

## Public Comments

The [Health Care Market Oversight](#) (HCMO) program reviews proposed health care business deals to make sure they support Oregon's goals of health equity, lower costs, increased access, and better care. This document presents public comments related to the HCMO review of 039 OHSU-Legacy. Public comments were received via email to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov), voicemail, or by filling out the [Public Comment Form](#). Comments are presented below in the order received and may include typos or misspellings. Personal contact information for individuals has been removed.

OHA expresses no views on the substance of these comments, and their publication does not constitute an endorsement by OHA of the views expressed.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact us by email at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or by phone at 503-945-6161. We accept all relay calls.

### **1. Oppose the OHSU/Legacy plan to protect patient care. 10/11/24**

Dear OHA:

I am writing to oppose the proposed takeover of Legacy Health by Oregon Health and Science University. This corporate takeover will ultimately worsen patient care and reduce accountability in ways that are even now evident among OHSU's current business model. A consolidation of two such significant health care systems necessarily reduces competition and patient choice as well as further monopolize the labor market. Last year, the Legislature considered curtailing the private-sector consolidation of healthcare providers, with supporters of the measure pointing out that under corporate consolidation, "prices go up, both for payers and patients, on the order of 20 to 30%." Further, OHSU's own recent record demonstrates that those increased costs will not be invested in patient care or workforce, but in a top-heavy management structure. Just this year, OHSU's plan to save costs was to cut hundreds of jobs from the ground-level workforce while showering top executives, some of whom already

make over \$1 million a year, with \$15 million worth of non-performance based bonuses.

OHSU's business model is staggeringly troubling when applied to the healthcare sector. It avails itself of the financing advantages of a public entity, but with none of the usual accountability or transparency. This is not a model we need to see more of in healthcare. Please oppose this takeover.

**This public comment was sent to HCMO by each of the following individuals:**

Louise, St. Helens

Kelly Pagliaro, Portland, OR

Lisa, Multnomah

Serah Ashborne, Multnomah

Sasha Walker, Portland

Dalsharra, Portland

John Wrightarguelles, Clackamas

Durga

Adam Gemmer, Multnomah County

Joe W.

Elizabeth Marion

Nathan, Bend

Lisa Bratton

Shannon, Astoria

Michelle, Coos

Zero

Taylor, Portland

Jayce Turnbow, North Bend

Fae, Beaverton, Washington County

Joseph R, Portland

Stephanie Alford, Sandy

Joshua P., Portland

Samuel Berg, Newberg

Shane, Clackamas

Laura, Sandy

Joseph Kubes, Yamhill

Kristine, Hillsboro

Emily, Portland

Jay, Eugene

Kamille, Ashland

Ian G.

Anthony Gonzales Rodriguez, Forest Grove

Sherman, Canby

Jeron Winters, Coos Bay

Mark, Portland

Joshua Michael Black, Medford Oregon

James, Portland

Matt McLinden, Washington County

Gene Petrov, Beaverton

Dewayne, Portland

Cathin Y, Washington County

Zachary Graham, Washington County

Sabrina, Portland

Thomas Coatar, Portland

Kolbe Mckune, Jackson

Ernest, Medford

Meaghan Rios, Forest Grove

Anthony Tran, Oregon

Ray Fleetwood, Reedsport, OR

Ambrose Robinson, Scappoose

Ryan-Michael Riel, Portland

Kevin, Central Point

Chelsea, Bend

Echo, Gresham

Alec West, Salem

Devin, Benton County

Craig Oakley, Marion

Carmen, Salem, Oregon

LaShon, Washington

Lydia, Lane

Thomas Bailey, Portland

Danny Elridge, Klamath Falls

David Howard, Oregon

Sarah, Oregon City

Ann

Blanca, Hillsboro

Fawnlily Von Almen, Multnomah

Kevin, Jackson County

Tiffany, Portland

Courtney Fisher, Portland

Dayla, Portland

Mellony, Oregon City

Cynthia, Lincoln

Glenda, Newberg

Alice Olson, Washington

Macie, Clackamas

James, Multnomah

Ivy Nicole, Lane

Kelly Rhodes, Clackamas

Adrean Smith, Multnomah

Stephanie, Harney County

Ryan Winfrey, Gladstone

Jonathon Wriighthouse, Clackamas

Lana, Portland

Eva Eastman, Columbia

Nancy, Scappoose

Erica, Columbia

Debbie, Portland

Carol Worcester, Milwaukie

Thomas Heupel, Milwaukie

Susan Pitts, Clackamas

Ami

Kobee, Albany

Amber

Bridget Manley, Keizer, Oregon

Roberto Roman, Corneilus

April, Washington County

Deneene Brass, Marion County

Esraillian Zaven, Bend Oregon

Michelle McLaughlin, Grants Pass

Kaysie, Portland

David, Sherwood

Gabe, Lincoln County

Donna, Douglas

Eryn, Portland

Esai Alday, North Plains

Allan Dubray, Eugene

Theresa Barry, Milwaukie

Rai, Clackamas

Michael

Jenn Hirt, Beaverton

Karen, Klamath

Alicia Benner, Douglas County

Pete, Portland

Nicholas

Michael Marshall, Aloha

Jennifer

Tristan Freeman, Portland

Kathy, Portland

Madison Walters, Portland

Cameron, Columbia

Uwin Hakan, Tigard

Jennifer, Portland

Bryan B, Portland

Kelly, Portland

Clara, Eugene

Endale Hambisa

## **2. Stop the to preserve quality of care, 10/11/24**

To Healthcare Market Oversight, OHA:

I am writing to oppose the proposed takeover of Legacy Health by Oregon Health and Science University. This corporate takeover will ultimately worsen patient care and reduce accountability in ways that are even now evident among OHSU's current business model. A consolidation of two such significant health care systems necessarily reduces competition and patient choice as well as further monopolize the labor market. Last year, the Legislature considered curtailing the private-sector

consolidation of healthcare providers, with supporters of the measure pointing out that under corporate consolidation, “prices go up, both for payers and patients, on the order of 20 to 30%.”Further, OHSU’s own recent record demonstrates that those increased costs will not be invested in patient care or workforce, but in a top-heavy management structure. Just this year, OHSU’s plan to save costs was to cut hundreds of jobs from the ground-level workforce while showering top executives, some of whom already make over \$1 million a year, with \$15 million worth of non-performance based bonuses.

OHSU’s business model is staggeringly troubling when applied to the healthcare sector. It avails itself of the financing advantages of a public entity, but with none of the usual accountability or transparency. This is not a model we need to see more of in healthcare. Please oppose this takeover.

I would personally be negatively impacted by this merger as a patient of Legacy Health. Thank you for your consideration.

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From: Lynbo

Beaverton, Washington County

### **3. Stop the Legacy buyout, protect patients. 10/14/24**

To the Oregon Health Authority

I am writing to oppose the proposed takeover of Legacy Health by Oregon Health and Science University. This corporate takeover will ultimately worsen patient care and reduce accountability in ways that are even now evident among OHSU’s current business model. A consolidation of two such significant health care systems necessarily reduces competition and patient choice as well as further monopolize the labor market. Last year, the Legislature considered curtailing the private-sector consolidation of healthcare providers, with supporters of the measure pointing out that under corporate consolidation, “prices go up, both for payers and patients, on the order of 20 to 30%.”Further, OHSU’s own recent record demonstrates that those increased costs will not be invested in patient care or workforce, but in a top-heavy management structure. Just this year, OHSU’s plan to save costs was to cut hundreds of jobs from the ground-level workforce while showering top executives, some of whom already



make over \$1 million a year, with \$15 million worth of non-performance based bonuses.

OHSU's business model is staggeringly troubling when applied to the healthcare sector. It avails itself of the financing advantages of a public entity, but with none of the usual accountability or transparency. This is not a model we need to see more of in healthcare. Please oppose this takeover.

As a Legacy employee I am opposed to the "merger" we have all been left in the dark wondering if we will have jobs. I have worked at Legacy for over 10 years, now everything I have worked for is in jeopardy. I have heard rumors that I will lose all seniority and probably will have to reapply for a job at a lower wage. If this happens I won't be able to afford to stay living in Oregon and will need to sell my house and move on from the community I grew up in.

Sincerely,

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From: Alayna Smith

Gresham

**4. Subject: Comment regarding OHSU-Legacy merger (dkt. No 39) and Legacy Foundation (dkt. No. 38), 10/20/24**

To Whom It May Concern:

My firm and I are counsel to an Oregon nonprofit devoted to health equity in Oregon. Our client is quite concerned about the recent request of OHSU and Legacy to fast-track review of the Legacy Foundation aspects of the OHSU/Legacy merger. The merging parties appear to be relying almost entirely on the Foundation to satisfy OHA's health equity requirements. As such, issues of the Foundation's governance, transparency and objectivity are central to the merger and OHA's review. The public, including organizations devoted to health equity, must have the time necessary to review and comment on the merging parties' proposals. This is especially so, given both OHSU's and Legacy's historic harms to minority communities in Portland and beyond. The equity issues that this merger presents are significant. Our client, on behalf of itself and the general public, respectfully requests a deliberate and thoughtful timeframe rather than a rush.

Thank you,

Cliff

Clifford Davidson

Snell & Wilmer Law Firm

**5. No subject, 10/21/24**

I don't know about the financial reasons related to this proposal, but I know that referring into the OHSU system is extremely difficult and they have long wait lists while referring into the Legacy system is easy and my patients get good, fast care. I worry that if they merge, Legacy will stop being easy to work with and will become part of the OHSU system in a way that will make it harder for my patients to get the care they need. I especially worry about this because my medicaid patients often can't be seen in the OHSU system without changing their CCO (which would make them unable to keep seeing me). OHSU is such an amazing resource to the region, but they have been increasingly difficult to work with as an outside provider.

Vera Alcorn

**6. testimony against OHSU-Legacy merger, 10/23/24**

I am passionately opposed to the OHSU-Legacy merger. I am employed by OHSU as a professor. I am part of the APU union that is in negotiations with OHSU for a fair wage. I only work at OHSU 0.2 FTE because working for the School of Nursing represents a loss of income. I can make significantly more to support my family at most other clinical workplaces. This is consistent with FTC findings that the best opportunity for increased wages is for employees to have diverse employment opportunities--competition increases wages and helps workers negotiate for better workplace conditions. Reducing the major healthcare employers in the Portland Metro area to Kaiser Permanente, Providence, and OHSU-Legacy is a significant reduction in employment opportunities for healthcare providers like myself. We are facing a major healthcare worker shortage, which leads to delays in care for patients, due to deteriorating working conditions for healthcare providers.

I oppose the merger as a patient. I am a kidney transplant recipient. I had 2 options for care: Legacy and OHSU. I did not chose care at OHSU because they do not participate in the ONUS paired donation program. Instead, I asked to be seen at the

Legacy Renal Transplant Center. Because I was able to use the paired donation network, my partner donated a kidney to a stranger and I received one from a stranger. I now am able to work full-time as a healthcare provider and professor of future healthcare workers. If I had to go through OHSU's program, I would still be on dialysis and waiting for a deceased donor match.

I am a rural healthcare provider and I often face the challenge of referring patients for specialty care. Having another highly specialized hospital system in the state is crucial for my patients. At one time, OHSU's Urology Department would only see surgical urology patients and my uninsured patients needing "medical" urology care were forced to see local providers and pay out of pocket. At one time, the entire OHSU Cardiac Transplant team resigned en masse, this cost my friend a heart transplant. My friend who is currently fighting breast cancer waited for over a month to hear back on a referral for breast cancer treatment at OHSU, she was able to get into Providence within a week of her first call. It is essential for patient access to have alternatives for specialty.

Capella Lapham, FNP, DNP

#### **7. Subject: Public Comment: OHSU and Legacy Merger, 10/27/24**

I am writing regarding the OHSU and Legacy merger, specifically the parties' answers to question 16 on the impact to competition and its use of the Herfindahl-Hirschman Concentration (HHI) Index. My concern is twofold:

1. The analysis in the answer omitted Adventist Portland and Tuality Health in the before/after merger HHI levels.
2. The analysis broadly applied HHI in a way that does not reflect a realistic hospital market.

To expand on the first concern, Tuality and Adventist Portland are OHSU facilities. This means that the starting HHI should be about 1280 if we look at the market as defined in Question 16 exhibit 1. The post-acquisition value should be about 1,760, an increase of just under 500 points. This increase and ending point elevates the level of concern to "Moderate" as defined by the HCMO in Table B1 of the Analytic Framework.

My second concern is more extreme. The parties' quantified market share by inpatient discharges within a broad service, not within hospital markets. This broad use of HHI is misleading as it over-represents the number of competing hospitals and potential patients served resulting in lower scores (i.e., less concentrated). Proper application of HHI, as I am sure the council knows, is within a market and illustrates where residents might choose to receive care within a short travel time. Effectively market consolidation of this transaction should be distinctly analyzed for the Portland MSA (or CBSA), the Salem MSA, etc.

The Portland MSA is already moderately concentrated with an HHI at 2,245 using data from Question 16 exhibit 1 (Adventist Portland and Tuality included with OHSU's market share and inclusive of Hospitals in Washington, Multnomah, and Clark counties). The post-merger HHI is 3,366, a 1,121 increase, which by the HCMOs HHI thresholds will likely result in enhanced market power and has a high level of concern.

I encourage the HCMO to review the proposed merger with the appropriate high level of concern that it requires. Given the acquisition might avoid FTC review, the onus is on the committee to ensure that this acquisition does not reduce long-term access for Oregonians and/or increase prices through non-competitive action.

-Chris Conley, Portland Resident

#### **8. No subject, 10/29/24**

As someone who has been both a patient and employee of OHSU and Legacy Health, I believe our city and state are fortunate to have both - given their strengths are different (community hospital and routine medicine vs. research and academic medicine). Should I be seeking care for a rare cancer or other disease, I would be grateful for the expertise of an academic medical center. I have found routine care delivered by a community hospital to be more supportive, convenient and accessible. Unsurprisingly, I have found the same as an employee. Having worked at each for more than a decade, I am confident in saying the executive leadership at Legacy Health cares about their employee experience. They lead with compassion and transparency. That was not my OHSU experience. And while I initially thought this merger might be good with each institution having different strengths, the actions of OHSU making a deal with a group of labor unions to favor some employees over others, trying to cover up inappropriate behavior by leadership (sexual harassment, racism, bonuses while laying people off, etc.) to be worrisome given they would be the

remaining entity and executive leadership. Portland is a small market and healthcare employees have often worked at one other or several other systems in the area before landing at one that aligns with the worker's values. This merger doesn't just remove choice of the patient/consumer, but the employee/consumer. It will also likely lead to at least 1,000 or more jobs lost due to redundancies. I believe our community (patients, employees, other healthcare organizations) will be better served if these institutions remain separate and simply continue to deliver care individually and when warranted and a benefit to the community, work together via joint ventures as they do now with the Knight Cancer Collaborative and others.

## **9. Comments re OHSU/Legacy Transaction, 10/31/24**

SEIU Local 49, AFSCME, Basic Rights Oregon, and Oregon Nurses Association [submitted a letter of support](#) regarding the proposed OHSU/Legacy transaction.

## **10. Legacy employee comment, 11/1/24**

To the HCMO,

As an occupational therapist and long-time Legacy Health employee, I am writing to express my concerns regarding the proposed merger between OHSU and Legacy Health. I am not in favor of this merger due to significant apprehensions about its implications for both employees and the community we serve.

First and foremost, I am deeply concerned about the potential for this merger to create a healthcare monopoly that will limit competition and make it increasingly challenging to enact meaningful change within the combined system. OHSU's recent strategies, including layoffs and cost-cutting measures, demonstrate a concerning trend where financial considerations seem prioritized over employee and patient well-being. Merging with Legacy risks further embedding these issues into a larger, more monolithic system where voices advocating for employee safety, patient care, and workplace satisfaction could be overshadowed.

Furthermore, the instability at the executive level at OHSU raises red flags about the organization's ability to maintain effective and compassionate leadership in the merged entity. From my experience, healthcare should be about more than just the bottom line—it should focus on enhancing access to quality care, ensuring safe working conditions, and fostering an environment where employees feel valued and

empowered. Legacy has a culture of people first and I feel that OHSU prioritizes money first.

I urge you to consider these concerns as you evaluate this merger proposal. The impact on our community and the healthcare workforce cannot be overlooked.

Thank you for your attention to these critical issues.

Sincerely,

Rose Lee, OTR/L

Occupational Therapist

**11. Subject: OHSU/Legacy Merger, 11/1/24**

To the Oregon Health Authority:

I'm writing to offer my support for the proposed merger between the Legacy Health System and the Oregon Health and Sciences University. I believe that this merger could potentially offer significant benefit to Oregonians and the Pacific Northwest region at large in terms of patient access, cost of care and quality of medical services.

There are, however, caveats to this support. If the merger results in the diminished capacity of independent practices, or the actual elimination of independent practices that currently provide health care services to those organizations (particularly Legacy), my concern would be that those same critical elements--access, quality and cost--would be negatively impacted, perhaps critically.

My fear is that given the pressures for cost containment in this new consolidated entity, vertical integration of surgical services in particular would seem to provide a tempting target for budgetary savings. In fact, what it would do is result in a loss of access and a loss of providers over the long term. This is a trend that has been clearly demonstrated not only in Portland but across the country, and there is no need to repeat this mistake again.

I sincerely hope that the review of this merger can help propel the new organization forward with a robust sense of the value of independent medical practices, and perhaps some guardrails in place to help ensure the continued vitality of our independent partners in all of the medical specialties caring for our community.

Warm Regards,

Mike Axley, MD, MS

President

Oregon Anesthesiology Group

**12. No subject, 11/1/24**

To OHA & HCMO staff-

I am writing to express my support for OHSU's proposed transaction with Legacy Health. I am a current employee of Legacy Health, where I have worked for the past twenty years. I work in the EVS department, keeping the day surgery area of Randall Children's Hospital clean and safe for patients and their families.

I am supportive of this transaction because I think it will mean improvements for the thousands of employees of Legacy Health, and the even more patients that we serve. I also like that we will have a local, Oregon-based employer.

While I enjoy my job and am proud of being part of the team that makes each part of the hospital run, I have never felt like I was treated as part of the team by Legacy leadership. I am hopeful that all this can change with OHSU.

Already OHSU is being more transparent and upfront with us about what this transaction will mean for healthcare workers like me. Being clear with employees about job security, pay and benefits goes a long way to building a trusting relationship, and to retaining experienced workers. When we see an employer caring about us, their employees, it makes a difference. It makes a difference not only for workers like me, but for our patients too. When experienced workers stay working in the hospital, we are able to deliver more efficient and high-quality care that benefits patients.

Thank you for considering my comments,

Sunita Patel

**13. OHSU Legacy public comment, 11/4/24**

The Oregon Trial Lawyers submitted a comment in opposition. The letter has been [posted on the HCMO webpage](#).

**14. No subject, 11/4/24**

This merger appears to be wrought with too many problems. First, one is a state agency and the other private, how can that be mixed and work efficiently? The size of the merger is also troubling.

William K. Dettwyler MT

**15. No subject, 11/4/24**

Please, I have unresolved health issues and have been trying to get a referral to OHSU, I do hope that we are able to keep them as providers. It's so critically important. Thank you

Kristy Hagar

**16. No subject, 11/4/24**

As a patient of Legacy Medical Center and OHSU/Adventist Medical Center I have concern regarding OHSU's ability to seamlessly allow patient access to physicians, medical reports and even patient access to communicate with physicians.

Furthermore, OHSU's requires for new patients to OHSU's 'conglomerate' to sign a new consent, billing permission statement that would violate a patient's right to privacy! (I.e., patient must agree to allow his/her medical records available to medical students for educational purposes. This is a violation of federal HIPPA laws! As a retired hospital RN-C I find this alarming.

As OHSU's business umbrella covers more medical/hospital organizations it limits choices for: 1) healthcare over a widening geographical area, health insurance options, and, 2) empowers OHSU without strong oversight or assurances of continuity from current physicians/surgeons.

Most sincerely, JChampie

**17. Subject: I'm so glad Legacy got sold, 11/4/24**

The horror I've experienced with them over the last decade has been reprehensible.

I've been forced over and over to use them because I was brought there being "closer," or forced into them due to employer health insurance contracts. I can easily



rant for 10 paragraphs, if you need examples of what to ensure never happens to anyone again.

Hopefully new leadership can fix them.

Never once have my mother and I experienced any issues with Providence or OHSU.

I also would like to ensure that no one repeats the mass adderall addictions that Kaiser Permanente have created, allowing every warm body to fake an ADHD test, then have K.P. mail bottles of pills to the families first monday of every month, then I'd get to watch old sports cars and jacked up pickup trucks from the local high school careen in after classes were out to buy the pills for \$5 each to crush and snort. School shootings start with these addicts losing their supply as their friends graduate, and their frustration gets taken out at the school where they first got addicted. With 19% of Oregon high school students on adderall prescriptions, this crap has got to stop.

As I called in license plate numbers, the school urine tested, and every single one of the friends of the psychopath mom and son at Sandy High School tested dirty, all except for the boy he cheated off of homework with.

As we end up with only Providence/OHSU/Legacy vs Kaiser, we need to have some insights into how to deal with this BS.

Thanks!

Cam

**18. No subject, 11/5/24**

This merger should review as much as possible duplication of services and patient to nurse ratios. also legacy from our experience has a very non specific patient release policy that needs to be reviewed and protect the patient more

**19. No Subject, 11/7/24**

I am not in favor of this potential merge.

Currently, several dozen if not over 100 employees have already been impacted by positions being eliminated in preparation of this "merge" so that Legacy can meet a financial goal set forth by OHSU. Non-union Legacy employees have also been

provided with an unfair "guarantee" of continued current wage and employment for 6-months. However, that "guarantee" is only valid "if financial goals are met".

This is causing great distrust and fear amongst employees within Legacy as no one feels secure and animosity towards OHSU is already apparent due to their unfair stand on keeping Legacy employees and current wages.

I vote NO for this merge!

Kent Smith

**20. No Subject, 11/7/24**

If OHSU were to successfully acquire Legacy, the people of Oregon would have severely limited options for healthcare. OHSU has been working on obtaining a monopoly over the healthcare market and this should be stopped! Providence has religious affiliations (which is a problem for some) and we all know how difficult Kaiser can be to access. That would leave only one other option in the Metro area if this deal were to go through. Legacy needs financial help but OHSU is not the answer!

Chelsea Baker

**21. No subject, 11/7/24**

I'm concerned that costs may be higher with less competition.

What effect will the merger have on contracts with insurance and Medicare options. Will the combined systems make them so big the medical insurance companies won't have enough negotiating power to get good cost for service rates?

Ruthanne Rusnak

**22. No subject, 11/7/24**

My concern is the reduced competition that the merger will create. Hospital corporations are already too large, making the focus increasingly on money rather than patient care. Replacing the Legacy system with an enlarged OHSU will diminish competition in the Portland area and the state and likely increase the cost of health care for the individual patient.

Robert McKelvey

**23. No subject, 11/7/24**

I am deeply concerned with the merger as it becomes more difficult to access care and specialty services. Once the merger happens the health systems close ranks and what insurance they will accept and not. We end up with three HMOs (Kaiser, Providence and OHSU/Legacy). There is no ability to step outside of a network to access services and limits consumer access and choice without a hefty cost attached.

Christine Keating

**24. No Subject, 11/7/24**

My wife and I rely on the doctors and medical procedures and facilities available to us at the Legacy Meridian Park Medical Center here in Tualatin. The care provided by the staff is excellent. We are in our 70's and close proximity to health care providers was at the top of our list when we retired and moved from Eugene. We hope you will maintain the excellent service we count on at Meridian Park as the OHSU/Legacy merger plans progress. Thank you.

Randall Hledik

**25. No subject, 11/7/24**

When OHSU merged with Tuality, it diminished healthcare for those of us in rural Washington County. They closed the hospital in Forest Grove with its emergency room, lab services, etc. And the Maple Street clinic is so understaffed that it is often 3 or 4 MONTHS before you can get an appointment to see a doctor. So, we go to the emergency room in Hillsboro ( which is a minimum 45 minute drive from where I live) for anything that is urgent. The e-room staff then say "this isn't an emergency. Why didn't you go to your doctor? " Small town medical services suffer when local, small (read: unprofitable) hospitals and medical facilities are shuttered. I fear that the same would happen with Legacy. It is a business model that looks efficient on paper, but rural folks pay the price with their health.

Claudia Sieverling

**26. No subject, 11/7/24**

As a patient at both health systems, I would prefer to keep it separate. I get much faster, better, service from Legacy than I have ever seen at OHSU. Appt's are booked out for months, and you can never seem to get a person on the phone through OHSU.

I am totally NOT in favor of this merger. OHSU need some help...used to be good. Not so much anymore

Karen Koch

**27. No subject, 11/7/24**

There are several reasons why I am skeptical about this proposed merger, but here I will highlight simply that the current leadership commotion at OHSU suggests it is an unpropitious time for such a major venture, and that the risk of potential monopolization (or at least market domination) of services is significant. Thank you for considering my remarks.

I am a longtime health policy consultant and have served the state in numerous task forces and commissions.

Tina Castañares MD

**28. No subject, 11/7/24**

It may make economic sense to an accountant to combine two financially struggling institutions so that duplicative operational costs can be eliminated with cuts to staff and services. It makes no sense at all from the patient's standpoint given that we are finding it next to impossible to get any kind of test or appointment in a timely way now. If Legacy and OHSU merge and services are cut, I will have to resort to scheduling next year's mammogram on the way out of the office from this year's visit.

Charlotte Shupert

**29. No subject, 11/8/24**

How can it become only ONE trauma location when there are two hospitals? Are all trauma's going to go to OHSU the hill? And the Emanuel campus will see nothing? How can you say there will be only ONE children's hospital when there are TWO locations? Will children only go to the hill and none to Randalls? The wording in this makes it sounds like Legacy will lose their rights to act as they have been acting. Legacy staff will no longer get to treat patients the way they have, and OHSU will get all the Trauma patients, all the pediatric patients and Legacy turns into a SNF center for the off-loading on what OHSU cannot handle anymore. How can the OHA approve something like this?

Molly Manriquez

**30. No subject 11/8/24**

As a physician and Legacy employee, I would like to offer my tentative support to this merger. I believe that other competing for-profit health care systems are putting profits over patient care, and something must be done to correct this. While the OHSU-Legacy merger will certainly come with tradeoffs, we cannot afford (literally and figuratively) to let for-profit corporations come in and acquire more of our state's healthcare resources, and I fear this is what would happen to Legacy if it is not taken over by OHSU. As a public body with oversight from Oregon's governor, OHSU is the safest way to stabilize the state's healthcare system and work towards a more sustainable statewide integrated healthcare system that includes insurance, inpatient, and outpatient care. I do also want to ensure that there is some oversight or guidance put in place to ensure that the combined OHSU-Legacy body offers strong protections for its healthcare workers, including support for existing and future/pending health worker unions, as a way to counteract the size of the new largest healthcare employer.

Rob Morgan

**31. Impact of Merger wit OHSU and Legacy, 11/8/24**

What specific improvements to patient care and financial benefits are planned? How will those be measured and how often published?

Will this improve emergency preparedness?

ex: Will this improve the advance planning for sufficient emergency back up supplies (ex IV solution) and maybe forbid sole source provider of such supplies?

Betty Noyes

**32. No subject, 11/8/24**

I have received health care services over the past 60 years from both OHSU and Legacy. In my experience, OHSU's programs and providers are much more bound by bureaucratic rules and procedures than Legacy, and tend to rely more on "the way we've always done things" than on tailoring treatment to the individual patient and situation. To be honest, I have received very good health care from both institutions, but I've found Legacy's providers more responsive to and focused on individual patient

needs and preferences. (I can provide a concrete example upon request.) I would not like to see Legacy get swallowed up by the bureaucracy that runs OHSU. In the interest of competition, choice, and innovation, I urge OHA to deny this purchase.

Gary Whitehouse

**33. No subject, 11/8/24**

The proposed merger between OHSU and Legacy should be denied because it would be detrimental to the community in numerous ways. Combining the two systems would create a juggernaut controlling more than half of the general acute hospital beds in the Portland metro area. Portlanders are lucky to enjoy a healthcare market with four large systems competing for their business and their employment. Disrupting this system with what could arguably be called a monopoly is likely to lead to higher costs for care and lower pay for healthcare workers, while disincentivizing quality of care. Legacy should explore other avenues of obtaining funding to continue providing excellent care and service to the community, while remaining independent.

Andrew Dilla

**34. No subject, 11/8/24**

Based on the research and past experience, this merger is likely to decrease public access to quality healthcare and decrease hospital workers' pay and job satisfaction. It is a lose-lose for everyone except for those at the top of these organizations. Please weigh the needs of the public against the desires of those at the top and deny this merger.

Kayleigh Vaster

**35. OHSU Legacy Merger, 11/10/24**

To the Health Care Market Oversight Program,

Thank you for carefully considering this proposition for OHSU to buy Legacy.

I am a Portland resident and nurse working in the city (for one of these organizations), and I oppose this acquisition. It will allow OHSU to dominate not only the Portland Metro healthcare treatment options, but also the healthcare job market. If you want to work at a Level I trauma center, or a pediatric hospital, or a Level IV NICU then you would have only one employer to choose from which would prevent competitive wages

in these areas of expertise making it difficult to recruit qualified employees. There has to be another way to bail Legacy out financially! OHSU cannot and should not have a monopoly on Oregon's healthcare systems. Legacy and OHSU have lost the trust of many stakeholders in the process of creating and applying for this merger and I just do not have the faith in either organization to do the right thing for patients or employees anymore.

Rachel

**36. 039 OHSU-Legacy Merger, 11/12/24**

I did not intend for this to necessarily be an anonymous comment, but my diatribe was too long for the form. My comments are mine alone and do not reflect the opinions of my employer.

My name is Jennifer LeTourneau. I live in Portland, OR.

It is difficult to add to Dr. Kitzhaber's well articulated concerns as written on his blog. In short, nationwide these types of health system consolidations have not reduced cost or improved access for patients. Having just returned from a national academic medicine conference, I attended a session describing health system market consolidation by large academic health systems on the east coast. The focus of the session was despite how complicated this was, the acquisition of smaller health systems and hospitals led to improved profitability for the academic health center. When asked about cost containment, the only solution offered was "restructuring" of governance which was frequently elimination of leadership roles in the acquired health system. This however did not reduce cost to health care consumers.

Another concern is the education mission of each entity. OHSU is known as training health care providers for the future. Legacy Health additionally has a robust education mission. Health care professionals from numerous disciplines are trained in Legacy Health hospitals and clinics: physicians, physician associates, nurse practitioners, respiratory therapists, pharmacists, nurses, emergency medical technicians, social workers, psychologists, and numerous others. The strength of the health care professional training programs at Legacy Health is the diversity of academic affiliates. Legacy partners with numerous regional universities, improving the access of education for the region and recruitment of those trainees into health professions careers for our communities. Legacy Health currently supports over 100 physicians in

training (OHSU supports ~900), and provides over 1600 clinical rotation opportunities to medical students, physician associate students, and physician residents and fellows. There is concern after the combination that the regional medical school and universities with health professions programs may lose their clinical rotation opportunities as OHSU would choose to utilize those opportunities for their own tuition-paying students. This is not a service to the state of Oregon as it severely limits the diversity of student opportunities and recruitment/retention of our healthcare workforce.

Another concern with respect to patient access is the OHSU “command central”, a strategy whereby OHSU currently triages the high complexity (and highly reimbursed) patients to OHSU South Hospital and moves the lower complexity patients to their affiliated hospital in Hillsboro and SE Portland (Adventist). This could effectively mean that someone who lives in southwest Portland who falls and breaks their hip could be transferred to Hillsboro for care, a long drive for their loved ones. While there has been no proposal about how OHSU would address this after the Legacy combination, it is not hard to imagine how it would be conceivable that a patient who lives in Sandy who might otherwise receive a service at Legacy Mt Hood or Legacy Emanuel, may need to go to OHSU South Hospital instead based on service consolidation.

As OHA considers this consolidation here are the questions that Oregonians and citizens of Southwest Washington need to know:

1. How will this combination improve access for patients?
2. How will this combination improve quality for patients?
3. How will this combination decrease cost for patients - including controlling cost of premiums?
4. How will this combination impact families of patients (eg- Sandy resident has to go to Marquam Hill for care that was previously available in NE Portland)?
5. How will this combination impact medical education opportunities for other academic partners who grow local healthcare providers?
6. Will there be a fair allocation of resources given the possibility of tiered care? Meaning, with one hospital delivering the bulk of the highly reimbursed services (cancer care, cardiac care, etc) how will resources from that site be utilized to ensure



adequate staffing, education, and professional development for the non-well-reimbursed care (alcohol withdrawal, failure to thrive, etc.) 7. With the notable cultural differences and missions of the two organizations, how will OHSU work to make all of the health care professionals feel valued and work to reduce burnout and compassion fatigue which impacts both those who are constantly delivering the high medically complex care and those who are constantly delivering the socially complex care (meaning patients highly impacted by the social drivers of health like poverty, food scarcity, health illiteracy, transportation scarcity, etc)?

Many thanks to the employees of OHA and public volunteers for taking a closer look at this proposed process and asking the hard questions. Building the plane while it is flying is not going to benefit our community, our state, nor our region. These are extraordinarily difficult challenges and our citizens deserve a solid plan before this moves forward.

**37. No subject, 11/12/24**

The merger can do no more damage than Legacy Meridian Park did to my husband last July (2023) in their ER and then ICU when he was told he was not sick enough to be in the hospital and he coded, was given CPR (breaking four ribs), sent to ICU (coded again) and was later sent home at our request, but without a discharge summary, to be "cared for" by Legacy's hospice program whose nurse did nothing and left because there was no discharge summary. The rickety "bed" they sent broke the first time it was adjusted. He survived only a few hours at home.

Teresa Apple

**38. No subject, 11/12/24**

The OHSU/Legacy merger will have a disparate impact on Oregonians with Providence Health Plan Insurance. According to a quick search, Providence Health Plan insures about 17% of Oregonians. Legacy Facilities are "out of network" to Providence Health Plan members. This means that the cutting edge healthcare and research medicinal provided by OHSU will not be covered at the standard coverage for Providence members. This means life saving healthcare only available at OHSU will be unaffordable to over half a million Oregonians. Additionally, there are 2 children's hospitals in Oregon, Randall and Doernbecher. Randall is already part of Legacy, and as such, out of network for many Oregonians. Adding Doernbecher to Legacy will

make the only two children's hospitals in the state unaffordable for most families insured by Providence.

Permitting this merger to proceed will DECREASE affordable access to appropriate, specialty care to Oregonians.

Nina Baurer

**39. No subject, 11/12/24**

Surely medical care at LMP cannot get worse. Legacy Meridian Park left me without help in the recovery room after knee replacement on June 12, 2023, when I awoke to loud groaning (me) and severely retracting chest and throat muscles, unable to breathe. A woman had been left with me, but told me to stop making so much noise and walked away. I was not able to turn my head to see her or move my body otherwise. After I lost consciousness, I next became aware of someone saying "albuterol" and was told to breathe into a mask with white mist over my face. There is nothing about this in my record. I asked about it as though I did not know what happened, but I knew.

Teresa Apple

**40. No subject, 11/12/24**

I hope the merger is supportive of the Legacy physicians union.

Lauren Noll

**41. No subject, 11/13/24**

I am concerned about this mergers impact on Legacy's Kidney Transplant services. There are only three transplant teams in our market. This merger could effectively reduce that to two. My Nephrologist recommended I use Legacy for my transplant. OHSU has a reputation for being more selective in their evaluation process for transplants. This merger could reduce options for patients and overall market capacity for transplants. This needs to be addressed.

John Sears

**42. Please consider OHSU poor record on executing mergers before approving Legacy/OHSU merger, 11/14/24**

My wife is a recently retired OHSU employee and many of our friends still are. Dinner conversation often focusses around the latest failure in an acquisition by OHSU.

Complaints have included:

- Failures in automated patient records and management so bad that patients were told they would need to seek care elsewhere
- Transition of acquired systems to EPIC without proper training of transitioning personnel or of existing personnel in how to work with transitioned patient records
- Introduction of new automated systems to be used by doctors and pharmacists without any or sufficient training, to the point of being unable to fill orders and prescriptions at all

I can not urge you enough to look more deeply at OHSU's plan for execution of any planned merger, key measurement/assessment milestones (or lack thereof) allowing go/no-go decisions based on the ability to provide continuing and quality care, the timeline for how transition of automated systems will occur, and contingency planning for what will be done if milestones are not met. Sadly, my expectation is that most or all of the above will be completely lacking.

OHSU's organization is based in human effort and power where employees at the level of service delivery are left to their own devices, under-informed regarding transitions, under-trained and, in the end, set up to fail, while managers and executives focus more on crafting perception and story, rather than creating good patient outcomes. Compare this to a process and quality improvement-oriented organization that would have detailed plans not only for execution, but for examination of results at every step, appropriate go/no-go decision points, milestones for management and executive evaluation, feedback loops allowing frontline workers and patients to report on patient care experiences and outcomes, and contingency planning for fallback or other specific actions in the case of a major process failure.

OHSU is not an organization at all prepared for another merger and which has demonstrated over and over it's lack of commitment to the patients or its employees in these transitions and worse, its full commitment of hiding these failures from the public and regulatory eye. As you consider this latest acquisition, I encourage you to require a full after-the-fact review of the most recent and similar transitions, specifically

focussed on the patient experience as perceived by actual patients, patient outcome trends, and very specifically changes in automated systems and their resultant outcomes as conveyed by employees involved in patient care who use them. I am SURE that due diligence in this arena will prove beyond any shadow of a doubt that OHSU lacks an adequate plan and would be putting patient care at risk in this acquisition.

Best wishes, Name Withheld

**43. No subject, 11/14/24**

I think the merger with OSHU and Legacy is a bad idea. It would eliminate competition within the hospital system and doctors. There needs to be healthy competition. We do not need one provider for medical care in the Portland Metro area. Choices need to be provided for patients, and need to have a say in their health care. There needs to be more outreach to patients in this process.

Catherine Nicewood

**44. No subject, 11/15/24**

I'm writing to argue in the most emphatic terms against a merger between OHSU and Legacy Health. This merger is a bad idea for patients in Portland and will not expand health access in the Portland Metro area nor elsewhere throughout the state. It is unfortunate that both OHSU and Legacy are struggling with their financial choices, but both institutions are rather large: being #1 and #3 in terms of net patient revenue in the state. If bigger is better, they are already the best. A merger will not fix their financial problems but instead create a moral hazard: a hospital system too big to fail.

In order to get a new primary care physician with OHSU, you must sit on a waiting list so long that you can't even get on it! I have firsthand experience since losing my primary care physician. The clinics are full and they will only maintain a waiting list of a fixed length, approximating 6 months. Every time I've called in the last 2 years, the list was 6-months long and therefore the clinic declines to add me to it. They recommend calling back in a few months to see if I can get on the waiting list at that time. I have run around calling OHSU clinics on my side of the metro area every few months to see if they have openings and the universal answer is no. I've spent 2 years trying to get onto a wait list to get a new primary care physician and failed consistently. I've

resorted to ZoomCare for primary care because it seems like OHSU will only see me if I'm actually on death's doorstep.

My wife has a similar problem scheduling care. She had the blessing of holding on to a gynecologist. Her most recent visit in September 2023 was regarding early onset menopause. The doctor ordered a CT-scan to measure bone density and prepared a follow-up appointment a month later to discuss the findings. Tiny problem with that plan: the imaging department was booked out for a FULL YEAR and could only fit her in if she was experiencing an emergency. Her gynecologist tried to accelerate the timeline but when the imaging department held its ground, the follow-up appointment for my wife was canceled. Without a bone scan, there was no point to have an appointment to discuss the results of that bone scan. Finally 13 months later, in October 2024, she was able to get her bone scan and is ready to make a follow-up exam.

In conclusion, OHSU clinics are full but OHSU seems more interested in cutting staff to save money than expanding care availability. If OHSU merges with Legacy, it would expand their brand; it would give them more patients; it would increase their reputation. But in the end, it will NOT make OHSU-Legacy medical care more attainable for people like me: individuals who are not already patients in their system or actively experiencing a life-threatening emergency. A Legacy-OHSU merger would render a singular hospital system with all the same problems they now have but writ larger. A merger creates even stronger incentives to pursue patients with the biggest purses and not the broader community who needs mundane, low profitability care. Lastly, the Legacy-OHSU merger will undercut everyone's ability to get medical care at an unaffiliated institution.

Steven

**45. Public comment related to both the OHSU/Legacy and the Legacy/PacificSource transactions, 11/15/24**

The Inatai Foundation submitted a [public comment](#) that is posted on the HCMO webpage.

**46. OHSU Merger, 11/17/24**

I am a senior, living in Tigard OR. The only medical organization (corporation) who will accept me as a patient on Medicare is OHSU. The closest office is Hillsboro, a heavy traffic 30-40 min drive. Not easy when one is sick and old.

There are three other corporate medical groups in Tigard offering primary care. The doctors are accepting new patients. Unless you are on Medicare. I have the best gap insurance. It doesn't matter. They will not accept me as a patient.

If this merger means I can have a primary care doctor close to home, then please do it.

It's reprehensible that I have to pay premiums for services I can't use where I live.

Roxanne Overton

**47. Merger???. 11/17/24**

Dear OHA,

OHSU's proposed and outrageous maneuver to use its Federal anti-trust protected status to takeover Legacy Health in Portland and elsewhere is vile. Don't use my reaction to the disinformation campaign going on, just read the nonsense OHSU peddles in its own PR releases. Everything is laid bare in their statements:

"Even if the takeover reduces competition there are controls to keep things in line."

This one shameful comment should slam the brakes on this "deal"! The people of Oregon already are facing mergers-for-closures, massive consolidations, eliminations of choice, unconscionable delays in service, oh and those nagging pesky cost increases.

Another great moment in gibberish is alluded to as a "self-survey of the primary market place". SHOCKINGLY, OHSU didn't include its OWN affiliated facilities in the defined area SURVEY, but SOMEHOW managed to include service facilities up to 5 hours away!

Again, at this intermediate point in the "proposal" no regulating oversight authority by definition, should ever allow for the massive misdirection of dubious results created by the fox itself to determine the hens fate!

The rest of OHSU's public campaign is riddled with more incomprehensible claims of marketplace projections and intentions of chicanery!

What's to approve here that speaks to any Public good?

ALARMINGLY Yours,

Robin LeConche

Portland resident

**48. No subject, 11/18/24**

Dear OHA and HCMO staff-

I work as a housekeeper in Randall Children's hospital, part of the Legacy Health system. I will celebrate my fourth year of working for Legacy in April. I clean the Isolette beds, the special beds where premature babies are given a safe, incubated space to stabilize and grow. It is a lot of work to clean these beds, and important too.

While every job has its challenges, I like my job and the work that I do. Sometimes I worry about the transaction between Legacy and OHSU, but as long as I have a job, benefits, and the basics, I am not worried. Because of this, it is valuable to me that OHSU has put in writing and signed an agreement saying that we will be keeping our jobs, benefits, and that our pay will not be cut.

I am also hopeful about the money OHSU has pledge to invest in training. Due to short staffing and not enough people, I often get pulled to clean the NICU and other areas. We need more staffing, period. More training and more pay could help get more people. Also more training and new skills, especially around technology, could make us more efficient with discharges. Having enough staff to make sure we have well cleaned rooms, whether an Isolette bed, adult bed, or waiting area, is important for patients. OHSU's promise to invest millions in trainings is a good start.

For these reasons, I support OHSU's transaction with Legacy and look forward to continuing my work at Randall's.

Thank you,

Mindy Palmer

**49. No subject, 11/18/24**

My family and community does not support this transaction. It will create a monopoly in the city. Figure out a way to help both organizations remain independent of each other while continuing to help the citizens of Portland.

Kim Walker

**50. No subject, 11/15/24**

I am concerned about this upcoming combination as it relates to availability of care to those in the greater Portland area. Limiting care options even further will only add additional damage to those struggling with insurance and finding care that is within coverage. Clark county is already exploding in population, and if their residents are directed south for in network care within the OHSU system, the space will further be inundated for the already overwhelmed and underbedded hospital community. Both Legacy and OHSU are at near capacity on the daily, holding patients in Emergency Departments for days. If OHSU believes this acquisition will help in their capacity problems, they are wrong, as the Legacy facilities have no space. How can an entity purchase another 10 facilities after firing 500 of its own employees not 6 months before agreement? With an institution that just had their nurses strike costing thousands of taxpayers dollars? There is little trust in this combination from the bedside staff, and concern for the future of the healthcare workers. Further concern for the use of federal Oregon dollars in a Washington state facility with different staffing laws and requirements.

**51. No subject, 11/18/24**

To OHA and HCMO staff,

My name is Steven Wong and I work as a certified nursing assistant in Legacy Good Samaritan. I started my journey with Legacy as a volunteer in 2011, then I became a housekeeper in 2012. I took classes and became a CNA around 2015. As you can see, I've been with Legacy for a long time.

For many years, I thought Legacy Health was a good company. Things of course change over time, but Legacy Health seems to be showing a different side after all these years. Leadership has changed at Legacy over the years, so I was both surprised and not surprised that they didn't come to the table with us to talk about their proposed merger with OHSU. It's like Legacy didn't want us represented, as though we're just the ones working for them rather than partners in providing care to our



communities. People were concerned about their future and Legacy's unwillingness to talk to us made us feel like we were hung out to dry and left out.

On the other hand, OHSU's commitment to pay parity agreement is huge. Within a year of the merger closing, OHSU will match any pay discrepancies at whatever the higher rate is from the same job class- from EVS to dietary to CNA and on and on-between different facilities. Also, the workforce investment will be good for staff members. It speaks volumes that they are willing to invest in staff members and invest in our future, which is also an investment in their own future.

Legacy Health not showing up at the table, and then criticizing their workers for it, is not the legacy I'd want to leave behind. I'm all for leaving a legacy behind, a good one, like teaching CPR to a million people and being a CNA to nursing students; I want to make healthcare better. For all these reasons, I am favor of the merger happening and Legacy coming under new leadership.

Sincerely,

Steven Wong

**52. No subject, 11/19/24**

I have concerns that the acquisition of Legacy health system by OHSU will leave the greater Portland area limited to only 3 health systems. OHSU has already acquired the Adventist system. OHSU was already the largest local employer, and Legacy was a very close second. With OHSU acquiring Legacy it seems as though it creates quite a monopoly in the healthcare business and operations in the greater Portland metropolitan area. That concerns me greatly. With only OHSU and Providence existing to serve the populous, I'm scared that prices for, already expensive healthcare, will rise. I have concerns about the equity and availability of services when there is only OHSU and Providence. I understand that there is also a Kaiser Permanente presence, though the number of members within KP, already exceeds capacity for the few KP hospitals in the area. KP contracts outside of their system already, though does not serve, non-members within their facilities.

I have great concern for the OHSU / Legacy merge. I fear there will not be affordable options available, as there will largely be only 2 accessible healthcare systems, and that will further limit equitable healthcare access. How can you have competitive

pricing when there is only 2 options? The answer is, you don't. This merger would be detrimental to the healthcare options available to local residents.

Amy Dyer

**53. No subject, 11/20/24**

OHSU-Legacy merger might cause such a disruption that patient care will be negatively impacted for months/years to come. With any major change, there are often multiple departures/resignations for a variety of reasons. Given the current backlog for multiples specialties, the loss of just one more specialist from the community may cause patients to wait up to a year to see a certain type of doctor. Further, I worry that the strong sense of community-level care will be diluted by the academic tiered care of OHSU. While I appreciate the prospect of two local organizations banding together to protect from a private-equity buyout, I'm not sure how the combination of two financially struggling organizations will provide the security needed.

Kate Ropp

**54. OHSU-Legacy, 11/20/24**

Larry Kirsch submitted a [public comment](#) that is posted on the HCMO webpage.

**55. Comments Re: OHSU and Legacy, 11/20/24**

Director Haithi and HCMO staff-

I am writing to express my support for OHSU's proposed transaction with Legacy Health.

I have worked at Legacy for over 16 years, shuttling between hospitals and up and down all the floors to deliver equipment that healthcare workers need to deliver quality care. It makes sense to me that, patient wise, there will be advantages to having a larger entity. The health system could streamline care more, and if one hospital filled up we can make arrangements with other hospitals more easily. I assume it will be more uniform and more expedient.

I am also supportive of this deal because OHSU is vowing to make improvements to patient care while making binding commitments to be a quality employer. OHSU seems to recognize that you can't provide care without people.

OHSU and Legacy choose to treat their people, their workers, differently. For example, there is a clear contrast between OHSU and Legacy in regard to coming to agreements with unions. OHSU agreed. OHSU met with us, made an agreement. I'm sure it won't all be sunshine and roses, it never is, but at least at the moment there is crystal clear evidence that workers can have a voice with OHSU, that they will sit down and listen. OHSU has committed to retaining workers and paying us equally, if not more. This is an agreement Legacy could have easily made, but they didn't want to. They brushed off our calls.

Legacy has been writing its employees letters about being broke or losing money each quarter for a long time now. This instills fear and increases anxiety among the very workforce you need to run a hospital. Then came the news about OHSU. While Legacy ignored us, OHSU sat down and put reassurances and investments on paper.

This is why I am supportive of OHSU's transaction.

Sincerely,

Mark Vorpahl

**56. No subject, 11/20/24**

OHSU's entire board should be replaced and much of its leadership they have for many years now put executive pay and profit over patient care.

Damien Pueblo

**57. No subject, 11/21/24**

With the acquisition of Legacy by OHSU, the biggest concern is what is going to happen to Legacy Salmon Creek Medical Center? Since this hospital is the only one located in Washington, it falls under different authority and regulations. The employees are very nervous and concerned about the future of their workplace. Please address this accordingly. Thank you.

Rebecca Scott

**58. No subject, 11/23/24**

OHSU quality of care has been decreasing for years now the wait to see a pcp is months at best. Specialists can take six months to a year to see them at best. This will

make healthcare in Oregon worse. This will further degrade healthcare for OHSU patients

**59. Letter of Opposition to takeover of Legacy Health by OHSU, 11/25/24**

UFCW Local 555 [submitted a letter in opposition](#) to the OHSU-Legacy transaction.

**60. 039 OHSU-Legacy Public comment, 11/25/24**

Unrepresented employees [submitted a public comment](#) about the transaction.

**61. No subject, 11/28/24**

I have serious reservations about this merger. I was part of the COVID study that was cancelled. I was very proud and inspired to be helping during this difficult time. Then it was cancelled and the reason was that too many of us were born with the wrong color of skin. This was very discouraging during a time when covid did not care about skin color. I don't feel the OHSU would be able to provide unbiased care anymore. This also made me not want to help with studies and made me very critical and wary of the medical research industry. Legacy has treated me well and fairly and based on my experience with OHSU , I no longer feel that they will.

Scotty Wilson

**62. No subject, 12/3/24**

I am writing to oppose the proposed takeover of Legacy Health by Oregon Health and Science University. This corporate takeover will ultimately worsen patient access, as we have already seen from their previous takeovers. As a small clinic that serves a high level of medicaid patients we often rely on OHSU as the only place in our community to access high level specialty care, and now we are being turned away and told our patients have to be in the OHSU network for their referrals to be accepted, which would force these patients to lose their existing providers. We have struggled to find other places to refer them, but Legacy has been a staple in our referral network. This merger would be so harmful to our patients if the only option in our community is to be in the OHSU CCO.

Jessica McManus

**63. No subject, 12/3/24**

I am in full support of the OHSU - Legacy merger. I am a surgeon working in Multnomah County for the past 18 years. All mergers are supposed to be examined with an eye toward access, quality, cost and health equity. While many of the public comments focus on cost, I think we are all missing the more critical points of access and health equity and how when we fail on those points quality care inevitably declines.

OHSU is by legislative action supposed to serve as the point of care for complex patients with medical needs that cannot be treated elsewhere in the state. Access at OHSU is so critically short that not only can those cancer, trauma, cardiac and complex surgical patients not "get in" to a bed at OHSU, but those patients waiting for access to care are now crowding out other patients who want access to OHSU for health equity or quality reasons. The population should know that OHSU waiting lists are always at least a week or longer wait for a hospital bed. Oregon is the single state in the nation with the lowest number of hospital beds per capita and that is not going to change anytime soon given the dearth of hospital construction today. Oregon desperately needs more Hospital beds and more Operating Rooms and more care providers to meet the needs of a growing state. While a merger does not add more beds or ORs to the state total, it allows both the Legacy and OHSU systems to better shift patients around to get the right level of care in the right place at the right time. Legacy has available hospital beds and operating rooms at cheaper costs than OHSU building more buildings. Legacy also has a large number of primary care patients that cannot access specialty care that OHSU is ready to provide. Both Hospital systems already see all patients without an eye to insurance in hopes of providing top health equity. Without a merger, costs of care will climb unacceptably in both systems as we continue to fail on access. This merger is such a win-win-win for all parties on the access and health equity points that it should be approved.

Both institutions already deliver high quality care, and honestly I think with or without a merger I think quality will continue to climb within the systems as long as patients can access care. I am willing to acknowledge that many hospital mergers do not lower costs, and it remains to be seen whether this merger would do so. Given the overall competition in the Portland metro marketplace with Providence and Kaiser I doubt the merger will increase costs, but it may be cost neutral. Waiting for healthcare fails in the long run, because the health problems worsen and are more expensive to treat at a later date. Please recognize that when patients cannot access care, costs rise

dramatically. That access problem is currently dire. Just walk into any emergency room and wait for care in Oregon in 2024 to recognize that this merger is necessary and will benefit the citizens of this state. Please focus on access and health equity

Darin Friess

**64. No subject, 12/3/24**

As a healthcare professional and Oregon resident, I am very concerned that the OHSU - Legacy merger could have significant negative impacts on healthcare in our state. The consolidation of these two major health systems would reduce competition, potentially leading to higher costs for patients/payers and impacting patient choice. Similarly, the merger would further monopolize the labor market, potentially impacting wage growth and job security for healthcare workers. While the promise of no layoffs for six months is promising, the long-term employment implications remain uncertain. Lastly, there is concern that integration of two large organizations with different cultures may pose challenges that could affect patient care quality. I urge the Oregon Health Authority to carefully consider these potential downsides during its comprehensive review process and to prioritize the interests of Oregon residents in terms of healthcare access, affordability, and quality when making its decision. Thank you for your consideration.

**65. No subject, 12/5/24**

Expressing concern that this combination is proceeding considering the recent resignations and poor employee satisfaction levels at OHSU. It seems that they need to get their house in order before taking on such a transformative combination that affects the lives of their patients, Legacy's patients, and all the employees of both organizations.

The original agreement last year included verbiage that all staff in good standing would be ensured employment for 1 year after the finalization of contract; then a few months ago when final submission sent to OHA, OHSU changed the verbiage/ terms for Legacy employees specifically - that if they were in good standing, their jobs would only be safe for 6 months after signing, with the EXCEPTION of union employees who would still have 1 year job protection. Why are employees who aren't protected by unions being singled out? As a Legacy employee, this action does not give me confidence that both Legacy and OHSU best interests are equal for their employees -

this specific change in agreement verbiage (unbeknownst to our higher up leadership even) at the last minute by OHSU calls into question whether Legacy truly has an equal footing in this combination and calls into question how ethically OHSU is approaching this combination.

Elizabeth Ochsner

**66. Comment: OHSU-Legacy (039) Community Review Board, 12/5/2024**

This comment is directed to individuals thinking of applying for a slot on the OHSU-Legacy Community Review Board (“CRB”).

BE On the Alert!

If you have had a chance to glance at the original “acquisition” proposal and the other documents filed by OHSU & Legacy (O&L) during the Preliminary Review Phase, you will know that the majority of pages submitted were blacked out—in their entirety or in large part. These redactions—designated by O&L without any opposition from HCMO—deal with topics pertaining to the scope and objectives of the acquisition, financing and financial projections, clinical quality, governance arrangements, services and service areas, and others.

These topics represent the motherlode of the O&L transaction. They will presumably be the focal point of HCMO’s Comprehensive Review and its ultimate decision whether to approve, condition, or reject the proposed acquisition.

Although HCMO did not say as much in its call for CRB nominations, it has determined that the O&L Community Review Board will not have access to these documents. The CRB will be asked to provide a recommendation to HCMO but its review will be handcuffed from the very get-go. Despite a lot of aspirational language about transparency and civic engagement, the reality of the CRB’s role is entirely another matter.

If HCMO wanted, it does have another good option available. The idea has already been presented to them but they have yet to adopt it. In essence, HCMO could designate members of the CRB as “advisers”—analogous to the economists, accountants, health care specialists and others that have been or will be retained to analyze the pending transaction and furnish recommendations. These technical

advisers have access to the redacted “non-public” documents in order to do their job and to make meaningful contributions to HCMO’s ultimate determination.

Is your role as a community public interest specialist any different? Less valuable?

People are being asked to volunteer considerable time to serve in an advisory role on the CRB. Before putting in your papers, it might make sense to ask yourself: Will I be given the tools necessary to make a real contribution or am I volunteering to serve as an advisory mannequin?

For those who sincerely believe that well informed citizen advisers can strengthen HCMO’s capacity to decide complex questions such as this one, the next step is quite obvious. The ball is in the HCMO court.

:Larry Kirsch

**67. No subject, 12/6/24**

As an OHSU employee of 10 years I've witnessed and come to know OHSU's strengths and shortcomings. OHSU's main strength is it's support staff, medical providers, and nurses, and it's ability to talk ""big"" when it comes to health equity and organization. However it's most glaring shortcoming is in implementation of these ""big"" organizational promises which are rarely met due to the mismanagement at the highest levels of OHSU, and disorganization at an institutional level.

In an ideal world, the merger of Legacy Health and OHSU would have a net positive impact on the Oregon healthcare environment. However OHSU is far from an ideal organization and I've witnessed three scandals, and numerous botched roll-outs of new internal programs and policies. Major examples include the now 5+years of trying to integrate Hillsboro Medical Center into OHSU, and the botched attempt to integrate Salem Health. OHSU has struggled and is currently struggling to maintain it's accreditation status with LCME and ACGME which is due to repeated mismanagement of the learning environment. The recent layoffs that were made in preparation for this merger have had a significant negative impacts on the delivery of patient care at OHSU, and OHSU has maintained the narrative that these layoffs were made to non-essential roles and would have no impact on patient care. These negative impacts include the closing of health equity programs and returning the donations that supported them, delays in patients being able to schedule essential procedures, delays and errors in pharmacy services, and much more. If OHSU can barely manage



the promises it's making to itself at it's current size, then how can anyone expect it to adequately manage a merger with another large health care system, let alone a merger that results in an OHSU that is twice the size it was before? Even if you were to remove consideration of OHSU's history of botched roll-outs and scandals, the current climate at OHSU doesn't support this merger and in fact this merger has only harmed the culture at OHSU with the layoffs and poor communication to it's members. Please don't let it continue to harm OHSU's main strength which is the people on the ground supporting healthcare delivery.

On a structural level, OHSU relies heavily on the silo model of organization, where each department is it's own entity and in general communication and collaboration between departments is challenging if not impossible at times. This model is evidenced in the most recent scandal involving Dan Marks, Danny Jacobs, Qiana Williams, and David Jacoby where the main driving factor of the scandal was due to the siloed nature of the individual departments at OHSU. This siloed organization was also called out in the Covington Report that was published in 2021, so it continues to be a source of disorganization and scandal at OHSU, with very little being done to address it. Legacy Health represents a more integrated healthcare system, and trying to apply the OHSU culture of siloed organization into that space will only result in high staff turnover and dissatisfaction, which ultimately has negative impacts on patient care. This silo organization also represents a continued high risk of scandal at all levels.

Additionally, the majority of OHSU members don't support this merger, this is reflected in the recent removal of Chair Montfries from the OHSU Board of Directors, and resignation of President Danny Jacobs.

I urge the Oregon Health Authority and HCMO to reject this proposal, not because it's a bad idea but because OHSU cannot be trusted to properly execute the promises it's making to Oregonians. If this merger goes through the exact opposite of what OHSU is promising will occur. Healthcare costs will increase and the quality of care will decrease all due to mismanagement of the healthcare system despite its staff and medical providers doing the best they can.

Matthew Hosanna

**68. No subject, 12/9/24**

As an employee of Legacy, I would appreciate switching from private to public employer where collaboration is part of the culture, respect for union bargaining, and transparency. I am excited about the possibilities of joining a research university with Legacy's psych hospital.

Michelle Vowell

**69. No subject, 12/10/24**

I have been a registered nurse working in Legacy's Psychiatric Emergency Room for over 3 years. During that time I have been incredibly proud of the work we have done with our patients and community. It is physically and emotionally taxing work. We have been chronically understaffed resulting in burnout and loss of seasoned care providers. Those we serve are some of the most diverse in the Portland Metro Area. OHSU's pledge to invest in and expand culturally competent care gives me hope that we can move forward with the acquisition with this lense of care to better support our patients and community. I hope with expanded resources and support we can improve retention of qualified staff. That is what our community deserves.

Brigette Rudisel

**70. No subject, 12/10/24**

As a behavioral health nurse at Legacy Health for 8 years, I'm writing to you in support of OHSU's pledge to invest in Legacy's facilities because it is not just about upgrading infrastructure – it's about ensuring that our nurses and other frontline workers have the resources to do our jobs properly. This kind of investment will allow us to provide better care and prevent burnout among staff. We all want the best for our patients and our community. The reality is that without more financial and staffing support, we can't keep up with the demand. OHSU's proposal represents a strong chance for Legacy Health to stabilize and continue providing high-quality care in the future. I believe this is the best path forward and I fully support it.

Naba Kanteh

**71. No subject, 12/10/24**

I have been a Legacy employee for almost 9 years and I love what I do as a behavioral health and psych RN. I hope to continue in this field for several years to come. I am naturally a "fixer" and I'd rather figure out a way to resolve an issue than just complain.

As a result, I have positioned myself into several committees within Legacy to help find solutions to issues within our facility or specific to our unit. It has become increasingly difficult to watch a company like Legacy push the idea of strictly following policy and protocols as I continuously witness them not follow their own policies and protocols to the point that it negatively effects safety and quality care. I have had my share of struggles when dealing with this company just as we have shared beautiful success. I know with the right leadership and direction we can become a better resource for this community. Looking towards the future during this time of uncertainty within our country and within healthcare in general, we all still share the goal of continued positive outcomes for our patients who are struggling with their mental health. As an alumni student of OHSU, I cannot begin to express how excited I am to offer my support for OHSU's acquisition of Legacy Health. I know from experience of the educational opportunities alongside the quality of care that is offered and expected from OHSU and it is not just "lip service!" This is the synergy we need that will move us forward.

Tracie Henry

**72. No subject, 12/11/24**

I believe the merger will be good for Oregon

Connor Zins

**73. No subject, 12/11/24**

I am a Registered Nurse at Legacy Health, and I am writing to urge you to support OHSU's proposed integration of Legacy Health. I can tell you from firsthand experience that as it stands, Legacy Health is not able to fully staff its facilities. We have surgical beds and critical care beds that are equipped to serve people in need in Oregon right now, but we simply do not have the staff we need to place patients in these otherwise available beds. This situation is untenable especially because our facilities at Legacy serve some of the most racially and ethnically diverse populations in Portland and surrounding communities including Silverton, as well as many Medicaid patients. OHSU has pledged to invest \$1 billion in capital investments, which will help upgrade facilities to better serve patients. OHSU has also signed a binding agreement with unions representing frontline healthcare workers that will help ensure we can provide culturally appropriate care around the Emanuel neighborhood, East

Portland and Silverton. Finally, I'll be honest: I know studies show consolidation in health care can have negative consequences and it's something that I am generally concerned about for our industry. However, it's clear that Legacy Health is struggling financially. I believe that OHSU is the best partner we could have, rather than an out-of-state, for-profit, or multinational corporation with no real accountability to people. Please support this proposal.

Melissa Pfeiger

**74. No subject, 12/11/24**

I have been a Nurse at Legacy Health for 20 years and have seen firsthand how the lack of staff affects patient care. It's not just a staffing issue – it's a patient safety issue. We desperately need the kind of investment that OHSU is offering, especially with their commitment to enhancing facilities and securing better staffing levels. Similarly, the agreement that OHSU has made with its frontline caregivers proves that they are serious about increasing recruitment and retention of qualified staff. I strongly support OHSU's acquisition of Legacy Health and I hope you do as well.

Kim Potter

**75. No subject, 12/11/24**

As a nurse at Legacy Health for 10 years, I'm writing to you in support of OHSU's pledge to invest in Legacy's facilities because it is not just about upgrading infrastructure, it's about ensuring that our nurses and other frontline workers have the resources to do our job properly. This kind of investment will allow us to provide better care and prevent burnout among staff.

We all want the best for our patients and our community. The reality is that without more financial and staffing support, we can't keep up with the demand. OHSU's proposal represents a strong chance for Legacy Health to stabilize and continue to provide high quality care in the future. I believe this is the best path forward and I fully support it.

Brittney Johnson

**76. No subject, 12/11/24**

Having OHSU acquire Legacy would be beneficial for both staff and patients to have larger resources available to reduce recidivism and long-term stability for patients, while increasing educational benefits to train the next generation of clinicians in the field. We need more resources in our community through established services coming together to care for the most vulnerable and increase the overall health everyone involved.

Rachel Kendall

**77. No subject, 12/11/24**

The OHSU acquisition of Legacy Health Systems is in the best interest of Oregonians. It will keep healthcare resources in the hands of Oregonians rather than allowing out-of-state parties to dictate healthcare to our residents. As an employee of Legacy's Unity Center for Behavioral Health, my workplace is already a collaboration between OHSU and Legacy employees; existing relationships will make this transition smoother for employees and patients alike.

Maya Berman

**78. No subject, 12/11/24**

I have been an employee at Unity for nearly 3 years and am in favor of this acquisition. The repeated administrative mismanagement of Unity and Legacy as a whole has had significant impact on patient care and outcomes. Though there have been several issues within this setting, I still believe in providing compassionate and meaningful care to all patients, as we work with some of the most vulnerable individuals in our community/state. With OHSU's pledge to continue supporting unionized workers and pledge to improve upon Legacy's infrastructure and staffing, I believe it could reshape the industry standards around worker rights and patient care.

Dakota Lake

**79. No subject, 12/11/24**

I have been a Crisis Intervention Specialist going on 7 years now at Legacy's Psychiatric Emergency Room. I am deeply proud of the impact I am able to have on my community through our work here. In my time here I have seen this hospital provide care side by side for both a millionaire and a homeless man with nothing. We provide crisis support to some of our most vulnerable community yet we are plagued

by chronic short staffing leading to high turn over and loss of the most seasoned crisis clinicians. OHSU's pledge to invest in psychiatric care and cultural competent care makes it clear that OSHU will continue to improve and expand the psychiatric crisis services available to the Portland and surrounding areas. It gives me hope to think about the services we can provide with expanded resources, not to mention the impact it would have on decreasing the hemorrhage of skilled providers to other facilities or moving out of state.

Kyra Sherrin

**80. No subject, 12/11/24**

As an employee go Legacy for the past 8 years, I am strongly in support of this merger.

Christopher Murray

**81. No subject, 12/11/24**

I am in favor of the Legacy-OHSU merger, because Legacy has consistently bad business practices that have resulted in a lack of education money for medical staff, especially nurses. Legacy also has outdated facilities and needs many improvements. Legacy is also an ant-union employer, which has made advocating for safe working conditions and equal pay very difficult. I feel OHSU is in a better position to provide these things, as well as raise the bar for staff to provide excellent patient care for our community.

Lillian Charron

**82. No subject, 12/11/24**

As a nurse at Legacy Health for 11 years, I can personally speak to the challenges we face with short staffing and an under resourced health system. Having safe staffing levels at any hospital is critical to good patient care. At Legacy health we have empty beds, but not enough nurses or medical staff to care for the patients who need them. We are tired of working in these conditions. The proposal to integrate with OHSU is a critical step toward ensuring we can provide the care our community deserves.

I understand the concerns around healthcare consolidation, but the financial struggles Legacy is facing are real. OHSU is a lifeline for us and our best option for a partner.

They have the resources to turn things around without losing focus on our community's needs. I'm cautiously optimistic about the potential for positive changes.

Jenni Suarez

**83. OHSU legacy merger, 12/12/24**

I am writing to express my concern over the OHSU - Legacy merger. In short, mergers of these types have generally led to decrease in competition, reduced patient care, increased financial burden for patients, employee layoffs, and increased turnover.

OHSU has not sufficiently demonstrated proof that these hurdles will be overcome and thus this process should not continue.

**84. No subject, 12/12/24**

As a member of the community that is served by Legacy, I am in support of the OHSU/Legacy merger. We all want the best for patients and our community. The reality is that without more financial and staffing support, Legacy can't keep up with the demand. OHSU's proposal represents a strong chance for Legacy Health to stabilize and continue providing high-quality care in the future. I believe this is the best path forward and I fully support it.

Bob Brown

**85. No subject, 12/13/24**

I am a family physician who continues to care for patients at a rural FQHC, and I have worked in the Value Based Payment/Care space as a clinical and policy consultant with the State of Oregon. I have also worked with national companies and in other states such as CA and WA around Quintuple Aim outcomes and investments to facilitate such outcomes across populations.

Given my background, I have major concerns and questions about how this proposed merger could benefit the affordability, access, health and equity outcomes important for Oregonians and the State of Oregon overall.

All published I have seen argues against mergers such as the one proposed because of cost and access and quality implications. There are literally zero benefits that broader evidence would support. Knowing Legacy's contributions to primary care,

obstetrics, behavioral health and other basic services that OHSU lacks, and reviewing OHSU leadership reasoning behind the proposed merger, I have major concerns around those issues specifically. I would like the State, using legislatively mandated review, to undertake a comprehensive assessment of such a proposed merger with a lens of exactly how a proposed merger could enhance these aspects of care for Oregonians regardless of their income status.

The information I have seen thus far from OHSU leadership leaves much to be desired in these areas. I strongly recommend the State of Oregon reject the proposed merger UNLESS OHSU and Legacy leadership can lay out BINDING agreements that ensure more affordability, access to primary and specialty care, and better obstetrical and behavioral health access via this merger. The rationale so far proposed by OHSU's leaders had not addressed these issues at all, and if any proposed merger is approved, the State MUST require conditions to ensure these issues are improved for Oregonians. If adequate answers are not provided, the merger should be denied.

Evan Saulino

**86. No subject, 1/5/25**

I see no reason to believe that this proposed merger will EITHER decrease costs OR improve quality of care. In fact, the prestigious Journal of the American College of Surgeons just published an article last week "Systematic Review of Integration Strategies Across the US Healthcare System: Assessment of Price, Cost, and Quality of Care". And here is their conclusion after studying over several decades of published articles on the effects of both Horizontal Integration (HI) or Vertical Integration (VI) of 37 hospital mergers. Their published results are:

"Neither HI nor VI has resulted in consistent and significant improvements in price, cost/spending, or quality associated with healthcare delivery. We screened 1297 articles and identified 37 that met inclusion criteria. Results from any form of integration were mixed. Thirteen of 14 studies (93%) about price reported price increases. Thirteen of 16 studies (81%) about cost/spending showed cost increases or no change. Twenty of 26 studies (77%) about quality showed reductions or no change from integration (HI, VI or both)."

So why would anyone think that two existing organizations, both of whom have been struggling recently with marginal or negative income from operations will magically



become a stable organization with higher quality and lower costs when the published data completely refutes that experience of 37 hospital mergers? The actual experience from other mergers is that in over 90% of the time the hospital charges increase. In addition over 70% found either a decrease or no change in quality after the merger.

On top of that, there is every indication that OHSU suffers from lack of trust in its own administration, departures of values staff, and is now beginning a search for a new leader. And while Legacy has struggled financially recently, in my opinion based on working at Randall Children's Hospital forever 20 years, there is a strong culture of trust and excellence which is borne out by its prominence in national benchmarks as well as in physician surveys.

Finally in terms of costs and revenues of the two health care systems, my understanding is that OHSU is reimbursed at a higher rate for its pediatric patients on Medicaid than Legacy receives for the exact same patient condition and diagnosis. It seems evident that with a merger between OHSU and Legacy, that the state of Oregon would end up reimbursing all the pediatric medicaid patients at the same, higher rate.

So I wonder rather than a merger that would cause the state to increase payment for all pediatric medicaid patients while also eliminating competition between systems, why not do something similar without eliminating the benefits of competition? Since Oregon will be spending more money on pediatric medicaid patients in either case, why not simply treat the two separate children's hospitals equally by increasing the payment to Legacy's pediatric Medicaid patients?

Jlm Lindsay

**87. Public comment on OHSU merger, 1/6/25**

Brown University and the American Economic Liberties Project submitted a [public comment](#) that is posted to the 039 OHSU-Legacy transaction page.

**88. No subject, 12/27/24**

It would be great for OHSU to get some of the facilities like the Legacy Emanuel and Good Samaritan campuses would be very convenient for OHSU patients on the east side or downtown. Also, Legacy has a great urgent care system compared to OHSU,

that said, I'm worried this merger might not bear fruit for many years and will actually reduce healthcare quality for patients. OHSU has been going downhill for the last five or so years. Look at reviews of any of their PCP clinics, and you will see that in patient feedback, it takes months, usually four or more, to see a PCP, and OHSU urgent care is useless. They are just cashing in on insurance claims and provide no actual care. It's a literal waste of time to go to them. The bottom line is OHSU is already struggling, and it would likely cut costs and patient care to make this merger work, and I'm worried about that.

**89. Block OHSU-Legacy Merger**

Dr. Sejal Hathi, Director  
Oregon Health Authority  
500 Summer Street, NE, E-20  
Salem, OR 97301-1097  
[OHA.DirectorsOffice@oha.oregon.gov](mailto:OHA.DirectorsOffice@oha.oregon.gov)

Re: Block OHSU-Legacy Merger

Dear Director:

A group of health law and policy experts, including Hayden Rooke-Ley from the American Economic Liberties Project, submitted a public comment strongly opposing the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health. The comment highlights the merger's potential to raise healthcare costs without improving quality or equity and argues for legislative and policy solutions to address the underlying causes of healthcare consolidation in the state.

This merger represents a significant risk for Oregon's healthcare system. The evidence is clear: consolidation like this often increases prices, reduces access for underserved communities, and fails to deliver on promises of efficiency and improved care. If Legacy is in need of financial support—which remains very much an open question—Oregon has better options than to bless a monopoly that could harm patients and workers for years to come.

The comment's analysis reveals that the merger would create a dominant market

position for OHSU in the Portland area, leading to significant price hikes while threatening access to essential services for low-income and Medicaid patients. The comment also critiques OHSU's capacity and commitment to equitably manage such a monopoly, citing concerns about recent mismanagement and operational challenges.

The Health Care Market Oversight (HCMO) program should block the merger and call on state legislators to pursue alternative solutions to a raft of proposed hospital mergers in the state.

Full comment: [https://www.economicliberties.us/wp-content/uploads/2025/01/Public-Comment\\_OHSU-Legacy-Merger\\_Rooke-Ley-et-al-jan-25.pdf](https://www.economicliberties.us/wp-content/uploads/2025/01/Public-Comment_OHSU-Legacy-Merger_Rooke-Ley-et-al-jan-25.pdf)

Yours sincerely,

Robert E. Rutkowski

cc:

Governor Tina Kotek

## **90. OHSU Merger with Legacy, 1/10/25**

As a physician who has trained in cities known for their excellent medical care (eg Boston, Rochester, St Louis) and now as a patient at OHSU, I am opposed to the merger of OHSU and Legacy. To merge Legacy, which has financial issues, with OHSU, which also has financial issues, benefits no-one, least of all the patients. I suspect that OHSU intends to eventually have its own free-standing health insurance plan, and thereby charge all non-subscribing patients as out-of-network. I question whether this would be in the best interests of many patients.

In my opinion, OHSU should concentrate on providing excellent outpatient medical care in a timely manner. To have to wait 6-8 weeks for an MRi is unacceptable; to wait 6-8 weeks to see a specialist is unacceptable; to use the emergency room in order to be seen sooner is a waste of resources. Does OHSU really need more hospitals that would result from the merger? Until OHSU upgrades its outpatient medical care with adequate numbers of physicians, OHSU will not be able to match the medical reputations of the "best" medical institutions in other parts of the US. I believe increasing fully-trained physician staff in order to improve patient care would be a

much better use of OHSU's limited financial resources rather than buying a health care system, ie Legacy, that is already in financial trouble. The bottom line should be excellence in patient care.

## **91. OHSU/Legacy acquisition, 1/10/25**

The OHA and Health Care Market Oversight program (HCMO) must block the proposed OHSU acquisition of Legacy Health. The OHSU/Legacy application is full of platitudes and short on specifics. Supporting documentation that would make it easier for citizens of Oregon to determine if this acquisition is in their best interests is severely redacted. This is a blatant example of why OHSU leadership cannot be trusted to have the best interests of Oregonians at heart. They want the benefits of being a public entity without the concomitant responsibilities and obligations of being public. A number of other letter writers have submitted well thought out and factually based arguments for why this acquisition should not be allowed to proceed. The most recent letter by Brown University academics being one. We believe that a thorough review of current OHSU management culture only reinforces that OHSU is not in a position to successfully manage such a high stakes process of acquisition and integration. To date, OHSU leadership has been in disarray. The public debacle of the departure of Dr. Jacobs and the incompetency of the Board of Directors in managing his succession is only the tip of the iceberg. Of the 9 top leadership positions at OHSU (the President and 8 executive vice presidents), 3 are interim. These positions are the President, Chief People Officer, and Health System CEO. The current health system chief executive officer is the second interim in less than a year and whose appointment is the result of a failed national search. The executive vice president and chief research officer has given notice that he will be stepping down in June. This means that by the end of the fiscal year almost half of OHSU leadership will be interim. If OHSU cannot maintain stable leadership or conduct successful leadership searches, how can it be trusted to successfully navigate a high stakes acquisition and integration process?

If you look even further into the leadership structure of the university, things become even more distressing. The current Dean of the School of Medicine has only been in his position for less than 6 months after having been appointed as interim for less than 6 months. He has no previous experience as a dean or managing an entity that would be as large as the proposed OHSU acquisition of Legacy Health. In addition, at the department level there are 9 interim chairs out of a total of 25. These include the

following: department of molecular microbiology and immunology, department of dermatology, department of interventional radiology, department of medical informatics and clinical epidemiology, department of neurological surgery, department of neurology, department of orthopedics and rehabilitation, department of otolaryngology, and the department of radiation medicine. Having a chair that is interim makes recruitment, retention and budgeting extremely challenging. The status of organizational leadership and the failure of the OHSU Board of Directors to address it should be a red flag for the OHA.

It is distressing that OHSU has placed health equity at the forefront of its reasoning for why the Legacy acquisition should be allowed. OHA needs to question OHSU why if health equity is so important to the health system the VP of health equity is not a full-time position. Furthermore, how much has OHSU budgeted for health equity work over the past 10 years? To put it bluntly, OHSU does not value health equity work and is gaslighting Oregonians when it states otherwise. Proof of this can be found in unredacted documents that OHSU provided. In their PowerPoint on health equity, OHSU states that data is at the center of addressing health inequities and references the HDRC. However, in the quality metrics submitted by OHSU data is not disaggregated to identify historically marginalized peoples. This is alarming. So, does OHSU truly value health equity or is it just being used to advance the acquisition? This also begs the question of what disparities has OHSU identified in its delivery of care, what has it done to address them and what have been the results? OHA has a responsibility to Oregon residents to challenge OHSU on this point.

An important sidenote is that OHSU has claimed that the acquisition will improve quality of care for Oregonians. However, OHSU's clinical quality is suspect. It has the distinction of being one of the only academic medical centers in the country to not have a chief quality officer. This is clearly outside the realm of best practice. And to date, this has not been addressed despite the fact that during the January 2024 Board of Directors meeting, the chief medical officer informed the board that OHSU was ranked by Vizient 56th out of 116 academic medical centers for quality and accountability, 72nd out of 116 for mortality and 105th out of 116 for patient safety. It would appear that Oregonians would be best served by OHA blocking OHSU's acquisition of Legacy and in turn OHSU focus internally on improving the care it is delivering to Oregonians.

According to OHSU, the acquisition of Legacy and the resulting formation of an independent foundation focused on health equity is a game changer for marginalized communities in Oregon and Southwest Washington. However, OHSU is being disingenuous in stating this because its leadership has centered OHSU and not historically marginalized communities in the formation of the Foundation. This runs counter to all acceptable practices of equity. For instance, the newly formed Foundation is explicitly forbidden from fund raising. How is this limit on an “independent” organization focused on health equity equitable and how does it benefit marginalized communities the proposed Foundation would serve? What it does is clear the field of competition for OHSU with respect to fundraising and outright benefits the OHSU Foundation. Another example of OHSU centering itself as opposed to marginalized communities in the formation of the proposed Foundation is as follows:

“Legacy Health Foundation (a) will not make grants to any hospital-based health system that is in competition with the OHSU System for purposes of engaging in activities that are competitive with the OHSU System, in whole or in part, as opposed to the purpose of addressing community health needs and otherwise furthering the mission of Legacy Health Foundation...”

What if the needs of a community are in alignment with a state-based hospital health system that is in competition with OHSU? Once again, the default will be to the advantage of OHSU and not the community.

OHSU leadership, including the Board of Directors, continuously cites the lack of bed capacity at OHSU as a reason for the Legacy acquisition. What they don't discuss is that they are already addressing its capacity issue through the near completion of the over \$500 million OHSU Hospital Expansion Project that will add over 100 inpatient beds focused on highly specialized care with an additional 50 beds shelled. In addition, there is the expansion of Doernbecher Hospital with an 18 bed NICU at a cost of \$300 million. Lastly, there is the planned expansion of the main hospital by over 50 beds for brain and cardiac care (part of the highly specialized medical care budgetary strategic plan).

OHA and HCMO must block the OHSU/Legacy acquisition. As has been noted in other letters, the tertiary and quaternary goals of OHSU are not in alignment with the goals of Legacy Health and would make a challenging consolidation for an organization with great depth and experience in healthcare acquisitions. OHSU is not such an institution.

In typical OHSU fashion, this acquisition is being driven by consultants which adds to the heretofore unspecified hidden costs of the acquisition. Again, this goes back to the lack of transparency of the process. The merging of academic medical centers with community medical centers is fraught with peril. OHA would be wise to study the failed Stanford/UCSF merger which cost the institutions tens of millions of dollars to unwind after only 3 years. The costs of failure are real and at this time those risks outweigh the benefits. This is especially true when it is recognized that the bond market has confidence in Legacy's financial status and the OHSU acquisition is not the only option to shore up either institution.

--Concerned Oregonians

**92. Pacificsource, 1/14/25**

My biggest concern about OHSU and legacy merger is it seems like OHSU would then be dominating the market on health care. They already have Adventist and now legacy? That's all the main medical offices in my area and most areas.

It doesn't seem right.

**93. No subject, 1/14/25**

I am writing to express my support for the merger of OHSU and Legacy only because it would significantly benefit OHSU patients. This merger would provide them with access to two more emergency rooms and much better urgent care services, which are currently poorly managed at OHSU.

However, there are some negative aspects to this merger, specifically regarding OHSU. Over the past ten years, as a patient, I have witnessed a decline in the quality of healthcare provided by OHSU. It has become almost impossible to reach someone to schedule an appointment, and the understaffing and high caseload have resulted in doctors not providing quality care anymore.

OHSU needs to make a U-turn and prioritize serving the public interest once again. Additionally, our state CCO Medicaid plan is poorly managed and does not benefit patients. Instead, it focuses solely on profits for nonprofit CEOs who may as well be publicly traded corporations because they prioritize profits and bonuses over patients. OHSU Health, an Oregonian Medicaid CCO, honestly acts like it's UnitedHealth and

has reduced the quality of care and frequently denies necessary care recommended by OHSU doctors but denied by OHSU Health, the insurer.

Dale Bailey

**94. 1/10/25**

Joseph McNaught submitted a [letter that was originally submitted to the OHSU Board of Directors on 6/7/24.](#)

**95. Public comment on 039 OHSU-Legacy, 1/17/25**

Scott Benbow submitted a [report](#) that was originally prepared for the Community First Campaign on 1/14/25.

**96. Public comment re: proposed OHSU/Legacy merger, 1/17/25**

[Public comment](#) submitted by OSPIRG, United States of Care, Oregon Consumer Justice, and Health Care for All Oregon.

**97. Public comment: Transaction 039, 1/26/25**

[OHSU submitted a public comment](#) on 1/26/25.

**98. No subject, 1/27/25**

The potential acquisition of Legacy by OHSU should it go through would be a disaster for anyone seeking reliable, competent, timely, and affordable healthcare in the Portland metro area.

Patients' experiences following OHSU's acquisition of Tuality Healthcare are a clear example of what can be expected for the rest of the metro area should the merger be approved.

My personal experience since OHSU's takeover of Tuality Healthcare has included:

\*Longer wait times for appointments, from PCP's to specialists.

\* Unreasonably long wait times for scheduling appointments across the board.

\*Fewer providers available due to staffing cuts and refusal to backfill the positions, leading to overwork and burnout both in direct patient care and back office support.

\*Higher costs due to up charging by changing billable codes.



\*Focus on profit vs care.

This is what I expect will happen on a larger scale should an OHSU/Legacy merger be approved. OHSU's profits may increase, but the Portland metro area's people will be hurt physically and financially by it.

Do not approve, I beg you.

John Hock

**99. Public Comment-OHA-Legacy TRANSACTION 039, 1/27/25**

Larry Kirsch and John McAnulty submitted a [public comment memo](#).

**100. OHSU AND LEGACY MERGER, 1/31/25**

Stop this merger. Like myself, most others I know refuse to go to OHSU for their health care.

To begin with, their patient safety grades over the past several years from LeapFrog are consistently the lowest in the state, often receiving a D grade. My personal healthcare experiences with the system have been only chaos, hassle after hassle: Long wait times, lost patient records, difficulty getting copies of records; rude, arrogant, uncompassionate, disrespectful doctors and nurses who believe they are above everyone else and cannot be questioned; who deny their patient's rights to dignity and a say in their own care.

I would travel elsewhere rather than put my life in their hands.

Now our Metro area Legacy hospitals, where I have found patient care, respect and administrative ease to be far above that at OHSU, will undoubtedly fall into this chaos and patient abuse as well.

Our healthcare institutions in Oregon consistently have low national rankings, dropping drastically just this past year. Why hasn't this been addressed by their regulatory agencies? This has degraded the quality and reputation of our State.

Please stop this merger. OHSU, already too large, cannot safely and efficiently handle their current responsibilities to patients and our community as it is now. I have no confidence they can do better in the future.

**101. HCMO comment, 2/6/25**

Joe Ness, Senior Vice President & Chief Operating Officer of OHSU Health [submitted a public comment](#).

**102. Request for Public Hearing Regarding HCMO's 039-OHSU-Legacy application, 2/7/25**

The Community First Campaign submitted a [public comment](#).

**103. No subject, 2/8/25**

There should be a single freestanding large children's hospital - having two separated hospitals even joined by a single system will fragment care offered at each location. Please consider for the long term future a single freestanding children's hospital for the children of Oregon.

Casey Seideman

**104. No subject, 2/8/25**

Hello, I have just received notification that my son, who is covered by United Healthcare, may not be able to receive services at OHSU any longer. My son has epilepsy and needs the services of a pediatric neurologist. There are very, very few pediatric neurologists in Portland, and they are concentrated at OHSU and Legacy. The others are at Kaiser, which is a closed system, and there are a few at Providence, which is full and not accepting new patients.

I am not understanding how I am supposed to receive specialized services for my son if effectively all of the limited health care providers that are available to him are either in a closed system or don't accept his insurance. This is a huge risk to the merger between OHSU and Legacy, which is already monopolistic in nature. Please deny this request for a merger.

Margaret

**105. Public comment about the OHSU-Legacy merger 039, 2/9/25**

Joseph McNaught submitted a [public comment](#).

**106. Comments submitted during the OHSU-Legacy community review board meeting 1, 2/10/25**

Members of the public provided the following comments and questions via chat during the community review board meeting.

“My question is: What will happen to Legacy if this merger is not approved? Given the details listed in the HCMO filing, the company requires support from a third party to continue operations. Additionally, what will the impact be to the community if Legacy is purchased by an out of state org or broken up to multiple orgs? Thank you.”

“A considerable amount of vital information filed by the Parties is subject to their claims of confidentiality and trade secret protection. My understanding is that such information will NOT be made available to the Community Review Board. That presents a substantial impediment to the ability of the CRB to do its work and present fully considered and balanced recommendations to the OHA. There may be ways to address this tension: for example by appointing CRB members as "consultants" for the limited purpose of reviewing the documentation subject to confidentiality agreements. HAS OHA considered this or other options for addressing the objective of transparency and meaningful review of the transaction by the CRB?”

“I do not understand how the CRB could justify not having a public hearing when one of the entities is OHSU (a public entity).”

**107. No subject, 2/10/25**

I would like to know who is getting the money? Is any of the money going to pay off the insurance company or to deaconess?

Daniel Sumpter

**108. Public comment re 039-OHSU-LEGACY transaction, 2/10/25**

AFSCME, ONA and SEIU submitted a [public comment](#) regarding the OHSU-Legacy transaction.

**109. No subject, 2/10/25**

How was it determined that OHSU should be the remaining entity following the merger? In the likely event the new administration cuts federal funding for healthcare, how will the state support and continue to fund OHSU? Is there money in the state budget to account for the loss of federal funding? Will that come at the expense of something like public education? Or will new taxes be imposed to make up the gap?

Legacy currently has a hospital in Southwest Washington. After the organizations combine, how does the remaining state-funded organization (OHSU) fund operations in a different state? There seem to be far too many unanswered questions considering the magnitude of this merger and an increasing likelihood that patients and tax-payers will pay a steep price if it goes through.

Jessica LeBlanc

**110. No subject, 2/11/25**

I am against the merger of OHSU and Legacy. We need more competition in the health care industry, not less. The merger will only benefit the wallets and egos of the folks making the deal, not better health outcomes for patients. And certainly not lower health care costs. With so much of OHSU's funding coming from the federal government, and the noises which are being made in Washington about scrapping medicare, medicaid, and state grants means the future financial health of OHSU is very uncertain.

Matthew White

**111. HCMO comment, 2/11/25**

I'm a Portland resident, and I'm concerned about the potential combining of Legacy Health and OHSU.

How was it decided which medical system will be the remaining entity? Why does OHSU appear to be stronger financially? OHSU relies a lot on state money earmarked for Medicaid, which comes from the federal government. What happens when the new administration decides to cut healthcare funding? How will elected officials find the funds to support OHSU? Will there be cuts to education and other programs? Will taxes go up for businesses and individuals? What about the hospital OHSU is acquiring in Washington – would Oregon money go to Washington? I have a concern about what's happening at the federal level and how it may affect this.

In addition to the uncertainty of funding, there is the issue of removal of choice for patients. For example, OHSU and Legacy Health are the only hospitals in the area with level 1 trauma centers. Is it safe for our growing metropolitan community to consolidate essential services to one organization? There seems to be an assumption

that OHSU is too large to fail, and that the state will ensure that never happens. But, at what cost to patients and taxpayers?

**112. No subject, 2/11/25**

I generally support the OHSU - Legacy merger. I do hope that if the merger goes through that OHSU will continue the great service that Legacy offers here in the Willamette Valley, specifically the Legacy Clinics in Woodburn, Mt. Angel, Keizer, and Silverton, as well as the amazing Silverton Medical Center Hospital. I request that Legacy services in the Willamette Valley be maintained and expanded where possible by OHSU.

Thank you,

Daniel M. Potter

**113. 039-039-OHSU-Legacy AND 038 Legacy-Legacy Foundation-PacificSource HCMO transactions, 2/12/25**

[A public comment](#) was submitted on behalf of a group of funders.

**114. Letter to Legacy Health/Hospital Foundation Joint Workgroup | 039-OHSU-Legacy application, 2/12/25**

[A public comment](#) was submitted by the Community First Campaign.

**115. OHSU-Legacy Transaction: COMMENT FOR THE CRB, 2/14/25**

[A public comment](#) was submitted by Larry Kirsch.

**116. OHSU Legacy merger comments, 2/17/25**

[A public comment](#) was submitted by Oregon Anesthesiology Group

**117. Comment to Legacy OHSU Community Review Board Feb 17, 2025, 2/17/25**

[A public comment](#) was submitted by John Santa

**118. Important information re: OHSU & Legacy Health, 2/18/25**

[A public comment](#) was submitted by Neal Barnard, Physicians Committee for Responsible Medicine.

**119. OHSU/Legacy Merger, 2/18/25**

Hello

Given the difficult contract negotiations between OHSU and United Healthcare - which may mean OHSU being dropped from the United Healthcare coverage, I am against the proposed merger with Legacy.

Having only two hospital providers in the area is removing choice from consumers. OHSU has already said 74000 patients may be impacted - if this merger goes through that number will be higher and the only option will be Providence.

Choice and competition are being removed from the consumer.

This merger should not go ahead

Matt Bromley

**120. No subject, 2/19/25**

I strongly oppose this merger. We do not need more consolidation of healthcare facilities with fewer choices for patients. It only means less competition, higher rates for patients, and fewer choices. We can see already from grocery mergers that when there are fewer options for the public, the prices go up. In the case of healthcare, the public does not have the option of "shopping elsewhere." Plus, I believe both these institutions are already strapped for cash.

Please vote NO.

Sarah Morgan

**121. No subject, 2/19/25**

I oppose the OSHU-Legacy merger.

The merger will decrease patient access and increase administrative costs. There is a Hospital shortage in Clark and Multnomah Counties. Merger does not solve the fact that our population is growing while no new hospitals have been constructed.

Merging will not increase access nor bed capacity. It will only provide longer wait times especially for those of us on the Legacy, Clark County side of this equation

OHSU is a nightmare access point on a very steep hill. OHSU continues to feel like the poor house hospital chaos of the 1960s when I was treated there as a child. The

confusing access points, parking and particularly dangerous navigation during slippery weather is not recommended for anyone, particularly those infirmed or pushing someone in a wheelchair.

My dear friend died at OHSU on February 7, 2025. Due to hospital bed shortage he was not able to be admitted to a hospital room until day 6, hours before dying. For 5 days he was in the Emergency Room. The halls of the Emergency Room at OHSU that week were overloaded with patients in the hallways as in the early Covid Pandemic days. NO, NO, this is not the type of hospital improvement we need. I pray I never get admitted to OHSU and do not recommend OHSU to anyone.

I have been a Legacy patient for over 20 years. I am very happy with Legacy's excellent providers, professionalism and care.

I implore you please DO NOT MERGE LEGACY with OHSU. Like any monopoly, such a merger will decrease competition, and decrease accessible quality care for patients and providers.

Thank you,

Maria Maribona

**122. No subject, 2/19/25**

The acquisition of Legacy by OHSU Health has the opportunity to provide improved care for Oregonians, and specifically patients in the Portland metro area. One aspect of community care which has not been addressed by the public information, is how the joint venture will ensure improved access to end of life care for the patients in this combined system. Currently, OHSU does not provide hospice care services to the community, and in 2019 Legacy closed Hopewell House, the only inpatient hospice in the Portland Metro area. I am hopeful that the OHA and oversite programs, will encourage this new joint venture, to develop and sustain a larger infrastructure for providing the following services: 1) Home Hospice Care to the Portland Metro area, 2) Dedicated Inpatient (GIP level) Hospice Care services (15-20 beds based on our census needs), 3) Increased Access to Specialty Palliative Care services in ambulatory settings, and 4) Bereavement Services to all patients and families in the catchment area. The OHA and oversight work should ensure that the new joint entity is providing clinical care and services for Oregonians across the life span.

Jason Webb

**123. No subject, 2/19/25**

I believe OHSU acquiring or merging with Legacy could be very beneficial to Oregonians like myself. I live on the eastern side of the state and receive most of my healthcare at a critical access hospital and clinics that utilize Legacy's electronic health record system. I find that using the patient portal is crucial in helping me manage my health care and that of my child's. I'm also helping my mother (who is now in her 70s), keep track of her medications and appointments through this system. I have also utilized OHSU for specialty care not available in eastern Oregon, and since they're also on the Epic system, it helps me coordinate care. Being able to see all of my records and information in one place from each of these organizations has benefitted me tremendously. Thank you.

Jennifer Sullivan

**124. Comment re:Legacy and OHSU merger, 2/21/25**

I am opposed to the merger between Legacy and OHSU. The healthcare system in the greater Portland Metro area is already failing consumers. As a health care provider, it is already a struggle for my patients to find care, find a provider they can trust and engage in a system that suites their needs. If a merger were to occur, I believe that this would not be in the best interest of any of the actual healthcare recipients. I believe this attention and investment would be better spent further educating and hiring well respected health care providers, working on decreasing wait times and availability for patients to receive care and adequately staffing existing clinics. The recent strike at Providence is ample evidence that the quality of care and abundance of staff is just not where it needs to be to best serve our community.

The merger would also decrease available choice for patients of our community to receive care. Patients should have ample opportunity to a variety of places for care, not be limited by a small amount of very large corporations. Thinking back to the strike at Providence, if there should be a strike of OHSU/Legacy, that would be a huge impact to our community, and without an alternative plan, this would be extremely detrimental to our community.

Another area of concern is the state of our nation right now under the current administration. It seems foolish to undergo such a larger merger, when the entire



healthcare system in the country is in limbo. Federal funding may no longer happen, and we may have much larger community health issues. If Legacy and OHSU are in the middle of a larger merger, it will be impossible for them to be prepared for any upcoming health crises, which there is almost certain to be under the current administration.

I think the recent layoffs at OHSU speaks to the uncertainty of the situation, and time is best spent trying to improve quality of all things happening at the hospital.

Thank you for your time and consideration.

**125. No subject, 2/21/25**

During the questions section of the last OHA meeting Leslie Foren mentioned public comments expressing concerns about the OHSU contract negotiations with United Healthcare insurance and asked a question about about how this might impact OHSU as well as Legacy patients. Her question was not answered and it was not added to the list of questions to be addressed at the next meeting.

Legacy renewed their multiple year contract with UHC in Sept 2024. I'm quite certain there are thousands of Legacy patients, in Oregon and SW Washington who are quite concerned about how limited their choices for health care will be if OHSU takes over Legacy and their insurance coverage with UHC is denied, especially the elderly. It has already been stated that failure to arrive at an agreement between OHSU and UHC by March 31 will affect 74,000 OHSU patients. Imagine how many thousands more Legacy patients will be affected! Myself included. As a patient of both OHSU and Legacy with a United Healthcare Senior Advantage insurance I, and so many more other patients, will be forced to seek healthcare elsewhere if an agreement is not reached between OHSU and UHC. My OHSU surgery already scheduled in April is at risk of being canceled and the impact of that for me, as well as so many other OHSU patients with UHC insurance, will be significant. Legacy patients should not have to face the same crisis.

The OHA community review board that is reviewing the OHSU-Legacy merger should carefully consider the above issues when deciding if the transaction between OHSU and Legacy should be approved.

A Concerned Patient,

Sherrie Amon

**126. 039 OHSU-Legacy Public Comment, 2/21/25**

Unrepresented employees [submitted a public comment](#).

**127. Question for the body, 2/23/25**

Many tests and procedures cost more, some significantly more at OHSU than for the same test done at some of the regional hospitals. How is this merger going to save cost in light of this increased test cost across a bigger system?

Thank you

Sean Sweeney, D.O.

**128. No subject, 2/24/25**

A quick google search tells me:

The median operating margin for US hospitals in 2022 was a loss of 3.8%

The average operating margin for hospitals was a loss of 13.5%

Hospital operating margins range from more than -50% to upwards of 28%

Most states had approximate operating margins between -1% and 4% for FY 22

The highest positive margins were in Utah 16.1% and Alaska 12.6%.

Where does Legacy and OHSU land here?

If they are averaging the same as most hospitals are most hospitals seeking to merge, how is merging going to fix this scenario?

Chael

**129. No subject, 2/24/25**

I disagree with this merger/acquisition. I have PTSD from going through this with Tuality and OHSU and this has happened to me again at Legacy already.

I worked for Tuality for 10.5 years. I lost my job at Tuality because, ""someone at OHSU already did the same job."" I then ended up homeless as a single mom to two

boys because I could not find work. This happened just months before the Pandemic. You must imagine how difficult the last 5 years have been for myself and my kids.

It has taken me all this time to get back on my feet and into a position in a hospital where I want to be working. I started with Legacy 05/2024 where I was so happy and excited to be working back in the OR. Then in December 2024, after just shy of 7 months I was let go from my position in the OR ""due to cost containment"". This is because Legacy is having to let people go prior to this merger/acquisition being completed for being so badly in debt. This apparently was round 2 of 3. I wasn't even aware there had already been a round 1. This means there has been no honest and open communication on how the ""work"" has already begun with this merger/acquisition and how it is affecting staff at Legacy already.

I was lucky enough to get another job in the Legacy system however, being forced to do something else just to be employed instead of doing what I want is not a happy feeling. They also let another co-worker in my department go on the same day as myself. Both of us without warning and in the middle of our shift. The way this was handled with my badge being turned off while I was at lunch and then my manager asking me to come meet with him when it wasn't just him but rather him, but rather the ANM and both Directors was deceptive. He should have been forthcoming as to who I was meeting with and why when I went to receive this horrifying news yet again. This was both extremely hurtful and embarrassing as I had done nothing wrong. I wasn't even allowed to finish my shift and say goodbye to the staff.

These mergers affect the lives of people in a negative way and every day I am now terrified of losing my job. I have had to seek counseling to deal with the anxiety and depression of these traumatic events not once but twice now ultimately at the hand of OHSU.

**130. OHSU Must Close its Primate Center for the Legacy Merger to Go Forward, 2/25/25- current**

This public comment was submitted by more than 7200 people (as of 3/31/25). [The public comment](#) lists the individuals who submitted the same comment.

**131. OHSU's Primate Center is a major liability for the proposed Legacy merger , 2/25/25**

Dr. Lisa Jones-Engel with PETA [submitted a public comment](#).

**132. No subject, 2/25/25**

As nearly a lifetime resident of Coos County, Oregon, I beg OHSU to please immediately acquire Bay Area Hospital. It has been sold out to an impoverished and corrupt out-of-state hospital. Rural hospitals are important and vital institutions in the communities they serve. The community is suffering from the regime currently in power and there has been great public outcry. Please help Coos Bay. Please buy out Bay Area Hospital. Please recruit neurologists and dermatologists to work there and serve the public as OHSU professionals. Coos County residents deserve health care just as much as urban people do.

Rebecca Ambrose

**133. No subject, 2/26/25**

As you evaluate the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health, it is crucial to consider a significant liability: the Oregon National Primate Research Center (ONPRC). This facility is one of the most problematic primate research centers in the country, posing serious financial, reputational, and ethical risks. To protect the integrity and future of the new health system, we strongly recommend conditioning the merger on a phased closure of the primate center.

History of Violations & Ethical Issues

ONPRC has a decades-long record of serious violations of federal animal welfare laws, including multiple fines and critical citations from the U.S. Department of Agriculture (USDA). The facility experiments on endangered macaques and has been the subject of undercover investigations revealing severe animal welfare abuses.

Zoonotic Disease Risks

Macaques can carry undetected pathogens that pose risks to human health, including tuberculosis, herpes B and toxigenic *Corynebacterium ulcerans* (the causative agent of diphtheria). The movement of personnel between ONPRC and OHSU hospitals, along with potential shared equipment use, heightens the threat of disease transmission.

Chronic Staffing Issues

Public records have exposed severe staffing shortages and leadership dysfunction. Employee burnout and protests over unsafe working conditions further highlight the center's instability, which could impact OHSU's workforce post-merger.

#### Financial Instability & Funding Cuts

ONPRC relies heavily on federal funding, particularly from the National Institutes of Health (NIH). Recent policy changes threaten this funding, and legal challenges are ongoing. Rising costs for animal care and aging infrastructure further strain the budget, making continued operation increasingly unsustainable.

#### Lack of Human Benefit from Primate Research

Despite decades of experiments, primate research has failed to yield significant medical breakthroughs, as seen in the failure of approximately 100 HIV vaccines tested in monkeys. Scientific advancements in non-animal research models further call into question the necessity of primate experiments.

#### Recommendation: Phase Out ONPRC

Given these substantial risks, I urge you to condition the OHSU-Legacy Health merger on a responsible phase-out of ONPRC. This step would protect the new health system from financial, legal, and ethical liabilities while aligning with modern scientific and public health priorities.

Thank you for your consideration.

Amy Meyer

#### **134. Questions for Hayden Rooke-Ley, 2/26/25**

Dear Hayden:

Having read the public comments from Brown University and American Economic Liberties Project to the Oregon Health Authority regarding the proposed merger between Oregon Health & Science University and Legacy Health, I have the following question.

Was the decision and subsequent work to undertake and submit this work based on your own "research and advisory work focus on health care consolidation, antitrust and

state transaction review, and health care payment and financing policy" or were you asked to do this work on behalf of any person or group residing in Oregon?

Respectfully,

Howard Cohen MD

**Response from Hayden Rooke-Ley (Received 3/4/25)**

We respond here to a public comment from February 26, 2025, that asks whether our brief in opposition to the OHSU merger was submitted at the request of, or on behalf of, any person or group residing in Oregon. It was not. The decision to submit our public comment was made independently by the co-authors and without any solicitation from any person residing in or outside of Oregon. The public comment reflects the individual views of the co-authors and does not represent the position of Brown University. Perhaps of note, one of us (Hayden Rooke-Ley) works at the Brown University School of Public Health but is based in Oregon.

Hayden Rooke-Ley

Erin Fuse Brown

**135. No subject, 2/26/25**

Over the past 15 years I have taught graduate level courses in Healthcare Policy and Provider Payment Systems in the joint OHSU/PSU MBA in Healthcare Management curriculum as a part-time Adjunct Professor of Management. The Triple Aim (better patient care at lower per capita cost for the entire population served) is woven into our coursework. I personally have concerns that the proposed merger of OHSU with Legacy Health Systems will not lower the per capita cost of care for Oregon patients, employers and government, the only three available end-payers in US healthcare. Multiple thorough economic studies have shown that large mergers of hospital systems do NOT lower the per capita cost of care for and typically do not improve quality.

I understand that non-profit health plan PacificSource, now entirely owned by Legacy Health Systems, is slated to be transitioned to an independent community foundation with the ultimate plan to sell off the health plan to some outside entity. If OHSU and

Legacy are serious about the Triple Aim of Healthcare, that is, providing better care to all Oregonians and limiting the per capita cost of care, I would strongly suggest to the HCMO Board, that if they should decide to approve the merger, require the merged entity to retain ownership of PacificSource, and incorporate that health plan into its long-term corporate transformation plan. OHSU/Legacy could therefore better compete with Providence and Kaiser Permanente, which as you know, already own large health plans, for more membership, enhanced primary care access and lower per capita cost of care.

There are multiple examples of how owning and successfully operating a health plan is central to supporting all three pillars of the Triple Aim within academic medical centers. These include nonprofit Geisinger in Pennsylvania and nonprofit Froedtert Health in Wisconsin. Froedtert, a large and well-respected academic medical center, owns Network Health Plan, medical home to over 80,000 lucky Wisconsinites. Network Health touts Five-Star quality ratings awarded by both NCQA and by CMS, one of only two such plans in the country with multiple such outstanding quality ratings. That rare accomplishment is an extremely high bar.

Owning and integrating a viable Medicare Advantage health plan such as PacificSource is currently valued by 25 academic medical centers as part of their strategy. To wit, just this year, UCLA Medical Center is starting up its very own Medicare Advantage health plan and has voiced intentions of leveraging its excellent brand awareness to attract more members to its expansive physician network.

Fee-for-service third-party-payer funded healthcare in the US has likely played out its potential for further growth. Fee-for-service will likely not be able to consume more than the 20% of the US economy (\$5 Trillion this year) it now commands. A health plan integrated into an academic hospital system will encourage clinicians and management to operate within fixed perspective population-based budgets for at least for the health plan segment of the population it serves and thus manage clients differently than is currently the case where volume is king. Primary care will be encouraged. Preventative health will be encouraged. Patient outreach will be encouraged. Physicians and nurses in training will be taught to be parsimonious with internal resources when contemplating ordering more tests and procedures that will not improve outcomes. Do not miss a golden opportunity to push OHSU/Legacy toward becoming a truly vertically integrated healthcare organization and compete with

the likes of Providence and Kaiser Permanente attracting membership, improving the experience of care, improving the outcomes of care and limiting the per capita cost of care for all Oregonians. Make any approved merger of OHSU and Legacy contingent on maintaining and growing the functioning health plan that Legacy already owns. Support the Triple Aim for all Oregonians

Thomas Culhane, MD, MMM, MSHCM

**136. letter of support - POIC supports OHSU-Legacy integration 02/28/2025**

POIC President and CEO Joe McFerrin II submitted a [letter of support](#) regarding the proposed OHSU/Legacy transaction.

**137. No subject, 2/28/25**

I was a part of the OHSU takeover of Portland Adventist. OHSU offered that I could a) interview to keep my current job as a seasoned FNP in the ED b) for \$20 less an hour & c) work more hours. How will this legacy - OHSU merger be different. I did not appreciate how OHSU took over the Portland Adventist Vituity ER contract at all - I'd describe their approach as hostile & demoralizing

Stefanie Avery

**138. Voicemail, 3/1/25**

I would like to comment on OHSU cancelling PacificSource's contract, it is vital that central eastern Oregon and PacificSource customers remain connected to OHSU to receive life saving care. OHSU should reconsider their decision and especially in the middle of the year 2025 cancelling their contract, their contract should run through the end of the year especially for Medicare essential customers. Thank you.

**139. No subject, 3/2/25**

I have seen the negative effects of large healthcare organizations merging while I lived in NY. It never benefits patients, always benefits the corporate entities merging. I object to this merger. I am a retired RN.

Rosemary Risi

**140. Letter of Support for OHSU\_Legacy joining, 3/4/25**

Donn Spight submitted a [public comment letter](#).



**141. Legacy OHSU Comment to Community Review Board March 4 2025, 3/4/25**

John Santa submitted a [public comment letter](#).

**142. [039-OHSU-Legacy transaction] Submitting letter from BIPOC Caucus, 3/4/25**

The BIPOC legislative caucus submitted a [public comment letter](#).

**143. Testimony: HCMO, IRCO, 3/4/25**

The Immigrant and Refugee Community Organization (IRCO) submitted a [public comment](#) on behalf of Mr. Lee Po Cha.

**144. No subject, 3/3/25**

I'm writing to strongly urge you to make the closure of the Oregon National Primate Research Center a condition of Oregon Health & Science University's \$8 billion merger with Legacy Health.

The center, which imprisons more than 5,000 monkeys, has a record of serious animal welfare violations going back decades, including citations for inadequate veterinary care and improper handling of monkeys leading to death. It has not produced the advances in medical science it has promised and has failed to help humans. Records show that monkeys imprisoned at the center have carried zoonotic pathogens, including the bacteria that cause tuberculosis and a form of diphtheria, which are potentially dangerous to the entire community.

Please require the closure of this cruel and pointless primate center as a condition of the merger's approval.

Thank you for your time and attention.

Traci Porter

**145. No subject, 3/4/25**

To whom it may concern:

I am submitting a comment related to the OHSU-Legacy Health merger. As a former OHSU oncology nurse, I have seen amazing treatment results and cures, but I'm horrified at how many animals have been killed.

I'm aware of the recent ads related to this merger with the condition that the primate center be permanently closed and I support this. I would love to see OHSU using money that currently funds the primate center to be used for more human-centered, and patient-focused treatments.

Thank you,

Robin Vesey

Portland, OR

**146. OAFP Comment on the proposed merger between OHSU/Legacy, 3/4/25**

Oregon Academy of Family Physicians submitted a [public comment](#).

**147. No subject, 3/4/25**

[A public comment](#) was submitted to OHA.

**148. OHSU-Legacy, 3/4/25**

HCMO program, regarding the proposed OHSU-Legacy merger,

Legacy and OHSU, if combined, will control nearly all of the clinics, urgent care centers and hospitals in the greater Portland area, and beyond. How will this improve access? Since September 2024 when his Legacy PCP retired, my husband has been unable to get a new PCP through any Legacy or OHSU clinic- none are accepting new patients. If the merger is being undertaken to combine resources and cut costs, how do they plan to increase primary care providers and clinic access?

How will this merger affect insurance? Our insurance system is somewhat backward - we apply for insurance for the next year in the fall, before providers and healthcare systems negotiate new contracts. This can result in your medical provider or preferred hospital system being dropped from your insurance plan. This can be devastating for someone in the midst of cancer care or complex medical treatment or even ongoing surveillance. Once combined, they will control the majority of medical services in the area. Indirectly, this will control the healthcare insurance market and limit competition.

The sheer number of hospitals, providers and clinics in our area that would be controlled by one healthcare system if OHSU and Legacy merge would create a

healthcare monopoly. Although this would be much better than any hedge fund backed entity purchasing either, it is concerning.

I would like my comments and information to not be made public.

Respectfully,

Lorelie Vardanega

**149. OHSU Legacy Transaction Public Comment, 3/5/25**

[A public comment](#) was submitted.

**150. No subject, 3/5/25**

For the record, my name is Mark Jackson. I am the Co-Founder and Executive Director of REAP Inc.

I am here to express my strong support for the proposed integration of OHSU and Legacy Health. As a community leader with deep roots in the Portland area, I believe this integration holds immense potential for improving the health and well-being of our community.

I have had the privilege of engaging in conversations with leadership from both OHSU and Legacy Health, and I am encouraged by their commitment to transparency and community engagement. Specifically, I appreciate OHSU's efforts to come ""off the hill"" and actively seek input from community members. I am also pleased by the discussions around ensuring health equity and dismantling historical mistrust. This is very important for the communities I work with and serve.

The potential for a new CEO with experience in community research, health equity, and managing complex systems is particularly exciting. I believe this type of leadership will be crucial for successfully navigating the integration and ensuring that the needs of all community members are met.

I am confident that this integration will lead to a stronger, more responsive healthcare system for our community. I urge you to support this integration and look forward to continued collaboration with the fully integrated, new OHSU.

Thank you.

Mark Jackson

**151. No subject, 3/5/25**

I support the OSHU-Legacy merger only on the condition that the Oregon National Primate Center is shut down. Oregon Health and Science University runs a huge monkey laboratory with thousands of monkeys and a history of repeated violations for animal mistreatment, fatal mistakes, and deaths. For example:

<https://www.oregonlive.com/portland/2020/08/two-monkeys-die-in-tragic-accident-at-controversial-ohsu-primate-research-facility.html>

Between 2014 and 2022, OHSU's primate research center violated the federal Animal Welfare Act 31 times, harming and killing animals in the process. These violations resulted in fines. Despite this grim history in its monkey facility, OHSU is now trying to take control of all hospitals in Portland's Legacy Health system.

If they can't treat monkeys properly, how will they treat human patients? OHSU is already over its head, and the federal government intends to cut funding for biomedical research including grants that help support that primate center. Harvard closed its own primate center after financial issues and similar reputational damage from animal deaths.

I urge you to require OSHU to shut down the Oregon National Primate Center as a condition of the proposed merger. Legacy does not need to inherit the stain of this immoral facility, and it's high time for OHSU to get rid of it. Thank you for your consideration.

Marc Anderson

**152. No subject, 3/5/25**

Hello, my name is Justice Rajee, and I'm speaking on behalf of the Urban League of Portland, an organization that has been advocating for and serving Black Oregonians and other frontline communities for nearly 80 years. We are proud to serve as a steering committee member of the Community First campaign. Thank you to the Community Review Board for the opportunity to share testimony today.

The OHSU-Legacy merger could create up to \$600 million in charitable assets — resources that belong to the public and could transform health equity in Oregon for generations. But right now, Legacy's proposal would put those assets under the

control of Legacy’s own board members, without a transparent process to involve the communities most impacted by health inequities.

Black, Indigenous, and other frontline communities have experienced generations of harm from our healthcare system — including from Legacy’s own practices of displacement and unequal access to care. The decisions about these charitable resources must be led by our communities, not the same institutions that contributed to these inequities.

We urge the Community Review Board to recommend that the Attorney General oversee a transparent public process to determine how these resources will be governed — one that centers the leadership of those most impacted.

This is a once-in-a-lifetime opportunity to repair harm and build health equity for the future. Our communities must have a seat at the table.

Thank you.

Justice Rajee

**153. No subject, 3/5/25**

I am an attorney specializing in business law as well as a business owner of multiple businesses and a resident of Bend and Portland. From a business perspective, I know that a merger involves many financial choices, including cutting out unnecessary expenditures. I believe that the Oregon National Primate Research Center is one of these unnecessary costs and that it should be cut as part of this merger. The center is a financial drain on OHSU. Its repeated Animal Welfare Act violations result in fines, attorneys’ fees, and other financial costs—not to mention the reputational damage from repeated public stories of troubling animal abuse and deaths.

Additionally, as you may be aware, the federal government intends to cut biomedical research funding, which will no doubt impact OHSU. Those federal funding cuts combined with the financial uncertainty that comes with a merger, a condition of the merger should be the closures of the primate center. Money should be spent on patient care. Thank you.

Rebecca Adams Savage

**154. No subject, 3/5/25**

Hello, my name is Erica Fuller. I was raised in North Portland, and I was a patient of Legacy Health. Thank you to the Community Review Board for the opportunity to testify today.

I'm here to speak not just about this merger — but about Legacy's deeply broken trust with the community and what this moment could mean for generations to come.

Legacy Emanuel's role in the displacement of Portland's Black community is not just something that happened in the past — it's something we're still living with today. In the 1970s, Legacy was part of a redevelopment effort that forced hundreds of Black families out of North and Northeast Portland, destroying a vibrant community. For decades, Legacy failed to take responsibility. And still today, the health inequities that harm Black communities and other frontline communities continue.

This merger is a chance to right those wrongs.

This merger is not just about two hospital systems coming together — it's about hundreds of millions of charitable dollars that belong to the public, built through Legacy's nonprofit mission. These resources — from both the OHSU-Legacy merger and the proposed Legacy-PacificSource transaction — are meant to serve community health needs, not to be controlled by hospital executives behind closed doors.

Without public oversight of the charitable assets, Legacy's proposal risks reinforcing the same systems that have excluded and harmed communities — especially Black, Indigenous, and frontline communities who have faced generations of health inequities.

We're calling on the Community Review Board to recommend approval with conditions that require:

A transparent public process to determine how these charitable dollars will be governed — with community voices at the center.

An independent interim board to protect the assets until that process is complete.

The same level of public scrutiny applied to the Legacy-PacificSource deal as the OHSU-Legacy merger.

This is a once-in-a-lifetime opportunity to right historic wrongs and invest in health equity for the communities who need it most. We can't let it slip away.

Erica Fuller

**155. No subject, 3/5/25**

Hello, my name is Sonia Bedoya. I'm a mother of a four-month-old baby and a member of the Oregon Health Plan. Thank you to the Community Review Board for the opportunity to testify today.

I'm here today because this merger isn't just about two hospital systems — it's about the future of our healthcare system and what it means for families like mine. As someone on OHP, PacificSource plays a critical role in my healthcare coverage. What happens with this merger — and the charitable dollars that come from it — will impact families like mine for generations.

I'm frustrated that OHA is shutting the community out of the proposed Legacy-PacificSource transaction — with no Community Review Board, no public hearing, and no real opportunity for people like me to have a say. This merger is supposed to serve the public, but the process so far has made us feel like we don't matter.

Legacy has a long history of shutting communities out — especially communities of color. This is a chance to do things differently, but instead, they're repeating the same mistakes.

I'm calling on the Community Review Board to recommend approval for the OHSU-Legacy transaction with conditions that require a transparent public process to determine how charitable dollars from both the OHSU-Legacy merger and the Legacy-PacificSource deal will be governed — with community voices at the center.

These resources were built to serve community health needs — not to be controlled by hospital executives behind closed doors. This is a once-in-a-lifetime opportunity to invest in the health of our communities — and we can't afford to get it wrong.

Thank you.

Sonia Bedoya

**156. No subject, 3/5/25**

I am here as a member of the Community First Campaign and serve on the steering committee. Communities of color have been harmed for many years by healthcare systems including Legacy. Legacy's impacts to communities of color, especially black

and indigenous communities are well documented. In my Latinx community, we recently fought Legacy's efforts to close a birthing center in the predominantly Latinx Rockwood community. While we were successful, community distrust remains high. We believe that the State of Oregon has a unique opportunity to put justice into action by conditioning the approval by tasking the state's Attorney General run a public process to determine the governance of the charitable assets while holding those assets in escrow. This new foundation has the potential to significantly enhance the ability of communities who have been most harmed by Legacy to now do the most good to achieve health equity on our terms.

Tony DeFalco

**157. No subject, 3/5/25**

Thank you to the Oregon Health Authority's review board for allowing me the chance to comment.

My Name is Chloe Moran and I am currently a resident of Portland, OR. I am familiar with the medical research space having previously worked in public health research at Johns Hopkins School of Public Health, focusing on alternatives to animals in medical research. When I relocated to Oregon last year, I was looking for a health care provider and I was surprised to learn that OHSU has such a large Primate Research Center. Experiments in primates often do not translate to humans and 95% of drugs that prove safe and effective in animals do not work in people. It does not make sense that a hospital system would want to spend money on this type of research rather than patient care. This merger provides an opportunity to invest and allocate funding that will lead to better patient care. OHSU has the chance to enter a new era of healthcare, and I would be excited to see OHSU shut down the primate center and focus on more human-relevant research like Johns Hopkins does with its Center for Alternatives to Animal Testing. I encourage the board to only approve this merger on the condition that the primate center is closed.

Chloe Moran

**158. No subject, 3/5/25**

I am a community member, retired, and served one partial and two full terms as a member of the board of the Northwest health Foundation, serving as its Board chair



near the end of my term, succeeding our founding chair: Mark Hatfield. I live in Salem Oregon.

If the merger is approved, there needs to be a transparent public process about the proposed Foundation that would be established. The AG needs to assure the assets are properly valued. Governance needs to evolve from a community driven process. Legacy should not appoint the members of the board. The Board should be comprised largely of leaders of community-based organizations and members of the public health community. The Northwest Health Foundation did not start out that way, though it has now evolved to a much more community based and community driven organization. It can serve as a model for consideration, or it could be the entity that takes on the responsibility of managing the assets, with some tweaking of its governing documents.

Paul Krissel

**159. No subject, 3/5/25**

As a Legacy RN for almost 12 years, I am not in favor of OHSU's acquisition of Legacy at this time. The vague answers in the public hearing by leaders at both organizations are the same level of "transparency" that we have received as employees. We have not had a way to directly have questions answered or submit input regarding the process. There is minimal job protection in place for Legacy staff members with no guarantees for future pay or benefits. We have been told that non bargaining unit members only have 6 months of job protections, while bargaining unit members have 12 months of protection. The claims that Legacy has capacity to spare is inaccurate in my experience as a frontline staff member. Many of our hospitals are operating near or at capacity, especially in the fall and winter months. At Salmon Creek it is commonplace for admitted patients to board in our ERs anywhere from hours to days, often in hallways due to lack of open beds, not due to lack of staff. Most of the time we have every inpatient room occupied, and have even started using hallway spaces on the inpatient units for admitted patients in an attempt to decrease the number of ER boarders. I also do not think that you received accurate representation of public comment with the majority of the public speakers expressing concern about the primate research center. As important as that concern may be, that is not a top concern for many people directly impacted by this transaction.

Jessica Bjur

**160. No subject, 3/5/25**

To OHA: Thank you for the opportunity to comment on the Legacy-OHSU Transaction. My family and I have been patients at both Legacy and OHSU since 1992. I have been an employee of Legacy Health since December 1999, and recently transitioned from being a benefited employee to a supplemental employee working sporadically as I head toward retirement. After a little more than 2 years working in the Primary Care Clinic at Good Sam, I moved over to the Kidney Transplant Program in April 2002 and that's where I continue to work as a supplemental employee. My work experience there has included being the Intake Specialist, Financial Coordinator, and Waitlist Coordinator. These are administrative roles, not clinical, and in these positions I have worked directly with our patients in every phase of the kidney transplant process: pre-transplant evaluation, waitlist phase, peri-operative, post-op clinic, and long-term follow up phases.

Legacy's kidney transplant program was founded by world-renowned transplant nephrologist William M. Bennett MD in 1999 when he left OHSU over frustrations with their criteria for transplant candidate selection. The result has been that Oregonians have a choice (insurance depending) on where to receive kidney transplant services, which they did not have prior to 1999, and will lose with this transaction.

Why is choice important? Over the 2 decades I've worked in the Legacy Program, I've met many patients who transferred their care to Legacy either because they were turned down by OHSU on clinical grounds, were frustrated with the pace of their evaluation, felt dismissed by the lack of compassion they experienced, or were not offered the kind of innovations Legacy has become known for, including our robust participation in paired donation, which has made living donor transplant available to so many Oregonians who once had no hope of shortening their wait time with the most effective treatment. That Legacy continues to receive requests to transfer care for the reasons listed above calls into serious question the statement made in today's public hearing, that OHSU offers a culture of ""patient-centered"" care as regards kidney transplant.

Until I see a public commitment made that designates the Legacy Kidney Transplant Program, with its founders' commitments to patient-centered care and innovation, as THE model for a post-transaction program, I remain firmly opposed to the proposal. It

would be in the best interest of Oregonians for the board to examine these concerns before dismissing them.

Thank you

Lisa Morrison

**161. OHSU-Legacy Merger Comments, 3/5/25**

Dear Sirs and Madams,

If the merger between OHSU and Legacy Health moves forward, I urge that the National Primate Center of OHSU be shut down permanently.

The primate center has repeated violations of mistreatment and fatal mistakes of the animals in their facility. I know firsthand of the cruel treatments done at OHSU's primate center as I had the job of recording data collected through FOIA while doing volunteer work. I experienced second-hand trauma from reading about the violent and repeatedly cruel things done to the monkeys there, with such unbelievable disregard for life.

This type of exploitation and experimentation on living beings normalizes a lack of compassion, and a level of cruelty people find horrifying. How can this foster good health in humans if life is treated in such painful, shameful and harmful ways? Medicine practices are evolving and this type of cruel treatment will not advance science forward, and only sends human development backwards.

Funding should be allotted to patient care and compassion, and funding should also be used to pay and support more qualified physicians to better meet the needs of our community. We all know of and have experienced the fallout of having too few doctors available to see patients in the Greater Portland area and in Oregon and the nation in general.

The Federal Government is going to cut funding for biomedical research that involves keeping such facilities as the Primate Center running. For this one fallout of recent federal funding cuts, I am grateful. In planning for the future of healthcare in our area, funding should be focussed on using the knowledge we have now, and to pay for a greater number of qualified doctors.

Move forward with a new outlook on medicine and humanity that incorporates compassion for patients, and applies compassion in the sourcing of medical information. Move forward unshackled by the poor reputation of the Primate Center. Move forward with the focus on providing more qualified physicians, not expensive and out-of-date research methods that involve cruelty and suffering.

Thank you.

Jane Bicquette

Sherwood, OR

**162. Public Comment on Legacy-OHSU merger, 3/5/25**

I am here as a member of the Community First Campaign and serve on the steering committee. Communities of color have been harmed for many years by healthcare systems including Legacy. Legacy's impacts to communities of color, especially black and indigenous communities are well documented. In my Latinx community, we recently fought Legacy's efforts to close a birthing center in the predominantly Latinx Rockwood community. While we were successful, community distrust remains high.

We believe that the CRB has its hands full with addressing the healthcare components of the merger. Our communities are counting on the CRB to ensure that the new system is not merely equitable but restorative in creating a strong integrated system that makes up for past harms and accelerates our communities' ability to build wealth and experience the kind of high-quality health outcomes that have not been available to us for generations.

We therefore urge OHA to take advantage of this once in a generation opportunity to put justice into action by conditioning the approval of the merger by tasking the state's Attorney General to run a public process to determine the governance of the charitable assets while holding those assets in escrow. This new foundation has the potential to significantly enhance the ability of communities who have been most harmed by Legacy to now do the most good to achieve health equity on our terms.

Tony DeFalco

**163. Public Hearing Testimony for HCMO 039-OHSU-Legacy, 3/5/25**

Esther Kim of the Oregon Health Equity Alliance [submitted a public comment](#).

**164. OHSU-Legacy merger comment, 3/6/25**

Thank you for the opportunity to speak. My name is Dr. Melissa Li. I am a physician in Portland and a 1995 graduate of the OHSU School of Medicine. I know healthcare institutions are dealing with reduced reimbursements and higher costs of supplies and staffing. Oregonians are struggling for affordable and accessible healthcare. I understand the desire for OHSU and Legacy health, to merge because of finances. If they merge, they will wield more power and influence, and there is concern that increased costs could be passed on to private insurers and thus to patients. That is why I think the Board should only approve this merger on the condition that OHSU close its controversial and unnecessary primate research center. Our current government is reducing federal funding to academic research and the primate center is going to struggle. OHSU cannot afford to maintain this facility. The primate research center has a long history of animal welfare violations, actually leading in the nation (31 times between 2014 and 2022), incurring federal fines, as publicized in a recent OPB article in 2023. I will point out that Harvard closed its primate research center 10 years ago. This cost cutting measure should be part of the merger to reduce costs, and to prevent costs of maintaining that facility to be passed to patients. I urge you to make this a condition of the merger. Thank you for your time.

Melissa Li

**165. Public Comment on OHSU-Legacy Merger, 3/5/25**

Hello, my name is Francisco Lares Benitez. I live in Portland OR. I have been following the merger between OHSU and Legacy, and I recently became aware of a movement suggesting that a condition of the merger be to shut down OHSU's primate research center in Beaverton. There are so many things to love about this state, including the healthcare I've received in the past, but that primate research center is not one of them. I remember a few months ago reading articles about the horrible experiments and deaths inflicted on the monkeys kept there. If closing that center can happen as a result of this merger, then to me that is the perfect opportunity to ensure nothing like those animal deaths and experiments happen here again. These monkeys are individuals too, deserving of freedom. Thank you for listening to my comments.

Francisco Lares Benitez

**166. OHSU Legacy Merger Public opinion, 3/5/25**

## **Why the Legacy-OHSU Merger is a Risk Oregon Cannot Afford**

The proposed merger between Legacy Health and Oregon Health & Science University (OHSU) is being promoted as a solution to their financial struggles. However, this move raises serious concerns. By consolidating two of the largest healthcare providers in the region, the merger threatens to reduce public choice, perpetuate systemic issues, and worsen access to care—rather than improve it.

### **The Illusion of Improved Access to Care**

Proponents of the merger claim it will increase access to care by pooling resources, but this vision does not align with reality. Legacy already struggles to meet its patients' needs, often leaving individuals waiting in overcrowded emergency departments due to a lack of available beds to transfer to. Mismanagement at Legacy's Mount Hood campus, which led to the failed closure of its Family Birth Center, has already caused an exodus of providers. Women's health services in the area remain critically under-resourced.

Adding OHSU's substantial patient load to Legacy's overburdened system will not magically solve these problems. Without concrete plans to expand services, hire and more importantly retain providers, and increase nursing staff, the promise of improved access is nothing more than an illusion. Instead of creating more capacity, this merger risks amplifying existing shortages and delays.

Both organizations suffer from staffing challenges. Legacy's reliance on expensive locum providers underscores its difficulty in retaining clinicians. Similarly, OHSU lacks adequate providers to meet its current demands and has recently faced significant layoffs in its workforce. Combining two systems with workforce shortages will not address these challenges—it will exacerbate them. Merging two resource-constrained organizations does not generate abundance; it compounds scarcity.

### **The Loss of Public Choice and Competition**

This merger would concentrate control of the Portland metro healthcare market in the hands of a single entity, effectively creating a near-monopoly. Competition is vital for driving innovation, improving the quality of care, and keeping costs manageable. Without alternatives, patients lose the leverage to seek better care or lower costs.

Instead of fostering innovation or improving patient outcomes, this merger risks creating a healthcare system dominated by one large, inefficient organization. Oregon's residents deserve a diverse range of healthcare options—not a monopolistic structure that stifles progress and limits choice.

### **Financial Instability Meets Financial Instability**

Both Legacy and OHSU face significant financial challenges—a core reason for this merger. However, history shows that combining two struggling entities rarely results in a stronger organization. Legacy and OHSU's financial instability points to deeper structural issues that cannot be solved through consolidation alone.

Rather than fixing these problems, the merger could worsen inefficiencies, mismanagement, and resource allocation. A larger but dysfunctional healthcare system would fail both patients and providers. For Legacy, the merger may serve as a lifeline, granting it access to state resources and future investments. For the people of Oregon, however, it risks creating a less effective healthcare landscape. Make no mistake, this is a bail out, not an opportunity to improve healthcare.

### **A Better Way Forward**

Rather than merging, Legacy and OHSU should focus on addressing their internal challenges. Legacy must prioritize improving management, expanding access to health care services, and resolving long term workforce shortages. OHSU should focus on increasing its capacity to serve patients and regaining public trust. These separate reforms would preserve competition while delivering better outcomes for patients.

This merger is not just a budget-balancing act—it is a decision that will shape the future of Oregon's healthcare system. By reducing choice, exacerbating resource shortages, and failing to solve underlying issues, the Legacy-OHSU merger threatens to do more harm than good. Oregon deserves a healthcare system defined by innovation, accessibility, and patient-centered care—not a bloated conglomerate burdened by compounded problems.

J. Lee

Portland, Oregon

**167. Testimony of Meg Niemi, President of SEIU Local 49 - OHSU/Legacy,  
3/5/25**

Below is testimony submitted on behalf of Meg Niemi, President of SEIU Local 49:

My name is Meg Niemi, and I am the President of SEIU Local 49. We were disappointed that all of the voices of people who will be impacted by this merger were not able to be heard during today's Community Review Board Public Hearing. These include healthcare workers and patients who were interested in speaking about how the transaction would affect cost, quality, access and equity.

Below is the statement I was prepared to provide today:

We are proud that Legacy caregivers from Emanuel and Good Sam Hospitals have been in our union since the 1950s, and have since been joined by workers at Randall Children's, Unity Center for Behavioral Health, and Mt. Hood Medical Center.

The more than 1,300 Legacy members in our union include housekeepers, registration reps, and CNAs -- the people who check you in, help at your bedside, make your food, and keep your room clean. The majority of our members are women and people of color. Many have been priced out of the Albina neighborhood where they grew up, but they commute to take care of the people in their community who seek their familiar faces and care.

SEIU members have faced years of discrimination from Legacy. During the pandemic, Legacy cut the hours of the predominantly female and BIPOC housekeeping staff in North Portland. In 2021, our union members nearly had to strike for Legacy to finally agree to equal pay for workers in North Portland and workers on the West Side doing the same jobs -- a demand they'd been making since the 1950s. And over the past year, Legacy refused to even talk with union workers about this merger, despite many of them having worked at Legacy for decades. In contrast, OHSU met with SEIU members at Legacy and put binding commitments on paper, including pay equity across the two systems.

SEIU members support this merger and it's time we listen to the people who provide the care. I cannot underscore enough how unprecedented the agreement between OHSU and labor is. We know of no other agreement of its kind -- in which the vast majority of the workforce was negotiated with in advance and offered a secure,



equitable future. This is the kind of leadership we need to ensure Legacy's dedicated and skilled caregivers feel respected and continue to provide the personalized care they are known for.

I urge you to approve the OHSU-Legacy transaction.

**168. Public comment for OHSU/Legacy merger, 3/5/25**

I am a resident of Portland and I strongly believe that if this merger moves forward it should only be on the condition that the Oregon Primate Center is shut down.

I recently became fully aware of some of the awful things that have happened at the center, including putting monkeys inside a washing machine that led to their deaths and that staff didn't provide water for other animals at the center, also resulting in their deaths.

Additionally, articles that made these horrible events public noted that workers at the center complained about the dangerous workplace culture.

I imagine that the money OHSU currently uses for the primate center would be better served by improving patient care and the working conditions for the staff.

OHSU is already unable to support its nurses enough as evidenced by nurses threatening to strike.

Clearly OHSU is unable to support its staff enough to avoid negligent actions that result in the cruel death of animals.

Should this merger move forward, OHSU will dominate the state more than it already does. How would it be fair for patients to expect to receive the best care when OHSU has already shown its inability to support its staff in ways that allow them to treat their patients in the best way possible!

I sincerely hope that you only support this merger on the condition that the Primate Center is closed. Thank you,

Susanne Nikoo

**169. No subject, 3/6/25**

TO THE COMMUNITY REVIEW BOARD re OHSU-LEGACY MERGER

INTRODUCTION. This comment is on the OHSU-Legacy Health merger. I am a retiree and resident of Portland OR for 47 years. I was at the Oct 5, 2025 Public Hearing via Zoom and in line to make an oral statement, but time ran out. I submit this written statement on my own behalf.

BACKGROUND. I went through Lewis & Clark Law School and was admitted to the Oregon State Bar in 1981. I retired 2013. Law office work was where I earned my living. Volunteering to help animals was my passion. As the president of a humane society (1974-1978) my work in the field was with individual animals. However, I was well aware of institutionalized and cultural animal cruelty, an example of which is live animal experiments conducted in service of health and science.

OREGON PRIMATE CENTER. One day in the early 1980s, I and several other animal welfare volunteers had a chance to take an inspection tour of the Oregon Primate Center at the invitation of one of their employees. I do not recall her name. I do recall my strong impressions. It was a warehouse of unhappiness. Monkeys were individually housed in banks of steel cages in a warehouse-like building. The light was poor, the surroundings barren. The cages seemed clean, but they were small and allowed the monkeys no freedom to socialize among themselves. It was like a miniature prison with miniature prisoners in solitary confinement. I left sad at seeing the faces and knowing I was helpless to do anything for them. We all left somber. Nothing further came of it. Now, forty years later, I am surprised to learn the Primate Center is still a going concern.

CONCLUSION. I am delighted that the Community Review Board has met an opportunity to encourage the closure of the Oregon Primate Center as a precondition to the deal. This is the right time to divorce human health care from experiments on live animals, which are so painful to witness. This is a business that brings down shame on the state of Oregon. The monkeys should be released into humane care in emotionally healthy environments. Oregonians will gain much faith when they know the mission of OHSU-Legacy is singularly dedicated to the care of patients.

Thank you for your sincere consideration of this statement.

Helen Lyman, Portland OR

**170. No subject, 3/6/25**

My name is Lamar Wise, and I serve as the Political Director for Oregon AFSCME, representing 39,000 of public service workers across the state. Today, I am here to express support for the merger between Oregon Health & Science University and Legacy Health. This transaction represents a critical step toward ensuring both the stability of healthcare jobs and the long-term well-being of the patients these institutions serve.

For far too long, healthcare workers at Legacy Health have faced uncertainty—whether through stagnant wages, inadequate job protections, or the threat of layoffs. Through the labor agreement we negotiated with OHSU, unionized Legacy employees will see their wages adjusted to match the higher pay scales at OHSU, guaranteeing pay parity without any reductions in benefits for at least a year.

More than just wages, this agreement also protects jobs. No layoffs will occur for at least 12 months after the merger, and for those who may be impacted in the following year, there will be an enhanced severance package that includes six months of base pay, continued medical and dental coverage, and access to recall and training opportunities. Additionally, this agreement will advance workplace equity by addressing bias in hiring, promotions, and disciplinary actions, with unions having access to diversity metrics to help hold the system accountable.

But this merger is about more than just workers—it's also about patients and the communities that rely on these hospitals. By transitioning Legacy into OHSU's public framework, we are bringing greater accountability and transparency into the healthcare system. OHSU is a public institution, which means decisions about patient care and hospital operations won't be made behind closed doors or dictated by private corporate interests. The Governor appoints OHSU's board, and their meetings, agendas, and financial reports are available to the public. This kind of transparency ensures that the voices of patients, workers, and the broader community will always have a seat at the table.

At its core, this merger is about building a stronger, more equitable healthcare system—one that prioritizes workers, protects jobs, and ensures that Oregonians have access to high-quality care for generations to come. I urge you to support this merger and help create a healthcare system that truly works for everyone.

Thank you for your time and consideration.

## **171. Public comments received during Community Review Board Public Hearing 3/5/25**

On 3/5/25 the Community Review Board hosted a public hearing, members of the public [submitted public comments](#) during the public hearing.

## **172. Public comment on OHSU-Legacy Merger, 3/7/25**

Hello!

I live in Gresham, OR, and am writing because I believe that a necessary condition for proceeding with the OHSU-Legacy merger should be the elimination of the Oregon National Primate Research Center.

The use of animals for research into conditions affecting humans is rapidly becoming a thing of the past. There are many new technologies for research whose goal is improvement in human health, that far surpass the effectiveness of using nonhuman primates. These technologies are much less expensive than maintaining a colony of primates. They are so much better at approximating human conditions so that results are far more applicable to human beings. And they don't involve the suffering that research on animals entails. I worked in a lab at OHSU for several years, and I saw animal suffering that you would not want to see or think about.

In addition, notably, the Oregon Primate Center has a history of delivering inadequate, neglectful, and sometimes deadly care of these primates. There are not enough employees because of short budgets. The Center has been cited a number of times for negligence and really inhuman and terribly painful incidents that killed primates in horrible ways. For example, allowing animals to die from lack of water and from being scalded to death when cages were being cleaned. Primate Center employees have complained about the lack of personnel and the danger it poses. And, how about putting the money for the Primate Center toward better salaries for OHSU employees so that we don't have striking healthcare workers!

The Oregon Primate Center is a fossil. The day of primate centers is over! We have much better technologies now that cost a lot less and deliver a lot more in terms of applicability to human beings. The Center should be eliminated because it does not make productive, effective use of the dollars being spent on it.

I urge you not to proceed with the OHSU-Legacy merger unless the Oregon Primate Center is eliminated.

Thank you!

Linda K. Anderson

**173. Important new financial & scientific details for OHSU & Legacy Health, 3/7/25**

Neal Barnard submitted a [public comment](#).

**174. Public Comment on OHSU-Legacy Merger 3/7/25**

(My comments were not heard during the public meeting due to not receiving an “unmute” option when my name was called)

I’d like to say thank you to the Community Board for giving me the opportunity to voice my opinion on the merger.

My name is Beth Earnest, I am a Portland local, a real estate broker, business owner, property owner, mom, and grandmother in this community and around Oregon and Washington.

I am aware that there is support for making the shutdown of the primate research center a condition of the merger.

It seems that closing the primate center, as a condition of the merger, would help mitigate some of the concerns many Oregonians have on several levels.

With some research I found that OHSU owns the land at the primate center as well as some parcels abutting the actual primate center parcel.

This amounts to 153 to over 200 acres, right there at 185th and Walker Rd.

This is a significant amount of usable land. *At highest and best use*, this land is a *very valuable and marketable asset*.

Shutting down the research center, and selling the land associated with the OHSU ownership, could free up funding for many things like patient care, hiring more physicians, support nurses, etc., which all seem could benefit the Legacy/OHSU merger, and the community.

This seems to make good financial sense.

I feel I need to add that it seems *shameful* to me that OHSU has not closed this troublesome and antiquated lab on its own, especially knowing that other similar institutions have closed their labs across this country.

I believe that if the lab were to be shut down there would be a collective cheer heard across the State!

It would be “good press”.

I sincerely hope you will consider this information and this suggestion.

Thank you again for allowing my comments.

Beth Earnest

**175. No subject, 3/6/25**

I am very concerned about an OHSU-Legacy merger. Currently OHSU is in negotiations with United Healthcare to continue care for UHC patients. For now, we are told the contract is up 04/01/25. This has created a mad scramble for OHSU/Adventist patients to find all new providers before the end of the month. The only other hospital and medical group in the Portland area, that still accepts UHC, is Legacy. If OHSU merges with Legacy there will be no hospitals or medical groups that accept United Healthcare and this will leave many local patients without any healthcare providers or hospitals.

It seems unconscionable that one group can monopolize our city’s healthcare and not make it available to all insurance carriers.

Kindly, Michelle DeWitt

**176. No subject, 3/7/25**

How will OHSU-Legacy be accountable for developing innovative solutions to deliver on the promise of increasing patient access through this merger? OHSU and Legacy have historically physician-centric models of care that have not evolved to the level we see in other multi-hospital health systems challenged with doing more with less. The future of healthcare is multidisciplinary and it will take all of us, practicing at top of scope to care for patients and our communities.

How will the state hold OHSU accountable for innovating operations in a patient-centered, fiscally responsible manner that supports their employees and ensures non-physician medical providers (eg. advanced practice providers) are appropriately utilized

Corey Fry

**177. No subject, 3/7/25**

Over the past decade I believe OHSU has lost focus on quality accesable to all health care. OHSU staffing, wait times, billing transparency, and even management of professional behavior of its staff have significantly degraded. Controversy over its primate research facility have once again emerged again on local radio. Currently OHSU seems unable to agree on a contract with a large national medicare advantage organization leading to a surprise disruption to thousands of patients care.

Legacy seems similarly plagued by dubious focus and quality.

I believe it would be prudent in the current situation for OHA to insist ohsu stop it's expansion plans until it's leadership significantly improves its ability to serve its existing patients, employees and research facilities.

John Barton

**178. Voicemail, 3/7/25**

Yes, I'm calling regarding the OHSU-Legacy merger, my problem with them merging is that OHSU Adventist has decided they will no longer accept United Healthcare and so Legacy is the only hospital left that accepts United Healthcare. So if they are allowed to merge, all people with United Healthcare, retirees and non they will have no place to go, no medical facilities, no hospital in the greater Portland area. As you know Providence and Kaiser are their own HMOs so they will also not allow United Healthcare. So I think that if they are allowed to merger, there's going to be many of us with health insurance but without the ability to get any care. So I think before they're allowed to merger they need to address the contract with United Healthcare given that there are thousands of people on united healthcare, I don't know how many in this area. But if you allow them to do this you will be leaving us all without any healthcare at all. So I guess that's my feedback, thank you.

**179. Regarding the OHSU-Legacy Merger, 3/8/25**

Hello,

I am writing to register my opinion on the proposed merger of OHSU with Legacy.

I request that the merger be conditional on OHSU's primate center being shut down. As someone who lives just behind the center, I'm well aware of the constant violations there that cause news coverage. Some of them have resulted in fines. The poor treatment of animals in their care makes one question the quality of care afforded to their patients.

OHSU's reputation is undoubtedly being harmed by this facility, and I'm convinced that continuing to run this facility after the merger is going to harm the new owners' reputation as well.

Thank you for allowing me to register my opinion,

Bala Seshasayee

**180. COMMENT on OHSU-Legacy Merger, 3/10/25**

Dear OHA,

An OHSU-Legacy merger could change the status of most of my providers to Out-of-Network providers—creating a major disruption in my care. I doubt very much that I'm the only one facing this prospect.

If it is in your power to do so, I implore you to require that OHSU continue its full participation in any and all Medicare Plans it participates in now through to the conclusion of the merger negotiations and rulings.

I make this request because:

OHSU informed Pacific Source Medicare late February 2025, that it will cease being a provider network for Pacific Source effective June 30, 2025. This late notice means many Pacific Source enrollees must determine if they can stay w/ Pacific Source if negotiations with OHSU are not successful. I understand OHSU could even refuse to maintain Out-of-Network status with any Medicare Plan. There is a looming deadline of March 31 for folks enrolled in any medicare plan to make a change in their plans.

With the prospect of an OHSU-Legacy merger it is impossible to make an informed decision about one's coverage and which medicare program to use.



I thank you for your consideration — and the attention you'll give to the impact such as merger could have on Medicare enrollees, especially if OHSU & Legacy merge.

Sincerely,

Linda Quanstrom

**181. No subject, 3/10/25**

I'm an interventional endoscopist at OHSU Adventist. I've previously worked within Providence, and started value based care OP surgery centers in PDX. I know from board room interactions the way the health systems and payers play games with patients and their doctors to monopolize patient steerage, while maximizing their profits. I'm quite sick of the network games played, and I know my patients are furious by it. I also know my alma matter, Univ. of Washington Medical Center, and many, many other academic institutions have successfully expanded broad community care and consolidated networks with significant benefit to their communities. UW won awards for this work in 2019. I'm involved in this process at Adventist, where we've taken one of the largest Medicaid providers stuck with locums specialists and rebuilt the GI services from scratch in just 2 years because of our OHSU partnership and administrative alignment. We've tripled the number of providers and are building a new 20,000sf multi-disciplinary Digestive Health Center for 2026. Our wait times are 2-3 weeks, not 6-9 months like other health systems in town. Nurses have flocked to join us from the other systems. Our surgeons and radiologists have added recent top grads from fellowships. I coordinate care daily with OHSU GI and their Knight Cancer providers across town, helping triage patients to the right site based on acuity and need. We help with state wide transfers and now manage care from the Gorge to the Coast in network. We are not raising costs. We are finally delivering appropriate and coordinated care lacking in PDX compared to most major metros. We do not need to reinvent the wheel, just compare our situation to those metros with university systems. PLEASE be especially wary of input from insurers, and health systems that act like insurers such as Kaiser and Providence. The OHSU-Legacy merger is imperative to advancing these goals further via Legacy assets and providers to improve access to services across all needs. The alternative, private equity ownership of Legacy, would be devastating to our community. We all know how they would treat their acquisition. PDX needs a large system where patients know their doctors, and the ones they need, are in network. Payers will benefit from having a large in-network system they can

work with as partners, not adversaries like the current situation where malicious business tactics are used as leverage to prevent solutions to lower cost, high quality care. I'm happy to discuss my experiences across these systems if you wish.

MO

**182. No subject. 3/8/25**

I am curious how the merger will positively serve Oregonians and SW Washingtons when there will be prospective layoffs to consolidate workforces, which seems typical in mergers. If the goal is to provide and extend healthcare and support the community, how will a reduction in workforce meet those goals? Layoffs adversely affect communities and affects healthcare access through loss of workplace benefits. This seems especially concerning given that federal systems are being cut and may not be available. Is it a short term expectation?

How does the system work without being a complete monopoly on specialty care in the region? What preventative (if any exist) measures or consumer/patient protections are in place to ensure that healthcare costs and insurance premiums aren't going to gouge the public? How will care be governed across two state government systems? Will Washington (if not already) contribute funding and leadership in tandem with Oregon?

I'm hopeful for consistent care and increased access, but definitely wonder at what cost. Is it worth the pay off?

I am hopeful that it will increase my families access to affordable care, as long I don't get laid off.

Ashley Parks

**183. No subject, 3/8/25**

I am for the merger. Legacy is a great system but they have a difficult time keeping staff. I have not had a primary doctor for the past 3 1/2 years. I get a different person every time I need help. Finally this year I am to get assigned a new primary doctor.

Our area has a large population and limited care facilities so I see OHSU as a way to boost offerings and grow this facility in Gresham. If it doesn't go thru I fear we will lose

this hospital altogether and that would be a tragedy for this area. Please allow this merger it will benefit everyone.

Roberta Worstell

**184. Revised Letter in Opposition to takeover of Legacy Health by OHSU, 3/10/25**

UFCW union [submitted a public comment](#).

**185. No subject, 3/10/25**

Hello, I'm Zynora Lowery, and am writing today as a current employee of Legacy Health. I'd like to give the perspective of someone who would be directly affected by this merger.

I work for Environmental Services, a department's responsibilities that encompass creating and maintaining sterility in all areas of the hospital that extend from the operating room to patient and employee areas. This also extends to distributing linen and other miscellaneous products throughout the hospital through orders and an as needed basis.

Through a process of various budget cuts, Legacy Health has determined my department to be the main target of "fat," as we are "not revenue generating." Therefore, after a series of cuts over the years, I've become the sole person to service all six floors of Good Samaritan hospital as a stand-in for Environmental Services. Besides the work that's effectively been offloaded to me, I have a set of tasks that's been assigned to me as well, some requiring a rather strict schedule. In this, I am also responsible for turning rooms over as needed for incoming and outgoing patients.

After a few months of workshopping how to approach my duties without compromising the safety of patients or visitors, I'd found "shortcuts" and eliminated entire steps of certain tasks that I could determine wouldn't be overall harmful while still reaching the expectations of management (expectations that increase with each day). With the extended strike of Providence Hospital and its affiliates, this workload only increased.

There are times where I had to determine if going on break on time was worth it (in lieu of legality), in favor of servicing a room for a patient. And unfortunately, there are multiple occasions where the supervising nurse and I have to determine which patient needs a room first: the motor vehicle victim in the emergency department? The patient

who needs to be stabilized after their risky, life-saving surgery? The patient who just coded for a stroke and needs to be transferred to the Intensive Care Unit?

Each of these rooms takes an hour on average, and I don't have much time to think about how hungry I am after working five, and sometimes almost six hours without rest. I have to muster strength that I don't have to help aid people who need me, because I am the only one there. I can be tired later. I can be hungry later. And it is still expected that I complete other tasks that are just as crucial, if not directly, to maintaining the safety and health of the patients.

I'm not saying that OHSU will wave a magic wand and hire an entire overnight team, though if that's what they're offering, I'd gladly take it. I'm not saying that the solution to my problem can even be solved quickly. What I will say is this:

I've been employed with Legacy Health for just shy of eleven months now. In that time, I've already witnessed OHSU's much more concerted effort to not only communicate with, but negotiate with my union and with employees across the board. I will take working with someone who's willing to try and who I can trust will not forward my emails to the bin, over having management that physically recoils at the mere mention of the word "union" in their presence.

I am deeply saddened that I was unable to speak at the hearing the other day, my voice drowned out by others who'd decided that that was their time to speak for a cause that I'm sure they had ample opportunities to address before then. And I am even more disgruntled at those who voted against a second hearing, unable or unwilling to identify the root cause of the issue without acknowledging the situation that took place, thus further snuffing out the voices of employees and patients who will be the first to feel the effects of this acquisition. I ask that those who are on boards such as these act more responsibly, especially when so many lives are at stake.

**186. Voicemail, 3/7/25**

Hello there, I'm a Portland resident and I have been for the past 30 years. I adamantly oppose the merger of legacy and OHSU, these mega entities are terrible, it reduces choice. And healthcare as it is struggling and the more choices we have the better. IT's movement toward these hug mega entities that make me think twice about continuing to live here and makes other areas look more attractive. Anyway, I oppose the merger and hope it does not happen. Thank you, bye.

**187. No subject, 3/10/25**

My name is Laura Barney, and I've worked at Legacy Good Samaritan Hospital in Portland for 24 years. I was actually born at this hospital, in what was then Wilcox A. I work in the food and nutrition services department where my coworkers and I work hard every day to provide patients, staff and visitors with healthy, fresh food.

I'm writing today to share my thoughts about the OHSU-Legacy merger. When we first heard that OHSU might take over Legacy, we were worried about what might happen. But when I learned more about the agreement that OHSU made with my union, it made me feel more secure.

The best part is that OHSU agreed to honor our union contract, when they didn't even have to do. Also, the agreement says that if an OHSU worker gets paid more doing the same job as a Legacy worker, they'll get paid the higher rate.

I was also glad to hear OHSU is promising to put more money into staff because we have been short-staffed for a long time. Just this week, I had to work a double shift because of staff shortages.

A big reason for this is that over the last few years, when people have left their jobs, our bosses just never replaced them. Instead, they just divided up their duties and put them onto staff who already have full plates. For example, our catering department went from two people to just me. Stocking also used to be its own job, but after that person left, they just divided up that person's duties. Now I'm in charge of stocking for three departments, on top of my already full-time job.

We want to be respected and feel like our concerns are being heard. We haven't felt that from Legacy, so I am hopeful about what a change in ownership to OHSU might mean for me and coworkers.

While I know no big change like this will be perfect, I'm hopeful that OHSU's promises mean we'll be treated with respect by OHSU and that at least they want to treat us fairly.

Laura Barney

**188. Legacy OHSU merger, 3/11/25**

I'm writing you today to express my support for the Legacy OHSU merger. I am a graduate of OHSU and a retired internist who practiced in Tualatin for 36 years. I also served on the Legacy Board of Directors for many years and served as the chairman for 4 years. I was able to experience the many collaborations between our systems and see the benefits to our patients.

One huge advantage of this merger is to finally establish a single children's hospital in Portland. A center of excellence for pediatric care will be a remarkable addition to our community as well as the State and honestly the west coast. Both programs we have now are excellent but combining them will lead to a world class program. Seattle and San Francisco have great programs but they can't cover the entire area in between them adequately. This is all about taking excellent care of our children.

Another advantage of this merger is being able to combine Legacy's broad provider network with the tertiary and quaternary facilities at both institutions. We are in dire need of more primary care providers. The combination of terrific educational programs and outstanding residency programs gives us the unique opportunity to make an impact that will improve the health of our state.

I also would love to see our two local Oregon programs thrive and become better than either alone. This is an opportunity that we can't afford to miss. Please endorse this merger and make our community healthier.

Jeffrey D Fullman MD, FACP

**189. Urgent Request from previous OHSU staff, 3/11/25**

Good afternoon,

I'm writing today as a former OHSU staff and patient. My daughter was actually born at OHSU. I strongly urge you to make the closure of the Oregon National Primate Research Center a condition of the merger between OHSU and Legacy. The primate center is a stain on OHSU.

I remember hearing whispers about the primate center as a staffer and it is seemed to be kept hidden because of the public outrage with the existence of such a facility.

The primate center houses thousands of monkeys and has continued to have serious animal welfare violations for decades. There have been no medical advances and it has failed to help humans in any way.

Please require the closure of this cruel and pointless primate center as a condition of the merger's approval.

Thank you,

Chandra Fuller

**190. Public Comment on OHSU-Legacy Merger, 3/11/25**

Sheila Dooley submitted a [public comment](#) regarding the National Primate Center.

**191. Merger, 3/11/25**

Don't do it OHSU has already taken over the hospital Adventist I have all of my doctors at starting April 1st I will have to find new heart doctors and skin doctors hearing doctors everything it is a monopoly I can even find a doctor now thanks to OHSU please do not let them take over more I and many other people will die before getting treatment

Brian

**192. Public comment, 3/11/25**

Maria Rodriguez, MD, MPH at OHSU, submitted a [public comment](#).

**193. Public Comment: Concerns Regarding the OHSU-Legacy Health Merger and Its Potential Impact on Access, 3/11/25**

Dear Members of the Community Review Board, Oregon Health Authority, and Oregon Health & Science University leaders,

I am writing to express deep concerns about the potential impact of the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health on patient access, particularly when contract negotiations between the newly merged entity and insurance providers fail, which they inevitably will. Given the scale of the proposed system, any breakdown in payer agreements could create unprecedented disruptions in care for patients across the Portland metro and the entire state. OHSU's claims of improved access assumes an ideal healthcare landscape which is increasingly becoming unstable with uncertainties in federal funding and federal healthcare policy. Oregonians deserve and demand a review that considers this merger in the context of the worst of times, not the best.

## **The Risk of Network Disruptions and Patient Access Barriers**

OHSU has previously been involved in contentious contract negotiations that have resulted in disruptions for patients. For example, in 2022, OHSU's contract dispute with Regence BlueCross BlueShield left thousands of patients uncertain about their ability to continue receiving care from OHSU providers. While the parties eventually reached an agreement, the negotiation process created significant stress and uncertainty for patients, many of whom rely on OHSU for specialized care not widely available elsewhere. Currently, OHSU is engaged in contract negotiations with United Healthcare, with the existing contract set to expire at the end of this month and an upcoming contract expiration with Pacific Source at the end of June 2025. These ongoing situations further underscore the potential risks to patient access amid such negotiations and an already taxed system.

Contentious contract negotiations have become more common and the stakes have become more elevated. Just one year ago, Legacy Health and Regence BlueCross BlueShield had a public contract dispute that wasn't resolved until the last day of that contract period. There is no indication that contract disputes will lesson and all signs point to this being more common practice every year especially in this climate when federal funding is expected to tighten and health systems will become increasingly desperate to make up their losses through aggressive and risky contract negotiations, service line reductions, and reductions in workforce.

If the merger proceeds, the combined OHSU-Legacy Health system will control a significant portion of hospital and specialty services in the Portland metro and beyond including a critical rural hospital serving Marion County. The larger the health system, the more leverage it holds, and past hospital consolidations have shown that dominant systems often demand higher reimbursement rates. When insurers push back, patients will find themselves caught in the middle, facing out-of-network costs or being forced to seek care elsewhere with limited access for new patients across the board where all regional health systems and primary care providers are facing access challenges.

## **Lessons from Other Markets and Our Own Backyard**

Hospital systems with an increased consolidation of market share across the country provide a cautionary tale for Oregon:



### **BJC HealthCare & Saint Luke's Merger (2023-Present)**

- **Impact:** In 2023, BJC HealthCare and Saint Luke's Health System merged, creating a dominant regional health system in Missouri, Kansas, and Illinois. The merger gave the new system greater negotiating leverage with insurers.
- **Outcome:** Insurers reported that the newly merged system was demanding higher payment rates, which led to increased insurance premiums for patients. Some insurers struggled to keep BJC-Saint Luke's hospitals in-network, leading to restricted access for certain patients, particularly those in rural areas.

### **Sutter Health vs. Blue Shield of California (2015-2021)**

- **Impact:** Sutter Health, a dominant hospital system in Northern California, was accused of using its market power to demand higher rates from insurers. When negotiations faltered, some Sutter facilities became out-of-network, increasing costs for patients.
- **Outcome:** A class-action lawsuit alleged that Sutter engaged in anti-competitive practices that drove up healthcare costs across the region. In 2021, Sutter agreed to a \$575 million antitrust settlement and new contract transparency requirements.

### **UPMC vs. Highmark (Pennsylvania, 2014-2019)**

- **Impact:** After UPMC expanded and became the dominant health system in Western Pennsylvania, it refused to renew its contract with Highmark, a major insurer. This left hundreds of thousands of patients without access to UPMC hospitals and specialists.
- **Outcome:** A state-brokered agreement temporarily restored access in 2019, but the dispute highlights how hospital consolidation can create barriers to care when contracts fail.

### **Bon Secours Mercy Health vs. Anthem (Virginia, 2023-2024)**

- **Impact:** After contract negotiations failed, Bon Secours Mercy Health, a large hospital network, was removed from Anthem's network, affecting hundreds of thousands of patients in Virginia and neighboring states.

- **Outcome:** The dispute led to significant access issues, particularly for rural communities that relied on Bon Secours hospitals. It also caused confusion and stress for patients requiring specialty care.

### **Salem Health vs Regence (Oregon, 2025)**

- **Impact:** On January 1, 2025, Salem Health and Regence BlueCross BlueShield of Oregon failed to renew their contract.
- **Outcome:** Salem Health's hospitals and clinics are currently out-of-network for 30,000 Regence members. Regence members seeking non-emergency care at Salem Health facilities now face higher out-of-pocket expenses due to out-of-network charges and limited access to care in the region which includes a Legacy Health hospital and outpatient clinics dealing with their own access challenges.

### **Impact on Patients in Oregon**

If the OHSU-Legacy merger moves forward, patients will undoubtedly face similar fates as those referenced in the examples above:

- **Limited access to specialty and hospital services** when contract negotiations stall. Given the unique services offered by OHSU, such as advanced oncology and transplant care, and unique services offered by Legacy Health such as burn services, transgender care, and eye care, and a combined near monopoly on complex pediatric hospital care, losing in-network status could leave patients across the state with few alternatives to critical services.
- **Higher out-of-pocket costs** when insurance plans cannot reach agreements with the newly merged system, leading to out-of-network charges or an increase in premiums if agreements are eventually reached.
- **Fewer options for care** as the dominance of a single system reduces competition, making it harder for patients to switch to alternative providers when disputes arise.

### **Oregonians Demand Better**

I don't believe there are any legitimate safeguards, oversights, or conditions that could ensure adequate access to affordable care and Oregon cannot afford to allow a healthcare merger that results in disruptions to patient access especially to unique services and rural care that Oregonians across the state rely on. Therefore, I urge not

only the Community Review Board and the Oregon Health Authority to reject this application in full on the basis of not being a good deal for Oregonians, but also OHSU leadership to reconsider their goals and re-evaluate how they can be achieved through existing partnerships and new collaborations rather than consolidation that will ultimately harm patients by limiting access and raising costs.

Now is not the time for Oregonian's to face significant disruption in their healthcare environment especially with the volatility in employment, rising inflation, and a looming recession. Now is not the time for monopolies or too big to fail. And now is certainly not the time to gamble on affordable access to care for those who need it the most.

Thank you for putting Oregonian's at the center of your decisions and recommendations.

Sincerely,

A concerned Portland resident and patient who has received care at both systems over the years

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**194. Planned Parenthood: Public Comment Letter of Support of the HCMO, 3/13/25**

Planned Parenthood Columbia Willamette and Planned Parenthood of Southwestern Oregon submitted a [public comment](#).

**195. No subject, 3/13/25**

This merger and investigation into it should be frozen until the contract issues between UHC and OHSU are completely reviewed and resolved. Currently UHC covered patients are having their appointments after 3/31/2025 unilaterally cancelled by OHSU regardless of what their insurance status is after 3/31/2025. This is totally unacceptable given that some appointments are long lead time. Patients are NOT being given the alternative of cash or out of network pay either.

An OHSU-Legacy is not deserving of being allowed to provide care in our community with this response to insurer contract negotiations. That's unfortunate because some of the care they provide is often excellent, but patients must not be part of bureaucratic squabbling.

Tom Kloos

**196. No subject, 3/13/25**

While following the negotiations between OHSU and United Healthcare Insurance, I became aware of the merger plan for OHSU and Legacy. The OHSU and United Healthcare negotiations are seemingly not going well and it looks like the contract will end on March 31. This leaves 74,000 patients (according to The Oregonian, March 7, 2025) without access to their providers at OHSU and it's current affiliates. My concern is that, if this merger goes through, current Legacy patients using United Healthcare Insurance will also no longer have access to their providers. The timing of any merger is also a concern. If any merger occurs outside of the limited time of open enrollment (as the end of the OHSU/United Healthcare contract has), current Legacy patients will be out-of-network or not accepted as patients at all. The impact on a great number of patients will be potentially devastating.

Sharom Gibbons

**197. No subject, 3/14/25**

Basic Rights Oregon (BRO) works to ensure that all lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, and asexual (LGBTQ2SIA+) Oregonians can live free from discrimination and be treated with dignity and respect in every community in our state.

What our organization cares about most is access to healthcare that is respectful and responsive to the needs of LGBTQ2SIA+ individuals. Given that Legacy and OHSU currently provide the most gender-affirming care in the state, it's critically important that Legacy remains with an owner that shares the same values. If a merger with OHSU is the option that guarantees continued access to care, then we are behind it.

We see the alignment of OHSU and Legacy's track records around gender-affirming care as a positive of this proposed transaction. For example, both organizations have been identified as healthcare equality leaders by the Human Rights Commission Foundation. More recently, OHSU and Legacy have thus far held firm in continuing to provide life-saving care in the face of federal executive orders targeting the LGBTQ2SIA+ community. Unfortunately, the same cannot be said for many well-respected medical institutions across the country who have already buckled under transphobic and queerphobic pressure.

However, the threats to gender-affirming care extend beyond federal executive orders. They also come in the form of other health systems Legacy could choose to partner with. For example, we would be vehemently opposed to any partnership with a discriminatory religious institution that could infringe upon patients' access to full reproductive and gender-affirming services.

In closing, we reiterate that it is critical Legacy remains with an owner that shares the same values and will continue to prioritize providing critical and life-saving care to all Oregonians, especially those who identify as LGBTQ2SIA+. We believe the proposed transaction between OHSU and Legacy can provide a protected path for the continuation of these services.

Kyndall Mason, Basic Rights Oregon

**198. No subject, 3/14/25**

This a huge mistake for OHSU - Legacy to merge together. Not only is OHSU not promising to not do a huge lay off when the merger goes through. OHSU's Acquisition of Legacy Is Likely to Increase Costs Without Improving

## Quality

In June of 2024, OHSU and Legacy announced a definitive agreement to combine. The acquisition would merge two of Portland's three major hospital systems, giving OHSU-Legacy a dominant market position in the Portland region.<sup>1</sup> In September, the parties filed for approval with the state, which triggered the six-month review process by HCMO. HCMO applies a twostep "public interest" standard when reviewing a transaction. When, as here, a transaction is not approved at the preliminary step, the transaction undergoes "comprehensive review." In comprehensive review, the merger is only approved if HCMO determines, among other criteria, that there is "no substantial likelihood" that the transaction would have "material anticompetitive effects in the region ... not outweighed by benefits in increasing or maintaining services to underserved populations." <sup>2</sup> In addition, to be approved, the transaction must benefit the public good by: (a) reducing costs according to Oregon's cost growth target; (b) increasing access to services in medically underserved areas; (c) rectifying historical and contemporary factors contributing to a lack of health equity or access to services; or (d) improving health outcomes for residents of this state.<sup>3</sup> To apply this standard, HCMO has formulated a four-factor analytic framework, which assesses the likely impact of the merger on cost, quality, access, and equity. As discussed in this section, research on horizontal mergers and preliminary evidence specific to this merger suggest that the parties are unlikely to satisfy the cost and quality prongs

Substantial evidence undermines OHSU's assertion that costs will not differentially increase as a result of the merger. More than any other type of health care transaction, in-market horizontal hospital system mergers increase costs. The weight of the empirical literature shows that hospital mergers dramatically increase commercial hospital prices.<sup>5</sup> Prices can increase by 20% to 40%, depending on the degree of concentration and market power.<sup>6</sup> As discussed below, at OHSU-Legacy merger will result in a highly concentrated hospital market in the Portland area, which indicates that price increases would fall on the higher end of the scale. Further, even the non-merging hospitals in concentrated markets have prices 12.9% higher than those in

more competitive markets.<sup>7</sup> Prices are generally the single largest driver of health care cost growth, increasing premiums and deductibles for Oregonians.

Despite this evidence, OHSU claims that it does “not anticipate any material anticompetitive effects resulting from the transaction.”<sup>29</sup> OHSU first argues that HCMO should disregard any assessment of competitive effects of the merger because OHSU is a public

**199. OHSU MERGER WITH LEGACY Please do not let it happen!, 3/14/25**

Hi,

I am beyond upset if you allow this merger to go on with OHSU. I have Legacy doctors and I use United Health Care. I love my doctors they are the best and grateful to have them. There is not any Legacy Doctors taking new patients in Portland area. I am worried we will have to pay so much more for basic doctor visits. At the moment until I fulfill my deductible \$3500 for myself and my husband. I pay \$500 for my regular doctor and \$600 for my Gynecologist. Its a lot! If this goes through this Merger health care in the state will go through the roof. They will have a monopoly on the Hospital billing as well. Billing at all Legacy as well. Most people cannot afford this. My husband has a good job but how about so many others struggling to make it these days?

Please consider this. Its like that Kroger merger. It would make it unfair that they could charge whatever they want for prices for food unfair to the public. No competition. The same would hold true here. Doctors and any medical care. My dad is a doctor in the midwest. A new patient visit is \$300. The visits to my doctor are regular not a special visit. For the \$500 TO \$600 I am already paying is so much. Please do not let merger go through and care about the public. Would be a nightmare for everyone when some people can barely pay their rent and bills.

Thank you so much for your time,

Jane Lemire

**200. Serious concern about OHSU-Legacy merger, 3/15/25**

Hello. My husband and I have his TriMet retiree coverage with United Healthcare Medicare Advantage PPO.

We have been longtime patients at the Adventist system in east Portland. After March 31, this will be out of network for us because UHC will no longer contract with OHSU.

If OHSU merges with Legacy as well, we will have NO IN-NETWORK HOSPITALS in Portland.

This is wrong. Please don't let OHSU take over everything in Portland except Providence. We don't want to have to drive a long ways for care, at perhaps lesser-quality hospitals where it would be next to impossible for us to visit our spouse daily.

I don't know whether UHC or OHSU is more to blame for this situation, but we depend upon our government to prevent this kind of consolidation that hurts patients stuck in the middle. We cannot change our insurance without incurring hundreds of dollars more in premium charges.

Thank you,

Nancy Tropic

**201. No subject, 3/15/25**

As a resident, I am extremely concerned about the OHSU-legacy merger and believe that the continued existence of the OHSU National Primate Research Center (NPRC) will have a substantial impact on me and other Oregon residents, including increased medical costs due in part to the resources required to operate it. I implore you to make the closure of the NPRC a condition of the merger and use funds that would have been spent on it to improve patient care and hire more physicians.

Among the reasons that the NPRC could continue to be or has been a financial drain on OHSU are that:

(1) The federal government intends to cut funding for biomedical research including grants that help support it.

(2) OHSU has a history of repeated violations for animal mistreatment, fatal mistakes, and deaths. Between 2014 and the lab the federal Animal Welfare Act 31 times, harming and killing animals in the process. These violations resulted in reputational damage and fines of nearly \$40,000 for their violations between 2018 and 2021.



Please note that Harvard closed its primate center after financial issues and reputational damage from animal deaths made it the prudent choice. Please follow its lead. Closing the NPRC in favor of putting the money towards improved patient care and bringing new physicians to the state would alleviate many concerns Oregonians have about the merger. Thank you for your time.

Monica Kinney

**202. No subject, 3/16/25**

Hello,

I am writing to express my deep and unwavering opposition to the continued use of primates in research at the Oregon National Primate Research Center (ONPRC), operated by OHSU. As a business owner and engaged member of this community, I am appalled that in 2025, with the extraordinary advancements in artificial intelligence, biotechnology, and medical research, OHSU still relies on outdated, cruel, and unnecessary animal testing practices.

OHSU has long been recognized as a leader in medical innovation. It is known for pushing boundaries in modern medicine, yet it continues to cling to archaic research methods that inflict suffering on sentient beings. This is unacceptable. The rest of the scientific world is moving forward, utilizing cutting-edge alternatives such as organ-on-a-chip technology, advanced computer modeling, and human-based research methods. Why is OHSU lagging behind?

For years, many of us assumed that institutions like OHSU would naturally transition away from primate testing as science evolved. However, with recent media exposure and national awareness campaigns, it is now impossible to ignore the reality: not only is this practice still happening, but it is actively being defended despite the availability of superior, humane alternatives. The public is watching.

This is not just a matter of ethics; it is a question of leadership and responsibility. OHSU has an opportunity to set a new standard in humane, technologically advanced research. Instead, it continues to damage its own reputation and credibility by persisting in an outdated model of testing that no longer aligns with the expectations of modern society.

The time for change is now. I urge you, as lawmakers and representatives of the people, to take immediate action. Federal funding and institutional support should be directed toward alternative research methods that do not rely on the suffering of animals. It is time for OHSU to lead by example, rather than being an institution that clings to past practices while the rest of the world moves forward.

I do not write letters like this often, but this issue is too important to remain silent. I will continue to raise awareness in my community, in my business, and through every platform available to me until meaningful change is made. The demand for ethical research practices is growing, and the public will not let this issue fade into the background. OHSU can do better. Oregon can do better. The question is—will you act to make it happen?

Sincerely,

Steven Simmons

**203. Legacy / OHSU Merger, 3/18/25**

Dear OHA,

My plead is that you deny this merger. As it stands, OHSU/Adventist have been unable to come to a contractual agreement and I am unable to make appointments with any of my doctors, who I've had for the past 20 years but I can no longer afford as they will be out of network.

If the merger takes place, that will remove Legacy as an option, leaving only Providence, which is not close for me. This merger will give OHSU close to a monopoly on healthcare for the East Portland area and it will be very difficult to find and afford healthcare, which is already difficult to afford.

Please consider denying this merger for the sake of thousands and thousands of Oregonians who will be losing their trusted healthcare providers due to the OHSU/Adventist merger and inability to come to a contractual agreement with United.

Thank you,

Stephanie Boyle

**204. OHSU RN comment in support of OHSU Legacy acquisition, 2/18/25**

My name is Lisa Incognito, and I have been an RN at OHSU for 14 years. I support OHSU's acquisition of Legacy Health and I know many of my nurse colleagues do as well.

First and foremost, OHSU is publicly owned which means that there is greater transparency, greater accountability, and less of a focus on profits than private, for-profit healthcare systems like Legacy. While no institution is perfect, including OHSU, our mission is firmly rooted in public service and providing accessible, high-quality healthcare to all. Oregonians, through their elected representatives, have a voice in the direction of OHSU. This is far more democratic and leads to greater accountability than privately owned entities.

Private ownership, on the other hand, can often lead to decisions that favor financial outcomes rather than patient outcomes. Even more concerning is that many private health systems are turning to out-of-state, private equity to make up for budget shortfalls. This is disastrous and will inevitably lead to high turnover rates of frontline caregivers, and worsening patient care.

Currently, OHSU sets the top of the market in terms of working conditions, wages and benefits, and the overall well-being of frontline caregivers like me. Again, it's not perfect, and we have our issues, but they pale in comparison to what our colleagues at Legacy face.

This acquisition will be a win for frontline nurses, a win for patients, and a win for the entire state.

While there are always challenges to work through in any organization, I believe that with OHSU's leadership, we can provide the care that Oregonians expect and deserve while remaining grounded in a commitment to the public good. And for me, that's why I'm proud to support this acquisition.

Thank you for your time and consideration.

**205. No subject, 3/18/25**

I'm an employee of Legacy who is facing the loss of my job if this merger goes through. I've worked here nearly a decade and have enjoyed it and felt like I was appreciated until recently. I'm not a union employee, so I don't have the twelve month guarantee of a job. I get six months until I'm likely to be pushed into a job marketplace

at nearly 60 years of age that is and will continue to be flooded with Federal employees losing their jobs through no fault of their own this year. At the same time, I'm being told this merger is to better the health of the community. But if I (and many others) don't have jobs and don't have insurance, we won't be able to afford this new healthcare institution. How is this merger helping community health care if it's creating a new pool of un-insured people? This concern is absolutely selfish - I'm worried and scared and never imagined being out of work at this age. Especially not at a time when people 3000 miles away are taking a chainsaw to so much of the infrastructure of the country. Will there be unemployment? Social Security? Health insurance? Prices for everything are rising and likely to keep rising.

**206. Unfair practices by legacy health on private practice physicians, 3/19/25**

To whom it may concern: I have concerns about how Legacy health has been treating private practice physicians, they clearly do not support us and have been working to slowly force us out with the pending merger. Legacy is enforcing a 30% rent increase across all facilities that will directly impact private practice physicians. I know there is no direct legislation regarding increase in commercial rent but 30% seems to be unreasonable. I know that Oregon recently enacted laws to protect tenants in the residential sector and I think that commercial increases should at minimum mirror that legislation. I know that the merger with OHSU and Legacy will negatively impact private practice physicians. I personally think it should be illegal for hospital systems to hire physicians because the balance of power is thrown off in such a way that it negatively impacts patient care. Please help us.

Heather Zarour, MD

**207. OHSU/Legacy Merger Public Comment, 3/19/25**

Dear OHA and CRB tasked with the OHSU/Legacy proposal,

I am again writing to express my concerns regarding the proposed merger between OHSU and Legacy Health. I have had some additional time to think, have participated in the CRB public meetings and have read nearly all of the public comments. I very much appreciate the varying perspectives and insight highlighted in the most recent public meeting. While the integration of these two major health systems is presented on the surface as a solution to various challenges, there are several critical issues that must be addressed to ensure that the merger truly benefits the public.

## **Material Benefit to Public Access and Cost of Healthcare**

One of the primary concerns is the actual material benefit of this merger to the public's access to and cost of receiving healthcare in the region. It is essential for the entities to provide clear evidence that this merger will lead to improved access to healthcare services and reduced costs for patients, which they have not yet done. According to a 2024 survey, nearly 74% of Oregonians delayed or went without healthcare due to cost<sup>1</sup>. Without concrete data and a detailed plan, it is difficult to support the claim that the merger will deliver substantial healthcare access benefits.

## **Lack of Clear Outline for Achieving Stated Goals**

The merger proposal lacks a clear outline of how it will help achieve the stated goals of improved healthcare access, equity, quality, and cost benefits. A detailed roadmap is necessary to understand how the integration will address these critical issues. Without this clarity, it is difficult to assess the potential success of the merger. The proposal mentions 27 goals focusing on quality, equity, access, and cost, but specifics on implementation are lacking<sup>2</sup>. Based on the information review to date, I see a lot of lofty goals, but no concrete plans to achieve them.

## **Incorrect Projections of Impact to Care**

Concerns have been raised about the incorrect projections of the merger's impact on care. According to the Brown paper, the merger is likely to increase costs without improving the quality of care<sup>3</sup>. This raises serious questions about the validity of the claims made by OHSU and Legacy Health regarding the benefits of the merger. If this calculation is not correct, what else might be "finessed" in their application to make this look like something other than what it actually is? It is crucial to critically evaluate these projections and ensure that any proposed benefits are based on accurate and realistic assessments.

## **Alternatives for Financial Stabilization**

If there are alternatives for financial stabilization, such as selling unneeded/unused property, I fail to understand why these options have not been exercised already. Exploring and utilizing all available resources should be a priority before considering a merger. This approach could potentially address financial challenges without the need

for integration<sup>4</sup> or to at least make the system as lean as possible before resorting to a substantial merger.

### **Treatment and Job Protections for Employees**

There is a significant difference in the proposed treatment and job protections between represented and non-represented employees. This disparity raises concerns about fairness and equity within the merged entity. It is crucial to ensure that all employees, regardless of their representation status, receive equal treatment and job protections. Addressing this issue transparently will help build trust among the workforce and the public. Notably, OHSU has agreed to protect the pay and benefits of current employees and provide severance for Legacy employees if layoffs occur within 12 to 24 months after the acquisition<sup>5</sup>, but this treatment is not consistently applied to all employees raising significant concerns about who exactly is benefitting most from this? Is it the unions? or the employees? or the administration?

### **Employment Barriers for Departing Employees**

Another concern is the potential employment barriers for individuals who choose to leave either entity for any reason. The lack of access to another large health system for employment opportunities could create significant challenges for these individuals. It is important to consider how the merger will impact the job market and provide support for employees who may need to transition to new roles. With OHSU potentially controlling five of the six hospitals in Multnomah County, the options for healthcare employment in the region could become very limited<sup>6</sup>.

In conclusion, while the proposed merger between OHSU and Legacy Health aims to address significant healthcare challenges, it is critical to address these concerns transparently and comprehensively. Ensuring material benefits to the public, equitable treatment for employees, support for departing staff, a clear plan for achieving goals, accurate projections of impact, and exploring all financial alternatives are crucial steps in making this merger a success.

At this juncture, I do not believe that the entities have shown clearly that transaction will benefit the public good by maintaining stable costs, increasing access to services in underserved areas, or rectifying any factors related to lack of equity or access to services. As these are supposed to be the major goals, it seems they would be more clearly addressed in the transaction request.

Thank you for considering my comments.

Rose

Rehab, Legacy Health

1: [The Lund Report](#)

5: [Oregon AFSCME Comments](#)

6: [OPB Think Out Loud](#)

2: [OHSU and Legacy Health Integration](#)

3: [Brown Paper](#)

4: [Oregon Health Authority](#)

**208. 039-OHSU-Legacy PUBLIC COMMENT, 3/19/25**

Larry Kirsch submitted a [public comment](#).

**209. Public Comment, 3/20/25**

I am appalled that the primate research center is still in operation. Although the recent ads border on the ridiculous at times, I wholeheartedly support the complete and permanent closure of this facility and its related research utilizing monkeys, or any other mammals.

It is completely abhorrent and unethical.. And yes, I support finding another way even if “life-saving” research is potentially being conducted. Find a method that does not include the abuse of animals.

Most Sincerely,

Chemelle Stark

**210. Opposition to the OHSU-Legacy Merger Based on Lack of Quality Improvement and Failure to Address Primary Care Access. 3/20/25**

Dear distinguished members of the Community Review Board and decision-makers at the Oregon Health Authority,

I am writing to express my opposition to the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health. While OHSU claims this consolidation will enhance care quality and expand access, their Health Care Market Oversight (HCMO) filing fails to demonstrate how either of these critical goals will be

meaningfully achieved. Instead, the proposal suggests a continuation of the status quo regarding quality metrics, and it lacks any clear strategy for addressing Oregon's ongoing primary care access crisis.

## **1. No Commitment to Improving Care Quality**

A review of the quality metrics presented in OHSU's HCMO filing reveals that these are not new or enhanced standards but instead align with existing state and federal requirements. The inclusion of measures such as well-child visits, cancer screenings, and depression screenings does not indicate an improvement strategy, it simply reflects what OHSU and Legacy are already required to report under Oregon's CCO incentive programs, CMS quality measures, and NCQA/HEDIS standards.

Without new, measurable commitments to the community it intends to serve, this merger raises significant concerns about whether consolidation will benefit patients in any meaningful way. If OHSU truly intends to improve care through this transaction, the public should be provided with a clear roadmap of how patient outcomes will be elevated beyond current performance. Otherwise, this merger will function primarily as an administrative restructuring and opportunity to increase revenue with no demonstrated benefit to patient health, equity in care delivery, or patient experience.

## **2. Lack of Focus on Primary Care Access**

OHSU has framed this merger as a solution to access challenges, yet their proposal focuses almost exclusively on secondary and tertiary care settings; specialty services and hospital capacity. There is no indication that this merger will address Oregon's severe primary care or behavioral health access shortages, particularly for Medicaid members and rural communities.

In fact, consolidation of large health systems has historically led to reduced investment in primary care as resources shift toward higher-revenue specialty services. Without explicit commitments to expanding primary care clinics, increasing provider availability, and improving geographic access for underserved populations, this merger may worsen existing disparities rather than alleviate them.

## **Recommendation**

Given these concerns, I urge the Community Review Board and the OHA to reject the current application and require OHSU to submit a revised proposal after meaningful



engagement with the community to develop a plan that truly prioritizes patient care. This updated application should include:

- A detailed plan for increasing primary care capacity, particularly for Medicaid and un/underinsured populations.
- Assurances that consolidation will not reduce community-based primary care investment in favor of hospital-based services.
- Concrete commitments to expanding primary care provider recruitment and retention efforts to prevent further strain on an already overburdened system.
- New, measurable quality improvement goals that go beyond existing mandates with a focus on health equity, quality of care, and patient experience.
- Transparency in how this merger will benefit patients, rather than just consolidating market power.
- Details on how the community was meaningfully engaged and contributed to the plan.

As it stands, this merger does not guarantee meaningful improvements for the people of Oregon. Until OHSU can demonstrate how this transaction will enhance quality beyond regulatory requirements and address the worsening primary care crisis, it should not proceed.

Thank you for your time and consideration. I appreciate your efforts to ensure that any major health system consolidation prioritizes the needs of patients, providers, and communities.

**211. No subject, 3/20/25**

To whom it may concern,

I have grave concerns about an OHSU takeover of Legacy Health. Beyond reviewing the entire public comment section here and having watched the responses and non responses in the public session a couple of weeks ago, I have asked acquaintances who work for both organizations the internal temperature of the systems. Today the twentieth, I have heard that Legacy staff is confident they will continue to serve and get better while rumors of more layoffs at OHSU are occurring right this minute. It feels

like OHSU is presenting a dishonest public position if that's true and especially if they are making more staff cuts while trying to acquire Legacy Health.

If OHSU truly needs capacity and Legacy has it there's no reason not to partner instead of absorb and rent/sell space. Increased revenue for Legacy, increased capacity for OHSU and still two different systems to keep competition up. How is that not a win for all?

Thank you for listening and I hope the community board continues to ask the hard questions

L Arrington

**212. Voicemail, 3/18/25**

Hello, thank you for providing me the opportunity to leave a message and to share with you the three items that to me are the most compelling reasons for you to not approve the proposed OHSU takeover of Legacy Health. First, OHSU claims that acquiring Legacy health will allow it to expand access to quality care, this is a great idea and I'm fully in support of that idea, however, it's not very clear how the OHSU takeover of Legacy would actually expand or increase access to care in a significant manner for people of Oregon and SW WA. I also wonder why OHSU not been able to expand access to quality care through their other hospitals acquisitions and partnerships in the region and across the state, that is not clear. Moreover, if OHSU takes over legacy hospital and clinics it would not actually expand access you only rebrand the current legacy properties as OHSU and then claim that OHSU has expanded access. In fact, I think the consolidation of OHSU and legacy will create a monopoly which more than likely will lead to a loss of services and a reduction and possible removal of access to of affordable care provider choices for patients. Moreover the cost of this takeover will be borne by patients and those from both OHSU and legacy who will lose their jobs due to the consolidation of these two systems.

The second issue I wanted to bring up is the idea of equity and engagement, OHSU claims that major labor unions will support the integrated health system workforce and its access commitments. OHSU has agreed to forestall layoffs of unionized employees for 12 months after closing and states that it is willing to consider options to minimize job loss, that is great, however, non unionized Legacy employees have been told that their risk of layoffs will only last for 6 months after closing. How are those practices, if

enacted, equitable. Regardless OHSU does not have enough labor union representation to offset decline in wages and job losses that will affect current OHSU and legacy workers after this consolidation occurs. Again an issue of equity.

In terms of engagement, I'm curious, because it hasn't been very evident to me, how truly engaged are our community members and employees not just health care and CBO executives. How engaged have they been in developing any of the OHSU and legacy plans for this application and for the future in terms of integration.

And finally, the third issue I want to bring up. Is the idea of timing of this consolidation. As many have said, the short and long term security of federal and state funding for research, education and patient care, especially services subsidized through Medicare and Medicaid that security is unknown right now. OHSU is at risk of losing millions of dollars of federal dollars needed to provide essential services yet it still claims to have 1 billion available to put toward this acquisition of legacy. Legacy will also be affected by the proposed federal spending cuts. Given these institutions provide care for the majority of the Medicaid population in the region, any loss of funding will have significant negative impact on the fiscal health of both OHSU and legacy and any combination there may be as well as limit access to health care and related services needed by our communities.

These are the things I wanted to share, and thank you for the opportunity for letting me do so. I really hope you do not allow the merger of OHSU and legacy health to go ahead. Thank you

**213. HCMO Community Review Board - Written Testimony Submission, 3/21/25**

Pastor Mark Jackson submitted a [public comment](#).

**214. comment on OHSU/Legacy merger, 2/21/25**

Dear Members of the Oregon Community Review Board,

I am writing to respectfully urge you to fulfill the responsibility entrusted to you: to reflect and represent the voices, values, and priorities of Oregonians in your review of the proposed OHSU merger.

**As you know, it was a CRB member who, in your first public meeting, directly asked the OHA whether the board could recommend a merger with conditions, including the closure of the primate center. The answer was a clear yes.**

That moment alone speaks volumes—it shows that from the very beginning, this issue rose to the top of the community’s priorities.

In just two and a half weeks, **nearly 6,000 Oregonians**—including doctors, nurses, patients, taxpayers, and concerned citizens from across the state—have reached out to you. They have made one message unmistakably clear: **the closure of the primate center must be included as a condition of this merger.**

[Please refer to the comments submitted by nearly 6,000 individuals to you regarding the Oregon National Primate Research Center \(2/25/25-current\).](#)

This is not a fringe issue—it is the single most widely raised concern in this entire process.

**Let’s be clear: your role as the *Community Review Board* is not to be experts in fiscal management, biomedical research, or health system operations—nor is it expected of you. You were selected because *you represent the community.***

**And the community has spoken—loudly, clearly, and repeatedly.**

To disregard thousands of public comments would not just be a missed opportunity—it would be a serious blow to public trust in this process and in the very purpose of the board. Your recommendations should reflect the values of the people you serve, not echo the priorities of large institutions. Otherwise, why ask for public input at all?

Moreover, the continued existence of the Primate Research Center raises real concerns about fiscal responsibility. At a time when OHSU is already losing millions each year, funneling limited resources into an outdated, expensive, and increasingly controversial facility is not only impractical—it’s indefensible. The community is right to question whether this is how public resources should be spent, especially when that

investment offers no direct benefit to patient care, affordability, or community health.

You are being asked to consider what's best not just for OHSU and Legacy—but for the long-term health, sustainability, and trust in Oregon's healthcare system. That means aligning decisions with the people you represent—not sidestepping them.

**The Community Review Board now has a rare and powerful opportunity: to show that community engagement isn't just a formality—it's a force that guides real outcomes.** If the most common and passionate feedback submitted throughout this process is ignored, it sends a message that community input doesn't matter. And that is not the legacy this board should leave.

I respectfully urge you to stand with the people of Oregon. Show that their voices are heard, respected, and acted upon. And include the closure of the primate center as a condition of the OHSU/Legacy merger.

Thank you for your consideration.

Sincerely,

Kari Chisholm

Portland, Oregon

**215. Details for making the merger process simpler, 3/21/25**

Neal Barnard submitted a [public comment](#).

**216. FW: Dr. Zaman testimony pdf, 3/21/25**

Dr. Zaman submitted a [public comment](#).

**217. 039-OHSU-Legacy Community Review Board, 3/21/25**

Holden Leung, CEO of Asian Health & Service Center submitted a [public comment](#).

**218. Steve Stadum public comment for transaction 039, 3/21/25**

Steve Stadum submitted a [public comment](#).

**219. Public Comment on OHSU-Legacy, 3/21/25**

SEIU Local 49 submitted a [public comment](#).

## **220. Public Comment for 039-OHSU-Legacy, 3/21/25**

Legacy Health submitted a [public comment](#) regarding community engagement.

## **221. Counter points to OHSU's 3/21 letter to the Community Review Board (OHSU-Legacy Merger), 3/21/24**

Dear HCMO Community Review Board,

I appreciate the opportunity to provide a counter-perspective to the letter submitted by OHSU (Dr. Atif Zaman) regarding its proposed integration with Legacy Health dated March 21, 2025. While OHSU presents an optimistic vision for the merger, significant concerns remain regarding the lack of clear commitments to improved quality of care, primary care access, cost containment, and accountability. Below, I will address each point raised in the letter and highlight the areas where more information, stronger commitments, or alternative approaches may be necessary before approving this transaction.

### **1. Active Integration Planning: Is This Merger Rushed?**

#### **OHSU's Claim:**

OHSU states that it has been actively engaged in planning efforts to ensure a smooth integration. The letter emphasizes that they have engaged EY (Ernst & Young) as a consultant, developed 25 shared outcomes, and are using a data-driven approach to align operations.

#### **Counterpoints & Concerns:**

- **EY's Role is Unclear:** While OHSU references EY's involvement, the specific scope of their work has not been disclosed. EY's role in past healthcare integrations has often focused on financial efficiencies rather than patient-centered quality improvements. Without details on EY's analysis and recommendations, it is unclear whether their work prioritizes patient care over financial streamlining.
- **Quality Goals are Available but Lack Baseline Data:** OHSU and Legacy have provided a list of quality goals with defined metrics, which is an improvement in transparency. However, many of these goals include no existing baseline data and instead plan to establish benchmarks 12 to 24 months post-merger. This delayed

timeline reduces accountability in the short term and makes it difficult to measure the immediate impact of the integration.

- **No Clear Public Reporting Mechanism:** While OHSU outlines broad quality goals, the merger proposal does not specify how progress will be publicly reported. Without a clear reporting structure, there is a risk that stakeholders—including patients, providers, and policymakers—will not have visibility into whether these goals are met.
- **Primary Care Access Planning Remains Weak:** While the quality goals address some access issues, they primarily focus on secondary and tertiary care. The most pressing concern—Oregon’s primary care crisis—remains largely unaddressed, with recruitment and retention goals set on a 24-month timeline rather than immediate action. This delay risks exacerbating existing access issues before improvements are realized.

### **What Should Be Required Before Proceeding?**

OHSU and Legacy should be required to:

- Provide current baseline data for all proposed quality metrics before the merger is approved.
- Establish a transparent public reporting mechanism that releases regular updates on progress toward integration goals.
- Detail short-term strategies to address primary care shortages rather than relying on long-term recruitment timelines.
- Disclose EY’s recommendations and financial analysis to clarify whether cost efficiencies will benefit patient care or primarily serve operational savings.

2. **Accountability and Metrics: Are the Promised Improvements Real or Just Theoretical?**

#### **OHSU’s Claim:**

The letter states that OHSU is working on draft quality metrics and will finalize them after the merger is approved. OHSU also claims that as a public institution, it is inherently transparent, citing its compliance with state regulations and its alignment with Oregon’s Coordinated Care Organization (CCO) model.

## **Counterpoints & Concerns:**

- “Draft” Metrics Are Not Binding: By admitting that their quality metrics are still in draft form, OHSU is essentially asking regulators to approve the merger first and figure out accountability later. This is a major risk, as it removes the ability to hold OHSU accountable for concrete, pre-approved goals.
- Legacy’s Current Patients May Not Benefit: The letter does not explicitly state how existing Legacy patients—particularly those on Medicaid and Medicare—will see an improvement in their care. Without clear performance benchmarks, how do we know this merger won’t simply maintain the status quo rather than improve quality?
- Transparency Under OHSU’s Public Structure Is Not Automatic: While OHSU is a public institution, that does not mean its decisions about the merger will be subject to public oversight. Will Legacy be subject to Oregon’s public meeting laws? Will financial and quality reports be made available to the public in real time? The letter does not provide clear commitments.
- Comparisons to CCOs Are Misleading: The CCO model is heavily regulated and contractually obligated to meet quality benchmarks. OHSU and Legacy, as two merging health systems, would not be bound by the same state oversight that governs CCOs. Therefore, simply stating that OHSU has experience in the CCO model does not guarantee that the same level of accountability will exist post-merger.

### **What Should Be Required Before Proceeding?**

- OHSU must finalize and publicly commit to quality metrics before the merger is approved, not after.
- Legacy should retain an independent oversight body that ensures public reporting of quality performance post-merger.
- Regulators should require a legally binding agreement that subjects post-merger Legacy to public transparency laws.

### **3. Access to Care: Does the Merger Solve Oregon’s Primary Care Crisis?**

#### **OHSU’s Claim:**



The letter argues that this merger will improve access to care, particularly by expanding specialty services and streamlining referrals between OHSU and Legacy.

### **Counterpoints & Concerns:**

- **Primary Care Access Is Ignored:** The letter only discusses secondary and tertiary care (i.e., hospital-based specialty services). However, Oregon's most pressing healthcare crisis is access to primary care, particularly for Medicaid and rural patients.
- **Hospital Consolidation Can Reduce Primary Care Investment:** Research shows that when hospitals merge, investments in primary care often decrease because resources are redirected toward higher-revenue specialty services. The letter does not address how OHSU plans to prevent this from happening.
- **Emergency Room Overuse May Worsen:** If primary care access does not improve, more patients will be forced to seek care in expensive emergency settings, straining both OHSU and Legacy's hospital resources.

What Should Be Required Before Proceeding?

OHSU must commit to expanding primary care access by:

- Increasing the number of Legacy-affiliated primary care clinics in underserved areas.
- Expanding Medicaid-friendly primary care provider networks.
- Ensuring that Legacy hospitals are not forced to cut primary care services post-merger.

4. Financial Impact: Will This Merger Make Healthcare More Expensive?

OHSU's Claim:

The letter does not explicitly address healthcare costs, but it implies that integration will lead to greater efficiency.

### **Counterpoints & Concerns:**

- **Hospital Mergers Historically Lead to Higher Prices:** Studies by the National Bureau of Economic Research and the Kaiser Family Foundation show that hospital consolidation often leads to increased prices for patients, insurers, and employers.

- OHSU's Pricing Power Will Increase: If OHSU absorbs Legacy, it will have greater leverage to negotiate higher reimbursement rates from insurers, which often leads to higher premiums and out-of-pocket costs for patients.
- No Guarantee That Cost Savings Will Be Passed to Patients: The letter does not outline how any financial efficiencies will benefit patients rather than simply increase OHSU's operating margin.

What Should Be Required Before Proceeding?

- OHSU must commit to cost containment, with clear regulatory oversight on pricing for both commercial insurance and Medicaid reimbursement rates.
- The state should conduct an independent economic impact analysis to assess potential price increases post-merger.

### **Final Conclusion**

OHSU's letter presents vague assurances rather than binding commitments. The merger, as currently structured, does not guarantee better quality of care, improved primary care access, or cost containment. Instead of approving this transaction on faith, regulators should demand more concrete commitments before allowing one of Oregon's largest healthcare consolidations to proceed.

Thank you for considering these concerns. I urge the board to require a stronger, more transparent application process that prioritizes patients and community needs over institutional growth.

### **222. 039 OHSU – Legacy, 3/22/25**

As a nurse currently employed at Legacy Health, I am writing this letter in opposition to the takeover by OHSU. The bottom line is what is at stake for our community. When I make decisions in my workplace, I use science and literature and I hope that the same is being done here. Mergers have been studied in many markets and the facts are that this will reduce competition in our small market and has a high likelihood of reducing quality of care. A recent article from the [Advisory Board](#) pointed out that the average price increase for consumers was 5.2%. Has OHSU or Legacy been clear about how that would be different in this merger? I would argue that they have not. Having one giant healthcare system, will undoubtedly increase costs for the consumers, decrease quality of care, and decrease wages for employees due to the loss of competition in

the market. I urge the powers that be in this State to refer to the research and to consider the risks and negative impacts. Healthcare costs are already too high, and quality of care is vital to our patient's lives. This merger will not improve upon these issues.

**223. Opposition to the OHSU-Legacy Merger Based on Lack of Adequate Response to Community Review Board Criteria, 3/23/25**

Dear Members of the Community Review Board,

I write to express my strong opposition to the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health. After careful evaluation against the Community Review Board's directed criteria, it is clear that this transaction fails to meet the standards necessary to justify its approval. Below, I outline how the merger does not serve the public good and poses significant risks to Oregon's healthcare system.

**1. Will the transaction benefit the public good by reducing the growth in patient costs or maintain sustainable cost growth?**

There is no compelling evidence that this merger will curb the growth in patient costs. Studies have consistently demonstrated that hospital mergers lead to higher prices by reducing competition. For example, research by the National Council on Compensation Insurance shows that mergers can drive up hospital service costs by 6% to 18%. Without enforceable cost containment measures, this merger risks exacerbating Oregon's affordability crisis rather than stabilizing cost growth.

**2. Will the transaction benefit the public good by increasing access to services in medically underserved areas?**

OHSU has not demonstrated a meaningful strategy for expanding access to care in medically underserved areas. Their focus has been on specialty and tertiary services, while the most pressing need—expanding primary care access—remains unaddressed. With Legacy's recent closures of several primary care clinics due to financial pressures, there is little indication that this merger would translate into better access for the underserved. In fact, it may further limit primary care investments in rural and economically disadvantaged communities.

### **3. Will the transaction rectify historical and contemporary factors contributing to a lack of health equity or access to services?**

Rather than alleviating health inequities, this merger is likely to worsen them. There is a notable absence of concrete, community-driven plans aimed at addressing longstanding disparities in healthcare access. The current proposal lacks detailed strategies or financial commitments to rectify racial, economic and geographic inequities. Without a clear and accountable plan for investment in vulnerable populations, this merger will not achieve the necessary improvements in health equity.

### **4. Will the transaction improve health outcomes for residents of the state?**

There is no robust evidence that the merger will lead to better health outcomes. Although OHSU claims that integration will improve care coordination, they have yet to provide acceptable benchmarks or timelines that would guarantee improvements in patient outcomes. Moreover, history shows that mergers of this nature can lead to administrative inefficiencies and workforce disruptions, factors that may negatively impact the quality of care for Oregonians.

### **5. Will the transaction be otherwise hazardous or prejudicial to consumers or the public?**

This merger poses significant risks to consumers by consolidating market power in a way that could stifle competition, reduce patient choice and ultimately lead to higher healthcare costs. The financial instability evident at both OHSU and Legacy Health further heightens these risks. Should the merger fail to deliver the promised benefits, it would be extremely difficult, if not impossible, to reverse the consolidation once it has taken effect—leaving the public with a dominant, unaccountable entity in place.

### **A Call for Reconsideration and a Stronger Application**

It is critical to recognize that if this merger moves forward in its current form, it will be virtually irreversible. Given the weak and underdeveloped nature of the current application, pausing the process to allow OHSU to develop a substantially stronger proposal cannot hurt. Frankly, the application as it stands is completely acceptable to deny. A pause would afford OHSU the opportunity to address the many deficiencies in its proposal—ensuring that any future transaction would more rigorously protect consumer interests, promote health equity and maintain sustainable cost growth.

## **Conclusion**

In light of the failure of this transaction to meet the Community Review Board's criteria, I strongly urge you to reject the proposed merger between OHSU and Legacy Health. This merger, as proposed, will not lower healthcare costs, improve access in underserved areas, rectify systemic inequities or enhance health outcomes for Oregonians. Instead, it risks creating an unaccountable, dominant health system with little to no recourse for addressing its negative consequences. Rather than moving forward with this consolidation, OHSU and Legacy should explore alternative partnership models that prioritize transparency, equitable access and genuine cost containment.

Thank you for your time and careful consideration.

### **224. Counter to OHSU's Interim President's Letter - Oppose OHSU-Legacy Merger, 2/23/25**

Dear Community Review Board Members,

I write to express my concerns to the proposed merger between OHSU and Legacy Health. While the intention to create a unified health system may seem beneficial, several critical issues suggest that this merger may not serve the best interests of Oregon's healthcare landscape.

#### **1. Potential for Increased Healthcare Costs**

Historical data indicates that hospital mergers often lead to higher healthcare costs without corresponding improvements in quality. A study by the National Council on Compensation Insurance found that hospital mergers can increase the average price of hospital services by 6% to 18%. Despite OHSU's assurances, there is substantial concern that this merger could exacerbate Oregon's affordability crisis rather than alleviate it.

#### **2. Impact on Patient Care and Access**

Consolidations can lead to reduced competition, which may negatively affect patient care and access. A Legacy Health physician, Dr. Andrew Dilla, expressed opposition to the merger, stating it "would create a juggernaut controlling more than half of the general acute hospital beds in the Portland metro area," potentially leading to higher costs and lower quality of care. Additionally, the Oregon Academy of Family

Physicians has raised concerns that the merger could worsen the state's affordability crisis and negatively impact patient access to care.

### **3. Financial Viability and Potential Layoffs**

Financial projections indicate that the merged entity may not achieve operating profitability until 2030 due to existing challenges within Legacy Health. This prolonged period of financial instability raises concerns about potential cost-cutting measures, including layoffs, which could adversely affect patient care and employee welfare.

### **4. Lack of Strong Public Support from Legacy Health Leadership**

Notably, there has been a conspicuous absence of public support, in written comments, for the merger from Legacy Health's executive team to date. This silence raises questions about the internal consensus regarding the merger's benefits and the transparency of the decision-making process.

### **5. Community and Professional Opposition**

The merger has encountered opposition from various community groups and healthcare professionals. Advocates and experts have urged the Oregon Health Authority to block the merger, highlighting concerns about increased healthcare costs and potential negative impacts on quality and equity.

### **Additionally, I'd like to Offer Counterpoints to OHSU's Most Recent Letter**

In the letter dated March 21, 2025, OHSU Interim President Steve Stadum addresses concerns about escalating healthcare costs, the future of Legacy Health without the merger, and community support for the integration. However, these points warrant further scrutiny:

- **Escalating Healthcare Costs:** While national healthcare spending has increased, merging two large health systems does not inherently control costs. Without clear, enforceable commitments to cost containment, the merger could lead to higher prices for patients.
- **Future of Legacy Health:** The assertion that Legacy Health would seek less transparent partnerships if the merger does not proceed is speculative. Alternative strategies, such as targeted partnerships or operational improvements, could be explored to strengthen Legacy Health without a full merger.

- **Community Support:** Although some organizations support the merger, significant opposition from healthcare professionals and community groups indicates a divided perspective. The lack of public endorsement from Legacy Health's senior leadership to date further complicates the narrative of widespread support.

### **Finally, I Have Significant Concerns About OHA's Handling of Public Comments**

It is also concerning that the Oregon Health Authority posted several high profile letters of support for the merger late in the day on Friday 3/21. This timing does not allow the public adequate opportunity to review and respond before the next Community Review Board meeting on Monday 3/24. Given the significance of this decision, all stakeholders should have a fair chance to engage in the process. The appearance of rushed or strategically timed postings undermines public trust and raises questions about whether all perspectives are being given equal weight in this review. I encourage the Community Review Board to question this in their meeting and request a public response from OHA representatives.

Given these concerns, I strongly urge the Community Review Board to reject the proposed merger between OHSU and Legacy Health. The merger does not guarantee lower healthcare costs, improved patient access or better care quality. Instead, it risks creating a dominant health system that could reduce competition, drive up prices and exacerbate existing healthcare disparities. Furthermore, the lack of transparency, financial instability and absence of strong public support from Legacy's own leadership raise serious doubts about whether this merger is in the best interest of Oregonians. Rather than moving forward with this consolidation, OHSU and Legacy should explore alternative partnerships that improve care and access without compromising affordability, competition or their standing in the healthcare landscape.

Thank you for considering these perspectives

#### **Sources:**

1. **National Council on Compensation Insurance (NCCI) study on hospital mergers increasing costs by 6%-18%:** [https://www.ncci.com/Articles/Pages/II\\_Insights\\_QEB\\_Impact-of-Hospital-Consolidation-on-Medical-Costs.aspx](https://www.ncci.com/Articles/Pages/II_Insights_QEB_Impact-of-Hospital-Consolidation-on-Medical-Costs.aspx)

2. **Legacy Health physician Dr. Andrew Dilla’s opposition to the merger and concerns about competition:** <https://www.thelundreport.org/content/health-care-community-divided-ohsu-legacy-merger-opposition-grows>
3. **Oregon Academy of Family Physicians’ concerns about affordability and patient access:**<https://www.thelundreport.org/content/health-care-community-divided-ohsu-legacy-merger-opposition-grows>
4. **Financial projections show the merged entity may not be profitable until 2030:**<https://www.thelundreport.org/content/health-care-community-divided-ohsu-legacy-merger-opposition-grows>
5. **Advocates and experts urging the Oregon Health Authority to block the merger due to cost and quality concerns:** <https://www.economicliberties.us/press-release/advocates-and-experts-urge-oregon-health-authority-to-block-ohsu-legacy-merger/>

**225. Opposition to the OHSU-Legacy Merger Due to Lack of Rural Commitments and Counter to the Klamath Falls Argument, 3/23/25**

Dear Members of the Community Review Board,

I write to express my strong opposition to the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health. While OHSU claims that this transaction will benefit all Oregonians, the application fails to make any enforceable commitments to rural communities, which already face significant healthcare access challenges. The burden is on OHSU to demonstrate how this merger will improve rural healthcare—not just to make vague promises.

Oregon law requires you to evaluate whether this transaction will benefit the public good by increasing access to services, improving health outcomes and reducing costs. Based on OHSU’s own filing, the merger does not meet these standards for rural Oregon.

**1. No Clear Commitment to Rural Hospitals**

Rural hospitals in Oregon are struggling, with some at risk of closure. OHSU has longstanding partnerships with rural providers, but it has made no binding commitment in this merger to expand its support or invest in rural hospital sustainability. Instead, we



risk seeing patient volume shift toward urban centers, further destabilizing rural healthcare.

**Recommendation:** OHSU should be required to explicitly commit to maintaining and strengthening rural hospital partnerships, with specific financial investments and protections against service reductions.

## **2. No Plan to Expand Primary Care in Rural Communities**

OHSU's proposal touts "expanding access," but this refers almost exclusively to secondary and tertiary care—not primary care. Oregon already faces a critical shortage of rural primary care providers, and Legacy's recent clinic closures have only worsened the problem. Without a plan to increase primary care access, rural Oregonians will continue to struggle to find basic healthcare services.

**Recommendation:** The merger should include a clear, enforceable plan to expand rural primary care access, including the reopening of Legacy's closed clinics and new provider recruitment efforts.

## **3. No Guarantees That Telehealth Expansion Will Benefit Rural Areas**

OHSU highlights its telehealth services, but the merger does not commit to expanding telehealth availability for rural providers and patients. Without specific investments, there is no assurance that telehealth will be used to enhance rural healthcare rather than replace in-person services.

**Recommendation:** OHSU must outline a telehealth expansion strategy that prioritizes underserved rural areas and ensures these services supplement—not substitute—local care.

## **4. No Workforce Expansion Plan for Rural Oregon**

OHSU has strong rural training programs, but the merger does not include any guarantee of increasing rural healthcare workforce capacity. Consolidations often result in staffing reductions or reallocation to urban centers. If this happens, rural communities will lose access to already-scarce providers.

**Recommendation:** The state should require OHSU to develop a rural workforce retention and expansion plan before approving the merger.

## **5. Increased Costs for Rural Patients**

Research shows that hospital mergers often lead to higher patient costs due to reduced competition. Rural patients already face higher healthcare costs and fewer provider choices. OHSU has not demonstrated that this merger will lead to cost savings, nor has it committed to price caps or affordability protections.

**Recommendation:** The merger should be delayed until an independent analysis is conducted on potential cost impacts for rural patients. OHSU should also be required to implement cost protections for rural communities.

### **Counter to the Narrative that the Involvement in Klamath Falls is Evidence of OHSU’s Commitment to Rural Communities**

OHSU’s involvement in Klamath Falls is not strong evidence of a true commitment to rural healthcare across Oregon. While OHSU partners with Sky Lakes Medical Center for medical education and specialty care, this is one isolated partnership in a single rural community—not a broad, systemic commitment to improving rural healthcare access statewide.

Moreover, OHSU’s relationship with Klamath Falls is primarily tied to its medical residency program, which benefits OHSU by providing training opportunities rather than representing a strategic investment in rural healthcare infrastructure. There are no guarantees that OHSU’s role in Klamath Falls has meaningfully expanded access to primary or emergency care for rural residents, nor that it has addressed the financial instability that threatens rural hospitals statewide.

If OHSU were truly committed to rural healthcare, its merger proposal would include concrete, enforceable commitments to supporting rural hospitals, expanding primary care and improving rural healthcare workforce pipelines across Oregon—not just pointing to a single partnership as a stand-in for broader rural investment. Relying on Klamath Falls as proof of OHSU’s rural commitment ignores the widespread challenges rural communities continue to face and fails to justify this merger as a solution.

### **This Merger Is Permanent—A Pause Will Not Harm Oregonians**

Once this merger moves forward, it cannot be undone. If OHSU is not held accountable now, rural Oregon could face service reductions, higher costs and

weakened local healthcare systems. The Community Review Board has every reason to deny the application in its current form and require OHSU to develop a stronger, more detailed proposal that truly benefits all Oregonians.

Pausing this merger to demand more from OHSU will not hurt patients, but approving a weak application could harm rural communities for generations. It is not uncommon for the Oregon Health Authority (OHA) to deny significant transactions or contracts when applications fail to meet the necessary standards. We have seen this with Coordinated Care Organization (CCO) applications, where weak proposals were rightly rejected due to lack of specificity, inadequate commitments and failure to demonstrate true community benefit. OHSU appears to have been overly confident that this merger would be approved and did not think through its implications carefully enough.

Furthermore, OHSU's public statements about strengthening the application remain just that—statements. They are not binding commitments, nor do they provide the level of detail needed to ensure that rural communities and other vulnerable populations will see actual benefits. Without concrete, enforceable commitments, these statements do nothing to address the applications's weaknesses. The state has rejected weaker applications in the past, and this one does not meet the standard for approval.

I urge you to reject this merger as currently proposed and require OHSU to submit a revised plan with clear, enforceable commitments to rural Oregon and beyond.

Thank you for your time and consideration.

## **226. Addressing Concerns About Legacy's Future If the Merger Is Denied - OHSU-Legacy Merger, 3/23/25**

Dear Members of the Community Review Board,

I write to address the concern that if the OHSU-Legacy merger is denied, Legacy Health may be acquired by a national healthcare system, leading to worse outcomes for Oregon patients. While it is understandable to want to preserve local control of our healthcare institutions, this fear should not justify approving a weak merger application that lacks enforceable commitments and fails to ensure meaningful benefits for patients and communities.

### **Legacy Has Viable Financial Options Without a Merger**

First, there is no evidence that Legacy is on the verge of a national acquisition. While Legacy has faced financial difficulties, it has already taken steps to stabilize itself—including operational restructuring and service adjustments. Since the merger application was first submitted, Legacy’s financial position has improved, demonstrating that the system is capable of stabilizing without rushing into a merger that lacks clear benefits for patients.

### **The State Has Oversight to Prevent Collapse**

Even in the unlikely event that Legacy were to face extreme financial distress, the Oregon Health Authority and other regulatory bodies have mechanisms in place to intervene. The state has historically stepped in to support struggling healthcare providers, particularly those that are critical to community access, and would have the same ability to do so here.

### **Approving a Flawed Merger Is Not the Solution**

Even if financial concerns remain, approving this merger simply to avoid a hypothetical national acquisition is not a responsible or strategic decision. If the merger is flawed—which this application clearly is—moving forward with it could create long-term harm that is just as damaging as an acquisition by an out-of-state entity. The merger lacks clear plans for expanding access to primary care, stabilizing rural healthcare or reducing costs for patients. If this merger is approved in its current form, Oregon could be locked into a weakened, incomplete consolidation that fails to deliver on its promises—and reversing course later would be nearly impossible.

### **The State Would Have Oversight Over Any Future Sale**

Additionally, the OHA has the authority to intervene in any future sale of Legacy, just as it does with this proposed merger. If a national system attempted to acquire Legacy in a way that would be detrimental to Oregon patients, the state would have the same regulatory oversight it does now to ensure that any transaction aligns with the public interest. There is no reason to rush into this merger out of fear when Legacy’s future can and should be shaped with careful consideration.

### **The Responsible Choice Is to Require a Stronger Path Forward**

The choice before the Community Review Board is not OHSU or a national takeover. The real choice is whether to approve a flawed merger that lacks meaningful

commitments or require a stronger, clearer path forward for Legacy that actually serves the needs of Oregon patients. Given the weaknesses in OHSU's application and Legacy's improving financial position, the responsible choice is to reject this merger as currently proposed and allow Legacy to explore better, more thoughtful alternatives which may include a strengthened OHSU application.

Thank you for your dedication and service to all Oregonians

**227. No subject, 3/21/25**

I listened to the most recent Community Review Board and heard someone reference how we aren't hearing much from Legacy in this process. And then I went to the comments and it's notable how many are submitted by OHSU through their proxies - both employed leaders, community organizations that they give money to, and the unions. It's surprising to me that Steve Stadum submitted yet another comment today after already taking precious air time at the public hearing and co-authoring another prior comment. If he wants to speak so much, he should have spoken at the meeting. As someone with a background in public relations, but not associated with either organization, it seems meaningful that OHSU is pulling out all the stops to put forward a certain narrative and Legacy and its leaders are silent. OHSU will clearly continue to flood the comments with letters of support but sometimes it's more important to see who is not speaking to get the full story. Does Legacy even want this anymore or are they stuck with an imposing and controlling "partner"?

**228. No subject, 3/22/25**

I am writing to express my deep concern about and opposition to the proposed acquisition of Legacy Health by OHSU, particularly from the perspective of a senior citizen who relies heavily on consistent and reliable healthcare coverage. As I approach my senior years, my healthcare needs have only increased, and the security of knowing I have access to medical services is paramount to my well-being. The idea of this merger brings with it a deep sense of anxiety and uncertainty.

First and foremost, OHSU's financial instability raises red flags. I am aware of the financial difficulties OHSU has faced in recent years, and the prospect of them taking on Legacy Health, with its own financial challenges, is worrying. The last thing I want as an older adult is to find myself at the mercy of a healthcare system that is financially precarious. What happens if the combined system faces even more challenges? Will I

lose access to the care I need? Will my premiums rise? Will my coverage become more limited as a result of financial strain?

As a senior, I also know that changes in healthcare systems often come with disruptions. Will my long-standing doctors and specialists remain in network, or will I be forced to find new providers who may not be familiar with my medical history? Will my medications still be covered? These are questions that, as a vulnerable individual, I cannot afford to ignore.

This merger could very well result in reduced access to critical healthcare services, particularly for those of us on fixed incomes. If the combined entity faces greater financial pressures, cuts in services or increased costs could be inevitable, and I, along with many others, will suffer the consequences. It feels as though the voices of seniors like myself are not being considered in this process. We are often the most vulnerable when it comes to healthcare, and any uncertainty in the system puts our health, security, and peace of mind at risk.

I urge you to reconsider this merger or, at the very least, provide concrete assurances that the healthcare needs of seniors will not be compromised. This is not just about numbers and financial statements—it's about lives. It's about my life, and the lives of countless others who have worked hard their entire lives and now rely on consistent, dependable healthcare to continue living with dignity.

Please take a step back and think about the long-term consequences of this merger, especially for those of us who are most vulnerable. We need a healthcare system we can trust, not one that's fraught with instability and uncertainty.

**229. Letter from Reps Gomberg, Chaichi, and Neron RE OHSU-Legacy merger, 3/23/25**

A [public comment](#) was submitted by Representative Gomberg, Representative Courtney Neron, and Representative Farrah Chaichi

**230. Clarification on Legacy Health Foundation's HCMO Filing and Its Independence from OHSU, 3/24/25**

Dear Members of the Community Review Board,

I am writing to address a key misperception regarding the relationship between the Legacy Health Foundation's Health Care Market Oversight (HCMO) filing and OHSU's

proposed merger with Legacy Health. There is an emerging narrative suggesting that the Foundation's filing should be viewed as complementary to OHSU's application, particularly in improving health outcomes and addressing social determinants of health. This framing is misleading and risks creating confusion about the true nature of these separate filings.

### **Separate Filings, Separate Oversight**

While both filings relate to Legacy Health, they are entirely distinct proposals with no formal oversight or control linking the two. If the Legacy Health Foundation moves forward independently, it will not be governed or managed by OHSU in any capacity. OHSU's application does not outline any authority over the Foundation, nor does it establish any mechanism for joint governance, decision-making, or financial alignment. Therefore, any assumption that OHSU's commitments to improving health equity and addressing social determinants of health will be bolstered by the Foundation's work is speculative and unfounded.

### **OHSU's Filing Stands on Its Own Merits**

OHSU must demonstrate how its merger proposal, standing alone, will meet the statutory requirements under the HCMO review process. It cannot rely on the separate actions of the Legacy Health Foundation to fill in gaps in its own application, particularly around community investments and social determinants of health. The merger must be evaluated based on the commitments explicitly made in OHSU's filing—not on assumptions about how a separate, independently governed foundation might indirectly contribute to health outcomes.

### **Concerns About the Lack of a Community Review Board for the Foundation**

Unlike OHSU's merger proposal, the Oregon Health Authority (OHA) did not establish a Community Review Board for the Legacy Health Foundation's filing. This decision has been met with significant public concern, as reflected in numerous public comments expressing frustration over the lack of a formal review process for the Foundation. Many community members believe that the Foundation's restructuring should undergo the same level of scrutiny as OHSU's application, given its potential impact on healthcare access and equity.

### **Implications for the Review Process**

Given this clear separation, the Community Review Board should assess OHSU's proposal on its own merit, without factoring in speculative benefits from an entity outside its control. If OHSU believes that the Foundation's work is integral to meeting its own commitments to health equity and social determinants of health, then it should have included formal governance or funding commitments in its application. The absence of such provisions highlights a fundamental gap in OHSU's proposal.

I urge the Community Review Board to carefully consider this distinction as it evaluates OHSU's filing. Approving the merger based on an assumption that the new Foundation will complement or enhance OHSU's commitments is not justifiable within the HCMO framework. Each filing must be judged independently, and OHSU must be held accountable for demonstrating how its merger will improve health outcomes without relying on the actions of an entity it does not control.

Thank you

**231. Focus on Core Issues—The Primate Center is a Distraction from the OHSU-Legacy Merger's Impact on Healthcare, 3/24/25**

Dear Members of the Community Review Board,

As discussions surrounding OHSU's proposed merger with Legacy Health continue, I urge the board to remain focused on the core healthcare issues at stake. The Oregon National Primate Research Center (ONPRC) has become a distracting side conversation that diverts attention away from the fundamental question: **Will this merger improve healthcare access, affordability, and quality for Oregonians?**

The existence of the primate center, regardless of personal opinions on its research, has no bearing on whether this merger meets the statutory requirements under the Health Care Market Oversight (HCMO) review process. OHSU's obligations under this merger should be evaluated on their direct impact on patient care, community health investments, financial stability, and governance—not on an unrelated research facility that is neither new nor changed by this transaction.

By shifting the focus away from the real concerns—such as the lack of meaningful commitments to primary care expansion, the absence of enforceable guarantees on cost containment, and the risk of reduced competition—the discussion risks ignoring the very real consequences this merger could have on Oregon's healthcare system.



The Community Review Board must hold OHSU accountable for the specifics of this transaction. The burden remains on OHSU to prove that this merger will benefit patients, not just OHSU's financial standing or market position. It is critical to ensure that discussions remain centered on healthcare access, affordability, and equity—areas where OHSU's application remains insufficiently detailed and lacks binding commitments.

I strongly urge the board to refocus the conversation on the pressing issues that matter most to Oregonians and not allow unrelated topics to obscure the fundamental weaknesses in this proposal.

Thank you

### **232. Close OHSU's Primate Center as a Condition of Legacy Merger**

Over 500 people (as of 3/31/25) sent in the same [public comment](#), their names are recorded as public comments.

### **233. A Weak Application Cannot Be Fixed Through Public Comments—OHSU Must Resubmit (OHSU-Legacy Merger), 3/24/2025**

Dear Members of the Community Review Board,

The integrity of the Health Care Market Oversight process depends on the strength of the application itself—not on a coordinated wave of public comments attempting to compensate for its deficiencies. OHSU's last-minute push to persuade the Community Review Board should raise concerns, not confidence. If this merger were truly in the best interest of Oregonians, the original application would make that case on its own. It does not.

Public comments are not legally binding, nor do they establish the enforceable commitments that an application of this magnitude requires. OHSU's filing lacks clear, measurable commitments regarding cost control, expanded access to primary care and meaningful improvements in health equity. Instead of addressing these critical gaps through a formal, revised application, OHSU has opted for a public relations effort that relies on empty assurances rather than accountability.

This concerning behavior was on full display during the public hearing, where OHSU's interim president, Steve Staddum, took time specifically meant for community feedback. This moment felt desperate and raises questions about OHSU's approach to

transparency and public engagement. If this merger truly stood on solid ground, OHSU's leadership would not need to dominate public forums in an attempt to reinforce their narrative. Instead, they should have used that time to actively listen to the very communities they claim this merger will benefit.

The solution is simple: OHSU should withdraw this weak application and resubmit a stronger, more detailed proposal. The Community Review Board should not be swayed by last-minute rhetoric. A merger of this scale demands a filing that provides concrete, enforceable commitments—not just promises made in public statements.

This decision will have lasting consequences for healthcare in Oregon. Approving an application that fails to meet basic standards would be irresponsible. The state and the review board should require OHSU to submit a revised proposal that can stand on its own—without relying on a public messaging campaign or questionable tactics to fill in the gaps.

Thank you

#### **234. Concerns Regarding OHSU-Legacy Merger and Its Regulatory Implications, 3/24/2025**

Dear Members of the Community Review Board,

A critical but underexamined aspect of this transaction is the fundamental difference in how these two organizations are regulated. Legacy Health is currently a 501(c)(3) nonprofit hospital system, which means it is subject to federal oversight under the Affordable Care Act (ACA), including strict requirements for community benefit, financial assistance policies and transparency in reporting. OHSU, on the other hand, is a public corporation governed by state law and is not subject to these federal ACA regulations. If Legacy is absorbed into OHSU, it would lose its 501(c)(3) status and no longer be required to comply with these federal protections, significantly reducing transparency, accountability and patient safeguards.

##### **Reduced Transparency & Public Oversight**

Legacy Health, as a nonprofit hospital system, is subject to stringent financial reporting requirements, including IRS Form 990 disclosures that provide the public with insight into executive compensation, lobbying efforts, and community benefit spending. OHSU, as a public corporation, does not have to file such disclosures, meaning that

vital information about the financial operations of the newly merged entity would be shielded from public view. This is particularly concerning given that OHSU has already declined to share details about its financial strategy for the merger.

### Weakened Charity Care Standards

Nonprofit hospitals must demonstrate measurable investments in community health and charity care. OHSU is not subject to the same federal standards, and there is no binding commitment in the merger application to ensure Legacy's current levels of community benefit will be maintained. Given the increasing needs of Oregon's underserved communities, this lack of accountability is a serious concern.

### Workforce Integration & Labor Agreements: Unanswered Questions

OHSU and Legacy Health both work with labor unions, including AFSCME and ONA, but their vastly different regulatory structures create challenges for workforce integration.

- **Public vs. Private Labor Laws:** Legacy employees are currently covered under private-sector labor laws (National Labor Relations Act), whereas OHSU employees fall under-sector labor laws (Oregon Public Employee Collective Bargaining Act). This creates significant legal and structural differences in how labor negotiations and protections are handled.
- **Union Representation & Bargaining Power:** While OHSU has existing union agreements, a merger could force Legacy employees into new bargaining structures that may not align with their current contracts. How will OHSU ensure that Legacy employees retain their existing bargaining power and contract protections past the twelve months of commitment they've made? Imagine a large scale union strike like we saw at Providence recently at a combined OHSU-Legacy entity. This should be a concerning scenario for all Oregonians and elected officials.

Rather than providing reassurances, the current merger proposal raises more questions than answers about labor rights and union representation. OHSU should be required to provide clear and binding commitments on how they will protect Legacy employees before the merger is approved.

### Higher Costs & Reduced Competition

OHSU is exempt from many competitive bidding and procurement regulations that apply to both public and private entities. If Legacy hospitals are integrated into OHSU's model, there is a real risk of reduced price transparency, less accountability in vendor contracts and ultimately, higher costs for patients. Additionally, consolidating these two major health systems could reduce competition in Oregon's healthcare market, limiting patient choice and driving up prices.

#### Increased Financial Risk for the State

Finally, if Legacy falls under OHSU's regulatory structure, the state of Oregon could bear greater financial risk if the system encounters difficulties. OHSU already receives public funding and has the ability to issue debt backed by the state. Absorbing Legacy's financial obligations without clear accountability measures could expose Oregon taxpayers to unforeseen liabilities.

Given these significant concerns, I urge the Community Review Board to carefully evaluate the regulatory consequences of this merger. If this transaction is approved, Legacy's operations will no longer be subject to the same nonprofit oversight that has ensured financial transparency and community benefit obligations. This is not a minor structural change—it is a fundamental shift that will have lasting consequences for Oregon's healthcare system.

Rather than rushing into a merger that could limit public accountability and increase costs, I encourage the Board to deny this application until a stronger, more clearly defined proposal is presented—one that preserves Legacy's nonprofit integrity and provides Oregon patients and workers with the protections they deserve.

Thank you for the service you're providing on behalf of all Oregonians who will be impacted by this decision.

#### **235. No Subject, 3/24/2025**

"To: Public Health Authority

I am writing today as a deeply concerned citizen, business owner, and long-standing member of this community to urge you to use your influence and authority to take a firm ethical stand as the proposed merger between OHSU and Legacy Health moves forward.

While I support the merger and recognize the potential for increased access, resources, and improved outcomes for patients across Oregon, I firmly believe that the merger must come with a serious reassessment of OHSU's continued operation of the Oregon National Primate Research Center (ONPRC). Simply put: if this merger is to symbolize progress and leadership in healthcare, it must not be tethered to outdated, cruel, and unnecessary research practices.

OHSU has earned a reputation as a pioneer in medical advancement. But how can we continue to call it a leader when it clings to decades-old practices involving the use of primates—sentient, intelligent beings—for experiments that, in many cases, could be replaced by more accurate, modern research methods? In 2025, we have artificial intelligence, advanced modeling, stem cell research, and non-animal-based testing that outpaces animal results in both reliability and ethics. There is no reason to maintain this center except tradition—and tradition alone is not a justification for suffering.

What has been hidden for years is now gaining public attention. The recent wave of television commercials and public awareness efforts has opened eyes across our community. I've spoken to countless individuals—from fellow business owners to customers and neighbors—and the reaction has been consistent: people are disturbed, angry, and ready to act. We are not activists by nature, but we are professionals, parents, neighbors, and voters who expect better from the institutions that claim to represent progress.

The OHSU–Legacy merger represents a critical opportunity to correct course. This is your moment to demand more. If this new, merged healthcare giant is to be entrusted with even greater reach and responsibility, it must demonstrate a clear commitment to ethical leadership. The continued operation of ONPRC runs counter to that vision. I urge you to make the closure of the primate center a necessary condition of this merger's approval.

OHSU can do better. Oregon can do better. And the merger can move forward without the weight of an archaic research facility holding it back.

This is not a form letter. I have never written something like this before—but I am compelled to speak now. My business, my colleagues, and my community stand

behind this message. If change doesn't come voluntarily, the public will continue to raise its voice until it does.

Please—be the voice of reason. Use this pivotal moment to bring an outdated institution into alignment with the values of compassion, innovation, and modern science.

Sincerely,

Steven Simmons"

### **236. Risks of the OHSU-Legacy Merger – Reduced Patient Choice & Increased Market Consolidation, 3/25/2025**

Dear Members of the Community Review Board,

One of the most critical risks of this transaction is the potential impact on patient choice and network stability—a concern underscored by recent statements from UnitedHealthcare regarding their ongoing contract dispute with OHSU. Although a “good-faith agreement” has been reached, United Healthcare continues to publicly prepare its patients for a potential contract negotiation failure with OHSU.

United Healthcare and OHSU's current patient-facing messaging are very different. While OHSU's message is much more concise and reassuring in nature, United Healthcare is much more comprehensive and provides a better understanding of the impact to patients if a deal is not successful.

United Healthcare messaging:

- <https://www.uhc.com/ohsu/faqs>
- <https://www.uhc.com/ohsu>

OHSU messaging:

- <https://www.ohsu.edu/health/unitedhealthcare-changes-ohsu>

UnitedHealthcare has assured its members that, even if OHSU leaves its network, patients still have access to a broad range of hospitals across the Portland Metro area, including all of Legacy's hospitals. Their statement lists Legacy Emanuel, Legacy Good Samaritan, Legacy Meridian Park, Legacy Mount Hood, Legacy Salmon Creek

and Legacy Silverton as key alternatives for patients needing hospital care. Additionally, patients can still access PeaceHealth (a Washington state based health system), Providence, and Salem Health.

However, if Legacy joins OHSU, this safeguard disappears. A future contract dispute between OHSU and an insurer would no longer just impact OHSU hospitals—it could result in patients losing access to all Legacy hospitals as well. This would create a crisis for thousands of Oregonians, forcing them to either switch insurance plans or travel much farther for care.

### **Geographic Barriers to Care if Legacy Becomes Part of OHSU**

If Legacy hospitals are absorbed into OHSU, large portions of the region could be left without convenient access to in-network hospital care. This would disproportionately impact patients in East Multnomah County, Clackamas County, and rural areas that rely on Legacy Mount Hood, Legacy Meridian Park and Legacy Silverton. For patients who require emergency or specialized care, losing in-network access would mean longer travel times, delays in treatment and increased strain on remaining in-network facilities.

While an immediate disruption may not be felt—especially if OHSU and UnitedHealthcare ultimately come to an agreement, as recent indications suggest they might—this situation highlights the broader risks of large healthcare mergers. Once consolidation occurs, insurers have less negotiating power, and patients have fewer choices. If an insurer and the newly merged system fail to agree in the future, entire communities could suddenly find themselves without nearby in-network hospital options, creating serious access challenges.

### **The Broader Risks of Market Consolidation**

Beyond contract disputes, this merger would significantly increase OHSU's negotiating power over insurers, driving up healthcare costs. With fewer independent hospitals competing in the market, insurers would have little choice but to accept higher reimbursement rates, which ultimately lead to higher premiums and out-of-pocket costs for patients. The ability for insurers and providers to negotiate fair contracts relies on competition, and this merger threatens to erode that competition.

If OHSU truly believes in strengthening healthcare for Oregonians, it should explore partnerships with Legacy that do not require a full merger. There are other ways to improve healthcare access and outcomes without sacrificing competition and patient choice.

This merger is too great a risk to approve. Once Legacy is gone as an independent system, it cannot be undone. The responsible course of action is to reject this application and require OHSU to return with a stronger, more transparent proposal that does not eliminate competition or put patients at risk.

Thank you for your service as a review board to all Oregonians

### **237. Redirecting OHSU's Priorities—Closing the Primate Center to Strengthen Community Investment, 3/25/2025**

March 25, 2025

Dear Members of the Community Review Board,

The proposed merger between OHSU and Legacy Health has raised significant concerns about the lack of meaningful community engagement, financial transparency and a clear plan for ensuring long-term benefits to Oregonians. Instead of pushing forward with an application that fails to fully address these concerns, OHSU should take this opportunity to realign its priorities—starting with closing the Oregon National Primate Research Center (ONPRC) and redirecting those funds toward a more robust, community-driven investment strategy.

#### **Closing ONPRC: A Necessary Step Toward Ethical and Financial Responsibility**

OHSU's continued operation of ONPRC stands in stark contrast to its stated commitment to health equity, community well-being and fiscal responsibility. The primate center requires significant financial resources, yet its benefits to Oregonians are minimal, if not actively harmful to OHSU's reputation and priorities. By shutting down the primate center, OHSU could free up millions of dollars that could be repurposed for direct community health initiatives—investments that would yield tangible, immediate improvements in healthcare access, affordability and equity.

#### **Reimagining the Legacy Foundation as a True Community Asset**



Rather than moving forward with a flawed merger proposal, OHSU should take the funds previously allocated to ONPRC and reimagine how they can work with Legacy on a joint Foundation. This would allow for a much stronger and more transparent community investment strategy, with a focus on addressing social determinants of health, expanding access to underserved populations and directly responding to the needs of historically marginalized communities. The benefit of Legacy's commitment to the Foundation alone represents a once in a generation impact - imagine what could be if the investment is doubled or tripled. The current Foundation model as it stands in the Legacy HCMO filing does not include OHSU as part of governance or strategy therefore, adds no benefit to OHSU's HCMO filing regarding the merger.

OHSU must make a firm commitment to restarting the conversation with community stakeholders and ensuring that all future investments are shaped by the voices of those most impacted. This means addressing the growing frustration over the lack of meaningful public engagement and guaranteeing that any new commitments are more than just vague promises.

#### A Path Forward That Strengthens, Rather Than Diminishes, Community Trust

If OHSU truly wishes to prove itself as a responsible steward of healthcare in Oregon, it must take this moment to reassess its priorities. Instead of pushing through an underdeveloped merger proposal, OHSU should:

1. Publicly commit to closing the Oregon National Primate Research Center and redirecting those funds to community-driven health initiatives.
2. Partner with Legacy to jointly fund the Foundation.
3. Return to the table with stakeholders—including community organizations, healthcare providers and policymakers—to develop a new, stronger application that prioritizes public benefit.

This would be a far more responsible path forward than the current merger proposal, which remains riddled with unanswered questions, unsubstantiated claims and a troubling lack of community accountability. The community review board should not approve a deal that is still incomplete—especially when OHSU has a clear alternative that would allow it to prove its commitment to public good while ensuring financial sustainability.

You should go further in your condition recommendation than just closing the primate center and request the funds saved truly benefit the community. This shift in direction alone could strengthen the application to sway even the most ardent of critics.

Thank you and thank you to Representatives Gomberg, Neron and Chaichi for providing clear guidance to the community review board on its ability to provide condition recommendations about the primate center.

**238. Ensuring a Thorough Review Process and Addressing Concerns Over Public Comment Handling (OHSU-Legacy Merger), 3/25/2025**

March 25, 2025

Dear Members of the Community Review Board,

The public's understanding of the impact of the proposed OHSU-Legacy merger is growing, and the volume of recent public comments is evidence of that (232 public comments as of 3/25 with 40% of the total comments coming in the month of March alone). It is imperative that the Community Review Board (CRB) acknowledges this increase in engagement and ensures that all voices are meaningfully considered before moving forward with a recommendation. Given this surge in public interest, the CRB should revisit its criteria with fresh eyes, incorporating all public comments to date rather than adhering to a rushed timeline that risks sidelining critical perspectives.

Additionally, questions remain about how the Oregon Health Authority (OHA) is managing public input. Specifically:

- What criteria does the Oregon Health Authority use to determine which public comments are displayed individually on its website and which are included only within the comprehensive document containing all submitted comments? Current language explaining this process does not seem to align with actual practice.
- Does the CRB fully understand where all public comments reside and how to access them?

Transparency in public comment handling is essential to maintaining trust in this process. However, recent inconsistencies in OHA's approach raise concerns. For example, a series of high-profile comments in support of the merger were published just before the end of the day on Friday before the Monday 3/24 CRB meeting with a host of new comments countering OHSU's letters not posted until after the Monday

CRB meeting. This creates a troubling perception that OHA may be selectively managing the timing of public comment postings to shape the narrative in favor of OHSU.

If OHA is committed to a fair and transparent review, it must provide clear answers about how public comments are processed and ensure that all CRB members have full access to every submitted comment—not just those featured on the main page.

As public engagement continues to grow, it is the responsibility of the CRB to take the time necessary to conduct a full and fair assessment of all input. Rushing toward a recommendation now, just as the public is beginning to fully grasp the stakes of this decision, would be a disservice to Oregonians. I urge the CRB to hold at least two more meeting before making a final recommendation and possibly holding a second public hearing with enhanced time for active public comment.

Thank you for your consideration and thank you for your service.

### **239. Concerns for Employees in the OHSU-Legacy Merger**

Dear esteemed Members of the Community Review Board and decision makers at the Oregon Health Authority,

If approved, this merger would make OHSU the largest employer in the state, affecting thousands of workers, including both union and non-union employees. While OHSU has made agreements with some unions to provide 12 months of guaranteed employment, there remain significant unanswered questions about long-term job security, particularly for non-union employees and those in lower-wage positions.

The workforce of OHSU and Legacy extends far beyond Portland, with many employees residing in suburban and rural areas. Workers in lower-income positions, including medical assistants, administrative staff and service personnel, already face challenges related to housing affordability and transportation. Employees in rural areas have even fewer employment alternatives, making job security a critical issue for them. If OHSU is unable to sustain the full workforce beyond the initial 12-month period, these workers could be disproportionately impacted.

For instance, a recent class-action lawsuit against the University of Pittsburgh Medical Center (UPMC) alleges that the hospital's consolidation practices suppressed wages and limited job mobility for healthcare workers. The U.S. Department of Justice has

supported this lawsuit, emphasizing the potential antitrust implications of such mergers.

When large healthcare systems merge, administrative and support roles often face the greatest risk of cuts. Redundancies in finance, IT, human resources, and even clinical operations lead to staff reductions in the name of efficiency. OHSU has already signaled that cost-cutting measures will be necessary to make the merger financially viable. While union employees have been assured that jobs will be protected for 12 months and non-union employees for 6 months, there are no long-term guarantees. Once those windows close, further reductions should be expected.

One critical question is whether OHSU and Legacy would make the same staffing cuts if the merger does not move forward. The answer is likely no. If the two systems remain independent, each organization would adjust to financial pressures based on its own needs. While restructuring might still occur, the reductions would be more measured. A merged system, however, would have stronger financial incentives to eliminate duplicative roles, leading to more aggressive workforce reductions.

Additionally, centralizing employment under one dominant healthcare system creates a new power dynamic that could weaken bargaining power for workers over time. With fewer competing health systems in the region, employees may have less ability to negotiate for wages, benefits and working conditions. The potential for future restructuring, layoffs or job reclassifications should not be overlooked.

Moreover, studies have shown that hospital consolidations can lead to reduced competition, strengthening the bargaining leverage of hospital systems to command higher reimbursement rates. This often results in increased healthcare costs for patients and can negatively affect wages for hospital staff.

Finally, federal budget negotiations have signaled significant cuts to healthcare funding, including potential reductions to Medicaid and other critical safety net programs. These cuts will already strain Oregon's healthcare system, forcing hospitals and providers to operate with fewer resources. If the OHSU-Legacy merger results in large-scale workforce reductions on top of these federal cuts, the state could face a surge in unemployment—particularly among healthcare workers. This would come at a time when economic instability is growing and safety nets are weakening, creating a dangerous cycle where more Oregonians lose both their jobs and their access to

essential healthcare services. The consequences of such a shift would be devastating for Oregon's economy and public health, making it even more critical to scrutinize whether this merger will do more harm than good.

The review board must fully evaluate the impact on workers, including whether OHSU can sustain its workforce in the long term and how job protections will extend beyond the agreements currently in place. If this merger moves forward, what long-term safeguards will be in place to ensure that frontline workers do not bear the brunt of the financial burden? OHSU has yet to provide clear, binding commitments on this issue. Until they do, approving this merger is a risk too great to take. Employees are the backbone of healthcare delivery, and their stability should not be an afterthought in this process.

Thank you for your commitment to Oregon's patient population and healthcare workforce.

#### **240. OHSU's Commitment to Community Engagement and Accountability**

Dear Members of the Community Review Board,

I write to express concern about OHSU's limited and insufficient engagement with community organizations, patients, and stakeholders in the development of its merger application. While OHSU has stated that it values community input, its actions surrounding this process tell a different story.

There is little evidence that OHSU conducted broad, inclusive outreach to community partners or patient populations prior to submitting its application. The filing lacks detailed accounts of engagement strategies, meeting outcomes, or how feedback was incorporated into the proposed plan. Since filing, OHSU has offered few public opportunities for meaningful dialogue with independent community organizations—particularly those representing rural populations, Medicaid members or culturally specific communities.

OHSU's community engagement appears largely reactive, coming in the form of carefully managed public forums and selective conversations after concerns were raised. This is not true community partnership—it's damage control. And while several community organizations have submitted letters in support of the merger, many of those groups have ongoing financial relationships with OHSU, including grant funding, contracts or shared leadership ties. These relationships should not be dismissed, but

they warrant scrutiny. An endorsement from a financially affiliated organization is not the same as independent validation from a broad and diverse community base.

In contrast, organizations such as the Oregon Public Health Association, Urban League of Portland and multiple patient advocacy coalitions have raised concerns about the lack of transparency and community-driven planning. Their perspectives speak to a broader sentiment that this process has failed to center the people most affected by it.

True community engagement requires more than endorsements. It demands inclusive, sustained participation from the beginning, with clear mechanisms for accountability and power-sharing. OHSU's proposal lacks such mechanisms. It includes no third-party oversight, no public reporting requirements and no legally binding commitments to maintain community benefit levels, support community-based organizations or address the social determinants of health.

Without enforceable commitments and a transparent, inclusive process, there is no guarantee that the promises made in this application will materialize. And patients—particularly those in low-income, rural and marginalized communities—stand to lose the most if OHSU does not follow through.

I urge the Community Review Board to withhold approval of this merger until OHSU can demonstrate a clear and credible commitment to community engagement. That should include:

1. A detailed record of community input sessions, including which groups were invited, what feedback was received, and how it was incorporated
2. Binding commitments to fund and partner with independent community-based organizations—not just those already affiliated with OHSU
3. Creation of a third-party, community-led oversight body with the authority to monitor post-merger performance and ensure accountability

Anything less fails to meet the standard of transparency, accountability, and public benefit this process requires.

Thank you board members - you speak for those whose voice is often overlooked and who will be most impacted by this merger.

## **241. A Cautionary Stand Against the OHSU–Legacy Merger, 3/25/25**

Dear Members of the Community Review Board,

I am writing to urge you to take a measured and cautious stance on the proposed merger between OHSU and Legacy Health. This transaction presents serious, long-term risks that outweigh its promised benefits—risks to competition, public oversight, healthcare affordability, the workforce and community trust.

### **An Unrecoverable Loss of Healthcare Competition**

Should this merger proceed, Oregon would lose one of its few remaining independent hospital systems. Legacy’s absorption into OHSU would consolidate a massive share of the state’s hospital capacity, clinical services and academic healthcare infrastructure under a single entity. The result: diminished patient choice, reduced insurer bargaining power and higher costs system-wide.

This is not a merger of equals—it’s the folding of Legacy into OHSU’s governance structure with no clear mechanism to reverse course. What’s lost is not just Legacy’s independence, but the competitive tension that helps keep Oregon’s healthcare ecosystem more affordable and responsive to local needs.

### **An Application That Lacks Substance**

Rather than presenting a rigorous, transparent roadmap for how this merger will benefit Oregonians, OHSU’s application offers generalities and aspirational language. It outlines no concrete metrics, makes no binding commitments on cost control and fails to describe in detail how it will protect vulnerable communities through the transition.

Instead of a strong, stand-alone filing, OHSU has relied heavily on public comments submitted after the fact—many of them from affiliated organizations or partners with existing financial ties. These comments, while valuable to the broader discourse, are not legally enforceable and should not be mistaken for the level of detail required in a formal regulatory review.

### **A Shift Away from Accountability and Transparency**

Legacy is currently bound by 501(c)(3) nonprofit standards, including federal requirements for community benefit reporting, charity care and transparency under the

Affordable Care Act. OHSU, as a state public corporation, is not subject to these same obligations.

If approved, the merger would shift a substantial segment of Oregon's healthcare infrastructure into a governance model that is more opaque, with fewer accountability tools available to regulators and the public. This raises real concerns about the long-term protection of community benefit priorities.

### Disruption to Workers Without Lasting Guarantees

While OHSU has entered into short-term agreements with some unions to provide 12 months of job protection post-merger, these commitments are time-limited. No protections have been extended beyond that period, and non-union workers remain particularly vulnerable.

Historically, consolidations of this magnitude result in reductions to administrative and support roles. This impact will fall hardest on lower-wage employees—many of whom live in rural areas or already face cost-of-living pressures. It is important to acknowledge that if Legacy and OHSU remained independent, any necessary staffing reductions would likely be more modest and more responsive to the unique needs of each organization.

These potential cuts are also unfolding against the backdrop of federal threats to safety net programs like Medicaid. If national healthcare funding is reduced while a major Oregon healthcare employer is downsizing, the combined impact on workers and families could be devastating.

### Community Engagement That Came Too Late

True community-centered transformation starts with early, inclusive dialogue. Yet many of the organizations and communities most impacted by this merger—including those representing low-income populations, patients of color and rural communities—report they were not consulted in the development of this proposal.

While some organizations have issued statements of support, many have ongoing financial or contractual relationships with OHSU. That context matters. It is not an indictment of those organizations' integrity, but it does underscore the need for a broader, more independent base of input—something OHSU has not yet demonstrated.



## Respecting Review Board Concerns and Reinforcing Public Trust

It's worth noting that several members of this board have already raised thoughtful, well-founded concerns about the merger. These concerns deserve serious attention. Asking OHSU to revise and resubmit a more complete, accountable proposal is not obstruction—it is due diligence.

A strong application should speak for itself. It should not require a wave of last-minute endorsements or clarification letters to make its case. The growing volume of questions and public interest is not a distraction—it is evidence that the process is working as intended and that more time is needed.

### Conclusion

This merger would forever change the structure of Oregon's healthcare system. If approved in its current form, it will be based not on a clear, enforceable public benefit, but on assumptions and hope. That is not enough.

I urge the Community Review Board to recommend that this proposal be paused and that OHSU return with a more robust, detailed and community-informed application. The stakes are simply too high to get this wrong.

I want to sincerely thank the members of the Community Review Board for your thoughtful engagement, transparency and diligence throughout this process. Your questions and comments have reflected a genuine commitment to protecting the public interest and holding this proposal to the highest standards. Your role as an independent and community-grounded voice in this review is not only vital—it is deeply appreciated.

### **242. A Precautionary Approach Is Not Speculation—It's Responsibility (OHSU-Legacy Health Merger), 3/25/25**

Dear Members of the Community Review Board,

A limited narrative suggests that rejecting or pausing the proposed OHSU–Legacy merger based on potential risks would amount to speculation or reacting to “what ifs.” I write today to strongly counter that characterization. Exercising caution in the face of an incomplete application and real structural concerns is not speculative—it is responsible governance.

Healthcare consolidation is a permanent and transformative act. Once two systems merge, their cultures, operations, governance and market positioning are fundamentally altered. The question before you is not whether you can predict every outcome with certainty—it is whether the application before you provides sufficient evidence, binding commitments and accountability mechanisms to ensure Oregon’s communities are protected in the years to come. It does not.

It is not speculative to point out that vague commitments on health equity, workforce stability and community benefit pose a risk. It is not speculative to highlight that OHSU’s application relies on post-hoc public relations rather than pre-filing collaboration with patients and stakeholders. And it is certainly not speculative to question how a newly consolidated system will behave when granted increased market power, especially when other markets have clearly shown that similar mergers lead to increased costs and decreased accountability.

The concern isn’t with imagined harms—it’s with the lack of safeguards. A strong application should build public confidence from the outset, not rely on a flurry of late-stage explanations to fill in what should have been there from the beginning.

Your role as the Community Review Board is to weigh not only the merits of what is written in the application, but what is absent, unclear or non-binding. That is not overreach—that is exactly what the law envisions. Pausing or recommending denial based on inadequate detail, weak accountability and real potential for public harm is not speculation. It is prudent, data-informed and grounded in your duty to protect Oregon’s communities.

Regardless of outcome, I want to extend my sincere gratitude for your commitment to Oregon. Your role is significant and necessary. Thank you.

**243. OHSU-Legacy Testimony from SEIU-UHW & Joint Employer Education Fund, 3/26/25**

SEIU-UHW's Education Fund submitted a [public comment](#).

**244. 039-OHSU-Legacy - Public comment, 3/26/25**

**Oregon Health Authority**

**Health Care Market Oversight Program**

Barbara Roberts Human Services Building

500 Summer Street NE, E-65

Salem, OR 97301

March 26, 2025

To Whom It May Concern,

**I'm writing to express my opposition to the OHSU acquisition of Legacy Health due to the serious risks it poses to healthcare in Oregon.** I am an acute care occupational therapist with 12 years of experience working in various hospital systems on the West Coast, including within the Portland metro area. The views expressed in this letter are my own as a member of this community, a consumer, and a patient of our healthcare services. They do not reflect those of my employer.

I have spent considerable time reflecting on the proposed acquisition of Legacy Health by Oregon Health & Science University (OHSU). Initially, I was optimistic about the potential benefits of a larger publicly owned academic institution. However, after reading the full letter of intent and conducting my own literature review, I believe this merger poses serious risks to our community's healthcare access, affordability, and quality.

While I strongly support public ownership of essential services like healthcare, I worry that consolidating so much of our region's healthcare under a single institution with both public ties and private market behaviors poses significant risks. OHSU's reliance on state funding makes it vulnerable to budget cuts and political instability, while its independence limits public accountability. In a healthcare landscape already dominated by large systems, placing too much reliance on a single institution with this hybrid structure leaves us exposed to financial and political uncertainty.

Extensive research consistently shows that healthcare consolidations, regardless of ownership type, overwhelmingly result in negative outcomes for consumers.

### **Key Risks of Healthcare Consolidations:**

#### **Increased costs:**

- Studies have consistently shown that healthcare mergers result in higher patient costs, often exceeding a

**20% increase**

- (Gaynor, M. & Town, R., 2012).

**Worsened outcomes:**

- Consolidations are linked to **higher**

**inpatient mortality rates**

- for cardiac patients (Hayford, 2011) and poorer outcomes for special populations such as stroke and cardiac patients (Mariani, M., et. al., 2022).

**Lower patient satisfaction:**

- Patients frequently report reduced access to providers they've established relationships with, longer wait times, and higher costs.

**Overutilization of services:**

- Particularly in Medicare fee-for-service patients (NCCI Insights, 2018).

Competition is critical in a capitalist healthcare system. Without it, there's less incentive to improve quality, expand services, or control costs. Healthcare competition drives improved patient outcomes, higher satisfaction rates, and better pricing. Conversely, consolidations often create monopolistic conditions that undermine these goals.

While systems often claim these mergers will improve outcomes and expand access, data shows otherwise. Such consolidations are frequently motivated by efforts to increase negotiating power with insurance payors, a move that disproportionately benefits hospital systems rather than patients. Legacy Health and OHSU have not been shy about their desire to strengthen their negotiating power. In similarly motivated consolidations, research has shown this leads to higher patient costs and overutilization of services, particularly among Medicare fee-for-service patients (NCCI Insights, 2018). These price increases have been well-documented, with no corresponding improvements in care quality (Gaynor, M. & Town, R., 2012). As former FTC Director of the Bureau of Competition explained:

*“When you strip that down, it’s basically just saying, ‘We want a price increase.’ Even if the price increase is motivated by a desire to invest more in the business, that’s problematic. That incentive to invest may not be there if you don’t have competition as a spur to innovation — if you’re not worried about losing business to the hospital down the street” (Pear, R., 2014).*

The Urban Institute’s report on healthcare consolidation and high prices further highlights the cycle of concentrated hospital systems and insurance markets. They found that concentrated hospital systems, seeking to increase payment negotiation leverage, are increasingly driving commercial payment rates far above Medicare benchmarks: in some cases, up to 241% higher (Berenson, R. et. al, 2020). They emphasize that efforts to reduce healthcare costs must address both sides of this equation: hospital systems and insurers alike.

The Oregon Health Authority’s recent findings underscore this. For example, in Portland, when comparing the highest to the lowest median payments, OHSU’s payment for ultrasounds was 2.2 times higher than Providence Portland’s and St. Vincent’s, while its median payment for extremity X-rays was 3.7 times higher than Providence Milwaukie’s, even though the hospitals are nearby and have similar procedure volumes (OHA, 2024). These disparities demonstrate how consolidations can drive up costs without clear justification, mirroring the Urban Institute’s findings on the broader impact of monopolistic healthcare systems.

The Portland area has already seen significant turmoil with insurer-provider negotiations: OHSU vs. United Healthcare, Legacy Health vs. Regence, Legacy Health vs. United Healthcare, Providence vs. Aetna, and others. These prolonged negotiations often leave patients in limbo, with limited access to care and heightened anxiety about their future healthcare options in addition to the substantial cost increases. Consolidation clearly only exacerbates this instability.

In January 2025, the U.S. Department of Health and Human Services (HHS) released a report highlighting the growing trend of healthcare consolidation. They found that in nearly half of all metropolitan areas, patients have access to only one or two hospital systems. If this acquisition proceeds, Portland will be left with just three. The HHS report confirmed that hospital acquisitions frequently result in significant price hikes for patients, sometimes ranging from 6% to 65%. Worse still, even neighboring hospitals often raise their prices after a nearby merger (U.S. Department of HHS, 2025).

The HHS report also highlighted a concerning pattern of hospital systems steering referrals within their own network after such consolidations. This practice, widely considered anti-competitive, often limits patients' access to specialists and services that may better suit their needs. Additionally, consolidations are particularly harmful to rural communities, where access to key services is often reduced. We saw this risk firsthand when Legacy Health attempted to close the Labor and Delivery department at Mount Hood Medical Center; a decision that would have drastically impacted access to vital care for vulnerable families.

Beyond healthcare impacts, consolidation has serious economic consequences. The HHS report noted that consolidations contribute to rising healthcare costs for employers, job losses (particularly for low- and middle-income workers), and widening economic inequality.

*“The rising cost of healthcare is one of the economy’s most significant drivers of inequality” (US Department of HHS, 2025).*

The Request for Information survey, conducted alongside the HHS report, revealed that both patients and providers have overwhelmingly negative experiences with healthcare mergers. Respondents reported losing access to trusted providers, longer wait times, and sharp increases in costs, sometimes nearly doubling. Many providers shared concerns about their referral options being limited within the newly consolidated system.

Legacy Health has stated that this acquisition is critical for their financial stability. While losing six hospitals to a financial collapse would be devastating for our community, increasing healthcare concentration is not the answer. As former Governor John Kitzhaber recently suggested, a state-led bailout would be far preferable to a merger that shifts financial strain onto consumers (Budnick, 2024).

I ask you to prioritize patient care over corporate interests and reject this acquisition for the well-being of our community. Our community deserves accessible, affordable, high-quality healthcare. Consolidation of healthcare systems has consistently proven to undermine those goals.

Sincerely,

Alyssa Cheatham OTR/L

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<https://www.thelundreport.org/content/kitzhaber-sounds-alarm-over-proposed-takeover-legacy-health-ohsu>

**245. OHSU/Legacy merger, 3/26/25**

Please do not allow the OHSU/Legacy merger to take place until OHSU has shut down its primate research facility. The facility is a site of torture and is not necessary to our advancement in the medical field. Please consider having a positive impact in the LIVES of the sentient, loving, scared, abused beings that are being held captive and are miserable. It is my most sincere hope that these animals can live out the remainder of their lives without fear and without mental and physical pain. YOU can make that happen. If you do not, their blood is on your hands, and I hope you never forget that.

Most sincerely,

Mary Chakhtoura

Mental Health Therapist

Portland, OR

**246. [039-OHSU-Legacy transaction] Letter in Response to Legacy's Proposal, 3/26/25**

Community First Campaign submitted a [public comment](#).

**247. No subject, 3/26/25**

OHSU-UHC Merger: OHSU primate Research Center: The recent advertisements advocating for the closure of OHSU's primate research center can border on the ridiculous however, regardless I do 100% support the permanent closure of this research center and the cessation of all research activities based upon the abuse of animals. Regardless of any potential benefits to any of this type of research, I would like to insist that other methods be utilized. The ends do not justify the means.



Chemelle Stark

**248. No subject, 3/26/25**

I am appalled to hear that you are still using primates to test on. That is archaic when we already know the answers and that we have software that you can use. Scalding a primate tells you nothing!! We already know that it hurts! Who comes up with these tests?? Tearing a young primate from its Mom is stressing to it and the Mother!!

I used to go to OHSU for medical care and since finding this out, I wouldn't step foot in your facility. If you can't take care of a primate, how can I trust you to care for me and my family!!

Sincerely,

Carol A. Aitchison

**249. Your Role in the Closure of the OHSU Primate Center, 3/27/25**

To the CRB,

I want to take a moment to respectfully remind the CRB of its critical role as defined by the legislature—not just in name, but in purpose.

This body was created to listen to the concerns of the community and ensure that community voices are included in decisions that affect them.

That includes complex and emotional issues like the OHSU Primate Research Center.

You have now heard from lawmakers that want you to represent the community not the healthcare companies.

I recently listened to the CRB meeting recording and was surprised to hear members still uncertain about whether the primate center is a legislative issue.

To be clear: the legislature created the CRB specifically so that you, not lawmakers, would be the ones to hear the full range of community concerns and incorporate them into recommendations to OHA. This includes the primate center. It is, by definition, a community issue—not just a scientific one.

OHSU has no shortage of powerful representation: high-powered lawyers, lobbyists, and well-paid executives who will advocate for their institutional interests.

The community, however, ONLY has YOU, the CRB.

You were appointed to represent us, and the primate center is one of the most significant community concerns in this merger.

It is misleading to frame this as a purely scientific matter. Yes, OHSU may point to scientific breakthroughs—but those claims are debatable. The NIH stated that 92% of OHSU work over the past decades has never led to ANY human therapies. It is basically a large science project that the community doesn't want for ethical and financial reasons.

What's not debatable is this: approximately 5,000 primates (social smart animals) live in small cages in Beaverton under a system many in the community find deeply unethical. Other institutions—like Harvard—listened to their communities and chose to close similar centers. In contrast, OHSU has stonewalled, avoided conversations, and refused to engage with those asking for change.

You are the only entity positioned to advocate for the community in this process. OHSU has made no public statements about the primate center during this merger, despite major media coverage and social media attention. If this facility were truly so essential, why has OHSU waited so long to defend it to the CRB? Why are you the ones left to ask the questions?

Thousands—literally thousands—of community members have signed petitions and voiced opposition to the primate center. To date, not one community member has publicly asked the CRB to keep it the primate center open – not one.

The primate center runs at a financial loss. OHSU will be nearly a \$10 billion organization after the merger. Closing the center would not only be financially justifiable—it would send a powerful message: that this merger isn't just about size and science, but about ethics, compassion, and the will of the people of Oregon that successfully spoke through a Community Review Board.

Please don't be caught in the OHSU spin. Your job is not to negotiate with OHSU—it's to negotiate on behalf of the community. OHSU wants an approval from you and the community wants you to speak for us with confidence and conviction.

We are counting on you to reflect our voices.

We are all hoping that you'll do the courageous, compassionate thing and listen to the thousands of people who tried to communicate with you via this process.

Thank you,

Catherine Berlot, MD PhD

**250. Press release on Primate Research Center, 3/27/25**

OHSU submitted their press release related to the Oregon National Primate Research Center as a [public comment](#).

**251. OHSU Leadership, Quality Concerns and Readiness to Absorb Legacy Health, 3/27/25**

Dear Members of the Community Review Board,

As you continue your thoughtful review of the proposed merger between OHSU and Legacy Health, I write to raise serious concerns regarding OHSU's current leadership stability, organizational culture and quality of care. When evaluated as a potential steward of an expanded healthcare system, OHSU does not demonstrate the readiness or accountability that this moment demands.

**OHSU's Internal Stability Remains in Question**

In November 2024, a system-wide employee engagement survey revealed that OHSU ranked among the lowest institutions nationally for employee confidence in leadership. Over 7,000 staff members responded. That result cannot be ignored—it reflects broad dissatisfaction and a lack of trust in the direction of the organization.

Further compounding these concerns, Dr. David Jacoby filed a \$6.2 million lawsuit against OHSU in October 2024, claiming he was unfairly scapegoated in the fallout of a mishandled sexual misconduct case. Just months later, in early 2025, renowned cancer researcher and Knight Cancer Institute leader Dr. Brian Druker resigned from his executive post, citing low staff morale and a “loss of confidence” in senior leadership. This pattern of leadership turnover reflects a deeper organizational fragility—not one poised to responsibly absorb another complex health system.

**Quality and Patient Safety Concerns Are Ongoing**

OHSU's track record on patient safety and care quality is also cause for concern. As of 2023, the Leapfrog Group awarded OHSU a "C" hospital safety grade, citing persistent issues with infection control and surgical complications. In another troubling incident, a patient's face caught fire during surgery when isopropyl alcohol ignited under OHSU's care—leading to a malpractice suit and national media coverage.

In addition, OHSU has faced scrutiny for inadequate cultural competence and equity practices. Its COVID-19 "Key to Oregon" study was publicly criticized for racial bias and exclusionary design, reflecting ongoing gaps in community-centered research and care.

These incidents are not isolated—they reflect a pattern of inconsistency in safety, inclusion and operational oversight.

### **OHSU's Workforce and Culture Are Still in Repair**

OHSU's efforts to address longstanding internal culture challenges are ongoing. The institution commissioned the Covington Report, which found serious workplace issues, particularly around respect, equity and harassment. While OHSU has acknowledged these issues and begun implementing changes, this work remains in early phases. It is not yet clear whether the culture is stabilizing—only that it is under strain.

At the same time, OHSU has laid off hundreds of employees and shifted its focus to more profitable services, such as elective surgeries. While financially strategic, this approach raises red flags about the institution's commitment to safety-net care and employee well-being—two priorities that will be critical if the merger is approved.

### **These Risks Directly Undermine the Organization Merger's Premise**

Proponents of the merger argue that a combined OHSU–Legacy system will provide better care, stronger leadership and greater efficiency. But the evidence points in the opposite direction: OHSU is actively managing workforce instability, quality lapses and internal trust deficits. Handing this institution greater authority—especially without enforceable commitments to quality, equity and transparency—would be risky at best and damaging at worst.

**In light of OHSU's current challenges, the board should ask:**

- Can OHSU credibly manage the integration of a large, complex health system like Legacy without compromising care quality?
- What evidence shows that OHSU's culture, finances and leadership are strong enough to support expansion?
- What protections will be in place if these internal issues persist or worsen?

### **A High Bar Is Justified—and Necessary**

Some may argue that raising these concerns amounts to speculation. But when a system's own staff, former executives and public safety data highlight instability, it is not speculation—it is responsible inquiry.

Your role as a Community Review Board is to evaluate whether this transaction, as proposed, benefits the public. That means weighing not just ambition, but readiness. And based on OHSU's recent performance, it has not demonstrated the consistent leadership, stable culture or track record in quality care necessary to responsibly carry out this merger.

I urge you to recommend that this merger not move forward without a stronger application and clear, enforceable public protections.

Thank you

### **252. The OHSU–Legacy Merger and the Threat to Independent Physicians and Clinics, 3/27/25**

Dear Members of the Community Review Board,

I write to express concern about the significant—and largely unaddressed—impact the proposed merger between OHSU and Legacy Health may have on **independent physicians, clinics, and community-based providers** across Oregon. While much of the public conversation has centered on hospital infrastructure and patient access, this merger would also reshape the economic and clinical landscape for those delivering care outside large institutions.

Today, many independent practices operate in fragile equilibrium: managing rising costs, staffing shortages and increasingly complex payer negotiations. They do this while providing culturally responsive, community-centered care to tens of thousands of

Oregonians. These providers are essential not just for clinical care, but for trust, innovation and equity in the system.

If OHSU absorbs Legacy and becomes the largest integrated health system in Oregon, the balance of power between independent providers and institutional systems will tip dramatically. Specifically:

### 1. Reduced Referral Access and Network Participation

OHSU and Legacy already operate large, vertically integrated networks. Once merged, they will have increased incentives to **keep referrals “in-system,”** funneling patients to OHSU-owned specialists and clinics.

In Portland, independent practices such as **Northeast Pediatrics, The Portland Clinic,** and **Oregon Allergy Associates** rely on current access to multiple hospital systems for specialty referrals and inpatient follow-up.

- With a merged OHSU–Legacy system, these clinics may see restricted access to services or fewer contract opportunities as OHSU consolidates provider panels.
- Medicaid-serving clinics such as **Outside In, Wallace Medical Concern,** and **Virginia Garcia Memorial Health Center** may be particularly vulnerable if referral systems are narrowed or overwhelmed.

### 2. Increased Pressure to Sell or Affiliate

As the merged system grows, independent physicians may face greater pressure to affiliate, merge or sell to survive. While some may benefit from integration, many will lose autonomy and the ability to tailor care to their patients’ needs.

- Specialty groups like **Portland Dermatology Clinic** or **Westside Endocrine Clinic,** which currently refer to multiple hospital systems, may find themselves forced to join or contract with the new dominant system simply to remain viable.
- Community-rooted practices—particularly those that serve immigrant and refugee populations—may face indirect pressure to consolidate or risk exclusion from key networks.

### 3. Widening Gaps in Equity and Innovation

Independent and culturally specific clinics such as **Asian Health & Service Center**, **Native American Rehabilitation Association (NARA)** and **La Clínica de Buena Salud** play a crucial role in reaching patients who often experience systemic barriers to care.

- These organizations operate outside the major health systems but rely on equitable referral partnerships to ensure continuity of care for their patients.
- If access to imaging, specialty consults, or pediatric inpatient services is limited post-merger, it could directly harm care for BIPOC and low-income families already navigating disproportionate health burdens.

#### **4. No Commitments in the Current Application**

OHSU and Legacy's application does not include any binding commitment to:

- Protect independent provider access
- Preserve network participation
- Ensure non-system clinics maintain meaningful partnerships
- Fund or support sustainability for independent community-based practices

In fact, many of these providers were **excluded** from early planning and consultation. Their input is now arriving late in the process, not by choice but by omission.

#### **Conclusion**

This merger would not just change hospital logos. It would **reshape Oregon's healthcare economy**, disrupt patient-provider relationships and place thousands of patients at risk of losing access to trusted, community-based care. Once this infrastructure is eroded, it cannot be easily rebuilt.

I urge the Community Review Board to recommend against approving this merger unless and until OHSU:

1. Makes binding, public commitments to protect referral access for independent clinics;
2. Creates post-merger governance roles for non-system provider representatives;
3. Funds sustainability strategies for independent and culturally specific care models.

Oregon's healthcare future must include room for independent practices and community health leaders. Diversity in delivery is not just desirable—it is necessary for trust, innovation and equity.

Thank you

**253. Consolidation of Pediatric Services and Structural Antitrust Risks in the Proposed OHSU–Legacy Merger, 3/27/25**

Dear Members of the Community Review Board,

As you evaluate the proposed merger between OHSU and Legacy Health, I urge you to consider two deeply interconnected risks: the consolidation of pediatric services and the broader antitrust implications of this transaction. Together, these issues raise significant concerns about access, competition and the long-term impact on families and healthcare delivery in Oregon.

At the center of these concerns are Randall Children's Hospital and Doernbecher Children's Hospital—two institutions that serve distinct, essential roles in Oregon's pediatric landscape. Randall, located in North Portland, is a community-accessible children's hospital that serves a diverse, and largely underserved population with strong ties to local pediatric providers and public health programs. Doernbecher, housed at OHSU, is a tertiary and quaternary care center that draws patients statewide for high-acuity specialty care and trauma services.

These hospitals are not redundant—they are complementary. Yet if this merger proceeds, both would be governed by OHSU, creating a single dominant provider of pediatric hospital services in the region. This risks not only the erosion of geographic and cultural accessibility, particularly for families in East Portland and Clackamas County, but also the eventual consolidation of service lines. Over time, high-acuity pediatric care could be shifted from Randall to Doernbecher, reducing local inpatient capacity and burdening a single site with statewide demand.

The merger also creates troubling structural conditions for the broader healthcare system. OHSU and Legacy together would control an extraordinary share of inpatient capacity, specialty services, ambulatory clinics and academic medicine across the Portland Metro region. In many service lines—and particularly in pediatric care—this would leave insurers, providers and patients with limited alternatives.



This consolidation is not theoretical. National research shows that hospital mergers routinely lead to higher prices without corresponding improvements in quality. Federal regulators have increasingly taken action against systems whose mergers result in suppressed competition and increased market power. In one recent case, the U.S. Department of Justice supported a class action against the University of Pittsburgh Medical Center, alleging it used its scale to suppress wages, limit patient choice and block independent provider growth.

If approved, this merger would reduce Oregon's competitive hospital landscape and leave families, insurers, and small provider groups with fewer options. Once these changes take place, they cannot be easily undone. There is no structural mechanism within the proposed agreement to prevent service centralization, price escalation or the erosion of community responsiveness.

Equally troubling is the lack of binding commitments in the current application. There are no enforceable assurances to preserve Randall's pediatric service levels, no rate protections for payers, no network access safeguards for independent physicians and no third-party oversight to monitor outcomes post-merger.

This review process exists precisely to prevent long-term harm to Oregon's healthcare infrastructure. I urge you to consider the following:

- The combined entity would create a pediatric care monopoly in Portland, and a dominant force statewide.
- Community-centered facilities like Randall could be reduced or restructured under OHSU's academic model.
- Commercial and public payers will face diminished bargaining power, risking higher costs for employers and families.
- Independent providers and families will lose choice—and with it, leverage.

The Community Review Board is not being asked to speculate about every possible outcome—it is being asked to evaluate whether this merger, as currently proposed, creates real structural risks. On pediatric care, access and antitrust grounds, the evidence is clear: it does.

I respectfully recommend that the board delay or reject this merger unless and until enforceable commitments are put in place to preserve pediatric service diversity, maintain affordability and protect against unchecked market power. Oregon families deserve more than assurances—they deserve accountability.

Your commitment to a fair and accountable process is appreciated. Thank you.

**254. OHSU/Legacy Public Comment, 3/27/25**

Dear Members of the Community Review Board,

I've been following this process as an interested Oregonian, without a specific outcome in mind. But as your review has progressed, one thing has become clear: the community wants something done about the Primate Center—and for years, OHSU has refused to engage in meaningful discussion about it.

Now, OHSU is asking the public and the government to support their mega-merger. But what is OHSU offering in return? There are no promises of lower medical costs, no bonuses for frontline employees—just more control over our healthcare system.

I don't know if this merger is good or bad. But I do know my community is watching to see whether the public's voice actually matters in this process, or whether it's just a formality.

The Primate Center wasn't even on my radar initially. But the sheer volume of public input—nearly 100 pages in small print of people speaking out—and the growing conversation online make it impossible to ignore.

The CRB must respond.

From the very beginning, the Primate Center has been a central issue.

A CRB member even raised the idea of making its closure a merger condition during your first meeting. Since then, you've heard robust public testimony and seen consistent, clear calls for change.

And yet—no one has opposed the idea. Not the public, and not OHSU.

During the public comment period, OHSU's CEO had every opportunity to object—and didn't.

OHSU has remained silent on the issue in its public letter, too. If this were truly a major concern, they would have said so.

The silence speaks volumes. The community has spoken clearly, and OHSU hasn't challenged it.

People are watching to see whether this process reflects public interest—or simply grants OHSU everything it wants without question.

That said, I understand your role is complex, and decisions like this aren't easy.

So here's a compromise: allow the Governor or OHA to appoint a committee to close the Primate Center in an orderly and professional manner and explore whether the land can be repurposed or monetized to benefit our healthcare system and communities. It's a balanced approach that preserves merger momentum while showing the public they've been heard.

This is a pivotal moment—not just for OHSU, but for public trust in the system.

Please ensure the Primate Center is meaningfully addressed in your deliberations.

This is your opportunity to show that the voices of thousands of engaged citizens truly matter.

Thank you for your time, your service, and your commitment to an inclusive, transparent process.

Sincerely,

Beth Earnest

**255. Hospital Beds Alone Do Not Justify A OHSU-Legacy Merger, 3/27/25**

Dear Community Review Board,

One of the most frequently cited arguments in support of the OHSU–Legacy merger is the promise of opening more hospital beds. OHSU has emphasized that the merger will allow it to expand inpatient capacity more quickly by leveraging Legacy infrastructure. While this may sound appealing, it is a short-sighted and incomplete justification for a permanent structural change to Oregon's healthcare system.

The availability of hospital beds is important—but it is also a symptom of deeper systemic issues: misaligned resources, workforce shortages, access inequities and inadequate community-based care. More beds alone do not solve those problems. And consolidating two major health systems under one institutional umbrella does not guarantee sustainable, equitable or cost-effective results.

### **Why This Framing Is Incomplete - Beds are only useful with adequate staffing.**

Oregon, like most states, is facing a long-term workforce crisis. Opening beds without a strategy to recruit, train and retain nurses, behavioral health workers and specialists is symbolic—not structural. OHSU has not presented a workforce investment plan that ensures any new capacity will be meaningfully operational.

### **Adding beds under a monopolized system increases cost risk.**

More inpatient capacity within a dominant health system gives that system greater leverage to raise commercial rates. In other markets, this has driven up premiums and out-of-pocket costs for consumers. Capacity expansion without competition is not a public benefit—it's a revenue opportunity.

### **Access is about more than volume—it's about proximity and trust.**

The communities most affected by limited hospital access—particularly low-income, rural and BIPOC populations—do not simply need “more beds.” They need care that is culturally responsive, geographically accessible and connected to community resources. OHSU has not offered binding commitments to expand access in those terms.

### **A Merger Is Permanent—Bed Capacity Is Not**

The decision before this board is not about approving a construction project. It is about fundamentally reshaping Oregon's healthcare market. Once these two systems merge, the balance of power will shift—permanently. Regulatory leverage will shrink. Public accountability will weaken. And if promised beds do not materialize—or if they're reserved for higher-margin patients—there will be few tools left to intervene.

Hospital beds may be one indicator of system strength, but they cannot become the central rationale for approving a merger of this magnitude. That would be policy malpractice.

OHSU has not shown that it needs a merger to add beds. It has not shown that those beds will be equitably distributed, fairly priced or supported by a stable, culturally responsive workforce. And it has not shown that this merger will do anything to improve health outcomes or reduce disparities in the long term.

The Community Review Board must weigh promises of bed capacity against the deeper risks of consolidation: reduced competition, higher costs, weakened community voice and diminished flexibility to respond to future needs. This is not a beds problem—it is a governance decision. And it deserves more than a surface-level solution.

You are a last line of defense for the communities this merger intends to serve. OHSU's weak application requires the fullest scrutiny available and I urge you to reject the current application and require OHSU return with stronger commitments.

Thank you

**256. Concerns re: OHSU-Legacy Health Merger & Primate Testing, 3/28/25**

Rajesh Reddy submitted a [public comment](#) related to the Oregon National Primate Research Center.

**257. Letter to OHA and CRB, 3/28/25**

Neal Barnard submitted a [public comment](#) related to the Oregon National Primate Research Center.

**258. OHA's Delay in Posting Public Comments Undermines Transparency and Limits CRB Review for the OHSU-Legacy Merger, 3/28/25**

March 28, 2025

Dear Oregon Health Authority and Community Review Board Members,

I am writing to express serious concern about the lack of timely posting of public comments related to the proposed OHSU–Legacy merger. As of Friday, March 28 at 8:00 A.M., no new letters have been posted to the OHA public comment page since Monday, March 24—shortly after the Community Review Board's meeting that same day. I have submitted several letters since Monday, and I suspect others have as well that have yet to be posted including an earlier letter expressing concern about this process.

This delay is not just a procedural oversight—it directly affects whether community voices are seen, considered and reflected in the decision-making process. The CRB may hold its final and most consequential meeting on Monday, March 31. The Board cannot fulfill its charge responsibly if public input is withheld until the last moment. Timely review requires timely access. Without it, the public process becomes symbolic, rather than substantive.

Unfortunately, this is not the first time this has occurred. On Friday, March 21, a series of high-profile letters of support—including from OHSU leaders—were posted just before 5:00 P.M., ahead of the Monday, March 24 CRB meeting. At the same time, numerous letters were submitted between Friday and Monday (and possibly earlier), but were not posted until after the Board met. As a result, those comments were excluded from public view and absent from the important discussion. By contrast, the posted letters—many from institutional and OHSU leaders—were acknowledged and discussed during the meeting.

Several CRB members have emphasized the value of public comment in shaping their perspectives. It is clear that this input matters. Yet when letters from community members are delayed or omitted while institutional voices are elevated, it creates a perception—whether intentional or not—that public input is being selectively timed to benefit certain stakeholders.

This not only undermines the public’s confidence in the neutrality and fairness of the process—it also jeopardizes the credibility of OHA and the CRB at a time when public trust is essential.

The Community Review Board was established under Oregon Administrative Rules to evaluate whether major healthcare transactions serve the public interest. It cannot meet that mandate if it is working from an incomplete or unbalanced record. The appearance of fairness matters.

I respectfully request that:

1. OHA immediately post all outstanding public comments received this week;
2. The Community Review Board be provided with a complete copy of all submitted comments—including those not yet posted online;

3. The CRB consider requesting additional time, if needed, to ensure it can review all feedback prior to any final recommendation;
4. OHA implement a standing policy to post comments within 24 hours during periods of active public review.

This merger will permanently reshape Oregon's healthcare system. That decision must be grounded in transparency, equity and respect for community voice—not last-minute uploads and rushed deliberation.

This is starting to feel like a controlled process, not a transparent public one. Please do not let this process drift away from the values it was meant to uphold.

Thank you

**259. Comments, 3/28/25**

Dear Community Review Board Members,

I am writing to urge you to require OHSU to close its primate research center as a condition of its proposed merger with Legacy Health.

Far from being a worthy research institution, it has often failed USDA inspections, which has led it to have to pay expensive fines, in addition to suffering reputational harm. I've learned that OHSU kills more than 900 monkeys every year.... And for what? It doesn't produce nearly the level of highly-regarded research that other institutions publish... and those institutions, like Yale, Harvard, and Stanford, DON'T use primates.

The Oregon Health Authority has confirmed multiple times that including a merger condition requiring the primate center to close is fully within your authority.

For the well-being of our community, and for OHSU's financial and reputational health as well, please require the closure of this terrible, inefficient, cruel, sub-par laboratory before any merger is approved.

Many thanks,

--

Taylor Anderson

**260. Letter of Opposition for OHSU – Legacy, 3/28/25**

A [public comment](#) was submitted by Taylor.

**261. OSHU-Legacy merger public comment, 3/26/25**

A [public comment](#) was submitted 3/26/25.

**262. Primates at OHSU**

Dear Community Review Board Members:

I'm a concerned Oregon citizen, writing to implore you to listen to the thousands of people asking you to demand the OHSU primate center close, as a condition of the proposed merger with Legacy Health.

You, the Board members, are the only voice regular Oregon citizens have in this process. Thousands of Oregonians just like me have sent you petitions and urged you to close the facility. To date, not a single citizen has publicly asked the CRB to keep the primate center open.

I'm also concerned about the financial dimension of the primate center, and what it means for Oregon taxpayers. Currently the primate lab runs at a financial loss, and the science it practices is hardly cutting edge. Recent experiments involved feeding alcohol to pregnant monkeys, then killing the babies, all to come to the well-known conclusion that ingesting alcohol during pregnancy is unhealthy and dangerous to the baby. We have known this for a long time; no primate experiments were needed to confirm that. Additionally, the cruelty with which the lab treats primates has led the primate center to be fined by the USDA. Those costs, too, will be passed along to tax-paying Oregonians.

Your role is to speak for the community. Please, speak up for the thousands of us who are urging you to close the primate lab. Thank you for your consideration of this matter.

Yours truly,

Deborah Lyons

**263. OHSU-Legacy Merger Comment, 3/29/25**

Gabby Martinez deCastro, Esq. submitted a [public comment](#).



**264. No subject, 3/29/25**

The Legacy acquisition should not go forward unless with mandatory, binding conditions to correct the notorious problems at the OHSU primate research facility. Vague claims are made that this program may find cures for cancer or invent new vaccines, but clearly too much non-critical junk experimentation is done. The overall impression is that OHSU is mainly motivated by the millions of dollars that slosh through and does not prioritize the compassion and care which we owe our primate brethren. OHSU lags ten years behind Harvard University to recognize and address the inherent problems in primate research compounds. Governor Kotek has called for OHSU to do the right thing. It's time to clean up this smear on OHSU's reputation.

Laura Ahearn

**265. No subject, 3/29/25**

OHSU needs to terminate their primate research program. It is cruel and not very effective.

Whitworth Cotten

**266. No subject, 3/30/25**

I'm concerned about this merger, but maybe it could work? OHSU primary care clinics like OHSU Richmond have been getting really bad in quality of care, like I can barely see my PCP; it takes months sometimes, and OHSU really doesn't do well at all with urgent care. Their urgent care clinics are slow compared to Providence and Legacy, and often times it feels the visits are a waste of time as the clinician does morning and suggests an appointment with my PCP. Legacy has perhaps the best ER and urgent care in Portland, far better than OHSU. Will this merger ruin that experience at Legacy or expand it throughout OHSU as a system? I hope OHSU leadership really takes a look at the overall care OHSU PCP's are providing to patients it feels providers are overworked and don't have enough time with patients and because they are overworked they forget details and can't provide the best care to their patients. As a person with diabetes and other complex health issues I feel like OHSU went from being a great place to get care for this ten years ago to horrible today.

Erin Sarrand

**267. No subject, 3/31/25**

Please please stop cruel torture to monkeys and their precious babies. The testing is unnecessary and you need to STOP now. Use the funds where they are needed — for staff and patients care. You've been cited many times for breaking federal animal cruelty laws and the least you could do is quit abusing these poor monkeys. The testing you torture the monkeys with has no value so please stop. Thanks

Ginger Hickey

**268. No subject, 3/31/25**

I oppose this merger primarily because it will create a dominant hospital network in the region without reasonable competition. OHSU has not shown that they will control costs any better than Legacy did, but if they merge there will be no incentive to do so either.

Even if you approve this merger, OHSU has used government tax collecting methods for what should be commercial debt. They must be disempowered in this respect and have no more power to collect debt than any corporation.

Mike Mitchell

**269. No subject 3/31/25**

I am writing to ask that you use your power to ensure that the merger between Oregon Health & Science University and Legacy Health move forward only if OHSU agrees to close its notorious primate experimentation facility, the Oregon National Primate Research Center.

The Research Center is a huge financial liability, and impending federal funding cuts will drain resources needed for patient care.

I am also concerned about OHSU's disturbing track record of animal welfare violations. Between 2014 and 2022, OHSU facilities violated the federal Animal Welfare Act more than 30 times.

OHSU has also conducted cruel and unnecessary studies. Infant monkeys have been torn away from their mothers and used in experiments designed to make them afraid. Pregnant monkeys have been injected with nicotine to damage their unborn babies.

In 2015, Harvard University closed its New England Primate Research Center due to circumstances identical to those of OHSU. The facility was repeatedly violating the

federal Animal Welfare Act, and university leaders cited “limited resources” when they announced the closure.

There are more reasons now than ever to move away from costly, unproductive primate experiments and instead focus on human-relevant methods. Clinical research, human tissues, cell cultures, and other methods are producing results for patients.

Please make the OHSU-Legacy Health merger contingent on the closure of the Oregon National Primate Research Center.

Thank you for your work on behalf of the people of Oregon.

Sincerely,

Kahli Estes

**270. No subject, 4/1/25**

OHSU must keep the Oregon National Primate Research Center (ONPRC) open. I am writing as a primate scientist who has spent 10+ years in the primate biomedical industry. I have received grants and awards for the animal welfare excellence at the primate center including the American College of Laboratory Animal Medicine Foundation's research grant to improve the wellbeing of primates and the American Society of Primatologist's animal welfare award for my work socializing primates in a primate hospital setting. The ONPRC has a long history of transparency and their openness to critiques and areas of improvement are phenomenally in the primate biomedical industry. The ONPRC has full time staff dedicated to taking the public for tours, and we have been posting our USDA inspection reports on our website for public information over a decade before it was legally required. The ONPRC has made continuous and substantial improvements to animal care in response to welfare concerns, a practice that is on-going as new information and circumstances present. The ONPRC is a leader in infectious disease research, and we have been able to provide a safe working environment for staff and the public. Zoonotic diseases are under tight control and surveillance, and we publish scientific research reports shared freely in scientific journals on the topics. We welcome the scrutiny, but we do speak against lies and distortions - we do not pose a threat the human or primate health. In fact, our research benefits both human and primate health. We have made great contributions to combating HIV transmission to newborn infants, providing safe and effective contraception to people around the world, preserving eggs when undergoing

chemo therapy, combating growth stunting and diarrhea in parts of the world where clean water is a luxury, providing better care for premature infants (both human and primate), and understanding the risks of drugs, alcohol, and marijuana during pregnancy or conception.

Given these substantial attributes of the ONPRC, I urge you to fully support the Oregon National Primate Research Center. Oppose any conditions about shutting down the primate center as part of a condition in the OHSU-Legacy merger. We don't deserve the smear campaign and lies being spread by PETA, PCRM, and animals rights activists in the public. Our staff at the ONPRC come to work and provide top-of-the-line health care for the primates.

Dr. Andrew Haertel

**271. ONPRC is vital to biomedical research, 4/1/25**

Dear Committee Members,

I am a Professor at Oregon Health & Science University (OHSU) where I study eye pain in humans and also in rodent models. We are working to understand the cellular and molecular mechanisms of persistent eye pain, with the long-term goal of helping relieve the suffering of people with this condition. My work is fundamental basic science research; but after we identify molecular targets, we will want to develop a drug. Before any newly developed drug can be tested on people, it must be tested in animals first. We can test drugs in our rodent models, but ultimately, we need to test on non-human primates because their eyes and their biology is most closely similar to humans.

Oregon is fortunate to have a primate center (Oregon National Primate Research Center, ONPRC) connected to the only academic medical center in this state. The collaborations between OHSU and ONPRC scientists drive both fundamental science and translational biomedical research.

Your group has been targeted with an anti-research campaign that is distorted and full of false information. I hope you and your team will come to OHSU and ONPRC to learn more accurate information and see why so many of us have dedicated our lives to biomedical research. We want to make life better for our fellow living beings.

Thank you for your continued support for OHSU, for ONPRC, and for biomedical research in our state and across our country. It is a key economic driver and also fundamental to improving the lives of citizens.

Sincerely,

Sue Aicher, Ph.D.

**272. The Oregon National Primate Center at OHSU must remain open, 4/1/25**

Jamie Taub submitted a [public comment](#) in support of the Oregon National Primate Center

**273. The Oregon National Primate Center at OHSU must remain open, 4/1/25**

Dear Governor Kotek,

I am writing to express my **strong support for the Oregon National Primate Research Center (ONPRC)** and to urge you to reject misinformation that threatens this critical research institution.

Recently, **false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work** and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

**Setting the Record Straight: Why ONPRC must remain open**

**False Claim #1:** ONPRC mistreats animals.

**Fact:** ONPRC upholds **the highest animal welfare standards**, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health.

Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care.

Veterinarians and animal care professionals at ONPRC provide **around-the-clock**

**care, enrichment, and medical attention**, ensuring that all animals receive humane and ethical treatment.

As a veterinarian, who has worked at both the Oregon and the California National Primate Research Centers I have observed firsthand the exceptionally high-quality veterinary care that these nonhuman primates receive on a daily basis. No one gets into veterinary medicine or animal research if they don't care deeply about animal welfare and scientific integrity. It is widely known that without high levels of animal welfare, the quality and repeatability of the research is significantly diminished.

**False Claim #2:** Primate research is outdated and unnecessary.

**Fact:** While scientific advancements have introduced alternative models, **no technology fully replicates the complexity of a living system**. Primate research remains critical for studying conditions such as **Alzheimer's, Parkinson's, infectious diseases, and reproductive health**—areas where animal-free methods cannot yet provide complete answers. The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

**False Claim #3:** ONPRC research is wasteful and doesn't benefit human health.

**Fact:** ONPRC has contributed to **breakthrough medical discoveries** that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

### **Why This Matters—For Oregon and Beyond**

ONPRC is not just an Oregon institution—it is a **national leader** in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

### **My Personal Experience with Animal Research and Exceptional Animal Care**

Despite what the PCRM would have you believe, responsible animal research is **essential for both human and animal health**. I am a veterinary pathologist, who has dedicated their career to biomedical research and comparative pathology of nonhuman primates, rodents, and humans. While complex in vitro models (organoids, etc.) have been improving and are crucial in reducing the numbers of animals used in research, they are not refined to level needed to replace the use of live animals. To believe otherwise, demonstrates a gross lack of understanding of these models, as well as the scientific rigor required to develop new therapeutics and procedures.

Science is currently under attack from the republican administration/federal government, both through loss of funding and the denying of the scientific facts. To have the democratic leadership of Oregon jump on the bandwagon and further undermine science and biomedical research due to the propaganda being spread by an animal rights group, is truly egregious and unconscionable. It is imperative that Oregon's leaders stand up to protect scientists and scientific advancements. To do otherwise, is to jeopardize the future of animal research at all of our universities, as well as Oregonians and the population in general who benefit from medical procedures and medical treatments that are the result of animal research.

Governor Kotek, I urge you to stand with science, ethics, and progress. **Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.**

Thank you for your time and consideration. **I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.**

Sincerely,

Amanda Johnson, DVM, MPH, DACVP

Veterinary Pathologist

Oregon National Primate Research Center

**274. No subject, 4/2/25**

To whom it may concern,

I was appalled to hear that OHSU was still testing on monkeys! It is barbaric since there is software out there to test with. Also how does scalding a monkey serve any purpose, since as humans we already know it hurts!!! Primates are very sensitive and love their babies, so it is just cruel to separate the babies from their mothers. I am imploring you to shut down the Primate Research Center. I will never go to OHSU or Legacy until this practice is stopped!!

Sincerely,

Carol A. Aitchison

**275. Letter in support of ONPRC, 4/2/25**

Kim Stocking submitted a [public comment](#) in support of the Oregon Primate Research Center.

**276. The Oregon National Primate Center at OHSU must remain open, 4/2/25**

To Whom it may concern,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution. Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

**Setting the Record Straight: Why ONPRC must remain open**

**False Claim #1:** ONPRC mistreats animals. **Fact:** ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA



oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health. Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment. I have yet to meet a vet, vet tech, or animal care team who doesn't love animals. Vets have told me personally that prefer working in animal research to private practice because animals in research are so much better take care of than many, many pets.

**False Claim #2:** Primate research is outdated and unnecessary. **Fact:** While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide complete answers. The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

**False Claim #3:** ONPRC research is wasteful and doesn't benefit human health. **Fact:** ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

Why This Matters—For Oregon and Beyond ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

## **Why I'm Writing, Even from Outside Oregon**

While I may not be an Oregon resident, I recognize that the work done at ONPRC affects public health, medical innovation, and patient care nationwide. If ONPRC's work is restricted, Americans everywhere will feel the impact—fewer medical breakthroughs, slower development of life-saving therapies, and weakened U.S. leadership in biomedical research.

## **My Personal Experience with Animal Research and Exceptional Animal Care**

I am a laboratory animal veterinarian in California. My interactions with veterinary, behavioral and animal care staff at ONPRC have been positive, and this institution's efforts to engage the public in their important work as well as the animal care provided is admirable and a model for our profession.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation. Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Kelly Jensen, DVM, DACLAM, CPIA

Associate Director, Institutional Animal Care and Use Program

**University of California, San Francisco**

### **277. Support for ONPRC to stay open, 4/2/25**

Hillary Le submitted a [public comment](#) in support of the Oregon National Primate Center.

### **278. ONPRC shouldn't be closed but supported by Oregon, 4/2/25**

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.

- A blow to Oregon’s economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

While I may not be an Oregon resident, I have worked at another primate research center for over twenty years, I recognize that the work done at ONPRC affects public health, medical innovation, and patient care nationwide. If ONPRC’s work is restricted, Americans everywhere will feel the impact—fewer medical breakthroughs, slower development of life-saving therapies, and weakened U.S. leadership in biomedical research.

Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon’s place as a leader in medical innovation.

Sincerely,

Trina Jonesteller

Emory National Primate Research Center

**279. Support Oregon National Primate Research Center, 4/2/25**

Dear Oregon Health Care Market Oversight,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution. Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC’s work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

Setting the Record Straight: Why ONPRC must remain open

**False Claim #1: ONPRC mistreats animals.**

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to

advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health.

Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment.

**False Claim #2: Primate research is outdated and unnecessary.**

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies.

We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

**False Claim #3: ONPRC research is wasteful and doesn't benefit human health.**

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.

- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

### Why This Matters—For Oregon and Beyond

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon’s economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon’s

research leadership and the future of medical innovation.

I have worked at the Oregon National Primate Research Center for over 17 years and have witnessed firsthand the unwavering commitment to providing the best possible care for animals in captivity while ensuring that their lives contribute meaningfully to scientific progress. The advancements in scientific discovery, vaccines, and treatments made possible through this research have saved countless human and animal lives.

Despite the misinformation surrounding the use of primate models, the reality is that no alternative technology exists yet to fully replace them. If we are committed to making Oregon a leader in healthcare, we must also be a leader in biomedical research. The funding allocated to medical research is not just an expense—it is an investment that yields returns far greater than many other government expenditures, driving innovation, improving public health, and saving lives.

Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon’s place as a leader in medical innovation.

Sincerely,

Shannon Haley

## **280. The Oregon National Primate Center at OHSU must remain open, 4/2/25**

The following comment was submitted by multiple individuals,

Dear HCMO board members,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution.

Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

### **Setting the Record Straight: Why ONPRC must remain open**

#### **False Claim #1: ONPRC mistreats animals.**

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight.

Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health. Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment.

#### **False Claim #2: Primate research is outdated and unnecessary.**

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. \

Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

**False Claim #3: ONPRC research is wasteful and doesn't benefit human health.**

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives.

For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

**Why This Matters—For Oregon and Beyond**

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.

Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Sarah Stewart

Dr. Heather Sidener, DCM DACLAM

Allison Weiss

Nicola Robertson

Christian Bernard

**281. Public comment, 4/2/25**

Dear OHA and CRB:

Thank you for the opportunity to submit a public comment regarding the proposed transaction. I have been following the developments and the Community Review Board (CRB) meetings out of a deep interest in the health and sustainability of our local healthcare system. I appreciate the thoughtful and diligent work the CRB has undertaken to evaluate this complex proposal.

Given the complexity of the review, I believe it is important to clarify several points that appear to differ from publicly shared information and that may influence perception.

One recurring concern is: *What happens to Legacy if this transaction does not move forward?* There have been comments suggesting that Legacy might close or be taken over by venture capital firms. But has anyone asked Legacy directly what their contingency plan would be, or how they are currently performing? This concern—understandable as it is—seems to be based more on fear than fact.

Legacy Health is a not-for-profit system with eight hospitals (per its website), numerous clinics, and approximately 14,000 employees, providing critical healthcare services across multiple markets. The notion that Legacy would simply shut down is highly unlikely. Hospital closures in the U.S. are rare and typically occur in rural or under-resourced areas facing severe volume declines—conditions that do not apply here. In fact, only 14 hospitals closed in 2024, and many of those were due to such circumstances or natural disasters.

Further, Legacy's financial performance has recently improved. In December 2024, Moody's Investor Services reaffirmed Legacy's A1 bond rating. According to Legacy's



press release on December 5, Moody's decision "confirms Legacy Health's strong progress on our path toward financial sustainability." The release cites robust financial containment efforts, increased revenue, and strong cash reserves—186 days of cash on hand, a solid asset portfolio, and improving patient volumes across hospitals, medical groups, and outpatient surgery centers. These indicators suggest a health system on a positive trajectory.

On the other hand, OHSU is also working to recover from financial challenges. While their bond rating remains stable, Moody's recently assigned a **negative outlook**. OHSU's current budget aims to recover from a \$150 million shortfall. In a recent board meeting, when asked by a Board of Directors member about confidence in meeting budget goals—despite a history of missed targets—the CFO responded, "50/50 or better." This response raises questions about OHSU's capacity to successfully integrate another health system at this time.

There are also claims that Legacy's facilities require \$700 million in upgrades. Has this figure been substantiated by any formal report? If not, it's merely speculation. Moreover, OHSU has stated it intends to invest \$1 billion in upgrades—an ambitious goal given its financial outlook and potential federal funding cuts to healthcare, education, and research.

Some argue that OHSU cannot meet future inpatient demand without Legacy. Yet OHSU is currently constructing a \$650 million expansion that will add 128 beds and include four shelled floors for future use—expected to open by spring 2026. If additional beds are needed in the short term, a lease or shared-services agreement with Legacy could be a far less disruptive alternative to a full merger.

Finally, I return to the evaluation criteria: Will this transaction lower costs, improve quality, expand access, and address health equity?

- **Cost:** Evidence indicates that mergers do not lower healthcare costs.
- **Quality:** Research shows quality often remains unchanged—or declines—post-merger.
- **Access:** Neither party has clearly demonstrated how this deal would improve access.

- **Health Equity:** A stated commitment is not enough; each system should present measurable, current initiatives that address disparities.

We all want both Legacy and OHSU to succeed. However, I respectfully urge the review board to make its decision based on verified, current facts—not assumptions or hypotheticals. If the merger is not approved, both institutions will continue to serve their communities. Given the financial and operational uncertainties both are navigating, now may not be the right time for such an ambitious undertaking.

Thank you again for the opportunity to share this perspective.

--A concerned member of the community.

**282. OHSU, 4/2/25**

Dear Members of the Board,

My name is Maria Wheeler, and I live in Portland, OR.

I am writing in favor of the Oregon National Primate Research Center (ONPRC) which I have heard is possibly a factor in the merger with Legacy Health Systems. Whatever the pros or cons of this potential merger, ONPRC should not be used as a bargaining chip.

Like many others, I have taken the opportunity to visit the ONPRC, and I am personally acquainted with some of the dedicated scientists, veterinarians, and staff who provide excellent care for the animals at the center. I have been consistently impressed by the quality of the facilities, the openness of the staff to outside visitors, and the compassion and dedication of those who work directly with the animals. My understanding is that the ONPRC, which is part of the Oregon Health and Science University, is a world-class research center, performing cutting-edge research that benefits America.

Recently, I have been disappointed and distressed by the misleading narrative spread by radio, TV, and internet commercials about the primate center, which spread warped and incorrect information. Unfortunately, this misinformation seems to be hurting political support for the important and excellent science occurring at ONPRC.

Moreover, at a time of economic and scientific uncertainty, when our scientists are dealing with assaults from multiple sides, it is especially troubling to see our scientists

come under attack from yet another front. This misinformation threatens to cripple the groundbreaking research being conducted in our state.

It's also important to note that the OHSU West Campus employs a large staff (nearly 800!), and brings in a large amount of federal money to the Oregon economy, which cycles many times due to the expenditures of the staff who live in the area. It seems folly to shut down an economic engine without serious consideration of the economic impact.

I urge you to seek out accurate information about the critical work being done at the Primate Center, as well as the high standards of animal care, transparency, and compassion upheld by its staff. I encourage you to tour the facility to witness its operations firsthand and to speak directly with your constituents who work there so they can share their experiences with you.

Thank you for your time and attention to this important matter.

Sincerely,

Maria Wheeler

A 22 minute virtual tour:

<https://vimeo.com/469065837>

**283. OregonPrimateCenter, 4/2/25**

Roberta Blain submitted a [public comment](#) in support of the Oregon Primate Research Center.

**284. SUPPORT FOR ONPRC, 4/2/25**

Sara Kelly submitted a [public comment](#) in support of the Oregon Primate Research Center.

**285. Accountability is an Empty Promise: OHSU-Legacy Merger, 4/2/25**

Dear Community Review Board:

There's a dangerous assumption circulating in this process—that if the merger is approved, the Oregon Health Authority (OHA) will be able to hold OHSU accountable

for its promises through conditions. But the truth is: once this deal goes through, OHA's ability to enforce anything meaningful is extremely limited.

OHSU is not a typical nonprofit hospital. It is a public corporation with broad autonomy. And while it receives public funding, OHA's current oversight mechanisms—like Medicaid contract metrics—are tied to specific programs, not system-wide structural behavior.

If the merger is approved, OHA can impose conditions. But those conditions are generally limited to reporting requirements or advisory workgroups which hold no real weight or accountability. There is no established path to enforce promises around access, equity or service preservation. There is no mechanism to unwind the merger if those promises are broken.

In short, the strongest accountability tool the state has is the power to say no. Once that's gone, so is any meaningful leverage.

The community review board represents the community and should not get caught up in the perceived power of suggesting hypothetical conditions it has no authority to impose. The overwhelming majority of community voices oppose this merger and their voices will fall on deaf ears if you don't stand up for those who have little power in this process.

Thank you for commitment to upholding the integrity of this process.

**286. The Foundation Can't Make Up for a Weak OHSU-Legacy Application,  
4/2/25**

To the Community Review Board:

As the Community Review Board continues its evaluation of the proposed OHSU–Legacy merger, it's important to acknowledge that the Foundation and merger filings—though submitted separately—are inextricably linked. The Foundation will not move forward without approval of the merger. However, the Foundation's potential impact should not be used to compensate for the weaknesses in OHSU's application. The merger must be able to stand on its own, and right now, it does not.

To be clear, I support the idea of a strong, community-focused foundation. We need organizations in Oregon that invest in upstream solutions and help close equity gaps.

But we cannot mistake support for the Foundation as justification for approving a fundamentally weak merger application.

The OHSU filing fails to demonstrate how it will actually improve access to primary care, preserve community-based services or deliver measurable health equity outcomes. Conflating the potential work of the proposed Foundation with the content of the application distracts from these very real shortcomings.

Approving the merger in hopes that the Foundation will compensate for its gaps is like approving healthcare consolidation because the Oregon Food Bank exists. It's a distraction. It ignores the fact that the merger must be evaluated on its own merits—and right now, it doesn't meet the standard.

Thank you

**287. Subject: The Oregon National Primate Center at OHSU must remain open, 4/2/25**

Mar Sanchez submitted a [public comment](#) in support of the Oregon Primate Research Center.

**288. Conditional opposition to the OHSU-Legacy Merger**

**Conditional Opposition to the OHSU–Legacy Merger**

**Submitted anonymously by a health policy and community advocate to the Oregon Health Authority and the Community Review Board**

**April 2, 2025**

**I. Executive Summary**

This paper presents a comprehensive analysis of public comments submitted in response to the proposed merger between Oregon Health & Science University (OHSU) and Legacy Health. Based on a detailed review of over 200 unique comment letters, supporting documents, economic and legal memos and HCMO filings, I conclude that this merger, as currently proposed, does not meet the standards of public interest, transparency, equity or fiscal accountability.

I offer a position of **conditional opposition**. While I acknowledge potential benefits from integration—such as capital investment, labor protections for represented

workers and clinical coordination—these benefits are outweighed by systemic risks. Unless the transaction is substantially restructured and subjected to greater oversight, it should not proceed.

### **Key Findings:**

- The merger would increase Portland-area hospital market concentration by **315 points**, raising the Herfindahl-Hirschman Index (HHI) to **1,497**—exceeding the DOJ threshold for antitrust concern.
- The proposed **Legacy Foundation** lacks independent governance, public accountability or enforceable community representation.
- **Labor protections are uneven**; non-union staff face instability and job insecurity.
- Patients and community members cite **barriers to access** and fear increased costs and service loss.
- **Public sentiment is overwhelmingly critical or conditionally opposed**—especially among community-based organizations, funders, public health leaders and patients.
- The OHSU primate research center (ONPRC) is viewed as a reputational, ethical and financial liability.

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## **II. Background & Methodology**

This merger is being reviewed under Oregon’s Health Care Market Oversight (HCMO) program. Filing 039 was submitted by OHSU to cover the operational merger with Legacy Health. A related but separate HCMO filing—Filing 038—was submitted by Legacy Health to restructure its charitable foundation, which would receive up to **\$350 million in Legacy assets**, contingent on the merger.

Between February and March 2025, OHA received over **200 public comments**. These included:

- Organizational letters from labor unions, community-based organizations (CBOs), professional associations and coalitions

- Expert analysis from health economists, attorneys and governance scholars
- Letters from patients, staff and caregivers
- Official comments from public officials, including the Oregon Legislative BIPOC Caucus

This paper categorizes and analyzes these submissions across five major themes: cost and competition, access to care, labor protections, governance and trust, and equity impact. All quotes and summaries are directly cited and sourced.

### III. HCMO Criteria Crosswalk

OHA reviews proposed transactions under specific statutory criteria. The table below compares these benchmarks to findings from the public comment record.

<b>HCMO Review Criteria</b>	<b>Findings from Public Comments</b>	<b>Assessment</b>
1. Cost and Price Impact	Merger increases HHI by 315 points to 1,497. Raises risk of pricing power and insurer control.	Fails
2. Access to Affordable Care	Patients and providers cite reduced access, care delays, and Medicaid coverage gaps.	Fails
3. Equity and Community Benefit	Foundation governance excludes public decision-making; equity investments lack enforceability.	Fails
4. Labor Protections and Workforce Stability	Protections apply only to unionized employees; others face layoffs and reassignments.	Fails
5. Market Competition and Choice	Increased consolidation risks harm to independent providers and smaller systems.	Fails

6. Transparency and Public Engagement	Redacted filings, vague responses, and lack of open planning cited in dozens of letters.	Fails
7. Quality of Care and Integration	No outcome metrics; prior affiliation failed to improve quality or access.	Fails / Incomplete

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#### IV. Stakeholder Sentiment Table

Stakeholder Category	Estimated Support	Conditional	Oppose	Neutral
Labor Unions (SEIU, ONA, AFSCME)	75%	0%	25%	0%
Unrepresented Workers (UE, UFCW)	0%	0%	100%	0%
Community-Based Organizations	42%	33%	25%	0%
Philanthropic Funders	0%	40%	60%	0%
Policy & Legal Experts	0%	33%	67%	0%
Clinical & Professional Orgs	29%	43%	29%	0%
Patients & Public Letters	10%	27%	63%	0%



*Estimates based on review of 200+ formal submissions and individual public comments.*

**Stakeholder Sentiment Summary (Formal Comments Only)**

<b>Stakeholder Type</b>	<b>Submissions</b>	<b>Support</b>	<b>Conditional</b>	<b>Oppose</b>
Labor Unions	4	75%	0%	25%
Community-Based Orgs	12	42%	33%	25%
Philanthropic Funders	15	0%	40%	60%
Policy & Legal Experts	6	0%	33%	67%
Clinical & Professional Orgs	7	29%	43%	29%
Patients & Public Letters	~150	10%	27%	63%

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**V. Thematic Analysis of Public Concerns**

**A. Cost and Market Concentration**

- **Antitrust Threshold Exceeded:** OHSU’s own filing (Exhibit 1) shows that the merger would increase the Herfindahl-Hirschman Index (HHI) by 315 points—from 1,182 to 1,497—exceeding federal thresholds for competitive concern.
- **Pricing Pressure:** OSPIRG, economists Larry Kirsch and John Santa, and multiple patient advocacy organizations argue that consolidation of this scale leads to higher prices, not better outcomes.

- **Transparency Gaps:** Legacy and OHSU withheld unredacted financial projections and revenue models. Experts questioned whether any third-party validated assumptions behind projected savings.
- **Statewide Pattern:** The Brown University report on hospital consolidation in Oregon was cited to show similar mergers have led to higher costs and reduced rural access.

“The increase in HHI from this merger raises red flags under DOJ standards. This should trigger a formal antitrust review.”

— Larry Kirsch, HRL Comment Letter, March 2025

## **B. Access to Care**

- **Service Line Loss:** Commenters expressed concern that the merger would lead to closure or consolidation of services—especially outside of OHSU’s primary campuses.
- **Medicaid & Underserved Access:** Numerous patients reported long waits, provider churn and denials at OHSU, and fear those issues will spread across existing Legacy sites.
- **Site-specific Risks:** Randall Children’s, Unity Center and rural hospitals were specifically named as vital facilities at risk under a centralized system.

“Legacy is the only place I can get gender-affirming care with a short wait. If this goes away, I’m not sure what happens.”

— Public Comment, March 12, 2025

## **C. Labor Protections and Workforce Equity**

- **Uneven Protections:** Unionized employees at Legacy are guaranteed job protections through OHSU labor agreements. Unrepresented workers are not.
- **Concerns from Frontline Staff:** UE and UFCW 555 letters warned of layoffs and a two-tiered labor structure.
- **Support from Major Unions:** AFSCME, SEIU 49, and ONA expressed support due to contract extensions, parity agreements and trust-building language.

“We’re not union. No one is explaining what happens to us after the deal closes.”

— Housekeeper, UFCW 555 Public Comment, March 2025

#### **D. Health Equity and Structural Inclusion**

- **Equity Commitments Not Enforceable:** Many CBOs and funders expressed frustration that merger filings made equity promises without metrics, accountability or public governance.
- **Legacy Foundation Seen as Top-down:** Funders including Inatai, Meyer and 1803 Fund criticized the original foundation design as exclusionary and non-transparent.
- **Support for Revised Model Was Mixed:** Legacy’s revised Exhibit 16 proposal shifted to a two-board model with community grantmaking, but commenters said the structure still lacked enforceable independence.

“Community-led governance is not negotiable. This foundation cannot be handed down from on high.”

— Inatai Foundation Public Comment, March 2025

#### **E. Transparency and Public Trust**

- **Redacted Financials:** Public commenters repeatedly called out missing or redacted exhibits (e.g. 4, 5, 7.4, 7.5), raising concerns about the financial feasibility of the merger.
- **Lack of Public Planning:** Commenters noted that the foundation was announced before community consultation and that hearings lacked bilingual access or local timing.
- **Community Fatigue:** Many letters referenced failed past efforts—citing mistrust in institutions to self-govern without oversight.

“This is being sold as transparent and community-driven. I don’t see it. We deserve better.”

— John Santa, HRL Letter, March 2025

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## VI. Special Issues

### 1. OHSU Primate Research Center (ONPRC)

- **Reputational and Ethical Concern:** The ONPRC was mentioned in over 40 public comments as a source of animal abuse, financial risk and global protest.
- **Regulatory Risk:** The Physicians Committee for Responsible Medicine (PCRM) noted multiple federal violations and lawsuits tied to ONPRC.
- **Merger Leverage:** Multiple letters requested that the CRB condition merger approval on closing ONPRC.

“It is time to hold OHSU accountable and close ONPRC. No public institution should carry this liability.”

— PETA Public Comment, March 2025

### 1. Legacy Foundation (Filing 038)

- **Foundation Tied to Merger:** The foundation cannot proceed unless the merger is approved. It is funded with \$350 million in Legacy’s net assets and 50% of its PacificSource equity.
- **Lack of Independent Governance:** Public commenters noted that the original foundation board was composed largely of Legacy and OHSU insiders.
- **Exhibit 16 Response:** Legacy submitted a revised plan including a 13-member community grantmaking board facilitated by The Giving Practice. Some support letters welcomed this; many critical letters called it insufficient.

“Charitable asset conversion of this scale should not happen without community control and AG oversight.”

— Scott Benbow, Community First Campaign, March 2025

## VII. Conditional Approval Matrix

Condition for Reconsideration	Source(s)
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Independent, community-led foundation governance	Community First Campaign, Inatai Foundation, Legislative BIPOC Caucus
AG oversight of charitable asset transfer	Scott Benbow, Santa, public health law advocates
Equal labor protections for all employees	UE, UFCW 555, unrepresented workers
DOJ review of antitrust and market concentration	OSPIRG, economists, policy experts
Transparent and public financial disclosures	HRL, John Santa, Kirsch, transparency advocates
Guarantees on Medicaid access and service continuity	Patients, CBOs, healthcare navigators
Closure of ONPRC as merger condition	PCRM, PETA, animal ethics community

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### VIII. Timeline of Key Filings and Community Engagement

Date	Event
Nov 2023	OHSU and Legacy announce intent to merge
Jan 2024	Transaction notice submitted to OHA
Feb 2024	Filing 039 (merger) and Filing 038 (foundation) formally submitted
Mar 5, 2025	Community Review Board hearing held
Mar 2025	Over 200 public comments received
Mar 29, 2025	Legacy submits revised Exhibit 16 governance proposal

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## IX. Spotlight on Underrepresented Voices

“I’ve been on OHP for ten years. OHSU wouldn’t take me. Now they’ll own Legacy, too?”

— Public Comment, March 2025 (Document: 039-215)

“As a Black trans person, I’ve already lost care to consolidation. Don’t make it worse.”

— Public Comment, March 2025 (Document: 039-208)

“I’m a housekeeper at a Legacy hospital. We’re not union. Will I still have a job?”

— UFCW 555 Letter, March 2025 (Document: 039-UFCW555)

“I rely on Randall Children’s. If OHSU centralizes services, how do I get care in time?”

— Parent, Public Comment, March 2025 (Document: 039-192-MR)

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## X. Recommendations

1. **Deny the merger in its current form.** The proposal fails to meet the statutory requirements for approval under Oregon’s HCMO framework.
  2. **Condition any future approval** on structural reforms outlined in this white paper—particularly on foundation governance, labor parity, antitrust review and access protections.
  3. **Defer approval of the Legacy Foundation (038)** until a community-led governance process is completed with AG oversight.
  4. **Refer the transaction to the Department of Justice** for review under antitrust law.
  5. **Hold an additional public hearing** focused on the Legacy Foundation’s design, structure and independence.
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## Appendix A: Media Summary Sheet

**Title:** *OHSU–Legacy Merger Faces Broad Opposition, Public Calls for Overhaul*

### Headline Findings:

- Portland hospital market concentration would rise above federal antitrust concern thresholds (HHI +315)
- Legacy Foundation criticized for insider control and lack of enforceable equity commitments
- Non-union workers face job insecurity; unions split in support
- Medicaid access, rural care and cultural responsiveness at risk
- Public sentiment overwhelmingly negative or conditional

### At Stake:

- \$350M in charitable assets (Legacy Foundation)
- \$1B in long-term capital projects
- Regional access for 1M+ patients
- 70+ sites of care, thousands of frontline workers

### Policy Recommendations:

- Deny merger as filed
- Require independent foundation governance and AG oversight
- Refer transaction for DOJ antitrust review
- Hold separate hearing on community ownership of charitable assets

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## Appendix B: Source Index (Sample)

Document Title	Source Type	Upload ID / Filename
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HRL Comment – Kirsch & Santa Memo	Expert Analysis	039_HRL_Comment.pdf
Community First Campaign Legal Memo & Letter	Legal Comment	039-Report-Community-First-Campaign.pdf
Inatai Foundation Comment (with funder sign-ons)	Funders' Comment	038-Inatai-Foundation-Public-Comment.pdf
UFCW 555 Opposition Letter	Labor Comment	039-UFCW555_Letter.pdf
SEIU, AFSCME, ONA Labor Support Letter	Labor Comment	039-Labor-Partners-02102025.pdf
Public Comments (select examples, 039-192, 039-208, 039-215)	Individual Comments	Various
OHSU–Legacy Merger Filing (039)	HCMO Submission	039-OHSU_HCMO-Notice.pdf
Legacy Foundation Filing (038)	HCMO Submission	038-HCMO-Notice.pdf
Exhibit 16 – Foundation Planning Document	Foundation Plan	038-Exhibit-16-Foundation-Workgroup.pdf
OHSU Response to CRB Hearing Questions	Agency Submission	039-OHSU-Response.pdf

**289. No subject, 4/3/25**

Dear OHA and Community Review Board Members,

I am appalled that AFSCME continues to write letters in support of OHSU instead of standing up for their members.



Many AFSCME members may lose jobs because of the governors recent statement and some members who work in the fitness center are being retaliated against for raising concerns about racial bias about how a trainer was treated.

The union seems more focused on being vocal in support of OHSU than vocal in support of its members. If this deal is approved, workers will have less work opportunities because OHSU would be the biggest healthcare employer. Where is the completion in that? Where is the oversight for wrongdoing? Where is the accountability?

Please do what is right and listen to ALL of the community members asking you not to approve this merger. The “hope” of what it “could” be, doesn’t outweigh the risk of what is actually happening now and what will continue to happen. Please for the workers, patients and communities of Oregon, please deny this transaction, we are counting on you.

Thank you.

**290. No subject, 4/2/25**

I am writing in regards to efforts to close the Oregon Primate Research Center. This misguided effort is entirely driven by animal rights advocates, including the Physicians Committee for Responsible Medicine, that are against all animal use in medical research and that are oblivious to the critical work of advancing medical science for both humans and animals. ONPRC must remain open and operational. The false claims made by opponents misrepresent the reality of ONPRC’s work—which is guided by compassion, strict ethical oversight, and a commitment to both scientific progress and animal welfare.

Charlotte Shupert, Ph.D.

**291. No subject 4/2/25**

See the analysis in the Oregonian this morning, 4/2/2025 The data are in. No mergers of health care systems have resulted in any health care savings to patients. The vast majority have produced reductions in services at higher costs. I don't know where Mr. Stadum is getting his information, but for me to believe that the merger will help Oregonians get better health care at more affordable rates, he's going to have to do a

better job of explaining how that will happen and exactly how this merger will be different from historical ones.

Charlotte Shupert, Ph.D.

## **292. The Oregon National Primate Center at OHSU must remain open, 4/3/25**

Dear Governor Kotek,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution.

Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

Setting the Record Straight: Why ONPRC must remain open

False Claim #1: ONPRC mistreats animals.

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health.

Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment.

I worked as an animal care technician and veterinary technician at a similar center for several years. I have yet to meet a vet, vet tech, or animal care team who doesn't love animals. Vets have told me personally they prefer working in animal research to

private practice because animals in research are so much better taken care of than many, many pets.

False Claim #2: Primate research is outdated and unnecessary.

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

False Claim #3: ONPRC research is wasteful and doesn't benefit human health.

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

Why This Matters—For Oregon and Beyond

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.

- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

While I may not be an Oregon resident, I recognize that the work done at ONPRC affects public health, medical innovation, and patient care nationwide. If ONPRC's work is restricted, Americans everywhere will feel the impact—fewer medical breakthroughs, slower development of life-saving therapies, and weakened U.S. leadership in biomedical research.

I worked at an animal research facility for several years, and I cared deeply for the animals. The only reason I changed careers was because caring for animals can be very emotionally taxing over time. I firmly believe that individuals working with research animals want to provide the best care for the animals while investigating important scientific developments. Where would we be without the research that comes from centers like this one? My father was diagnosed with Stage 4 lung cancer in 2018, and we thought he had only weeks or days to live. But he had access to a new medication that had not even been available 2 months before that time. It prolonged his life by several years.

Governor Kotek, I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation. Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Heather Banta

### **293. Why ONPRC must remain open, 4/3/25**

A letter was as a [public comment](#) in support of the Oregon National Primate Research Center by the following individuals:

Arianna Fishman

Mallory Brown, DVM, DACLAM The Keeling Center for Comparative Medicine and Research at The University of Texas MD Anderson Cancer Center

Logan Savidge, Ph.D

Hillary F. Huber, PhD

**294. Please keep the Oregon National Primate Center, 4/3/25**

Dear HCMO,

I recently heard that the Oregon National Primate Center is at risk of closing. If it closes, it will be another major setback for science, in addition to the all the terrible things that Trump is doing to science in this country.

First, the ONPC is a nationally known center, critical for non-human primate vaccine trials and other studies that cannot be conducted in rodents. For instance, studies of women's health can only be conducted in a few species, as rodents do not experience phenomena like menopause like humans do. Studies of gene therapy are also necessary to conduct in non-human primates, as fetal stages differ in rodents.

Second, several other prominent research centers such as Vanderbilt depend on the primate breeding program at the ONPC - it is well known nationally and internationally.

Third, the ONPC is a source of pride for those who live in Oregon and Portland - the viewings available to the public are super. The ONPC is an excellent educational resource for the public to learn about science, nonhuman primate behavior, and it was fascinating to see this large group in a nearly natural communal setting. This is similar in spirit to the forestry center and in my opinion much better than the Oregon Zoo.

Please do not close the ONPC. If funding is at risk, instead allow for fundraising efforts to save the ONPC.

Thank you for your time and consideration.

Lina Reiss

**295. Oregon National Primate Research Center, 4/3/25**

To Whom It May Concern,

I am absolutely stunned to hear that you are even considering closing ONPRC. As a scientist that has been funded by NIH for over 30 years and served on countless NIH review panels, I cannot imagine the damage to health research that would be done by closing this center. I have personally reviewed many grant and center applications

from ONPRC and am always impressed by their outstanding animal care and scientific expertise.

They have done exemplary work in many fields and have developed important models for human diseases. The center is a unique and important part of the scientific profile of Oregon.

Furthermore, just this past year I have transferred substantial grant money to Oregon because of their expertise in developing animal models. ONPRC has expertise in reproductive sciences that no other NPRC has and is critically important to the future of human disease research.

Frankly, I do not understand why a small number of animal rights activists would be able to convince a health care board that ONPRC should close when there are so many Oregon residents as well as countless others around the world that have been helped by the research that has been performed at ONPRC.

Sincerely,

Catherine VandeVoort, PhD

**296. support ONPRC and defend medical advances, 4/3/25**

**Subject: The Oregon National Primate Center at OHSU must remain open**

Dear HCMO,

I am writing to express my **strong support for the Oregon national Primate Research Center (ONPRC)** and to urge you to reject misinformation that threatens this critical research institution.

Recently, **false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's** work and its commitment to both scientific and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

**Setting the Record Straight: Why ONPRC must remain open**

**X False Claim # 1:** ONPRC mistreats animals

\* **Fact:** ONPRC upholds **the highest animal welfare standards**, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animals research is often misunderstood, but the reality is simple: this work is a mission of love- for people and animals alike. Researcher, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health.

Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide **around-the clock care, enrichment and medical attention**, ensuring that all animals receive humane and ethical treatment.

I have been working at ONPRC for 23 years and my wife has been working at ONPRC for 25 years and neither of us have yet to meet a vet, vet tech, or animal care team who doesn't love animals. Vets have told me personally that they prefer working in animal research to private practice because animals in research are so much better taken care of than many, many pets.

**X False Claim #2:** Primate research is outdated and unnecessary.

\* **Fact:** While scientific advancements have introduced alternative models, **no technology fully replicates the complexity of a living system**. Primate research remains **critical** for studying conditions such as **Alzheimer's, Parkinson's (which my father-in-law has), Lupus (which my sister has), infectious diseases and reproductive health** – areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies-but those advancements do not happen without ethical research, including necessary animal studies.

We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

**X False Claim # 3:** ONPRC research is wasteful and doesn't benefit human health.

\* **Fact:** ONPRC has contributed to **breakthrough medical discoveries** that have improved and saved millions of lives. For example:

**Vaccines & Infectious Disease Research-** ONPRC studies were key to the development of **COVID-19, Zika and HIV treatments.**

**Neurological Disorders-** ONPRC research has advanced treatments for **multiple sclerosis, Alzheimer's, and Parkinson's disease.**

**Cancer Therapies-** Studies at ONPRC have led to **new cancer drugs and improved radiation therapies.**

### **Why This Matters- For Oregon and Beyond**

ONPRC is not just an Oregon institution- it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

**A loss of life-saving research** that directly impacts millions of patients.

**A blow to Oregon's economy-** ONPRC supports thousands of jobs and generates millions in federal research funding.

**A shift of research to countries with weaker animal welfare regulations,** rather than maintaining strong ethical oversight in the U.S.

### **My personal Experience with Animal Research and Exceptional Animal Care**

My wife has worked at ONPRC for the last 25 years as a clinical vet technician and I have worked at ONPRC for 23 years managing the Time Mated Breeding program. **We both have direct experience** with the lifesaving research at ONPRC as our twin daughters were born two-months premature. Both now in college and thriving. **Without the research done at ONPRC my twins and many like them would have died at birth.** We give our lives to these animals as they give theirs for ours.

I urge you to stand with science, ethics and progress and to come to the ONPRC and see the amazing animals and work that is being done here and not just believe the misleading words of animal rights extremists. **Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.**



Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation

Sincerely,

Travis Hodge ONPRC TMB Coordinator

**297. OHSU Primate Center, 4/3/25**

Hello,

As an Oregon resident, I ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Thank you for your consideration.

Tahni Fagerberg

**298. Please, 4/3/25**

Please close your monkey experiments and lab. There are many new ways to do medical research now without abusing living creatures who feel pain and fear. Thank you

Carla Williams

**299. I object to the Primate Research Center, 4/3/25**

Please ensure that our public universities and hospitals operate in a humane way. The Primate Research Center at OHSU has violated industry and research standards for years and its use of monkeys and mistreatment of them is a stain on our state.

-Carolyn Lee

**300. No subject, 4/3/25**

I am an Oregon resident who uses Legacy Health, and I am urging OHSU to close its primate research center as a condition of the merger. The Oregon community is overwhelmingly opposed to this cruel and unnecessary practice, and I don't want to be associated with an organization which contributes to it.

Juliette Dunn

**301. No subject, 4/3/25**

I believe that Oregon Health Sciences University should close its primate research center. Conditions for the monkeys are inhumane and too many of the center's experiments are cruel and could be replaced with non-animal alternatives.

Jim Jensvold

**302. No subject, 4/3/25**

As a Portland resident, I urge you to make the closure of OHSU's primate research center a condition of its merger with Legacy Health. The inhumane treatment of animals at the center is unacceptable, and many of the experiments could be replaced with non-animal alternatives. Please take this opportunity to stand up for ethics and compassion in Oregon's healthcare system.

Julian Pscheid

**303. No subject, 4/3/25**

Please ensure that the merger is contingent on closing the OHSU primate center! This will be not only an economically sound decision, but a humane and compassionate one, ending the painful and unnecessary animal experimentation practiced there.

Sandy Miller

**304. No subject, 4/3/25**

In 1981, I did a summer internship at what was then called Oregon Regional Primate Research Center. That was a long time ago, but the scenes I witnessed there still haunt me. I had hoped that things there might change, but after some research on the facility, I see that apparently that is not the case. Nothing has changed. In fact, the situation may be worse.

These sentient animals who feel pain and distress emotionally and physically should not be confined in cold metal cages, and then experimented on in cruel ways. Often, the research is unjustified and unnecessary. Even if it is deemed necessary, there are other ways to conduct research for humans. The only reason monkeys are used is because they are our close relatives. I can't imagine subjecting my own relatives to such a terrible situation. Can you?

Perhaps my viewpoint may seem extreme to you, but I have worked with animals for more than 50 years. I know they experience pain and they have deep emotions, just as we do. I also know that these monkeys are social and it is a travesty to place them alone in cages, especially the babies who have been taken from their mothers.

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Barbara Shor

**305. No subject, 4/3/25**

You need to close the primate research center as soon as possible. In this day and age, these sentient beings need to be set free into a sanctuary.

Lora Meisner

**306. No subject, 4/3/25**

As an Oregon resident, I am appalled that you are still using primates in research. These beautiful sentient beings do not deserve to be tortured or locked in cages, and I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Heather Hellyer

**307. No subject, 4/3/25**

I support the closure of the OHSU Primate Research Center. Primates are our closest biological relatives and they are sentient beings capable of feelings like us. They should not be used for intrusive medical research and kept in cages.

Richard Weber

**308. Public Comment-OHSU Legacy Merger, 4/3/25**

The Oregon Trial Lawyers Association submitted a [public comment](#) and an [analysis of the OHSU-Legacy transaction](#).

**309. OHSU, 4/3/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Thank you,

Heidi Hart-Zorin

**310. OHSU-Legacy Health, 4/3/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health. I worked at the primate center as a veterinary resident some years ago and was appalled by the treatment of animals there. As I have followed it through the years, I see that the care of animals has only gotten worse. Please close it down!

Thank you,

Barbara Shor, DVM

Ashland Oregon

**311. The Oregon National Primate Center at OHSU must remain open, 4/3/25**

Rori Hodge submitted a [public comment](#) supporting the Oregon National Primate Center to remain open.

**312. No subject, 4/4/25**

For years now I have been aware of the cruelty inflicted by OHSU at its primate research center. These are intelligent animals who have a capacity to suffer. Yet more and more such research can be eliminated. The Physicians Committee for Responsible Medicine has found alternatives to the use of animals in medical research and advocates “more effective scientific methods.” As these physicians indicate, “The Physicians Committee is leading the way in urging scientists to replace the use of animals with human cells, tissues, and other human-relevant models in medical and nutrition research.” I have heard about some treatment of these primates at OHSU that include cruel psychological tests (removing baby primates from their mothers). If Oregon is to be a state that upholds humane practices this research center must go. I certainly will sleep better at night.

Hillary Tiefer

**313. No subject, 4/4/25**

Close the Primate Center

Delores Porch

**314. No subject, 4/4/25**

Please stop research on primates. The practice is cruel and unnecessary.

Adrienne Catone

**315. No subject, 4/4/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Steven Storla

**316. ONPRC, 4/4/25**

To Whom it should concern,

I am a relatively new Oregon resident and now retired. Last year I joined the OHSU primate center IACUC. The IACUC is the committee that oversees all work at the primate center that focuses on the welfare of the animals. I joined as a volunteer and independent member. I also joined with many reservations as I am very much an animal lover.

I have recently seen tv commercials that promote the primate center as an uncaring organization and should be shut down. These commercials are typical of political type commercials that take an incident or issue and air it as the reality of the situation. They leave out all the good that comes out of this facility and how well it's run and how the oversight of the IACUC manages the welcome of animals.

Maybe what is behind these commercials is a push to privatize this type of work where the results are not shared globally but use by companies to generate profit. I am sure that the oversight of animal welfare in the private sector will be trumped by profit expectations.

Whatever the reasons for the push to close the primate center, I urge the HCMO to get all the facts and not be swayed by commercials or people with their own agenda.

I consider the work at the ONPRC vital and that the oversight of animals in the facility is carried out in a humane way.

Sincerely,

Michael Nicholson

**317. Voicemail, 3/28/25-current**

OHA received over 300 voicemails in support of closing the primate research center. OHA is working on transcribing the voicemails and will post the transcription as soon as they are available.

**318. No subject, 4/4/25**

Please close the Primate Center. Despite what OHSU may say, the facility is not needed. We have many more efficient, effective, safe and most of all cruelty free ways for medical testing. And the OHSU Primate Center has the worst care taking record of all the Primate Centers in the country. It's absolutely time for this facility to close. All of us can help with the effort to re-home the primates. Thank you.

Susan Gomberg

**319. No subject, 4/4/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health. Even Harvard University closed its center because performing horrific experiments on primates is not only cruel but also unnecessary. Taxpayer grant money is being wasted on experiments that have no scientific value.

Thank you for your consideration of my request.

Jenine Moscové

**320. No subject, 4/4/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health

Sara Grusing

**321. The Oregon National Primate Center at OHSU must remain open!, 4/4/25**

Kim Saunders submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**322. Please Close OHSU Primate Center!, 4/4/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health. Even Harvard University closed its center because performing horrific experiments on primates is not only cruel but also unnecessary. Taxpayer grant money is being wasted on experiments that have no scientific value.

Thank you for your consideration of my request.

Jenine Moscové

**323. OHSU primate research, 4/4/25**

I implore the state of Oregon to end all research involving live primates at the OHSU primate research facility.

Such research is exceedingly cruel to the animals and is unnecessary to forward medical research, as viable alternatives are available.

Thank you.

Keith Moe

**324. Please post today so CRB can read these brief suggestions. Thank you., 4/4/25**

Neal Barnard submitted a [public comment](#) regarding the Oregon National Primate Research Center.

**325. The Oregon National Primate Center at OHSU must remain open, 4/4/25**

Mary Dickerson submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**326. Re: OHSU Legacy merger comment, 4/4/25**

[A public comments](#) was submitted.

**327. No subject, 4/4/25**

I would like to voice my serious concerns about the decision to pursue the closure of the Oregon National Primate Research Center. As everyone is undoubtedly aware, the landscape for scientific research in our nation is increasingly under threat from the federal government. The groundbreaking translational research conducted at this center is vital for advancing effective clinical treatments for serious human diseases. Without this essential work, we risk losing access to life-saving therapies that should be available to everyone, regardless of their financial means. Additionally, closing this facility would undermine the importance of scientific progress and contribute to a wider culture of suppressing critical research. I urge the Governor to reevaluate this decision for the overall health and prosperity of our society.

Lisa Chun

**328. No subject, 4/4/25**

Dear OHSU officials:

I am writing to urge you to require that the Oregon National Primate Research Center (ONPRC) be permanently closed as a condition of the OHSU/Legacy merger. ONPRC has a history of Animal Welfare Act violations resulting from its cruel experiments and inhumane conditions. Much of the research is of dubious value and could be replaced with methods that do not use animals. Animal research, especially on primates, has declined nationwide--why is Oregon so far behind the curve?

Although I'm a proud union member (AFSCME) and a cancer survivor, I do not think that the workers' jobs or very slim potential of medical advances justify the ethical and policy ramifications of keeping ONPRC in operation.

I believe the majority of Oregonians are against ONPRC, or would be if they knew the reality of what was happening there. Please listen to Oregonians and require that ONPRC be closed as soon as possible.

Esther Westbrook

**329. The Oregon National Primate Center at OHSU must remain open, 4/4/25**

Dear Governor Kotek,



I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution. Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

Setting the Record Straight: Why ONPRC must remain open False Claim #1: ONPRC mistreats animals.

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health. Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment. I have yet to meet a vet, vet tech, or animal care team who doesn't love animals. Vets have told me personally that prefer working in animal research to private practice because animals in research are so much better take care of than many, many pets. As a veterinarian who currently works with non-human primates in research setting and used to work in private practice, I can tell you this is true. My experiences in private practice were traumatic. The number of animals that I treated with preventable diseases, or diseases that were left untreated for a significant amount of time were heart breaking. In research, veterinarians oversee all aspects of the animal care and work to ensure that appropriate animal care is given each day.

False Claim #2: Primate research is outdated and unnecessary.

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide

complete answers. The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

False Claim #3: ONPRC research is wasteful and doesn't benefit human health.

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

Why This Matters—For Oregon and Beyond ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

Why I'm Writing, Even from Outside Oregon While I may not be an Oregon resident, I recognize that the work done at ONPRC affects public health, medical innovation, and patient care nationwide. If ONPRC's work is restricted, Americans everywhere will feel the impact—fewer medical breakthroughs, slower development of life-saving therapies, and weakened U.S. leadership in biomedical research.

Governor Kotek, I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation. Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Diane Stockinger, DVM, DACLAM

**330. Support for the Oregon National Primate Research Center (ONPRC),**

**4/5/25**

Dear HCMO,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution.

Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

Setting the Record Straight: Why ONPRC must remain open:

False Claim #1: ONPRC mistreats animals.

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health.

Veterinary, technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment.

I have yet to meet a vet, vet tech, or animal care team who doesn't love animals. Vets have told me personally that prefer working in animal research to private practice because animals in research are so much better taken care of than many, many pets.

False Claim #2: Primate research is outdated and unnecessary.

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases,

and reproductive health—areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies.

We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

False Claim #3: ONPRC research is wasteful and doesn't benefit human health.

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

Why This Matters—For Oregon and Beyond

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

Why I'm Writing, Even from Outside Oregon

While I may not be an Oregon resident, I recognize that the work done at ONPRC affects public health, medical innovation, and patient care nationwide. If ONPRC's work is restricted, Americans everywhere will feel the impact—fewer medical breakthroughs, slower development of life-saving therapies, and weakened U.S. leadership in biomedical research.

My Personal Experience with Animal Research and Exceptional Animal Care: We know someone who has worked for many years as a primate behaviorist and technician at ONPRC; we have seen firsthand that she and her colleagues care deeply for the welfare of the animals. Every day they uphold exceptional principles of compassion and regulatory oversight.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.

Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Elissa Bernstein

**331. Keep Oregon National Primate Research Center (ONPRC) open and serving people and animals!, 4/5/25**

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to keep it open and continuing its important work.

False claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care. I know several ONPRC workers and they care deeply for the welfare of the animals. Every day they uphold exceptional principles of compassion and regulatory oversight.

Please support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.

Matthew Bernstein

**332. No subject, 4/6/25**

I've a long acquaintance with the primate center as a former director is the father of a childhood friend of my husband. I have a strong interest in animal welfare and I sit on the board of a rescue organization.

The primate center should be closed. It has a long history of inhumane treatment. Many of the center's experiments are cruel. And the Center is no longer doing what is considered critical research - and the matters could be replaced with non-animal alternatives.

Thank you for your consideration. Please take this opportunity to do what is right and move Oregon ahead.

Dana Brown

**333. No subject, 4/6/25**

It is unbelievable that in this day and age we would subject intelligent primates to, basically, torture in what we call "the name of science". One future day we are going to be judged very harshly for our lack of compassion for animals. Please do the right thing and stop hurting our fellow travelers here on earth.

Daniel Arthur Dizney

**334. No subject, 4/6/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health. Thank you for your consideration.

Philip Mandel

**335. Primate torture, 4/6/25**

Please stop the abuse as part of allowing this merger, We are beyond the medieval practices.

Thank you,

Don Hamon

**336. public comment re: the OHSU and Legacy Health potential merger and the OHSU primate center, 4/6/25**

To the Honorable Members of the Community Review Board and the OHA,

I'm writing to urge you to include the closure of the OHSU primate center as a condition of the merger between OHSU and Legacy Health.

I had the privilege to work with doctors, professors, anthropologists, former animal researchers, and other experts who taught me how flawed and cruel the reliance on using animals in medical research is.

Rather than outline the many reasons using animals in research fails both humans and animals, I will include a link to an essay by Dr. Hope Ferdowsian, an internal medicine, preventive medicine, and global public health physician, who has worked extensively in this arena.

She cogently and succinctly outlines just some of the many scientific and ethical problems regarding using animals in research here:

<https://www.phoenixzonesinitiative.org/how-using-animals-in-experiments-fails-both-humans-and-animals/>.

Or you can see her fantastic and short (20 minute) webinar here:

<https://www.youtube.com/watch?v=2EuBOCv1oew>, which outlines many of the same points.

Closing the OHSU primate center is the right thing to do, for both people and animals, and it will save money as well.

Thank you,

Marsha Rakestraw

**337. No subject, 4/7/25**

Please consider other options for your research, not primates. Primate research is cruel and inhumane to the primates, and limited in its applications to humanity. Seems wasteful and senseless to many in your community. Please stop.

Laura Thomas

**338. No subject, 4/7/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Rachel O'Flaherty

**339. No subject, 4/7/25**

I'm an Oregonian and would very much like to encourage you to make the closure of the primate research center a condition of the merger. This inhumane facility has been an embarrassment for many, many years. Much of the research that is being done is irrelevant and only compounds the suffering of the animals in captivity. This is a good chance to admit we have developed much safer, humane treatments for research and close this facility down for good.

Amy Wilson

**340. No subject, 4/7/25**

I have read opinion articles on both sides of the issue to continue or shutdown the operations of the OHSU primate research lab. I agree with Rep Gomberg, Tina Kotek, Neil Barnard, and others that the lab is no longer needed. Science has progressed, the research director has not. Common sense and humanity far outweigh the cost of transferring employees and rehoming healthy primates. It is good to know that the research director advocates for compassionate care for the primates under his care so the process although creating a one time expense should go smoothly with his guidance.

Linda Watts

**341. No subject, 4/7/25**

OHSU Primate Research Center must be closed! There are better methods of conducting medical research than abusing animals.

Dianne Rockholt

**342. Close the OHSU Primate Center, 4/7/25**

Please close the OHSU Primate Center. Such research is no longer necessary.

Eileen DiCicco

**343. No subject, 4/7/25**

THANK YOU CRB members for listening to the communities across Oregon that you represent and making the recommendation to not approve. I can imagine it was a difficult decision, but appreciate all your research. Nothing in healthcare feels perfect right now, but approving a healthcare conglomerate during this time of uncertainty seems dangerous. Especially since we couldn't take it back. I agree with everyone who has said if this is the right move then OHSU and Legacy should resubmit their



application, maybe with more of a merger/partnership approach. Why rush something that can have lasting repercussions for our state!

**344. No subject, 4/7/25**

I strongly agree that the Oregon's National Primate Research Center should be phased out. With the new technology and AI's, there is no reason to use intelligent animals cruelly for research. What kind of humans are we. Sorry if people will lose their jobs, but that is the way of the world. Please stop this cruelty.

Christine Wisniewski

**345. No subject, 4/7/25**

Please close the OHSU primate research facility. It has a long record of documented animal welfare violations. Using primates for medical research is cruel and outdated--especially ""experiments"" on monkeys to supposedly establish already known facts about human diseases.

It would be a better use of the money used to keep this cruel facility operating to instead have more staff with job security after the Legacy merger to better treat patients.

Thank you, Kerri Tyler

**346. No subject, 4/7/25**

Thank you, CRB! I am certain this was not an easy process but I appreciate your commitment and ultimately your unanimous vote to disapprove of this transaction. I'm a patient of Legacy and reluctantly, OHSU, as well. I was terrified that the issues that plague OHSU would become the norm at Legacy too. They're a terribly run hospital and to think they would be responsible for even more hospitals is truly scary. Our community deserves more access, not less and competition will ensure that's possible. I'm very scared that OHA will ignore the public and that the governor will interfere, but what you voted does matter. I wanted to make sure that the voices of patients were heard as I'm sure all the special interest groups that will unfairly from the transaction will be loud. All my best and appreciation.

Sherry King

**347. Support of ONPRC, 4/7/25**

Chae submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**348. The decision is clear. OHA must reject the OHSU-Legacy merger, 4/7/25**

To the Oregon Health Authority:

The Community Review Board has now unanimously voted to disapprove the proposed OHSU–Legacy merger. Hundreds of public comments—across communities, professions, and lived experiences—have overwhelmingly opposed this transaction. And the professional research is clear: hospital consolidation leads to higher costs, fewer choices and deeper inequities.

The current application does not meet the criteria required under Oregon law. It does not demonstrate how it will control costs, improve access in underserved areas, address structural health disparities or protect the public from harm. The burden of proof was on the applicants, and they failed to meet it.

The ball is now in the OHA’s court. Your role is not to reinterpret the CRB’s decision or downplay public concern—it is to uphold your responsibility to the people of Oregon. If this merger is approved despite unanimous opposition from the Community Review Board and the public, even with conditions, it will represent a serious erosion of public trust and raise fundamental questions about the integrity of the review process.

Moreover, such a decision would lower the bar for all future transactions. It would signal that even a vague, incomplete and unpersuasive application can be approved—setting a dangerous precedent for unchecked consolidation across Oregon’s healthcare system.

This merger must be rejected in its current form.

Respectfully,

Oregon resident and health care advocate

**349. Primate Research. 4/7/25**

Using primates for medical experiments is cruel and must stop! There are better methods to obtain information than abusing animals.

Dianne Rockholt

**350. Closing the Oregon National Primate Research Center is a grave mistake,  
4/7/25**

To the HCMO,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution. Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

Setting the Record Straight: Why ONPRC must remain open

False Claim #1: ONPRC mistreats animals.

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health. Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment. I've never met someone yet in this and related professions who doesn't have a deep love and care for their animals.

False Claim #2: Primate research is outdated and unnecessary.

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

False Claim #3: ONPRC research is wasteful and doesn't benefit human health.

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

Why This Matters—For Oregon and Beyond

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.
- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

Why I'm Writing, Even from Outside Oregon

While I may not be an Oregon resident, I recognize that the work done at ONPRC affects public health, medical innovation, and patient care nationwide. If ONPRC's work is restricted, Americans everywhere will feel the impact—fewer medical breakthroughs, slower development of life-saving therapies, and weakened U.S. leadership in biomedical research.

## My Personal Experience with Animal Research and Exceptional Animal Care

In the facilities I've worked in, people go above and beyond to see that the animals are happy and healthy. The amount of creativity that comes out of our facilities to keep giving these animals novel entertainment would floor you.

Thanks to primate research in the Kiem laboratory, we now have cures for HIV. What was once a death sentence, and even now is a lifelong sword of damocles, could soon be curable.

The human impact of cutting this research cant be understated. This research has to happen, and by closing ONPRC you'll be shunting the burden of it onto those oregon citizens poor and desperate enough to have no real choice.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.

Thank you for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Riley Fischer,

WANPRC Animal Technician

### **351. Support: closing OHSU primate research center, 4/8/25**

For several years I worked as a writer for a premier university research hospital. During that period, there was also primate research being conducted that was cited for extreme cruelty and neglect. An esteemed congressional representative from our community was so disgusted by the indifference and arrogance of the researcher involved that he made personal appeals to the university to cease and desist this research...which many medical experts deemed of little value to human beings.

The worst part of this ugly battle, aside from that of the horrific cruelty to the primates, was the shame and humiliation that other university doctors and staff felt from being associated with a facility that turned a blind eye to a complete lack of ethics and integrity in this research.

I urge OHSU to close its Primate Research Center immediately and ensure that the animals involved receive appropriate medical care and sanctuary. Don't let pride stand in the way of working with reputable, experienced nonprofits that can assist in this care. You have a moral obligation to do so.

Tonya Light

Salem, Oregon

**352. Oregon National Primate Research Center, 4/8/25**

Dear Board Members:

I am writing to you as a veterinarian, on behalf of Action for Primates, which campaigns on behalf of non-human primates globally, and as someone who has been involved in academia and research for several decades and has served on my university's animal use committee for several years.

We were pleased to learn that Governor Kotek and several Oregon state representatives are calling for closure of the Oregon National Primate Research Center (ONPRC).

Using non-human primates, our closest biological relatives in the animal kingdom, in research and subjecting them to situations we would never allow for ourselves, is fundamentally immoral as well as scientifically contentious. The world literature is replete with examples of studies that show substantial differences between human and non-human primates, rendering results of studies on the latter unreliable when applied to humans.

The ONPRC is notorious for studies which not only are scientifically unreliable, but also cause substantial suffering and death for the monkeys used. Some of these incredibly inhumane experiments include forcing monkeys to become 'alcoholics' and cocaine 'addicts'; forcing them to consume cannabis; altering the diets of pregnant monkeys and then killing the babies, either while in the uterus or after they are born, causing untold distress for the mothers. Below, I list just a few of these published in the last two years.

For compassionate and fiscal reasons, the ONPRC must close. After my sign off, I include a letter we wrote to various directors of the National Institutes of Health

concerning just one of the projects they funded at the ONPRC. I hope that letter will provide you with some information to help you decide whether to close the ONPRC.

If I can be of any assistance in this issue, please let me know.

Sincerely,

Nedim C Buyukmihci, V.M.D.

**353. No subject, 4/7/25**

I believe in phasing out the primate center. With all the technology and AI's we have now, this is a archaic way to do research and cruel. What kind of people are you that can treat this smart animals so cruel.

Christine Wisniewski

**354. OHSU, 4/7/25**

Regarding the merger of OHSU and Legacy. Please do not confirm this merger unless OHSU closes their horrible research department that uses sensitive monkeys in horrendous in their so-called research and experiments. These are sentient creatures who do not deserve the inhumane treatment they receive.

Tim and Mary Evens

**355. No subject, 4/8/25**

I would like to offer my heartfelt appreciation to the Community Review Board for their thoughtful participation in reviewing the proposed OHSU-Legacy transaction over the last few months. I listened with interest yesterday as the CRB weighed a variety of considerations and ultimately voted unanimously to not recommend approval of the transaction. CRB members expressed well informed concerns that the transaction will result in increased costs for healthcare consumers, concerns supported by ample peer reviewed studies and evidence. Thank you to the CRB for making a recommendation that is truly in the best interests of all Oregonians. I urge the Oregon Health Authority to honor the recommendation the CRB and disapprove this transaction.

**356. No subject, 4/8/25**

As an Oregon resident, I respectfully ask that you represent the community and include the closure of the primate center as a condition of the merger between OHSU and Legacy Health.

Jane Michaud

**357. No subject, 4/8/25**

I am a OHSU Nursing graduate and 21-year Legacy employee. I support this combination 100%. I am writing this as a private citizen. I am rather disheartened by the OHA Community Review Board's disapproval. I find it to be ill informed and without rigor. It is troubling that a large portion of the board did not show up to vote or noted a conflict of interest at the last moment. These are two non-profit health systems who care for our sickest, most needy Oregonians. We do not want Legacy without a viable partner that does not share this vision and goal. If a private equity or for-profit health system acquired Legacy, Oregonians would certainly be far worse off. I hope that the final decision will be made with clear objective data. Please approve the combination of these two organizations.

Jennifer Merrill

**358. No subject, 4/8/25**

I would like to know how a public institution, funded by Oregon taxpayers, and serving Oregonians (and Washingtonians) is being run by out of state executives? Especially in the HR function. So my taxpayer dollars are going into another state's economy?! How can you know the needs of the community if you do not live there?! What happens if Legacy leaders are laid off? They will go on Oregon/Washington unemployment while state funds continue to pay executives in other states, and their salary dollars and taxes will go to the state they reside in. If this merger goes through, a condition must be that all OHSU executives should have to reside in one of the two states where OHSU (and Legacy) conduct business.

<https://www.wweek.com/news/2024/03/06/when-hiring-hr-leaders-ohsu-looks-past-oregon-to-a-hospital-system-in-ohio/>

JT Scheufele

**359. No subject, 4/8/25**



I think this is a terrible idea and decreases the free market and is anti-competitive. Providence and Legacy/OHSU will be the only trauma hospitals in the area, and all organizations are doing a terrible job currently. This does not bode well for Oregon residents or employees, as contractions have already occurred that are causing patients to have less choice, and layoffs to employees. In the end, this leads to unsafe environments for all.

David Therrattil

**360. Support the ONPRC, 4/8/25**

To Whom It May Concern,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution. Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to both scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care

Setting the Record Straight: Why ONPRC must remain open

False Claim #1: ONPRC mistreats animals.

Fact: ONPRC upholds the highest animal welfare standards, exceeding the requirements of the Animal Welfare Act and USDA oversight. Animal research is often misunderstood, but the reality is simple: this work is a mission of love—for people and animals alike. Researchers, veterinarians, and animal care teams dedicate their lives to advancing medicine, ensuring the highest ethical standards, and protecting both human and animal health. Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians, such as myself, and other animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment. In fact, many veterinarians and veterinary technicians choose to work in biomedical research because the care given is often more humane than that in private practice, including for pets.

False Claim #2: Primate research is outdated and unnecessary.

Fact: While scientific advancements have introduced alternative models, no technology fully replicates the complexity of a living system. Buzzwords like AI, quantum computing, and tissue chips are hyped as imminent animal replacements, but these methods are decades from viability, if ever. Primate research remains critical for studying conditions such as Alzheimer's, Parkinson's, infectious diseases, and reproductive health—areas where animal-free methods cannot yet provide complete answers.

The public demands new medicines, vaccines, and therapies—but those advancements do not happen without ethical research, including necessary animal studies. We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals.

False Claim #3: ONPRC research is wasteful and doesn't benefit human health.

Fact: ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example:

- Vaccines & Infectious Disease Research – ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments.
- Neurological Disorders – ONPRC research has advanced treatments for multiple sclerosis, Alzheimer's, and Parkinson's disease.
- Cancer Therapies – Studies at ONPRC have led to new cancer drugs and improved radiation therapies.

Why This Matters—For Oregon and Beyond

ONPRC is not just an Oregon institution—it is a national leader in biomedical research, driving medical innovation across the country. Restricting or closing ONPRC would mean:

- A loss of life-saving research that directly impacts millions of patients.
- A blow to Oregon's economy—ONPRC supports thousands of jobs and generates millions in federal research funding.

- A shift of research to countries with weaker animal welfare regulations, rather than maintaining strong ethical oversight in the U.S.

### My Personal Experience with Animal Research and Exceptional Animal Care

I have worked in the field of nonhuman primate research and veterinary care for almost 25 years, starting as a research technician and working my way to becoming a veterinarian. I have visited many primate facilities during my career, and I can say confidently without boasting that the Oregon National Primate Research Center is one of the best NHP animal care programs in the United States. Unfortunately, no NHP program is without mistakes, some of which are tragic, and our detractors are dedicated to retelling them forever with no care for context or our accomplishments. However, never before have I worked with such a conscientious and dedicated group of individuals who work tirelessly to prevent harm to the animals in our care and make our program better year after year. It is my honor to work at the ONPRC and I hope the people of Oregon learn to appreciate it as I do.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject misleading attacks that threaten both Oregon's research leadership and the future of medical innovation.

Thanks for your time and consideration. I appreciate your commitment to facts, animal welfare and compassion, and Oregon's place as a leader in medical innovation.

Sincerely,

Robert Zweig, DVM

### **361. Support for the Oregon National Primate Research Center, 4/8/25**

Dear Oregon Health Care Market Oversight Program

I am writing to express my strong support for the Oregon National Primate Research Center at OHSU. The PCRMO incorrectly portrays the ONRPC as a holdover from the past. Nothing could be further from the truth. The National Primate Centers are as important as they were sixty years ago when they were started by NIH. Then, as now, they are doing critical research in infectious diseases, neurodegenerative diseases, and metabolic disorders. Nonhuman primate research was essential in the development of a COVID vaccine during the COVID pandemic. All vaccines on the market were tested in nonhuman primates. Is the Health Care Board ready to tell the

citizens of Oregon that vaccine development isn't important to their health? That finding a cure for Alzheimers or Parkinsons Disease isn't important?

Academic biomedical research is currently under attack by the Trump regime and they are succeeding in destroying the leadership role that the United States has played in health care research. Don't become an accomplice in this effort. The closure of the ONPRC would come at a time when China is expanding their use of nonhuman primate research because their leaders understand the importance of biomedical research to their citizens. Don't become a MAGA advocate and aid in the decline of health care research in the United States.

The ONPRC has had citations in the past. So has any biomedical research facility using animals. The ONRPC has an outstanding reputation among it's peers and that continues under the leadership of Dr. Skip Bohm. I strongly urge you not to join the Republican effort to destroy our scientific infrastructure but instead support the ONPRC and best serve the citizens of Oregon and the United States.

Sincerely,

Jeffrey Roberts DVM DACLAM

**362. No subject, 4/9/25**

I am a Legacy employee, and I do not support this merger. Legacy has a unique culture of respect and kindness that employees and patients both enjoy. I do not want to lose this to OHSU swallowing up Legacy when OHSU is known for routine scandal and issues with mismanaging challenging situations.

Claire Hanway

**363. 039-Legacy/OHSU 4/7/25**

A [public comment](#) was submitted by Jess O'Donnell at Family Forward Oregon

**364. Submission re proposed OHSU/Legacy merger, 4/9/25**

Martin Gaynor and Barak Richman submitted a [public comment](#).

**365. legacy ohsu, 4/9/25**

Hi I am a registered nurse at Legacy Silverton. As a nurse I believe the joining of the 2 hospitals will be very beneficial to staff, nurses in particular. OHSU has vast

improvements in working conditions, and benefits. When staff are treated well, and compensated well, this also benefits patients, and staffing ratios improvements also benefit public and patients. Safety and health of our patients depends on a well planned out team, availability of staff and providers, good staff team, with appropriate ratios, and availability of the care the community needs to be available, specialists available close to home when possible. Ohsu running the 2 hospital systems would be able to provide consistency and more efficiencies in a lot of areas the community needs. People being able to utilize any of the facilities and specialists across the 2 systems is going to provide more availability and access. Staff will be able to have more places to work across the board, more choices and be able to find the right fit easier.

I encourage the community review board to recommend passing the merger, and improve nurses, staff and patients choices and care and benefits.

Thank you for your time.

Aaren Brown RN, BSN

**366. Keep ONPRC open. Biomedical Research saves lives. 4/9/25**

Hello Oregon State public employee,

You represent me and my interests. I am an employee at OHSU working in the Primate Genetics Core and I would like to continue doing so.

Please read the following facts and support life saving research in these troubling times.

Information about the campaign to close ONPRC

- The campaign to close the Oregon National Primate Research Center comes at a time when science at OHSU and elsewhere across the country is threatened by the new federal administration's actions and policies.
- We call on the people of Oregon to support OHSU and the importance of science as we navigate this period of extraordinary uncertainty, and to understand OHSU needs maximum flexibility to determine how to best respond to external threats to our missions.

- We do not yet know which research programs at OHSU will be able to survive the funding cuts that we expect to arise from shifting priorities of the National Institutes of Health and other agencies that support biomedical and health research. Accordingly, OHSU's president formed a Research Restructuring Commission in February 2025 to help advise leadership in making any difficult decisions that may be required in the future. The goal of any future changes will be to retain high-quality, high-impact research programs that can be funded in present and future environments.
- While we believe deeply in the power of scientific research and innovation, all research programs at OHSU are at risk, including the ONPRC. Future decisions about the status of any OHSU research program must be made strategically by OHSU, not in a reactive manner, and only when the funding picture is clearer.
- As the Research Restructuring Commission and OHSU leadership grapple with ongoing threats and contemplate difficult choices, people must understand the real impacts of these potential decisions. For example, closure of the ONPRC would have the following consequences:
  - o Layoffs of hundreds of highly trained, highly specialized faculty and staff. Because there are few open positions at OHSU (most units are fully staffed and many open positions are not being filled due to funding constraints) or at other institutions (due to hiring freezes resulting from federal actions and policies impacting biomedical research funding), where these employees would find employment is uncertain. Specifically, there are 187 members of Research Workers Union; 181 members of AFSCME 328; 82 unclassified administrative staff; 73 faculty; 6 postdoctoral fellows; and 32 graduate students.
  - o Loss of tens of millions of dollars in research funding (16% of OHSU's total research funding). The ONPRC has \$63.9 million in research funding, and the Vaccine & Gene Therapy Institute, which mostly conducts research in nonhuman primates, has \$24.7 million.
  - o Estimated cost of more than \$100 million to close the facilities, without OHSU resources to do so. When research stops, grant money cannot be used to fund expenses. Moreover, OHSU would need to decommission extensive facilities and infrastructure, and rehome more than 5,000 nonhuman primates, or NHPs. OHSU does not control the disposition of the land on which the ONPRC resides. The NIH has

funded the primate center's facilities and operations for many decades, and NIH approval is required for any sale of the property and would likely limit the proceeds available to OHSU.

o Loss of critical ONPRC research projects that positively impact peoples' lives; examples include:

- Infectious disease research -- nearly all vaccine development uses NHPs, including the development of a universal flu vaccine that recognizes all forms and only needs to be administered once, as well as vaccines for HIV, yellow fever and West Nile virus.
- Reproductive biology and development research -- including demonstration that vitamin C benefits smoking pregnant women.
- Neuroscience research -- including work showing that gene therapy leads to major reduction in alcohol use disorder and the reversal of congenital blindness.
- Although NHPs represent fewer than 1% of all animals used in research, their contribution to human health continues to be necessary because cell culture and other alternative models cannot mimic complex organisms. While AI holds promise for finding treatments, it relies on preclinical and clinical information. As the human population ages and rates of diseases like Parkinson's

Samantha Martin

**367. No subject, 4/10/25**

As a Legacy employee for the past 12 years, I grow more and more concerned with the looming (potential) merger with OHSU. I am well aware of Legacy's financial state. I worked through the pandemic; witnessed first-hand how fast money flew out the door to provide new equipment, PPE, and most importantly, travel staff to keep our hospitals operating. Treating these patients was long, and complicated. Reimbursement rates were beyond inadequate for these patients staying two, three, sometimes four months in our hospital system.

As you know, Legacy takes care of the un-or-underinsured, with 36-47% of our patient population on Medicare, and 19-27% on Medicaid. This is a point of pride for Legacy employees: that fact that someone with government-sponsored, inefficient health insurance can still get quality care at one of our great hospitals. But this generosity is part of the reason we're in this current financial situation.

Reading the Lund Report's findings, and the recent decision from your very own Community Review Board on the negative effects this merger will have on our community, it is clear to me that OHSU is not the answer to Legacy's problems.

Through hard work and system-wide buy-in, Legacy has made serious headway in righting the ship on its finances. Though we are still losing money, my hospital actually MADE money last quarter. This tells me we're doing something right. Moody's declared Legacy Health as "stable" this past December. All encouraging progress.

Do I think Legacy will be able to become profitable without help? Probably not.

Do I think joining with OHSU is the best/only answer to Legacy's financial problems? Certainly not.

Do I think Legacy becoming OHSU will do more harm than good for our patients, and our state? Yes I do.

Thank you for reading my long-winded ramble. You have a monstrous decision on your hands. I appreciate you taking your time with this, and doing your homework.

Katie Varco

**368. The Oregon National Primate Center at OHSU must remain open, 4/12/25**

Jonah Sandford submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**369. Keep ONPRC Open!, 4/14/25**

Cynthia Sanders-Jones submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**370. Support for the Oregon National Primate Research Center, 4/14/25**

Mark Murchison submitted a [public comment](#) in support of the Oregon National Primate Center.

**371. Letter in support of Oregon National Primate Research Center, 4/14/25**

Koen Van Rompay submitted a [public comment](#) in support of the Oregon National Primate Center.

**372. Please support ONPRC!**



Dear Oregon Health Care Market Oversight program,

I am writing to express my strong support for the Oregon National Primate Research Center (ONPRC) and to urge you to reject misinformation that threatens this critical research institution.

Recently, false claims by groups like the Physicians Committee for Responsible Medicine (PCRM) have distorted the reality of ONPRC's work and its commitment to scientific progress and animal welfare. These attacks not only misrepresent the facts but also endanger the future of medical innovation, public health, and compassionate animal care.

1. ONPRC does not mistreat animals.

I have been to the ONPRC facility several times, and have seen in action how well these animals are treated! Veterinary technicians and animal care teams form deep bonds with the animals they work with, providing them with enrichment, comfort, and the best possible care. Veterinarians and animal care professionals at ONPRC provide around-the-clock care, enrichment, and medical attention, ensuring that all animals receive humane and ethical treatment. Critically, if this facility is forced to close, it is likely that many of these animals will end up in foreign countries with much weaker animal welfare regulations than we have in the US.

2. The public demands new medicines, vaccines, and therapies—which does not happen without ethical research, including necessary animal studies.

We live in a world of scientific reality, where new treatments and cures require rigorous study before they are safe for people or animals. ONPRC has contributed to breakthrough medical discoveries that have improved and saved millions of lives. For example, ONPRC studies were key to the development of COVID-19, Zika, and HIV treatments. They have made advancements for treatment of multiple Neurological Disorders such multiple sclerosis, Alzheimer's, and Parkinson's diseases.

3. Losing ONPRC would be a loss for local and broader economies.

ONPRC is a national leader in biomedical research, and the work they do directly impacts millions of patients with their life saving research. Thousands of jobs and millions of dollars will be lost without the ONPRC. Our company, Intuitive Biosciences, is based in Wisconsin and has collaborated extensively with ONPRC over many

years. The ONPRC has been a critical supplier in providing qualified samples for validation of the Colony Surveillance Assays (CSA: Simian) for serologic monitoring of nonhuman primates. These CSA: Simian assays help to keep animal colonies healthy, and the ONPRC has been a critical source for providing feedback on current product use and potential refinements.

I urge you to stand with science, ethics, and progress. Please publicly support ONPRC and reject the misleading attacks that threaten both Oregon's research leadership and the future of medical innovation. Thank you for your time and consideration.

Kind Regards,

Candace

**373. Support for ONPRC, 4/14/25**

Kimberly Luke submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**374. Make OHSU end cruel primate research before the Legacy merger!**

This public comment was submitted by more than 100 people (as of 4/15/25). [The public comment](#) lists the individuals who submitted the same comment.

**375. ONPRC, 4/16/25**

Annie Hood submitted a [public comment](#) in support of the Oregon National Primate Research Center.

**376. SERIOUS FLAWS in the HCMO REVIEW PROCES: OHSU-Legacy Transaction (039), 4/16/25**

I was informed that as of April 16, 2025, OHA and the Department of Justice had still not acted to unmask any of the crucial data and information filed by OHSU/Legacy in this Docket on a non-public (redacted) basis as part of the original Application or in response to specific follow-up questions.

The redactions and failure to share needed data with the Community Review Board reflect serious structural flaws that threaten the success and public reliability of the HCMO review program.

- The redactions limit the scope and reliability of the Review Board's determinations.

- They undermine public confidence in the Community Review process since they inhibit robust public engagement, fact finding, analysis, and transparency.
- They make it impossible for the Community Review Board to meet their statutory review obligations.
- The full record of the Community Review process documents important gaps in the Board's knowledge base that could have been addressed had redacted information been shared with the CRB.

The aforementioned structural flaws have been underscored with OHA and DoJ on numerous occasions. Neither agency has yet provided a meaningful response or corrective plan of action thereby raising questions about the capacity of OHA to administer a program of this complexity.

I strongly support the objectives of the HCMO Review Program but submit that the Governor's Office and the Legislature will need to address the structure, available resources, governance rules, and management of the program if it is to have any realistic chance of sustained success.

:Larry Kirsch

**377. No subject, 4/17/25**

I believe this merger of services will create a monopoly of healthcare in northern Oregon, where you will have to pick either OHSU or Providence. I think this is a slippery slope to go down and will only drive up patient prices in healthcare. It's already too much of a business.

Rhonda Wise

**378. Members of the public provided the following comments and questions via chat during the 4/16/25 community review board meeting., 4/21/25**

What is "health equity"? How will we know when we're achieved it?

From MM

**379. No subject, 4/19/25**

Please ensure that as a condition of the merger between Oregon Health & Science University and Legacy Health that OHSU's primate research center be closed and the primates relocated to suitable sanctuaries and zoos.

As a Veterinarian, I know there are suitable models for study of diseases that do not involve primate subjects. Primate research is outdated in our modern world.

Thank you

Margaret O'Rourke

**380. No subject, 4/19/25**

As a Legacy Health patient here in the Willamette Valley, I strongly urge you to approve OHSU buying Legacy Health. This transaction will make for a very strong health system that will be patient focused, and will provide for added access for patients of both systems. There are limited health care choices here in the central Willamette Valley, and OHSU and Legacy combining forces will strengthen services at Silverton Hospital and the surrounding clinics in Woodburn, Silverton, Keizer, and Mt. Angel. Please approve this transaction quickly. Thank you.

Daniel M. Potter

**381. OHSU-Legacy Merger will result in immediate termination and liquidation of 457b retirement program, 4/20/25**

Dear Health Care Market Oversight (HCMO) Program,

I am Janice Olson, MD, a Legacy Health employee of over 20 years and currently employed. I am deeply concerned about a significant negative consequence of the planned OHSU-Legacy merger: the forced termination and immediate distribution of Legacy Health's non-governmental 457(b) retirement plan upon the closing of the merger.

IRS regulations mandate that Legacy terminate its 457(b) plan on the date of merger closing. Moreover, these same regulations specifically prohibit rollover of the proceeds into a traditional IRA or transfer into OHSU's governmental 457(b) plan. This will result immediate negative tax consequences, and more importantly, significantly deplete funds meant for the future financial security of the Legacy plan participants.

This 457(b) account was intended to be a significant and essential component of my retirement portfolio. The immediate forced distribution represents a substantial and unanticipated loss of a future retirement income stream. I understand that many other Legacy employees, particularly those who are also approaching retirement, will suffer similar financial harm due to the immediate taxable event and loss of their retirement savings.

Legacy plan participants were only informed of the impending 457(b) termination and its consequences on April 3, 2025, even though the merger has been in regulatory review since fall 2024. The delay in employee notification left little or no time to adequately plan for the tax and longer-term financial impacts, and to take steps that might have been available to mitigate the harm.

To its credit, Legacy has thoroughly pursued a broad range of possible options to prevent or mitigate this devastating outcome. Unfortunately, their efforts have not borne fruit. Put simply, if this merger between governmental and non-governmental entities is completed, the Legacy 457(b) will be immediately terminated, and all the negative consequences will inevitably follow.

I ask the HCMO to consider the forced termination and distribution of the Legacy 457(b) plan as a material factor in your review of the proposed OHSU-Legacy merger. It has severe and long-lasting financial implications for the Legacy plan participants.

Thank you for your time and consideration of this important matter.

Sincerely,

Janice Olson, MD, MHA

**382. No subject, 4/21/25**

Please. do what you need to.

And stand behind Dr. Rachel Rubin study for the Advancemwnt for taking black box warning off Estradiol Vaginal Cream.

Simple fix will decrease UTI repetitive costs by billions of dollars across the country.

I know that there will and are big changes we will all have to navigate. please look at simple GSM and musculoskeletal solutions with Estradiol, Intrarosa and more. as first line defense psot natal to end of life!

@kellycaspersonmd

@drshawntassone. and more!!!

ty!!!

signed a no outcomes breast cancer patients! bilateral triple positive.

no more needless languishing! prescribe basic estradiol b4 , during and after life saving treatments and more!

ty fornall your work!

KL Jackson

**383. Public comment Regarding OHSU-Legacy Merger – Impact on Legacy 457(b) Plans, 4/21/25**

Dear Health Care Market Oversight (HCMO) Program,

I am Aileen Kang, MD, a pediatric hospitalist employed at Legacy Health now almost 8 years. I am deeply concerned about a significant negative consequence of the planned OHSU-Legacy merger: the forced termination and immediate distribution of Legacy Health's non-governmental 457(b) retirement plan upon the closing of the merger.

IRS regulations mandate that Legacy terminate its 457(b) plan on the date of merger closing. Moreover, these same regulations specifically prohibit rollover of the proceeds into a traditional IRA or transfer into OHSU's governmental 457(b) plan. This will result in immediate negative tax consequences, and more importantly, significantly deplete funds meant for the future financial security of the Legacy plan participants.

This 457(b) account was intended to be a significant and essential component of my retirement portfolio. The immediate forced distribution represents a substantial and unanticipated loss of a future retirement income stream. I understand that many other Legacy employees, particularly those who are also approaching retirement, will suffer similar financial harm due to the immediate taxable event and loss of their retirement savings.

Legacy plan participants were only informed of the impending 457(b) termination and its consequences on April 3, 2025, even though the merger has been in regulatory review since fall 2024. The delay in employee notification left little or no time to adequately plan for the tax and longer-term financial impacts, and to take steps that might have been available to mitigate the harm.

To its credit, Legacy has thoroughly pursued a broad range of possible options to prevent or mitigate this devastating outcome. Unfortunately, their efforts have not borne fruit. Put simply, if this merger between governmental and non-governmental entities is completed, the Legacy 457(b) will be immediately terminated, and all the negative consequences will inevitably follow.

I ask the HCMO to consider the forced termination and distribution of the Legacy 457(b) plan as a material factor in your review of the proposed OHSU-Legacy merger. It has severe and long-lasting financial implications for the Legacy plan participants.

Thank you for your time and consideration of this important matter.

Sincerely,

Aileen Kang, MD

**384. No subject, 4/23/25**

Do not allow merger. Leaves patients little other choices around town

Lauren Steward

**385. No subject, 4/23/25**

I am concerned about OHSU's disturbing track record of animal welfare violations. Between 2014 and 2022, OHSU facilities violated the federal Animal Welfare Act more than 30 times.

OHSU has also conducted cruel and unnecessary studies. Infant monkeys have been torn away from their mothers and used in experiments designed to make them afraid. Pregnant monkeys have been injected with nicotine to damage their unborn babies.

In 2015, Harvard University closed its New England Primate Research Center due to circumstances identical to those of OHSU. The facility was repeatedly violating the

federal Animal Welfare Act, and university leaders cited “limited resources” when they announced the closure.

There are more reasons now than ever to move away from costly, unproductive primate experiments and instead focus on human-relevant methods. Clinical research, human tissues, cell cultures, and other methods are producing results for patients.

Laila Johns

**386. No subject, 4/23/25**

Please close the primate abuse center at OSHU. Those poor primates deserve a happy life and not one of torture. Please close it down!

Susan Rapetti

**387. OSHU Primate animal testing facility, 4/23/25**

Please close this abusive facility down and let these poor primates live in peace instead of torture.

Susan Rapetti

**388. Animal Testing, 4/24/25**

Please stop testing on Monkeys and other animals!! They are not humans and won't give you the same results. It's barbaric when we have software that will do the same, plus whatever you are testing for probably already has been done Previously. Shame on you for being so heartless!!

Carol A. Aitchison

**389. Fw: OHSU Must Close Its Primate Experimentation Facility, 4/24/25**

This message is intended to reach the Community Council, as I'm not finding a contact for the Citizen Review Board. Please forward to the correct email if I got it wrong.

I had no idea OHSU was torturing primates in the name of science until this advocacy group reached out. I am disgusted that this is happening in our backyard. It must stop. You can see Mark Gamba thinks you may have more power of persuasion than the State government. I'm asking you to do more than just try. Please end this.



I am a native Oregonian, and animal enthusiast. I also work in healthcare and understand the nature of science. What they are doing is not science. It's just torture. They can find humane ways of testing on humans capable of giving consent.

Miranda Dean

**390. merger related concerns, 4/27/24**

To members of the Health Care Market Oversight Program (HCMO),

I am writing to join the voices of over 550 Legacy employees who will be impacted by the forced termination and immediate distribution of Legacy Health's non-government 457(b) retirement plan if the OHSU-Legacy merger is approved.

We are told that because Legacy is a non-governmental entity and the merger will be with a governmental entity, there is no alternative but to force 457(b) funds to be distributed to each participant across two tax years. The 457(b) is a tax deferred option, and all impacted employees have invested years of pay with the anticipation of withdrawals occurring in retirement years. The forced distribution will cause a substantial tax burden and loss of income meant for retirement.

Some may say that this is a "first world" problem of the privileged. But in the current political climate of fiscal uncertainty, this situation stokes vulnerability and poses real risks for loss of financial security. Money is first and foremost practical, but it is also emotional. Our years of planning and the trust we had in our employer suddenly feels hollow. Personally, I am saving for 2 college educations for my children, worry daily about the cost of assisted living for my parents, and strive to save enough for my retirement years. The 457(b) provided financial and emotional security that my family is now at risk of losing.

Legacy's slogan is "Our mission is good health for our people, our patients, our communities and our world. Above all, we will do the right thing."

Please take into consideration the ramifications of the loss of the 457(b) for over 550 employees as you strive to do the right thing.

Sincerely,

Jennifer Huffman, MD

**391. No subject, 4/28/25**

I would like to see OHSU operate like other major universities/med/nursing schools on the west coast, really focusing on providing targeted preventative care to the community, imploring others to partner, rather than forming financial monopolies. OHSU has more issues to solve in these arenas and is not stable enough to acquire Legacy at this time. Partnering with Legacy, as well as public health to eliminate unnecessary overlap and identify areas of need, as well as utilizing the talents that already exist within these organizations would save them both, as well as the communities precious dollars, time and most importantly lives. Relying on previous work of others that created a certain reputation does not guarantee quality exists today and moving forward. That must be earned.

Jane Huey

**392. No subject, 5/2/25**

Please stop using these poor defenseless animals for your cruel experiments. It's horrible and unfair to treat animals inhumanly. I detest what you're doing a beg you stop. Please stop hurting animals in the name of science. How can you live with yourselves?

Cindy Kasner

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## About HCMO

The Healthcare Market Oversight Program reviews proposed health care business deals to make sure they support statewide goals related to cost, equity, access, and quality. For more info, you can connect with HCMO staff:

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