



March 11, 2026

House Committee on Health Care
Room 42
115 State Street
Montpelier, VT

RE: House Committee on Health Care Vote on H 583

Dear Chair Black, Vice Chair McFaun, and Honorable Members of the Committee,

Thank you for the opportunity to provide testimony **in support of H 583**, which helps protect Vermonters from the corporatization and financialization of health care. United States of Care (USofCare) is a non-partisan, non-profit organization working to ensure [everyone](#) has access to quality, affordable health care, regardless of health status, social need, or income. We work in states across the country to develop pragmatic policy solutions that are designed to respond to the needs of people. We often hold up Vermont as a leader in addressing affordability and access issues for health care consumers.

Trends in Health Care Corporatization and Financialization

[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 health care ownership comes with the need to protect patients from rising concerns around its negative impact on [patient safety](#), [quality](#), and [access to care](#). Corporate ownership is also associated with [increased costs](#) for people, exacerbating the health care affordability issues Vermonters are [already struggling with](#).**

[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. Vermont'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 Vermont'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.

Furthermore, corporate owners, namely private equity firms, are increasingly buying up health care facilities and leveraging financial tactics that destabilize the system, such as [sale-leaseback real estate transactions](#), which involves selling the hospital's real estate to a third party and then

leasing it back. While this provides private equity owners a quick way to generate cash, this leaves hospitals without one of its most valuable assets and higher overhead costs, [significantly increasing](#) the risk of bankruptcy and closure for the hospital, as [seen in the example](#) of Steward Health Care's collapse in Massachusetts in 2024.

The Solution: H 583

H583 provides an opportunity to provide helpful guardrails to better safeguard patient care and ensure meaningful protections for Vermonters from the negative impacts of corporate pressure. This legislation is in line with efforts to close most of the loopholes which corporate actors are currently exploiting in at least [twenty-five other states](#) this legislative session. H583 offers a comprehensive approach by:

- Limiting third party vendor's ability to exert control over physician's clinical decision-making, keeping physicians in control of their practices and care delivery;
- Eliminating the tactics used by corporate entities to trap providers in harmful contracts;
- Requiring greater oversight of acquisitions, sales, or sale-leaseback tactics used by corporate actors to extract resources from community providers, offering the opportunity for the state to step in when these transactions threaten robust access to the affordable health care services people need; and
- Providing additional insight into the state's overall health care market landscape, which helps to guide policymaker's action on additional meaningful solutions to address the negative impacts of vertical and horizontal consolidation on Vermont residents.

Notably, H 583 **does not** ban private investments in health care, but rather prioritizes patient treatment over return on investment, providing a solution to protect Vermonters from the effects of corporate – rather than community – motives. **For these reasons, and on behalf of United States of Care, I encourage the Committee to vote “yes” in support of H 583.** 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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