

Dear Oregon Health Authority,

I am growing increasingly concerned about the potential merger of OHSU and Legacy Health. As someone who has carefully followed healthcare in this city for decades, I have significant concern that this merger will negatively impact the community.

There are specific areas of concern that I do not see well represented in the public comments. There are several programmatic areas that are only available to the communities of this region via these two organizations. The ability to give patients choice has pushed these programs to be better, to extend the reach of care and to increase equity. In particular, I am very concerned for the care of our trans and non-binary populations in the state. There are currently only two inclusive (medical and surgical) programs in the region. They were designed differently and have different areas of focus. The fact that we have two distinct programs has allowed for different approaches and the inclusion of community voices in both the criticism and the ongoing work to improve these programs. The merger will reduce the region to one trans health/gender care surgical program. I believe this will significantly increase wait times and reduce access. I think the voices of community members could be lost.

We have a previous example of this in this state. More than 20 years ago Legacy began a kidney transplant program. The concern at the time was that this would be an added expense and would only split the existing number of Oregonians transplanted, which had been largely stable and did not grow significantly for years. The addition of the Legacy program more than doubled the number of transplants in the state, but it did other things as well, it pushed the established practices. Legacy extended care to HIV positive patients, changed the requirements for BMI to allow for more access to patients, transplanted undocumented patients, transplanted Hepatitis C patients and made changes (based on science) to GFR requirements which allowed for better access to transplant for African Americans. I believe reducing back to a single program will begin to decrease the number of Oregonians transplanted.

There are many other examples of this across the two systems. Merging the two tertiary care health systems in a region can only result in limiting access. It is hard to imagine the incentive of a single organization to keep duplicate programs. It will be the community that suffers as access and equity decrease. This is specifically concerning as the populations that these tertiary programs serve are often from historically underserved groups.

There are significant benefits to having both an academic and a community based not for profit in a region. Academics are essential for training future healthcare workers, academic medical centers provide significant research dollars and clinical trials to the community, they support very rare and complex quaternary care. They are not typically very agile and responsive organizations. Community based health systems also offer something distinct and valuable; they are imbedded in the community they serve and have a different clinical reach. Additionally, in the current federal climate, where there is so much focus and potential funding restrictions being targeted at academic systems, there is a risk to these services, especially trans healthcare, being shut down in the region, this at a time when we know folks are coming to the region for care that is being restricted in other places. There is less risk to this for a community-based system like Legacy.

There are many positive examples of existing collaboration between these two important regional systems. It is unclear the need to fully merge the two and the merger could create a dangerous restriction in access. There are opportunities to continue to collaborate and share best practices without fully merging and without risk of eliminating important programs and community voices.

I strongly urge you to reconsider this merger.