

February 21, 2025

Dr. Sejal Hathi, M.D., M.B.A
Director Oregon Health Authority

Dear Director Hathi,

As concerned employees, patients, and community members in Oregon and SW Washington, we believe that OHSU's proposed acquisition of Legacy Health no longer serves its intended purpose of benefiting our communities. As highlighted in the [Brown University public comment](#), harm has been evident even before the current challenges posed by a new federal administration. OHSU and Legacy have the capacity to collaborate and develop creative solutions for access to care, cost control, and health equity, without reducing healthcare options for Oregonians.

If OHA and the Governor approve this transaction, the projected federal spending cuts will disproportionately impact all Oregonians. OHSU's mission relies heavily on federal funding, particularly [NIH grants](#) and Intergovernmental Transfer (IGT) funds to support Medicaid programs. In the 2023-2025 biennium, OHSU receives [\\$530 million from IGT](#). This acquisition would place over 58% of inpatient Medicaid care under a single entity—at a time when House Republicans are discussing cuts to federal Medicaid spending of \$2.3 trillion or more ([here](#) and [here](#)). Combined with OHSU's financial obligations from this acquisition, Oregonians could face tax increases and cuts to critical areas of the state budget, including education, eligibility, benefits, and payments to providers and health plans.

In a recent [interview with OPB](#), OHSU's interim president stated, “we're continuing on the basis that we have that funding, and we're planning to continue forward.” However, without a contingency plan, the rationale for adding a [six-hospital health system](#) to a corporation heavily reliant on government funding remains unclear. Given that OHSU [eliminated 500 positions last year](#) in what was called “[strategic alignment](#),” it's concerning what might happen to existing staff if any funding is lost—let alone with the addition of 14,000 new employees. It also presents the possibility that OHSU might again have to consider mass layoffs, which would have devastating economic implications and would severely impact our communities and the state as a whole.

Many of the reasons given by Legacy and OHSU board members for this transaction, which began in 2023, may no longer apply or could be addressed through alternative means, particularly in an unstable political climate. The proposal has failed to account for these shifting realities, and how the financial outlook for [Legacy](#) and [OHSU](#) have changed. Without acknowledging the impact of potential federal cuts, this transaction increases financial risk for Oregonians and threatens essential services. It also raises

the question of whether OHSU can still meet its [\\$1 billion commitment to capital investments](#), and if not, would this responsibility fall to the state or taxpayers.

After resigning his leadership position in December, [Dr. Brian Druker stated](#) that “a lack of strategic focus and spiraling financial concerns at OHSU have made it impossible for him to recruit the researchers he needs to be competitive in the field of cancer research.” This directly contradicts OHSU’s repeated assertions that they can recruit and retain high-level talent. These concerns were raised prior to the uncertainties we face at the federal level.

Nearly 30 years ago, the Oregon legislature converted OHSU from a traditional public institution to a public corporation, meaning that federal agencies like the Federal Trade Commission are unable to block this transaction—even if they have concerns about anticompetitive effects. Given OHSU’s exemption from standard antitrust oversight, what steps will our elected officials take to protect Oregonians from the significant risks this transaction poses? And how can they take OHSU’s commitments outlined in the HCMO filing at face value, given the lack of evidence supporting the claim that OHSU has the strategy or ability to meet these goals?

We ask that you not take a “wait and see” approach to this transaction. If OHSU cannot draw on past successes (leveraging partnerships like Adventist or Tuality/Hillsboro) to improve operational efficiency and access to services, then we cannot trust they have a viable strategy. We are trusting you, the OHA, the Community Review Board and the Governor to carefully scrutinize and consider if this transaction is a benefit to Oregonians today, not what some may hope it results in sometime in the future.

What started as a group concerned about [inequitable treatment of employees](#)—due to [OHSU’s agreement](#) to provide additional protections for some employees over others—has grown into a broader concern about the serious ramifications of approving this transaction for all Oregonians. Our concerns continue to grow beyond what we’ve shared in previous weekly reflections, informed by input from employees, learners, and physicians from both OHSU and Legacy Health. For your reference, below we have included our semi-weekly messages. We appreciate the opportunity to share concern here for the consideration of the decision-makers involved in this transaction.

Thank you,

Unrepresented Employees

www.unrepresentedemployees.com

Week One Takeaways

Date: October 9, 2024

Over the past week, we added more than 50 additional people and received great feedback about areas to focus on.

Last week, we answered questions from the Portland Business Journal about who we are and why we started this group. The PBJ [published an article](#) in follow up to our interview and shared a link to our website. *Note: a paid subscription to the PBJ is required to access this article. We cannot share the full article.*

Before we share more, we do want to touch on the origins of our name. The Unrepresented includes employees who are both unionized and not. Unrepresented is about representation, or critically lack thereof, in terms of respect and consideration from those with power.

Our concern about the pending acquisition has never been about unions. **It is about respecting the people needed to realize the value of the combination and fulfill its vision.** What happened with unions was a leading example of how OHSU operates. The problem with their approach is that [they did not consult Legacy](#).

OHSU had agreed to equitable protections for all employees, and this is no longer true. The combined entity will [create the largest employer in the Portland metro area](#). If employees cannot trust OHSU to uphold their written agreement, how can community members trust their commitments made to all Oregonians in the HCMO filing?

OHA released a statement on Friday that they accepted the HCMO filing just 8 days after it was submitted. Over the next week, we will review the [Full OHSU Health Care Market Oversight program notice](#) and relate those to the [criteria for which the transaction will be evaluated by the HCMO Program](#). We'll pay attention to key statements, assumptions, and what data is available to support the filing. Let us know if you have concerns or ideas that may help our understanding.

We've also heard your questions related to potential conflict of interest and oversight concerns of the transaction. We know the Legacy Health Board and OHSU Board are the decision makers at the respective organizations, but we have also heard concerns about how a state agency oversees another state agency through the HCMO process.

We commit to anonymity for everyone involved and welcome your feedback and questions through the [anonymous comment form on the site](#).

Week Two Takeaways

Date: October 20, 2024

This week, we want to encourage people to speak up. We are approaching a time of year where people will use their voices to influence decisions that change history.

Similarly, the decisions made during the regulatory review period about combining OHSU and Legacy Health will forever shape the future of our communities. Employees of both organizations will be responsible for implementing these decisions, whether or not they were engaged in the process.

As employees ourselves, we feel responsible for ensuring that the promises of this transaction are real. Please take time to read the [Full OHSU Health Care Market Oversight program notice](#) and the [criteria for which the transaction will be evaluated by the HCMO Program](#). As you read the material, take note of all your questions.

The HCMO process is intended to be “informed by the public, including the local community, through meaningful engagement.” Everyone is invited to speak up as part of the public comment period, so let’s be proactive about using our voice. Talk to your colleagues. Talk to your patients. Be curious with people, learn what questions and concerns exist in your local community, and then do something about it.

Opportunities to make a positive difference don’t happen without personal intention. Visit the [Get Involved](#) page on our website to learn about the ways you can take action and let your voice be heard. The State needs to hear from the experience and wisdom of those who work in healthcare, and you’re an important part of this effort to speak truth to power.

Week Three Takeaways

Date: October 24, 2024

It's been one month since OHSU filed a proposed transaction with the Health Care Market Oversight (HCMO) Program to [acquire Legacy Health](#). You can follow the progress of the filing, including reading public comments submitted to date, on the [HCMO OHSU-Legacy page](#). On behalf of the Unrepresented Employees, remaining anonymous, we plan to submit a public comment and will let this group know when it is posted.

The root of our concern with the transaction, the largest in our State's history, is that OHSU is amassing too much power and is unresponsive to its most valuable resource - its people. Because they are a public employer reporting to the State of Oregon, we have access to review all information made available. We also have a responsibility as community members to question critical assumptions and decisions.

The HCMO filing states, "*this transaction is warranted in large part because OHSU is a public entity with principles of 'public accountability and fundamental public policy'*" ([page 11](#)). Given their status as a public university health system, it is unclear how Board members are held accountable when OHSU's state designation by Oregon law can be used to justify any decision.

Without following the story of this pending acquisition, watching the [OHSU Board meetings](#) alone shows the difficulty OHSU leaders have responding to concerns brought forward by their people. Unresolved dialogue between Board members and others is repeatedly [covered by media outlets](#). The observable behavior in these meetings is not dissimilar to [OHSU's actions toward Legacy](#), and yet the proposed effective date of the transaction is five months away.

The combined entity will create the largest employer in the Portland metro area. OHSU initially agreed to equitable protections for all employees in the [System Combination Agreement](#), and this no longer true due to their [agreement with Labor Partners](#) (HCMO Notice Question 13 - Exhibit 1). If you are concerned about your future as an employee, please take a moment to [submit a public comment](#). If you would like your comment to be kept confidential, you can make that request in the comment box.

Week Four Takeaways

Date: November 1, 2024

Day by day, you may be following the storyline of OHSU in the news. The instability of leadership and chaos has us worried. How about you?

- Oct 24: [Dr. Danny Jacobs announces he is stepping down as OHSU president](#)
- Oct 25: [Kotek says rush to replace OHSU president 'compromises the future of the institution'](#)
- Oct 26: [Board to launch search for new OHSU president](#)
- Oct 30: [OHSU faculty leader questions board's handling of President Danny Jacobs' resignation](#)

Additionally, two other key executive roles still remain unoccupied by permanent leaders:

- Jan 4: [OHSU Health CEO to step down during Legacy Health acquisition](#)
- Jul 25: [OHSU taps former Portland State HR leader as interim chief people officer](#)

As employees, we think a lot about who will lead the future OHSU Health. The organization will double in size by acquiring Legacy Health. OHSU and Legacy are currently beginning the critical phase of [integration planning](#), and we're not sure how this work will be completed with leadership in flux.

The unoccupied executive roles are ones of importance to creating a lasting vision for the combined entity. These roles also take significant time to fill. How can they plan for and achieve all the objectives of a successful integration when the "who" is still unknown?

Several [public comments](#) have been posted, but we want to make sure the Oregon Health Authority (OHA) and our communities hear all your concerns. OHA has committed to ensuring anonymity if requested. If you're seeing these headlines and news stories and are concerned, please submit a comment. We also ask that you make sure your colleagues are aware of Unrepresented Employees. Please forward them this message, and point them to our [website](#).

You can follow the progress of the filing, including submitting and reading public comments submitted to date, on the [HCMO OHSU-Legacy page](#).

Week Five Takeaways

Date: November 12, 2024

Now that we have election results, we know who our representatives are (or will be) and it's time to engage them.

Last week, the [Oregon Health Authority announced](#) that the proposed transaction between OHSU and Legacy will begin the [comprehensive review](#) period. You can read a summary of [OHSU's transaction filing for regulatory review](#) in OHA's [preliminary review report](#).

In even bigger news last week, former Governor of Oregon John Kitzhaber outlined his concerns in a recent blog post: [Is the proposed acquisition of Legacy Health by OHSU in the best interest of Oregonians?](#)

Dr. Kitzhaber raised many of the same questions about the value of the transaction that we have been hearing from you. Questioning OHSU's rationale and commitments, he shares, "... 'saving' Legacy Health from a megacorporation is not, in itself, a justification for the acquisition. The issue is in the nature of the transaction itself – whether it will improve the health care ecosystem in the Portland metropolitan area, whether it will lower overall cost and expand access. Creating a near-monopoly in Portland is not the only solution here—and it may not be the best."

Raising these concerns is understandable, when in the HCMO filing, OHSU writes about entitlement to certain antitrust exemptions because they are a "governmental entity performing governmental functions and exercising governmental powers." ([11-12, 20-22, 55-57](#)) OHSU essentially believes they are exempt from oversight of the Federal Trade Commission, an agency that is charged with promoting [fair competition](#) and avoiding harm.

The communities we serve deserve more reassurance about the value of this transaction than recitations of state law. People deserve rigorous demonstration that the benefits of the transaction outweigh "any theoretical loss of competition" as OHSU states ([55-58](#)).

As an employee, a community member, and/or a patient, what do you hope to see in this combination, and what are you worried about? What is important to you?

Over the past couple weeks we have encouraged people to [provide input](#) to OHA through the public comment. Former Governor Kitzhaber's blog post ends with highlighting the role that local leaders play in reviewing this transaction and finding a good resolution.

Given that, we urge you to reach out to your state representative and state senator to share your thoughts on this transaction. To assist, we are providing a script to use when calling their office or a message template to email or submit through their contact forms. Information about your elected officials and scripts are located on our [Get Involved](#) page.

Thank you for your support of this community!

Week Five News:

Nov 4: [OHSU appoints Steve Stadum as interim president](#)

Nov 5: [Proposed OHSU-Legacy merger set to go under a microscope](#)

Nov 7: [OHSU-Legacy merger: Regulators explore antitrust concerns](#)

Nov 7: [Kitzhaber sounds alarm over proposed takeover of Legacy Health by OHSU](#)

Week Six Takeaways

Date: November 19, 2024

We hope you have had an opportunity to formulate your perspective on the proposed acquisition of Legacy Health by OHSU. Last week, we offered templates for providing public comment and/or reaching out to your state representative and senator. Please visit our [Get Involved](#) page to learn how to take the next step and share your thoughts.

During preliminary review, the Oregon Health Authority received more than 120 public comment submissions. Many of those are posted on the [OHSU-Legacy HCMO](#) page. The primary concerns in public comments include the potential negative impacts on patient care related to access and equity and reduced competition due to overlapping service areas.

Here is a summary of themes and key points made in the public comments:

Patient care: Some comments highlight difficulties in referring patients to OHSU and worry that the merger will make it harder for patients to get the care they need, especially for Medicaid patients. There are concerns that the consolidation will lead to fewer choices for patients in their home community.

“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.”

Competition: The Herfindahl-Hirschman Index analysis indicates a significant increase in market concentration, raising questions about long-term access to healthcare and potential price increases for both patients and payers.

“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.”

Accountability: There are worries that OHSU's business model as a public corporation will negatively impact the healthcare sector if applied more broadly, and the resulting costs will not be invested in patient care but rather in a top-heavy management structure. Several comments refer to the acquisition as a corporate takeover.

“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.”

Labor: Some comments mention that the merger could further monopolize the labor market, affecting healthcare workers' job security and wages. Employees have been concerned since OHSU independently created an inequitable situation by securing additional job protections with only some unions.

“Portland is a small market and healthcare employees have often worked at one 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.”

This transaction affects all of us as employees, patients, and community members. We encourage you to read the [public comments](#) and decide how you'll get involved.

Week Six News:

Nov 13: [Oregon regulators plan deep dive on OHSU-Legacy merger: 6 things to know](#)

Week Seven Takeaways

Date: November 26, 2024

Today, [our public comment](#) was posted on the OHSU-Legacy [HCMO page](#) as an open letter to the Oregon Health Authority. OHA will consider all public comments as inputs into reviewing the proposed acquisition of Legacy Health by OHSU.

As part of comprehensive review, OHA will convene a community review board. The role of the review board will be to make a recommendation about whether or not the transaction should be approved. Members can include people who live and work in Oregon and Southwest Washington (the affected communities), consumer advocates, health care experts, and providers.

If you are not an employee and would like to participate in the community review board to evaluate this transaction, email hcmo.info@oha.oregon.gov. OHA staff will provide more information about the timeline, member requirements, and application process. Please pass this along to anyone who you think may be interested in participating.

Week Seven News:

Nov 19: [Opinion: Top state officials need to ensure OHSU-Legacy merger questions are addressed](#)

Nov 22: [OHSU employee survey reveals lack of confidence in senior leadership](#)

Nov 23: [Lawmaker Calls for Federal Scrutiny of OHSU's Acquisition of Legacy Health](#)

Nov 25: [OHSU Ranks Among Worst in Country in Employees' Confidence in Leadership](#)

Week Eight Takeaways

Date: December 7, 2024

This week's news was flooded with the immediate resignation of [Dr. Brian Druker](#) as CEO of OHSU's Knight Cancer Institute. In an [interview with OPB](#), he described a lack of strategic focus and spiraling financial concerns at OHSU. Dr. Druker said, "we have lost sight of what is crucial and forgotten our mission." If that is the sentiment, then how can OHSU move forward an inspiring mission and vision for the combined health system?

As we have observed, financial performance continues to be a part of this transaction's narrative. The perception that Legacy is failing financially is repeatedly referenced as to why the transaction is needed. However, given that OHSU is experiencing their own challenges which led to [layoffs of nearly 500 jobs](#) earlier this year, there is no clear understanding of how an acquisition of Legacy will improve financial performance, retain jobs, and control costs for patients.

[Legacy's current financial performance](#) contradicts narrative from the HCMO application, which describes Legacy as "struggling" and states that efforts have not been strong enough to achieve financial stability. This week, [Moody's Ratings](#) reaffirmed Legacy's A1 revenue bond rating based on its good business fundamentals and strong balance sheet, which includes favorable liquidity and performance in measures like days cash on hand.

With all that has happened over the past several months, we are left with a few questions. Outside of what has been shared in HCMO application, what is the vision and benefit of this acquisition for our communities? Is this still the right decision for Oregonians and SW Washingtonians? If it is the right decision, is now the right time when things seem so unstable? Those questions would be best answered by the decision makers of both organizations, the boards, which we hope they will continue to evaluate.

We encourage you to reach out to your state representative and state senator to share your thoughts on this transaction. Information about your elected officials is located on our [Get Involved](#) page.

Week Eight News:

Dec 3: [Dr. Brian Druker Resigns as Head of OHSU's Knight Cancer Institute](#)

Dec 4: [OHA accepting applications for community review boards](#)

Dec 5: [OHSU's Brian Druker on morale, cost-cutting, and the plan to acquire Legacy Health](#)

Dec 5: [Moody's confirms Legacy Health's financial progress](#)

Week Nine Takeaways

Date: December 31, 2024

Bear with us, as this week's message covers a few weeks' worth of content. It's the holiday season and we're balancing personal and professional lives, but we are here for the long game. We're glad you're still here too.

This week, we reflect on news of another interim leader, a credit ratings update and more physician leader conflict at OHSU. What we learn from the news only reinforces our doubts about whether OHSU has the right environment to successfully acquire Legacy Health. In deals like this, integration is like a pressure cooker - it will amplify both the positives and the challenges in irreversible ways. Without organizational resilience and adaptability, even the most capable leaders can't influence the outcome.

OHSU recently announced a [new interim CEO of OHSU Health](#), just three months before the proposed effective date to merge with Legacy and 12 months after the former CEO [announced his resignation](#). It is unclear how a government-run system can effectively manage a workforce of twice its size when key leadership positions are held by interim leaders. The uncertainty surrounding how [integration planning](#) decisions will evolve once permanent leaders are appointed - especially with the impact of a new political administration - only adds to the unknown.

While Legacy saw a reaffirmation of their rating earlier this month, OHSU's rating moved in the wrong direction. [S&P Global Ratings](#) lowered OHSU's rating to A+ from AA-, citing a multiyear trend of operating losses and a larger-than-expected operating loss in fiscal 2024. Relative to debt, the outlook is stable. In the same light, what would the current state at OHSU say about their outlook in leadership and culture? It is these projections that tell us whether the organization is positioned to address the broader challenges associated with integration.

Week after week, OHSU physician leaders are reporting conflicts with the organization. Shortly after Dr. Druker's resignation as CEO of Knight Cancer Institute, the former head of Knight Cardiovascular Institute [filed a complaint](#) alleging that OHSU violated Oregon employment law and age discrimination laws. If their leading researchers and physicians continue to speak out, it raises concerns about the widening gap between OHSU's top leadership and staff.

Taking care of our people is a prerequisite to taking care of our communities. [OHSU ranks among the worst in the country](#) for employees' confidence in leadership. This disconnect, coupled with their series of short-term leadership changes, could undermine morale and delay the long-term vision of the combined workforce. If we don't hear that

restoring trust and confidence among staff is the most important problem to solve, the current environment will become significantly more unstable during integration.

Thank you for all your feedback and support this year. Let's maintain that energy into the new year and make sure everyone's voices are heard. See you in 2025!

Week Nine News:

Dec 9: [OHSU announces new interim CEO of OHSU Health](#)

Dec 12: [OHSU losses cited to temper its financial health grade](#)

Dec 16: [Former Head of Knight Cardiovascular Institute at OHSU Sues Over Pay Cut](#)

Dec 20: [OHSU Board of Directors announces presidential search committee](#)

Week Ten Takeaways

Date: January 20, 2025

Happy New Year!

A new executive leader at OHSU has come and gone since [our last message](#), where we described the impact that leadership instability and employee lack of confidence could have on the acquisition of Legacy Health. Less than four weeks after arrival, the [new interim CEO of OHSU Health](#) was replaced with [another leader](#) – making this *the third interim* in the last year for arguably the most important role of this transaction. Legacy will be adding six hospitals to OHSU's two, and the head of the future combined health system is an interim hired by an interim. The lack of leadership continuity and permanence has made the environment unpredictable.

The last time OHSU hurriedly replaced an executive leader (their [past president](#)), Governor Kotek [issued a public statement](#) to prevent an overnight decision that would have circumvented due process. The business community also [played an influential role](#) before OHSU finally announced a national search for their next president. For an organization that emphasizes its status as a public corporation, their leadership decisions play out like no one is watching. If the highest levels of government and business are compelled to intervene in standard hiring processes, it raises concerns about OHSU's ability to effectively lead the largest transaction in Oregon's history.

When political leaders and those in power make decisions on behalf of others behind the scenes, it is all the more important for affected communities and individuals to speak up. We hope the Oregon Health Authority evaluates all concerns shared by [public comment](#) in accordance with [Health Care Market Oversight law](#), despite their close relationship with OHSU. Brown University and the American Economic Liberties Project (AELP) recently [took opposition to the transaction](#) in public comment, outlining discrepancies between statements in the [HCMO filing](#) and the criteria required for transaction approval and success. Their argument was thoroughly researched and presented.

Brown University is a major academic institution that weighs in on regulatory matters when concerning its own interests or the broader academic landscape. The AELP is an advocacy organization that engages in transactions that they believe could harm consumers or reduce competition. There are notable instances where the AELP has contributed to federal oversight of mergers and acquisitions in health care. Its campaigns and subsequent actions by the Department of Justice and Federal Trade Commission have been effective in raising awareness and calling for more aggressive antitrust enforcement:

- The acquisition of Change Healthcare by UnitedHealth, where the DOJ filed a lawsuit to block the merger and prevent decreased competition and innovation
- The Anthem-Cigna and Aetna-Humana merger failures, where AELP contributed to a broader public and legal push
- The merger between Advocate Aurora Health and Atrium Health, where the FTC imposed conditions and required divestitures to preserve competition in some areas

The combination of OHSU and Legacy Health may be the first health care transaction in which Brown University and AELP have collaborated to submit public comment. If the decisions of this transaction are above reproach and well managed, the input of antitrust advocacy groups should be welcomed — particularly when the interest is to protect consumers or patients.

Please reach out to elected officials like Senators [Ron Wyden](#) and [Jeff Merkley](#) to share your thoughts on the transaction. We also encourage you to attend town halls in your local communities. More information is available on our [Get Involved](#) page.

Week Ten News:

Jan 2: [Email, Interviews Show Business Interests Lobbied Against OHSU's Plan to Name New President Without a National Search](#)

Jan 6: [Nurses at 3 Legacy Health hospitals in Portland push to unionize](#)

Jan 7: [Four health care antitrust scholars urge Oregon to nix OHSU-Legacy deal](#)

Jan 7: [OHSU's takeover of Legacy Health would violate federal market standards, advocates say](#)

Jan 13: [Readers, we want to hear from you regarding Oregon Health & Science University and Legacy Health merger](#)

Jan 14: [Interim Head of OHSU Health Leaves After Just Five Weeks](#)

Jan 15: [OHSU Appoints New Interim Head of Hospitals and Clinics](#)

Jan 17: [Comment: Re: Health Care Market Oversight Program Review of Proposed OHSU-Legacy Transaction](#)

Week Eleven Takeaways

Date: February 7, 2025

We continue to receive questions about whether we are the "concerned Oregonians" that submitted [public comment](#) #91 (page 52). While we are concerned, we did not submit this comment, though we do agree with what was outlined in their comment. We will continue to keep subscribers informed of any future comment from the UE and are currently working on letters to our elected officials on a federal level as well as both Governors. As public leaders, their reputation and prospects for reelection are incumbent on ensuring they are listening to the voices of the voters, our voices. They have not yet provided a public perspective on this transaction, like they have with others, and we would like to understand why they are silent when there are so many public comments.

If approved, the consequences of OHSU acquiring Legacy Health will become apparent within the next year. For the community, those consequences are very real when we talk about the cost of care and ease of accessing care. One of the most compelling concerns for access is the 74,000 people covered by UnitedHealthcare [at risk for not being able to seek care at OHSU](#) beginning April 1. According to [UHC](#), OHSU's proposal would make them "*the most expensive health system in our Medicare Advantage network in the Portland metro area.*" If Legacy becomes OHSU, when Legacy's current contract ends, its six hospitals would no longer be an option for these patients. This is one example of why [health care competition](#) in local markets is important and beneficial to communities. Also, OHSU continues to say that they will not increase cost, but have proposed a 36% cost increase over two years.

Last week, OHSU submitted a public comment on their own transaction titled [OHSU + Legacy Health: An Urgent Case for Integration in Response to Public Comments](#). Contrary to its title, it is not a response. Rather than address the real concerns raised by the public comments, it largely consists of the same information from the transaction filing to the Oregon Health Authority, including outdated Legacy financials and reiterations of OHSU's status as a government organization. This comment was submitted by three OHSU executive leaders and while it speaks on behalf of Legacy, there is no representation from Legacy.

On page 12, OHSU addresses other public comments. The section begins and ends by dismissing the validity of public concerns. Rereading this reminded us of a popular social media trend where friends or family confess something about themselves. Instead of reacting, the listeners say "[We listen and we don't judge.](#)" Their facial expressions humorously tell the story. While the trend is meant to be lighthearted, its core message is about respecting someone's feelings, values and experiences as valid,

even if they are different from your own. Healthcare is deeply personal, and the tone of OHSU's submission does not reflect the empathy we expect from leaders entrusted with caring for people in vulnerable moments of life. Nor does it truly seem to address real issues like those highlighted in the "concerned Oregonians" comment, like commitment to health equity. Instead, it seems like a direct rebuttal to the [Brown University comment](#) to diminish the main ideas raised in that paper.

For example, one of the points the OHSU leaders raised is their disagreement with comparing this deal to national studies on similar transactions. They state: "*One comment claims that the OHSU-Legacy integration will not improve and might even worsen access problems in Oregon, especially in primary care. This conclusion appears to rely on national studies about health care mergers rather than the facts of the OHSU-Legacy integration proposal.*" As an academic health center, it's difficult to understand the logic behind disregarding national research. Without integrating insights from previous examples, both successful and not, this deal risks repeating past mistakes rather than improving the system for Oregonians. This is especially critical for primary care, which serves as the first point of contact for meeting people's health needs. While OHSU's filing outlines broad access goals, it offers no strategy or pathway for achieving them. Now is not the time to take an irreversible leap of faith without a clear plan.

Lastly, in recent news, the OHA announced the [members of the community review board](#) responsible for making a recommendation about whether they should approve a deal to proceed as planned, apply conditions to the deal, or disapprove the deal. The state may retain [outside advisors](#), but there has been no disclosure on who has been retained or their methodology to review the transaction in accordance with HCMO and [federal antitrust laws](#). Community review board meetings are virtual and open to the public, and meeting information and materials are located on the [OHSU-Legacy transaction page](#). Our hope is the community review board will have access to the public comments, hear our collective concerns and raise their own. Please continue to share your comments and encourage your friends and family members to share theirs as well.

Week Eleven News:

Jan 27: [Trump's pause on NHI grant process could have big impact in Oregon](#)

Jan 28: [Feds cancel research meetings, raising fears about jobs, hundreds of millions to Oregon](#)

Jan 30: [OHSU Warns 74,000 Patients Covered by UnitedHealthcare That Access to Care May End](#)

Jan 31: [OHSU leader acknowledges dismal faculty morale amid fumbled layoffs, budget cuts](#)

Feb 3: [UnitedHealthcare Denial Rates and Slow Payments Hamper Talks, OHSU Says](#)

Feb 4: [Former OHSU President Danny Jacobs Remains "Special Advisor" to Interim Leader](#)