TAKE MEDICINE BACK

Support OR HB4130

Letter of Support

Dear Senators of the Oregon Senate Committee on Rules,

We are writing on behalf of a coalition of physician groups led by *Take Medicine Back* in strong support of HB4130. This legislation closes loopholes in *existing* law meant to protect patients and Oregonians from corporate exploitation and allows physicians and licensed clinicians to put their patients first. Lay-corporate control of medical practices for profit is simply unacceptable. In fact, the Federal Trade Commission is hosting a hearing on private equity and healthcare tomorrow (March 5th) due to the severity and urgency of this situation regarding the public health. The American Antitrust Institute concludes that private equity is *fundamentally incompatible* with a stable, competitive healthcare system that serves patients and promotes the health and wellbeing of the population.

Corporate lobbyists from the medical-industrial complex are flying in from out of state in private jets, claiming that the sky is falling while sending physicians with ethical conflicts of interest to speak on their behalf. Their swift and massive response to this bill must be put into context: this is fear mongering at its lowest level. The intent of these corporations is to hold the medical care of Oregonians hostage to protect their wealth-extraction operations. HB 4130 does *not* prevent lay-corporations from investing in medical practices; it simply assures that they are not practicing medicine without a license, and restores the ability for physicians to serve the interest of their patients' without interference from corporate entities. Physicians cannot serve two masters: patients and corporations. The sky is only falling for corporations extracting healthcare dollars from Oregon's healthcare ecosystem for their outside investors.

A minority of physicians may testify *against* HB4130. Reasons for this fall into three broad categories:
1) **They are currently in private practice, and are concerned that the deck is stacked against them.** Decreasing reimbursement rates, onerous payment systems, and anti-competitive practices from corporate groups and hospitals make private practice extremely difficult. This is a valid concern. However, this bill does *not* prohibit corporate investment in medical practices; it only requires that physicians and licensed clinicians maintain majority ownership and control so that physicians can act in the best interests of their patients. The bill would level the playing field and is a good first step to protect independent physician groups. To further support independent practice, this bill should be followed by payment system reform with this in mind.
2) **The physician may be misinformed and/or intimidated by threats of job loss or professional retaliation** by the corporate employers which often employ anti-competitive labor practices including non-compete clauses. As it stands, physicians who speak out for patient safety can be terminated by corporations without due-process, and these physicians would need to uproot their families for work, draining Oregon communities of local physicians. For confirmation that physicians who speak out fear retaliation, please see the submitted anonymous testimony as an appendix to this letter.
3) **They are unethically profiting by aiding and abetting the illegal corporate practice of medicine** and profiting handsomely by serving as a "friendly physician" and/or having sold the future of our healthcare system to corporate raiders. These physicians are not to be trusted.

The robust corporate opposition to this bill confirms that corporate profiteers rely on *control of physicians through ownership*, as they engage in the corporate practice of medicine in order to drive their profits. This is dangerous, unethical, and must be ended.

Signed, the founding members of Take Medicine Back:

Mitchell Li, MD, Emergency Medicine
Sailesh Konda, MD, Dermatology
Leah Davis, DO, Radiology
Robert McNamara, MD, Emergency Medicine
Vicki Norton, MD, Emergency Medicine

Co-Signing Organizations:

Marco Fernandez, MD
President, Association for Independent Medicine
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Leah Colucci, MD
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Marlene Wust Smith, MD
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50+ Physicians Submitting Anonymous Testimony (Appendix A)
Due to fear of retaliation by corporate employers, demonstrating the severity with which corporations control the practice of medicine.

"The Phoenix" is an acknowledgement of Dr. James Keaney who originally wrote a book in 1992 under the pen-name, "The Phoenix" exposing exploitative business practices in emergency medicine that have only been made exponentially worse by corporations and private equity in recent years.

Appendix A

Anonymous Physician Testimony in Support of HB4130 - who cite fear of corporate retaliation for anonymity.

Testimony in Support of HB4130:

"I have many examples of a private equity owned medical group practice dictating the practice of medicine. Here are three that come to mind. 1) People with no medical training are put in charge of medical care. Staff who were working at Chik-fil-A a week prior, were hired and placed in clinics without training and were responsible for patient care as medical assistants 2) Every employed doctor had productivity quotas and were called in to meetings by management when they didn't meet those. On my least busy days I was seeing 40 patients a day and on my busiest days upwards of 60 patients a day. This was not right. Appointments would be triple booked and I was shuttling from room to room without having adequate time to make careful medical decisions. Of course my malpractie liability was on the line if something did go wrong. 3) When wanting to use the appropriate type of high tensile strength suture for a surgery for a large patient, I was told by the office manager employed by the corporation that it was too expensive to use that suture and I should be using a lower strength and cheaper suture instead. This would create a risk of the wound opening after surgery and the malpractice liability would entirely be on me but management didn't care when I complained. For future surgeries I noticed office management would literally keep the expensive sutures hidden from me."

- Anonymous Doctor (MD or DO), Dermatologist

Reason for anonymity: "Said corporation is known for retaliating against current and former employed physicians"

Testimony in Support of HB4130:

"When you look at the structure of our healthcare system can you justify all of these extra people and players? Does the work of keeping people alive really seem like something we want to be balancing competing interests in and make some of those interests some of the most powerful corporations on this planet? Can you look at what we have today and say we don't need change?"

- "JustanotherERdoc" (MD or DO), Emergency Physician

Reason for anonymity: "I will be graduating from residency in two years and have put far too much work in to be black balled on hiring. I am afraid."

Testimony in Support of HB4130:

"When private equity comes into a group or hospital we (physicians) feel left out to dry. Staffing gets slashed so fewer doctors are working, patients are waiting hours longer and it becomes incredibly unsafe for patients. This system where we are losing our ability to properly care for our patients is why doctors are leaving medicine in droves and this cycle will continue until the corporate practice of medicine is abolished."

- Anonymous (MD or DO), Emergency Medicine

Reason for anonymity: "So many stories of speaking out against these massive corporations being career suicide. I am still fairly early in my career and can't risk that."

Testimony in Support of HB4130:

"I've seen medical practice turn from a noble, caring profession into a profit-driven, greedy , inefficient system with non-physicians making decisions about medical care for which they have no business making. I've seen so many medical mistakes and am horrified on a daily basis on what medical care has turned into. I've seen improper staffing, huge push for 'productivity' where patient safety is a risk. Please end this Corporate Practice of Medicine."

- Anonymous (MD or DO), Emergency Medicine

Reason for anonymity: "I know at least 6 physician friends who have been fired for raising questions about patient safety, non-physician provider use. Physicians are truly unable to speak up revealing their real names---these corporation have all the power and will silence any dissenting voices."

Testimony in Support of HB4130:

"Private Equity bought the Texas dermatology practice I used to work in. Us Doctors were stripped of autonomy and were put in very unethical situations (ex, forced to refer to certain other doctors and entities that were in direct violation of stark law). When we brought up these issues, we were gaslit. There was a time when the practice wasn't even lawfully owned by a doctor. Furthermore, when we asked for better sutures (because the cheap ones they switched to increased infection rates), we were told no. When we asked for $500 lights so we can see surgeries and do our exams properly we were told no. Here in central Texas, PE groups hire midlevels to replace doctors most of whom have NO supervision and this leads to horrible care but also as studies show a massive increase in healthcare expenditures. Most PE groups force doctors to be "supervising" doctors to midlevels even if they voice their discomfort, as they threaten to fire them using corporate tactics. After the PE takeover, we were chronically understaffed which increased patient errors - patients suffer, doctors suffer, staff suffers. The only winners are private equity. This completely immoral corporate practice of medicine must stop. I have since left that practice and as I reflect more, their actions were truly criminal."

- Marie (Pseudonym - MD or DO)

Reason for anonymity: "Fear of retaliation, they always threaten to sue me even though I left the practice and have done nothing wrong. PE groups are true cancers to the healthcare system"

Testimony in Support of HB4130:

Trying to gain a profit from healthcare is a persistent conflict of interest. You can't try to get rich and also make the best decisions for the patient or health organization. It's also not reasonable to allow non medical groups to make medical decisions. Eventually we will all need care and the practices in which these groups engage will diminish the care available to everyone.

- Anonymous (MD or DO), Urogynecology

Reason for anonymity: I am employed by a large hospital group (after my small hospital was bought out)

Testimony in Support of HB4130:

"Medicine in America is too often owned by corporate interests whose only goal is profit. MBA's do not swear by the hippocratic oath and therefore have no business in patient care."

- "Across State Lines" (MD or DO), Emergency Physician

Reason for anonymity: "The fact that anonymous comments are necessary should be a testament to the fact that our system is broken. Despite trying to find employers who have patient safety and care in mind, the positions I found available in my area have inevitably been those owned by corporate interests."

Testimony in Support of HB4130:

"It took me about 13 years of training after high school to get to where I am today and to feel confident taking care of my fellow humans. When someone is dying, I am the person everyone in the room looks to. Decision makers that directly impact the way I am able to help people/practice medicine should have the same training and interests at heart. The medical system we have in place here in America is capitalist at its' foundation; this necessitates governmental protections and oversight to prevent some of the common tropes/pitfalls of this type of system from influencing a field as nuanced and personal as medicine.
I don't think a quality medical system can be run by anyone but the type of practitioners who toil within it."

- "Dr DMV" (MD or DO), Emergency Medicine

Reason for anonymity: "I am early in my career and fear future retaliation for my thoughts and views should I name myself personally here or in other forums."

Testimony in Support of HB4130:

"It's the right thing, to protect medicine, for sustainable plan"

- "MD" (MD or DO)

Reason for anonymity: "Fear of retaliation"

Testimony in Support of HB4130:

"I support HB4130 to promote patient-centered care and prioritize the well-being of individuals over corporate profits. This legislation could help ensure that healthcare decisions are made based on medical necessity and patient needs rather than financial interests."

- "ConcernedMD"

Reason for anonymity: "I work for Envision. Down here in South Florida Envision is extremely powerful and I'm afraid of retaliation."

Testimony in Support of HB4130:

"Disastrous consequences are seen daily due to misdiagnosis, delay in therapy and lack of training. Medicine has lost its Soul. Patients are numbers, corp are using and abusing diseases to make money."

- "Anonymous" (MD or DO), Pulmonary Medicine

Reason for anonymity: "Fear of retaliation- many physicians have lost their jobs when standing up for what is right"

Testimony in Support of HB4130:

"Non medical owners of practices and corporations are draining every dollar from medicine and destroying healthcare in the process. If being lean is the goal, just have private practice benefits for physicians to be owners. We need tax breaks, not big corporations. We also need to be able to compete with big corporations by offering healthcare plans! Private practice is cheaper and more efficient than big hospitals. We took an oath to protect patients, an oath that no private equity company or non-physician provider is required to take. It is in the economy and patient's best interest to end corporate medicine"

- "AnonymousMD" (MD or DO), Dermatologist

Reason for anonymity: "Fear of retaliatory action by corporations"

Testimony in Support of HB4130:

"It limits the physicians freedom to determine appropriated treatment for their patients. Corporate medicine places profit before patients' quality of care and even safety. Physicians' decisions should not be mediated by corporate decisions."

- "CubanoMD" (MD or DO), Family Physician

Reason for anonymity: "Fear of retaliation by corporate."

Testimony in Support of HB4130:

"At the end of the day, private equity and big business in medicine are only concerned with profits, not patient care. The implementation of nearly impossible to meet metrics means that physicians have little to no time to spend with each individual patient. We are pushed to do more with less and are often found seeing patients in the lobby or awkward back rooms where quality physical exams are next to impossible. There is no transparency in billing opening the door for the potential for overbilling and fraud. I have dealt with this personally where I was working for American Physician Partners and found myself the victim of fraud. In trying to investigate the 'errors' in payment, I was repeatedly denied access to billing statements despite them being filed under my NPI."

- "Dr. Leuko Rosa Parks" (MD or DO), Emergency Physician

Reason for anonymity: "As an independent contractor I have no protection under the law for retaliation and can be fired for any reason. I have two personal colleagues that were fired for speaking out. As I am the breadwinner for my family, I cannot risk losing my job"

Testimony in Support of HB4130:

"Corporate medicine puts profit first. PERIOD. Of course healthcare has overhead, and it costs money to provide healthcare. But physicians in corporate settings are pressured hard to do things purely to run up

the profits. I've experienced this myself, pressure to perform additional surgeries, to recommend additional surgeries, simply to drive up profits for the corporation. The patient becomes an opportunity for profit. More testing, more procedures.

I've had my medical license used for over a year by a corporation that did not inform me they had a physicians assistant practicing under my license. I was never supervising her, yet there they were billing her using my license. Why? Profit. I never even knew until three months after I left, I was getting credentialed somewhere else, and there she was on my license. STILL BILLING UNDER MY LICENSE. The corporation had added her onto my license without me even knowing. I wasn't even working there anymore. Yet their billings continued.

It has gotten truly out of control. And any physician, who says otherwise, purely says so because they stand to profit off of this system."

- "KramerMD" (MD or DO), Dermatologist

Reason for anonymity: "Fear, plain and simple."

Testimony in Support of HB4130:

"Corporate practice of medicine laws exist to protect the doctor-patient relationship - the foundation of our entire medical system and historically the basis of medicine from its inception. Corporate interests threaten this as the profit motive inserts itself between physician and patient. Would you want your lawyer to be owned by private equity? Your accountant? If no, you certainly wouldn't want your doctor to be. I have seen TeamHealth threaten patient safety by cutting my ER's staffing to dangerously low levels in an effort to save money and increase profits for their private equity owners blackstone. This resulted in delayed assessment of critically ill trauma patients as over stretched physicians struggled to keep up with patient demands. Please consider strengthening corporate practice of medicine laws - these laws exist for a reason and are needed to protect the physician - patient relationship."

- "AK" (MD or DO), Emergency Physician

Reason for anonymity: "I am a resident" [Physician at the beginning of their career in post-graduate training, for disambiguation]

Testimony in Support of HB4130:

"I worked for several years at a private practice (professional association) run by a non-physician CEO who sat on the board of directors with dermatology partners who delegated all administrative tasks to him. He fired me (my contract termination had his signature and not the medical partners') after I asked about partnership pathway and complained about the large number of physician assistants in the practice who were all improperly supervised by the medical partners. The CEO told me the PAs practiced independently in the practice. I saw many cases of patient safety being compromised because of improper supervision."

- "Anonymous" (MD or DO), Dermatology

Reason for anonymity: "I sought legal counsel and found that in my state that set up is illegal because it goes against corporate practice of medicine but I decided to just move on because their lawyers sent me

a letter stating false statements about my tenure with the practice for several years, such as my being disrespectful to staff and patients, and I wanted to avoid legal fees."

Testimony in Support of HB4130:

"When a corporation's goal is to make a profit and they can do so by using under trained non-physician providers who order more tests and referrals which further increase their profits at the expense of patients, who is going to stop them? Patients and doctors (many sub-specialist physicians see so many patients that could have been treated more cost-effectively by a primary care physician, which further limits access to care for patients that truly need a specialist's care), bear the brunt of this dysfunctional system that was purposefully created by corporations to maximize profits, not provide actual medical care."

- Kate Miller (MD or DO) - [not anonymous]

Testimony in Support of HB4130:

"Physicians should be directing the care of patients. Corporations worry about the bottom line and lose sight of the mandate to "first do no harm". Patient care and safety has gone downhill steadily since corporations began their takeover of hospitals, emergency departments and practices. Example: the dangerous under staffing of emergency departments across the country has lead to very poor outcomes for patients. In office practices, doctors are unable to spend the time their patients deserve and truly need due to quotas demanded by the non-physician owners. Medical care in this country is at a make or break point. The pendulum sorely needs to swing back to where we started as far as the focus and goal of medicine is concerned: great patient care; not bureaucrats' fat bank accounts. Physician-run medical practices and hospitals are the only way out of this mess. Non-physician practitioners are also NOT the answer to the current state of medicine."

- "Anonymous" (MD or DO), Pediatrician

Reason for anonymity: "I am retired now, because a large organization bought out our practice during Covid. They then proceeded to "modernize" our practice with an impossible to use EMR that added hours to our work day, automated phone attendants, numerous roadblocks to the doctor-patient relationship, such as burdensome quotas of number of patients to be seen in ridiculously short blocks of time. They then closed our practice abruptly due to corporate demands to cut costs. This included pretty much every community based office in the city. This is how large corporations operate. I am posting anonymously, because even though I no longer work for them, I would rather not take the chance of them retaliating against me. That is also the case for people still employed by large corporations. If they were to speak out about valid concerns regarding staffing shortages, patient quotas, non-physicians providers practicing way above their level of training with minimal or no physician supervision, their job would be gone, and they'd be replaced by a poorly qualified, cheaper alternative."

Testimony in Support of HB4130:

"private equity firms, insurance companies, big tech should not be directing the practice of Medicine. Their main goal is profit, and don't care if services are decreased, staffing is poor, and hospitals or clinics close."

- "Anonymous MD" (MD or DO), Anesthesiologist

Reason for anonymity: "A lot of private equity money is spent on professional societies, meetings, and administrative lobbying and i dont want to face retaliation."

Testimony in Support of HB4130:

"I work in a small community in which a private equity backed group bought another small dermatology office. I have personally seen first hand how they treat staff and patients. I can't tell you how many times they have neglected to call patients with critical cancer pathology results months after biopsy (that then I've had to pick up the pieces). Patients who have transferred their care to my office repeatedly speak to over utilization of cryotherapy and biopsies. They care about one thing: money. They will do anything in this endeavor. The best interest of the patient, the community, the future of medicine, etc., are the least of their concerns. Like a cancer, they must be removed."

- "Mountain Mohs" (MD or DO), Dermatologist

Reason for anonymity: "Small town politics are brutal and referral sources can dwindle if squeaky wheels get too loud. If needed, I'm easy to find, though. Look to those trying to be guardians for the mountains."

Testimony in Support of HB4130:

"It is simple. Physicians have an obligation to their patients that supercedes everything else. Sometimes that means doing things that come at cost. Corporations put the good of the investors and profits first. In the words of the famous, Oliver Stone character- Gordon Gecko- Greed is good. I have personally seen and been asked by "administrators" who claim to not be practicing medicine make decisions that impact patients lives, then they hide behind the false pretense that they are not doctors. You can't have it both ways. The proponents of corporate medicine will claim it brings investment, better acces and efficiency but at what costs. There is no reason that you could no have these same things without surrendering controls. The difference is between ownership which implies control over the business."

- "Meredith Gray" (MD or DO), Emergency Physician

Reason for anonymity: "I personally have raised concerns about financial irregularities of state funds and was threatened with termination. I ultimately had to leave the job and the state due to harassment."

Testimony in Support of HB4130:

"I'm an integrated diagnostic and interventional radiology resident at a competitive top 5 program. I did not appreciate the huge negative impact private equity and corporate practices have had on radiology until interviewing for attending positions across the country. These firms have taken over major markets, driven up wait times for patients, increased work loads to unsafe levels for radiologists and technologists, and failed the healthcare systems they have contracted with. Many are working on kicking them out. I absolutely refused to sign a job with RadPartners, Envision, etc despite them desperately trying to recruit. No one in my resident/fellow class signed with a private equity firm. My favorite example of how dumb it can get - as soon as a private equity group took over a radiology practice they would force a patient to come back twice for a complete spine MRI. They had figured out they could charge more for separate

cervical/thoracic/lumbar components rather than do the study the right way the first time. Absolutely ridiculous for a person with pain trying to get the imaging their surgeon ordered."
"Anonymous MD" (MD or DO), Interventional Radiologist

Reason for anonymity: "I had a friend who left what used to be a very good and respected group after it was bought out by a private equity firm. They made it extremely difficult for him and his family. At this point in my career I feel it's high risk to put my name in writing."

Testimony in Support of HB4130: "Yes, patient care is highly affected"

- "City3" (MD or DO), Emergency Physician

Reason for anonymity: "I will lose my job because they own the market"

Testimony in Support of HB4130:

"It was cheaper to replace my job with an NP. I served a rural community for a decade and I had great outcomes. Patients need someone dedicated to their care and that knows them. I was told that mid levels would solve the paucity of rural MDs. Then why am I looking at medicine through the outside looking in? Why was I replaced if I was so needed?"

- "Rural psych MD" (MD or DO), Psychiatrist

Reason for anonymity: "I never want to smear my previous employer because they are just trying to cut costs. I am concerned about those cost cutting measures affecting patient health outcomes."

Testimony in Support of HB4130:

"I have seen first hand how the corporate practice of medicine harms patients and burns out physicians and non-physician providers. By cutting physician staffing in emergency departments, private equity gains but patients (and physicians) suffer. There are less physicians and physicians make more mistakes and cannot see patients with life-threatening conditions in a timely manner. This leads to increased morbidity and mortality for the patient and increased burn-out and moral injury to physicians. The second way private equity and corporations harm patients is through replacing board-certified physicians with physician assistants and nurse practitioners. While PA's and NP's are an important part of the team, the question becomes who do you want taking care of you or one of your loved ones when you are having a medical emergency? PA's and NP's receive little training after their schooling and many are brand new graduates. They are thrust into the workforce seeing the patients that physicians used to see with little or no guidance (the physician is usually inundated with his or her own patients). This quickly burns the PA/NP out and provides a low quality of care to the patient."

- "Tim" (MD or DO), Emergency Physician

Reason for anonymity: "I would undoubtedly be let go from my current position if I spoke out publicly, as I have seen others suffer the same fate. As the father of three young children and the sole breadwinner for our family, I am not in the position yet to lose my current job as I do not have other income lined up to

replace this job (I am currently in the process of obtaining other positions and will soon be able to speak more openly about this degradation of the American healthcare system)."

Testimony in Support of HB4130:

As the patient's physician and guardian I am entrusted to do everything in my power to care for them. Unfortunately this puts me at direct odds with the corporate money making machine that has taken over medicine. Please help me and other physicians care for our patients the way they deserve to be cared for by ending the corporate practice of medicine.
After eleven years of training and twenty plus years of practicing, I was replaced by a NP with no warning after being notified with just a termination-without-cause letter placed on my desk at 3pm while seeing patients….. this is corporate medicine.
Prior to this termination, I worked throughout the pandemic outside in 90 degree plus heat seeing hundreds of patients in a parking lot and coming into work on my days off. Why? Because it was the right thing to do for the patients and the community. Unfortunately in the corporate world… terminated and replaced with cheaper labor.

- "EmpathMD" (MD or DO), Internal Medicine

Reason for anonymity: "I will be blackballed and unable to work."

Testimony in Support of HB4130:

"Was part of a private equity firm they - 1. Decreased the length of patient visits. 2. Mid levels with less than 6 months of training were used- often with no supervision on site. 3. would not see medicaid 4. expensive procedure over less expensive treatments."

- "Anonymous" (MD or DO), Dermatologist

Reason for anonymity: "So I was involved in a lawsuit with PE - I won easily but they drown you in filings/legal costs. Also for those who have complained to medical boards or medical associations - they are met with scary cease and desist letters."

Testimony in Support of HB4130:

"Their one and only objective is $. Unnecessary testing, procedures all in the name of profit with no benefit to the patient. Every doctor and midlevel needs to meet their "measures"."

- "Anon" (MD or DO), Dermatologist

Reason for anonymity: "Husband's former group was sold to PE. He left. Lessons learned."

Testimony in Support of HB4130:

"I believe medicine belongs to physicians, not corporate. Insurance companies, private equity groups and other similar organization should not dictate the practice of a physician as they do not know what is the best for the patients themselves. They are driven by profit, not quality of care."

- "Anonymous" (MD or DO), Dermatologist

Reason for anonymity: "I fear of retaliation as I am still a dermatology resident in training."

Testimony in Support of HB4130:

"In my short 6 year career, I have seen the impact of payers and non-medically trained administrators making decisions that directly impact patient care in negative ways."

- "Anonymous" (MD or DO), Family Physician

Reason for anonymity: "I am signing with anonymity due to my current employment situation. I will continue to work at my employer until my high student loan debt is paid and then I will have the financial freedom to leave corporate medicine."

Testimony in Support of HB4130:

"1) perverse incentive structure where the primary goal of non-physician corporations is to generate profit or return money to shareholders rather than deliver excellent patient care
2) taking control away from physicians regarding scheduling or dictating how physicians should practice medicine to "enhance" the bottom-line. This lack of autonomy also contributes to physician burnout
3) creation of monopolies where these non-physician groups can use their market power to raise prices and increase costs to patients
4) only physicians have gone to medical school and have taken the Hippocratic oath. Corporations do not have the education or ethical background required to practice medicine or own physicians and use physicians as means of labor to extract profit"

- "PhysicianAutonomyMD" (MD or DO), Interventional Radiologist

Reason for anonymity: "I'm doing both anonymously and via the senate website"

Testimony in Support of HB4130:

"These companies push professionals to do more procedures than needed to increase their earnings. A practice also encouraged among PAs and NPs. We end up practicing medicine based on what the companies consider instead of what our medical judgment dictates"

- "TexasMD" (MD or DO), Dermatologist

Reason for anonymity: "I'm writing anonymously due to my concern of losing job opportunities."

Testimony in Support of HB4130:

"I would like to see passage of this bill because I have watched Private equity and corporations make decisions that affect patient lives. Back in 2013, I worked at an ED that had adequate coverage with two physicians in acute care and two physicians and 2 to 3 nurse practitioners and physician assistance working in the fast track. This was a harmonious set up. We were efficient and provided high-quality care. We are able to see more patients with our team based physician led care while keeping quality standards up. But, our hospital began to use a company that guided them on billing. Over the next few years, they slowly decrease physician coverage hours on the fast track side and increase nurse practitioner and physician assistant hours. Within five years, there were no physicians left in the fast track. There were, however, 6 to 7 nurse practitioners and physician assistants. if they wanted supervision, they had to ask the acute care physicians for help. Those acute care physicians were already busy taking care of critically

ill patients and patients were left, waiting for Care period and patients left against medical advice which leads to higher morbidity and mortality. we did not have the staffing ratio because physicians were not available to work. This was a business decision. I see this happening more and more with each emergency department that I work at. I also worked locum at a different emergency department where a brand new physician assistant worked in the fast track while I worked in the acute care side. The physician assistant was not ready to work in a fast track by themselves. Most of the training for a physician assistant on the job, and there was no opportunity for them to train with me. I even offered for them to sit next to me and present every patient to me and until they felt comfortable. They were not able to because they were too busy. They have been many errors I have caught over the years. I am concerned that if corporations take over healthcare decisions, such as staffing then one day I may be the patient and look up and not have a physician to take care of me."

- Jamie Kuo MD (not anonymous)

Testimony in Support of HB4130:

"When profit driven entities are at the helm of healthcare it is in DIRECT conflict with the practice of medicine at its very ethical core. It is impossible for them to put patient's needs and safety first because this is not their primary objective. This has led to unsafe working conditions for both doctors and patients."

- "Anonymous but not for long" (MD or DO), Emergency Physician

Reason for anonymity: "I am currently employed by not one but 2 CMG groups. There is almost no opportunity in my area to be anything but CMG. I'm the breadwinner for my family and cannot risk retaliation. The 7 years I've been working at my ED the contract has changed hands 3 times. Each one worse than the last. With the lastest takeover we are being stripped of benefits as W2 employees and forced to become 1099 at a pay rate that would equal 20%paycut. I am currently facing the need to uproot my family of 5 and move to another part of a neighboring state to get away from working for a CMG any longer. This means leaving a rural critical access hospital in an underserved area. Multiple providers leaving/cutting back because of an unfair contract offer and stripping of benefits with no choices. Needless to say, in the end, this will gravely and disproportionately affect the neediest of patients."

Testimony in Support of HB4130:

"Their focus is on throughput and numbers. It is unsafe at times due to lack of staff. Their purpose is solely for profit."

- Anonymous (MD or DO), Emergency Physician

Reason for anonymity: "My employer could take action against me. We are currently fighting for patient safety"

Testimony in Support of HB4130:

"I am a board-certified emergency physician that practices in OR and WA. I am a first-generation college graduate and physician in my family. I have wanted to be physician all my life after a physician saved my life. Even with this lifelong passion-private equity groups and corporatization of medicine has sucked my soul so dry I am holding on by a thin thread for my love for medicine. The fight to properly treat patients

has become so difficult; at an ever-rapidly increasing pace. I no longer recognize what the system has done to us and wish someone would heed our warning. Afterall, we are all patients at some time.
Do not fall for their lies of safety and security in the large corporation. It has been my experience that only those at the top of the corporate chain speak in favor of private equity groups while expounding so eloquently about the impact they will have on expanding patient access with “excellent” care. I have yet to see this actually happen-even in a minor way. It is all about “moving the meat” (people) and the money that can be abstracted from our care of patients. This experience started in residency 10 years ago when a large equity group bought the hospital I trained at. I had no idea then that what I saw happen there was only just the beginning of this very long free fall-straight into a pandemic where these corporations made even more profit.

Anytime I have raised issues/concerns I have been gaslighted and ignored (some are fired). One example, I was told to have a "positive attitude" after working a night as a solo EM physician in a solo 23 bed full ED and also in charge of ICU codes. I said it was unsafe and that we could not take on more without resources/staff. That night I resuscitated 3 critical ER patients back-to-back and one person in the ICU. I had no rooms to admit to or beds to transfer to. No EMS to take people. Sure, a "positive attitude" will fix this (We did get two bags of mini chocolate candies). This place went from four Drs a day to only 2. Then the staff cutting went further. CEO got a huge raise. Meanwhile my excellent nurses were leaving in droves. Nearly every physician left. I had to finish my 2-year contract or would be ruined fresh out of residency (with 3000/month student loans).
-Additionally, I was asked to sign NP/PA charts when I was never involved in any of the care and often not on shift. They did this to up code charts. I never signed them and left having fulfilled my contract. Not a word was said or asked why any of us left. We are only replaceable widgets in their eyes.
-Bills are sent in my own name to patients but we were paid a flat hourly rate. Patients thus hate us more as this feeds “the greedy, uncompassionate doctor narrative.” This is very demoralizing.

Additionally, these corporate entities monopolize the jobs. I lost my job twice due to non-competes. One group stopped paying their physicians. I had to fight for every paycheck. Some colleagues were never paid. How can it be right for a group not to pay us then I am held to a non-compete? The hospital dropped the contract as they could not staff it. To release me from the non-compete they then expect this rural hospital to pay $20,000 per physician to release us of the contract. The hospital bought their threats that any court fees would make it so the physicians would never be paid and that they would be in trouble for violating the non-compete. This has happened twice to me with two separate groups. This is only one example of bullying tactics.

By having to work for these contract groups we are given no say. We are made to feel separate from the hospital staff. No say at the so-called table. I have tried. We are just to "move the meat." Yes, "move the meat" not the people. Then when things go bad everyone blame us. If people would actually listen to us they would see we are demoralized because we care so much but such a system forces us into subpar situations where we still have to deliver 200% in every single shift. The physicians that see the writing on the wall are afraid, very afraid, of who will be taking care of us in the future. Please see what is happening before it is too late to soften the crash landing that has become the freefall of our healthcare system. This is an opportunity to demonstrate that Oregon will protect patients and healthcare staff from the false narrative of large equity groups.”

- “EM-Nocturnist365, MD” (MD or DO), Emergency Physician

Reason for anonymity: “Worry about future employment and backlash.”

Testimony in Support of HB4130:

"Corporate medicine is ruining our healthcare in this country. Patient care is at risk every day due to extreme cost cutting measures only to increase profit. I have witnessed the deterioration over my 25 years in medicine and it is horrific."

- "Appalachian M.D." (MD or DO), Hospitalist

Reason for anonymity: "Fear of retaliation."

Testimony in Support of HB4130:

"Simply put, non-medical personnel (ie: investors/private equity) do not know what is actually needed for safe patient care. Allowing corporations with purely financial motives is not only wrong, it is extremely dangerous for human life. This is evident on hospital floors with unsafe nursing:patient ratios, leading to nursing burn out, leading to hospitals allowing folks without the proper credentials (ie an associates degree or lower) to assume the role traditionally trusted to RNs. Additionally, these financially motivated folks want to pretend that nonphysician providers (NP/PAs) are interchangeable with physicians (MD/DO), and nationwide PE hospitals and clinics have fired physicians in favor of hiring NPPs for significantly less in to increase their profits. They either don't realize, or choose to ignore the fact that the training differences are significant and are willingly putting patient's lives are at risk. Replacement by NPPs/corporatization of medicine/increased liability with decreasing reimbursement has led to significant physician burnout and we are losing physicians because of this. Physicians should have a seat at the table, not investors with purely financial motives, to practice safe medicine and to protect the most valuable thing: human life."

- "Anonymous, MD" (MD or DO), Dermatologist

Reason for anonymity: "I am a young physician (2 years into practice) with my whole career ahead of me. I fear possible retaliation if I need to search for a different job in the future."

Testimony in Support of HB4130:

"Corporations interested only making profits and they are all about numbers. There has been no sense of job security with these corporate jobs. Physicians have no autonomy in making decisions that's right for patients."

- "Yuthi Kommineni" (MD or DO)

Reason for anonymity: "Didn't feel it's necessary to disclose"

Testimony in Support of HB4130:

"Corporate ownership has been shown to distort the relationship between patient and doctor. It downgrades the doctor from a learned professional to an assembly line worker. Ownership needs to be close to the doctor to understand what the doctor needs to truly optimize the practice environment. Disenfranchisement and loss of ownership of one's career is a big source of burnout and staff turnover. Getting rid of the corporates will stabilize medical practice relationships."

- "Northeast" (MD or DO), Emergency Physician

Reason for anonymity: "I fear retaliation and would have less access to jobs if my identity was revealed."

Testimony in Support of HB4130:

"I worked for a private equity group (Pinnacle Dermatolgy, now QualDerm) at my prior job. Patient care suffered massively under corporate overlords. We had three medical assistants for four people seeing patients (40-60 patients EACH) and staffing was at this level for months with no alterations to schedules. The safe staffing average is 1 MA per 15-20 patients. Wrong site surgeries, wrong medications, wrong patients checked in were not at all uncommon here. Patients were unable to speak to anyone clinical during the day if they called due to chronic unsafe short staffing, and care questions would therefore go unanswered.

We also had threats of gun violence at this location and were denied a plexiglass shield between front desk and the lobby, nor were we provided with a panic button or auto locking entry doors to go from the lobby to the exam room area. The regional managers would not let us press charges for these threats nor discharge the patient from
The practice, despite the threats of violence against staff. They do not care about the patients, and they do not care about the staff.

Additionally, the non medical regional management were thrilled when new PAs and NPs were billing an average of 750 dollars per encounter which I'm sure you're aware is very high and not at all appropriate, it this is what happens when you have midlevels seeing patients autonomously without true staffing. People that are untrained in a specialty should be tightly supervised by those that are board certified in the specialty which was not the case here.

I'm back in private practice and practicing good medicine again. PLEASE do not allow private equity to destroy medicine for the sake of yourself and your children and parents. I will leave medicine before I would ever work in one of these situations ever again."

- "TRK MD" (MD or DO), Dermatologist

Reason for anonymity: "Fear retribution from former PE group since I'm giving examples of why they are unsafe for patients."

Testimony in Support of HB4130:

"I was president of an anesthesia group in a different state that was decimated by a takeover. Two-thirds of the physicians left the state, which already had a deficit of clinicians. I moved to Oregon and started working in Portland. Lo and behold, the same anesthesiologist, now with private equity-backed Sound Anesthesia, took over two of Portland's biggest hospitals replacing the long established physician group. The result, just as in my group, physicians left the Portland area and the state. The patients at those hospitals suffered because they could not access care due to the inability of the private equity firm to provide adequate, well-trained staff. The usual pitch that these companies make is that they can do it better and cheaper. However, that is false. Up front costs may appear to be less, but long term costs may be staggering and devastating to local medical practice and thus, to the patients they serve.
Health care is a public good and human right. Private equity answers to investors and has already shown that it cares nothing about patient care. In fact, multiple studies are showing significant increases in morbidity and mortality in hospitals and group practices that have been subsumed by private equity. The

business model is to buy out, strip the resources, saddle the groups and hospitals with debt. This forces staff cuts, equipment cuts, and cuts to investment in patients. For a real-time picture of this model in action, take a look at what is happening with the Steward Health Care System in Boston. Any model, other than one which puts patients at the center, is a false god to whom we should not bow down. It's imperative to block private equity in medicine and guarantee better health outcomes for our patients. For their sake, and maybe yours or a family member, support HB 4130."

Melinda King, MD [not anonymous]

Testimony in Support of HB4130:

"I am a board-certified Emergency Physician who has been practicing in the field for 20 years. The field is virtually unrecognizable from what it was when I decided to dedicate my life to EM. The effects of the Corporate Practice of Medicine are pervasive and destructive. I trained at a not-for-profit hospital, with a large well-established physician owned emergency medicine group that had an excellent reputation. They were one of the first academic programs in the country. Eventually the hospital went to a For Profit status, and the private academic group was replaced by a Private Equity Owned CMG. I know firsthand of the destruction of integrity and quality of patient care, and of degradation of education, as my colleagues were still practicing at that hospital. I have worked for a private group for most of my career, and for a CMG for a short period. All of my colleagues in my field work for PE based CMGs, and their stories are all the same...a push for production, limited staffing, limited supplies, and high levels of under-supervised NPs, PAs, and now, residents. The CMGs have accelerated their "training programs" as a means for cheap labor and thus flood the market with an oversupply of new grads working for bottom dollar who are indoctrinated with their systems. The patients suffer from rushed, lower quality care, the future doctors are getting shorted on their education, the mid-level providers are dangerously under-supervised, and experienced physicians are replaced by cheap labor in a race to the bottom. Physicians doing the actual patient care have no say in the staffing or policies of the practices they work at, and CMGs will terminate physicians who voice their objections. If a doctor is fortunate enough to escape CMG practice, the next hurdle is dealing with the insurance companies as they are denying, delaying, and underpaying claims. I have seen this become supercharged with the passage of the No Surprises Act. The insurance companies have used this law to lower their QPA payment amounts to historic lows, sometimes paying only a fraction of Medicare rates for a commercially insured patient, or a flat-out denial, which is almost impossible to overturn as the appeal goes to the insurance company that denied it. The IDR process was also unable to produce meaningful changes in reimbursement. Insurance companies are giving groups a take it or leave it option, as they know out of network care payments are almost impossible to obtain. All of this added together, patient care is provided at a lower level- rushed physicians who are over-extended, care being provided by inexperienced under-supervised mid-levels or residents, CMGs pushing metrics and keeping profits, and insurance companies that are taking in higher than ever insurance premiums and denying or underpaying the physicians who provide the care. The system is not sustainable. Please empower the physicians to care for their patients appropriately without undue influence, and the get reimbursed according to the letter of the law. Thank you for your time and assistance."

"Emergency Medicine, MD" (MD or DO, Emergency Physician)

Reason for anonymity:

“Only a few CMGs control much of emergency medicine, and being blackballed form future employment is a real risk.”

Testimony in Support of HB4130:

“They are out for profit. Not the well being of patients who have been shown to have worse outcomes as a result of cutting staff and cutting corners on quality. Their practice of penalizing doctors who spoke up for safety/ quality is terrible and shameful.”

- “Steve Costalas D.O.” (MD or DO, Emergency Medicine)

Testimony in Support of HB4130:

Starting in 1995, as a National Health Service Corps participant (Federal loan repayment for service) in my own hometown (in North Carolina) . . . and as an employed or contracted Pediatrician covering hospital call . . . I have been fired "without cause" a total of FIVE TIMES by corporate officers (translation: NO OVERSIGHT BY MY MEDICAL PEERS AND NO DUE PROCESS - as required by hospital by-laws/CMS). In all but one instance (one of those situations involving private equity - specifically Duke Lifepoint . . . and another involving a bi-state COPA/monopoly - specifically Ballad Health), I had intervened to stop (and reported internally) bad OB or newborn or Pediatric care - only to be almost immediately targeted for VICIOUS retaliation and elimination. In the fifth case, I had protested inequitable treatment and abusive work conditions before and after knee surgery. Since 2005, reporting bad care to hospital peer review has supposedly been a protected activity under Federal law. Reporting an EMTALA violation is also supposedly a shielded activity. But in each case, when I reported to the state DHHS and or CMS/JCHAO/the OCR - the state/Federal governments did nothing - or next-to-nothing - to hold the hospitals involved accountable. I have suffered immeasurable professional humiliation and financial hardship over the years - because I stood up/spoke out against bad policy (most specifically staffing) and/or bad care. The last time I spoke out, I was falsely accused of "disruptive" behavior and replaced by #2 Nurse Practitioners. Corporate medicine is out of control. Laws with TEETH much be PASSES and ENFORCED to protect good physicians from harm.

- “MHJ*MD” (MD or DO, Pediatrics)

Reason for anonymity: “I am testifying under my initials. I have never been anonymous when I reported. The records are ALL there. If anyone cares enough to look.”

Testimony in Support of HB4130:

“I supports HB4130 to end CPOM. My group has been involved in a lawsuit with a Contract management group and the actions of the CMG leading up to the suit made my life miserable. I lived with constant job security uncertainty and saw colleagues let go due to “quality problems” which are made up, arbitrary metrics .”

- “Ueckers Tuba MD” (MD or DO, Internal Medicine, Hospitalist Physician)

Reason for anonymity: “Concern about retaliation”

Testimony in Support of HB4130:

“Indentured servitude by corporations must end. The degradation of morals and personalities by corporate hospitals must end”

- Anonymous (MD or DO, Family Medicine)

Reason for anonymity: “Fear of retaliation”

Testimony in Support of HB4130:

“The relationship between a physician and patient is supposed to be a relationship built upon the knowledge that the physician is obligated to do what is the best for the patient despite any personal concerns of the physician. This relationship has been corrupted by corporations at all levels because of greed. Physicians and only physicians are uniquely qualified to do what is best for the patient and duty bound to do so. Corporations are duty bound to their shareholders to generate profit. Don't believe them when they say we don't get involved in clinical decisions. When they decide who to hire, fire and what expectations they place on physicians, they impact clinical decisions.”

- “Anonymous” (MD or DO, Emergency Medicine)

Reason for anonymity: My job is at risk if it is discovered that I advocate against the corporate practice of medicine.

Testimony in Support of HB4130:

“These companies make clinical decisions without credentials. Years ago one of my patients committed suicide due to a previously approved/ denied antidepressant. Prevention, diagnostic and treatment MEDICAL ORDERS delayed and denied for economic reasons is UNETHICAL!”

- “Rosario” (MD or DO, Psychiatrist)

Reason for anonymity: “Is my fastest way to talk right now before looking for any possible repercussions. Licenses have been suspended just because of telling the truth that opposes narratives.”

Testimony in Support of HB4130:

“This is National Emergency, as if not controlled Health insurance will end. People are very angry with insurance companies. We need better nonprofits health Insurance which don’t control Physicians /hospitals/lawyers or politicians. physicians must be independent, should not be forced financially. In the end people suffer and die because of corporate of medicine. Next May be your family (including people who oppose this bill)if not stopped.”

- “Anonymous” (MD or DO, Internal Medicine)

Reason for anonymity: “They are silenced and fired! Does legislation have courage to stand up to injustice and stop ongoing harm by corporate of medicine? 1. Why have noncompete when there is shortage of physicians? Lawyers don’t have noncompete. 2. Hospitals / corporate are forcing physicians

not to have private outpatient practice directly and indirectly (inequalities in fee scheduling for solo doc vs group vs hospital for same services). 3.

Testimony in Support of HB4130:

"The relationship between a physician and a patient is sacred, and the care provided in it should remain solely decided by the physician, based on their knowledge and experience, and the patient's values as determined by their shared decision making. There should be no role for external agents whose sole goal is to maximize profits to become intermediaries in the provision of such care, when the consequences can range from poor quality of life to death itself. True high value care lies in physician-led care, leveraging extensive knowledge to maximize care and the use of available resources."

- "JAR, MD" (MD or DO, Rheumatologist)

Reason for anonymity: "Unfortunately, the infiltration of corporations in the practice of medicine has begun and there are serious repercussions when opposing such big systems. As an early career physician, my future will certainly intersect with these and I intend to protect my job."

Testimony in Support of HB4130:

"Patient care should be kept apart from productivity. Big tecs are making a lot of money for themself and compromising compassionate and evidence based care."

- Anonymous (MD or DO, hospitalist medicine)

Reason for anonymity: "From the the fear of retaliation from management."

Testimony in Support of HB4130:

"The support of HB4130 is paramount to preserving safe and evidence based patient care and the practice of medicine led by our most trained professionals, physicians. Corporations directing the practice of medicine are running medicine like businesses and optimizing profits over patient care. Physicians and other staff are exploited, understaffed and under supervised for the profits of the upper administrators. Even when they are "physician led" this is usually by physicians that no longer practice clinical medicine to significant degree. Voices of physicians are ignored when we advocate for physician, staff and patient safety. All healthcare provision is not the same. All healthcare providers are not the same. I would not wish to grow old or develop serious medical problems the way corporatization of medicine is currently headed. I fear for my loved ones interfacing with hospital systems. We must act now to stop this, here and nationally."

- "Anonymous" (MD or DO, Emergency Physician)

Reason for anonymity: "I fear being retaliated against for speaking out with my real name. Corporations will keep you from advancing in your career or obtaining promotions or find a way to fire you if you speak out. Many physicians are afraid to even put "pen to paper" anonymously for fear of being traced back."

Testimony in Support of HB4130:

“Corporations are only interested in profiting from healthcare. They provide unsafe staffing ratios putting patients at risk while asking doctors to take on more patients by packing appointments and shortening visits. This can lead to medical errors because speed is valued by corporations rather than providing patient centered quality care. Corporations don’t care if they double or triple book medically complex patients as long as they can bill insurance for an additional office visit. I once asked to reduce my schedule from 5 patients an hour to 4 patients an hour due to concerns for patient safety due to lack of support staff and my request was denied by administrators in the corporation I work for. Furthermore, midlevel providers such as NPs and PAs are basically seeing patients independently without “supervision” since their supervising physician is often offsite and does not want to be bothered. Hence patients are are receiving subpar care as these unsupervised “providers” are often googling how to treat patients.”

- “KNP” (MD or DO, Dermatologist)

Reason for anonymity: “I currently work for a corporation with the conditions said above.”

Testimony in Support of HB4130:

“Corporate medicine is not good medicine it’s abusing physicians and patients for corporate greed as they have no idea how to practice medicine but want to treat doctors as their abused cash cows”

- Dr Mays MD (Dermatology)

Testimony in Support of HB4130:

“I joined a physician-owned multispecialty group in a small city in Oregon. There was no option to move to this city without signing a noncompete, so I signed. For many years, I had my dream job with a group of partners I trusted & respected, taking the best care of patients possible, developing long term relationships with my patients & coworkers (both physicians and staff-- all were so happy that there was very little turnover). Then in 2019, a big organization bought our group, of course with promises that they wouldn't interfere with how we practiced medicine but instead just take over the complicated work of managing the business.

Instead, within a couple of years, they had completely destroyed our practice. The focus became 100% on how to make as much money as possible, like patients were just a product to be manufactured. We were constantly hounded to see more patients in less time. We began losing staff right and left, as the corporation would impose new restrictions on their jobs as well to try to eek out every cent from everyone, and everyone's job satisfaction declined. Ironically I don't think what they are doing is actually good for their bottom line either, because turnover is expensive! But they never seemed to make the connection between how they were treating physicians & staff, and how many open positions there constantly were -- they always had some business-speak fix for the problem rather than just realizing that they were destroying a wonderful patient-centered practice that had been built over decades.

I decided to leave my job after a meeting where they showed us a chart showing that even though we had been working half-staffed for several months while they were trying to fill the latest open nursing positions, we were actually "over-staffed" by their calculations. They like to pretend that communities need the influx of corporate cash to keep all these jobs, but actually they cut jobs left and right to try to improve their

bottom line. I was able to take a break from working to wait out my non-compete, but this isn't good for the community either as we are already short on primary care providers. Several of my colleagues have moved out of the area or out of state to escape their noncompetes. And others are still there, trapped because they don't want to move hundreds of miles away, but burned out and not providing anywhere near the level of care they would like to."

- "Anonymous MD" (MD or DO, Pediatrician)

Reason for anonymity: "Could affect job prospects for both myself and my partner if my name were attached to this."

Testimony in Support of HB4130:

"Doctors take an oath to optimally care for their patients. Doctors need to be in charge of their practices so this objective is not loss. Corporate involvement is driven by greed only. Bad for patients."

- "Anonymous" (MD or DO, Radiologist)

Reason for anonymity: "Don't want to be punished for my comments."

Appendix B

Anonymous Dermatologist Testimony Opposing The Corporate Practice of Medicine Submitted to the Federal Trade Commission

Financialization can be thought of as the virtualization of a physician's real medical practice. Through corporate business practices technology and financial analysts, private equity performs what is called securitization. Securitization is the process of taking an illiquid asset (the practice of Dermatology) , or group of assets (Physicians, Physician Assistants, employees, medical procedures) and through financial engineering, transforming them into a security that can be traded. Through financialization, the financial industry (Private Equity is a pure investment business) converts any work product (treatment and procedures), physical asset (a medical practice and fixtures and equipment) or service (Medical assessment and decision making) to an exchangeable financial instrument, that can be traded, speculated upon and ultimately managed through the financial system. This in effect converts the real professional value to patients and to the community into financial instruments.

The rise of PE in Dermatology has led to a decrease in the quality of care for patients. PE models value "productivity" leading to unnecessary biopsies and procedures. This emphasis on the bottom dollar also leads to a high mid-level (PA, NP) to physician ratio, resulting in unsupervised midlevels performing much of, if not the majority, of the care in PE-run dermatology practices. PAs and NPs do not receive formalized Dermatology curriculum, yet in PE-run practices, dermatologists are often forced to supervise midlevels. Healthcare should not be run by PE, it should not be run by physicians who understand the complexities of patient care.

I am writing the FTC because I am concerned about the mergers and acquisitions of medical practices in the field of dermatology by private equity firms. In my state, the dermatology practices that are purchased by private equity companies will keep doctors on for a brief transition and then replace them with inexperienced physician assistants who then do unnecessary skin biopsies which are fed into their national lab. When patients or doctors request the medical records from these practices, the documentation is a cookie cutter cut and paste chart note without any substance to them. Profit, not quality of care, is the driving factor when private equity becomes the owners. I encourage the Federal Trade Commission to scrutinize the takeover of dermatology by these unscrupulous entities that are attaining monopolies in more and more markets. Thank you.

Forefront Dermatology bought my previous employer's practice and gave me 2 weeks to sign a new physician contract. Upon my formal decision to leave the practice, the new billing department conveniently had difficulties with my reimbursement and my paychecks were withheld from me for the next 4 months. This directly violates the labor codes of California. This was also financial sabotage against my new competing dermatology practice.
Private equity's negative influence in dermatology

https://www.nytimes.com/2017/11/20/health/dermatology-skin-cancer.html
https://www.nytimes.com/2018/10/26/health/private-equity-dermatology.html
https://www.nytimes.com/2020/04/08/health/coronavirus-telemedicine-dermatology.html
https://www.marketwatch.com/story/doctors-are-being-bought-up-by-private-equity-and-its-your health-on-the-line-2018-06-08
https://www.bloomberg.com/news/features/2020-05-20/private-equity-is-ruining-health-care-covid-is making-it-worse

I am a physician concerned about the corporate influence happening in my specialty of dermatology. I am one of many dermatologists that has left a large dermatology corporation touted as “one of the largest physician-owned dermatology practices in the country”. They don’t explain on their website that the ownership the physicians have in the company is basically zero since they traded their debt for all of the physician’s equity. The corporation, and not the physicians, have made medical decisions. Physicians have been retaliated against, terminated and replaced with less qualified, cheaper mid level providers. Physicians have been written up for telling patients where their long time physician of 20 years who was terminated is practicing. Patients are having a hard time getting their medical records transferred to physicians that have left the company. The company, not physician, made medical decisions about how patients with cancer were to receive treatment. When a corporations main goal is to flip their company for a profit for its investors, patients and physicians suffer the consequences.

As someone who has worked in mergers & acquisitions and has seen the workings of private equity pre and post-merger, I am aware of the benefits and consequences that come along with the model of private equity from a financial and consumer lens. It is clear that private equity has been dominant

in the medical space for quite some time, in various specialties ranging from dermatology, orthopedic surgery, radiology, etc. A recent study in the space of dermatology have begun to show that these private equity players financial health is in question and that this risky business model of acquiring practices with a large amount of debt is harmful to the practice of medicine. In the case of bankruptcy if the private equity firm's dermatology groups or other medical practices are not able to pay back their debt, foreclosed practices means that populations lose out on access to medical care. I believe that oversight in this regard needs to increase so that risks can be mitigated for populations who look forward to stable medical care in their communities.

https://jamanetwork.com/journals/jamadermatology/fullarticle/2789439

I am a dermatologist and Mohs surgeon at the University of Florida. I have researched and lectured on private equity in dermatology. Dermatologists from all over have shared with me their disconcerting experiences with these groups; however, many of them are shackled by nondisparagement agreements and are afraid to speak publicly.

Dermatology has experienced a tidal wave of consolidation over the last decade. Influential dermatology leaders have been selectively recruited by these groups in order to minimize scrutiny. There have been at least 38 regional PE-backed dermatology groups, 4 of which are now defunct. Furthermore, 10 of the largest have formed a trade coalition, which controls approximately 70% of the PE-backed dermatology space. We are now entering a phase of regional megamergers and, in some metro areas, consolidation has limited choice for both patients and insurers.

Publications have documented a largely negative impact and view of PE ownership and surveyed physicians state these groups worsen quality of patient care and physician autonomy. Our research found some PE firms were not performing due diligence and were employing outliers in intralesional injections performed on nursing home patients where 75% had a diagnosis of Alzheimer's disease. Some have also acquired outliers in skin biopsies when consolidating practices. Additionally, research has shown that these groups overleverage nonphysician practitioners with varying degrees of supervision, which generates larger corporate profits. The mainstream media has documented these issues, including inadequate or faulty supplies in these groups. Unfortunately, these groups are not legally obligated to disclose PE ownership to patients. Public health experts have asked legislators for transparency and on a moratorium on PE investment in dermatology.

Lastly, debt valuations of these groups have decreased and many remain discounted and below prepandemic levels, which means some may cease to meet their debt obligations. We have seen this already with U.S. Dermatology Partners defaulting on a $377 million loan. These groups will have to further increase revenue and cut costs to service large debt loads, which could further impact patient care. Meanwhile, many of these large groups, pretending to be small businesses, have secured over $26 million in forgivable SBA PPP loans.

Dr. Arnold Relman, the late editor of the New England Journal of Medicine, said, "How best to ensure that the medical-industrial complex serves the interests of patients first and of its stockholders second will have to be the responsibility of the medical profession and an informed public." We hope the FTC and DOJ will also serve the interests of patients first. The government has proposed guardrails for PE-backed nursing homes and we now need similar vigilance for all of medicine. Thank you for the opportunity to comment.

Private equity is purchasing and removing community-based dermatology offices and replacing them with multi-state corporate entities. The negative and anti-competitive effects include:
1.Impeding community-based practices from recruiting new dermatologists. Private equity is using its capital to offer dermatology graduates introductory incomes that are much higher than can be offered by small dermatology businesses. This is market manipulation that entices entry level dermatologists above market salaries for their career stage, but, in combination with restrictive covenants limits long-term career growth and prevents their ability to create or join a local small business.
2.Impeding the ability of small businesses to compete financially. Private equity firms have consistently been able to obtain better contracts from insurance companies than small dermatology practices. Private equity has also been able to secure significantly better contracts with suppliers (medical supplies, equipment, medicine, pathology). This creates additional difficulty for small
practices to grow with and serve their communities. Additionally, literature has shown that during the height of the COVID epidemic large hospitals and private equity were given preference for PPE (personal protective equipment) over small practices, which has resulted in more COVID infections among small practices, serving local-communities than large corporations and hospitals.
3.Neglect of local communities. Despite the capital and resources to do so, private equity limits service to Medicaid populations, leaving this responsibility to the local practices and hospitals. This is creating additional burden on local communities and the small practices that serve Medicaid and uninsured populations.
4.Manipulation of the market. Private equity is purchasing dermatology practices at well above market value. This makes it extremely difficult for small practices to grow through merging with local practices. This also makes it impossible for graduating dermatologists to purchase practices from retiring physicians. Options are being limited by market manipulation.

Physicians are captured at Residencies by PE and then they head out to berate and abuse, through unprofessional conduct, financial chains (captive insurance, increasing leases, etc), or both their colleagues in order to spread Private Equity Growth in Dermatology and a host of other specialties. "Greenfield" strategies have allowed United Derm Partners to soak up what would have been "Advanced Dermatology" clinics under generic and cool names "Derm Clinic of Idaho, Bend Derm clinic, Derm Institute of Chicago, or "Vitalogy".These mergers occur in the most favorable state to the PE firm. Advanced Dermatology, Spokane, Ironically acquired by United Dermatology, was completed in Idaho. 6 of 7 clinics were in Washington!! Border and regulation hedging is key. These practices are often led by MOHS surgeons fly-wheeled out of "captive" and aspiring PE Doc's Surgery Centers. MOHS, ASC's and facility fees, without regard to CMS regs of dual entity, and pathology are the main goal initially. Then they fly out PA's and NP's to rural communities to capture these patients and starve local non PE Dermatologists. The real goal is to inject Allergan's Botox, fillers, and administer Coolsculpting treatments 2/3 of the time. It's a channel filling, market share, and price retaining strategy that the surgeons and their high priced services can bundle and provide "value" to the patient. Look at the United Derm Partners and Advanced Dermatology Footprints: There is no overlap. Matt Leavitt had entities in Washington, Oregon, etc,, but let them lapse after his "greenfield" strategy was created by his private equity execs as national ownership by one man wouldn't be easy to pull off. He just poured money, probably with Brent Saunders, the healthcare M&A king, into private equity to obscure their identities, simultaneously protecting and growing Allergan's market share. Interestingly, Frazier capital sold Coolsculpting to Allergan, and now the MOHS and facial trainees being pumped out of UCLA, Texas, Florida, and NY are growing the United Derm (Frazier Capital) platform and pumping as much Botox, filler, and coolsculpting all the

while spinning out ASC's, separate Derm Path clinics, and non urban clinics to steal market share with PA's and NP's driving all over the place, "getting" MOHS surgeries, and of course negotiating power for better insurance contract reimbursement. WA has legislation proposed to pay NP's and PA's comparable to Dermatologists.. I wonder where that money will actually go, lol.

I am the owner of dermatology practice - private equity came in and purchased over 80% of the dermatology providers in Fort Collins. Employees of private equity sent what I believe were misleading letters out implying I was not seeing patients, contacted Comcast to forward my business
telephone number to their practice, threatening emails were sent to me warning not to "compete" against them. It took an expensive legal battle to be able to end what I felt was harassment and interfering with my ability to treat my patients. Other providers got cease and desist letters when they complained about tactics of these private equity groups from large law firms. It is not only that they buy up practices but they use tactics that in my opinion are meant to intimidate smaller practices to join them and make it harder for smaller independent practices survive. Happy to discuss more and share exhibits used in the lawsuit as too much for this comment section.

I am a dermatologist and Mohs surgeon, and I can speak to the roll ups of private equity backed dermatology practices within our community.

Healthcare is a unique industry within our system. Patients and insurers rely on providers to pursue the most ethical treatments, and to utilize our services appropriately. Due to asymmetric information, providers have the opportunity to run up costs through overuse of medical treatments. While certainly unethical, these practices are typically not considered illegal as they are within the grey area of practicing medicine.

The stated goal of private equity in dermatology is to consolidate practices, cut costs, drive revenue, and flip and sell for the highest profit in 3-5 years. There is no Hippocratic oath or ethical duty to the patients from this perspective. This is left to the physicians, who are pressured to increase services
provided including biopsies and surgeries to drive revenue. If they do not play along, they can be terminated and replaced with more willing providers including mid-levels who give much less pushback.

A local dermatology practice was purchased by on of these firms in 2016. The pathology from skin biopsies was sent in house, where the dermatopathologists were trained to significantly overall atypical moles. As a result, the doctors were very upset as they watched their schedules fill up with dubious excisions of "atypical" moles. Many left in protest, but they were replaced and the company remains.

Due to this, there has been a ban on the corporate practice of medicine in many states. However, many private equity companies have found a loophole around this through the use of "management service organizations" where they have a separate LLC independently run and operate the medical practice while maintaining full control.

It has been a shame to see dermatology being overtaken by these organizations through excessive valuations. These valuations are only obtainable and reasonable through increased pressure to drive revenues in healthcare. I have no issue with private equity companies squeezing revenues or optimizing performance in struggling businesses, but healthcare is an entirely different field. Squeezing revenues involves unethical practices and exploiting patients and our health insurance industry, including tax payer funded Medicare.

I hope the FTC will take action to protect our patients from the increasingly corporatized field of healthcare.
Hello —

There are a number of issues related to mergers of PE entities in dermatology. These include:

Dominance of PE in dermatology and/or your area of the country
Financial issues: effects on patients; bringing patients back more often for unnecessary follow-up; blinding to what is billed in your name; lack of transparency with regards to collections; worries about upcoding and the pressure to do so, etc.
Dermatopathology: pressure to overcall malignant diagnoses, leading to more procedures and downstream revenue; pressure to perform special stains when not needed to render a diagnosis
Procedures: pressure to refer patients for treatment with well-reimbursed procedures; pressure to avoid multiple procedure payment reduction
Effects on working conditions: diminished physician autonomy; productivity metrics; overleveraging of nonphysician practitioners; pressure to oversee nonphysician practitioners with varying degrees of supervision, etc.
Diminished ability to advocate for patients
Inadequate or poor quality supplies

As a dermatologist, I am extremely concerned that this is going unchecked and requires oversight. I urge the committee to take action.

See attached file(s)

Please read the article in full -can be found at https://www.nbcnews.com/news/amp/rcna9152
Please email me for further details. Or any other questions. Employees of Pinnacle dermatology in other states have complained to me about similar issues, so this is not a “one site” issue. However, both current and former employees are largely unable to speak due to a non disparagement clause within their contracts.

The price of mergers and private equity in medicine and specifically dermatology has been a mixed bag. Overall quality of medical care has decreased as medicine has been reduced to a numbers game with many short cuts created to result in tremendous profits for these companies. Cutting medical supplies, appropriate supervision of mid level providers, undue pressure on medical providers to see more patients, strict and unjustified non-compete agreements and a monopoly on some insurance payers are some of the inherent issues observed with PE backed groups.

Both patients and physicians are being exploited by corporate mergers in medicine, particularly those backed by private equity (PE).
In medicine, PE-backed consolidation results in oversized entities in which employed physicians have little autonomy or ability to advocate for their patients; prevents physicians in smaller practices from entering a competitive market; and drives up the cost of health care by exploiting coding/billing practices.

In dermatology, PE-backed consolidation has resulted in multiple corporations taking over many practices all over the country, and now - after only a few years of PE-based acquisitions and mergers, 20% of the dermatology workforce is employed by PE. This rise in PE is similar to that seen in radiology.

PE-backed groups pressure board-certified dermatologists to supervise numerous nonphysician practitioners (often in multiple distant practices) who have limited training to see a high number of patients for unnecessary followup visits where quick procedures (biopsies) can be performed for reimbursement rather than for patient needs. A larger majority of these procedures are skin biopsies, and these nonphysician practitioners who are being loosely supervised are known to have very high number needed to biopsy rates (NNB). NNB = number of biopsies necessary to capture a skin cancer, such as melanoma. In this format, PE-backed groups optimize reimbursement by subjecting patients to numerous unnecessary procedures by underqualified and loosely supervised nonphysicians. Downstream, PE-backed groups capture more revenue from these biopsies by billing for pathology services, in which they pressure dermatopathologists to upgrade/overdiagnose malignancy (leading to more procedures/biopsies) and utilize special stains even when not needed.

PE-backed consolidation results in massive, unwieldy groups that eliminate competition from regions and intimidate practice owners who are physicians into selling their practice (versus suffering the financial consequences). Once a practice is sold, all of the physicians including the previous owner are now simply employees without adequate input in the diagnosis and treatment of patients. Without any competition, PE-backed corporations can require excessive or unreasonable non compete clauses in contracts and pressure their new physician and nonphysician employees into either signing new contracts or facing termination.

What is happening in dermatology and other fields across medicine has to be curtailed. Corporations should not be allowed to exploit the public and health care needs for profit, and they should not determine how patients are taken care of. Merger guidelines are critical should specifically address consolidation and private equity in healthcare.

I am a board-certified dermatologist in WI. A patient recently came to me with a rare, but very clinically distinctive, rash called necrolytic migratory erythema, which is associated w/a rare type of pancreatic cancer called a glucagonoma. Within seconds of seeing this rash I was able to render the correct diagnosis and order the appropriate confirmatory test. He had been seen for YEARS by dermatologist and non-dermatologist clinicians at an area mill-like private equity-backed dermatology practice where he was treated for "eczema" with a branded medication called Dupixent at several follow-up visits (where a lack of improvement was repeatedly noted) at a cost to US taxpayers of >$70,000. A skin biopsy was performed early in the patient's course that had all of the features of the correct diagnosis, and was ignored due to a lack of training/understanding of the condition by the non-dermatologist clinicians there who were inadequately supervised by the actual dermatologist who would have--like any board-certified dermatologist--easily recognized

what this condition was had he been more concerned w/this patient's lack of clinical response and less concerned
w/churning out higher patient volumes for more $$$.. The patient is now dying of metastatic disease, and on a chemotherapy regimen costing US taxpayers >$100k/year. I see dumpster fires like this ALL THE TIME from multiple offices of this PE-owned dermatology group, which advertises same day access (often achieved by providing inferior care) that ultimately leaves the patient worse off than had they not sought care there at all. The larger PE-backed practices become, the more patients will die.

I am a practicing dermatologist. I have personally experienced multiple negative effects of private equity acquisition of the dermatology practice where I was working.
I was pressured into signing contract within 1 week of acquisition or face termination. For a physician, it is not easy to switch jobs as it takes months to become credentialed to see patients, and I am responsible for providing for my family and paying for student loans, precluding me from just accepting termination. There were excessive and unreasonable non-compete clauses and nondisparagement clauses in the contract, which prevent shining light on these companies. When I attempted to negotiate my contract, none of my changes were accepted. Essentially it was an ultimatum - join on our terms or you'll be out a job for a while.
When revenue is the sole driver of the practice, it is achieved by cutting costs and increasing patient volume or level of billing. For example, there was pressure to perform skin checks on all patients at every visit at the time when type of skin exam determined level of billing. Number of support staff was abysmal - 1-2 staff members for 40 patients a day; there was high turnover of staff and staff hired was frequently inexperienced and barely trained endangering patient's health. As they were paid minimum wage to cut the cost, it was difficult to recruit and retain knowledgeable or experienced staff.

Overall, private equity acquiring dermatology practices is essentially generating money on people's illness - what a terrible thing for our already ailing healthcare!

I am frustrated as a dermatology practice single owner that I have not been given raises by insurers since I cannot negotiate for better rates against large groups with power. I am dreaming of how to get a different job since it is unsustainable, especially given inflation. Honestly, I only stay in medicine to assure my family and friends know where/how to obtain adequate care. You should not have to be a doctor or family member to get good care in the US. But with the rise of corporate medicine and untrained mid levels, this is the unfortunate truth.

What happens to a physician's practice when they retire? Where do their patients go and who takes over their care? The retiring physician's practice is now being purchased by private equity investors who then hire a younger dermatologist to take their place thereby inserting themselves between the generations. This trend is spreading like a virus in dermatology and other specialties.

In the past, competition among doctor practices for patients led to lower prices, a push for better

patient experiences, and more options. Consolidation of medical practices has destroyed the American healthcare system and is leading to corporations elevating cheaper, poorly trained providers to replace physicians. This is leading to more expensive and lower quality of care as well as less options for patients.

Corporations have inserted themselves into the doctor-patient relationsjip. In the medical and legal professions there is a “special” relationship between a professional and an individual such as attorney client privilege and the confidentiality between physicians and patients. Since only people can have these sorts of relationships, corporations are banned form entering into these kind of relationships with patients. Laws banning corporate ownership of law practices and the corporate practice of medicine are in place to protect patients from these predatory practices.

The consolidation of dermatology practices involves several small mergers which may fly below the radar of regulatory agencies when looked at individually. The goal of the PE firms is to flip the company within 3-5 years and then merge with another entity. We have tracked regional consolidation in some metro areas where PE baked practices are the dominant providers of care. One way to modernize your enforcement of the Clayton Act would be to look into long term intent of the mergers and overall game plan rather than short term regulatory compliance.

There is a multitude of concerns one has with the rise of private equity. There is consolidation of practices then there are sub acquisitions which fly unnoticed . You buy a dermatology practice then add providers and then add biopsies which in tern make one acquire a dermatopathology lab. As people are looking for their best interest in selling often there is a shift to more malignant practices in order to bump numbers so it looks that a practice is a so called gold mine of opportunity. When a acquisition is done this may not be the case. The biggest issue is while there can be a debate on do I biopsy or not. Or is this malignant or not on a slide. When you look at outside academic centers that review cases there is a large doscordency. This is one of the main reasons academic centers review malignancies in order to avoid unneeded surgeries.

Private equity has negatively affected our area as they bought a practice and currently are staffing it with a physician assistant with remote supervision. The other dermatologists in Grand Junction regularly see patients after they have seen this PA and have been misdiagnosed and mistreated. This private equity practice has tried to take advantage of multiple patients by pushing unnecessary procedures on them or requiring them to have mohs on parts of the body that do not require mohs. This is because they refer to a mohs surgeon who comes to the clinic a few times per month and therefore makes the PE more money. The way the PE modeled dermatology practice is set up negatively affects patients and leads to worse outcomes. They also force midlevels to practice autonomously or “remotely supervised” which does not allow for proper oversight.

Private equity has taken over dermatology, especially where I practice. The corporate heads (even physicians) are telling their employee physicians how to practice medicine with the overall goals of increasing revenue - NOT about improving patient care. They mandate that skin cancers be treated internally and general derms are forced to refer their patients to Mohs surgeons within their own practice whether they may be competent or not. I have heard general derms be told that they will face consequences if they refer cases to outside physicians. Some of these Mohs

surgeons force their elderly patients to have Mohs surgery day one and return the next day for sutures to avoid multiple-procedure reduction rule. PE in medicine appears more interested in making money rather than delivering excellent patient care.

April 18, 2022

This narrative is being submitted anonymously due to the predatory and litigious actions of the private equity backed medical group US Dermatology Partners.

US Dermatology Partners acquired our practice through deceit and fraud. During acquisition negotiations, they claimed that the investment in the corporation was safe and stable, when less than a year later, USDP defaulted on an almost 400-million-dollar loan from a predatory private equity group. There is no way they were unaware of the likelihood of this default at the time of the acquisition of our practice. They admit that our equity in the company is now worthless. We are currently in litigation over this.

USDP interferes with the medical decision-making process of the doctors in the practice. For example, after being approved by the state of Texas as a vaccinator for the COVID-19 vaccine, USDP prohibited the practice from administering the COVID-19 vaccine to our patients and staff. This contributed to the deaths from COVID-19 of two of my patients who were scheduled to receive the vaccine in our clinic.

USDP unethically damages the careers of physicians. They fired at least three senior doctors from three Texas Dermatology practices under false pretenses simply because these doctors spoke out against USDP's corporate practices. These doctors, as well as the remaining doctors in our practice, were subsequently barraged with legal harassment and threats. False human resource charges were made against each of the remaining doctors in my former practice. They were threatened with a cease-and-desist letter when they dared tell patients where their former doctors new practice was now located.

USDP exhibits questionable use of government funds. USDP depletes government resources under questionable adherence to the spirit if not the letter of the law. Several months after receiving 10 million dollars from the US Government through the "Paycheck Protection Program" USDP (Oliver Street) fired one quarter of the highest paid doctors and staff from our clinic. They claimed that these positions were eliminated, but they were soon filled by under and unqualified replacements.

USDP greatly limits patient access to healthcare. Pre-acquisition, there were 5 dermatologists in our office. Now, there is one part time doctor and an untrained Nurse Practitioner whom USDP claims to be an expert in skin cancer and cosmetic dermatology. There is a likewise 80% reduction in doctors in at least two other USDP owned practices in our area. These doctors are being replaced by
unqualified nonphysicians as well. Due to the onerous restrictive covenants contractually required by USDP, the doctors who have fled the corporation were required to practice at least 10 miles away. Our former practice, which was at one time a stable reliable source of medical care in our community, is now a medical desert. Our patients must drive an additional 10 miles to receive the quality medical care that they expect from the doctors that they have known for decades.

USDP defrauds patients. They knowingly bait and switch doctor appointments. When the patient calls to make an appointment, they are told that they are making an appointment with their original doctor. When they arrive, they are told that their doctor is not actually in the practice anymore, but they can see another doctor. Many of these patients have HMO insurance that requires a referral from their primary care doctor. This referral is specific to the patient's original doctor. When the patient is switched to another doctor, this referral is invalid. The patient is not told this until AFTER their visit. They are then told that they must pay USDP for the full out of pocket cost immediately. This week, two of my patients told me that this happened to them at the USDP office.

USDP uses corporate influence to prevent censure by the Texas State Medical Board. When these and other blatant violations were presented to the Texas Medical Board this year, all charges were dismissed with absolutely no explanation. The two doctors on the Board responsible for this decision were executives with other private equity Texas medical groups. These private equity associated Board members should have ethically recused themselves from this deciding this case and allowed practicing physicians on the Board to give their input.

USDP stifles innovation. The corporation requires that any medical related inventions, products, software, etc. developed by its physicians are property of USDP. This is contractually required whether or not it is developed on "company time".

While working for a dermatology PE-backed group a few years ago, I remember issues with lack of basic supplies we would need and use everyday in clinic such as: toilet paper, pregnancy tests, Vaseline, wound dressing supplies for patients, etc. these critical supply shortages were exacerbated during the period when my group was trying to buy another large local group. It was common knowledge they they were doing this to save money and have enough cash on hand to finance the deal at the expense of patient care and staff needs.

I also remember business administrators and non-medical personnel started to overlook and scrutinize medical decision making that is usually in the hands of physicians like myself. For example, treatment options for cancers that involve a more extensive, or specialized surgery were encouraged or preferred over smaller, simpler procedures that get reimbursed less.

There has been a tidqal wave of consolidation in medicine, particularly through the operation of private equity firms. In the field of dermatology for example, private equity groups are gobbling up small independent practices. These are true mergers and acquistions, although they happen piece meal, one practice at a time, so they tend to fly under the radar of regulators. However, the results are the same: reduced autonomy for physicians, reduced choice for patients with decisions made at
the corporate level to steer physicians toward performing more procedures, and intimidating small practices to sell, again narrowing patient choices. Private equity groups first and foremost focus on profits, and the easiest way to do this is by squeezing physicians and patients. This results in overall more expensive care, higher resource utilization, and unhappy patients and physicians, with the benefits going to the private equity groups. US regulators need to take a more proactive role in scrutinizing M&A of medical practices by private equity groups.

I am a dermatologist who worked in a practice that was acquired by PE. PE is toxic to the practice of medicine and patients are directly harmed by the involvement of PE in patient care. The values of the physician (patient care) and the values of the PE group (money) will NEVER align. PE bought our practice and the quality of care immediately eroded. IT IS THE CORPORATE PRACTICE OF MEDICINE. Most of us doctors could not understand how this was legal - how could business men sitting in suits at desks on the East Coast tell me how to practice medicine in Texas? How come the law does not protect patients or even, at minimum, force a practice who sells to PE to notify the pts when the merger was made? We voiced concerns about Stark law violations. We were ignored. We voiced concerned that the dermatopathologist was unethical and not able to diagnose deadly skin cancers including melanomas. We voiced concerns that patients could die due to these misreads. We were ignored. In fact, we were actually gaslighted by members of the PE group. We voiced concerns that Medicare fraud was taking place and that PE ignored it when they obviously knew that some surgeons brought in way more money. They turned a blind eye. We were gaslighted yet again. We asked for a surgical light so that we could actually see the surgeries we were performing. We were declined. We asked for better quality sutures because our sutures kept causing infections , inflammations, and considerable morbidity. We were ignored and declined. We only interfaced with businessmen who knew nothing about dermatology. They came in and fired the pre-existing staff who knew about managing a medical practice. We were understaffed. Staff was underpaid. PE has no place in medicine and patients were being hurt despite massive uproar by docs. Doctors are pawns to these PE groups, they only care about the transactional bottom dollar and view every patient a dollar sign. Again, I am totally shocked that there are not laws in place to prevent this. Mass resignations followed once we saw the harm that PE caused patients. It is truly criminal, and there has been no consequences for these PE groups that have overridden dermatology like the plague.

I am a board certified dermatologist who has worked for a large private equity (PE) group for the last 6 years. During that time I have witnessed profits over the well-being of patients more times than I can keep track of. Due to the Dominance of PE in dermatology, particularly in my area of the country, it has made it very difficult to leave my practice and open a private practice. In PE, there is pressure to bring patients back more often for unnecessary follow-up; blinding to what is billed in your name; lack of transparency with regards to collections; pressure to refer patients for treatment with well-reimbursed procedures; pressure to avoid multiple procedure payment reduction; diminished physician autonomy; productivity metrics; overleveraging of nonphysician practitioners; pressure to oversee nonphysician practitioners with varying degrees of supervision; Diminished ability to advocate for patients; Inadequate or poor quality supplies; and Diminished potential to advance in one's career. Additionally, on more than one occasion, I have Been pressured to sign new contract or face termination. During the lockdown in the pandemic our contracts were not honored and we were not paid for the 2 months that we worked. PE acts as corporate bullies, strips physicians of medical decision making, and puts financial incentive over patient outcome. I am regularly forced to send patients for mohs surgery for cancers that can be treated with topical creams due to financial incentives (to be clear: I do not get these financial kickbacks as I am not a mohs surgeon, the PE company is the one who benefits from this profit).

As a patient, I choose for myself and my family and friends to avoid PE groups, despite the fact that I work for one.

I have worked for this company for 6 years. For the last 3 years I have been actively trying to leave and open a private practice where I know that I could provide better care to my patients.

Due to the abundance of PE dermatology practices in my area, it has become exceedingly difficult to open a private practice as contract and insurance negotiations are favored to the large groups.

We all need to have a doctor and medical care at some point. Let's make sure that when needed, private practice doctors who prioritize the care of patients are still around and available.

The massive growth of private equity in dermatology is horrendous for patient care. The huge PE group in our area of south Florida employees large numbers of "supervised" midlevels. This is a farce and they are harming patients with their lack of knowledge leading to misdiagnoses, overdiagnoses, and blind treatment choices. Recently I had a patient who presented with a very large sarcoma on the chest which had been misdiagnosed for 7 years as "nothing". The physician did sign off but obviously never laid eyes on the patient. This sarcoma will likely result in the death of the patient within the next year. In addition, this same group pays their surgical schedulers (under the table) to encourage patients to schedule radiation therapy for skin tumors rather than surgery as first line. Each scheduler gets $50 cash per referral for radiation. This is disgusting. This is a group with over 25 offices run by PE. Our small physician only group is left to pick up the train wrecks from this PE group, with patients wondering how this could have ever happened. These Pe groups are not creating value. They are leading to an increase in health care expenditures, a decrease in quality, and harm to patients.

In Northern Virginia, there were many high quality dermatology practices until private equity came to town. It seemed like it would be a good solution to making practices more efficient but what really happened was that medical assistants were let go, physician assistants were empowered to fight against the physicians and there was less focus on taking care of patients. Unnecessary biopsies were done and sent to labs that would put money in the corporations' pockets, but the quality was poor. Extra stains and tests that were not needed were ordered but the medicare patients didn't notice. It was up to the physicians to question and stand up for the patients. Yet, when the physicians asked for accountability, the corporate leaders told the physicians that they were causing issues and were being difficult. When physicians and physician assistants are discouraged to advocate for their patients, quality medicine is at great risk. Some patients realize that the care is diminished and risky but sadly so many --the vulnerable, the elderly, the less educated -- do not
realize it. These corporations have definitely made it difficult for physicians to take care of patients in a safe, caring manner and to compete with these overbearing entities.

As a dermatologist who worked for a large, private equity backed practice for several years I can comment on many things. Firstly, profits are valued above all else, including patient's health, safety and needs. The need and health of the patient were not the priority. The priority was profit. I was routinely told to do more procedures, even if it wasn't medically necessary. Secondly, midlevel providers were rampant throughout the company, as they were cheaper alternatives to board

certified dermatologists and their lower price tag was apparent. Their lack of training often wasn't explained to patients, who believed they were being seen my a physician. There was no physician supervision, even if the company claimed there was. PA's fresh out of training, with extremely limited to no dermatology knowledge were seeing 4-5 patients an hour and prescribing dangerous medications they knew nothing about. It was truly eye opening and frightening. Private equity ruins medicine for both doctors and patients. Commercializing medicine into an assembly line with profits and efficiency valued over patient care and safety. My short experience within a practice that was backed by private equity ensured that I would never work such an organization again.

I am so happy to finally see somebody taking a step in the right direction. Private equity has taken off in Dermatology in the Chicago area over the last 5 to 10 years. To start, the PE companies offer physician Dermatologist 30% or more above the market rate. As young physicians, they leave with
significant debt and not understanding the long-term impact of the decision it's hard to say no to starting salaries that will pay them more than they can produce. They also have them sign a large noncompete contract. This means that they cannot work within 15 miles of ant location within a metropolitan area. So once they've signed a contract with one of these large PE groups, they can no longer work in that city and are unavailable to other groups. once they understand the impact of their decisions it is too late. Also, they use the license of one MD to then supervise quite a few advanced practice providers. I believe the state of Illinois allows up to five PAs per physician and there may be no limit to the nurse practitioners. Since this is a contract requirement, the physicians are responsible in legal terms only and have no necessary relationship with their collaborating healthcare providers. In large or private equity organization such as multi specialty groups, an employed physician is not allowed to refer outside of the group. I have had patients who have seen me for years as a private practice dermatologist, and don't understand that they can continue to see me without the blessings of their primary care physician. They may have to travel many miles to and lesser qualified physician to stay within the private equity group. The physicians that do send outside of the group, are penalized financially and can potentially lose their jobs. DULY (formally DuPage medical group) recently stopped taking Medicare for any of their most popular physicians. They forced patients with a beloved physician as well as physicians with the love and patience to separate unless the patient was willing to take a Medicare advantage plan. With a Medicare advantage plan, DuLY would be more profitable and therefore thought they could force and did in some cases patients to lose their doctors a doctor solutions and patients.
In terms of ownership, not only are insurance contracts more difficult but getting into networks is very difficult. Therefore as a private practice, you are fighting to be able to see patients and of course
medical care with trained providers in one's neighborhood is the goal. Additionally, in purchasing supplies, the costs are much higher for smaller organizations.
A great example recently is pinnacle dermatology, the private equity group invested $350 million into the purchase of about 100 practices and turned around and sold to the next PE company for $900 million. How is this benefiting healthcare and medicine? Take a look at Oak St., Health. How can the CEO of that company who is 38 years old be paid as high as Elon musk when in fact the goal is to provide health care for the elderly in disadvantaged areas. This private equity model is bad for patients and bad for doctors.

Having managed medical practices owned by doctors, community hospitals, academic center, and a publicly traded hospital company, I'll say the preservation for the doctor patient relationship is paramount. following my career in health care, I have worked independently with entrepreneurial leadership teams across industries and including private medical practices; one is a dermatology practice. Given the lens of almost 40 year working with doctors in different setting and in different capacities, I'll say there is no entity that can come between the doctor and the patient and improve things for either. You and I should be doing all we can to preserve this sacred relationship. Sure, the doctors may need some help with business operation, granted. However, that help is readily available without disruption to doctor, the patient or the practice. Dedicated practice management companies are out there, complete, virtual plug and play operating systems are out there, and there are many, many experienced medical practice executives willing and able to serve as managing partners. and, other models too - ESOP. While medical practices do need a proven business solution, it must be one focused on preservation of relationships and elevation of community health status. Given the nature of the market, this is not the primary aim of the roll up. Still, this is how doctors add value in the community and where our efforts should be focused. Thank you. Brian Donnelly , Holland MI

Private equity's involvement in healthcare is destructive, expensive, and unethical. I am a dermatologist, and private equity is incredibly dominant in our field, to the detriment of patients and physicians. Our office was sold to a large PE-backed dermatology group that has overtaken our region, and our office has gone steeply downhill in every facet.

Private equity consistently puts profit over patient and staff safety. The personal protective equipment we are given is a joke- tissue paper-thin gloves and masks with visible holes. Numerous complaints about this go unanswered or are shrugged off. It is blatantly irresponsible to force us to come into contact with potentially infectious bodily fluids daily with inadequate, poor quality PPE.

There is zero transparency in our collections and billing. I do not know, nor am I told, if any visits or procedures are covered. Our electronic medical record system specifically restricts us from being able to see any billing or collections. I do not know what is billed or collected under my name.

We are forced to send biopsies to an affiliated dermatopathology lab, which consistently overcalls atypical lesions and in writing recommends full removal with excision, which is a larger, more
expensive procedure. This recommendation occurs for diagnoses even when it is not the standard of care. We are not allowed or given the option to send to a different lab.

I'm a dermatologist in Phoenix who joined a private practice group that got bought about by a private equity backed firm. Private equity groups have become the dominant employer in Phoenix. I have received subtle pressure to upcode and was encouraged to do more biopsies. I was asked to be the supervising physician to two physician assistants for very low reimbursement, I was told it was easy money. Neither of the physician assistants are at the location I work at, and one of them, I have never met. I declined the offer. Pinnacle Dermatology has not adequately supplied my clinic

and they have tried to replace many materials with cheaper options. I do not have adequate staffing and have no management presence at my location. Once, Pinnacle took over collections, my paycheck became half what they used to be, even though I am seeing the same amount of patients. I have not been able to cover my monthly expenses. I am one of 12 providers that has resigned within the past 6 months due to low compensation and poor working conditions. We are all struggling with how to navigate a 10 mile radius noncompete for 3 years that is written in our contracts. This will be a staggering loss of care for our patients, and does not serve the public good. Our patients will not be informed of where we are going. I think the public in general is not aware of the conflict of interest that PE firms have in their care. It should always be about doing what's right for the patient, not motivating doctors to profit from their patients.

This is a comment on Dermatology acquisitions and mergers in Texas. Majority of individual or group independent practices are being pressured into selling to one of the few major private equity owned corporations all over the country, but especially in Texas. The sellers are led to believe that they will suffer financial losses if they do not get the better negotiated rates with commercial insurances, commercial vendors and suppliers that are secured by large corporations.
Having worked for one such company I have first hand experience that patients suffered under corporate policies of bringing patients back for unnecessary procedures, overcalling benign (harmless) lesions as pre cancerous or cancerous lesions to milk more visits and more reimbursement from patients or their insurance companies. As an employee physician I never had access to my true collections reports. Cosmetic procedures were billed as medical procedures to patients' insurance companies. Some patients were referred to in house treatments for skin cancers, which offered much higher reimbursements, instead of more appropriate procedures that resulted in better patient outcome albeit at lower reimbursement rates.
A great majority of patients were being seen by non-physicians who often presented themselves as physicians to patients and performed medical diagnoses, treatments and surgeries without training or any supervision by physicians.
The employment contracts were very restrictive, preventing physicians from speaking publically or otherwise, of work environment and practice arrangements, even in the case of litigation, which is often restricted to arbitration clauses.
Corporate practice of medicine, through legal loopholes, is hurting patients and it's hurting independent practitioners. By raising costs for health care delivery, the cost for entire system is high. And we are all suffering financially as well as ethically.
I am a board-certified dermatologist that has seen private equity slowly destroy our field. Dermatologist owned and operated private practices are less prone to exploit their employed dermatologists, PAs, and NPs to maximize patient volume and procedures, given that the owner dermatologist or dermatologists can focus on their own clinical work as a source of revenue. Investor owned practices are teeming with non-revenue producing highly paid administrators. They do not work clinically to produce revenue themselves, yet they want to be paid well, so they put pressure on the clinicians to practice in a way that maximizes profit, sometimes at the expense of patient care. The only dermatologists who support PE involvement are the ones who sold their practices to investors to liquidate their equity, as a springboard toward early retirement. Aside from personal financial benefit these dermatologists received, they have little positive to truly say about PE. I have employed colleagues at PE based practices to tell me stories about their pay being cut to incentivize them to see more and more patients. Many tell me about a loss of autonomy over their schedules, where schedulers are instructed to add on patients without the clinicians' approval. In addition, as the recent NBC article on PE in dermatology revealed, PE companies create incentive structures to push clinicians to reach goals that may sacrifice patient experience and

care. However, when a practice is run by non-physicians looking purely at numbers, this sort of thing is almost inevitable. These companies are clever though, and often make employed clinicians sign non-disparagement clauses and other unconventional agreements to keep their activities under the radar. PE involvement in medicine needs to be stopped.

As a board-certified dermatologist I have seen that consolidation and growth of private equity (PE) ownership in health care has made health care quality lower. Private equity companies exploit physicians. They force physicians to sign non-compete clauses that prohibit them from leaving and working anywhere else in the country remotely near any of their dozens to hundreds of medical practices owned by the same private equity company. So if a physician wants to leave that group, they are left with little options.

These private equity companies also enact productivity metrics on physicians so that patients get overbooked and physicians such as dermatologists are squeezed to see ever-increasing numbers of patients in quick, low-quality 5-minute visits in order to increase profits.

When physicians finish their residency training, it is often difficult to find a job in a true private practice. Since private equity groups have taken over medical practices all across the country, physicians are stuck finding employment with a private equity group where they are not offered any partnership track, ownership, or any input into operations.

These private-equity owned medical practices are also of inferior quality due to cost-cutting measures. Namely, they mostly hire cheap labor such as physician assistants (PA's) and nurse practitioners (NP's) instead of physicians in order to cut costs. These PA's and NP's neither completed medical school nor a residency and have little knowledge and training to be doing the job of a board-certified physician. Patient care suffers as a result. In dermatology specifically, studies show that these PA's and NP's do twice as many unnecessary biopsies on patients, therefore making health care more expensive for patients and increasing the costs of care. These PA's and NP's also order excessive testing.
Private equity companies also fire the best (highest-paid) employees to capitalize on profits. In many communities, private equity companies have bought up all the dermatology practices, leaving consumers with no other option but low-quality care. Private equity companies generally also require the physicians in signed contracts to "oversee"or "supervise" PA's and NP's so that they off-load the malpractice risk onto the physician. However, these PA's and NP's are typically working at a different location without on-site supervision, working on a different day than the "supervising"physician, or cannot possibly be supervised because the physician is overloaded and overwhelmed with seeing their own overbooked panel of patients. The end result is that these PE companies are having these essentially unsupervised PA's and NP's work in a setting in which they are expected to practice medicine alone and unsupervised as if they are a physician, without the knowledge or training to practice medicine. In the end, patients get hurt. Cancer gets missed, for example. Malpractice lawsuits occur, and the "supervising" physician who was forced to supervise the PA or NP or face getting fired, ends up in a malpractice lawsuit.

Private equity groups also force physicians to sign non-disparagement clauses so that when these abuses are realized and the physician quits, they are unable to talk to others about the problems these private equity groups are causing. In general, what I have seen as a physician is that whenever a private practice gets sold to a private equity group, those practices get driven into the ground. They deteriorate rapidly and most physicians end up quitting and trying to find

other employment. Meanwhile, these PE groups continue expanding by buying out private practices regionally or nationally.

The mergers and acquisitions of PE groups in healthcare cause decreased physician autonomy, inferior health care, diminished potential for physicians to advance their careers, forced "supervision" of inferior health care providers (PA's and NP's) resulting in lawsuits, and anti-competitive contracts such as unreasonable and excessive non-compete clauses and non-disparagement clauses. I believe the mergers and acquisitions of PE groups taking over health care has flown under the radar for far too long and should be regulated by the government.

Large, National, Corporate groups are ruining emergency medicine in this country by merging into behemoth monstrosities. They are putting profits way over patients. Through the pandemic, they cut my pay and my hours (it's happening across the country). As things return to normal, the trend continues. Doctors are being replaced with midlevel providers with substandard online training. Instead of having 2 board certified emergency physicians work together, they use a doctor and 2 midlevels, and hold the doctor responsible for the care provided by the midlevels. Many of these companies made higher profits during the pandemic than they had previously. That, by itself, should prompt an investigation.
These national groups are taking over small independent groups all over the country. They are able to staff ER's cheaper by using less physician time (going from 56 hours of physician coverage to 27 hours a day) and paying them less money.They lower the staffing levels to the point of being unsafe. The doctors don't say anything because they would loose their jobs, and due to non-compete clauses (for an ER doctor? Yep!) they would have to uproot their family and move away. These large companies have loopholes so they don't get caught in the practice of corporate medicine, but that is exactly what they are doing.
With private equity, and outside investors, the line between insurance companies, medical practices, and pharmacies has gotten very blurry. It is possible to have your doctor, insurance, and pharmacy
all backed by the same investment firm, that has members on all of their boards, and is calling the shots.
I can't provide specifics due to fear of repercussions. I can tell you than in Emergency Medicine, the practices of Envision and US Acute Care Solutions are sketchy. There are similar things happening in Anesthesiology, Dermatology, and Radiology.
Big business has used mergers to spread like a virus through our healthcare system and is corrupting it at the core. Don't be fooled by multimillion dollar companies that say they are physician led or physician owned. Some of their leaders may have gone to medical school, but they are taking care of business, instead of taking care of patients.

Thank you for your timely attention to this important matter. Dermatology has been heavily impacted by private equity over the last 10 years. I believe 25% of practices are now owned by private equity. Their model has been by overpaying senior physicians for their practices as well as offering above market value to Dermatologist to work in these practices. Since the private equity market is flush with money right now, they can afford to take a small loss for a few years. Young physicians are coming out of training with $400,000 or more in debt, older physicians who been in practice may be making about $350,000-$400,000 per year. While this is wonderful, they don't necessarily have the

funds to cover another Dermatologist during their first to second years of practice. Therefore the model is that the P company over pays for the practice. They then reduce the salary to the senior physician who is about to leave in a few years anyhow. They now own the name the location and basically all the patients that have been coming to that practice for years and then they hire junior physicians and fill in with many advanced practice providers to see the patients. They've been times when they have even fired the senior physician because they were just looking to get the location and basically patient list. Their goal is only to hold this business for 3 to 5 years and then sell to the next PE firm. All PE firms have the same model, which is to make 20% profit annually that will all be leaving the company. In general, medical practices use the profit to enrich a practice with the purchase of additional devices, upgrading the services, adding to pension funds etc. again in a practice that is stable and growing, it is a closed loop where the profits go back into the company that is the medical practice to ensure better healthcare. In the PE model, the 20% profit leaves the medical practice and goes into the investors pockets. While this model could be good in other industries, it is a disaster for healthcare. Dollars that are directed to healthcare should be for the patients, and those providing health care to patients which would include physicians, advanced practice providers, and support staff. The profits from a medical practice are not intended to enrich investors but to provide care. This model is not only not sustainable it's an absurd model in a country who spends more on healthcare for less quality already.

PE (along with private insurance) is contributing to the downfall of medicine as we know it and it is sad that the public does not understand this at all. PE or large PE like practices dominate the landscape in my location. As a physician, I am left to join one of these or struggle on my own or in a smaller physician owned group without the benefit of numbers and power to be able to
negotiate with insurance companies for fair pay and offer competitive benefits for employees.

My situation is that I was employed by a smaller practice about 8 years ago. It was evident to me only after I joined, that the owners of the practice were expanding, likely in an effort to one day sell to private equity. While I know many practice owners sell to PE as part of retiring and
there are many stories about that situation, there are also many that I think are likely not talked about, that have this plan to grow with the plan to sell to PE and see a multimillion dollar payout. I guess this can be construed as just the benefit of being a shrewd business person but it seems very dirty when we are talking about patient care.

Hilariously and insultingly, we were all told that nothing would change. And a bigger lie could not have been told. Our original practice was not perfect. But at least you knew who to go to with your concern or problem and felt that things happened in response. When you are day to day seeing 35-40 patients, this is what helps get you through. With PE that was all gone. Centralized scheduling takes away the ability to make on the fly schedule changes as things come up. Centralized call center leads to 30 minute or more wait times that I have to apologize for during my already limited visit time.

The PE company that took us over also clearly has problems that they maybe should have had a handle on before continuing with rapid growth. Since we were acquired a year ago, their entire HR staff walked out. This led to months of incorrect and delayed pay as well as receipt of our W2 forms in April, just days before the filing deadline. Many practitioners in the practice expressed dismay directly to the CEO with responses from placation to indifference and implying that timeliness of payment was not that important to most people showing a true lack of

understanding that some staff live paycheck to paycheck and that also some people depend on tax refunds.

Lack of staff due to inability of the PE company to recognize wage differences across the country has led to a myriad of consequences. I have to spend time reducing minutes of patient care acknowledging frustration by the patient for long call times and unreturned phone calls. Multiple times per day I am told about unreturned messages for weeks regarding problems. My long established patients can not get in to see me for months because new patients continue to be scheduled with me. I have been forced to practice with 1 assistant when in reality I should have 2-3. This has led to documentation errors, billing errors, and puts me in a position of often having to do exams without a chaperone which I feel is a huge liability. Another issue in dermatology is prior auths and coordination of biologics. Without enough staff to handle these, things fall through the cracks. Many times patients have shown up for appointments for a biologic only to find out we did not request their medication. Of course I have expressed these concerns to those at the local level as well as CEO but of course no changes in months showing any attempt at improving this situation. And really why would they? If I show up at work and get through my day seeing my normal volume of patients, what sort of impetus is there to hire more staff? This effect on care is ultimately what led me to quit my thriving and in demand dermatology practice with no plan; fear of liability due to factors 100% out of my control. I have worked hard to develop rapport and a great reputation and I refuse to let this PE company destroy that.

PE also erodes the ability of small practices to succeed. Small practices often can not offer comparable benefits thus reducing the employment pool. PE also prays on new residency graduates. With the soaring cost of medical education and lack of training on the business aspects of medicine, offering a large sign on bonus sways new grads to PE.

The public also seems to think that doctors benefit financially when a group sells to PE. While this is obviously true for those selling the practice, I experienced no financial gain with the sale. Patients often make comments about this and believe me I correct them.

Since the sale to PE 1 year ago, 9 of 11 dermatologists in my practice have quit. A few have retired. Those that have moved have joined other practices, not PE. Those that remain in the area are trying to figure it out. There is a huge demand for dermatology and obviously huge to lose 9 of us in the area. However, we are bound by non-competes of course, another absolutely ridiculous factor in medicine given demand for physicians and ease of following physicians with the internet.

PE is contributing to the loss of physicians overall. Loss of autonomy in my mind is the cause of burnout. Taking care of patients is a mentally and physically demanding job. Flexibility when needed is key to a long practice career in my mind. Also feeling as if you can contribute to changes that improve the care of your patients is important for satisfaction. With PE, you are a cog in a corporate wheel with none of that.

The bureaucracy is also detrimental to patient care. All of the issues I referred to that I have communicated with people have been on multiple levels. To local, to the CEO, then to the COO

when she flew out urgently to try to persuade some of us to stay by promising changes. Then someone else from operations appears that I could discuss my concerns with. And next week his boss is supposed to come in for the same thing. To care for patients appropriately, layers are detrimental. If something needs to change, it needs to happen now, not after months, countless emails and meetings.

I have many predictions about how this may go ultimately but regardless, I know there will be changes on the horizon in response. I know many of my patients are figuring it out. They have commented on the decline. They love me but see the changes in the practice. Many of my patients now laugh and say they understand the motivations of the practice as we have gone from washable gowns to paper gowns to now just a piece of square paper like a large napkin for exams.

Appendix C

Anonymous Radiologist Testimony Opposing The Corporate Practice of Medicine Submitted to the Federal Trade Commission

Private Equity is harmful in Medicine. Their aim is to control as much as they can and then insert cheaper (not necessarily good quality) replacements of physicians by midlevel providers. They are
also bypassing laws in states (Tx, CA for example) where corporate practice of medicine is not allowed by creating a fake physician ownership.
Example:- Radiology Partners a Private Equity owned company now controls most Radiologists practices in cities such as Houston, Austin and Phoenix either by buying practices or by acquiring
contracts from Hospital administration. A radiologist/physician has no or limited choice in these and
many other cities they own. They recently bought a company virtual radiologic, effectively limiting
options for smaller radiology practices trying to provide night coverage

(https://www.hcinnovationgroup.com/imaging/radiology/article/21153744/in-a-major-new-consolidation-radiology-partners-to-acquire-mednax-radiology-solutions).

The leadership comes from Davita (https://www.radpartners.com/about-us/our-team/)and are under

investigation from DOJ. https://www.radiologybusiness.com/topics/healthcare-management/healthcare-policy/victim-hiring-collusion-radiology-partners-davita

It's a matter of time that they will start surprise billing and similar shady practices like envision(another bad actor in this space) from whom they bought a lot of practices

(https://www.radiologybusiness.com/topics/healthcare-management/leadership/ceo-radiology-envision-healthcare-congress-surprise-billing)

The fields of Emergency Medicine, Anesthesia, and Radiology have been significantly affected by
Private Equity (PE) acquisition. It is estimated that half of all US Emergency Room physicians are
working for a PE owned entity. In ER, this is a travesty, as the ER serves as a safety net for the United States. ER physicians see 2/3 of all acute care for CHIP and Medicaid patients. PE is now
acquiring practices in other specialties. This will limit the job choices of young debt ridden physicians. Worst of all , the care of patients will be affected, as physicians employed by Private Equity can be forced to serve the profit driven motives of PE as opposed to the needs of their

patients. I urge the FTC to conduct a 6B investigation into the effects of medical staffing group mergers and acquisitions by private equity at the expense of American society.

Dear Chair Lina Khan,
I'm a retired MD. Retired, in part, becuase the small community hospital where I worked merged with
a larger system, which came in and disrupted our relationships with other agencies within our system, with our friends in our labs and radiology, and with our patients. I used to be able to say to a
patient, "I've told Tina in MRI that you are claustrophobic so she'll be sure you are OK with doing the
test." Now I just have to send the patient across town and hope for the best.
Furthermore, the community hospital where I used to get my own care has deteriorated after its merger with a larger system. My PCP left because of this, I can no longer feel confident that my care
is well coordinated, but I have experienced too much of the larger hospitals available to expect much
better there.

And don't even get me started about Amazon buying Whole Foods.
I'm writing in support of your effort to draft new merger guidelines that will uphold the law, promote
fair competition, and address the realities of today's economy.
You have an opportunity to write merger guidelines that will strengthen the economy and protect American consumers and small businesses. Please take bold and decisive action to do so.
Thank you for your consideration.
Sincerely,
Sue Donaldson
Northampton, MA

I am a family medicine physician in the Columbia Missouri area. The hospital corporate buyouts of
local physician practices have contributed directly to patient harm. They force physicians to see more patients as well as drive up the costs for labs, drugs, and imaging. This means less care can
be given to each patient and things are certainly missed. This results in an extremely high cost to the
public. The corporations also lower the quality of electronic medical records leading to a lower quality
of patient care. These large corporations can deny practice rights to physicians by not allowing them
to see their patients in the hospital. They can unanimously fire a physician resulting in loss of care

and the physician will have to move out of the city resulting in hundreds of thousands of dollars lost
to the physician and the cities revenue. In essence there are mini-monopolies formed in each city
between lumbering hospital systems that extinguish individual high quality care. In addition the contractual relationships between insurance and hospitals form a monopoly such that the large hospital system can bargain for higher reimbursement from the insurance. The single LLC physician
in the same area cannot. I have been told by hospital management that I am not to refer patients to
places like Quest Labs or Advanced Radiology Imaging because then the hospital will lose money.
An excellent resource into the financial works of monopolistic hospitals can be found in the book "The Price We Pay: What Broke American Health Care--And How to Fix It" by John Hopkins surgeon
Marty Makary, MD.

See attached file from one of our professional societies, which has historically been corporate-friendly, but is increasingly realizing how deeply damaging private-equity backed corporate practice

of emergency medicine has been for their physician members and the patients they care for. My personal comments are as follows:
1. Dominance of Private Equity in EM and in Los Angeles
While private equity-backed corporate groups were expanding and monopolizing regions elsewhere
in the country for the last decade, Los Angeles County had been a bubble of smaller democratic groups. That has drastically changed in the last couple of years, and accelerated during the pandemic. Our new graduates have almost no options to work in LA County without signing a contract with a corporate group (sometimes without a specific hourly rate because the corporation is

"still working it out"). If they are reluctant to sign, they are told that there is a line of EM physicians
waiting to take their spot.
2. Financial issues
I hope you are now well-aware how instrumental PE-backed corporate groups were in causing the
surprise billing controversy, threatening patients with financial ruin if they don't pay up (garnishing
wages, medical debt bankruptcy). These increased revenue streams aren't going to the physicians, it
is to service over-leveraged debt and increase corporate profits. The doctors are offered

employment with meager benefits, or more commonly are independent contractors with no benefits
and few protections. Either way, doctors are blind to what is billed in their name (both in terms of upcoding charts in order to bill more, and signing stacks of charts of patients seen by physician assistants who the doctor never saw).
3. Suppression of wages

Every LA contract group I have heard taken over has seen both an hourly pay cut and a productivity-
based pay cut, especially for new hires who carry heavy debt ($300-500K), and deal with the high

cost of living that only ever seems to go up in LA. Expectation is to also sign lots of charts of patients
seen by physician assistants in order to maintain productivity, but these are patients the doctor often
never physically saw, and charts given in stacks at the end of the shift to sign (overtime that physicians are no longer compensated for).
4. Effects on working conditions
The open secret in LA County is that PE-backed corporate groups want to hire more cheaper, less
qualified physician assistants to see patients with increasingly little/no physician supervision, resulting in patients never actually seeing a doctor (but the company billing as if the patient did, especially with upcoding). Corporate groups don't want longevity in the physicians, they count on
senior/experienced physicians to leave, and they will churn through newer desperate debt-laden physicians who work themselves to the bone until they burn out from moral injury from being forced
to provide inadequate care and supervision whilst also putting desperate, unsuspecting patients into
debt.
5. Ability to speak up on behalf of patient safety
If concerns about safe supervision of physician assistants or advocating for patients comes up, physicians have had their concerns dismissed out of hand, had hours cut, or otherwise threatened
with being blacklisted (which is a dire problem since PE-backed groups are consolidating many of
the hospital contracts in LA County). They are also forced to sign contracts that require mediation
instead of more appropriate due process rights as a condition of employment.
6. Inability to compete for ED contracts

Though supposedly illegal in California, contracts that EM physicians are signing include non-interference or non-compete clauses.

I urge the Federal Trade Commission to conduct a 6B investigation into the effects of emergency
medicine staffing group mergers and acquisitions by private equity at the expense of American society.