



**Oregon Chapter
American College of
Emergency Physicians**

Date: May 1, 2025

**To: Rep. Rob Nosse, Chair
Rep. Travis Nelson Vice-Chair
Rep. Cyrus Javadi, Vice-Chair
Members of the House Behavioral Health and Health Care
Committee**

**From: Christian Smith, MD, FACEP
Oregon Chapter of the American College of Emergency Physicians**

RE: SB 957 Non-compete and non-disparagement clauses

Chair Nosse, Vice Chairs and members of the committee, my name is Dr. Christian Smith and I'm here on behalf of the Oregon Chapter of the American College of Emergency Physicians. Oregon ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

We want to thank Rep. Bowman and the sponsors for convening the Corporate Practice of Medicine workgroup during the interim and elevating physician participation during the discussion of corporate practice of medicine and the use of non-compete and non-disparagement clauses. The best interests of patients are served when emergency physicians practice in a fair, equitable and supportive practice environment. Emergency physicians are typically hospital-based physicians but not always directly employed by the hospital itself. A wide variety of employment or contractual arrangements exist and hospitals often contract with emergency physicians groups to cover the many needs of the emergency department.

Frequently the contracts offered to emergency physicians require them to waive their rights for due process. That includes non-compete and non-disparagement clauses. We appreciate provisions to ensure that practicing physicians always have control of patient care. For emergency physicians who are part of a group, a non-compete clause may force them to leave their community, even though they don't bring their patient roster to their next job.

OR-ACEP has concerns about non-disparagement agreements as well that might limit the ability of a physician to raise concerns when patient safety is involved. That includes speaking out about staffing ratios that endanger patients, unsafe changes to scope of

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practice or lack of personal protective equipment. It also includes the ability to speak out against unsafe situations that increase the risk for workplace violence.

The bill should be retroactive, like the FTC rule, to ensure a fair practice environment for everyone. And no private equity owners should be allowed to remove a physician without due process rights.

Safeguarding the right for due process for emergency physicians helps to sustain and advance quality care and safety. We supported HB 4130 in 2025 and support HB 468 and SB 957 and other bills that prohibits non-compete and non-disclosure clauses that jeopardize patient safety and access to care.

Thank you.

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