

Dear Members of the Senate Healthcare Committee,

I am writing to you as a co-owner of a mental healthcare business that I run with my husband, who serves as CEO and managing member. Together, we operate three busy, high-quality mental health clinics in the Portland Metro area, one in Salem, and two in Washington state. Our clinics specialize in transcranial magnetic stimulation (TMS), an effective, medication-free treatment option for mental health conditions along with providing medication management and psychotherapy services. It is a very difficult business, with terrible cash flow due to slow or no pay by insurance companies. Having said that, it is very rewarding as we annually are literally saving hundreds of lives.

We are fully compliant with the current CPOM.

If private medical businesses like ours must adhere to CPOM regulations, shouldn't giant hospital groups and insurance companies also be held to similar standards? The reality is that many medical decisions are already being made by insurance companies, without medical oversight, that prioritize profits over patient care. Insurance companies wield far too much influence, dictating how and when patients receive treatment. A prime example of this is the increasing trend of requiring separate appointments for each health concern, limiting patient access and efficiency in delivering care.

This must change. I urge you to advocate for independent healthcare providers like us, who lack the powerful lobbyists that hospitals and the insurance industry relies on.

Thank you for your time and consideration.

Sincerely,

Karin Grano