



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: March 17, 2025

TO: Chair Nosse, Vice-Chairs Javadi and Nelson, and members of the House Committee on Behavioral Health and Health Care

FROM: Sherri Alderman, MD, MPH, IMHM-E Policy & Clinical, FAAP
On behalf of the Oregon Pediatric Society

SUBJECT: Support for House Bill 3227

For the record, my name is Sherri Alderman. I am a board-certified Developmental Behavioral Pediatrician and board member of the Oregon Pediatric Society. I am writing today in support of HB 3227, voiding noncompetition agreements between certain business entities and medical professionals.

My entire career has focused on infants and young children. Developmental Behavioral Pediatrics is a subspecialty of Pediatrics that specializes in mental and developmental health across the pediatric population. It is the most sparsely available pediatric subspecialty relative to demand, even more so than pediatric psychiatry.

I have provided infant and early childhood mental health and early childhood developmental services, all of which have involved promotion and interventions supporting early relational health and families. For example, I have served as the medical provider on an interdisciplinary team following the development of babies who have spent time in the newborn intensive care unit. I have provided services to families whose infant or young child is struggling with behavioral issues. And, directly relevant to my story, I have performed diagnostic evaluations for autism and provided ongoing parenting supports.

When I completed a two-year contract with a major hospital system, I already had lined up another developmental behavioral pediatric position when a non-compete clause went into effect. For six months, I was not allowed to provide my services to families in the entire region. Families were waiting a year to get their child evaluated for possible autism—precious time in a young child’s development—while I sat at home with my hands tied.

To be clear, if I had been allowed to work, I would not have been “stealing” patients. There are more infants and young children who could benefit from mental, developmental, and behavioral services than the system has capacity to serve. And besides that, the medical institution I left took two years to fill my position, a further disserve to families.



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Innumerable young families and classroom teachers, too, struggle to provide for infants and young children experiencing unaddressed developmental and mental health issues. Egregious non-compete clauses aggravate that situation even further. This is not in the best interest of the child and should be legally prohibited.

Thank you very much for this opportunity to share my story. Please vote yes on HB 3227.