

Dear Members of the Senate Committee on Health Care,

My name is Richard Abraham MD and I am writing to oppose HB 4130. I have been practicing Emergency and Occupational Medicine for over 40 years in Eugene/Springfield and am still practicing full time with the same independent multispecialty group. I am also the co-founder of BestMed Urgent Care with 24 locations in Oregon, mostly in communities with populations under 25,000 providing important Urgent Care and Primary access points for patients in these rural settings. We are also the largest provider of Urgent Care services in Lane County and in Central Oregon.

Healthcare has changed quite a bit in my time. When I started practicing medicine the vast majority of medical practices were run by independent physician groups. Times have changed and the practice of medicine is much more complex, but independent practices like ours remain the lifeblood of many of our communities in Oregon.

Perhaps Portland is somewhat immune to some of the extreme stressors that are accelerating in Emergency and Urgent Care facilities in the rest of the State, that I have never seen the likes of in my career with severe staffing shortages and untenable wait times and facilities closing. I am almost certain the effects of HB 4130 will be drastic and result in extremely negative consequences putting an already stressed Emergency and Urgent Care system over the breaking point.

BestMed is one of the few Urgent Care practices that's actually growing in the state providing essential acute and primary care services that are needed more than ever. Most of the rural communities that BestMed is located in would not have access to these essential medical services without the financial backing of a healthcare management organization that has made substantial investments in upgrading facilities, providing cutting edge technology and supporting growth to provide convenient acute care to our patients that otherwise would have never been possible as independent physicians practicing medicine and running our practices. They have even invested in providing on-site digital imaging and point-of-care laboratory testing in these smaller communities. This has enabled us providers to practice medicine and care for patients in the same way hospital employed physicians can. Under this bill Hospitals and payers are permitted to have this kind of business support and our practice should have the same support. As a side note hospital-owned Urgent Care facilities have closed throughout the state.

Other primary care/urgent care facilities, owned by a not-for-profit hospital systems, would be exempt from this bill and do not accept Medicare and Medicaid and are a lower acuity and push the elderly, underserved and underinsured patients to BestMed and others that accept these patients. I noticed some testimony to the contrary which is simply not true.

Never in my career has our management organization interfered with our ability to care for patients. In fact the contrary is true, as we saw during the Covid pandemic when our management organization quickly coordinated a partnership with BestMed, the University of Oregon and PacificSource to provide drive through Covid testing caring for over 200,000 patients.

I am very proud of the care we are able to provide Oregonians with acute and primary care access in a convenient and cost-efficient setting. This bill places severe limitations on the business support that my medical practice obtains from our management organization which provides us with the kind of business support we need in order to allow us to focus on our patients.

HB 4130 would take away our ability to deliver high quality care, furnish care in previously underserved communities, and offer cutting-edge health care services that would not have been possible in the independent practice setting without that support.

Urgent Care and Primary Care access is too important and critical in today's medical environment to be included in this kind of bill. Oregon already significantly lags other states in regard to primary care access,

ranking 34/50. Our emergency medical system is currently overwhelmed and limiting growth and Urgent Care and Primary Care access will only exacerbate the problem.

I would love to be a resource to think through our need to promote access to high quality, affordable care in our State in a thoughtful, thorough manner.

The issues in House Bill 4130 are too serious to be pushed through in an incredibly short 35-day legislative session this year.

Please allow a more deliberate process to occur before considering legislation in 2025.

Please oppose HB 4130 and do not let the bill move forward.

Thank you,

Richard Abraham MD FACEP FACOEM

Emergency and Occupational Medicine Physician