

Testimony of Oregon Ambulatory Surgery Center Association

SB951 / House Committee on Behavioral Health and Health Care

April 29, 2025

Chair Nosse and Members of the Committee,

These comments are submitted on behalf of the Oregon Ambulatory Surgery Center Association and its members throughout the state, urban and rural, small and large, representing 5+ different ownership models

SB951 has been on a long and winding road. We don't believe that the road has reached an acceptable final destination that will protect consumers and keep clinics open in Oregon, and we are hoping that you will consider making a few modifications.

The last thing you would want to do is pass a bill that might lead to closures of needed clinics, especially in rural areas, but that is exactly what we are concerned could happen if the bill, as currently written, passes.

It could do so because it will leave surgical centers, which face exceedingly high equipment and staffing costs, without investment and without partners to help meet the daily needs of patients. In cases where the only option for investment would be a hospital, and where the hospital might be unwilling or unable to take on the clinic, you could see reduced services.

In addition, we've already seen cases where surgery centers have been bought up and then rapidly closed, moving all patient cases into the local hospital. This leads to higher costs, and places patients in a setting with higher infection rates and lower patient satisfaction. This isn't speculation, this is fact.

Currently, our clinics have a variety of 5 or 6 different options for ownership and management. This flexible model meets the needs of communities, small and medium and large, urban and rural. The model includes 100% physician ownership, collaborations with expert surgical care groups, collaborations with hospitals, and ownership outright by surgical care groups or ownership outright by hospitals. Our members span all of these types of ownership, and this benefits consumers by providing the right model for each community. By discouraging investment and partnership with outside organizations that have expertise in surgical care, this bill will limit those options to 2 or 3. Choice is good for consumers. A lack of choice is not good for consumers.

We believe that with a few small changes, we can reduce the potential negative consequences that this bill could have, especially on our small and medium sized clinics. None of the concepts are new. All have been discussed at length starting last year here in the House. And we will have some specific language for you to consider in the next couple of days.

Again, we agree 100% that doctors and nurses should make clinical decisions. That's why the doctors and nurses and administrators and patients of our clinics strongly support preserving multiple ownership options, and clarifying the simply limits to non-clinical decision making. We think that is something that almost all of us should be able to agree on!

Thank you.