

Dear Members of the Oregon Senate Health Care Committee,

I am writing to express my strong support for SB 951. This is a critical piece of legislation that would protect medical practice in Oregon by ensuring physicians retain ultimate authority over medical decisions which impact the care of Oregonians.

As a native Oregonian and a first-year medical student in the state, I am dedicating my life to the health and well-being of Oregonians. I will undergo many more years of schooling to become a trained clinician and to make the complex clinical decisions that my predecessors in the profession artfully do. My career will be built on this expertise, and the resulting bond of trust with my patients. At the start of medical school, we took an oath to protect patients over all other priorities in our careers as physicians. We also know that medicine is a business like any other. Medical practices require a delicate balance of financial sustainability and comprehensive, ethical, time-consuming patient care. This balance is at the core of our healthcare system, preserved by the corporate practice of medicine doctrine that has existed in Oregon since 1947—a doctrine which more than 30 other states have also adopted.

Private equity firms and large corporate entities do not take the same oath that I did. They do not undergo the rigorous training required to make clinical decisions. They are not charged with balancing patient care and administrative tasks. Yet, in the absence of strong protections like those proposed in SB 951, these corporations are gaining increasing control over medical decisions. Loopholes in the existing doctrine have allowed outside entities to exert undue influence over clinical decision-making. These corporations are thus effectively compromising the corporate practice of medicine doctrine which is still the law of the land in Oregon.

We have already seen the real-world consequences of this issue unfold in Oregon. At the Oregon Medical Group, corporate restructuring driven by financial interests abruptly severed the long-term care relationships patients had with their doctors. This disrupted continuity of care left many scrambling to find new physicians in an already overburdened system. This upheaval wasn't the result of medical necessity or evidence-based decision-making—it was a business decision made by executives with no medical training. When profit-driven entities dictate clinical operations, patient care becomes secondary to financial objectives, leading to poorer health outcomes, increased strain on remaining providers, and a loss of trust in our healthcare system. Since 2020, this dynamic has continued to intensify across the state.

Before medical school, I worked in an independent clinic in Oregon. This practice was physician-owned and operated, and the doctors, staff, and patients all benefited. Physician burn out rates are significantly higher in practices driven by financial interests rather than patient care, and that was well-evidenced in this patient-oriented clinic. Patients were thrilled that their doctor would spend a full 30 minutes listening to their concerns and would say that this was the longest visit they had ever had with a doctor. The doctors got to work at a pace that worked best for them and their busy schedules. **This may not have been the most lucrative way to practice medicine, but it was the best, most ethical option for both the doctors and the patients.**

This is not a radical proposal. This bill does not ban private equity. It does not prohibit professional medical entities from contracting with Management Services Organizations for business and administrative support. It simply ensures that physicians retain ultimate authority over clinical matters—decisions that directly impact patient health and safety.

SB 951 is a necessary and reasonable step to close these loopholes and restore decision-making power to those who are trained, licensed, and ethically bound to care for patients. **This piece of legislation could be the deciding factor for myself and my peers between practicing in Oregon or leaving the state to practice where I have more clinical autonomy as a provider.**

Oregon's physicians must be empowered to make medical decisions based on science, evidence, and individual patient needs—not financial incentives dictated by private equity firms.

I urge support of SB 951 as one of many important steps to protect the integrity of our healthcare system.

Sincerely,

Molly Reese, MS1