

# Eugene Emergency Physicians

Local Healthcare Threatened by  
Corporate Medicine

Jeremy T. Brown, M.D. Vice President of EEP

Julie Seo, M.D. Vice President of EEP

# Original Eugene Emergency Physicians



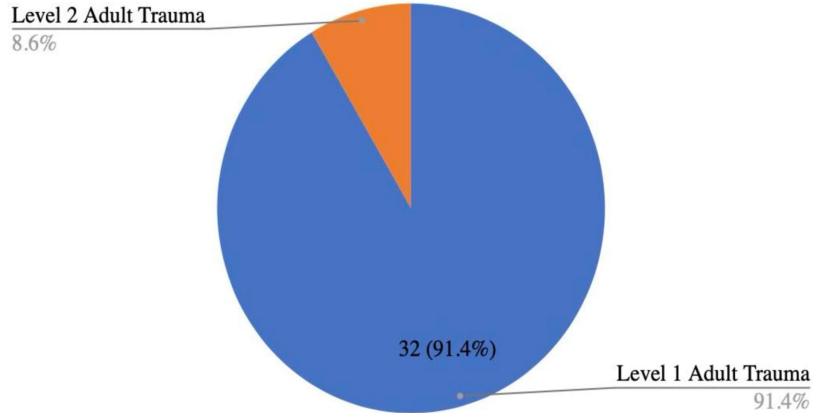
# 35 Year Track Record

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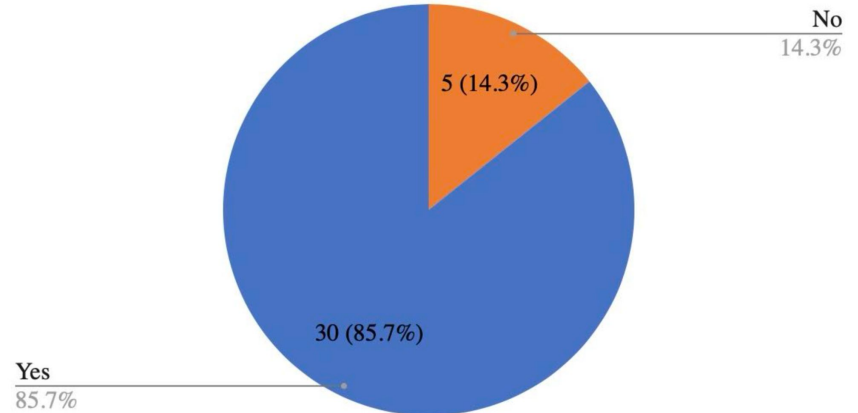
- Established in 1991 at the request of Peacehealth
- Contract re-negotiation every 3-5 years
- Currently 32 physician partner owners, 9 physician assistant employees
- W2 employment model, full benefits
- No locums, no temp, no outside staffing in history of EEP
- All local residents

# Highly Trained Providers

Number of Physicians who Trained at Level 1 Adult Trauma Centers



Number of Physicians who Trained at Comprehensive Stroke Centers



# Our Departments

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## PeaceHealth Sacred Heart Medical Center RiverBend

- Level 2 Trauma Center: Coast to Cascades, Corvallis to CA Border
- 85,000 ED visits annually:
- Highest daily census of 293 in January 2026
- One of the busiest Emergency Department in Oregon and PeaceHealth system

# Our Departments

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## PeaceHealth Cottage Grove Community Medical Center

- 15,000 ED visits annually

## PeaceHealth Sacred Heart Medical Center University District (closed 2023)

## PeaceHealth Peace Harbor Medical Center

- EEP staffed relief shifts: 115 in summer of 2024

# Mass Casualty Incidents

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Rapid response to Mass Casualty Incidents

1998 Thurston High School Shooting

2015 Umpqua Community College shooting

2022 WOW Hall concert shooting

# Community Leadership of EEP

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Regional Medical Directors for EMS

Volunteer board members of local health non-profits

Elected PeaceHealth medical leadership

Riverbend and Cottage Grove committees

Teaching for EMS, medical students, and physician assistant students

Representatives at state and local medical boards

# Critical Connections for Lifesaving Care

## Shooting in Eugene leaves one person critically injured, say police



Police: Myrtle Creek man flown to Riverbend Hospital in critical condition after he's struck by car



## Two critically injured after truck slams into taxi on Beltline Highway

## Logging accident severely injures Oregon man

Search How it works Start a GoFundMe Sign in Share Donate

gofundme

Logging tragedy! Pregnant wife and son need help.



\$9,758 raised of \$5,000 goal

117 donations

Share

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This fundraiser is located near you

- Todd Shucky \$90 - Recent donation
- ONR Associated families \$1,000 - Tax donation
- Jaycie Hawkins \$50 - First donation

Richael Price is organizing this fundraiser.

**NEW AT 10** MAN HURT IN LOGGING ACCIDENT

On 6/24/2022 at 6:30 A.M., my husband, Parker Price, age 31, was injured while on his job as a logger. He was airlifted to Riverbend Hospital in Springfield Oregon. He is now in ICU



# Timeline of Events

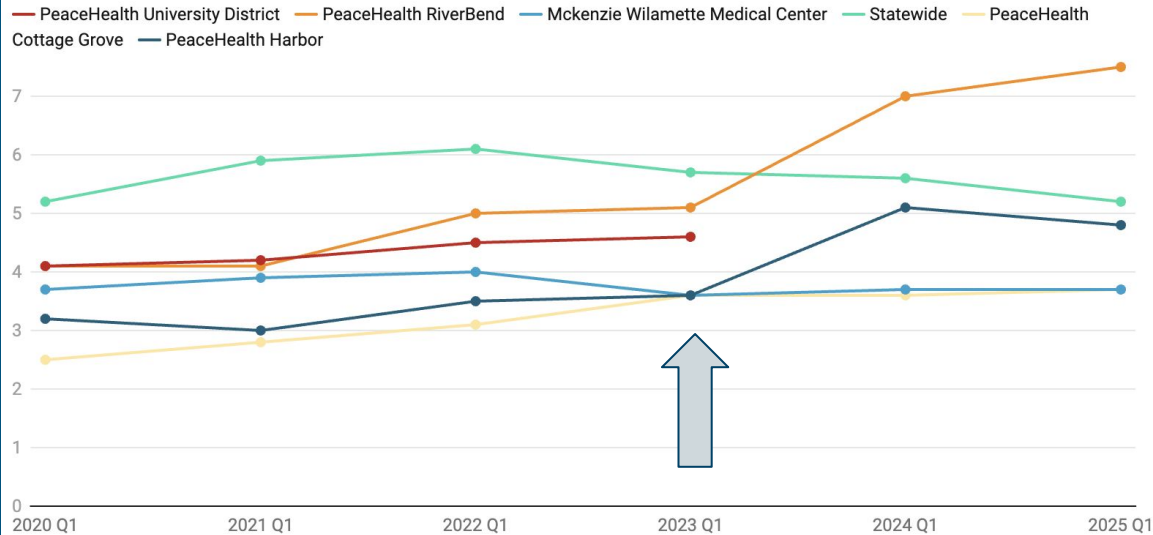
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- **October 2023 - Closure of University District Hospital Announced**
- **December 2023 - PeaceHealth University District Emergency Department Closes**
- **March 2025 - Riverbend Strain Reported**

# Increase in RiverBend ER wait time correlated with closure of University District ER

## Emergency department wait times

The data reflect the average number of hours patients spent in emergency rooms during the first quarter of each year, one of the busiest periods because of seasonal respiratory illnesses.



The PeaceHealth University District's emergency room location closed in 2023.

Chart: Michael Zhang/Lookout Eugene-Springfield • Source: Oregon Health Authority • [Get the data](#) • Created with [Datawrapper](#)

# Timeline

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- **November 2025 - Request for Proposal**
- **February 4, 2026 - Contract Termination Announced**
- **February 12, 2026 - EEP announces agreement not to work for ApolloMD, as it does not align with our values**

# Timeline

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## February 17, 2026 Eugene Emergency Physician Open Letter to the Community

We would wholeheartedly welcome a path forward with PeaceHealth that allows us to continue practicing here under a local banner and staffing all of their Oregon Emergency Departments. We want to stay in the places we call home, in the roles we love, doing meaningful and vitally important work.

Thank you for the trust you have placed in us over the years. We will never forget what it meant to stand by you during life's most urgent and vulnerable moments.

*--Eugene Emergency Physicians*

# Timeline

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## February 2026

- **The American Academy of Emergency Physicians offers a letter of support and questions the validity of the contract take over**
- **Medical Staff at PeaceHealth hold an emergency meeting**
- **Oregon Chapter of American College of Emergency Physicians publishes letter of support for EEP**
- **Medical Staff vote to reinstate Eugene Emergency Physicians**

# Timeline

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## Late February

- Legislators write to PeaceHealth supporting EEP and inquiring legality of ApolloMDs contract acquisition

## March 2nd

- ONA Result of no confidence vote announced, 98% vote no confidence

# Strong Colleague Support

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Sacred Heart PeaceHealth Medical Staff

98.9% in favor of restoring EEP contract

93% no confidence in PeaceHealth executives

Oregon Nursing Association

Formal statement of support for EEP

98% no confidence in PeaceHealth executives

# Formal Letter to PeaceHealth from Medical Staff

## Vote to Renew Eugene Emergency Physicians Contract in the Interest of Patient Care, Throughput and Operational Stability

To: PeaceHealth System Administration

From: The Medical Executive Committee at PeaceHealth Sacred Heart Medical Center

Date: February 19, 2026

We, the undersigned, reflecting the position of the Medical Executive Committee and acting in our capacity as elected Medical Staff leadership, submit this vote to renew Eugene Emergency Physicians (EEP) contract and to reverse the RFP decision to bring on ApolloMD as the provider for Emergency Department services at PeaceHealth's Sacred Heart Medical Center. The current RFP decision to replace EEP with ApolloMD presents a material risk to patient safety, operational stability, workforce continuity, financial performance, and institutional governance. It was undertaken without medical staff input, without transparency, and without a documented operational assessment supporting physician group replacement.

Eugene Emergency Physicians (EEP) is a locally based 40+ provider group practice that has staffed the emergency departments at PeaceHealth's Sacred Heart Medical Center for the last 35 years. The current plan is to replace EEP with an external staffing company, ApolloMD, with the stated goals of leveraging the latter's record of improving emergency department patient flow, reducing wait times, and for their quality and patient-satisfaction programs.

During Q&A sessions between medical staff and medical administration leadership (Dr. James McGovern (Chief Hospital Executive) and Dr. Kim Ruscher (Chief Medical Officer)) on February 10, 2026, medical administration:

- Stated this decision was delegated at a local level, and that they were solely responsible for the decision and its outcomes.
- Stated they did not seek input from the medical staff regarding the decision to replace EEP with an outside staffing company. They stated this decision was not subject to medical staff opinion.
- Confirmed ApolloMD did not perform a proof of concept (POC), Service Line Assessment, or onsite evaluation of ED operations, processes and workflows at PeaceHealth Sacred Heart prior to contract execution.
- Cited their confidence in ApolloMD, based on ApolloMD's prior success staffing the PeaceHealth Ketchikan Medical Center ED, a critical access facility in rural Alaska with an annual ED volume of around 8,400, and staffing an ED in a hospital in Chicago, the third largest city in the United States with a population of almost 3 million. These examples are not operationally comparable to PeaceHealth Sacred Heart Medical Center, a level II trauma center that sees an annual volume of around 300,000 and serves a population of over 300,000 in the Eugene & Springfield areas.
- Repeatedly refused to disclose what factors influenced them not to renew EEP's contract and/or sign ApolloMD, despite being asked by multiple members of EEP and medical staff representatives from multiple subspecialties.

Explicit exclusion of the medical staff from this decision, not allowing clinical input in the RFP process, not performing a proof of concept or onsite operational assessment prior to contract execution, and declining to disclose decision rationale despite repeated requests to do so is in violation of PeaceHealth's core values of respect, collaboration and stewardship. This choice will result in a costly transition, loss of institutional knowledge, and removal of established community physician leaders. As a result, the medical staff cannot evaluate, endorse, or assume responsibility for the safety, quality, or integrity of the decision.

EEP physicians are highly respected, board-certified Emergency Medicine Physicians who have built strong, collaborative relationships across specialties, nursing, and hospital teams. They have institutional knowledge, understand local resources and social determinants in the community, demonstrated stability through high census and reduced resource conditions, and produced consistently high-quality, collaborative care throughout their 35-year tenure. EEP members have served in major Medical Staff leadership roles and state-level professional leadership positions, reinforcing their investment in this institution and community. Recently, two EEP members won annual social justice awards from the PeaceHealth Medical Staff.

EEP providers are vetted internally with the expectation of long-term collaboration, reinforcing accountability and professional standards. As a result, EEP is widely viewed as a capable, professional,

and collaborative group of ED providers by the entire Sacred Heart medical staff. Eliminating 100% of a stable, locally accountable emergency physician group and replacing it with a corporate staffing model from the East Coast introduces avoidable workforce instability during a national physician recruitment crisis. Lane County deserves emergency physicians whose accountability extends beyond a contract and reflects sustained community commitment.

This change in provider groups may result in increased lengths of stay and left-without-being-seen rates, delayed treatment for incoming patients, worsened throughput and lower patient satisfaction scores. In addition, transitions increase risk for communication errors, result in inconsistent adherence to hospital protocols, and can cause delays in care. The loss of this entire group of providers unnecessarily risks worsening the clinical quality, throughput performance, and the patient experience we all seek to improve.

Key system changes affecting ED throughput at Sacred Heart include:

- Closure of University District Hospital in 2023, redirecting >30,000 ED visits to Sacred Heart.
- Loss of 30 ED beds, including 12 secure psychiatric holding beds, plus 15 inpatient beds from the UD hospital closure.
- Conversion of the 6 North nursing unit at RiverBend from an acute care surgical unit to inpatient Rehabilitation at Sacred Heart, removing an additional 30 acute care beds.
- Total net loss: 30 ED and 45 inpatient beds, or 75 total beds.

From 2022 through 2025, the following dynamic bed losses further compounded the 75-bed total capacity loss:

- Reduced nurse staffing of licensed acute care beds (12-24 beds closing).
- Reduced nurse staffing of ED beds over the 24-hr cycle (10-24 beds closing for 6-10 hrs overnight).

These combined events resulted in significant number of bed closures and thus a very large number of admitted patients boarding in the ED at Sacred Heart Medical Center from 2022 to late 2025 (early 2026, when 30 beds were added to manage the ED boarders, and more acute care ward (ICU, observation unit) and ICU beds were opened. This is not an ED provider issue, this is an issue of lack of staffed beds. Patients who remain in an ED bed after admission increase length of stay, reduce throughput, shrink the footprint of beds available for use for ED patient care, delay care for incoming patients, raise left-without-being-seen rates, decrease patient satisfaction, and strain ED providers and nursing staff. Revenue is lost when a patient leaves without being seen, laboratory and imaging studies are not done, medications are not given, an admission does not occur, and the patient leaves with a negative experience and opts to go to a different ED in the future.

Three primary bottlenecks for throughput in an ED are:

- Shortage of ED beds
- Shortage of staffed inpatient beds
- Diagnostic delays (laboratory, imaging, consultations)

If any of these bottlenecks exist, physician speed and efficiency will hit a ceiling. Of these, bed availability is the dominant constraint in our system. ED boarding is not a physician-controlled variable, but a system-level capacity issue. Replacing physicians does not increase bed capacity, which is the dominant driver of throughput in many hospitals. Staffing companies can adjust provider staffing levels, but physician efficiency does not resolve ED boarding, and many hospitals report unchanged or worse throughput when capacity constraints persist. Based on extensive medical staff experience at Sacred Heart and comparable facilities, there is no reasonable basis to expect physician quality to improve as a result of replacing the current group.

ApolloMD publicly advertises a Service Line Assessment designed to improve emergency department operations without replacing an existing physician group. It is a one-time consultation in which their Clinical Operations and Analytics Division comes onsite to assess current ED processes and make detailed, customized recommendations based on findings. Improvement strategies were therefore available that did not require wholesale physician replacement. Administration confirmed this option was not pursued prior to contract execution.

Despite multiple attempts by medical staff to engage administration in discussion regarding the rationale for this decision, it remains devoid of disclosure, engagement, and meaningful medical staff participation,

and therefore the Medical Executive Committee cannot support or endorse the current course of action. This statement is submitted in the interest of patient care, operational stability, and collaboration between clinical staff and hospital leadership. We formally request the following:

1. Restoration of Eugene Emergency Physicians as the provider group for Emergency Medicine services at PeaceHealth Sacred Heart Medical Center at RiverBend, effective July 1, 2026.
2. Reversal of the decision to bring on ApolloMD as the provider for Emergency Medicine services at PeaceHealth's Sacred Heart Medical Center at RiverBend, effective July 1, 2026.

This action does not reflect opposition to change, but rather opposition to unilateral decision-making conducted without disclosure, accountability, or engagement of the medical staff. As physicians responsible for frontline patient care and hospital operations, we cannot assume responsibility for a decision in which we were excluded from meaningful participation. Our obligation is to our patients, to clinical integrity, and to responsible stewardship of this institution.

We remain committed to our patients, our colleagues, and to the long-term success of this institution. We respectfully request a written response by February 27, 2026, and we stand ready to participate in an open and professional discussion to restore trust and ensure decisions are made in the best interests of patient care.

Sincerely,

The Medical Executive Committee  
PeaceHealth Sacred Heart Medical Center

William Emerson, MD  
Chief of Staff, PeaceHealth Sacred Heart Medical Center RiverBend

Sarah L. Coleman, MD  
Vice Chief of Staff, PeaceHealth Sacred Heart Medical Center RiverBend

Brad Anderson MD  
Vice Chief of Staff, PeaceHealth Cottage Grove Medical Center

Serena Black, MD

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ICU Medical Director

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Chair, Hospital Medicine Dept.

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Sarah Kuzma, PA-C

Jubeen Moaven, MD

Corey Orton, MD

Margaret Pattison, MD, MBA, FACEP

Klating Perez, MD

# State and Local Support for EEP

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American Academy of Emergency Medicine

Oregon Chapter of the American College of Emergency Physicians

Eugene Springfield Firefighters Local 851

Eugene and Springfield Mayors and City Council

Oregon State Senators and Representatives

# American Academy of Emergency Medicine



February 16, 2026

Eugene Emergency Physicians  
c/o: Dr. Brad Anderson

## Re: Support for continued service at PeaceHealth

Dr. Anderson and colleagues of Eugene Emergency Physicians:

AAEM is a national professional society representing over 8,000 specialists in Emergency Medicine and we are pleased to provide this letter to support your continued service to this institution. The AAEM endorses the notion that local physician ownership of their practice is the best arrangement for the physicians, the medical staff, the hospital and, most importantly, for the patient. It is our understanding that an out-of-state staffing company, ApolloMD, has been awarded your longstanding contract for emergency services.

Replacement of a well-functioning EM physician group should never be taken lightly as this can affect patient care, medical staff relationships and the hospital itself. Incumbent EM physicians are knowledgeable in the local factors required to deliver the safest and most efficient care to a hospital's patients. They know how to "push the right buttons" to save lives and can effectively interact with the nursing and medical staff to deliver high quality care. We believe the local democratic ownership of your group is worth vigorously preserving.

It is also our position that the organized Medical Staff should be involved in the decision regarding a change in the contracted services for Emergency Medicine. Under the Code of Federal Regulations Conditions for Participation of Hospitals § 482.22 the Medical Staff is charged with responsibility for the quality of medical care in the hospital. The Joint Commission similarly points this out in the Medical Staff Standards (MS.01.01.01). Regarding a contracted service for the provision of medical care, the Medical Staff must have input into the selection. This is described in first item of Elements of Performance under the Joint Commission Leadership standard on contracted services (LD.04.03.09). We recommend engagement of the Medical Staff leadership in this matter.

Given that ApolloMD until last year was backed by ValorBridge, a private equity interest, a review of their structure as it pertains to the new Oregon law (SB 951) regarding the corporate practice of medicine should be made clear to affected physicians. (1) SB 951 prohibits ownership of a medical practice by physicians with a significant stake in the management-services organizations (MSOs).

Additionally, depending on the structure of the MSO, physicians must retain control of all decisions related to the practice. (2)

Finally, as you know, several large multi-state ED staffing companies (American Physician Partners, Envision, NES) have recently declared bankruptcy and left EM physicians without malpractice coverage and unpaid shifts. (3) Given the recent exit of PE from ApolloMD, the question of how much debt the entity bears, and its financial solvency is of utmost importance to physicians.

Dr. Anderson, your group, has the support of the Academy on this matter. We are available to further assist at your request.

Respectfully yours,

Robert Frolichstein, MD FAAEM  
President, AAEM

## References:

- <https://pitchbook.com/profiles/investor/55462-33>
- Zhu JM, Rooke-Ley H. Regulating corporate control in health care – Oregon's attempt to revive the CPOM doctrine. NEJM 2025; 393: 1972-74.
- <https://www.aaem.org/wp-content/uploads/2025/03/NES-Statement.pdf>

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# Oregon Chapter of ACEP



Oregon Chapter  
American College of  
Emergency Physicians

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## OR-ACEP STATEMENT ON THE TRANSITION OF EMERGENCY MEDICINE SERVICES IN EUGENE

The Oregon Chapter of the American College of Emergency Physicians (OR-ACEP) represents emergency physicians across our state, and our members share a commitment to improve emergency care for all Oregonians. We are issuing this statement in response to the recent transition of contract for emergency medicine services at PeaceHealth Sacred Heart Medical Center, and end to their relationship with Eugene Emergency Physicians (EEP). This choice by PeaceHealth raises concerns that extend well beyond a single contract change. These concerns are about patients, communities, and the future of emergency medicine in Oregon.

We do not know the full circumstances or contract negotiations that led PeaceHealth to end its relationship with EEP. However, we do know that EEP has served their community for 35 years, and that many of their physicians may not continue to do so through this transition. For physicians dedicated to their patients and community, it is not easy to simply sign on with the new employer that now staffs their emergency department. Physicians historically have not always taken jobs with larger out-of-state contract management groups (CMGs) that have won contracts at their hospital sites, as these transitions may result in a loss of physician autonomy and a shift of focus towards productivity and cost outcomes rather than patient care outcomes. For the physicians of EEP and other groups that have been previously placed in this position (such as the recent takeover of the Providence Anesthesia contract by Sound Physicians, which displaced the long-standing local, democratic Oregon Anesthesia Group), these transitions can result in a loss of ownership, job security, and a sudden decrease in compensation for the same work. OR-ACEP is opposed to the absence of community loyalty that is demonstrated by hospital systems' choices to partner with larger out-of-state CMGs over the local physician groups which have served them for several decades. These choices can result in a significant and largely irreversible loss of institutional knowledge, clinical relationships, and community trust that has been built over many years.

We are also acutely aware of the broader context in Eugene-Springfield. This community has faced extraordinary healthcare disruption in recent years, such as the closure of PeaceHealth's University District hospital and challenges with primary care access following the Optum acquisition of Oregon Medical Group. Furthermore, persistent emergency department challenges across the state driven by boarding, specialist and primary care shortages, and inadequate community mental health infrastructure

increase the complexity of delivering quality and timely emergency care. The emergency physicians who have worked in this environment carry knowledge of their communities and healthcare systems that cannot be quickly transferred to an incoming workforce. Recruiting a new staff of emergency physicians for this department from the ground up — many of whom will be new to this hospital, this region, and its patients — is a significant undertaking at a moment when this community can least afford further disruption to its care and operational efficiency. Similarly, CMGs are often used by hospital systems in an effort to save money, but the resulting instability can raise overall costs for the healthcare system. There is no quick fix for nation-wide, systemic problems that plague all emergency departments. Hospitals choosing not to continue their relationships with the physicians on their front lines who tirelessly work to remedy those problems (while additionally incurring mental, physical, and emotional costs to themselves) for decades is not the answer.

The situation in Eugene reflects a national trend that OR-ACEP believes deserves serious attention. Emergency medicine is experiencing rapid consolidation, with large CMGs displacing independent and democratically governed physician groups across the country. Oregon has not been immune, and this transition is one visible example of a pattern reshaping our specialty. OR-ACEP supports models of emergency medicine practice in which physicians have meaningful, democratic governance of groups in which they work. This governance creates accountability to the community, investment in long-term outcomes, and a culture in which physicians are partners — not simply labor to be deployed and redeployed across markets. We do not claim any single model has a monopoly on quality care, but as consolidation accelerates nationally, we believe the preservation of meaningful democratic physician governance — and the community investment that comes with it — deserves sustained attention from physicians, hospital systems, and Oregon policymakers alike.

OR-ACEP stands in support of the physicians of Eugene Emergency Physicians, the colleagues they have worked alongside, and the patients and community they have served. Simultaneously, we also extend good faith to the physicians who will be joining this community going forward — those physicians did not create this situation, and we hope they will bring genuine commitment to the patients of Eugene and Springfield. Our concern is not with any individual physicians. It is with the structural conditions and decisions that led to this moment, and with ensuring that the community at the center this receives the stable, high-quality emergency care it deserves.

OR-ACEP will continue to monitor this transition and to advocate for the patients and physicians of our state. We welcome dialogue with all stakeholders and remain committed to being a constructive, informed voice on the issues shaping emergency care in Oregon.

###

\* Board members with a conflict of interest in this matter have recused themselves from the vote to issue this statement and from signing it, consistent with OR-ACEP conflict of interest policy.

# Letter from Congresswoman Val Hoyle

## Congress of the United States

Washington, DC 20515

February 25, 2026

Ms. Sarah Ness  
PeaceHealth President & Executive Officer  
1115 SE 164th Ave.  
Vancouver, WA 98683

Dear Ms. Ness:

On behalf of my constituents who are served in Southwest Oregon by the PeaceHealth Sacred Heart Medical Center, I write to express my deep concern about PeaceHealth's decision to end its decades-long relationship with Eugene Emergency Physicians (EEP). I believe the transition to staffing its emergency department with ApolloMD<sup>1</sup> will not be able to deliver the same patient quality. I urge you to immediately reconsider this action and at the very least delay moving forward with this contract to provide transparency.

PeaceHealth Sacred Heart Medical Center at RiverBend is the only Level II Trauma Center from Crescent City to Corvallis. Families from across Southwest Oregon rely on it in their most vulnerable moments. With emergency department volumes now regularly nearing 250 patients daily<sup>2</sup>, now is not the time for disruption. It is time for transparency in decision making, steady leadership and continuity—without it, I am concerned patient safety will deteriorate and quality will decline. At the very least, a longer transition period should be granted to ensure patient safety and quality remain.

EEP has served both PeaceHealth and this community for 35 years<sup>3</sup>. EEP provides our community with experienced emergency practitioners who have built deep relationships with patients, nurses and hospital staff. They understand the operational realities of RiverBend. Your suggestion that this transition is necessary to secure "experienced" clinicians overlooks that record and diminishes the expertise which already exists within your walls. This knowledge cannot be replaced overnight by a corporate contract with an out-of-state leadership team.

Just as importantly, the data matters here. Despite record setting patient volume numbers and significant system constraints, EEP has consistently met, and in many cases exceeded, performance metrics. Additionally, at no

<sup>1</sup> The Register-Guard, *PeaceHealth Replaces Local Emergency Doctors with Atlanta based ApolloMD*. <https://www.registerguard.com/story/news/healthcare/2026/02/04/contract-changes-to-take-place-at-peacehealth-emergency-departments/88513494007>

<sup>2</sup> PeaceHealth Sacred Heart Medical Center at RiverBend, *2025 Community Health Needs Assessment*. <https://www.peacehealth.org/sites/default/files/2025-04/PeaceHealth%20Sacred%20Heart%20Medical%20Center%20at%20RiverBend%20CHNA%202025-28.pdf>

<sup>3</sup> Oregon Public Broadcasting, *PeaceHealth's Split with Local Emergency Physicians Sparks Disappointment, Resolve*. <https://www.opb.org/article/2026/02/11/peacehealth-hospital-eugene-emergency-physicians-lane-county/>

<sup>4</sup> LookOut Eugene-Springfield, *I'm Responsible for PeaceHealth's Operations Across Oregon. Here's Why ApolloMD is the Right Choice for RiverBend's Emergency Department*. <https://lookouteugene-springfield.com/story/community-voices/2026/02/19/its-responsible-for-peacehealths-operations-across-oregon-heres-why-apollomd-is-the-right-choice-for-riverbends-emergency-department/>

point was it documented that PeaceHealth worked on a correction plan for any perceived issues they may have faced with the quality of EEP's patient care.

Meanwhile, due to inpatient capacity limitations, physicians are at times forced to evaluate and treat patients in hallways. This is not a standard anyone would choose, but it reflects the bottlenecks beyond the control of RiverBend's frontline emergency clinicians. Despite these conditions, patient satisfaction scores have remained strong. Members of EEP have even been recognized for their service and leadership, including receiving PeaceHealth's own social justice award<sup>4</sup>. These outcomes are not accidental and are a testament to how professional, efficient and committed to our community the physicians and care teams currently staffing the department are.

While I am also concerned about broader staffing pressures, I recognize emergency department crowding as a system-wide challenge driven by inpatient capacity, staffing levels and throughput constraints. Replacing an established physician group does not resolve those structural issues. What it does risk is the loss of institutional knowledge and team cohesion at a time when the margin for error is thin.

Southwest Oregon is a community that values skilled professionals and the stability that stems from long-term investment in a workforce. Choices that trigger large-scale turnover in our region's emergency department send the wrong signal to the very people holding this system together. So, I stand with the Eugene Emergency Physicians. I stand with the nurses, paramedics and frontline staff who have built an integrated emergency care system that works because of trust, continuity and experience and who overwhelmingly voted to see this decision reversed.

As a nonprofit healthcare provider serving our community, PeaceHealth has an obligation to weigh financial considerations against long-term public health impacts. When the Sisters of St. Joseph of Peace were more involved in the hospital, the mission was clear. Yet, as they have been replaced, the commitment to the mission has slowly been eaten away. This decision carries consequences that extend well beyond a contract. These consequences are far-reaching and affect the livelihoods of patients, physicians, hospital staff and all families involved. These doctors and their families are part of the fabric of our community. You cannot replace that.

For these reasons, I urge you to engage in meaningful dialogue with Eugene Emergency Physicians, nursing leadership, EMS partners, community stakeholders and those of us involved in healthcare policy making before moving forward with any final decision. Stability, transparency and collaboration must guide the path forward and that is not what has happened in this case.

Healthcare is not a line item in a spreadsheet and lives quite literally depend on the integrity of Southwest Oregon's emergency care. I stand ready to meet with you to discuss these concerns and to support solutions that strengthen, not weaken, the health and safety of the people we collectively serve. I look forward to your prompt response and to maintaining a strong and constructive working relationship with PeaceHealth.

Thank you for your attention to this matter.

Sincerely,

<sup>4</sup> PeaceHealth, *Kathy Mailloux, environmental services lead, Social Justice Award*. <https://www.peacehealth.org/healthy-you/kathy-mailloux-environmental-services-lead-social-justice-award>

# Letter from Oregon House of Representatives



## OREGON HOUSE OF REPRESENTATIVES

February 24th, 2026

Doctor Yogin Patel  
Apollo MD  
5665 New Northside Drive, Suite 200,  
Atlanta, GA, 30328

Dr James McGovern  
PeaceHealth  
3333 Riverbend Dr, Springfield,  
OR 97477

Dear Dr. Patel & Dr. McGovern

I am writing regarding ApolloMD's new role with Lane Emergency Physicians LLC, running emergency department services at PeaceHealth RiverBend.

As you may know, the Oregon Legislature recently passed Senate Bill 951 to reinforce long-standing protections around the corporate practice of medicine. We passed this law because Oregonians expect medical decisions to be made in the interest of patients and by clinicians exercising independent professional judgment, not by corporate ownership, which can allow non-clinical control over clinical practice and risk patient health.

SB 951 was intended to prevent this corporate medicine and provide clarity for all participants in the health care system, including physician groups, hospitals, and management services organizations. The goal is not to impede legitimate business operations, but to ensure that Oregon law is followed and that practice structures preserve clinical independence, transparent governance, and clear lines of responsibility.

In that spirit, and in light of ApolloMD's expanding presence in Oregon, we are requesting documentation sufficient to demonstrate that the Oregon physician entity or entities associated with ApolloMD's operations are structured and managed in compliance with Oregon law, including SB 951.

To that end, we request the following information:

1. The ownership structure of Lane Emergency Physicians LLC, including the names and Oregon medical license numbers of the physician owners;
2. The governance structure of Lane Emergency Physicians LLC, including managers, members, officers, or directors, and the process for appointment and removal;
3. The ownership and governance structure of any other corporate entities involved in the Peacehealth RiverBend contract, including any and all parent organizations and subsidiaries;



## OREGON HOUSE OF REPRESENTATIVES

4. The identity and role of any management services organization (MSO) involved in Oregon operations;
5. The management services agreement(s), and any other agreements concerning operations, authority, or reserved powers, between ApolloMD, Lane Emergency Physicians LCC, or any other affiliated corporate entity relating to the PeaceHealth RiverBend contract;
6. Any agreements defining which entities or persons have ultimate decision-making authority over administrative, business, or clinical operations of Lane Emergency Physicians LLC that affect the nature or quality of medical care delivered by Lane Emergency Physicians LLC, including physician staffing, scheduling, compensation methodology, billing/coding policy, and payor contracting; and
7. Whether any physician owner, manager, officer, or director of Lane Emergency Physicians LLC receives compensation from any MSO owned by or affiliated with ApolloMD, and if so, the terms of that compensation.

This request is not a conclusion that any violation has occurred. Rather, it is a request for transparency so that we can assure Oregonians of compliance and avoid unnecessary uncertainty as SB 951 is implemented.

If helpful, our offices are available to discuss this request.

Thank you for your attention and cooperation.

Sincerely,

Ben Bowman  
Oregon State Representative  
District 25

Lisa Fragala  
Oregon State Representative  
District 8

Nancy Nathanson  
Oregon State Representative  
District 13

# Lane County Legislators Delegation



February 27, 2026

Oregon Sacred Heart Medical Center at RiverBend Leadership Team  
PeaceHealth Sacred Heart Medical Center at RiverBend  
3333 RiverBend Drive, Springfield, OR 97477

Dear Oregon Sacred Heart Medical Center at RiverBend Leadership Team,

As legislators representing Lane County in the state legislature, we write to express grave concern about takeover of the contract between PeaceHealth and Eugene Emergency Physicians (EEP) by ApolloMD. This drastic shift to an Atlanta, Georgia health management support corporation puts at risk emergency department physician services at Sacred Heart Medical Center RiverBend and Cottage Grove Community Medical Center.

EEP, which has provided reliable emergency physician services to the Eugene-Springfield area for 35 years, is an independent, democratic group of 41 providers that is equally owned by all its physician partners. Currently, EEP sees approximately 85,000 patient visits per year at Riverbend and 15,000 per year at Cottage Grove Emergency Departments. EEP maintains the highest standards of medical knowledge and provide compassionate care to diverse communities in the Southern Willamette Valley. Their retention of physicians is outstanding, consistent with ties to the community. EEP reports having never left an ER shift uncovered.

It is highly doubtful that ApolloMD can achieve the same. PeaceHealth has stated that EEP physicians are invited to apply for positions under the new contract, but they report finding the offer incompatible with their current model. Further, we understand that PeaceHealth did not communicate with EEP before making this drastic change. Further, EEP members have pledged to not consider any association with ApolloMD for at least 90 days after the effective date of the takeover.

The overwhelming majority of medical staff at PeaceHealth, including every single medical specialty and subspecialty at Sacred Heart Medical Center RiverBend and Cottage Grove Community Medical Center, have uniformly asked the administration to reverse this decision. The medical staff of PeaceHealth in Lane County has supported them with a vote of no-confidence in the current administration and a formal request to reverse this decision. They are supported by the nursing staff at both sites and the Oregon Nurses Association.

Replacement of a local democratic physician owned group by a large, multi-state corporation raises important questions regarding compliance with Oregon's corporate practice of medicine laws, including ORS 58.375 and ORS 58.376, arising from the passage of SB 951 (2025).

These provisions protect medical integrity by ensuring licensed Oregon physicians – not corporate interests – lead patient care. ApolloMD's attempt to use services of the newly formed Lane Emergency Physicians, L.L.C appears to be an attempt to bypass protections set forth in the above-referenced Oregon statutes. If true, this is a demonstration of corporate medicine at its worst.

Emergency departments are critical public health infrastructure. Ensuring that their physician staffing arrangements comply not only with procurement standards but also with Oregon's professional corporation statutes is essential to protecting patient care and physician independence. This contract with an out of state corporation excludes our locally owned company, ends our physicians' community ties, and threatens to rupture the medical community Lane County. We have enclosed a statement from the Oregon chapter of the American College of Emergency Physicians in support of EEP retaining its contract with PeaceHealth for providing emergency physician services to the community.

Sen. Floyd Prozanski

Senate President Pro Tempore James Manning

Speaker Julie Fahey

Rep. Nancy Nathanson

Rep. Lisa Fragala

Enclosure: OR-ACEP Statement on the Transition of Emergency Medicine Services in Eugene

# Optum Takeover of Oregon Medical Group

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Optum owned by UnitedHealth Group

Purchase of 36 year locally owned Oregon Medical Group

32 provider depart in first 2 years

Patients lose primary care, medication refills denied

Complete closure of OB-GYN services

# Legislative Response to Optum Takeover

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Forced Optum to refill medications

Blocked non compete agreements

Led to development of Senate Bill 951

# Senate Bill 951

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Passed into law June 2025 with bipartisan support

Introduced by Majority Leader Representative Ben Bowman

Opposed by


Amazon

UnitedHealth Group

American Telemedicine Association

Administration of Emergency Medicine

# Corporate and Hospital Profiteering in Emergency Medicine: Problems of the Past, Present, and Future

Robert W. Derlet MD \* , Robert M. McNamara MD †, Scott H. Plantz MD ‡,  
Matthew K. Organ JD §, John R. Richards MD \*

Resulted in the elimination of many local democratic emergency physician groups

“Potential downsides of this trend include unfair or unlawful termination of emergency physicians, restrictive covenants, quotas for productivity, admissions, testing, patient satisfaction, and the rising cost of health care.”

# Hospital Staffing and Patient Outcomes After Private Equity Acquisition

Sneha Kannan <sup>1</sup>, Joseph Dov Bruch <sup>2</sup>, José R Zubizarreta <sup>3</sup>, Jennifer Stevens <sup>4</sup>, Zirui Song <sup>5</sup>

Affiliations + expand

PMID: 40982974 DOI: [10.7326/ANNALS-24-03471](https://doi.org/10.7326/ANNALS-24-03471) 

Hospitals on average reduced salaries and staffing

Increased patient transfers to other hospitals

Shortened ICU lengths of stay

Increased ED mortality

# Changes in Hospital Adverse Events and Patient Outcomes Associated With Private Equity Acquisition

Sneha Kannan, MD<sup>1,2,3</sup>; Joseph Dov Bruch, PhD<sup>4</sup>; Zirui Song, MD, PhD<sup>3,5,6</sup>

Private equity acquisition was associated with increased hospital-acquired adverse events

Falls

Central line–associated bloodstream infections

Surgical site infections

# Emergency Physician Employer Market Share and Concentration by Ownership Type

Angela G. Cai, MD, MBA\*; Zachary J. Jarou, MD, MBA; Alexander T. Janke, MD, MHS, MSc; Cameron J. Gettel, MD, MHS; Craig Rothenberg, MPH; Leon C. Adelman, MD, MBA; Matthew Simpson, BS; Jonathan Fisher, MD, MPH; Arjun K. Venkatesh, MD, MBA, MHS

*\*Corresponding Author. E-mail: [angela.cai@pennmedicine.upenn.edu](mailto:angela.cai@pennmedicine.upenn.edu).*

Majority physician ownership staffed less than half of ED visits

Highly concentrated regionally

Highly concentrated within private equity and national partnership ownership categories

“We are not owned by private equity.” -Patel, ApolloMD CEO

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## Key Metrics

### Founded Year

2001

### Location

Atlanta, [United States](#)

### Stage

Series A

### Total Funding

[\\$10.9M](#) in 9 rounds

### Latest Funding Round

[Series A, Nov 05, 2025, \\$\\*\\*\\*\\*\\*](#)

### Investors

[ValorBridge Partners](#)

# ApolloMD and ValorBridge Partners

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## Chris Durham, Esq.

Chairman

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Bringing extensive experience in healthcare contracting and human resource management, ApolloMD co-founder Christopher Durham oversees operations as Chairman of the group.



Chris is a founding member of ValorBridge Partners. He serves in strategic leadership roles and on the Board of Directors of affiliated companies including Crown Asset Management, Guardian Fueling Technologies, and FINE Parking. He co-founded ApolloMD with Gerald Bortolazzo, MD to support the clinical operations of a rapidly growing clinician group. In 2009, Chris received the coveted Ernst & Young

# Lane Emergency Physicians

Authorized official      JOHNE CHAPMAN - (OWNER/MD)

LANE EMERGENCY PHYSICIANS LLC		
PPB	PRINCIPAL PLACE OF BUSINESS	
5665 NEW NORTHSIDE DR STE 320		
ATLANTA	GA	30328
AGT	REGISTERED AGENT	
	CORPORATION SERVICE COMPANY	
1127 BROADWAY ST NE STE 310		
SALEM	OR	97301
MAL	MAILING ADDRESS	
5665 NEW NORTHSIDE DR STE 320		
ATLANTA	GA	30328

# EEP Requests

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Whether emergency department transitions of this magnitude should receive state-level review.

Whether full transparency regarding ownership and decision-making control of the companies involved should be required.

Whether there should be authority for oversight, including, if necessary, the right to seek judicial relief, when a transition may materially affect emergency preparedness and public safety infrastructure.

Thank you.

On the behalf of Eugene Emergency Physicians