



February 28, 2024

Chair Deb Patterson  
Committee on Health Care  
Oregon Senate  
900 Court Street NE, S-411  
Salem, OR 97301

Dear Chair Patterson and Members of the Health Care Committee:

I am writing to urge you to reconsider House Bill 4130-A. HB 4130-A will have unintended consequences that would unnecessarily leave Oregon patients and employers with higher costs, reduced access to care, and fewer choices for care.

One Medical, a primary care provider with four clinics in Oregon, is proud to be a trusted source of high-quality care needed by Oregonians, like primary care, HIV care, women's reproductive health care, gender-affirming care, mental health care, and substance use disorder treatment. HB 4130-A limits the options for smaller and independent providers who are not employed by large hospital and insurance systems to work with management services organizations (MSOs), which help providers spend more time delivering direct patient care by handling non-medical administrative duties for them. By placing new restrictions on providers' options to work with MSOs, the bill may actually increase the administrative workload for many providers, taking away precious time with patients.

HB 4130-A also purports to restore control over health care decisions to providers and patients. In reality, One Medical providers have complete clinical autonomy as well as opportunities to inform administrative policies that lead to innovations in patient care. Yet the bill's provisions seem to discourage providers from taking on leadership roles - whether within their own practice or within the MSO that services them - thereby limiting the innovation that drives better outcomes for patients and providers.

Furthermore, the behavioral health exemption in HB 4130-A fails to recognize the vital integration of mental health services and primary care. Research by the U.S. Agency for Healthcare Research and Quality (AHRQ) shows integrated care models - behavioral health integrated with primary care - improve outcomes, enhance the patient experience, and reduce unnecessary costs and delays. Primary care providers often are the first-line for patients seeking behavioral health care. As Governor Kotek works to build a robust behavioral health continuum, Oregon should reconsider policy changes that separate behavioral health from whole-person, patient-centered primary care. Policies that limit patient convenience, like treating physical and digital health care differently as envisioned by the telehealth exemption, also run counter to the governor's goal of "meet[ing] people where they are to meet their mental health and addiction needs."

I respectfully ask that you consider amendments to avoid these problematic outcomes. Protecting patient access begins with empowering all healthcare providers to work to their fullest potential. Please feel free to contact me if I can provide any other perspective on how this legislation may impact patient care.

Sincerely,

A handwritten signature in black ink that reads "Ellie Booth".

Ellie Booth  
Senior Manager, Public Policy

**One Medical**

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