March 9, 2026

Senator Melissa Wiklund
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

RE: SF 2939

Dear Senator Wiklund and Members of the Senate Health and Human Services Committee:

RAYUS Radiology is a physician-founded imaging company that began here in Minnesota in 1981. We are a homegrown Minnesota organization, founded by physicians to expand access to high-quality outpatient imaging close to where patients live and work. Today, RAYUS operates 23 outpatient imaging centers across Minnesota, serving patients in the Twin Cities metro and communities throughout greater Minnesota. Chair Wiklund, we want to thank you for taking the time to tour our facilities previously and engage directly with our physicians and care teams. We appreciate your interest in understanding how outpatient imaging works on the ground and what it takes to preserve patient access and affordability.

SF 2939, as currently structured, is focused on transparency reporting. However, because the Committee discussed last year the possibility of amending this policy to include a Corporate Practice of Medicine (CPOM) framework similar to "Article 2" language considered in HF 2779, we are tailoring these comments to address that potential amendment as well as the bill before you today.

That previously discussed amendment, as written, would introduce sweeping limitations and would prohibit our physicians' partnership with RAYUS Radiology as a management services organization, which provides non-clinical support and access to state-of-the-art capital-intensive imaging equipment. Physicians play an active, hands-on role in this partnership, helping ensure operational efficiency, and ensuring providers remain viable among the national payer landscape. We share the goal of protecting independent clinical judgment. The problem is that the previously discussed amendment goes well beyond that goal and risks treating routine, non-clinical business functions as "clinical control." Outpatient imaging providers and physician-led practices rely on shared infrastructure like IT and data systems, compliance support, billing and administrative services, and help negotiate with payers to stay viable and keep services affordable in community settings. These are operational functions, not medical decision-making.

If the potential amendment makes these partnerships unworkable, the likely outcome is more consolidation into higher-cost sites or reduced community-based capacity. That means fewer options, longer waits, and higher costs for Minnesota patients and purchasers. Thank you for your consideration. Further, SF 2939 could be modified to eliminate unnecessary approval and notification mandates, reduce excessive fees and penalties, and add clear protections to prevent public release of sensitive financial information.

Sincerely,



Zachary Brunnert
Director, State Legislative Policy
RAYUS Radiology