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On Behalf Of:  
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Measure: HB4130

I am an emergency physician in Virginia and retired in 2021 when the working conditions under a private equity corporation, the second in a series, became something I could no longer tolerate. My entire career in medicine as an emergency physician has been under the control of someone. I never in 35 years saw what was billed for me to patients. The early years were spent under opportunistic fellow doctors but as the years went on a new animal came into the mix. Private Equity. The change was immediate. An ER previously staffed with 5-6 physicians was now staffed with 2-3. There was pressure to see more patients per hour and to bill these patients at the maximum rate. If you did not do everything to bill at that level you were contacted as to why not. I would respond that I did not examine those areas as it was not indicated and I am not going to lie about it to bill at a higher rate. Your hourly rate could actually be dinged and dollars subtracted for under billing.

I had the misfortune of also working in a terrible hospital system while employed by Private Equity during the Covid 19 pandemic. A worse combination could not be possible. I would work alone with a PA and a pediatrician, but the PA hours were cut and then the pediatrician was cut so often completely alone and then the nurses got cut so there were 2 nurses overnight. No secretary. Me and 2 nurses and dying Covid patients on ventilators, a full ICU and no one to call around to locate an ICU to take the sick patient and no nurses to care for them and the other ER patients. The nurses had to bring the patients back and fill the rooms so the patients do not have the opportunity to leave and take their dollars with them. One nurse would care for the sick patient and one would feel pressed to bring anyone back from the waiting room. These patients would be confused, They were in rooms but there was no one to see them. I was with the sick patient as was the nurse. It became so dangerous for my license and for my patients that I had to leave. It was enough.

The saddest part is that the staff in the ER is the most selfless in the hospital. We are used to operating in dire circumstances at all hours as are our nurses but since private equity arrived there is no humanity in medicine. It is a money game and they have taken no Hippocratic oath . They must think we are chumps. If you do not support this bill it must be that you do not simply understand what is happening. No one would support what is going on in medicine now because of this. If you oppose it and find yourself in an ER not quite understanding what has happened remember this. There are no exceptions when you arrive in the ER. You cannot pull strings and get better care like many places. The ER is equal opportunity and that is why I am an ER doc. We see all patients as equal with no regard to status.

I have given you one perspective of Private Equity operating in medicine, the only one I know but they are making their way into many areas. Sadly they got their start in the Emergency Departments so we have some years experience with them. I am

certain they have rallied their troops feeling their system is threatened. It is not true that physicians do not want to operate their practices on their own. It is also not true that private equity is efficient and improving care by streamlining. They are simply cutting overhead to make profit to sell to the next buyer. It is simple math. It became a joke at one point when, prior to selling, they started to cut hours by 15 minutes. The morning shift will start at 6:45 AM and not 6:30 AM. "Seriously? Well, I believe I left yesterday and 4:15 PM and not 4 PM". No, I was not allowed to bill for my time. We all know clear patient harm and deaths that have occurred related to insufficient staff, doctors told to come later and save an hour cost and not being available for a very ill patient that arrived in that hour. It has been bad, bad, bad. And unnecessary, just for profi