

April 30, 2025

House Committee on Behavioral Health and Health Care
Oregon State Capitol
900 Court Street NE
Hearing Room C
Salem, Oregon 97301

RE: House Committee on Behavioral Health and Health Care Hearing on SB 951

Dear Chair Nosse, Vice Chairs Javadi and Nelson, and Honorable Members of the Committee,

My name is Adam Ross Russell, and I am an ordinary Oregonian with a number of ties both personally and professionally to healthcare. Thank you for the opportunity to provide testimony in support of SB 951, which helps ensure that decisions impacting Oregonians health care services are made by licensed medical providers, not corporate entities. Thank you to the Legislative Sponsors, Chair Nosse, and the committee for your commitment to tackling this important issue impacting Oregonians.

My late father was a GP and palliative care doc and founder of a group of family practice doctors (called Prohealth physicians). He [developed a palliative care program](#) that focused on patient care, saving money, and creating better patient outcomes. ProHealth was bought by Optum/UnitedHealth ten years ago, and they systematically dismantled the programs he created to help people and left ProHealth a shell of what it formerly was. They cut his palliative care program months before he died from cancer... a huge blow in what was an awful final chapter of his life. [A poignant article was written about this in 2024.](#)

Additionally, I've worked in healthcare (worked for OHSU between 2020-2022), have seen friends in Oregon negatively impacted by consolidations (Labcorp buying Legacy Health and Providence assets), and anecdotally have noticed a significant decrease in quality of care.

Quality healthcare should not be compromised for corporate profits. We need to protect Oregonians from further decreases in healthcare quality and higher healthcare prices.

[Most states](#) have corporate practice of medicine (CPOM) laws on the books to prohibit corporations and other non-physician entities from taking over medical practices and substantially changing how providers practice medicine. This ensures that clinical decision-making is made in the best interest of patients rather than the interests of financial investors. [Increased health care consolidation](#) over the past few decades has offered the opportunity for corporate actors to become increasingly involved in health care – between 2012 and 2021, private equity acquisitions of physician practices [increased](#) by 645%. **This rise in corporate ownership comes with the need to protect patients from rising**

concerns around the negative impact of corporate health care ownership on [patient safety](#), [quality](#), and [access to care](#). Corporate ownership is also associated with [increased costs](#) for people, exacerbating the health care affordability issues Oregonians are [already](#) struggling with.

Oregon's [Corporate Practice of Medicine \(CPOM\) Doctrine](#) was [enacted](#) as a means to make sure doctors, not corporations, were in charge of medical practices and patient care. However, the recent proliferation of arrangements with corporate-owned physician management vendors, coupled with loopholes in Oregon's Corporate Practice of Medicine doctrine, means the role of these vendors has evolved beyond patient scheduling and billing to setting clinical operations processes and procedures that ultimately harm patients.

SB 951 provides an opportunity to provide helpful guardrails to better safeguard patient care and ensure meaningful protections for Oregonians from the negative impacts of corporate pressure. Similar to efforts in at least [nine other states](#) this legislative

session, this legislation closes most of the loopholes which allow third party vendors the ability to exert control over physician's clinical decision-making, keeping physicians in control of their practices. Additionally, it eliminates the tactics used by corporate entities to trap providers in harmful contracts, and provides legal protections for providers who speak up about unsafe practices detrimental to patient care. Notably, SB 951 **does not** ban private investments in health care, but rather prioritizes patient treatment over return on investment.

For these reasons, and on behalf of United States of Care, I encourage the Committee to vote "yes" in support of SB 951. I thank the Committee for its work on this issue and urge you to consider United States of Care as a resource moving forward.

Sincerely,
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