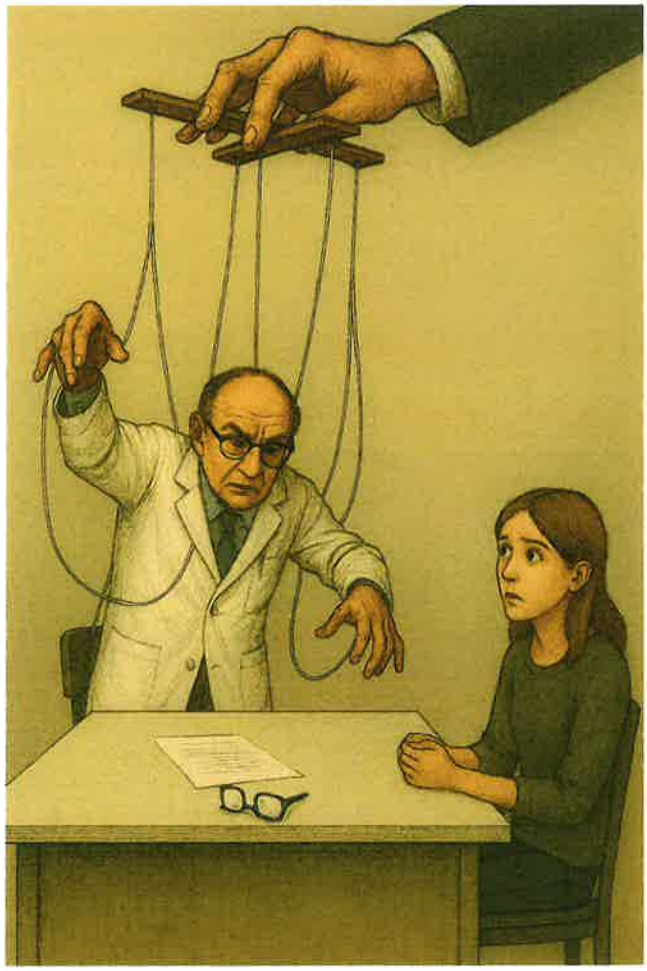
From the Desk of Cyrus Javadi

Your Doctor Will See You Now—But Only if the Shareholders Approve

By Representative Cyrus Javadi



Here's the short version: Big corporations are turning medicine into a commodity, and the government can't—or won't—step in when things go south. Meanwhile, doctors are increasingly accountable to shareholders instead of patients, caught between the Hippocratic Oath and quarterly revenue targets. If that doesn't get your blood pressure rising, consider the folks in small towns who watch their local clinics shutter at the first sign of a negative balance sheet. This

is the reality of corporate-run healthcare, and it's a reality we can't afford to ignore.

Now, before we start hauling out pitchforks, let's get one thing straight: The blame doesn't all lie with Big Bad Corporations. We're also dealing with a lumbering bureaucracy that tends to show up a day late—if ever. This trifecta of corporate interest, regulatory inertia, and rural isolation is leaving communities like Tillamook high and dry. If ever there was a poster child for meaningful, bipartisan healthcare reform, this is it.

Last week, I dug into the ongoing delays with Tillamook's Dialysis Center. This week, let's zoom out and examine the systemic failures making these crises all too common throughout the state.

The Roots of Oregon's Corporate Healthcare

Believe it or not, Oregon's foray into corporate-run medicine started way back in 1947. The idea was to allow non-physicians to partly own and operate medical practices. The legislature decided that a corporation could partner with a doctor, but only up to a point. Maybe someone thought, "Hey, if private industry can handle your morning coffee, it can handle your physicals, too." Lo and behold, what began as a plan to boost efficiency turned into a slow creep of big business into every nook and cranny of healthcare.

Over the decades, private equity firms, insurance conglomerates, and sprawling hospital systems expanded their influence. Not all of it was bad—some organizations definitely tightened up processes and improved logistics. But the overarching mission shifted. Instead of doctors calling the shots, it became the corporate suits. And in that shift, the metric of success changed from "best patient

outcomes" to "best return on investment." That's all well and good for a chain of burger joints, but it's less reassuring when your new kidney is on the line.

The Corporate Squeeze: Priorities on Profit

Here's the fundamental issue: in a classic private practice, a doctor's ultimate responsibility is to the patient. You walk in, and the person in the white coat calls the shots (hopefully with the best medical wisdom in mind). But once you drop that doctor's office into the corporate fishbowl—where decisions are greenlit by folks in boardrooms—you get a weird disconnect. Suddenly, it's not just about medicine; it's about efficiency, revenue streams, and profit margins.

It's not hard to see how this leads to corners being cut. Doctors get "productivity targets." Translation: see more patients in less time. Lab tests that aren't "cost-effective" get slashed—never mind if they're essential for, say, diagnosing a heart condition. Overworked providers become cogs in a machine. Is that the kind of healthcare you want? Didn't think so.

The Real-World Fallout

We're not talking about hypothetical spreadsheets here. People are feeling this. When a clinic shutters or scales back because some profit forecast says it's a drag on quarterly earnings, entire communities lose out. Patients suddenly have to drive miles—sometimes hours—for routine checkups. That's inconvenient in the best of times, but in rural areas prone to torrential weather and treacherous roads, it's life-threatening.

Moreover, doctors themselves aren't exactly thrilled to be treated like assembly-line workers. Many vote with their feet, leaving these corporate-run outfits in search of a better work-life balance or, frankly, a sense of professional integrity. That exodus only worsens the physician shortage, creating a vicious cycle: fewer doctors mean fewer patient appointments, which translates to more wait times, and so on.

Exhibit A? The dialysis center in Tillamook and it's ongoing delays we discussed in my last article. But, if you think that's just a one-off, I give you Exhibit B—the closure of Oregon Medical Group's Southtowne Clinic. In March 2024, the clinic abruptly shut its doors. Patients scrambled to find new providers. Some were outright told their insurance wasn't accepted anywhere else within reach. Others were handed a list of clinics already at capacity. If you're searching for a prime example of corporate priorities trampling on patient needs, look no further.

The Bureaucratic Bottleneck

Let's not let government off the hook. While corporate medicine has, shall we say, "incentive issues," our trusty bureaucracies haven't exactly sprinted to save the day. When these facilities started closing, regulators could've stepped in to provide oversight or at least find creative solutions. Instead, we got a year's worth of silence. Meanwhile, patients were left in limbo.

It's the classic conundrum: big government tries to manage big business. The result? Often a cosmic shrug. This is precisely why we need legislation that's robust but also nimble enough to address real-world crises—without drowning everything in red tape.

Cue Senate Bill 951

Enter Senate Bill 951, led by Majority Leader Ben Bowman and yours truly (with bipartisan backing, no less). After a false start in the Senate last session, we're giving it another shot—but this time, with a strategy to ensure it passes there first before heading to the House.

SB 951 does three main things:

1. **Bans non-compete clauses** that prevent doctors from opening new clinics in the very communities that need them.
2. **Prohibits management service organizations (MSOs)** from meddling in clinical decisions. (No more CFOs telling doctors what tests they can and can't order.)
3. **Restores decision-making power** to the actual physicians. You know, the folks who went to medical school.

This is about rebalancing a system that's gone off-kilter. We're not talking about dismantling capitalism here. We're talking about a smarter approach that puts patient care ahead of corporate convenience—or a government file clerk's timeline.

Why Non-Competes and MSOs Need a Rethink

Non-compete clauses may work if you're protecting the Colonel's secret recipe, but they're a disaster for rural healthcare. A hospital or clinic might close, but the corporate entity still says, "No practicing medicine within 50 miles." That effectively exiles a perfectly good doctor from a community. You can see how that's a gut punch for patients.

Then there's the world of MSOs—entities that were supposed to handle billing, payroll, and other admin tasks so doctors could focus on actual healing. But what began as an efficiency tool often morphs into a profit-driven overlord. When an MSO decides certain treatments are a financial dud, they can effectively bar doctors from offering them. Try explaining that to a senior citizen who just wants a proper diagnosis.

Keeping Healthcare Where It Belongs: Between You and Your Doctor

Healthcare is personal, and we all have skin in the game—whether you're a small-town conservative who doesn't trust big government or a big-city liberal who's wary of corporate greed. In the end, both sides should rally around the idea that patients, not profit margins, should come first.

At its core, Senate Bill 951 is about one simple premise: when you walk into a medical office, you should be able to trust that the person in the white coat is acting in your best interest. That's it. No hidden agendas, no metrics-driven charades—just a doctor and a patient, free to discuss treatment options without corporate bean counters dictating what's "profitable" or "efficient."

Back in 1947, Oregon opened the door for non-physician involvement in medical practice with the aim of improving access and efficiency. The principle then was straightforward: bring in resources without undermining the sanctity of patient care. SB 951 closes those gaps by reinforcing a physician's autonomy. It ensures that when you're handed a prescription or a referral, it's because it's

genuinely what works for you—not what some CFO or shareholder might deem more lucrative.

Healthcare choices should hinge on your individual needs, not a corporate executive's spreadsheet. If we don't protect the relationship between doctor and patient, we risk turning checkups into mere transactions—stripping away the compassion and trust that define real medical care. By giving power back to the doctors who took an oath to serve and ensuring that they remain the final decision-makers, SB 951 helps guarantee that your health is more than a line on someone's balance sheet.

True, this bill isn't a magic bullet. But it's a solid start toward reining in the worst excesses of corporate medicine and a sluggish bureaucracy. If we do nothing, we can expect more shuttered clinics, more doctors fleeing, and more Oregonians left vulnerable during their most critical health needs.

Let's fix this—together—before the next storm hits, the next clinic closes, and one more patient is told, "Sorry, not profitable enough." Because if that's the standard we're settling for, then we've lost the plot on what healthcare is supposed to be about in the first place.