

**NOTICE OF MATERIAL CHANGE TRANSACTION  
FILED BY ADVENTIST HEALTH SYSTEM/WEST  
Supplemental Information Packet  
February 1, 2023**

**Responses to Requests for Additional Information**

**6. Please describe any services or programs MCMC provides or sponsors that serve the specific needs of migrant workers (including health care, language access, social needs, navigation/referrals, or community outreach). Where are these services offered? How will the transaction affect the availability (or MCMC’s sponsorship) of these services?**

For its migrant worker community, MCMC’s Medical Management Department closely coordinates a broad range of care and support. Available offerings include medical services, psychiatric and psychology services, social services, translation and language services, insurance and financial assistance, housing, nutrition, transportation and community health services, all delivered in a culturally-appropriate way. In addition, MCMC provides outreach to the migrant worker community by, among other things, visiting worker camps, attending and providing free health care screenings and services at community events (such as the annual Cherry Festival in the Dalles), participating in migrant-focused collaborations (such as the “Serving Oregon and Its Migrants by Offering Solutions” or “SOMOS” program), and offering services, vaccines, and education at commercial locations that cater to the migrant worker population. MCMC is continuing to expand its offerings to the migrant worker community as needs increase. Adventist is fully committed to supporting these initiatives and efforts after closing of the proposed transaction.

**7. Regarding the organizational chart, what is the reason for MCMC’s direct affiliation being with Stone Point Health rather than Adventist Health System/West? How does this affect Adventist Health System/West’s governance of MCMC as compared to its governance of Adventist Portland or Tillamook?**

[REDACTED]

[REDACTED]

**8. Please describe MCMC’s partnership with OHSU Knight Medical Center for Medical Oncology (as mentioned in the Moss Adams report, p. 19). What staffing, referral, or other clinical support does MCMC obtain through this partnership, and where is this support delivered (e.g., at the hospital, clinics, virtually)?**



There is an acute shortage of medical oncologists nationwide and in Oregon. Due to the lack of medical oncologists, MCMC has made the difficult decision temporarily to discontinue medical oncology services at its Celilo Cancer Center effective February 28, 2023. This change impacts only medical oncology care, including chemotherapy and immunotherapy. The following Celilo services are not impacted by this change: radiation oncology services, non-chemo infusion services, implanted device maintenance, and surgical cancer care, including breast, colon, access ports, prostate, urological, head, neck and breast cancer navigation.



**9. In the Moss Adams report “Summary Forecast” (p. 30):**

**a. Please describe the \$6M “Business Integration” expenses expected to be incurred in 2023-2024. What activities and costs are included in this figure?**



**b. Does the “Estimated Revised Net Change in Cash” include the \$100M capital commitment by Adventist? If so, please identify the line item(s) in the forecast wherein the capital commitment is included.**



