Thank you, Senator Markey and Senator Warren for having me this morning.

My name is Ellana Stinson. I am a board-certified emergency medicine physician and have practiced emergency medicine for 15 years.

From 2013 to 2020, I worked on staff as an emergency medicine physician at Carney Hospital, Good Samaritan and the former Quincy Hospital, all part of the Steward Health System. In addition, over the past 11 years, I have worked intermittently throughout the country at various facilities run and operated by HCA, Envision, Tenant, Team Health and CHS.

When I entered medicine, I deeply loved what I did. Caring for patients in their most vulnerable moments and working in beautifully orchestrated chaos while bearing witness to so many life changing moments filled me with pride at the end of each shift. Unfortunately, so much of what I loved about Emergency Medicine has changed drastically over the years.

Initially, my time at Carney felt very fresh and fulfilling. Being able to serve a very diverse population in the Dorchester neighborhood of Boston was essentially how I always imagined my career trajectory, serving the most vulnerable populations. But when I could no longer care for my patients the way I would want a loved one treated, I had to make decisions to stay or go. Having spent time at several other Stewart facilities briefly, I began to realize how resources were being dwindled down and pulled from each facility. Most of the facilities no longer had certain speciality services and Quincy Hospital, eventually was taken down to bare bones before its ultimate closure. Not having blood products, respiratory therapy at times or certain specialty services no longer felt like I was able to provide safe or quality care. What is happening here in the Commonwealth is happening around the country.

We have now seen the buyouts, mergers and acquisitions led by private equity firms of over 30% of hospitals in the US. Having spent time at other PE sites around the country the level of deprivation was seemingly worse in some areas. Increased wait times and critical shortage of staff leading to dangerous boarding levels and critically dangerous patient to nurse ratios in the emergency department, seeing upwards to 14 to 1 ratios at times. All of this only to be exacerbated by the pandemic which resulted in increased cost of care, infection rates, mortality and even death.

Practicing medicine in many PE led places is no longer about patient safety and quality, but about making medical decisions and judgment due corporate decision making with profit motives at the expense of patients. Forcing staff to see patients in the waiting room in order to have it appear wait times were being reduced and improving door to doc times, calling codes for sepsis and strokes in order to find innovative ways to make profits. Increasingly daunting metrics required of physicians and other staff to meet were nearly unattainable and unsafe in many instances, but very much expected. In addition, many sites across the country began to remove emergency physicians from in-network, resulting in higher bills for patients known as surprise billing. These profit gaining practices not only harm patients but also increase financial burdens on patients who do not have a choice of where they will go when they are experiencing crushing chest pain or stroke-like symptoms. Especially when the next closest facility has been in some of my experiences, upwards to an hour away.

Most of the facilities I worked in were in very vulnerable populations that were mostly people of color, low income, or had limited access to other facilities or primary care services. Forcing them to only seek their care at a PE backed site. It is also known that most of the buyouts are of hospitals and facilities already struggling or with higher Medicaid and Medicare populations which ultimately affects our most vulnerable populations. It is critical we consider not only the impact these facilities have on our health care system, but also on the worsening care access and quality being provided to those communities already harmed by historical injury. The financialization of medicine will continue to exacerbate health disparities despite work being done on the ground to close these gaps.

In addition, these Private Equity backed facilities are where I typically run into other emergency physicians of color. As it pertains to myself and my colleagues, these practices often felt unsafe, which sparked many questions of medical legal risk as well as the emotional toll it takes on all of us who enter this profession to do no harm. In addition, being on staff at a PE backed facility also would not qualify physicians swimming in student debt for loan forgiveness. A profession once competitive when I first began my medical journey is now one of the least competitive fields to enter as students bear witness to the destruction of the profession. In 2023, 554 of the residency spots went unfilled. We also saw more PE backed hospitals opening residency programs that were not adequately equipped to provide the proper training for an emergency medicine trainee.

We train to deal with hard stuff, but we are running out of options on how to continue providing safe and adequate care at these PE run facilities.