



## **SB 951 – HEARING TESTIMONY**

My name is Dr. Divya Sharma. I am an Internal Medicine primary care physician at Pine Springs Health in Bend, Oregon. I started a new practice over a year ago to help another independent physician retire after 30 years as she worried about her aging patients not having access to a primary care provider. My clinic is serving over 1000 patients and growing rapidly. The majority of our patients are on Medicare.

I am testifying in opposition to Senate Bill 951. I have a unique perspective as my practice is neither partnered with a management organization nor has a relationship with private equity or any other investor. But this bill still threatens my practice's ability to continue providing patients with access to the highest quality, cost-efficient care in the convenience of an independent practice.

Small practices like mine participate in value-based care delivery models, which tie our pay to high-quality care at low cost. Done successfully, we receive a portion of the savings realized by payers, both public and private and these savings are vital to keeping our doors open.

When my patients need specialty care, I turn to other high quality independent practices for specialty care at much lower cost than through hospital systems. By effectively banning MSO partnerships, this bill will further drive independent specialty practices out of business, leaving me without a choice but to refer my patients to higher-cost hospitals.

This directly jeopardizes my financial viability by eroding chances of receiving shared savings and raises the cost of our healthcare system. It also saddles my patients with steeper medical bills and much longer travel to access specialty care. So while the bill doesn't directly target my practice, independent primary care practices like mine and the patients we serve would be collateral damage.

Access to primary care for Medicare patients is getting harder as more Internists are choosing to go into concierge practices that carry a very small panel size and is only available to those with extra money to pay for such services. I am committed to serving a broad community, but the only way I can is by having independent specialty practices available at lower cost, high quality access points over large costly hospital systems.

SB 951 accelerates hospitals' dominance in Oregon because the bill exempts hospital corporations. In private conversations with those advising on this bill, they tell me that they acknowledge the problem of hospital exemption but do not feel they have the power to take them on. So instead they are still going forward with a bill that doesn't actually address the primary problem of physician autonomy, cost, or access. Issues that are very much at play with our hospital system in Central Oregon. This is insensible, incomprehensible, and frankly, unacceptable to me and many of my independent colleagues.

In closing, this bill that claims to protect physician autonomy actually will further do the opposite by exempting hospital systems from any limitations on expansion while cutting independent physicians from finding ways to keep their doors open for Oregonians across communities, including those who live in rural and other underserved areas.



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Please vote **NO** on SB 951. At the very least, amend the bill to focus specifically on the topic of clinical autonomy and make that rule apply just as equally to medical practices AND hospitals. A bill focused on protecting physician's treatment decisions in ALL settings is the right approach and will safeguard patients' access to high quality, lower-cost care in independent medical practices.

Thank you for your time and I am happy to directly speak with any of you for further clarification or information as needed.

Divya Sharma, MD, MS, FACP

Owner/Executive Director

Pine Springs Health