

Chair Sen. Patterson and members of Senate Health Care Committee:

My name is Mark Meyers. I am a family physician and have practiced medicine in the Eugene-Springfield community for 26 years. My grandfather was a family physician before me and practiced in Klamath Falls for over 30 years. His great aunt was the first female native American physician and returned to the Omaha nation to serve as the reservation physician at the turn of the 20th century. All of us believed strongly in serving our communities through the work we are blessed to have been trained to do. Serving with those you live with on a day to day basis, your neighbors that you see in the grocery stores and whose kids play on the athletic fields with yours, brings a perspective to your decision making in the clinic that a corporate executive living two time zones away can never share.

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

I am an owner in an independent family medicine clinic, and our executive director. Here in Lane County we have felt acutely the results of a large corporate entity coming into the community and purchasing a large group practice. My own physician has been a member of that group, and he has shared the changes that have been made by that corporation. Where they had built an infrastructure to meet patient needs while allowing autonomy to the providers and supporting them in a way that gave them some respite from the endless paperwork required by the government and insurance companies, the new corporate owners came in and dismantled it. My physician says he is now spending 2 hours a day on paperwork that was previously done by someone who was capable but had less training. That means we are not using our providers to the top of their license and burning them out. As a consequence, they have lost 25% of their workforce. As anyone who follows the news is aware, 13,000 patients were left without a primary care provider. Our phones have been ringing off the hook with patients desperate for care. Sadly, we are unable to meet that degree of need. While we have done our best to take on those we can, there are still thousands in need of a provider.

The downstream consequences have led to overstressed urgent cares and emergency departments, where wait times have increased by hours. Our specialists first available appointments are now months out, as patients turn to speciality care to get care that would otherwise be provided by capable primary care providers.

Our independent practice will be interviewing a refugee from Corvallis in the coming weeks, where Optum has been doing the same thing to the clinic they purchased there. We were able to hire one physician from the local Oregon Medical Group as he was fired for asking a question about how he might accommodate the demands of the corporation. He had not received a response from local management so sent his request up the chain to the corporate office back East. Apparently that is not allowed, as he found out when he was fired summarily. They did agree to rescind his non-compete clause, which was still enforceable at the time, allowing us the opportunity to employ him, keeping him in our community and allowing him to absorb some of the refugee patients from his previous group.

As an owner in our practice, I understand the need to balance running a business with balancing the needs of our patients. Fortunately for us, when we continue to make the ethical and morally correct decisions on behalf of our patients, we get paid enough to make a decent living, and provide a living wage for over 130 families. But we are not driven by a stock price and the demands of an investor who is seeking to build their retirement portfolio, or a corporate executive whose bonus is dependent on eking out another percentage of profit. Vertically integrated insurance companies and private equity firms do not share this mission. Their primary duty is not to patients or communities but to shareholders and investors, with financial returns as their primary objective. Unlike physicians, they are not bound by an oath to prioritize patient welfare, nor do they bear the ethical responsibility of making clinical decisions in the best interests of those they serve. Instead, the profit they seek to maximize leads them to deny medically necessary care, cut critical support staff, and push patients toward high-margin, low-value treatments. These cost-cutting measures not only undermine patient outcomes but also place an increasing burden on physicians and frontline healthcare workers. Without strong protections like those outlined in SB 951, these corporate entities will continue to expand their influence over medical decision-making, eroding the corporate practice of medicine doctrine and putting profits ahead of the health and well-being of our communities.

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. 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,

Mark Meyers, MD

Executive Director, Northwest Medical Homes