone else. **I had to advertise for and pay and work for those patients in our clinic. Those patients are my business**. You can't allow them to follow the provider who leaves my clinic across the street to a competitor or who goes to hang their own shingle and steals my business. **If they have a panel of 700 to 1000 patients and take them with them, that's a lot of revenue and I'm going to have to lay off staff or it potentially puts me out of business which is not the intent of what you're trying to do.** It's the equivalent of someone working for KFC and giving them access to the recipe then they go open their own chicken place using my recipe...but worse because now I have to pay more to try and replace those patients which are my business or it puts me out of business.

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Feb 21, 2024

Another aspect that is important to consider is that **if you allow providers to take their patients with them it is easy for a larger entity, big money hospital or entity to come poach my provider** with a substantial raise to come work for them. Then the patients follow the provider because there is no non-compete in place. If there is no consequence or restriction on my Employee (provider) offering to have my patients follow them to the other clinic it can very easily crush my business. **It makes it easier for deep pockets to go into an area and crush competition or put them out of business**.

There are ways to work around this but you have to understand the system and how to protect and accomplish what you're trying to accomplish without hurting the little guys. **One option would be to allow restrictive non-solicitation contracts for existing patients and still allow the provider to change employers or go hang their own shingle but allow the current Employer to restrict their ability to leave and take their business (patients) with them**. That way the provider doesn't have to leave the area but the healthcare entity isn't hurt in the process. If you do that it will destroy small independent healthcare organizations.

It appears that this bill was written by hospital organizations as it doesn't do anything to prevent situations such as the OHSU-Legacy merger. **It just shoots one big dog (Amazon, Walgreens, United Healthcare, Hedge Funds) and makes the hospital organizations the big dog and gives them all the leverage in negotiations. Your assumption is these organizations are operating in the interest of keeping costs low.** Given there is more money in getting an MBA in healthcare administration than in providing healthcare that is clearly not the case. Everybody wants cheaper healthcare and assumes that universal healthcare will lower costs to which I heartily disagree as it will just add to the bureaucracy that drives the cost of care.

I am also concerned about how broadly this can be interpreted that as the owner of my clinic I will not be able to make administrative as well as healthcare decisions which

VALLEY CLINICS

Feb 21, 2024

means I can't run my own practice? It also causes problems if I choose to step down from my mixed clinical and administrative roles and just choose to operate the clinic. You may assume this is just about money, but nearly 70% of our patients are Medicare and Medicaid so this is clearly not the case. We are dedicated to helping all patients and treating them the way they should be treated.

You must also consider situations such as **The Corvallis Clinic - Optum purchase. Personally I hate this, but in reality TCC was going to go bankrupt or out of business if this didn't happen.** This is the case with much of the hedge fund and large corporate actions. That would leave a massive swath of the mid-valley without any healthcare. Again, I support the goals of this bill, but am concerned there are unforeseen consequences you do not fully understand in your rush to pass it.

I am also concerned the way this is written that my ability as a Physician Assistant to own and run my own practice will now be illegal again. These rules changed in 2019 and allowed me to be in independent practice. There are also many Nurse Practitioners who this could affect as well. We are not the problem with healthcare, we are not the hedge funds, we are the people increasing access to primary care services.

Bottom line, I don't think you understand all the ramifications of this bill and do not have time. **You must not react out of haste and politics, but research, talk to people from different entities to grasp how this will impact healthcare. Please take the appropriate time to write a good bill, not an emotional bill.**

I would LOVE to be a part of this conversation should you take my advice.

Thanks

Sean Greene, PA-C, CEO, LTC USAR (Ret)