

## 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 043 Providence-Compassus. OHA accepted public comments during the review period. 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. No subject, 3/20/25**

Hello,

I'm a current employee of Providence Home Health and Hospice. I work seeing elderly patients in their homes and helping them regain mobility. The proposed Joint Venture with Compassus is a massive threat to the care we provide to our community.

Compassus is a for profit health care company that has no business operating anywhere, especially Oregon. They have a history of Medicare fraud and should no longer be allowed to operate, period, but that is another story. I, and all of my fellow healthcare providers at Providence Home Health and Hospice are in agreement that

this Joint Venture should absolutely be stopped.

We all know what happens when private corporatization gets in the way of healthcare.

Quality of care plummets, and patients become second priority after profits. It becomes dangerous for both patients and providers. THE ONLY PEOPLE THIS BENEFITS ARE THE PEOPLE IN THE C SUITE.

Of all those who I've discussed this with -patients and fellow employees- everyone is in agreement that this Joint Venture would be a negative thing for our community. We are pleading with you to step in and defend the greater good. Please stop this Joint Venture from going through. It has no business here.

I'm happy to talk further about this if you have any questions. Happy to share more of my perspective.

David Beltramo

## **2. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions (3/20/25-Current)**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

This comment was sent by the following individuals:

Paul Creighton, Portland

Heather Riggs, Portland

Adam Vogel, Camas, WA

Lindy Rumsey, Milwaukie

Sophia Buck, Clackamas

Kenia Sandoval, Beaverton

Carrie Merrill, Vancouver WA

Nancy Dobbels, Vancouver, WA

Michelle Botsford, Portland

Judy Vickery, Beaverton

Sharon Klem, Hillsboro

Whitney Hooker, The Dalles

Calli Ross, Sherwood  
Lisa Ledson  
Kyla Wilson, Portland  
Marianne Mauldin, Portland  
Eldon Mauldin, Portland  
Elyse Surette, Milwaukie  
Jamie King, Happy Valley  
Gina Nelson, Jefferson  
Trevor Dieringer, Gresham  
Marlene Sisson, Hillsboro  
Melissa Gross, Oregon City  
Michelle Jackson, Portland  
Lindsey Salinas, McMinnville  
Sophia Buck, Clackamas  
Carrie Merrill, Vancouver, WA  
Jayne Elken, Hood River  
Brandie Cannon, Portland  
Samantha Oleson, Molalla  
Adrienne Donovan-Boyd, Portland  
Angela Krause, Sherwood  
Juli Wilson, Sherwood  
Lianne Dyche, Corvallis  
Audrey J Cook, Portland

Andrew Cook, Portland

Linda Bennett, Wilsonville

Melanie Fruhwirth, Portland

Ari Vaughn, Portland

Jennifer Reeves, Vancouver, WA

Stephanie Weber, Gresham

Susan Wiggins, Portland

Lori Curtis, Beaverton

Mandy P, Portland

Katie Fussner, Eugene

Patricia Dixon, Monmouth

Ian Dixon-McDonald, Salem

Nicolle Breeden, Springfield

Belle Kpeta, Portland

Sara Betty, West Linn

Artie Aldridge, Canby

Brooke Dorsett, Portland

Amy Dorsett, Portland

**3. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. I'm concerned that this so called "joint venture," with a private equity-owned healthcare entity, would negatively impact cost, access, equity, and quality of care for our patient population.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

As an employee of a rural Providence Home Health branch in Hood River, OR, I enjoy being part of a community-based organization, supporting and caring for our local population. We work closely with physicians and specialists who are our neighbors and friends, employed by Providence Hood River Memorial Hospital, and several Providence out-patient clinics, to create a cohesive team under the Providence umbrella. Transitioning a portion of that team to another organization, based across the country, would interfere with our ability to support our patients efficiently, as we have been doing for many years.

Thank you for considering my concerns, and continuing to support effective, efficient health care, improving quality of life for both patients and providers.

Laurel Roof

**4. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

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Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.



Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Sincerely,

Miranda Rossetto, LCSW

**5. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient

profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

On a personal level, the joint venture between Providence and Compassus would create a new for-profit entity which would negate public service loan forgiveness for myself and several other employees who depend on current non-profit status to pay off student loan debt after providing 10 years of public service. Having additional years to pay student loans would be an undue financial hardship

on myself and family especially considering the rising cost of living.

Thank you for your time.

Eric-Paul Sparrow, PTA

**6. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight (HCMO) program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is currently owned by Towerbrook Capital Partners, its third private equity owner since 2006, signaling a consistent prioritization of profit generation over patient-centered care. Research has shown that private equity-owned home health agencies result in higher costs, less responsible use of Medicare dollars, and poorer long-term outcomes. They do not improve preventable hospitalization rates or reduce readmissions compared to not-for-profit organizations (Rahman, 2025). Furthermore, Compassus has consistently underperformed Providence in hospice quality CAHPS measures based on 2024 data.

As a home health physical therapist, I see firsthand how patients with chronic, degenerative, or complex conditions rely on consistent, high-quality care. Profit-driven models tend to undervalue the long-term and nuanced care these patients require. They often use pay-per-visit models that create moral injury for clinicians, who are forced to choose between best practices and maintaining a livable income. This pressure not only erodes clinician well-being, but it also leads to worse patient

outcomes. For-profit agencies are also more likely to cut services in rural areas or among patient populations seen as “less profitable,” further exacerbating access and equity gaps in our communities.

Should the HCMO program approve this transaction despite these significant concerns, I request the following conditions to mitigate—though not eliminate—the potential harms of introducing a private equity-backed entity into Oregon’s home health system:

#### Cost of Care

I am deeply concerned about the financial impact on patients and the ethical implications of profit-centered care. Please consider the following conditions:

- Maintain patient coverage for at least five (5) years, including Medicaid and Medicare Advantage, regardless of dual eligibility or diagnosis.
- Implement and uphold a financial assistance policy for all qualifying patients for at least five (5) years.
- Prohibit denial of services based on a diagnosis of degenerative or chronic conditions for at least five (5) years.

These conditions are critical to protecting patients with chronic illnesses, who often show little measurable “progress” on metrics like OASIS scores. Without these protections, they risk being deprioritized under payment models that penalize complexity and duration of care.

#### Access to Care

I am particularly concerned about patients in rural areas and those requiring specialized services. I ask HCMO to require:

- No reduction in service frequency or access to disciplines based on geography or specialty for a period of five (5) years.

In 2024, Providence already eliminated critical services like home health palliative nursing and remote monitoring, and nearly cut a successful AAC-SLP program. These cuts were deeply felt by our teams and patients—and now, paired with this merger, they signal a troubling trend away from inclusive and comprehensive care.

#### Provider Autonomy & Quality of Care

As a provider, I urge HCMO to protect clinical integrity and patient trust. Please require:

Prohibition of any pay-per-visit compensation model for at least five (5) years.

- Full clinical decision-making authority retained by licensed providers regarding patient needs, treatment duration, and scope of services.

Clinicians must be empowered to make decisions based on clinical evidence and patient safety—not corporate metrics. Private equity firms should not be dictating the length of my visits or the conditions under which I’m allowed to provide follow-up care. These decisions have lasting implications on patient health and system-wide costs.

As noted in a 2023 New York Times article:

“Corporate tells you how to manage your patient. You know that’s not how you’re supposed to manage your patient, but you can’t say anything because you’re scared you’re going to be fired.”

This chilling reality is not hypothetical—it is already happening elsewhere, and Oregon should not be next.

### Employee Rights

Providence at Home with Compassus employees should not lose their professional mobility or be treated as outsiders within the larger Providence system. Therefore, I request:

- No employment restrictions that limit future opportunities.
- Continued recognition of seniority and internal applicant status within Providence.

If Providence is retaining 50% ownership and board control, then they must continue to uphold employee rights and career pathways that currently exist for those of us employed under the Providence name.

### Continued Oversight

Lastly, I ask that HCMO require:

- Providence not sell its 50% ownership share for a minimum of five (5) years.
- Annual, public-facing compliance reports submitted to OHA to ensure transparency and accountability over time.

Oregon's healthcare system must not become a revolving door for profit-seeking investors. Our patients, clinicians, and communities deserve a healthcare model that is built to last—not built to sell.

Thank you for your careful consideration of these comments and for your dedication to protecting the quality and integrity of healthcare in Oregon.

Thomas Williams

**7. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

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Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although

patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,

the diagnostic tests that are appropriate for a particular condition,

the treatment options available to patients, and

deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

“Administrators increasingly evaluated their medical staff according to similar metrics tied to patients’ health and put a variety of incentives and mandates in place. Doctors



and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

### Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the



transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Heidi Barth

**8. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

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I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

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the diagnostic tests that are appropriate for a particular condition,  
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deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I

fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

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I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

## Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

## Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Kristin Paruszkiewicz

**9. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best

practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control; I'm afraid Compassus will adopt the same system because driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. And people in those locations need help! I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved which will be very shameful and disappointing that all these people have served their country/ State but yet could not be served when they most needed it!

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system. Please do not allow this to happen, help Oregonian receive the proper care the need!!!

Thank you for your consideration!

Belle Kpeta

**10. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate

that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.



I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Katherine Frye

**11. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/20/25**

OHA Health Policy Director Stephanie Jarem,

My name is Kirsten Halsan and I am an occupational therapist serving the Clackamas and Happy Valley areas for the past 8 years. I have been honored to help my community meet their personal goals when faced with disabilities within their home following hospitalizations or a progression of a disease. I am deeply committed to quality healthcare for Oregonians and am greatly concerned with this transaction. This transaction will affect our most vulnerable community members - those who cannot leave their home and oftentimes are unable to advocate for themselves. We owe it to them to closely scrutinize this transaction.

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term



gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

1. Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.
2. For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.
3. For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial

assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

4. For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely 'cherry-pick' patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

I am also very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

1. For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient

is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

I am also afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

1. For a period of five (5) years, the new entity will not switch to a pay-per-visit model.
2. Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,

the diagnostic tests that are appropriate for a particular condition,

the treatment options available to patients, and

deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

“Administrators increasingly evaluated their medical staff according to similar metrics tied to patients’ health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. ‘Corporate tells you how to manage your patient,’ said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. ‘You know that’s not how you’re

supposed to manage your patient, but you can't say anything because you're scared you're going to be fired."

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

1. For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.
2. Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

1. For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Kirsten Halsan

**12. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/21/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best

practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

We serve a big geographical area with lots of miles between patients. Visits should not be limited or visits denied based on the patients geographical location.

The care team that is responsible for the patient needs to be able to determine the plan of care. Not the for profit organization.

We want to keep our Epic Home Health charting. The Homecare Homebase platform is inferior and doesn't save time.

Heidi Engbersen

### **13. Unsure about the merger, 3/21/25**

OHA Health Policy Director Stephanie Jarem,

I am worried about a lack of transparency about this merger. What will this mean for our patients? Can we continue to provide care? The changing target timeline and lack of disclosure of how this will affect patients has made me uneasy as a clinician. Providence is a long-standing company with a reputation in the area, and patients rely on us. Will that continue? How will we refer to our outpatient teams without even having the same EMR system?

I understand diversification, and I understand that Providence and Compassus are both companies that need to make money. However, do the companies understand the value of the patient care that has been provided? How will this be maintained, or changed? Having more questions than answers worries me when we've already seen such a shift in the amount and kinds of care that patients can access. I wouldn't want this for myself as a patient - would you?

Tracy Berg

**14. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/21/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Cost of Care



As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.



## Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

## Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from

positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

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Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Jamie Canales

**15. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/21/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

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For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

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For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50%

board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Jamie Newell

**16. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/21/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:



For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,

the diagnostic tests that are appropriate for a particular condition,

the treatment options available to patients, and deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I

fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Thank you for your time and attention to this matter.

Jan Perron

**17. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/21/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although

patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future

employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Margaret Dixon-McDonald

**18. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/22/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to perform a comprehensive review of the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to



mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,

the diagnostic tests that are appropriate for a particular condition,

the treatment options available to patients, and

deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.



Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

**19. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/24/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence cannot sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Joel Lampert

**20. Opposition to the Providence/Compassus Joint Venture, 3/24/25**

OHA Health Policy Director Stephanie Jarem,

Dear Ms. Jarem,

I am writing to express my strong opposition to the proposed joint venture between Providence Health and private equity-backed Compassus. As the Oregon Health Authority (OHA) reviews this agreement through the Health Care Market Oversight program, I urge you to consider the significant risks it poses to patient care, transparency, and health outcomes for Oregon's most vulnerable communities.

Under the proposed agreement, Compassus would assume management of Providence's home health and hospice services while Providence retains a 50% ownership stake. This structure raises serious concerns about the future quality and accessibility of these essential services. The involvement of a private equity-backed entity in patient care often prioritizes financial returns over patient well-being, leading to cost-cutting measures that may negatively impact the standard of care.

Many patients and caregivers have already voiced their concerns regarding transparency and potential reductions in service quality. Home health and hospice care play a critical role in providing compassionate, end-of-life care, and any shifts in management that could lead to workforce reductions, service limitations, or changes in care protocols must be carefully scrutinized.

If the joint venture proceeds, it is imperative that OHA enforces strict conditions to ensure that patient care and service accessibility remain intact. These conditions should include:

Commitment to Quality of Care – Assurance that care quality metrics will not decline under Compassus management.

Workforce Protections – Safeguards to prevent reductions in staffing levels that would negatively affect patient care.

Transparency Requirements – Clear reporting and accountability measures to track the impact of the transition on patient outcomes.

Community Impact Assessments – Regular evaluations to ensure that vulnerable populations continue to receive necessary services without disruption.

I urge OHA to reject this joint venture or, at a minimum, implement these safeguards to protect Oregon's patients and caregivers. Thank you for your time and consideration.

Sincerely,

Leah Johnston

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

We feel our area is better served by providence home health remaining 100% providence

Denise Fields

**22. No subject, 3/26/25**

I feel that converting one of the largest non-profit home health and hospice organizations into for profit would be damaging to our community. Profits, tight margins, cuts in staff and quality would all result from this change. I request that the sell off to Compassus be denied.

Melissa Mears

**23. No subject, 3/26/25**

Compassus is a private equity firm. From the perspective of oregonians receiving home health care from Providence, this is a turn for the worse. There will be increased missed visits, shorter visits, and needed care being omitted. Private equity is not going to help vulnerable Oregonians in need of care at home, it will only make our community less cared for and less well.

The home health workforce will also be rushed in their care. The nature of working with humans who are in recovery, is that the time they need from physical therapy, occupational therapy, or nursing can be unpredictable. No one wants to rush a procedure that needs to be sterile, but private equity will rush them to drive up profits. Please don't allow this to go through.

Also, likely when profit drives the administration of healthcare, it stagnated wages and creeps in wage theft. This translates into fewer state tax dollars collected from the workers caring for Oregon.

Kristin Harman

**24. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/25/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

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Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

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Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

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deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted.



The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

#### Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of thi

Julianna Harder

**25. Reject the Providence/Compassus Joint Venture; If Approved, Apply Cond, 3/26/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate

that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.margins.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Sincerely and with great concern,

Denise Wilson, RN, BSN, CV-BC, CHPN

**26. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/26/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

I also worry that vulnerable patients that need the care will not receive the care. I've been in the home health field for about 25 years love it dearly due to the necessity of

all patients not just certain one's that raise oasis scores. Also fear of losing a job that I truly love if the joint venture takes place due to uncertainty of 50/50 split

Patricia Bain

**27. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 3/26/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

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Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to

mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

### Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven



Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,



the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

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Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

STEPHANIE JONES

**28. No subject, 3/27/25**

This acquisition should not occur. The instability in healthcare and the narrowing down of systems to maintain and function is universal to our democracy. We are on the streets, in your town halls and are sick and tired of the greed taking our lives and freedoms. This is nothing more than engaging in the 2025 republican playbook. We the people want a democracy and a better healthcare system for all! Providing LESS, is not an option or acceptable! No takeover, no takeover!!

Joanne Tipton

**29. No subject, 3/27/25**

Please don't sell to another company in another state that has nothing to do with the Providence mission and has never known the caregivers and residents at this facility. You are dealing with peoples lives - this choice is not in the best interest of the people who will be directly affected - please care about this and change this model

A much better business choice would be to restructure the millions and millions of dollars the CEOs take as income every year . Why does one person need 15 million dollars a year - for what ? Doing what exactly ? Why would several other administrators need 14 , 12 , 6 and 4 million a year- where does this money come from ?

Why haven't these executives learned that lining their own pockets is not helping the health care system of people in need , that they are suppose to be paid to help ?

Does this make sense to anyone ? Where is the compassion and conscience? Why is providence buying soccer teams and other worthless buildings and venture capital ideas that have nothing to do with healthcare , instead of investing in themselves to help their people ? They need help but not the kind from selling out to companies consuming their debt who will not keep the mission and values of Providence .

Michelle Hawthorne

**30. No subject, 3/28/25**

Please deny approval of this sell off of our hospice practice. The coporatization of our healthcare system is not for the benefit of our patients

Katie Cobb

**31. No subject, 3/28/25**

I have worked in Oregon as a RN for over 20 years. I was a part of the Providence nurses strike and it has become quite evident that Providence management is only after a profit. I stated during the strike that Providence was going to start selling their assets to private equity firms. This is a major problem for the people of Oregon. Private equity firms should not be allowed to own hospitals. They strip the hospitals of all their assets and then walk away leaving the community with no hospital. The state has to step in and suddenly the taxpayers the ones who suffer with higher taxes. If you don't believe me check out the State of Vermont and their hospital debacle.

Heather Dotson

**32. No subject, 3/29/25**

Our Corporate Healthcare System is already struggling. Something is really wrong when a healthcare system that is supposed to be Nonprofit is selling off vital parts of their operations. Providence no longer has outpatient labs/radiology around town because they have sold them off or simply "shut down". Now they want to sell off Home Health and Hospice?? If they need more money then those top executives should take a pay cut. Please don't let Providence continue to shut down or sell off parts of its operations. It hurts the employees along with the communities they serve.

Melissa Brodahl

**33. Reject Joint venture, 3/31/25**

OHA Health Policy Director Stephanie Jared,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus.

Research has clearly shown that private equity owned healthcare companies threaten the cost, equity, access, and quality of care provided for patients.

In 2014 Compassus was found to have submitted false claims and fined \$3.92 million. They do not belong in any health care arena, especially not in Oregon.

Posted reviews indicate that money remains the primary interest; that care is limited in a cookie cutter fashion regardless of patient needs.

The pay-per-visit compensation structure encourages shorter visits, decreased care, reduced visits to rural areas, and employee burnout.

I am a home based primary care provider. I am concerned about the impact on my patients and the ethics of profit driven care. They are the ones who will become a lesser priority than the bottom line, receiving less care in order to increase dividends.

I refer many patients to Providence Home Health and can offer many stories of great patient outcomes. Here are just three:

J, a young person who suffered an anoxic brain injury which left them unable to walk or speak, living in a second floor apartment with their mother. J is now taking steps and using a walker, thanks to their Physical Therapist. J has had their feeding tube removed and is now able to eat soft foods, thanks to the Speech Language Pathologist. J remains medically fragile, and has fluctuating energy levels. The PT and SLP adjust their appointments to match J's energy, with longer visits when tolerated and shorter more frequent visits when appropriate. Without the ability to change visits to meet J's needs, J would not be making such strong progress.

And D who suffered a traumatic brain injury (TBI) after being hit by a car. With intensive attention and time from Physical and Occupational therapists, D has been able to stand up with assistance, and is learning to speak again. D has behavioral problems following the TBI, and is unable to participate in therapies some days, while on others D is energetic and eager to work. The PT and OT are able to adjust their schedules to meet D's needs. The PT and OT continually evaluate D's needs and develop extensive plans of care, including preparing the paperwork required to obtain splints, braces, and wheelchair additions. D's family recently visited from out of state and are looking forward to being able to bring D home to them as they continue to improve. If the PT and OT are unable to take the time to document and complete this paperwork, D will not get the care and equipment they need.

There is also H, a middle aged person who was mugged and beaten, leaving them dependent on a power wheelchair. H has chronic pressure injuries due to immobility. Their family provides all day to day care. Sadly, they have low health literacy, and struggle with understanding medications and treatments. H and their family have

additionally suffered from racial inequities in care, leading them to be wary of allowing clinicians in their home. With patience and empathy, the Registered Nurse has gained their trust and is able to help in wound care. The RN needs to spend extra time in each visit to explain wound care and correct medication administration. If the RN is replaced by a technician or has less time to spend with H and family, I know the trust between the RN and H's family will be shattered, H will be forced to move into a skilled care facility at great expense to insurance. And of course, the home health agency will have a negative outcome.

J, D, and H each require flexibility of time in each visit. I have no doubt that Compassus will change all that, and will not allow their staff to adjust their visits or time to accommodate the special needs of these people or any other people.

Sadly, I have seen the destruction of several good companies after they became for profit.

I worked with an Illinois Hospice and Palliative care organization that was sold to a for profit organization. I left as the sale was pending, effectively shuttering their palliative care program of over 1500 patients as the remaining team soon left as well. As I knew quite a few people who remained there, I heard a great deal about the changes. Hospice nurses were no longer able to spend quality time with their patients and families as their case loads were increased and daily productivity expectations went up 50%. CNAs were told to only bathe patients; no more bed changes, help feeding, trimming nails. Their case loads also went up. Quite a few nurses and CNAs left within months of the sale. This was in Illinois, where most hospices have inpatient units. This particular one had 5 around Chicago. They were all shuttered except one, which was 100 miles from their furthest south patients. One hundred miles for a family to drive to see their dying family member. This demonstrates the lack of compassion exhibited by the for profit corporation.

My personal observations are not isolated. These measures have been well documented in multiple journals and papers.

From "Ethically Challenged" 2022, Laura Katz Olson;

"During its journey among PE (private equity) shops, Compassus has had its share of fraud allegations, particularly from 2007 to 2013 when it was still under Cressy's ownership. Its Optum add-on - then called Evercare Hospice - engaged in deceptive

practices aimed at boosting the number of hospice patients it could bill Medicare for. Tactics included persuading doctors from discharging elders from hospice if they no longer qualified and neglecting to fully document patients' conditions. After purchasing Evercare, Formation (Capital) and Audax (Group) rebranded the company Optum Palliative and Hospice Care, ostensibly to wipe clean its sordid history. I wonder if the GPs were concerned when they bought such a troubled company. Or was the temptation of huge earnings too blinding?"

Are you blinded by the temptation of huge earnings?

Mike Asselta, CEO of Compassus, came from Fresenius Dialysis Center.

"Based on the evidence we've heard here today, the big dialysis centers (Fresenius and DaVita) are better at maximizing profits than patient outcomes, and they appear to exploit whatever loopholes the federal government opens up." (Freakonomics Episode 457 "Is Dialysis a Test Case of Medicare for All?")

I expect that Mr. Asselta continues this pursuit at Compassus.

Maximize profits over patient outcomes. Is this a goal HCMO shares?

Steven Dubner's Freakonomics episode 531, aired Jan 18, 2023, called "Should You Trust Private Equity to Take Care of Your Dog?"

The question you must answer now is "Do you trust private equity to take care of your patients?"

I believe you know and understand that profit has no place in health care and that Compassus has no place in our community.

HCMO must reject this joint venture.

Barbara Sutton APRN

**34. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/7/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding



private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.



I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Jill Vonderhaar

**35. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/1/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus, due to the treat to all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, and their history indicates that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven

companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

#### Access to care

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I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

Thank you for your consideration.

Jennifer Clark

**36. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/1/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term

gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial

assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Providence Hospice has long been known for our willingness to admit hospice patients who are complex and expensive to care for, whom other smaller or for-profit hospices choose not to admit. Being the largest hospice agency in the Portland metro area comes with having bigger staff and greater resources to leverage for these complex patients, and I am concerned the profit-driven ownership of Compassus will result in these patients being categorized as "too expensive" or "too complicated" for us to work with. While funding issues do need to be addressed by adequate reimbursement from Medicare, I feel strongly that we should not be denying care to some of our most vulnerable and needy patients because they don't contribute to the bottom line.

I am very concerned that access to care for my rural patients and patients who receive specialty service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total

number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,

the diagnostic tests that are appropriate for a particular condition,

the treatment options available to patients, and

deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

“Administrators increasingly evaluated their medical staff according to similar metrics tied to patients’ health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. ‘Corporate tells you how to manage your patient,’ said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. ‘You know that’s not how you’re

supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.



I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Sharon Hoeffner

**37. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/1/25**

OHA Health Policy Director Stephanie Jarem,

Hello Stephanie-

I am writing as an SLP in Portland, OR. I have worked in this community adjacent to the Providence Home Health team for approximately 10 years in several different roles, and I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care. Part of this letter is a template, as I am sure you can see, but that is only because it conveys my feeling so well.

The following will go more into detail regarding the issues this joint venture would bring, but having done my research on previous ventures Compassus has made, and then have failed in all the ways that matter to our community, I cannot support this move. Allowing a for-profit company to take over a resource that is so valuable to the people I have worked with and continue to work with is deeply alarming. It will harm those most vulnerable in our community, which I thought Providence was aligned with me in preventing at all costs.

I hope you'll read the rest of this letter, but know that going directly against what I thought were Providence core values is a move I cannot support.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Sincerely,

Amanda Mason

**38. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/2/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to complete a comprehensive 180 review of the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

When I joined Providence 8 years ago, it was in part out of solidarity with its Mission and Values. While Compassus and Providence argue that their values are in alignment, I believe that private equity owned companies are necessarily constrained to operate in a way that delivers profit to investors. I am very concerned that this will further shift priority from patients--from serving the most vulnerable in our community w/ care, compassion, attention, and time--to maximizing profit. Certainly businesses need to bring in adequate revenue to be sustainable, but capital should always be in service of humanity. Not humanity in service of capital. As political theologian Luke Bretherton has said, "The value of what a nurse [or other health care worker] does cannot be articulated or valued in purely economic terms. It is not reducible to efficiency in producing, distributing, and consuming healthcare. And no one wants to be cared for by nurses who view their job only in these terms" (Bretherton 2023). For the reasons described below, I am concerned that our care would increasingly be in service to capital, rather than humanity.

I am very concerned that with the change in electronic medical record platform we will lose our access to Epic Hyperspace, the EMR used by most of the health care systems in the area and so the EMR used by most of our patient's providers. This will mean that we will be unable to complete a thorough chart review. Without a thorough chart review, our care becomes inadequate, inefficient/redundant, and at times, unsafe.

Additionally, without access to Hyperspace, we lose the ability to communicate directly with providers via electronic messages. Communicating with our patients care teams and providers is vital. Telephone calls or messages conveyed to physicians through office staff are unfortunately not only very time consuming but often unreliable and regularly result in delays of care. We need to be able to communicate directly with patients' providers via electronic medical record platform, in this case, Epic Hyperspace.

Moreover, Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

Moreover, I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted.

The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

#### Continued oversight



I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Kendra McInturf, MS CCC-SLP

**39. No subject, 4/2/25**

I am writing to urge OHA to reject the proposed merger of Providence Home Health and Hospice with Compassus. There is vast research to support that for-profit and/or private equity backed home health and hospice agencies provide lower quality care with poorer health outcomes to the communities they serve.

In the event that OHA approves this merger I urge that the approval include the following conditions:

1) No reduction in the area/communities currently served. Providence Home Health and Hospice (PHHH) currently serves a wide geographical area, including many rural, hard to reach areas. In many cases, PHHH is the only home health and hospice provider available. Rural communities are not profitable to serve; travel time and associated costs negatively impact daily ""productivity"" and as such are often eschewed by for profit agencies. It is imperative that these important services remain available to these rural communities.

2) No reduction in charity care or charitable donations; establish the equivalent of currently existing Providence Hospice Foundation. PHHH currently provides free or reduced fee services to individuals who qualify. A for profit entity seeking to reduce costs could attempt to decrease the amount it spends on charity care. Providence Hospice Foundation provides financial assistance to families, frequently including grants to cover the cost of cremation or burial. It is imperative these resources remain available.

3) No cherry picking of patients based on terminal diagnosis. There is ample published evidence that for-profit hospice agencies prioritize and incentivize admitting patients deemed ""profitable"" due to their terminal diagnosis and decline to admit others due to medical complexity and acuity which are frequently not profitable.

Thank you for your consideration,

Michael Port, RN, CHPN

**40. 3/21/25**

Dear Health Care Market Oversight Staff,

I work with the Oregon Hospice & Palliative Care Association (OHPCA), a statewide public benefit organization helping to ensure Oregonians have access to high quality hospice and palliative care as they near the end of life. We serve members of the public who may need or are already receiving hospice and palliative care as well as the programs who provide this care around the state. The Providence Hospice program has been a valued member of our state hospice and palliative care association for many years. We have been fortunate to have several Providence staff serve as Board members of the association.

As a neutral observer to the proposed Joint Venture between Providence and Compassus, I have spoken with current Providence staff who have questions about a statement made in the Notice of Material Change Transaction (043-Notice.pdf; link: <https://www.oregon.gov/oha/HPA/HP/HCMOPageDocs/043-Notice.pdf>)

Regarding question 13 and response d. (on pages 19 and 20): **Describe any anticipated changes resulting from the proposed material change transaction, including:**

d. **Type and level of staffing** There will be no change to the type and level of staffing provided as a result of the Joint Venture and no change to employees' roles or responsibilities. Compassus strives to be an "employer of choice" through its joint ventures for home-based care clinicians and caregivers across the nation. In furtherance of this commitment, Compassus and Providence have agreed that the Joint Venture shall provide the same compensation and substantially similar benefits (including a recognition of prior years of service at Providence for benefits purposes) for Providence's current employees.

Current Providence employees seek clarification about whether the sentence: "There will be no change to the type and level of staffing provided as a result of the Joint Venture and no change to employees' roles or responsibilities" means that currently *employed* staff will be able to continue as employees and will not be asked or required to change their employment status to become independent contractors. The clarification about this employment status question may also impact whether current employees will continue to be able to receive "the same compensation and substantially similar benefits (including a recognition of prior years of service at Providence for benefits purposes) for Providence's current employees."

It would be helpful to current Providence employees to receive clarification about the employee versus independent contractor status as the Joint Venture process continues. As the Oregon Bureau of Labor and Industry states on its webpage "Employee or Independent Contractor" (link: <https://www.oregon.gov/boli/employers/pages/employee-or-independent-contractor.aspx>) "The rights of a worker depend on whether that person is an employee or an independent contractor."

Respectfully submitted,

Barb

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

I am a physician in the Portland area. I work in physical medicine and rehabilitation, which involves frequent referrals to home health, and sometimes referrals to hospice.

as you are likely aware, Providence is proposing to merge with Compassus, a nationwide for-profit healthcare company that manages home health care and hospice. Compassus model is that they hire physicians and NPPs as 1099 contractors, and expect them to spend about 25-30 hours monthly on patient care. the majority of their current physicians have outside practices that are their main focus, and the hospice care is a secondary gig.

The current model in Oregon is that hospice and home health physicians are intimately involved in their patient care. they work full time, or more than full time. they are specialists in hospice and palliative care. This benefits patients, as general primary care is currently very hard to access due to physician shortages, and hospice physicians have more training in treating end of life issues such as cancer pain and severe air hunger.

I am concerned that with this merger, Compassus will lose all of the physicians and NPPs who are currently providing care, because they will be pressured not to spend as much time or consideration on each individual patient. we will instead have less quality care given by under trained staff, and likely overseen by a remote physician working elsewhere. Notably, when Compassus and Providence filed for approval of the merger with OHA, they said that staffing would not change, but that is not in line with their business model in other areas of the country.

I encourage you to ask hard questions regarding this merger, and to continue to advocate for those who are facing what is likely the most difficult time of their lives.

Lauren Fisher

**42. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/3/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

This comment was submitted by:

Maxwell Gilbert

Beau Gilbert, Portland

Derek Anderson, Hillsboro

Kathryn Waller, Beaverton  
Bethel Ryan, Dallas  
Kathy Keane, Beaverton  
Liz Clune, Portland  
Calli Ross  
Kristina Leto, North Plains  
Brian Plank, Portland  
Alicia Ibaraki, Tualatin  
Raelynne Virshup, Milwaukie  
Dane Ross, Sherwood  
Heather Chambers, The Dalles  
Mandy Green, Portland  
Laura Black, Tigard  
Jenn Gross, Beaverton  
Kimber Nelson, Portland  
Justine Johansen, Portland  
Allison Lim, Vancouver  
Leah Taylor, Portland  
Jared Franz, Portland  
Kim Holloway, Seattle  
Helen Halpern, Seattle  
Dana Higginbotham, Central Point  
Meg Calvert, Warrenton

Shane Burley, Portland  
Hannah Winchester, Portland  
Drew Zimmerman, Portland  
Andrea Hall, Portland  
John Gross, Oregon City  
Scotty Oleson, Molalla  
Maria Rodriguez Martinez, Milwaukie  
Amy Lee, Portland  
Sarah Kowaleski, Tualatin  
Jeanine Clarke, Portland  
Judith Beck, Portland  
William Mahoney-Watson, Lake Oswego  
Sarah Thompson, Portland  
Judith Lienhard, Portland  
Robyn Gottlieb, Portland  
Sara Miller, Portland  
Anonymous  
Anonymous  
Nan Schreitz, Portland  
Betsy Zucker, Portland  
Anonymous  
Dawn Meyer, Portland  
Shannon Fornelli, Portland



Alice West, Portland  
Christine Huck, Redmond  
Barbara Byrd, Portland  
Lisa Nwokeabia, Hood River  
Julie Gladziszewski, Portland  
Rebecca Congdon, Portland  
Joi Knowles, Beaverton  
Suzanne Ragnone, Portland  
Kim Dooley, Portland  
Joshua Watson, Eugene  
Jesseca Calhoun, Oregon City  
Katie Cobb, Portland  
Tanya Miller, Portland  
Karen Smack, Portland  
Marcia Bogert, Wilsonville  
Cay Channing, Portland  
Karissa Hanberg, Portland  
Tiffany Eder, Beaverton  
Melanie Fruhwirth, Portland  
Corina Alexander, Portland  
Anonymous  
Christina Lynch, Portland  
Steven Massingale, Eugene

Janice Macarthur  
Diana Boss  
Margaret Zebroski, retired PA-C, Portland  
Betsy Zucker, Portland  
Rachel Slocum, Portland  
Anne Trudeau, Portland  
Daniel Brown, Portland  
Tamara Caldwell, Salem  
Anonymous  
Jynx Houston, Portland  
Alison Moore, Portland  
Phil Houston Goldsmith, Portland  
Chris Gibbons, Vancouver  
Peter Addy, Portland  
Julio Garcia, Hillsboro  
Jane DeHart, Corvallis  
Dayna Remmers, Portland  
Margo Burtchaell, Trout Lake  
Carrie Rodgers, Terrebonne  
Alicia Alley, Damascus  
Brooklyn Bright, Saint Helens  
Vanessa Sandoval, Portland  
Cassandra Anderson, Bend

Ryan Smith, Portland  
Katie Oliver, Portland  
Asher Caldwell, Portland  
Judith Lienhard, Portland  
Erin VanDyke, West Linn  
Kiana McCune, Portland  
Stephanie Brown, Portland  
Jodi Danielson, Happy Valley  
Katie Snyder, West Linn  
Cheryle-May Ramirez, Klamath Falls  
Sarah Lowry, Beaverton  
Nathaniel Hancock, Portland  
Jenny Tatro-Ayersman, Newberg  
Kira Talo, Portland  
Clarissa Charlier, Portland  
Vanesse Halligan-Chew, Tigard  
Jennifer Mueller, Portland  
Peter Por, Portland  
Kevin Brandini, Portland  
Holly Simpson, Portland  
Scarlett Gross, Portland  
Katie Shuler, Portland  
Paula Johnson, Rockaway Beach

Summer Chase, Vancouver  
Caeli Brannon, Portland  
Amber Clifford, Portland  
Helen Callahan, Damascus  
Nicole Dobrow, Portland  
Mary Lynn Carroll, White City  
Jacqueline Naganuma, Milwaukie  
Elizabeth Gardner, Gresham  
Laura Hanks, Milwaukie  
Caitlin Elsoe, Hillsboro  
Sheena Scharf, Scappoose  
Kimber Nelson, Portland  
Kelly Johnson, Portland  
Anyia Sonkin, Portland  
Molly Odonnell, Portland  
Shannon Harley, Portland  
Annemarie Hartman-Charness, Portland  
Holly Marstall, Portland  
Breanna Zabel, Medford  
Erika Broussard, Wilsonville  
Knapp Khristina, Oregon city  
Christopher Loiselle, Vancouver, WA  
Deirdre Mohoney-Clark, Salem

Adele Mery, Portland  
Cathy Tenney, Gresham  
Marisela Marquez, West Linn  
Melissa Brodahl, Vancouver, WA  
Ted Dreier, Portland  
Bernadette Yauney, Beaverton  
Heather Hurst, Colton  
Sean Seward-Katzmiller, Sebastopol, CA  
Eldon Mauldin, Portland  
John Bulliard, Eugene  
Judith Beck, Portland  
Mary Thiel, Portland  
Farallon Broughton, Corvallis  
Paige Gyldersleve, Beaverton  
Anonymous  
Jaclyn Rodewald, Portland  
Lauren Morrell, Portland  
Debra Dungan, Newberg  
Laura Hanks, Milwaukie  
John Nangle, Bend  
Mary Thiel, Portland  
Judith Beck, Portland  
Anonymous, Portland

Anonymous, Portland  
Hayley Hirt, Milwaukie  
Laura Mills, Portland  
Heather Chambers, The Dalles  
Kaye Exo, Portland  
Sinéad McBrien-Mulkey, Portland  
Cathy Ogle, Albany  
Judith Beck, Portland  
Audrey O'Donoghue, Ashland  
Judith Lienhard, Portland  
Anonymous, Portland  
Lyle Funderburk, Portland  
Dave King, Portland  
Anonymous, Portland  
Kaye Exo, Portland  
Laura Hanks, Milwaukie  
Joslyn Baker, Portland  
Linny Stovall, Portland  
Phil Houston Goldsmith, Portland  
Laura Hanks, Milwaukie  
William Mahoney-Watson, Lake Oswego  
Anonymous, Portland  
Laura McBride, Tigard

Michelle Fawcett, Portland

Laura Hanks, Milwaukie

Sam Beaurivage, Portland

Mike Zotter, Milwaukie

Phil Houston Goldsmith, Portland

Tina Burdsall, Vancouver

Phil Houston Goldsmith, Portland

**43. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/3/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and



often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Candi Wheeler

#### **44. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher

healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

There should not be a pay per visit structure as this diminishes the quality of care by placing pressure on clinicians to shorten visits and increase productivity, thereby decreasing care provided each visit.

No changes to the current productivity standards should be made for a period of five years following the joint venture's start.

The current collective bargaining plan should be honored by the joint venture.

Should the joint venture be approved, the current level of care should be continued to be provided to Medicare and Medicaid patients.

Duration and type of care provided should continue to be at the discretion of clinicians in collaboration with patients and doctors and not be driven by pursuit of profit over quality of care.

Thank you for your consideration of these concerns.

Sincerely,

Mary St. Denis

**45. Compassus and Providence, 4/4/25**

Dear OHA,

I am very concerned about a possible merger of Providence Home Services and Compassus, a national for profit provider of hospice services. Providence has increasingly been focused on profits in our community resulting in cutting clinical positions as well as support/administrative positions that assist clinical staff in being able to focus on the most critical aspects of their job. I worked for Providence Hospice for 8 years and more recently left to work for a local nonprofit.

I am worried about our rural hospice and home health population if the merger/acquisition is allowed. Compassus may not believe that serving the more rural reaches of the service area (Yamhill county, Hood River and the Dalles) is cost effective and could stop serving those areas. This would be hugely detrimental.

I am worried that Compassus would put profits over patients in even a more egregious way than Providence has recently.

Thank you for your time.

Jonquil Moser, LCSW

**46. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/4/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher

healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

The following conditions are of top concern to me:

Not moving to a pay per-visit compensation plan.

Not limiting patients seen by insurance, primarily Medicaid patients.

Not limiting services to our rural communities.

Thank you for your time and consideration.

Hannah Frankamp

**47. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/4/25**

OHA Health Policy Director Stephanie Jarem,

As a Master's prepared Registered Nurse and a Certified Hospice and Palliative Nurse (CHPN), I write today in strong opposition to the proposed joint venture between Providence and Compassus. I have practiced in home health and hospice across several states for decades, serving as both a direct care nurse at the bedside and in organizational leadership, including as a director responsible for clinical quality and operations. I have seen the transformative power of hospice and home health when delivered with integrity, compassion, and clinical excellence—and I have also seen the damage that results when care is driven by financial returns rather than patient need.

I urge the Health Care Market Oversight (HCMO) program to reject this joint venture. Simply put, a partnership between a nonprofit health system and a private equity-backed hospice and home health corporation like Compassus would jeopardize all four pillars that HCMO evaluates: cost, access, equity, and quality of care.

From a quality standpoint, the data is clear: for-profit hospice agencies—including Compassus—routinely underperform their nonprofit counterparts. Compassus scores below Providence across nearly all CAHPS Hospice Survey quality measures. Families and caregivers report lower satisfaction, worse communication, and greater unmet needs. This is not a coincidence—it is a reflection of how resources are allocated, how staff are supported, and how leadership decisions are made when profit is prioritized.

As someone who has managed the operational realities of home health and hospice programs, I know firsthand how critical it is to have experienced, mission-driven clinical leaders making care decisions—not hedge fund managers with no clinical background. In private equity-backed agencies, I have seen clinicians asked to do more with less, often without the tools, time, or support they need to deliver the care they know their patients deserve. Staffing is lean, turnover is high, and specialty programs that are vital for high-needs patients—such as dementia care, pediatric palliative services, or complex case management—are frequently eliminated or scaled back due to their lower profitability.

This disproportionately affects rural communities, low-income populations, and those with complex or stigmatized diagnoses. When agencies are incentivized to cherry-pick low-acuity, higher-reimbursement patients, it creates real access barriers and deepens existing health inequities—especially in a state like Oregon where equity and access are deeply held community values.

This joint venture would not only harm patients and families; it would also negatively impact the dedicated workers who make this care possible. Clinicians in home health and hospice already work under emotionally demanding conditions. The addition of a profit-driven ownership model would increase pressure to cut corners, reduce clinical autonomy, and diminish workplace morale—leading to burnout and further exacerbating Oregon’s healthcare workforce crisis.

In sum, the Compassus–Providence joint venture is not in the public interest. It threatens to degrade the quality and accessibility of care, especially for our most vulnerable neighbors. It undermines long-standing commitments to equity. And it sets a dangerous precedent for private equity expansion in Oregon’s healthcare system.

Patients and families deserve better. Our communities deserve better. And our healthcare workforce deserves to practice in settings where ethical, evidence-based care is the priority—not shareholder returns.

Thank you for your time and thoughtful review. I respectfully urge you to reject this transaction.

Sincerely,

Emily Ann Rivas, MSN, RN, CHPN, CWCN

**48. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/4/25**

OHA Health Policy Director Stephanie Jarem,

As a loyal Providence employee of 30 years, I’m praying that the Health Care Market Oversight program to rejects the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

I have seen what has happened at Providence systemwide now that some entities are already being contracted out like with LabCorp and anesthesia. These mergers have not improved patient care from what I have experienced, patients now have less personalized care, longer lines, and difficulty accessing services.

I have been a Providence Home Health physical therapist for the last 30 years. I serve palliative care and hospice patients that are vulnerable and low income and often in rural communities.

I don't see how a takeover to a for-profit company will be in the best interest of our most in need and fragile patients. I have been proud to be a Providence employee all these years and I always thought I would retire with Providence. This is not a model or a company that I want to be a part of. In my opinion, it's ethically and morally wrong to try to make money off of people that are dying. I've always been proud of my job and it breaks my heart that I will no longer be able to say that if this merger/takeover happens.

I know you've received multiple letters from my colleagues, explaining in detail more reasons why it doesn't make sense to allow this joint venture and I agree with all of them.

Imagine your loved one, homebound and on hospice care and you know that the company giving them care is trying to turn a profit off of their illness. The only way you can make a profit off of people that are dying is to give them less care. I have been blessed and honored to hold many dying patients hands and give them the care that they need. We shouldn't be having to watch the clock and worry earning points and productivity and how many billable hours we can fit in a day. California and Washington have already given up, Oregon is better than that, we can do better.

Please consider our request.

Sincerely,

Donna Parry

**49. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/4/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.



Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

I personally work with patients near their end of life & so many rely on the current skill & compassion delivered by Providence Palliative & Hospice Care. Do not allow this private entity to come in & break the built up trust with the community when delivering subpar care.

Celeste Aguilar

**50. 043 Providence-Compassus: Reject the Joint Venture, 4/5/25**

I would like to comment on the proposed Providence-Compassus joint venture. As a hospice nurse I am deeply concerned from a quality standpoint about what this move would mean for the future of end-of-life care in our communities. I have worked for



Providence for nearly a decade in the hospital and home care settings, and was devastated to learn of their plan to sell us out to a for-profit, private-equity-backed entity. I urge you to reject this proposal, which should at an absolute minimum be subject to a thorough and comprehensive review.

The quality issues associated with for-profit hospice care are well documented. One study ranked the 50 largest US hospice organizations by a number of quality indicators, with Providence ranking at #10 and Compassus at #37 of 50.<sup>4</sup> Non-profits were higher performing overall, ranking in each of the top ten positions and 14 of the top 15.<sup>4</sup> Existing research has demonstrated, for example, that for-profits tend to admit fewer patients with cancer diagnoses compared to those associated with greater lengths of stay like dementia, which may be associated with higher profitability.<sup>2</sup> Studies have suggested there may be financial incentives to admitting more patients with potentially longer prognoses who may have decreased symptom management needs, requiring fewer visits and resources at the same daily reimbursement rate.<sup>3</sup>

Until recently, there appeared to be limited data on the precise impact of private equity on hospice care.<sup>1</sup> Last year a research letter published in *JAMA* sought to analyze this, finding that private-equity backed hospices underperformed not only non-profits but also their for-profit, publicly traded counterparts.<sup>7</sup> The known quality deficits seen in the for-profit sector are not limited to hospice but have been demonstrated in the home health setting as well.<sup>5</sup> These same researchers have called for increased regulatory oversight in order to protect patients from the poor outcomes associated with for-profit care.<sup>5</sup> We are fortunate here in Oregon to have a resource like the Health Care Market Oversight program to protect healthcare in our communities.

Given that Providence has already started cutting back on essential home services and restructuring our workforce in apparent preparation for this joint venture, I am fearful of how this will play out going forward should this transaction be allowed to proceed unchecked. For hospice clinicians, the implications here are often deeply personal. Many of us were drawn to this work after being involved in end-of-life care for our own loved ones. A number of my colleagues, when faced with a terminal prognosis for a parent or other family member, have entrusted Providence Hospice to provide their care. I worry about how the quality of that care might have been compromised in a community dominated by for-profit agencies.

The lasting effects of a substandard care experience can be felt beyond the hospice episode and into the ongoing journeys of the bereaved loved ones our patients leave behind. As stated by the *JAMA* investigation authors: “In the hospice context, poor quality care has been associated with complicated family grief and poorer bereavement adjustment, so this quality gap, combined with the growing dominance of for-profit hospices, is of particular concern.”<sup>2</sup> While the practices of profit-driven healthcare institutions can be problematic in any specialty, the impacts on hospice patients and their families are uniquely painful. As the hospice adage goes, we often only get one chance to get it right. This should be essential for all of us to consider as we strive to provide and ensure high-quality end-of-life care for our patients and communities.

I realize that Providence as a system has in many ways long since abandoned the values of their charitable & non-profit origins, making headlines for union busting/unfair labor practices<sup>5</sup> and predatory billing tactics targeting the poor & vulnerable while executives make millions.<sup>6</sup> However, until now it had seemed that our hospice patients were mostly insulated from such exploitative behavior. Apparently Compassus views this as an opportunity to capitalize.

As a healthcare worker and Oregonian, I am grateful to live in a state that prioritizes quality and health equity above the business interests of wealthy corporate healthcare profiteers. I hope that the outcome of this investigation will reflect those values. Thank you for reading this and for your careful attention to this matter. I have attached the referenced articles for review.

Janelle Grant, BSN, RN, CHPN

1. Aldridge, M. D., Hunt, L. J., Halloran, Z., & Harrison, K. L. (2024). Private Equity Acquisitions Of Hospices Are Increasing; Ownership Remains Opaque. *Health Affairs (Project Hope)*, 43(9), 1306–1310. <https://doi.org/10.1377/hlthaff.2023.01671>
2. Anhang Price R, Parast L, Elliott MN, Tolpadi AA, Bradley MA, Schlang D, & Teno JM. (2023). Association of Hospice Profit Status With Family Caregivers' Reported Care Experiences. *JAMA Internal Medicine*, 183(4), 311–318. <https://doi.org/10.1001/jamainternmed.2022.7076>
3. Cabin, W. (2023). The Hospice Algorithm: Capitalizing on Death and Dying. *Home*

*Health Care Management & Practice*, 35(1), 3–12.

<https://doi.org/10.1177/10848223221085992>

4. Hotchkiss, J., Ridderman, E., & Hotchkiss, B. (2024). Caregiver and Employee Experience Among Big Hospices-Ranking of the Largest US Hospices by Three Quality Indicators. *The American Journal of Hospice & Palliative Care*, 41(9), 987–1001. <https://doi.org/10.1177/10499091231206481>
5. Hunt, L. J., & Morrison, R. S. (2024). The Growing Influence of the Financial Sector in Serious Illness Care in the United States. *Journal of Palliative Medicine*, 27(9), 1111–1113. <https://doi.org/10.1089/jpm.2024.0269>
6. Silver-Greenberg, J., & Thomas, K. (2022). They Were Entitled to Free Care. Hospitals Hounded Them to Pay. *The New York Times*. <https://www.nytimes.com/2022/09/24/business/nonprofit-hospitals-poor-patients.html>
7. Soltoff, A. E., Unruh, M. A., Stevenson, D. G., Kavalieratos, D., & Braun, R. T. (2024). Caregiver-Reported Quality in Hospices Owned by Private Equity Firms and Publicly Traded Companies. *JAMA*. <https://doi.org/10.1001/jama.2024.20546>
8. Templeton, A. (2025). The Providence health care strike, explained. *Opb*; *OPB*. <https://www.opb.org/article/2025/01/09/providence-health-care-strike-nurses-doctors-hospitals-oregon/>

**51. No subject, 4/7/25**

I am concerned that Compassus will reduce services for patients who live in very rural areas. Many patients are vulnerable to further health implications where services are already limited. Providence took over Skamania county that is a distance to travel which could cause no care for patients. Concern also about reduction in number of visits and clinician support.

Meagan Wells-Clark

**52. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/7/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding

private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model for any field clinicians including therapists, social workers, and home health aides.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted.

The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

#### Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance



Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Alecia DeRoo

**53. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/8/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven



companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

I ask that OHA assign a Community Review Board to reviewing this Join Venture application!!!

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Holly Thompson

**54. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/8/25**

OHA Health Policy Director Stephanie Jarem,

Dear Ms. Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus, a private equity-owned business. Placing patient care in the hands of a company whose sole purpose is to generate profits is never good for patients.

Compassus has a track record of showing a decrease in cost. However, a deeper dive shows worse patient outcomes. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition,

for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

Please look at Compassus' outcomes and stop this slippery slope of selling the health of our community to Wall Street.

Thank you for your consideration.

Molly Burtchaell RN

**55. No subject, 4/8/25**

Compassus

I was a 6 year Hospice of the Gorge volunteer and I am deeply concerned about the move to privatize hospice. I recommend you dont authorize this or approve the joint venture.

Research shows that privately owned, operated healthcare entities are resulting in worse health outcomes and HIGHER costs for our families in their care.

I am writing to ask that you assign a Community Review Board to the Proposal.

If you decide to move forward, in the very least require Compassus to not reduce any of the current service areas or level of service provided or make exclusions on insurances or diagnoses they serve.

Melanie McCloskey

**56. No subject, 4/8/25**

Please assign a Communty Review Board to address further concerns and oversee this proposed merger. Thankyou

Jayne Elken

**57. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/11/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

- Compassus commits to keeping all current field staff, in their current positions - no layoffs for cost-cutting or reduction of force.

- Compassus commits to continued acceptance of all patient insurances currently accepted by Providence.

-Compassus commits to continued home health service coverage of current areas of care, including rural areas.

-Compassus commits to keeping home health and hospice services as they are currently, as this company appears to have a history of buying home health agencies and closing them soon thereafter. The closure of the largest home health agency in the greater Portland area would have a devastating effect on both patients and employees. This agency must continue to serve this state as it always has, in its entirety, regardless of profit margins.

-Compassus commits to honoring existing union contracts agreed upon by Providence and Providence employees, and commits to moving forward with future contracts in good faith bargaining.

It is far past time for healthcare agencies to stop a moment in the profit counting and think about what this means. Health Care. Having a care for the health of others – workers and patients. That is what healthcare is supposed to be. We are in the midst of a national crisis, and it is in times of crisis that true character is revealed. The question is not so much what needs to be done, but who needs to do it.

Now is the time for those in power to step in and remind healthcare agencies that the time of prioritizing corporate profits over human lives is over, and checks and balances do exist.

Elizabeth Watkins Watkins

**58. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/8/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients

by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce a substantial reduction health outcomes for patients, reduce or eliminate access for high-needs patients, and that it will be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Providence has grown Home Health and Hospice to become what can reasonably be considered a mega-provider.

By size, role, nature and responsibility, Providence Home Health serves a large population of patients that for-profit companies already present in the community, deny or limit services to; returning those referrals back to be picked up by non-profit providers.

In my opinion, intentional growth of this magnitude should also carry the responsibility of planning for patient care which takes into consideration the financial decisions that will be made in order to limit potential losses and therefor result in loss or reduction of care under a for-profit model of Home Health. This will include equity, access and quality of care.

Compassus does not demonstrate comparable offerings for Home Health services within their largest markets in their present geographic footprint. Their largest markets

emphasize Hospice services, and demonstrate an absence of, or very limited offerings for Home Health services. Because Home Health and Hospice services are not equivalent, Hospice cannot serve as a substitute to replace Home Health.

If Compassus, a for-profit company, takes on the responsibility of serving Home Health patients in what was the non-profit, Providence Home Health market, they should be required to present a plan that delineates clear and enforceable measures as to how they will meet the needs of patients in areas that are projected to underperform financially. Smaller, local Home Health agencies will not have capacity to provide services for patients if Compassus takes a position of reduction of service, in underperforming areas. Though this is being defined as a Joint Venture, it Providence has not provided plans to maintain responsibility for the patient markets which may present Compassus with financial loss or limitation. Closing underperforming offices, or reducing workforce will serve to the detriment of patients who depend on Providence, because it has grown itself into a mega-provider.

Providence/Compassus joint venture is demonstrating that they are in alignment with a near 20% reduction in workforce, by their refusal to offer provisions for employees who are currently participating in the PSLF tuition reimbursement program; currently offered by the non-profit Providence. This elimination in workforce demonstrates a severe and disruptive cut in the ability to provide patient care, for financial gain. Providence demonstrates chronic struggle to hire into open positions which arise from standard staff turnover, which strains patient care. A sudden reduction of nearly 20% of the workforce will result in substantial disruption and throttling of patient services. This is a clear example of how this for-profit company in joint venture with Providence is already acting in its own best interest, to save money, with decisions that will negatively impacting care and outcomes. As a joint venture, they have decided to transition all employees to Compassus, the for-profit company. Both of these joint venturing healthcare agencies have an awareness of the impact that the elimination of the tuition reimbursement program will have on patient care and employee retention. Service disruption from lack of staff is a basic concept and minimal expectation of understanding for competent healthcare companies. Willful inattention and lack of consideration to this faucet alone demonstrates that this joint venture is a poor choice for all patients in our community. It demonstrates willingness to negatively impacting patient care for profits.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Pax Schneider

**59. Please Carefully Consider the Providence Compassus Transaction 043, 4/8/25**

OHA Health Policy Director Stephanie Jarem,

As a home health speech language pathologist, I feel strongly that the Health Care Market Oversight program should reject the joint venture known as Providence at Home with Compassus between Providence and Compassus. At minimum, a comprehensive review seems reasonable and warranted given the impact of this transaction on the cost, access, equity, and quality of care in Oregon.

The proposed joint venture name, Providence at Home with Compassus, is confusing for both the general public, and providers that collaborate with the home health and hospice agency. Job candidates will also be confused thinking they are applying to the Providence Health system and would assume they would be Providence employees as they plan their healthcare careers. This is also confusing for current employees as to whether they would be considered Providence employees when it comes to whether a job change is considered internal or external to the Providence system. By continuing to use the name Providence in the Joint Venture name, it conveys that the employees and operations are still under Providence meaning all caregivers would have the same access and rights as other employees to HIPAA information via Providence's electronic medical record (EMR), Epic and Epic Remote. This means that providers both inpatient, outpatient and inpatient rehab would assume Providence at Home with Compassus employees would be able to view all of their notes and imaging in the same Epic EMR and have access to Care Everywhere which provides cross system communication between Legacy and OHSU and many other outpatient clinics. This type of cross system and setting communication via Epic reduces the amount of faxing and burden of communication in HIPAA compliant ways on both the senders and receivers. As it stands now, Compassus plans to move the largest home health and hospice agency off that EMR and is focused only on patching or essentially frankensteining access to acute care notes and nothing else. Essentially this will increase the workload of not only the home health and hospice agency but also the other clinicians' systems interfacing with the agency and leaves open more



opportunities for information to get lost or miscommunicated. Not only is the name confusing for EMR reasons but also potentially for insurance. It is already confusing as a consumer to determine who takes your insurance or not. By continuing to use the name Providence, the Joint Venture conveys that they will always take Providence Health Plans and while the Joint Venture may promise to continue to do so at this time, they could decide in the future to not serve these plans anymore since they may have less obligation to do so being a separate LLC, further confusing the public.

The importance of switching the electronic medical record system cannot be overstated. In an EMR, clinicians look for access to information to communicate, inform, and coordinate comprehensive care whereas corporations look for ease of billing ability and ability to document to meet regulations, not best clinical practice. In an informal survey of my colleagues who have worked at other agencies and other EMR's in home health and hospice, they have time and again rated Epic and Epic Remote as the best. No EMR is perfect, however, the reason they cite a preference for Epic Remote is that the amount of access they have to a patient's chart from other care settings such as outpatient, inpatient and across healthcare systems is unrivaled. This prevents charting into a black hole with home health and hospice notes, they know providers in other settings can see home health and hospice notes if needed, and home health and hospice workers can see other notes/imaging which means they can fact check things that patients can't recall, prevent patients and families from having to recite their medical history over and over and over again, prevent duplication of procedures and tests, medication lists can be updated for many providers to see at once, and reduce phone calls and faxes between systems for coordination of care. I hear over and over again that charting into EMRs like HCHB or other systems built specifically for a particular care setting, and only that setting, is like charting into a silo where no one can actually access those notes in any meaningful way to provide wraparound care. What Compassus is proposing places an emphasis only on interfacing HCHB, their preferred EMR, with acute care notes. This is short sighted at best and does not demonstrate a true understanding of the healthcare landscape as front line provider and as a patient. Too often my colleagues who only have access to HCHB and other similar systems go in to meet patients blind with minimal to no information about their patient, their medical history, their diagnoses. What little info they may have is almost never the full picture. An example is a person discharges from inpatient rehab to a home health setting after a stroke and all that is forwarded to the



home health agency is the discharge paperwork from the rehab which typically includes a very brief summary of the patient's primary medical history relevant to the provider who wrote it, not necessarily the relevant medical history that the PT needs, or the SLP needs. Typically this does not include any of the speech language pathology notes from their stay, nor does it include any information from acute care describing what type of stroke they had or whether they received any speech language pathology evaluation while inpatient for either communication or swallow. The home health therapist now has to figure out what hospital they went to, request records, wait for the records, receive the records which are most likely the radiology report about swallow and not the actual SLP report, request records again and by then the home health therapist's manager is wondering why the SLP has been so unproductive. Without this info we can't track whether the patient is improving or what trajectory they are on. We end up winging it and reduplicating work, ordering another swallow study unaware one was already performed. If we had known one was already done we would factor that into our care plan and be more efficient stewards of healthcare dollars.

Compassus confirmed in the executive meet and greets in Fall 2024 that there will be yet another patient healthcare portal for their EMR that does not interface with Providence's existing patient portal for patients to log into because once again, despite being called Providence at Home with Compassus, they won't actually be Providence and not using the same EMR and therefore the public will not be able to use their current Providence Epic Patient Portals to access their confusingly named Providence at Home with Compassus charts. This does nothing to help the healthcare literacy of our patients or increase participation in their care. We are caring for a very sick, disabled, cognitively impaired and oftentimes older generation who aren't as digitally nimble. Even for the ones who understand and can keep up mentally with all the passwords and multiple patient portals, they have physical disabilities that prevent easy access to these portals. When I asked if Compassus could make their portal interface with the existing patient portals, the executives did not seem enthusiastic or receptive to the scope of this issue and the negative impact on pt/family access to charts. This is an additional burden on patients and their families and caregivers to synthesize information across yet another platform that currently is all in one place. Access to charts for patients should be as minimally burdensome as possible both physically and cognitively.

Despite what Providence and Compassus state in their transaction application about expanding access to care and investing in the agency, I did not see an explanation of how they plan to fund this investment. From what I understand of private equity companies, their modus operandi is typically to acquire portfolio assets such as Providence Home Health and Hospice, push the assets to take on the debt burden to make improvements like new technology, and then declare bankruptcy when the debt is not paid off quickly enough for the pleasure of their investors. This timeline typically takes 5-10 years to play out, Compassus itself has been flipped by various private equity owners three times. Bottom line, anyone who is involved in private equity is more beholden to their bottom line and investors than to our local community. See what happened to the Massachusetts hospitals operated by [Steward](#) where Steward even promised to keep a particular facility open for at least ten years after acquisition and failed to do so. Conditions on transactions or promises at time of transaction have proven to be inadequate.

I would like to draw attention to the fact that Compassus touts their joint ventures with Bon Secours Mercy Health and OhioHealth as evidence that they have experience and success with these types of transactions. Both of those deals were closed very recently ([BSMH was finalized LESS than 1 year ago May 7, 2024](#); [OhioHealth was finalized months ago on September 11, 2024](#)). Not enough time has gone by to deem either one an outright success or not or whether and how the inevitable private equity timeline will impact these partnerships and communities and yet they make statements in their application documents such as “Compassus has a successful track-record of expanding patient access across the communities in which its joint ventures operate and expects to expand services over time in Oregon...Compassus has a successful track-record of expanding patient access across the communities in which its joint ventures operate and expects to expand services over time in Oregon.” Mere repetition of the same statements over and over don’t make something any more or less true. Where is the evidence behind these statements? There have been no independent studies or research by a third party examining the true impacts of those transactions on the quality, equity, access and cost to healthcare in the areas impacted by those deals. Thus far, all these partnerships prove is that they were able to complete a business deal.

It would also behoove HCMO to consider what has happened to healthcare services after transactions they have already approved. One example is the Signature-Pennant

transaction impact on home health speech language pathology (SLP) services in the Portland Metro area. Prior to the Signature-Pennant transaction they had one full time SLP and two per diem SLPS covering Portland Metro, a sizable territory. The full time SLP had a consistent caseload that kept her working her full FTE status. When Pennant came along they eliminated the FTE position offering only a per diem option for \$1 dollar more per hour than the FTE rate claiming there weren't enough patients to justify an FTE SLP position despite the fact that the SLP was working a full time position with a full caseload. The clinician had to leave the home health and hospice field altogether despite loving it and had been planning to spend the remainder of their career in that care setting. The new per diem position has remained unfilled for over three months now. Pennant also changed the mileage compensation creating an untenable position for the other per diem who then left. The remaining per diem has a full time job elsewhere and only picks up 1-2 patients a week. Essentially, the wreckless profit driven pay practices of for-profit Pennant has resulted in no SLP services from that home health agency in the Portland Metro area. This type of profit driven corporate behavior does nothing for our homebound community's equity and access to quality healthcare. And who better to silence than people who have difficulty communicating or have a less visible disability like a swallowing disorder or brain injury? Medicare only requires a home health agency to provide skilled nursing and one other therapy. Without a HCMO rejection of this transaction or at minimum, a condition that prohibits any closure of services, service areas, or reduction in staffing that does not meet community need, our homebound and hospice community's access to quality healthcare is seriously imperiled.

The end result of Pennant's profit seeking behavior is that Oregonians are losing access to highly skilled therapists who cannot afford to work for no benefits and low pay. How can Pennant justify replacing a full time SLP who was making productivity with a per diem position and claim there isn't enough work to support an FTE SLP? How can they say they still offer SLP services? They effectively and functionally don't have SLP services now because they changed their compensation to be so subpar no therapist could afford to work for them. In effect, they have found a way to close their SLP services, an essential service to home bound Oregonians, despite a need in the community for these skilled services. How can we protect Oregonians from similar practices in this transaction between Compassus and Providence?

Looking at what we already know right now, research from 2023 (Hotchkiss et al., 2023) compares Providence Hospice directly with Compassus. Providence scores higher in every CAHPS category. This is contrary to Providence's claims in their transaction that they need to be paired with a company that does home health and hospice day in and day out as if they don't know the business well themselves. They once were the fifth largest hospice in the United States (before they initiated these partnerships with Compassus in all other states in which they operate). They didn't get that big not knowing the business or investing in it. What they make plain in their transaction is that they don't want to invest in this area of their business despite the fact that home health and hospice is profitable. If the business line wasn't, they wouldn't want to maintain 50% ownership. Time and again, Providence shirks their responsibility showing their true colors as being about their bottom line and not about investing in quality healthcare. They want to appear to be expanding services while just putting more band-aids on the healthcare of more communities instead of going deep and doing the quality job each of our patients require and deserve.

In the transaction they state "There will be no reduction to the type, scope, or level of services provided as a result of the Joint Venture. The agreements between Compassus and Providence require the Joint Venture to be operated to further the nonprofit charitable purposes of Providence Health." They state one goal of the Oregon Transaction is staffing retention. However, they omit any commitment to how long there will be no reduction to the type, scope, or level of services. They also state they will offer comparable benefits but after the meet and greet with executives in Fall 2024, it became apparent the benefits Compassus is able to offer are considerably worse than Providence and don't include commitments to reduce carbon emissions by promoting use of local public transportation or investments in meaningful employee appreciation options like providing employees with NW Forest Passes which Providence currently does. The Joint Venture similarly make claims about staffing remaining the same as well and yet there have been repeated reductions or attempts to reduce staff leading up to the Joint Venture while they have been actively working on this business transaction including the elimination of the palliative nursing team and remote monitoring team, hospice layoffs, the announcement to close the Augmentative and Alternative Communication Specialty team, intentional low staffing and outright refusal to replace FTE that have left out of attrition due to fear of losing access to PSLF with this transaction despite repeated demonstration of need, Health Information

Management layoffs that they start and then stop based on the HCMO process. At least 14 out of the 50 staff that have left since the October 2024 Joint Venture announcement cited concerns specific to the Joint Venture or the anticipated switch to for profit status which would impact student loan forgiveness which Compassus does not provide. There has also been no meaningful legal commitment to assume any collective bargaining agreement with the ONA represented employees, only vague statements in FAQs; essentially their goal of staff retention continues to appear to be empty.

Looking to the future, I am seriously concerned about Oregon's access to care from a company like Compassus which historically donates money to political campaigns for candidates (e.g. Bill Cassidy, Marsha Blackburn) that oppose Medicaid expansion and support legislation to repeal the Affordable Care Act. While they state "Compassus PAC supports representatives from both sides of the aisle who are aligned with our goal to extend high-quality, compassionate care to more patients and families in need," (Compassus FAQ, 2025) the actual candidates they back clearly do not align with this statement if they want to repeal the ACA and oppose Medicaid expansion which would quite literally address care for "patients and families in need." Additionally, Compassus CEO Mike Asselta has made financial contributions to politicians including James Lankford and Beth Van Duyne who also oppose Medicaid expansion and the Affordable Care Act. Foreign agents to Oregon like Compassus are actively working to negatively impact everyone's access to affordable care at the federal level.

In addition to the above, access to care will be even more immediately impacted because 20% of our workforce as of December 2024, relies on public service loan forgiveness (PSLF). This depends on our agency remaining not for profit. Already, since December four of our PSLF colleagues have left, some, like Lyndon who had to leave due to PSLF specifically, have commented on the transaction's impact during the original comment period in December. An additional ten colleagues have left citing the pending Compassus transaction as the reason. We have already experienced staffing shortages because of these departures here and there, but on the day this transaction gets approved there will be a mass exodus of the remaining PSLF employees who cannot work for a for profit company without loan forgiveness and Compassus seems ok with this. I already cannot find a consistent OT to co treat with me in certain geographic areas because they are leaving due to the PSLF issue and Compassus. It is burning out our current staff and reducing the quality of care for our community

already. And yet in the transaction documents, Compassus and Providence say there will be no cuts to services. But there is no way there wouldn't be negative impacts on access to services if approximately 20% of our workforce is gone overnight in addition to our existing shortages. Compassus has thus far indicated to our directors that they are not willing to find a way to offer loan forgiveness for these individuals or consider a different tax status for the organization for these individuals and all the healthcare professionals of the future. Allowing an Oregon not for profit organization to be turned into for profit harms both our current healthcare workforce and our future healthcare workforce and thus our community will continue to suffer while corporate executives outside of our state profit.

Time and again research shows that for profit hospice agencies cost Medicare more dollars, wasting Oregonian's federal tax dollars. There is even research showing that for-profit hospice with private equity ownership in particular, costs even more Medicare dollars and results in worse quality care (Soltoff et al, 2024)(Ahang, et al, 2023). Not for profit hospices consistently prove to be the most cost efficient tax status for a hospice and result in higher quality care. Unfortunately there is significantly limited research on home health agencies, however I would draw attention to the fact that Providence Home Health as a not for profit currently maintains a quality star rating of [4.5](#) whereas Ascension At Home, one of Compassus' partnerships has a [4](#). OhioHealth at Home, one of their proudly touted new partnerships has a [3 star rating](#). Additionally, for every home health agency that Compassus operates, they operate 2.5 hospice locations. Their focus on hospice over home health is evident in all of their materials and presentations. During their executive meetings with Providence staff this past fall, they admitted they have NO charity foundation fund access for home health families, and yet they have access to TWO foundation funds for hospice.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above and by the community in numerous other comments, including that fact that promises and conditions may still ultimately end in a Steward style disaster, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

### **Cost of Care**



- Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.
- For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.
- For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.
- For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

### **Access to care**

- For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

### **Provider autonomy/quality of care**

- For a period of five (5) years, the new entity will not switch to a pay-per-visit model.
- Physicians and clinicians treating patients shall be responsible for all clinical decisions,
  - including decisions regarding:
    1. The treatment and services that are appropriate for patients,
    2. the diagnostic tests that are appropriate for a particular condition,
    3. the treatment options available to patients, and
    4. deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if



an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

### **Employee rights**

- For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.
- Continue to consider Providence at Home with Compassus staff as internal applicants for
- Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

### **Continued oversight**

- For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.
- Providence-Compassus shall provide an annual Compliance Report to OHA. The first such
- report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

I would also welcome seeing other conditions that perhaps I haven't even thought of that the HCMO team feels would protect Oregonians. For example, a condition related to loan forgiveness would go a long way to workforce retention and supporting our future local healthcare workforce. I also have attached several research articles relevant to the transaction for your reference. Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Thank you.

Kara Hayden MS SLP

References:

Anhang Price R, Parast L, Elliott MN, Tolpadi AA, Bradley MA, Schlang D, Teno JM. Association of Hospice Profit Status With Family Caregivers' Reported Care Experiences. *JAMA Intern Med.* 2023 Apr 1;183(4):311-318. doi: 10.1001/jamainternmed.2022.7076. PMID: 36848095; PMCID: PMC9972244.

Hotchkiss J, Ridderman E, Hotchkiss B. Caregiver and Employee Experience Among Big Hospices-Ranking of the Largest US Hospices by Three Quality Indicators. *Am J Hosp Palliat Care*. 2024 Sep;41(9):987-1001. doi: 10.1177/10499091231206481. Epub 2023 Oct 17. PMID: 37848330.

Soltoff AE, Unruh MA, Stevenson DG, Kavalieratos D, Braun RT. Caregiver-Reported Quality in Hospices Owned by Private Equity Firms and Publicly Traded Companies. *JAMA*. 2024 Dec 17;332(23):2029-2031. doi: 10.1001/jama.2024.20546. PMID: 39556342; PMCID: PMC11574716.

**60. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/9/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit

agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

The last thing our communities need is a for-profit mindset in Home Health, Hospice, and Palliative care programs. Especially when there is great uncertainty about access to healthcare right now.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Timothy Welp

**61. Please reject the Providence-Compassus joint venture, 4/9/25**

OHA Health Policy Director Stephanie Jarem,

As an Oregonian who uses Providence health services frequently, I am writing to urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus.

This for-profit joint venture would threaten all four of the pillars that HCMO considers: cost, access, equity, and quality of care. It would have extremely negative effects on patients and on health care in the Portland area more broadly.

It is important to note that Compassus is owned by Towerbrook, a private equity owner, for whom short-term profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that patients were not eligible for.

Private equity-owned home health and hospice agencies operate on the basis of a desperate search for short-term profit, which comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of

quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

It has also been documented that the experience of families, patients, and communities under for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I am deeply concerned that this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. For-profit business has no place in the administration of these services. I urge you to reject this transaction.

Thank you for your consideration and attention on this important matter.

Dan Jaffee

**62. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/9/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

I am a hospice RN who has given cares to Providence Hospice patients for greater than 12 years. This is definitely the type of job that you don't stay in this many years unless it's your passion. This is truly my passion. I feel honored to give end of life care to my patients and also to be able to support their loved ones with my expert symptom management, education and maybe most importantly, an empathetic listening ear. My biggest fear is that by allowing our hospice to go from a not-for-profit entity to following a for profit model, that productivity will become paramount over compassionate care. End of life, obviously, is arguably the most vulnerable time in one's life. This vulnerability deserves to be addressed in a manner that feels genuine and not rushed.

I feel that we will turn away, if we become a for profit, the most vulnerable when they are the ones that may be in the most desperate need of our cares. I hope that there will much consideration given to what changing to a for profit model could mean to our community. This is morally distressing to me. I hope that if the joint venture is approved, that much consideration will be given to conditions that could be put in place to make cares more equitable for our community as well as for our staff.

Please consider the following:

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.



## Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

## Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.



I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50%

board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Cindy Nix

**63. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/9/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

So, I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

Thank you for your time and consideration in this effort to help protect and promote the health of the most vulnerable members of our state.

David Neves

**64. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/9/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based

on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

In May 2024, Steward Health filed for Chapter 11 bankruptcy which prompted U.S. Senate hearings into what happened and what the role of private equity firm in the system's fall. Summary report released by Sen. Ed Markey (D-Mass) just prior to the hearing states: "Steward Health Care - alongside Cerberus Capital Management and Medical Properties Trust - gutted dozens of hospitals across the United States in order to extract maximum profit. In doing so, Steward became case study of the extent of harm that corporate greed can have on health care access, quality and safety" -- article from Washington State Nurses Association

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Please REJECT THE JOINT VENTURE between Providence and Compassus!!!

Ramel Romero

**65. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/10/25**

OHA Health Policy Director Stephanie Jarem,

As a current home health provider, I have the following concerns with the joint venture:

1. Currently I have access to the electronic medical record (Epic) where I can easily review my patients' doctor and hospital notes. This allows me to obtain an accurate history as well as be able to reenforce the discharge instructions and/or new medication prescriptions with my patients. I have often caught that patients have misunderstood instructions from their providers, and I have been able to get things

clarified. I fear that without access to Epic, I will lose important information that allows me to provide informed, good care and to assist my patients in following medical advice.

2. Numerous employees are working for Providence home health because it is a non-profit and they will receive federal student loan forgiveness. With transitioning to a for-profit agency, a lot of employees with this arrangement are needing to find employment elsewhere. I am concerned that we are losing good employees and will have a staffing shortage which will make it difficult to serve our patients well.

Thank you for your time.

Elizabeth Schraufnagel

**66. Voicemail, 4/8/25**

Hello, my name is Jane Elkin. I live in the Columbia River Gorge in Oregon, and I am a Providence employee. And I would like to request a Community review board be assigned or appointed to address the Compassus Providence merger. I also left this via the comment form if helpful. Thank you.

**67. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/8/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture. As someone who deeply values the mission and integrity of home health care, I am gravely concerned about the long-term implications of such a transaction.

The decision to transition ownership to a private equity firm poses a fundamental threat to the quality of care we provide, the culture we have built, and the trust we have earned from both our patients and our dedicated staff. Private equity ownership is historically driven by short-term financial returns, often at the expense of patient care, employee well-being, and community engagement — values that are essential to home health services.

We have seen, across the industry, examples of private equity acquisitions leading to:

- Cost-cutting measures that jeopardize patient care

- Increased staff turnover due to reduced benefits and increased workloads
- A focus on profit over mission
- Diminished local leadership and decision-making authority
- Loss of the organization's original values and identity

Selling to a private equity firm risks undermining our commitment to compassionate, high-quality, patient-centered care. It sends a damaging message to our employees and the communities we serve that financial gain outweighs the well-being of patients and caregivers.

I urge the Board to reconsider this path and explore alternatives that prioritize the long-term sustainability of our mission and the preservation of our culture. The future of home health care — especially in such a trusted organization — should not be dictated solely by financial metrics, but by compassion, commitment, and service.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control. Just say no.

Angela Marsh

**68. Please, I beg you! Reject the Providence/Compassus Joint Venture!,  
4/11/25**



OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

If approved (which should be a big mistake) please apply limitations and conditions. Protect the patients and their families! Protect the caregivers that are going into the homes to provide much needed services.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Tracina Stewart



**69. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/11/25**

OHA Health Policy Director Stephanie Jarem,

I am very concerned that the proposed joint venture could result in decreased hospice and home health coverage in rural areas where patients are not as plentiful and where providing care is not as profitable. I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Nicole Chambers

**70. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/11/25**

OHA Health Policy Director Stephanie Jarem,

Pleas do not allow the Providence sale to Compassus. As a previous home health patient, this will become a nightmare. On the Oregon north coast the only option for home health is Providence. If this is sold to a for profit system, the care will be greatly limited to those with limited Medicaid and Medicare.

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Kimberly Rodda

**71. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/11/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Our most vulnerable populations should be protected from corporate greed.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Sky Stover Blouin

**72. ONA and Providence/Compassus Joint Venture, 4/12**

OHA Health Policy Director Stephanie Jarem,

Hello, I don't have any political agenda. Nor do I have any leadership ties or financial gains. I keep getting emails from ONA about things like this. The fact is many of the leads in ONA that are giving direction to the nurses aren't even nurses. I'm really tired of ONA making political and public statements representing the nurses as a large group without gathering the opinion of the majority of their members. If this hospital system wants to make a business move with another company they should be free to do so.

**73. Voicemail, 4/13/25**

Hi, my name is Holly Thompson and I am calling to request that a Community review board be assigned to the Providence Compassus Home Health Hospice merger for Oregon. I'm very concerned about this. These services being shifted to a for profit equity company equity owned private equity firm owned company concerned about this could be a potential reduction in. Our rural citizens receiving services ,reduction in staffing, which could negatively impact client patient care. Please please please assign a Community Review board to this to this proposal. Proposed merger. My name again is Holly Thompson. I am a social worker that works for home Health and have also worked for MCMC in the past before they became Adventist health. And so I am out there seeing these very vulnerable patients and just have deep concerns about this.

**74. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/14/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

I have been practicing medicine as a nurse practitioner in Oregon for 25 years. I have seen medicine hugely decline over the past 10 years. The cause of that decline of course has been that corporations now own medicine. I hear every day about how patients are now treated in these new age systems. There is no more compassion. Providers are now practicing cookbook/protocol medicine whereby they are told what they can and cannot do and my prediction is that allopathic medicine will not be here in another 15 to 20 years if that long, unfortunately the ones who are going to suffer the

most and who are currently suffering are the patients. In some ways, I'm glad I'm at the end of my career, but I hate the fact that medicine is still holding itself up as the old standard that it believes it still cares about patients when in fact, they don't give a damn.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Joseph Knaus

**75. Requesting a Comprehensive Review of the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/15/25**

OHA Health Policy Director Stephanie Jarem,

As a Providence Home Health clinician, I am deeply concerned about the plans for a joint venture between Providence and Compassus. I am an Oregonian (born at St. Vincent hospital), and have been part of the Providence system throughout my lifetime as both a patient and an employee. For the longest time, Providence was considered to be the gold standard for healthcare throughout our state, which included home health services as well. As a graduate student, I had the opportunity to complete a three-month clinical rotation with an occupational therapist at Providence Home Health. I quickly discovered that this is where I wanted to be; this is where I wanted to work. I looked into alternative home health agencies - both not-for-profit and private - for employment, but none of them matched Providence Home Health in terms of reputation, patient outcomes, the experience clinicians, and the overall mission of the organization.

I am requesting a comprehensive review of this joint venture because I do not believe that adequate safeguards are in place to ensure a responsible transition. I am concerned that - if unchecked - the joint venture could have the following repercussions: negatively impact patient health outcomes; limit our ability to recruit and retain strong and diverse clinicians; shift incentives away from quality patient care and replace it with pressure to see more patients and make shorter visits; and sunset our work with clients in poor and rural communities.

<sup>[1]</sup><sub>SEP</sub> Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate

that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. This may include the calculated decision that our currently-served rural communities that are spread out further geographically (i.e. Estacada, Canby, McMinnville, etc.) are less profitable than areas that are more densely populated. Additionally, clinicians often lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control. [11/11/25] Roughly 20% of our clinicians are also working towards Public Service Loan Forgiveness, which requires employment at a non-profit organization or government agency. Some clinicians have already left Providence in order to continue to work towards their ten years of qualifying employment – they understood that the joint venture meant that they were financially unable to remain with Providence long-term. Thus far, there have been no contingency plans communicated by Providence or Compassus regarding how to retain these workers, which could ultimately lead to a staffing crisis, negatively impact patient care, and cost the organization an exorbitant amount of money to cover the cost of traveling clinicians and new hires. This will also limit the demographics of clinicians that the organization will be able to recruit and retain moving forward; limiting the number of clinicians who may be lower income, those who are younger, and those with student debt. [11/11/25]

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to



mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

- Long-term written commitment to maintain all areas currently served by Providence Home Health, including rural communities.
- A strategic plan outlining how to retain its current clinicians who have been working towards PSLF, as well as its plans to recruit and retain talent that crosses over multiple demographics.
- For a period of five years, Providence can't sell their 50% share of ownership to anyone else.
- For a period of five years, the new entity will not switch to a pay-per-visit model.
- Ensuring continued coverage and access for patients for a period of at least five years, the joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.
- For a period of five years following the close of the transaction, Providence-Compassus must retain all healthcare services currently offered.
- Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.<sup>[L]</sup><sub>[SEP]</sub>

One of our founding Sisters, Mother Gamelin, is quoted saying: "As long as our community shall be attached to the three roots of humility, simplicity and charity it shall endure; but if you should seek to graft upon it other branches however beautiful they may appear to you, you will only grow wild fruits and our own will lose their savor." I have worked for Providence Home Health for over five years and I have found that the larger corporate aims of the organization have in many cases soured the collective work of my amazing colleagues. I ask that you take the time to complete a comprehensive review of this joint venture to ensure that the Sisters of Providence



mission is honored, and that we are able to ensure that the fruit we bear as home health workers is able to last and endure in our communities. [REDACTED]

Thank you for your attention to this matter.

Dr. Jeffery Szabo, OTD

Jeffery Szabo

**76. No subject, 4/15/25**

As a Prov home health nurse working in an area with high rates poverty and marginalized communities I feel very strong my this joint venture will negatively impact the quality or health care we will be able to provide. I worry they will be profit driven and as an out of town company they may likely not be invested in the communities we serve. If this is pushed through I feel that guarantees that they will continue to see all patients regardless of their insurance, income level, acuity or location.

Melanie Fruhwirth

**77. Please Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/11/25**

OHA Health Policy Director Stephanie Jarem,

I would like to write a more personalized letter, but it is tricky to do from a small phone. The bottom line is that it is a travesty to have a for-profit company manage the delicate care of a hospice patient. Equity-owned healthcare is the epitome of what is wrong with our healthcare system and should not be allowed to metastasize in our state. I plead with the Health Care Market Oversight program to reject the joint venture between Providence and Compassus.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based

on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Please reject this merger, please.

Amy Harshfield

**78. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/16/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Profit motives have no place in healthcare! That is the main reason the US scores 11 out of 11 in health care year after year in the Commonwealth Fund evaluation of the top 11 countries. More money for worse outcomes! And the American people are sick of it! Reject this transaction!

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

**79. Stop the private equity purchase of Prov's home care program, 4/16/2025**

OHA Health Policy Director Stephanie Jarem,

As a palliative care physician, I know that for-profit programs provide measurably inferior care compared to nonprofit ones. Allowing Compassus to take control of Providence's home care program will predictably drive up costs while worsening care.

Our Health Care Market Oversight program should reject the proposed joint venture between Providence and Compassus as this joint venture will weaken all four sectors that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Joseph Stenger

**80. Reject the Providence/Compassus JV; If Approved, Apply Conditions, 4/16/2025**

OHA Health Policy Director Stephanie Jarem,

Dear Dir. Jarem - I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. I firmly believe, given the history and performance of private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private

equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Charlie Moore

**81. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions**

OHA Health Policy Director Stephanie Jarem,

Dear Ms. Jaren,

My mother is at the end of her life and is served by Providence. I'm terrified about what the merger will mean to medically necessary services for her and others like her.

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research

surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Emily Cooper

**82. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/16/2025**

OHA Health Policy Director Stephanie Jarem,

As a retired mental health professional, I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare

entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Private equity-owned home health and hospice agencies may provide short-term gains in care, but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments. I appreciate HCMO's thoughtful review of this transaction.

JUDY Wilder

**83. Don't let Providence sell its palliative care programs to Compassus, 4/16/2025**

Dear OHA:

I urge you to listen to the Oregon Nurses Association and reject this proposed sale of Providence's nonprofit home health, hospice and community palliative care program. Compassus is a private-equity owned company and this plan would make these a for profit venture. That's the last thing we need in health care: the profit motive. We know that if profit is the aim, people will experience higher prices, lower access and worse health care. We also know (from research) that once private equity gets involved, staff are cut. Please don't approve this proposal.

Sincerely,

Rachel Slocum

**84. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/27/2025**

OHA Health Policy Director Stephanie Jarem,

It breaks my heart to know that Providence is handing off its not for profit Home health and Hospice to a for profit Private-equity company. This will most definitely lead to higher costs and worse care. I say this because our department does not make a profit now. So the only way a for profit company can stay afloat with our labor, is to force us to make more home visits a day and to start charging patients a copay. This will cause a reduction in our utilization from marginalized and poor members of the community. These are the people who need use the most. We will lose access to our patients medical records in Epic, This will make us blind to most of our Patients medical concerns. Compassus will most likely GPS track us and hound us for more productivity, making us work like delivery drivers. This will take away the time we need to be with patients, earn their trust, help them heal and better manage their own health. Our kind of work should never be about money. Although we save Hospitals, clinics and insurance companies money by keeping people stable in their homes and saving the high cost of ER and Clinic visits for care. Providence wants to have its cake and still eat it. They do not want to cover the cost of home patient care but still want control on the board of directors. This is because they need home health. Without home health they will lose more money with non-reimbursable readmissions of patients to hospitals. They will also need to have in person clinic wound care that can be 3 or more visits a week. Keep in mind most of our patients can not get out of their home easily.

Thank you for your time. Please fight so we have the time we need to care for patients the best we can.

richard selway

**85. No subject, 4/9/25**

"I am a retired union nurse and I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients



by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Judith Lienhard

**86. No subject, 4/16/25**

I am an elderly woman living independently. I rely on Providence health care through PERS. I would NOT like to receive supportive care through a private entity, Compassus. Public-private enterprises have a bad track record- in treatment of employees, in delivering services, and in public accountability. In our current dystopia, too much is being handed over to those who value profit over ethical behavior. Don't let this trend degrade the end of life for service recipients and make life less secure for those who care for them.

Margaret Zebroski

**87. No subject, 4/17/25**

Privatization always leads to loss of money to profiteers. Health care should always be in the public nonprofit sector for that reason.

Emily Herbert

**88. Reject the Providence/Compassus Joint Venture; If Approve, Apply Conditions, 4/17/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs (Borsa et al., 2023). Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. I have personally worked in the for-profit home health sphere and was burnt out within 5 months of care delivery under the pay per visit model. It truly makes you choose between your duty as a clinician to provide excellent and evidenced based care for your patient, or keep your job from firing you for not meeting their productivity metrics. This is not hyperbole. I was so elated to find my way to Providence Home Health as they offered a stark positive contrast to the bleak primarily profit driven model.

For-profit agencies also tend to have greater staffing issues. In the 6 months I spent in a for-profit Home Health agency here in Oregon, I had 4 different managers. There were people leaving every week from every part of the organization. Turnover like this is terrible for the health of our community. The continuity of care and ability of a team

to deliver care efficiently is drastically reduced at every turn. It creates an environment that is untenable for employees and dangerous for patients.

Additionally, for profit Home Health and Hospice often close services in rural areas or specialty services, citing lack of profitability. Providence is currently the only home health agency operating in Columbia County Oregon. As someone that regularly serves this population, I can attest that critical health services in rural places are already stretched thin across the state. Research (and my experience) indicates rural populations tend to have some of the most fragile healthcare needs. Removing their primary access to care through home health ensures medical complications and needless medical overspending. Moves like this indicate that for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Cost of Care

As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified

patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

#### Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

#### Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each

annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Crystal Shutt Garcia, PTA

Borsa A, Bejarano G, Ellen M, Bruch JD. Evaluating trends in private equity ownership and impacts on health outcomes, costs, and quality: systematic review. BMJ. 2023 Jul 19;382:e075244. doi: 10.1136/bmj-2023-075244. PMID: 37468157; PMCID: PMC10354830.

Crystal Shutt Garcia

**89. Reject the Providence/Compassus Joint Venture; If Approve, Apply Conditions, 4/17/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients

by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Additionally, the trend of allowing private equity to control healthcare is to the detriment of maintaining the number of healthcare providers necessary to support our community. Losing non profit tax status removes the option to access public student loan forgiveness for providers like myself. I am one of the effected providers that has had to leave Providence Home Health due to to likely loss of access to PSLF with this joint venture. This change of guard will only HARM my patients, clinicians like myself facing untenable education costs, and the health of our community in a country already in dire need of enough healthcare providers. PLEASE reconsider support for further consolidation of health care options. This is not beneficial to our community.

Kindest regards,

Jean Villagrana-Gutierrez, DPT



**90. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Cost of Care



As highlighted above, I am deeply concerned about the impact that this transaction will have on the cost of care for consumers. Therefore, I ask that you place the following conditions on this transaction:

Ensuring continued coverage and access for patients for a period of at least five (5) years. The joint venture must continue accepting patients covered by Medicaid, including Oregon Health Plan coverage by any coordinated care organization, regardless of status as dually covered in Medicare and Medicaid.

For a period of at least five (5) years, the entity must continue accepting patients covered by Medicare Advantage plans. Locations of the entity must continue to participate in all Medicare Advantage networks in the same network status or tier as prior to the transaction.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall apply a financial assistance policy such that all qualified patients who receive procedures or services rendered are eligible for financial assistance. Notwithstanding the foregoing, if a conflict arises between compliance with federal or state law/regulation and this condition, federal or state law/regulation shall prevail.

For a period of five (5) years, Providence at Home with Compassus will not deny a potential patient care due to their diagnosis of a degenerative or chronic condition.

I am asking for these conditions because Providence Home Health & Hospice has historically provided care to all patients who need it, regardless of their insurance status. However, I am concerned that Compassus, like other private-equity-backed agencies, will likely cherry-pick patients who will maximize their profits.

Additionally, I believe that these conditions will help protect my patients with degenerative conditions who often do not demonstrate significant gains on OASIS scores, thus negatively impacting the agency's STAR rating. Moreover, although patients with degenerative or chronic conditions have a legal right to continue to receive maintenance services, under the Prospective Payment System/Patient-Driven Groupings Model, agency reimbursement for their care decreases over time. This puts financial pressure on home health agencies to reject referrals for patients who have complicated medical needs or who require prolonged services.

## Access to care

I am very concerned that access to care for my rural patients and patients who receive speciality service will be threatened if this joint venture is approved. Therefore, please place the following condition on this transaction:

For a period of five (5) years, there should not be a reduction in the frequency of visits or limitations to services from any geographical service area or discipline currently provided.

I am asking for this condition because Providence already cut our home health palliative nursing and remote monitoring teams in early 2024 and similarly announced that they would close their highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about their joint venture with Compassus became public.

Additionally, driving to rural patients is time-consuming, and research shows that profit maximization in home health and hospice tends to focus on increasing the total number of patients served while decreasing staff, thus shortening the time each patient is allotted. With only 18% of hospice agencies serving rural areas, many have already decided that caring for rural communities is not worth the investment. This condition will lessen the risk of the joint venture abandoning our rural and specialty clients.

## Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

Additionally, healthcare providers must make healthcare decisions. As shared in a 2023 New York Times article:

"Administrators increasingly evaluated their medical staff according to similar metrics tied to patients' health and put a variety of incentives and mandates in place. Doctors and nurses chafed at the changes. 'Corporate tells you how to manage your patient,' said Dr. Frances Quee, president of the Doctors Council, which represents about 3,000 doctors, most of them at public hospitals. 'You know that's not how you're supposed to manage your patient, but you can't say anything because you're scared you're going to be fired.'"

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins.

### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50%

board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Gratefully,

J. W. Friends, PT, DPT, CLT

Providence Home Health Physical Therapist

**91. Postpone approval of Providence/Compassus, 4/22/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to postpone the joint venture between Providence and Compassus in order Providence to negotiate a fair contract with employees, that outlines a strong service model for vulnerable patients and their families. Although it is thought that they will bring more resources to the table in order to serve people more effectively, the for-profit healthcare model does not support this opinion. The employee turnover rate for skilled staff is very high, in part because of the for profit focus.

Given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

Margaret Thiele

**92. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/17/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Let us be honest health care that is profit driven is not health care. It is designed to make money only and all decisions are subservient to that goal. Home health care and hospice have been successful because of the complex care given in the comfort of one's home. Historically profit has not been a driving force and that is what it has been successful. Having profit be the driving force will ruin this care

Cindy Quale

**93. Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the committee to look at the effect having large for profit, health care corporations would have on our Oregon communities and to our caregivers. Placing parameters to keep quality care as the priority is imperative to assure the most vulnerable aren't left out of receiving the highest quality care. Rural communities can be seen as being less profitable due to the distance to reach them. Also moneys earned for Medicare/Medicaid may be considered not profitable and those patients lose out. You can help us protect our communities by setting expectations of what must occur in this Joint Venture.

Currently, we work under a productivity scale. We are expected to see a specified numbers of patients per day. For profit can result in pressure on caregivers to maximize visits for the dollars that result by increasing the amount of visits required by caregivers without a positive result for the patients. Some companies use a pay-per-visit system, resulting in overworked caregivers and cutting corners for patient care. In a pay-per-visit system, caregivers are paid per the visit, but not the time to prepare, chart review, phone calls, driving time, etc. Please help us set a standard of no pay-per-visit for this Joint Venture to keep care at it's highest standards.



January 1, 2025 Providence changed from their own insurance for their employees to Aetna. We had no explanation for this from management. With this Joint Venture, we are now being placed in a position of being changed again, this time to Blue Cross/Blue Shield of Tennessee. If you live and work in Salem, you know that the contract between Blue Cross/Blue Shield and Salem Health came to a standstill. Salem Health providers are not accepting Blue Cross/Blue Shield insurance as a result. For those of us who live in Salem and surrounding areas, we would be put in a position of having to find new healthcare providers and any emergency visits would be considered "not in network" resulting in higher healthcare costs to us. We've expressed our concern to Compassus without a change being reported. They met with us once to announce the plan for the Joint Venture and took our concerns back to management. We've been told there will be no change. We will be caught up in this war between the hospital system and an insurance carrier.

Oregon is one of many states this company has entered via the Joint Venture with Providence. We are one of the last states to start the process because our state requires a review by an agency. Thank you for this process to assure the best choices are made for our communities.

Jacque Matthews

**94. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions**

OHA Health Policy Director Stephanie Jarem,

This potential joint venture will be harmful to our patients and to Providence employees. The announcement of the joint venture has already created a staffing crisis as significant percentages of our staff across teams have found employment elsewhere with better working conditions and better reputations than Compassus, which is known to be a nightmare for pushing productivity of their employees and poorer health outcomes for their patients compared to Providence. It is widely known that private-equity-owned companies push for shorter patient times which leads to a decline in patient care and safety. This is our community- our family and our loved ones- who will be negatively impacted by this move.

This staffing crisis will only increase if this joint venture moves forward. In addition to the decline in quality of care, moving from Providence's non-profit status to a for-profit



business alienates hundreds of clinicians across Providence who are under PSLF (Public Service Loan Forgiveness) which they qualify for by working for a non-profit. These clinicians have worked tirelessly providing their best care while paying down their student loans in a more manageable way, and they will be losing that program and status. Many of these clinicians will continue to leave Providence.

Please review this transaction carefully, as it will harm our clinicians, our patients, and our community.

Margaret Dixon-McDonald

**95. Reject Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient

profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

#### Provider autonomy/quality of care

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. It is critical to me that providers make medical decisions, so I am asking for the following conditions:

For a period of five (5) years, the new entity will not switch to a pay-per-visit model.

Physicians and clinicians treating patients shall be responsible for all clinical decisions, including decisions regarding:

The treatment and services that are appropriate for patients,  
the diagnostic tests that are appropriate for a particular condition,  
the treatment options available to patients, and  
deciding the duration (e.g., number of minutes) of patient visits.

I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. As a healthcare worker, I fundamentally believe that all my patients should receive the care they need, even if an emergent issue requires me to spend more time with them than I initially allotted. The flexibility to spend this time with patients is crucial, both to keep them out of the emergency department or hospital and to build trust.

#### Employee rights

As a Providence employee, I want to ensure that I can continue to grow in my profession and care for patients.

For a period of five (5) years following the close of the transaction, Providence at Home with Compassus shall not subject former employees to any restrictions on future employment opportunities as a condition for employment or subsequent bona fide advancement.

Continue to consider Providence at Home with Compassus staff as internal applicants for Providence jobs and maintain their seniority.

I am asking for these conditions because, in the proposed transaction, employees will no longer be employed by Providence directly. However, Providence is retaining 50% board control of the new entity, and therefore, employees should be able to move from positions at Providence at Home with Compassus to other employment opportunities within the larger Providence system and retain their seniority without having to start over. If we see a different professional opportunity, it should not be restricted due to this ownership change.

Continued oversight

I urge HCMO to continue to watch the consequences and outcomes of this transaction with the following conditions.

For a period of five (5) years, Providence can't sell their 50% share of ownership to anyone else.

Providence-Compassus shall provide an annual Compliance Report to OHA. The first such report shall be due no later than 12 months following the closing date of the transaction, and subsequent reports shall be due every 12 months thereafter. Each annual submission shall include a publicly shareable version of the Compliance Report, which shall be published on the Health Care Market Oversight program website.

I am asking for these conditions because, without a limit on ability to sell their ownership shares, Providence could be allowed to set a dangerous precedent of flipping Oregon's healthcare systems and facilities or agencies for a profit and transitioning them entirely to out of state entities who have less at stake in terms of investing in the well being of our local communities.

Additionally, ongoing HCMO reviews help the program to determine the long-term impact of transactions on the quality, access, equity, and cost of healthcare in the state of Oregon and can guide future transaction reviews.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Kristin Oakes

**96. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/25**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, I have included the following conditions that I feel would help to mitigate some, but not all, of the harms caused by allowing a private equity actor into our state's healthcare system.

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I'm going to depart from the recommended template letter now to add some additional comments. It thoroughly upsets me that anyone, of any level of competence or expertise, would ever presume that using the profit motive to provide health services to any portion of the general public is of overall benefit to recipients of those services. We, you and I, are well informed by now that "for-profit" companies in the business of providing health care services will ALWAYS seek profits first, and will minimize or eliminate those aspects of services that do not readily and demonstrably show profit. For-profit service providers are interested in profits as their main reason for existing, and will cut costs by denying services not deemed as absolutely profitable. It's a game that "for-profits" ALWAYS play. They exist to cut services, as their bottom line is ALWAYS their means to this end. Do not be fooled by talk about "efficiency." That's a canard for cutting essential services and degrading quality. If this "joint venture" comes to pass, count on degraded access to essential services, longer wait times, and significantly poorer outcomes.

I worked in the public service sector for nearly all of my decades of professional employment. I've seen with my own eyes the difference between not-for-profits and for-profits that provided services to my clients. So I am writing to you about this issue with a solid experiential foundation. I ask you: do NOT make this mistake of allowing a profit-making organization to provide health care services to vulnerable populations in seek of medical help. It's a terrible idea that will cause long-lasting suffering for those who just want to be treated with respect and dignity.

Thank you for your time.

James McDonald

**97. Review the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/2025**

OHA Health Policy Director Stephanie Jarem,

Dear Health Care Market Oversight Program,

I respectfully request that the Oregon Health Authority conduct a comprehensive review of the proposed joint venture between Providence Health and Compassus.

Given Compassus's private equity backing and its proposed operational control over Providence's home health and hospice services, this deal raises serious concerns about transparency, patient care, and potential impacts on vulnerable communities.

If OHA moves forward with approving this joint venture, I strongly urge that a robust set of enforceable conditions be imposed. These conditions must ensure that the quality of care, staffing levels, and community access are maintained or improved—and that there is full transparency and accountability in operational practices.

A thorough and public review is essential to assess how this arrangement may affect service quality, access, and long-term health outcomes in Oregon. I urge HCMO to ensure that community voices are heard and that any decision prioritizes the well-being of patients and families over financial interests.

Thank you for your attention to this important matter.

Sincerely,

Rachael Morris

**98. I support the Providence/Compassus Joint Venture; If Approved, Apply Conditions**

OHA Health Policy Director Stephanie Jarem,

I am an ONA member and I urge the Health Care Market Oversight program to accept the proposed joint venture between Providence and Compassus.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Andrew Fifield

**99. Opposition to Providence- Compassus For-Profit Joint Venture**

OHA Health Policy Director Stephanie Jarem,

I am writing to express my concern about the proposed joint venture between Providence and Compassus that would convert Providence's nonprofit home health, hospice, and palliative care services into a for-profit enterprise owned in part by private equity.

While Providence claims this move is necessary due to financial constraints, I question whether shifting vital community health services into a for-profit model will genuinely serve the public good. Research consistently shows that private equity involvement in healthcare is associated with reduced staffing, diminished service quality, and higher costs for patients. These are not abstract concerns—they are well-documented outcomes that put vulnerable patients, especially those in hospice and palliative care, at serious risk.

Providence asserts that Compassus brings scale and operational efficiency. But for Compassus to generate profit while taking on services that Providence claims are financially unsustainable, they must either reduce expenses—often by cutting staff or services—or charge more for care. Either scenario undermines access and quality for patients who are already in sensitive, end-of-life or medically complex situations.

Providence's fiduciary responsibility as a nonprofit is to its community, not to private equity investors. Divesting core care services to a for-profit entity, especially one owned by a private equity firm, risks prioritizing returns over outcomes. That is incompatible with the mission of community-based, nonprofit healthcare.

I urge the Health Care Market Oversight program to scrutinize this deal rigorously and to reject any arrangement that does not clearly and transparently demonstrate a commitment to maintaining or improving the quality, accessibility, and affordability of care for all patients.

Thank you for your attention to this matter.

Kevin Kliewer

**100. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the joint venture between Providence and Compassus. In brief, given the history of and research surrounding



private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

I am afraid that Compassus, being a private equity-owned entity, will force caregivers to choose between a paycheck and patient care standards. I believe these conditions are important because many for-profit home health and hospice agencies in Oregon utilize pay-per-visit compensation for therapists and other healthcare providers. Pay-per-visit structures incentivize cutting corners in patient care, leading to shorter visits, reduced time in case management, and disincentivizing service to rural communities, which require long drive times. One strategy they might employ to accomplish this is to require clinicians to finish majority of the documentation in patient's homes taking away time for patient care. Therapists might be forced to do this in a pay-per-visit structure because they will not be able to charge for documentation time outside of direct patient time or time spent with patient.

We must protect Oregon patients from such standards set by non-health care providers and recognize that patient care is more important than profit margins

The whole onboarding process of transitioning to Compassus involves redundant steps such as asking for diplomas and transcript of records for therapists who already have physical therapy licenses who have already submitted these requirements to get their licenses. Compassus even requires a credit check without an explanation of why this is required in the onboarding process. Representatives from Compassus have not been able to provide clear answers to simple questions regarding benefits about how many maximum PTO days one can acquire. I am afraid employment with Compassus will be a downgrade instead of an upgrade regarding benefits as they have already told us that our health insurance will be through an insurance that our major hospital in Salem does not accept. These are only a few examples that seem to make me question the practices and transparency of Compassus as a private equity owned company.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Zae Dimaya

**101. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/20/2025**



OHA Health Policy Director Stephanie Jarem,

To the OHA review panel,

My husband and I are both occupational therapists working in home health for Providence for over 8 years. We have been proud to serve our community through extreme weather events, pandemics, and political turmoil. We prioritize the well-being of our patients and the integrity of the organization we represent above all else. With our current federal administration, we have dwindling hope about where our already insufficient healthcare is headed. We are aware that few applications have been completely denied by your review panel, but we strongly recommend you reject this joint venture with full force. Please stand with healthcare clinicians, and most importantly, the vulnerable people of our community by rejecting the privatization of their care.

For-profit healthcare differs significantly in their ownership structure, their funding sources, and how they allocate profits. Statistics reveal that despite charging more, for-profit hospitals perform worse than nonprofit hospitals when it comes to treating common illnesses, and, consequentially, have higher death rates ( <https://www.healthcare-management-degree.net/faq/are-non-profit-or-for-profit-hospitals-better/>). Providence provides a statistically significant portion of the non-profit home health care available in our community, this joint venture erodes that entirely. Despite our bleak political climate, I have faith in this review panel to preserve our not-for-profit home health department and take a stand against big business meddling in healthcare. Remember, for-profit hospitals repeatedly recieved lower marks on the Socially Responsible Index score ( <https://lownhospitalsindex.org/the-most-socially-responsible-hospitals-in-the-u-s-2024/#methodology>).

Compassus had to pay nearly 4 million to settle a false claims lawsuit billing for patients that never existed (<https://www.justice.gov/usao-ndal/pr/hospice-operator-agrees-pay-392-million-settle-false-claims-lawsuit>). Based on 2024 research, Compassus regularly scores below Providence on all hospice quality of care CAHPS measures. In no way does this for-profit conglomerate support the Providence mission and vision, and completely deviates from our collective community values.

I hope it is clear that this joint venture threatens all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, indicating that profit generation is their main priority. Research continues to indicate that private equity-owned agencies yield higher care costs compared to not-for-profit agencies, are less responsible with Medicare dollars, and contribute to overall higher healthcare costs. Private equity-owned home health agencies often provide short-term gains in care at the expense of durable long-term gains and do not reduce preventable hospitalizations and readmissions compared to not-for-profits (Rahman, 2025).

Research from 2023 demonstrates that family, patient, and community experience with for-profit agencies is generally worse than with not-for-profit agencies. Profit-driven companies look for ways to cut costs, often utilizing pay-per-visit models that increase moral injury as clinicians try to navigate earning a paycheck while following best practices. Often, clinicians lose income when they administer high-quality follow-up care and coordination. For-profit agencies also tend to have greater staffing issues and often close services in rural areas or specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, thus creating access and equity issues for the community based on factors over which no individual has control.

Should the Health Care Market Oversight program approve this transaction despite the points outlined above, we would be devastated. Please listen to the experienced healthcare clinicians who are in the field caring for our community. We say no to this joint venture. We are voters, parents, tax payers, and potentially the providers who will be caring for you, your parents, and your children in your most vulnerable moments. We are fighting to preserve our not-for-profit home health care organization to care for you effectively & safely. Dont let us, or yourselves, down!

Urgently but with hope,

Sara Rabuck, MS, OTR/L, CLIPP

Kevin Rabuck, MS, OTR/L

**102. Public comment on Providence outsourcing home health care to  
Compassus. 4/20/2025**

Greetings,

I am an ALS patient, and I've used Providence home health care providers for physical therapy, occupational therapy and speech therapy. I can tell you that without exception, they have provided excellent care as well as great customer service. I have also used Providence to provide DME for my respiratory and enteral supplies. Recently that changed to a private supplier, Option Care Health. I can tell you that Option Care's customer service is horrible by comparison. My concern is that allowing home health care to be run by Compassus, a for-profit company, will result in a similar decline in customer service and quality of care. Therefore, I'm counting on you, the HCMO, to advocate for patients like me who are depending on the quality of care that Providence provides.

Sincerely,

David Clarke

**103. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 4/18/2025**

OHA Health Policy Director Stephanie Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

**PRIVATE EQUITY RUINS EVERYTHING.**

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Breylan Deal-Eriksen

**104. Compassus and Providence, 4/18/2025**

Just writing as a Providence employee with hospice.

Providence has starved the hospice ministry for years. We already have a documentation system that nobody can see and that is designed for acute care. We BEG for everything and I mean everything, and get very little. Hospice is NOT Providence's priority. Our documentation tool is so poor that Providence itself has lost millions to Medicare for repayment d/t survey findings. We are already understaffed and suffering. I am devastated to learn that we have to continue with this organization where the priority is acute care - NOT hospice patients.

Providence does not invest in it's hospice. THIS IS A FAILING PROGRAM - how short sighted to think that not allowing this to go through would mean that Providence would continue this work. Compassus is the only reason I have not left yet.

I want to work for a company where our dying patients are the most important patients. That is NOT Providence. I want to work with a company that actually knows how to do this work and puts resources into the communities we serve. I am devastated to hear this outcome.

**105. No Subject, 4/18/2025**

I'm concerned about all of the comments about the Providence/Compassus joint venture. Providence is experiencing a financial meltdown. There is no reason to delay this joint venture. Healthcare, in general, is a failing enterprise and all companies are trying to survive. It is not in the workers or patients best interest to delay this joint venture. All of these people that are complaining that it will affect costs of healthcare and care in the communities don't understand that if this venture fails, everyone in Providence's Home and Community Care will be jobless. Providence cannot support keeping this running. I also note that most of these comments are from union members trying to squeeze every penny out of Providence anyway, which also raises costs of healthcare which they claim that they are trying to save. While this is an unfortunate scenario in which our non profit has to pair with a for profit, we'll all have jobs and can continue serving our communities and patients. Even non profits have to watch their budgets! Do not delay this joint venture. This is simply a case of the ONA and its members to continue to pry more money out of Providence. I'm sure they won't be celebrating when the ONA loses its revenue from this and they all have to look for other jobs. And patients will be getting care from, and Providence staff will be working at our competitors, which are all for profit also. I ask again, please do not delay this joint venture. Thank you. Charles W.

**106. No Subject, 4/22/2025**

I am a home health nurse working for Providence. I believe the Joint Venture between Providence and Compassus will allow us to continue to provide essential services and great care to the people who need it. The JV will retain the same values of providing compassionate person-centered care. We are entering some increasingly difficult times for healthcare, and we need all of the support we can get. Please approve the JV without delay.

**107. No Subject, 4/22/2025**

I have been with Providence as an RN case manager for 19 years and have directly experienced the severe and significant changes Providence has had to implement to maintain their viability in this changing market and culture. The past two years has been quite difficult to adjust and maintain standards of care while taking on more and more as ancillary support jobs are eliminated. Field staff and direct supervisors have had to shoulder much of the burden of the daily work required to provide care to our vulnerable population.

I am not against the joint venture.

Providence began preparing for the medicare/medicaid reimbursement standards 3 years ago. I have been quietly watching as the current system has made changes and reported substandard performance time and time again. In light of the new government administration's severe changes to the entirety of the medicare/medicaid structure, and knowing the current challenges Providence Home Health is having day after day after day, the future of medicine and home health care appears even more dismal than before.

I feel this joint venture will give the best option for Providence Home Health employees to maintain some structure and stability in the face of Providence overhauling their entire organization. Having an insider view of the challenges faced by home health employees to provide care to the community and the looming budget cuts and current HH structure, I really feel that if the joint venture does not occur, I fully expect Providence to shut down home health entirely.

Warmest Regards,

A home health Nurse who loves what she does and the people she cares for

**108. No Subject, 4/22/2025**

I support the Providence-Compassus joint venture. Combining Providence's strong local presence with Compassus' national expertise could improve home health and hospice care across Oregon. With the right oversight, this partnership has the potential to expand access, improve quality, and ensure long-term stability for patients and families.

**109. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions**

OHA Health Policy Director Stephanie Jarem,

I oppose for-profit healthcare. It makes insurers more beholden to shareholders than to the patients they should serve.

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research

surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Emily Sahler

#### **110. Reject the Providence/Compassus Joint Venture**

OHA Health Policy Director Stephanie Jarem,

Ms Jarem,

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research



surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Healthcare for corporate profit never turns out well for clients. If it is your charge to protect clients, you must reject this joint venture.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Regards,

Elizabeth Higuera

**111. No Subject, 4/23/3035**

I am writing to express my support and formally request approval for the joint venture between Providence Home Health and Compassus. As a caregiver who has served in a variety of roles with nearly 30 years of dedicated service at Providence, I have witnessed firsthand the evolution of healthcare and the challenges that accompany these changes.

Initially, I was deeply saddened upon hearing about the joint venture and the potential shift in my employment status. Providence has been my professional home, a place where I have grown, learned, and contributed to our mission of serving the community with compassion and excellence. However, as time has passed, I have undergone a personal and professional grieving process. This period has allowed me to reflect on the values that Providence holds dear and the strategic reasons behind partnering with Compassus.

Providence has always prioritized finding solutions that ensure its sustainability while maintaining its core values of compassion, dignity, justice, excellence, and integrity. In our evolving healthcare landscape, the necessity for adaptability and collaboration is paramount. After thorough due diligence, Providence identified Compassus as an organization that not only aligns with our values but also shares a commitment to quality patient care and community support.

I have come to understand that this joint venture represents a proactive step toward strengthening our capabilities and resources. By partnering with Compassus, Providence is positioning itself to continue its legacy of excellent care, while adapting to the challenges of modern healthcare.



Thus, with full confidence in Providence's decision-making and after embracing this transition, I respectfully request that the Oregon Health Authority approve the joint venture between Providence Home Health and Compassus. This collaboration promises to enhance our ability to serve our patients and community effectively, ensuring sustainable operations and continued excellence in care delivery.

Thank you for considering this request. Please feel free to contact me if you need any further information or clarification.

**112. No Subject, 4/23/2025**

I strongly oppose the proposed conversion to for-profit status for home health, hospice and palliative care service of Providence. Real experience and research have proven this is not wise conversion and will not lead to better outcomes for patients and lesser costs as well.

Please reject this proposal.

Kaye Exo

**113. No subject, 4/23/25**

I have worked for Providence for 14 years. I am excited about the work we do, and trust we will be able to continue to serve our community with the proposed joint venture. The leaders on both the Providence and Compassus sides have been open and available to answer questions during this process.

Andrew Fifield

**114. No subject, 4/24/25**

As a patient of Providence Portland, I am writing to oppose the attempt by Providence Health to spin off its nonprofit home health, hospice and community palliative care programs into a joint for-profit enterprise run by private-equity-owned Compassus.

For-profit, private equity healthcare generally leads to higher prices, lower access and worse healthcare. The bottom line: Partnering with private-equity will lead to higher costs and worse care.

I have personally witnessed the erosion in the quality of health care when private entities take over. I implore you to use your responsibilities as state regulators to put the needs of patients first over corporate profits.

Thank you for putting the health of Oregonians first in rejecting this for-profit venture.

Jane Huey

**115. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 5/12/25**

OHA Health Policy Director Stephanie Jarem,

I have worked the past 20 years for Non profit and For profit Home Health agencies. The difference is real. The corporatization of health care is especially misguided in outpatient delivery of care. We work with clients WHERE THEY LIVE. We need administrative support, not surgical cuts that have no long term benefit.

This type of health care delivery is essential, has long term benefit for patients and families. Private Equity ownership destroys that by forcing Profit before any real measurable service.

I urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

I believe this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Christine Holden

**116. Oppose the merger of Providence and Compassus, 5/22/25**

This consolidation is not to the benefit of patients. As a potential patient of home health and hospice I reject the proposal because it would reduce the quality of care I will receive.

Kaye Exo

**117. 043\_Providence-Compassus Public Comment 6/3/25**

Oregon Nurses Association submitted a [public comment](#).

**118. Concern about access to healthcare in rural Oregon, 6/3/25**

OHA Health Policy Director Stephanie Jarem,

I am writing to you out of concern regarding the Providence and Compassus Joint Venture, especially as it relates to the risk of accessing essential healthcare services in rural areas.

At the end of April, I was trying to find home health services in Columbia County, WA or Umatilla County, OR for an individual who was discharging from a hospital. I was seeking services in both counties, because the exact discharge location was unknown

and depended on the supports available in these areas. Providence based out of Walla Walla has historically serviced these areas (see website #1).

During this time, Providence home health was transitioning to Compassus and all attempts to access the Providence's website resulted in being redirected to the Compassus website. I contacted Compassus and was initially told that they could not confirm that they serviced those area because the zip code auto populated to an area outside of this region (see email #1). I contacted them again with exact zip codes of this individual, I was told that they do not provide services in those zip codes (see email #2). They did not provide any additional resources as to where I could seek home health services for this individual.

Within the past several weeks, I was researching services in this area again. I discovered that Providence had removed the language in their website stating that they provided services to parts of Umatilla County and Columbia County, likely to closely replicate the services that are now being provided by Compassus (see website #2).

I am very concerned that following this joint venture, Compassus will continue to eliminate essential home health and hospice services in our rural areas, like they did shortly after the Walla Walla joint venture was initiated. This would greatly increase the risk of reduced access to care and harm Oregonians living in rural areas.

Thank you, Brian Plank

**119. Compassus Public Comment Letter, 6/5/25**

Representative Nelson submitted a [public comment letter](#) for the Providence-Compassus transaction.

**120. No subject, 6/18/25**

I think it would be important to read the Compassus Health Care Customer Reviews before making any commitment. Personally I would feel uncomfortable should I require services.

Cal Calhoun

**121. No subject, 6/18/25**

My wife received a referral from her Primary Care Practitioner to Providence at Home as we had recently moved into a senior facility as my wife was diagnosed with mild cognitive impairment and had very bad knees forcing her to be moved around in a wheelchair. She had recently been in the ER with dizziness which was diagnosed as BPPV or positional vertigo. She was seen by a nurse, a doctor and a physical therapist from Providence at Home many times over four weeks before they could get the vertigo into remission, although she gets a little dizzy sometimes. Without Providence at Home I do not know how we could have seen all the practitioners that we did. My wife would have been hospitalized and with her memory problems would not have been able to respond to their questions or answers. I was glad I was able to be with her full time and interpret or at least remember what the medical professionals were telling her because I was with her. I don't know how she or I would have handled it if we were forced to go to medical offices for her treatment.

Alan Steiger

**122. No subject, 6/18/25**

As a general observation, the not-for-profit hospices provide a lot more home visits by clinical staff than for-profit hospices. Also most of the Oregon non-profit hospices accept patients with or without health insurance and support and utilize many volunteers for visiting the hospice patients and providing voluntary assistance to assist the patient and the supporting family, e.g cooking, listening, bathing and help with other minor services, including allowing family caregivers time to go shopping or run errands. These services are often not provided by for-profit hospices. So I ask the reviewers to verify the extent of services actually provided by the new for-profit management corporation, because these differences affect access, equity and quality of care.

I haven't read the proposal, so I am not sure if Providence is converting or transferring any of their non-profit equity in their hospice organizations into equity that will then have a for-profit status. As I recall, in the conversion of non-profit value to for-profit status, there is a requirement that the value accumulated via or facilitated by the non-profit tax breaks, Providence has benefited from, needs to be transferred to a charitable trust or comparable non-profit organization. So this is another concern that I assume you review will clarify.

Thank you for the opportunity to comment.

Sincerely, Ian Timm

**123. Providence Home Health, 6/18/25**

I have nothing but wonderful things to say about Providence Hospice. They provided the very best care to my husband when he had Alzheimer's. They were so receptive to my questions and concerns. They were quick to respond to the care facility. Each person I spoke to was caring and compassionate.

Cindy Corbus

**124. No subject, 6/18/25**

I had services from Providence Home Health and it was wonderful.

**125. Providence Home Health client, 6/18/25**

I received rehab services from Providence Home Health in April 2025 after knee replacement surgery.

They did a good job and were reliable.

Was surprised the visits were free. Usually I have a copayment for outpatient physical therapy at a PT clinic.

Perhaps if Providence cashed a few for those devices, they wouldn't feel that need to bring in a for-profit partner which doesn't strike me as a good idea.

Grace Heckenberg

**126. No subject, 6/19/25**

Re: for profit Compassus Health Care. Please NO! Please do not sanction, approve, endorse for PROFIT hospice health care. My Mother and our family benefitted greatly from non profit Hospice as she was dying from cancer. I have read a great deal about the downsides, limitations from for profit hospice. There are huge differences in the care quality and quantity and staffing and services between profit and non profit health care especially in hospice. Please do not approve, endorse Providence Compassus for profit deal

Liz Hayes

**127. No subject, 6/19/25**

No. No. And No. For-profit Compassus muscling in on Providence is not helpful. We have a local, humane, personal, functional, proven system working in place just fine. We do not need another faceless bureaucratic element added to an already overcrowded field. Critics believe Compassus's profit focus affects care quality and access because for-profit, private equity-owned companies like Compassus are incentivized to maximize returns for shareholders, which can lead to cost-cutting measures such as reducing staff, increasing workloads, and limiting or eliminating less profitable services. These practices may result in fewer registered nurses, social workers, and clinicians, meaning remaining staff must see more patients in less time, potentially reducing the quality and thoroughness of care provided.

Additionally, for-profit models often prioritize services and patient populations that are most profitable, potentially neglecting rural areas or complex cases that require more resources but yield lower financial returns. This can create disparities in access, especially for underserved or hard-to-reach communities. Critics argue that such business strategies can undermine patient-centered care and lead to worse health outcomes for those who need services most.

Transparency and accountability may also be compromised, as the drive for profits can shift focus from patient well-being to financial performance.

Jane Wille

**128. No subject, 6/19/25**

I have seen so many friends die because of Providence profiling them or not working with them or abandoning them due to something they didn't agree with. Providence doesn't have any care in their health services, most nurses do it to relieve suffering and because we want to help people feel better. Providence just judges and plays manipulative games with you. Then you die. Sometimes I wonder if they killed my friends on purpose.... One day they were okay and the next unconscious and dead. I've never seen a worse facility in my entire life, honestly.

Katie Knutson

**129. No subject, 6/19/25**

Providence is a NONPROFIT system providing wide ranging services to thousands of Oregonians. This includes Home Health and Hospice care. A merger with Compassus

would inject a huge profit motive into a previously nonprofit organization. This could potentially lead to a decline in quality and quantity of care for the sake of profit. Setting up potential conflicts of interest. This will all be downplayed and denied, but economic history teaches us this is a very real possibility.

I am therefore against the merger.

Stephen F Townsend MD

Retired Internist of Providence Medical Group and Virginia Garcia Clinics

**130. No subject, 6/19/25**

The Oregon Legislature just passed a bill requiring that medical clinics NOT be run by for-profit companies. Why now would Oregon want to have a for-profit company run home health and hospice? People in these programs have the greatest need and are the most vulnerable. I think their care could easily be compromised by the decisions of for-profit corporations seeking to maximize profits, and in principle this is a very bad idea.

Kenneth R. Ampel, MD

**131. No subject, 6/19/25**

HCMO should not approve Compassus' acquisition of 50% of Providence Home Health and Hospice. Providence should not be allowed to sell or shut down its Home Health and Hospice unit.

Compassus is a for-profit company that is owned by a private equity firm (whose responsibility is to its owners and shareholders – not to patients). It is not clear what 50% acquisition means; I presume that Compassus would make the decisions. Compassus would only be interested if they have a plan to decrease expenses [including labor and services] and increase collections. They are likely to shut down less-profitable pieces of HHH. And private equity investments can diminish local control over health care.

Kenneth D. Rosenberg, MD, MPH

Chief Science Officer, Oregon Public Health Authority (retired)

**132. No subject, 6/19/25**



As a hospice nurse directly affected by this, I have serious concerns. I've been a hospice nurse in Southern Oregon for 10 years and know first hand that 'Not-For-Profit' status is a significant determinant for people seeking hospice care.

Conversely, 'For Profit' companies push for numbers and dollars to the detriment of quality care.

It's heartbreaking that Providence have opted to do this and goes strongly against their historical legacy as missionaries caring for the poor and under privileged.

Paul Kirby

**133. No subject, 6/19/25**

I heard being in a hospice program from my COFA islander communities, it is like leaving your family in their hands and later on not too long, they'll eventually die. I never trusted this program.

Kay M

**134. Compassus Deal Hospice and Home Health, 6/19/25**

To whom it may concern,

I am a prior caregiver, in a facility, and worked closely with home health nurses for our hospice care patients between assisted living and memory care. I have worked with patients who received home health services before needing 24/7 care in a facility, which was my job. It is no secret to me, and no secret to you, that a health board has been under fire and scrutiny already, with improper practices, neglect, and higher rates for the elderly who already need to liquidate nearly all of their assets just to receive care.

Providence provides a non-profit outlet to low-income families, which is where the majority of these clients fall. I live and work in the medical field in Medford, Oregon. These people do not receive enough resources already, nor family outreach to assist in contributing to their care, even with the hands-on experience with the excellent staff employed through their home health and hospice services. The level of hands-on care, time they take with patients, and observation is next level in comparison to the for-profit Asante, which has now been involved in numerous malpractice and poor oversight in billing, neglect, or outright abuse by their nurses. We need more, and not

less. If this deal is enacted with Compassus, you are subjecting our elderly who have paid into our state with their tax dollars, working their entire life, to subpar care and risking poor oversight of patient care and even more bills; this is outright disrespectful and deplorable when they were **publicly subjected to a lawsuit in Idaho for quote: 'Let people die'**

<https://iowacapitaldispatch.com/briefs/judge-iowa-hospice-program-told-worker-to-let-people-die/>

I fear for my parents now entering their mid to late 60s, and how I will be able to not only care for them, forced to work a full-time job with little outreach or programs available that are affordable to families, or paid leave that will cover the bills. I fear for the treatment my family may receive with home health services, neglect, or overall lack of respect for my parents, especially during the hospice journey, as we fail to provide structure as a society but continue to cut corners.

This is outright sickening, this is being proposed with this specific company with the amount of lawsuits and malpractices. For the sake of our community and their safety: PLEASE, say no.

I thank you for your time and consideration,

Esperanza del Campo

### **135. Management of Home Health and Hospice Care, 6/19/25**

I spent a month in rehab last December into early January. After I was home I had home health care for a month. Two physical therapists visited me once a week each for therapy, monitoring my progress and how well I was performing the prescribed exercises. There was no charge to me for this therapy, which aided greatly in my getting back to normal life, because I had met my deductible.

My concern is that if this service is outsourced to a third party, they would charge me for the service, since as a separate entity my deductible would be immaterial to them.

My other concern is how much accountability a third party would have. When I was in rehab I was assaulted by a CNA. My son reported this, I gave testimony and the result was disappointing, because the CNA was a contract employee of a third party. After speaking to several people I was told that nothing could be done beyond notifying the

third party because she was not their employee. This could happen again if outpatient physical therapy is allowed. I live alone, and would have no witness and no protection if this happened in my home.

Thank you for asking for patient input, and for listening to my experience. Please contact me if you have questions.

Sincerely,

Kathleen Schultz

**136. No subject, 6/20/25**

Our daughter contracted a MRSA infection spring of her junior year of college. Due to allergies to several oral antibiotics, she required intravenous medication twice daily. When the term was over and she transitioned home for the summer we had to quickly pivot to get supplies to continue her treatment. By some miracle we were able to see an infectious disease specialist affiliated with Providence at 4 pm the day she came home. The further miracle is that he literally lifted a phone off the hook in the exam room, called Providence Home Health himself, and ordered all the supplies we would need, and directed it to be delivered to our home in Portland that very day. The delivery arrived only two hours later, after normal work hours, and we were able to continue her treatment without interrupting the schedule. I cannot begin to imagine that a for-profit company would provide the same kind of response. We were served in what is surely considered over-time hours and with great immediacy by a trained technician. Without that type of response my daughter would have either had to spend hours in an ER to get her needed medication without disrupting the schedule or even be admitted overnight to the hospital. Either option would have been drastically more expensive. In our case Providence Home Health delivered excellent, cost effective service. My experience with for-profit medicine suggests this never would have been possible under an organization like Compassus. PLEASE do not approve this move. We are still users of the Providence healthcare system and we have personally experienced the chaos brought about when Providence sold off their laboratory services to Labcorp. Healthcare, in all it's forms, should be a human right, not a source for some equity firm to make a profit!

Mara Hein

**137. No subject, 6/20/25**

Providence Hospice was awesome when my mother was in their care. Medford's Providence Hospice has a great team. I hate to see the services move to a for-profit entity, but health care and "for-profit" services seem incompatible to me. That is a personal bias having trained as a nurse in a country with a national health service and worked in the US health system. Despite what the public hears, health care is better where profit is not the driver of care over evidence-based practice. However, I know Providence is struggling to meet its bottom line and feels it has little choice but to divest itself of service lines to consolidate efforts to cover inpatient services. I was very proud Oregon was a leader in healthcare for all, but it seems things are crumbling around healthcare in the state. I've already paid taxes on my income...I sure wish we could eliminate the kicker and use that money for services and infrastructure.

Susan Watkins

**138. Providence home healthcare and hospice 50% send sale to, 6/20/25**

At the surface, it seems as this is another deal to further gouge taxpayers by a mega conglomerate to suck more funds out of Medicaid/Medicare. I hope that you, public servants, will make decisions that are for the public, common good.

**139. No subject, 6/20/25**

Not sure what information you want. I have been a client at Providence Home Health/Specialty Pharmacy/Infusion Suite at 6410 NE Halsey St since 2017. They provide critical health care (literally life or death care) to me almost on a daily basis because I have had severe Crohns Disease and gut failure. My needs are somewhat complex and it is very important that staff know me and my needs. They have always provided excellent care for the entire 8 years! I need to know that will continue if Compassus takes over. The cost is mainly covered by private insurance, but I will be on Medicare in the near future and the cost will become a greater concern. Is Compassus just looking to take over a high revenue healthcare business and then will slash quality of service so they can extract big profits?? This concerns me greatly. You can contact me about this.

**140. No subject, 6/20/25**

I am a former employee of Providence Hospice and Home Health as a Hospice RN. I quit my job with them because of the fear of a private equity company coming into health care. As a career switcher; I came from the tech world as an MBA, I have first

hand experience of being acquired by a PE firm and being turned and burned into the ground. I, like many of my former co-workers, love working with patients and families in a home health environment. With the ever changing landscape of healthcare, for the worse, it is imperative that OHA halt this transaction as it will jeopardize a service that is so very important to our community. Hospice is a need in this country and we cannot let for profit entities determine the kind of services that people receive at the end of life. We cannot let money hungry executives that answer to wall street to determine our communities access to essential services. It's disgusting. Why is nothing in this free market treated like it should be? Why are we letting the people I used to work with come in and determine the fate of a service that is already under threat from our countries leadership. Take a stand. Do the right thing. Tell Providence they are a non-profit and that if they want to operate in this state to reduce executive pay. I am tired, sad, and confused.

Samuel Cravens

**141. No subject, 6/21/25**

On the Compassus website under Careers there is a place for one to inquire about jobs. One of the options to select is Volunteer/Chaplins. The word Chaplain is clearly misspelled which tells me the quality control for proofreading is lacking. That brings into question the attention to detail in the quality of care for all of their offerings.

Hal Smith

**142. No subject, 6/21/25**

What hospice and home care services will be reduced or cut in order for a for-profit company to successfully take over a nonprofit service? In other words, how will patients and their families be impacted during a vulnerable period of their lives?

Cheryl French

**143. No subject, 6/21/25**

Compassus' acquisition and management of the Home Health needs to improve access to, and the quality of, medical care in our region. Additionally, Home Healthcare staff, including nurses, should not be asked to sacrifice benefits, pay, or working conditions in this transition or in the coming years. The key to treating patients well is the staff who are engaged. Damaging that relationship with staff or creating

hardships to fund shareholder expectations will hurt our communities and drive patients to the ER as quality home healthcare diminishes.

Lewis Selway

**144. Compassus, 6/21/25**

I just read this: "Providence provides about 25% of home health care episodes and 13% of home hospice episodes in Oregon. Staff were told that their plan was to just shut down Home Health and Hospice because they were not profitable enough. Then they announced that for-profit Compassus (owned by a private equity firm) would acquire 50% of Home Health and Hospice."

No health care should be provided by private equity firms, whose sole goal is to make profit. If home health and hospice were not profitable enough for Providence, the only way that Compassus could satisfy its investors would be to decimate services.

Do not let this sale take place.

Jo Alexander

**145. No subject, 6/22/25**

Compassus- The company wants to pay per visit instead of actual time spent. This would unfairly pay nurses and their actual time would not be compensated. Also, it would increase the costs of home health, which would edge out some insurance companies. Insurance companies may stop paying for home health services. Please support nurses in voting no for the buy out.

Rebecca Parker

**146. No subject, 6/23/25**

I strongly oppose the proposed joint entity venture between Providence and Compassus. Primarily, because consolidation in any industry typically results in worse consumer outcomes, but also because I do not trust any healthcare operation that is partly-owned by a private equity firm as the incentive for profits should not overshadow the importance of quality healthcare.

Jamie Morrison

**147. No subject, 6/23/25**

I was involved with Providence Home Health Care in 2014-2015 - while I was fighting Stage 4 Endometrial Cancer. The nurses and pharmacy were integral in my care during a very difficult fight against cancer!! As a former patient, I am very concerned with this move to have Compassas take over this role. Medical care always suffers when business only entities are in control. The State of Oregon is in the process of passing legislation to fight this exact situation in Oregon's medical clinic's. Allowing Compassas to take over Providence Home Care is an irresponsible choice!

Mary Kellum

**148. No subject, 6/23/25**

I feel strongly that this would not be a positive change for the community. Healthcare is disjointed more now than it has ever been. To take a non-profit Providence department and essentially outsource it to a separate for-profit enterprise would cause another significant rift in care delivery. Many highly qualified and competent compassionate caregivers would leave their positions since they do not want to work for a for-profit enterprise. To see what could happen, you only have to look at the merger/outourcing to LabCorp. That transition has been a complete nightmare for caregivers and patients. Even this long after the merger, Labcorp quality of care has remained at an all time low. Last time I was at LabCorp, I saw three people leave without being seen. Two left because they were told that they had to sign in at the kiosk and there was no other way to sign in. This was told to people who were seniors and people with disabilities. Another person left because LabCorp computer system did not have the orders and she had to wait hours for it to be straightened out. This is just a small example of what is likely to happen with the most crucial phase of care in the system, hospice. It is absolutely heartbreaking to think of how the families and patients' suffering will worsen with the lack of a caring, comprehensive and integrated hospice program.

Erika Petersen

**149. No subject, 6/23/25**

I am very much AGAINST letting a private, for profit take over 50% of hospice and home health. I am a retired nurse who helped start the FIRST Medicare Home Hospice in 1982 at Providence in Portland Oregon. It is well known in the field that ""for profit""

hospices consistently cut corners and do not give as good care as non-profits. I am very much against this change and I am disappointed in Providence for seeking it.

Susan Bizeau, retired BSN

**150. No subject, 6/23/25**

I strongly urge OHA to block any sort of consolidation of health services in Oregon. Monopolies are particularly dangerous in health care, and when it comes to elder/hospice care it's even worse. The negative impact on quality of care would be disastrous.

Ashley Pennington

**151. Voicemail, 6/19/25**

I'm totally against Compassus, or Compassus, however you say it, its an equity company, and that's not good for Oregon or Oregon citizens so as an Oregon citizen I would like to vote no on that, lets stay with total Providence. I've had good experiences with Providence.

**152. No subject, 6/23/25**

I have been employed by Providence Health & Services for 25 years. When I learned about the potential Joint Venture with Compassus, I was devastated. Providence has been an excellent employer to me and the thought of being absorbed by a FOR PROFIT company is frightening to me. Patients in Oregon KNOW, respect and have come to trust Providence Health and Servies (ie Home Health/Hospice/DME). I do not want to change employers, and many of my patients have expressed reservations about Providence letting go of Home Health. They don't know Compassus, and there is much unknown and reservations about Compassus taking over. I respectfully ask that the Oregon Health Authority deny the approval of this joint venture between Providence and Compassus. Thank you.

Bert Logan

**153. Compasses proposal for privatizing 50% of Providence Hospice, 6/23/25**

I'm very much AGAINST letting private, for profit take over 50% of hospice and home health at Providence. I am a retired nurse who helped start the first Medicare-certified Home Hospice in 1982 at Providence in Portland, Oregon. It is well known in the field



that "for profit" hospices consistently cut corners and do not give as good care. I am very much against this change, and I am disappointed in Providence for seeking it. Rather than privatize for profit, I would hope that Providence would lead the fight for revised regulations to improve hospice care by decreasing regulations and streamlining paperwork and bureaucracy.

Susan Bizeau, retired BSN after 35 years of nursing in Oregon

**154. Voicemail, 6/23/25**

Hi I'm calling regarding the takeover/acquisition of Providence home health and Hospice by Compassus. And here's the thing. Providence's home health and Hospice agencies are some of the most integrated within our system, so I have been working as a case manager in the emergency department in one of our hospitals I just resigned that position. But what I can say is that trying to find home health that is covered by specific insurance is difficult. And I don't know which Compassus' you know takes and which they don't but I know that Providence takes specific, and I guarantee that Compassus won't take some of those specific. We have significant problems out in Oregon seaside and you know we talked about Portland Beaverton Newberg but you're forgetting about Newberg, Gaston, Forest Grove et cetera, almost no coverage for home health care. So when we try to get somebody home health or PT out there especially our elders who are say on century farms we can't get it and these are people who may not be able to get into again an actual facility to do PT and these are people that honestly, with some of our older patients if they don't get that home PT they are going to have another problem and they're going to end up out of their home because of it right. So having another agency come in and take over part of that is I don't think helpful, I think that it's not going to lower healthcare costs and think it's going to increase cost I think it's going to have a significant impact on access and quality because we do not know at that point whether they will have the same level of care available as Providence has because Providence being integrated it's it had a much much more successful kind of support system. It really concerns me that these are going to be what we have in the outer lying areas, and that the impact in terms of healthcare equity is just gigantic. Providence has most of our PACE program locally which is the elder care elder place and having home health and home Hospice through them as well allows them to move into facilities as they need to so the whole idea of another company coming in and taking over up to 50% of that group is just not a great idea. I suspect that the care will go down overall we don't have more home health

nurses it will not increase the payments to home health nurses and PT 's and OT and speech language pathologists and all of these things are needed. And we don't have enough for what we have now, so having somebody take over part of instead of opening their own and getting new people and God forbid raising the nursing payments and OT wages etc, I think this is going to be devastating to those outlying areas especially, Portland may be fine Hillsborough may be fine especially since they have Tuality still but the idea of taking over 50% of of Providence 's Home health and Hospice not a great idea no matter how much Providence may want to unload something that's less profitable.

**155. No subject, 6/24/25**

It has been shown that every time a for profit organization takes over a medical group or clinic or hospital, quality services decline. It's really simple, for profit companies exist to make money for their investors, end of story. Such organizations always talk big about providing best care to patients but instead they understaff the clinical settings, delay care, etc in order to save money for their investors. The administrators in the mean time make sure they pay themselves very handsomely. For profit healthcare should have never been allowed to exist because it's a perverse system in which the medical care of a human is put in direct competition with an investor group. For profit insurance companies function in similar fashion although their go-to method is automatic denials. The only winner in these for profit "partnerships" is the company itself, never the patient or the county. As a retired physician after practicing medicine for 35 years, I have seen the results of medical clinics selling themselves to for profits and the disastrous consequences to medical care of patients and to the clinicians who get treated as cogs in a wheel. The morale of all the clinical staff plummets as they realize they are beholden to investors. Whatever promises Compassus makes, do not believe them; I can confidently predict that patient and staff satisfaction will decline and the medical care will worsen if a for profit company is allowed into this arena.

Diana Villanueva

**156. No subject, 6/24/25**

I've been a home health PT with Providence Portland for 18 years now. I would not have stayed this long if I did not believe in the mission and the work we are all doing. I am proud to be part of this team and feel strongly that we provide a great service to

the community. I am in favor of this merger. Without it I am afraid we would all be out of a job and this service would no longer be provided.

Kelly Larson

**157. No subject, 6/24/25**

I am a 75 year old retired occupational therapist, who worked several years in a home care and hospice program of an free-standing non-profit agency, as well as Sacred Heart Hospital (which is now PeaceHealth). I am deeply concerned that if private equity entity Compassus purchases Providence Home Care and Hospice Services the quality of care will significantly, literally risking patients' lives.

This dynamic is described in 171 page report by the US Senate published January 2025 titled, Senate Budget Committee Bipartisan Staff Report. It concludes that private equity model of acquiring medical facilities with the plan to create profit results in results in poor care.

Additional research published in the New England Journal of Medicine January 12, 2013; 388, ""Corporate Investors in Primary Care- Profits, Progress, and Pitfalls."" This documents when profit is the objective of the agency, patient outcomes decline and costs for services increase.

Patients of Providence Home Care and Hospice deserve a quality-driven, not profit-driven, owner.

Charlotte Maloney

**158. No subject, 6/24/25**

My daughter recently received services through Providence Home Health. They were wonderful and on top of her complex medical needs. After having negative experiences with other For-profit health care companies, I do not believe she would have received the high quality care if a company like Compassus was involved. Providence partnering with a For profit company seems to go against their own core values.

Ronda Janisch

**159. No subject, 6/24/25**

Since Compassus is a for-profit company, what guarantees are they giving to provide adequate care for those on Medicare and Medicaid plans. Will they limit visits due to less funding? Will they allow their nurses and therapists as much time as they had under Providence to treat their patients according to the expertise of the providers and the clinical staff? I am doubtful the citizens of Oregon will be better off under this company. Compassus will now handle HR, payroll, accreditation for this entity. How is this a 50/50 endeavor? How is Providence an equal partner in this when Compassus is holding the reins on almost everything? How is this responsible behavior from Providence? They bought up all these struggling health systems, got huge financial benefits from the state for promising good care for the most vulnerable of our communities in Oregon and now are selling off another piece of themselves to a company that gets horrible reviews from Glassdoor.

Anthony Sanders

**160. No subject, 6/25/25**

Having private equity involved in hospice care ("do more with less staff/investment to maximize shareholder profits") is terrifying to me. I strongly oppose this action.

Jean Butcher

**161. Compassus, 6/26/25**

Hello OHA,

I was just reading your newsletter Oregon Health News and saw that you are reviewing the deal between Providence Home Health and Hospice and Compassus. I am full stop against this deal. Compassus is owned by a private equity company and all private equity cares about is giving investors better returns. They absolutely do not care about patients or staff. They will strip Providence Home Health and Hospice down to the bare bones and the results will be devastating to patients, families and staff. Please do not allow this deal to go through.

Sincerely,

Kristina DiTullo

**162. Compassus**

Providence Home Health is deleting some vital programs before the merger with Compassus. As someone with ALS, I have been seen by PT, RT, and SLP. But they are choosing to shut down the AAC program. This is a vital service for myself and other people living with ALS.

Here is a short video I recorded using my speech device, explaining why this program is so important to me.

Thank you for listening.

Robin McNeil

**Transcription of video:**

On October 8<sup>th</sup>, 2024 Providence Home Health announced they will close the Home Health Augmentative and Alternative Communication Program. Here are my thoughts.

Hello, my name is Robin Mcneil, I was diagnosed with ALS in 2017. The providence AAC program is vital to those with ALS when we can no longer speak, we become dependent on a speech device. It becomes a voice when we lose the use of our hands an eye gain system allows us to use a device, it becomes more than a speech device, with it, we can drive our wheelchair and control our environment. As ALS progresses and we lose more and more our device connects us to the world but we can't do that alone, we need help navigating which device is best for now and which will adapt as ALS progresses. We need help setting it up and to voice bank to preserve our voices, we need help connecting it to control our home, we need help learning to use eye gaze, we need help if it freezes up, because if it stops working, our world stops working. That's where the program AAC program comes in, they are trained specifically to help us, they come to our homes to see what our specific needs are and explain our options. It's very difficult to do this in an office visit, they set us up and train us to use it. They can also train our caregivers, they come back until we are comfortable using it and they come back when our needs change. They come to us where we are comfortable, we have to the time to be able to really learn how to use the device that is vital for a person with ALS. The AAC program is essential for someone like me. Since I have had ALS for seven years, my needs have changed over the time, I am able to come in and out of the AAC program as needed. I currently don't use eye gaze but my hands are becoming affected, if you close this program who do I turn to if I need help.

**163. Voicemail, 6/26/25**

Hi my name is Robin Kong I'm calling with the issue of the merger of Providence home health and Hospice with the Compassus, I'm not sure how to pronounce the name, but that merger. And my input would be that I was extremely pleased with the services provided by Providence home health and Hospice they were tremendous with my mom as she passed and I would like to not see that anything change and what concerns me is if someone else becomes a part owner so that they will alter their way of being in the way or the way they provide service so I would rather see it not happen thank you very much.

**164. Merging Providence Home Health and Compassus, 6/26/25**

To me, moving to merge the two would result in worse employee satisfaction and worse service to patients because of the involvement of a private equity firm.

The home health care staff would of course continue to do their best. But the job of a private equity firm is to make profit, and especially to increase profitability over time. There is no interest in the quality of the service itself.

In a service industry such as home health care, there is no product to be managed, so the only ways to increase profitability are to increase the number of patients and/or to reduce costs. The number of patients needing home health care may naturally increase for a few years as the "boomers" age out of the system, but after that profitability will probably come mainly from cutting costs, inevitably leading to lower wages, higher workloads and/or lesser service.

Personally, if there is a genuine benefit to be had from this merger, I can't see it.

Thank you,

Roseanne Clark

**165. Thoughts on the proposed business deal between Providence and Compassus, 6/26/25**

Hello,

You requested public input about the business merger between Providence Home Health and Hospice in Oregon and Compassus, a national provider.

From what I can see, Palliative care at Providence gets generally good reviews from its clients while that from Compassus receives generally negative reviews. The outcome of these business deals seems typically to be that the larger national organization with poorer quality of services but perhaps with stronger financial results (Compassus) steps in and sacrifices quality of care and connections with local communities by replacing services at the local business (Providence) with those which optimize profit. I would be surprised if the outcome here is different. I currently have Providence Medicare Advantage coverage and am heading into old age when I may require palliative care. I hate hearing about this possible business deal.

Thank you,

Donna Nakano

**166. Please reject Providence from selling to the Equity firm, 6/26/25**

Hello,

Providence seems to have been getting rid of parts of its historical business for a number of years now, which seems a conflict with its stated Mission. This abandoning Providence Hospice is yet another example. I am familiar with some other programs it has gotten rid of and sold to for profit businesses. The quality has consistly declined and while most employees work for patients and the Mission, the organization seems to be moving away from their own stated mission.

Providence used to partner with Oregonians to improve our care and health and was a company one could trust for care. Over these last years that partnership has declined significantly. Getting rid of Providence Hospice for an equity firm hospice that's only purpose is to make money is a huge conflict. One of the reasons I have Providence Medicare is because when the time comes I knew I could trust Hospice having known many people who received the services and were so appreciative of the care over the years. These last years Providence has already reduced Home Services support and made what was a patient centered business less. So now it is planning to sell to an equity firm.....this after all the fine work that was done re: end of life care in Oregon some years ago.

I respectfully request to not allow this to move forward on behalf of Oregonians who need end of life respect and not to have money made for an equity firm in their last months.



Terese S.  
Beaverton

**167.     Compassus, 6/25/25**

My Mom is currently receiving Home Health care through Providence's Hood River location. The care team is amazing, and the care is patient- and not profit-centered.

Compassus has poor reviews from both employees and families who question whether patients or profits come first. In addition, employees seem to have trouble getting a fair deal from Compassus regarding training, workload, and benefits.

As a current recipient of quality care through Providence, I know first hand how deserving Mom's care team is of a great working environment. I don't believe Compassus is going to clear that bar, and Compassus does not take over my Mom's clear

**168.     About proposed Providence merger, 6/26/25**

I am unhappy to hear about a proposed merger between Providence Home Health and Hospice and a national firm. We have Providence Medicare Advantage and Providence Portland is our closest hospital and ER.

It seems that Providence has been selling off parts of its services over time. It has severely affected the quality of care from two I have needed, both anesthesiology and the lab (now labcore). This splintering makes accessing care much more difficult and in my recent experience having blood drawn, much more painful (cheaper needles).

These financially based changes are seriously eroding what was once a great hospital system. I hope that when my husband, myself and anyone else needs home health care or hospice these will not be bottom line rather than care oriented services.

Please don't allow this merger—one more corporate grab of our healthcare system.

Thank you,

Gretchen Newmark

**169.     Compassus, 6/26/25**

My family member was able to receive in home care from Providence while she recovered from an injury. It was the best medical team she has ever had. The team



was very easy to communicate with and so skillful. I was with her each time someone visited. Visits from ot, pt, x-ray technologist, physician, nurses and social workers.

I wanted us all to switch to their physician! Unfortunately, that wasn't an option.

If it ain't broke...

**170. Compassus, 6/26/25**

I'm concerned that a private equity company will dictate standards of care rather than those standards being set by medical professionals. Maybe not such a good idea?

**171. No subject, 6/26/25**

Compasses. My family and I see absolutely no benefit in placing hospice administration out of state. Distance equals delays and corporate emotional detachment. Oregon workers and administrators can do excellent hospice administration. If saving money is the goal of hospice and the overriding reason for the decision to bring in Compasses, then ask the question: is saving money the ethical goal of Oregon hospice care? No!

Kent Lindell-Ross

**172. No subject, 6/26/25**

It doesn't matter how kind and caring Compassus staff might be, the primary objective of a for profit equity company is to return profit to the owners/stock holders. So this is very sad. Trump would be proud.

John Niemitz

**173. No subject, 6/26/25**

Providence use to have a culture of caring that was almost tangible. I don't see anyway giving up control to someone across the country could possibly maintain that standard. I think this sort of deal is a detriment to their patients. They are outsourcing everything and it isn't working so well from what I hear from my doctors and their staff members, let alone my own experience.

Pam Berg

**174. No subject, 6/26/25**

I am deeply uncomfortable with Providence outsourcing some of its home health and hospice care to a for-profit entity, especially one as large as Compassus. As a caregiver for my centenarian mother, I am familiar with many issues encountered in dealing with home health and hospice care agencies. We have received some limited home health care services through Mom's Providence plan, and the care has been outstanding; however, that is not the experience of everyone. Three of my friends, also caring for elderly parents, have shared horrible tales of negligence, incompetence and outright theft from hospice providers during their parents' final days. All of them had been through national, private, for-profit agencies whose "caregiving" took a back seat to their profit margins.

Please, don't let this become normalized through this Providence/Compassus deal. If Providence cannot handle their patient load, the only reasonable option to consider would be to align with a reputable non-profit agency, whose care goals will always be patient and family centered. Oregon elders and their families deserve quality end-of-life care that is not driven by profiteers looking to make a quick buck.

Read these informative articles for support.

<https://www.newyorker.com/magazine/2022/12/05/how-hospice-became-a-for-profit-hustle>

<https://www.latimes.com/california/story/2020-12-09/hospice-industry-growth-marked-fraud-deficient-care>

<https://www.nytimes.com/2023/06/10/health/hospice-profits.html>

Respectfully,

Sally

Wheeler

**175. No subject, 6/26/25**

My wife received home health services from Providence a few years ago. The Providence employees were professional and provided high quality compassionate services. Providence's recent experiments with outsourcing services have been disastrous. For example they contract with Labcorp to do blood testing, at considerable financial savings to Providence. However the contracted service is of lower quality, is

less convenient and is more difficult to obtain. Based on this experience I am opposed to Providence contracting out home health services.

Robert Rubenstein

**176. No subject, 6/27/25**

Tennessee is rated 47th in the nation for nursing home care. They have work to do at home.

KJ Andersen

**177. Please reject the Providence-Compassus transaction, 6/29/25**

Teresa Goodell [submitted a public comment](#).

**178. Compassus, 6/30/25**

I'm writing to speak out against FC Compass's LLC acquiring a 50% stake in Providence Health & Services. For profit organizations have no place in the medical system and we should be phasing them out, not allowing more in. Private Equity has been buying up and shuttering medical facilities across the nation and we need to say no to this kind of predatory business in our community. We should not be taking profit out of someone's payments for healthcare.

Please review this [video](#) about a PE company taking over a hospital system, saddling it with debt to pay investors a big return and then running it into the ground.

Michael DiTullo

**179. Reject the Providence/Compassus Joint Venture; If Approved, Apply Conditions, 7/2/25**

OHA Health Policy Director Stephanie Jarem,

As a long-term services and supports researcher, I strongly urge the Health Care Market Oversight program to reject the proposed joint venture between Providence and Compassus. In brief, given the history of and research surrounding private equity-owned healthcare entities, this joint venture would threaten all four pillars that HCMO considers: cost, access, equity, and quality of care.

Compassus is owned by Towerbrook, their third private equity owner since 2006, demonstrating that profit generation is their main priority. Research shows that private

equity-owned hospice agencies seek to reduce costs by decreasing visits to patients by professional staff or use of less-skilled persons for visits, enrolling patients with less intensive needs, and by billing Medicare for services that a patient was not eligible for.

Private equity-owned home health and hospice agencies may provide short-term gains in care but it comes at the expense of durable long-term gains. For-profit agencies score worse than non-profit agencies on a variety of quality scores, including helping their patients avoid hospitalizations. Compassus regularly scores below Providence on all hospice quality of care CAHPS measures.

Research also demonstrates that families, patients, and communities experience with for-profit agencies is generally worse than with not-for-profit agencies. For-profit agencies are more likely to be understaffed, have fewer skilled nurses and clinicians, and often reduce specialty services, citing lack of profitability. In addition, for-profit agencies tend to demonstrate preferences for particular patient profiles and diagnoses that maximize profit, creating access and equity issues for the community based on factors over which no individual has control.

Research clearly shows that this joint venture would produce worse health outcomes for patients, reduce access for high-needs patients, and be harmful to workers in home health and hospice settings in Oregon. I urge you to reject this transaction.

Thank you for considering my comments, and I appreciate HCMO's thoughtful review of this transaction.

Mary Stepick

**180. Public Comment - 043 Providence Compassus. 7/8/25**

Compassion and Choices [submitted a public comment.](#)

**181. Providence Home Health, 7/9/25**

I am very concerned that Providence Home Health's management may be taken over by Compassus. My sister, who is severely disabled, has been receiving excellent care through Providence Home Health, and has also developed a friendship with the wound care nurse who comes in weekly to care for her open head wound. This friendship is as important to her health as is the wound care.

It is my understanding that this proposed joint venture with Compassus, a for-profit entity, is bad news for my sister and so many other disabled like her. That is so because the kind of care my sister receives is not “profitable” and will be discontinued by a for-profit company like Compassus.

Mary DeMuniz

**182. Providence Home Health sale to Compassus, 7/14/25**

Thank you for the opportunity to comment of the possible sale of Providence Home Health and Hospice to Compassus, an out of state company owned by two private equity firms.

I am opposed to this sale.

Private equity firms primary goal is to maximize profit to increase returns for investors. Compassus ownership will result in reduced services, cuts in staffing levels and increased workloads for caregivers who are already required to work overtime to meet basic patient needs.

This acquisition will result in reduced quality of care and will cost people their jobs. Private equity acquisition of health care facilities is associated with poorer patient outcomes. (Kannan S, Bruch JD, Song Z). Takeovers frequently lead to facility closures and bankruptcies.

At a time when health care service funding is being gutted, and community services are being eliminated, the transfer of Providence Home Health and Hospice to a private equity firm is disastrous.

Sincerely

Caroline Lindstedt, RN, BSN

Kannan S, Bruch JD, Song \*Changes in Hospital Adverse Events and Patient Outcomes Associated With Private Equity Acquisition. JAMA. 2023;330(24):2365–2375. doi:10.1001/jama.2023.23147

**183. No subject, 7/15/25**

I strongly oppose Providence Home Health and Hospice selling any portion of their interest to the for profit private equity firm Compassus.

First and foremost, Compassus has a strong record of failing to provide timely and compassionate communication and services to its clients — individuals and their families who are facing one of the most difficult and vulnerable periods of their lives. Compassus' employees report receiving scant training and having spotty support from management. Compassus' patients and their families report poor and impersonal and communication, irregular and unreliable visits and care, and non existent customer service beyond the initial client meeting.

None of those qualities are acceptable for any medical establishment, but in particular those individuals and families who are facing end of life care.

What does the Attorney General have to say about this proposed merger? As you know, Providence, a not-for-profit hospital, is under investigation for violations of state laws governing charity care, and that they have refused to fully cooperate in the DOJ's investigation into whether the hospital system had improperly charged patients for care. This problem seems to be most acute in Oregon.

Providence's sceme to sell off fifty percent of their hospice care interest likely was part of project "Rev-up". A plan Providence paid 45 million dollars to consulting firm McKinsey and Co., to develop ideas for revenue generation. This at a time the not-for-profit was skimping on charity care while simultaneously providing some of the highest compensation packages to health care executives in the NW region.

To conclude, Providence receives enormous tax benefits by holding a not-for-profit status. That status requires hospitals to provide charity care for low income patients. Selling any percentage of its business to a for profit equity firm, particularly one with a record of sub-par care is unacceptable, unethical and perhaps even unlawful.

Please do the right thing and reject this plan. Providence has not yet proved it knows how to run its business for the interest of our state and its communities and families.

Naseem Rakha

**184. No subject, 7/18/25**

I have been reading the public comments and it's evident that the ONA, whose sole reason for existence is to destroy Oregon business and those who run them, are misleading the public and their membership. Healthcare is constantly changing. It is more expensive and the government and insurance companies want to pay as little as

possible. The union, and the well-intentioned clients of Providence home care do not understand that if this joint venture doesn't pass, there will be no Providence home care. Period. They seem to think if the joint venture fails that Providence will continue to provide services. They will not, and common sense tells us this. Look at everything they've outsourced, and now passing the home care division to another company so they can survive. If the JV fails, Providence home health in Oregon will not exist, and you will be getting your healthcare from another company which is more than likely going to be a ""for profit."" Even non-profit entities have a budget.

Health care agencies across the country are having to align with other entities to continue to operate and Providence is no different. Do not let the ONA have their way with your minds! They are wrong. If the JV fails, you'll have thousands of patients from Portland to Medford, Seaside to Hood River, that will not have access to home health, not to mention the thousands of RNs, PTs, OTs, Speech Therapists, etc...who will now be without a job. Washington and California are doing the joint venture without much of a problem from their state reviewers. Why is Oregon choosing to be a slug in the punch bowl when they pretty much do what Washington and California do anyway? This change is inevitable.

There is nothing shady about this deal. It's a fact of life and business. Providence has always offered a very generous benefits package, where else can you accrue over 350 PTO hours? Most agencies offer 2 weeks vacation a year and that's it. Providence's generosity towards its caregivers, combined with the union demanding ungodly acute care wages for a non acute care setting would kill any business. This raises the costs of operating and here we are. I ask the public and the OHA to have a little foresight and look farther than simply ""it's a for profit venture we can't allow it."" What will affect you more-Joint venture, or not having a home care agency in the area that stems from the compassionate care that Providence provided? And besides that, if anything comes in to fill the void...it'll be another for-profit. Why not allow the staff to keep their jobs and continue the continuity of care and allow the joint venture to happen. Thank you for considering.

Charles W. Oregon City.

**185. No subject, 7/16/25**

The motives behind this merger are purely economic and transactional. It is reasonable to infer that because, at no time prior to the merger, was this discussed with clinicians nor was it open to patient comment and input.

Compassus is owned by private equity firm and will be co-owned by the investment arm of Providence. Compassus has been fined by the U.S. government in past years for fraudulent billing and other infractions in its health care delivery.

In summary:

- 1). The combined entity has not been supported by data proving that patient care or overall health care delivery will benefit.
- 2). The proposed merger will also result in a so-called ""reduction in force"" and some clinicians (nurses and physicians) will be forced to transfer to other departments or relocate to other facilities.
- 3). The decision was made by upper echelon Providence management in coordination with their Compassus counterparts absent public and clinician input and specific justifications for this plan have not been offered.

Keith Comess

**186. No subject, 7/16/25**

I am a clinical social worker with 39 years of health care experience, primarily with older adults and their carers. I frequently coordinate care and collaborate with home health and hospice programs including but not limited to Providence Home Health and Hospice. Over the years I have witnessed the spread of for-profit programs. On one hand this has added choice of service provider recipients. On the other hand I am aware of concerning practices by for-profit entities which actually limit client freedom of choice. I am quite concerned about the selectivity exercised regarding service to patients with complex care needs, especially the poor and vulnerable. Providence has long held the Mission of service to these persons oft overlooked by for-profit programs. I worry a proposed relationship between Providence and a for-profit entity weakens the Mission the community (and staff) has come to know and respect. Compassus for-profit joint owner and private equity firm Towerbrook Capital Partners might be an infusion of funding for Providence, and I appreciate the need for viable business model. However, I have to wonder what the intangible costs will be by Providence



joining their soul to a profit-focused entity. Theologically speaking, Providence would do well to remain in the world but not of the world. As 2 Corinthians 6:14 says "Be ye not unequally yoked together..." If a merger is necessary for sustainability, let it be with another like-minded non-for-profit, not a private equity machine.

J Neufeld

**187. Providence Home Health Sale, 7/16/25**

I am 78 and have yet to see a nonprofit publicly run operation switched to for profit that becomes an improved operation. I think of public school cafeterias and prisons as two classic examples. School lunches went from cooked in the school kitchen balanced meals served by cooks who often personally knew the students to prepackaged sweetened and salty and processed good for the investor/bad for the child edibles. Prisons now need prisoners, want prisoners and have no reason to rehabilitate prisoners..the more prisoners the better for the shareholders.

I have been pleased with Providence Home Health hospice services and would hate to see it turn into a for profit operation. Somehow, turning care for the dying into a good profit operation turns my stomach.

Jean Wood, Silverton, Oregon

**188. Public Comment Providence / Compassus proposed joint venture, 7/18/25**

Good morning,

I'm the Executive Director supporting Home Health at Providence for the state of Oregon (all OR Home Health ministries) and fully support the proposed joint venture, Providence at Home with Compassus, and ask you to approve the transaction.

Our caregivers are incredible and I'm proud of the expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon, meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV.

The community needs our Home Health services, and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future. Compassus is an expert in this space and has the technology

and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and exceptional patient/family experience, none of that will change in the JV. I ask you to approve the proposed joint venture.

Sincerely,

Stephanie Ortiz-Grabe

Executive Director for Providence Home Health / Oregon

**189. Voicemail, 7/18/25**

Hi I received a read a notice in the Oregon health authority newsletter about Providence looking at selling off part of its home and health services to compassus and we are adamantly against that we received home and healthcare services in the last couple of years in the Hood River area and it was it it was just stellar service and it was just incredibly helpful and important to helping my husband get back on his feet after a major surger. And it's actually one of the reasons we decided to stay in this area for till our end times because we felt like we could count on the kind of people that staff that department and confidence in Providence. Overall we're very very very upset about this news and we hope that it does not go through thank you.

**190. Compassus Providence merger, 7/18/25**

Hello,

I'm a Manager at Providence Home Health and fully support the proposed joint venture, Providence at Home with Compassus, and ask you to approve the transaction.

Our caregivers are incredible and I'm proud of the expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon, meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV.

The community needs our Home Health services, and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future. Compassus is an expert in this space and has the technology and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and an exceptional patient/family

experience, none of that will change in the JV. I ask you to approve the proposed joint venture.

Thank you for your consideration.

**191. No subject, 7/18/25**

Providence has already farmed out labwork to a for-profit company (Labcorp) which has created multiple hardships for its patients (including Labcorp billing patients instead of insurance companies for lab work, falsely claiming that it bills insurance and that the balance due is the patients' responsibility, only billing insurance if a patient complains about the bill which it makes incredibly different because its voice bot system is designed to prevent patients from getting through to a person, and refusing to keep records so the patient is forced to repeat this arduous procedure each time).

The company which Providence has selected to offload its in-home hospice care, home-based palliative care, home health care, and home infusion services to, Compassus, is the defendant in numerous lawsuits filed by individual patients, their families, multiple state agencies, and the federal government.

These lawsuits have resulted in significant legal and financial penalties, indicating that Compassus is guilty of the fraud, negligence, patient rights violations, and wrongful deaths alleged in the lawsuits.

Compassus prioritizes profits over patient care and engages in deceptive and harmful practices to maximize profits at the expense of patient welfare. Allowing Compassus to acquire interest in Providence's home health and home-based hospice operations in Oregon will directly harm Providence's Oregon patients who require home health and home-based hospice and will result in patients' shortened lifespans, financial difficulties, and deaths.

Under no circumstances, should the Oregon Health Authority permit this acquisition to move forward. Doing so puts Providence's Oregon patients at risk for medical and financial harm. If OHA does approve this acquisition, it will bear responsibility for those deaths

F.I. Goldhaber

**192. No subject, 7/18/25**

Hello,

I'm a internal medicine physician and work for Providence medical group in hospital medicine. I've been referring patients to Providence Hospice and home health services for many years. I'm writing to express my full support for the proposed joint venture, Providence at Home with Compassus.

Providence is a well-respected and trusted provider of home-based care and is an integral part of the care delivery system in Oregon. I choose to refer my patients to Providence Hospice and home health services because I know they will get expert and high-quality care.

Providence has a long history of providing comprehensive and compassionate care to people nearing the end of their lives, including support for families and friends. Providence Hospice and home health services are well-known in the community for going above and beyond to meet patients' physical, spiritual and emotional needs.

Health care organizations must adapt in order to face the current financial challenges, and the proposed joint venture between Providence and Compassus is the best path forward to make sure my patients, and all Oregonians continue to have access to exceptional end-of-life care and continue the charitable mission of Providence to help the vulnerable and underserved population.

I respectfully request that the Oregon Health Authority approve the proposed JV.

Sincerely,

Samson Spilk MD

**193. No subject, 7/18/25**

While we may stand out as are one of the larger hospices in the Portland area, we also stand out one with a larger mission – to serve the poorer and more vulnerable in our communities. Our team routinely admits patients who other hospices might balk at taking on – those whose living situations are more challenging, those whose care appears more intensive, those whose medical histories are more complex. Our support of these patients is the direct legacy of the Sisters of Providence mission, is a central focus of our team, and one that can only continue with the support of this joint venture.

As we are all aware, the U.S. healthcare system is in a state of flux. How this is playing out at Providence Hospice is perhaps no different, but I feel we have been given a potential lifeline to continue our work through this joint venture. Given the overall financial picture that Providence is facing at this time, and the increasing competition in the hospice sector locally, the joint venture with Compassus will allow our local teams to stay intact, providing the same mission-driven services we always have, and remain competitive in our field.

I want to continue to do the work I love, side by side with an excellent, trusted team who are dedicated to serving those in our community who need us the most. I don't know exactly what the joint venture will look and feel like, but I do know that if it will infuse our current team with increased resources and support, and allow our compassionate and skilled field staff to do what they do best – provide excellent care to patients and families experiencing end of life – then it will be a positive change. I am in support of this joint venture and look forward to working with Compassus on our team.

Thank you for your consideration and support of our work,

Susan Miller-Josselyn LCSW

Social Work Supervisor

Providence Hospice Portland

**194. No subject, 7/20/25**

As a family member that has used Providence hospice for my mother I do not approve of a Compassus buy out. Providence caregivers made the utmost difference to me and my family. Putting their patients and families first is what makes Providence caregivers stand out amongst other hospice organizations that I had met. They have a robust, dedicated and supportive interdisciplinary team and I'm afraid with another company running things they will lose their fabulous reputation as one of the best hospice providers in the city. Facts.

Suzanne Ragnone

**195. No subject, 7/21/25**

Hello,

I'm a social worker and Senior Manager at Providence Hospice where I've worked in both direct service and leadership for over 17 years with both Hospice and Camp Erin, our camp for grieving children. I fully support the proposed joint venture, Providence at Home with Compassus, and ask you to approve the transaction.

Our caregivers are incredible and I'm proud of the expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon, meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV.

The community needs our hospice and bereavement services, and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future.

Compassus is an expert in this space and has the technology and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and an exceptional patient/family experience, and I believe that that will not change in the JV.

I ask you to approve the proposed joint venture.

Sincerely,

Jessica Fishman, MSW, LCSW

Senior Manager-Providence Hospice

Director-Camp Erin Oregon

**196. No subject, 7/21/25**

Oregon Health Authority,

My name is Stacey Morgan, and I have worked with Providence Hospice Oregon from 2000-2025 within the program's Spiritual Care discipline. I am writing to express my full support for the Providence at Home with Compassus Joint Venture.

This Joint Venture is essential as it financially equips us to continue having a profound impact on our community, especially those who cannot afford to pay or who require complex care. At this moment in our country's history, when the most vulnerable among us are even more compromised, please approve our efforts to create the path

that enables us to persist in providing high-quality, compassionate care to all patients, regardless of their financial situation or medical complexity via Providence at Home with Compassus. Approving this Joint Venture is the way for us to continue having the extensive, positive impact on our community that we have had to date.

The catalyst of Providence at Home with Compassus is simple: to be able to continue to serve our community, ensuring that every individual receives the dignity and comfort they deserve during their final stages of life. Providence at Home with Compassus will benefit all Oregonians by enabling us to continue to provide excellent, caring, comprehensive end-of-life care to all who need it by harnessing the strength and expertise of the caregivers who currently work at Providence Hospice Oregon.

I urge the Oregon Health Authority to recognize and support the invaluable contributions Providence Hospice makes to our community and will be able to continue to make by creating this Joint Venture with Compassus. Please approve us moving forward in offering the highest standards of care and compassion to those facing end of life by approving the proposed joint venture.

Thank you for your attention and care.

Sincerely,

Stacey Morgan

**197. Compassus Joint Venture, 7/21/25**

Hello, I'm an RN, Clinical Manager at Providence Home Health East and fully support the proposed joint venture, Providence at Home with Compassus, and ask you to approve the transaction. Our caregivers are incredible and I'm proud of the expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon, meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV. The community needs our home health services and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future. Compassus is an expert in this space and has technology and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and an exceptional patient/family experience, none of that will change in the JV. I ask you to approve the proposed joint venture.

Sincerely, Christine Schell, BSN, RN

**198. No subject, 7/21/25**

I am a retired employee of the Providence Health System in southern Oregon. I worked in this health system for 39 years. For approximately 25 years of my career I worked in the home services department. I was not a clinical provider, but worked closely with those who are.

I witnessed many financial changes in the industry over my time. When I started the hospital was paid FFS. Shortly after the federal government initiated the DRG (diagnostic related group) payment program. That change in payment policy was the beginning of payment reductions to healthcare providers for years to come and continues today.

Any concern and anger with changes in our healthcare systems should be directed at the government dismissal of the needs and complexities of the generation of patients currently being treated. Private insurance jumped on the same bandwagon as Medicare and the introduction of Medicare advantage plans added to the already diminishing reimbursement for care.

After the financial devastation Covid caused the healthcare system, all institutions are suffering, not just Providence. If home services are to continue in Oregon under Providence at all, a merge of resources is necessary. If this does not go through I believe these services will dissolve. Anyone interested in staying in the arena of delivering healthcare to folks in their homes, will be working for another "for profit" company.

Sheri Curtright

**199. Providence Home Services and the Joint Venture, 7/21/25**

Hello,

I am a clinical manager at Providence Portland Home Health East and fully support the proposed joint venture, Providence at Home with Compassus, and ask you to approve the transaction.

Our caregivers are incredible and I'm proud of the expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon,



meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV. I have worked for Providence Home Health for the past 10 years as a field clinician (physical therapist), now clinical manager for the past year and a half. I have seen and feel the impact we make and want to continue to do that.

The community needs our Home Health services and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future. Compassus is an expert in this space and has the technology and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and an exceptional patient/family experience, none of that will change in the JV.

I ask you to approve the proposed joint venture.

Meredith Thompson

**200. Support for Compassus & Oregon Joint Venture, 7/21/25**

Hello,

I'm an Oregon resident and I participated in the formal ethical discernment of Providence's Home Health, Hospice and community-based palliative care services and how to sustain them into the future. I'm also the SVP and chief philanthropy officer at Providence, leading fundraising across the system, including for the Hospice ministries in Oregon. I fully support the proposed JV in Oregon and strongly encourage you to approve the transaction.

Participating in Providence's ethical discernment process gave me deep insight into the challenges these community-based services face because for years they've operated within a system built primarily for hospitals and clinics. While home health, hospice and community-based palliative care are deeply held parts of the Providence Mission, Providence can't continue independently operating them on its own. The current financial challenges in the health care industry require Providence to find a joint venture partner with specialized clinical and operating experience, like Compassus, so it can maintain access and the current scope of its home health, hospice and community-based palliative care services.

Compassus is a leading national provider of home-based health care. Working with Compassus as part of this proposed joint venture will bring tailored technology,

including a specialized electronic medical record and advanced mobile tools, designed specifically to support caregivers and patients at home. This will enable caregivers to spend more time at the patient's bedside, enhancing care delivery and reducing caregiver burnout.

Providence's exceptional hospice program in Oregon is known for going above and beyond to care for patients and their families. Some of the unique services it offers are funded by philanthropy and Providence will continue to raise money for them in the proposed joint venture. This includes:

- Pediatric hospice and palliative care
- Expanded grief support (such as Camp Erin)
- Community-based palliative care
- Necessities of life for the poor and vulnerable

I'm a big supporter of home-based care and the valuable role it plays in the health care delivery system. In order to make sure Oregonians continue to have access to this compassionate, high-quality care I urge you to approve the proposed joint venture with Compassus.

Laurie Kelley

**201. No subject, 7/21/25**

Hello,

I'm chair of the Providence Home and Community Care Community Ministry Board, and I'm writing to express my strong support of the proposed joint venture (JV) in Oregon, Providence at Home with Compassus. The proposed JV is essential for Providence to continue providing home-based care in Oregon.

As Board chair, I've seen how carefully and diligently Providence senior leaders and our Community Ministry Board together examined home health, hospice, and community-based palliative care operations to ensure Oregonians continue to have access to exceptional, compassionate, and high-quality care in their homes. These services are critical, and the demand for them continues to grow as the population ages.

Providence conducted an extensive search to find a like-minded partner with operating expertise in this space. Compassus shares Providence's values and commitment to clinical excellence and has a proven track record of partnering with and investing in health systems to increase patient satisfaction and clinical outcomes. Compassus' history of successfully creating joint ventures with non-profit health systems demonstrates to us that Compassus will improve quality and expand access to in-home services, while aligning with Providence's charitable mission.

Providence's home services have operated within a health system built primarily for hospitals and clinics. The organization recognized that Compassus could bring the operational infrastructure, technology, and singular focus necessary to support these critical services long-term, while maintaining Providence's commitment to its charitable mission.

I voted in favor of signing a definitive agreement with Compassus to create the JV, Providence at Home with Compassus, because I firmly believe the best way to ensure continued access to Home Health and Hospice care for Oregonians is through this joint venture with Compassus. The proposed JV is an opportunity for Providence to sustain home-based care on a long-term basis throughout Oregon and serve communities better than it can on its own.

I believe wholeheartedly in Providence's Mission to serve all, especially those who are poor and vulnerable. I find great comfort in knowing the charity care policy of Providence at Home with Compassus is substantively similar to Providence's, with reasonably the same criteria, and Medicaid beneficiaries will continue to receive home health, hospice, and community-based palliative care.

I urge the Oregon Health Authority to approve the proposed JV.

Warmest regards,

Eddie Swafford, HCC Board Chair

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

Hello,

I'm a Clinical Manager with Providence Home Health and fully support the proposed joint venture, Providence at Home with Compassus, and whole-heartedly ask you to approve the transaction. Our caregivers are incredibly talented and I'm proud of the

expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon, meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV. The community needs our Home Health services and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future. Compassus is an expert in this space and has the technology and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and an exceptional patient/family experience, none of that will change in the JV. I ask you to approve the proposed joint venture.

Sincerely,

Chris Harrison-Beard, MOTR/L

Clinical Manager

Providence Home Health

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

After reviewing the comments surrounding the Providence-Compassus Joint Venture, there's a critical point that hasn't been emphasized enough: if the Oregon Health Authority approves this deal, 20 to 30—or potentially even more—Oregon-based employees stand to lose their jobs.

These positions, which currently support local families and communities, will be outsourced by Compassus to offshore locations. For Compassus, the priority appears to be maximizing profits—not supporting the people or communities that have long been part of the care infrastructure.

And this may just be the beginning. Today it's medical records; tomorrow it could be billing, intake, or compliance. If this partnership is approved, it could set a precedent for further outsourcing and job losses.

Let's not overlook the real human impact behind this business decision. If this is how they handle employees, just imagine how they feel about the patients.

Concerned Long Term Providence Employee

**204. Compassus Proposal, 7/25/25**

Hello,

I'm a former sponsor of Providence, and as such, one of my responsibilities was to ensure Providence followed and upheld the heritage and legacy of the Sisters of Providence. I participated in the formal ethical discernment of Providence's home health, hospice, and community based palliative care services and how to sustain them into the future. I'm also a member of the Board at Home with Compassus joint venture (JV) currently operating in Alaska, Texas, and Washington. I'm writing to express my support for the proposed JV in Oregon and to urge you to approve the transaction.

I've worked closely with Providence leaders for many years and have deep respect for the ways in which they face challenges and make difficult decisions to ensure everyone the community has access to care, especially our most vulnerable neighbors.

Providence's founding sisters had a rich history of partnering with others to ensure their mission to serve the poor and vulnerable endured. I'm confident Providence is doing the same by proactively entering into a joint venture with Compassus to provide home based care to Oregonians.

Providence needs to do business in a new way to be well positioned for where the practice of home, hospice and community based palliative care and private duty services are heading. Demand for access to these services continues to grow. Compassus brings both a deep understanding of Catholic health care and a solid track record of high quality services. Joining with a like minded organization that specializes in delivering care in the home and has tools, technology and systems designed for this type of care will allow current care to continue, and in the future will increase access to care for Oregonian.

Providence has never intended to do everything by itself; it's always in community with others. The proposed JV is an example how Providence is choosing a Mission aligned and values aligned partner that shares its commitment to ensure underserved populations have access to care. Compassus already serves as many Medicaid beneficiaries as Providence in these service lines and the charity care policy of Providence at Home with Compassus is substantively similar to Providence's with reasonably the same criteria. This is especially important to me and I would not be

such a vocal champion of Providence at Home with Compassus if I didn't believe those most vulnerable would continue to receive expert care at critical times in their lives. And, as a member of the Board of Providence at Home with Compassus, I will always act to ensure the joint venture is a continuing part of Providence's charitable mission.

I respectfully ask that you approve the proposed JV.

Warmest regards,

Barbara Savage

**205. Transaction 043— proposed sale of Providence's Home Health and Hospice services to Compassus Holdings, LLC, 7/28/25**

To the Oregon Health Authority, Health Care Market Oversight Program:

I am writing to express my strong opposition to Transaction 043—the proposed sale of Providence's Home Health and Hospice services to Compassus Holdings, LLC. As a healthcare provider with a strong desire to support necessary healthcare systems and ensure equity, and institutional accountability, I urge the Oregon Health Authority (OHA) to reject this transaction.

I fully acknowledge the financial distress Providence is facing. The OHA's own Preliminary Review makes clear that Providence's home-based care programs have experienced several years of operating losses. These challenges are real and must be addressed. But turning over control of this essential service to Compassus, a private equity-backed, for-profit company, is neither a sustainable nor appropriate solution—especially in Oregon.

Compassus is co-owned by TowerBrook Capital Partners, a private equity firm. Its business model, like others in this sector, is designed to extract value quickly through "efficiency"—in other words, doing more with less. This often means pressuring staff to take on more visits per day, reducing time per patient, minimizing administrative overhead, and centralizing decision-making away from the point of care.

While this model may work in low-touch service settings, it is a dangerous mismatch for hospice and home health care, where trust, continuity, and deep personal interaction are essential. Home health nurses are not interchangeable technicians—they are often the only consistent healthcare presence a patient sees for weeks or

months. Cutting visit time or increasing productivity targets doesn't just affect quality—it erodes safety, dignity, and the human side of care.

Compassus has already demonstrated the consequences of this approach:

- A 2020 federal audit found that Compassus submitted \$1.8 million in improper Medicare claims for hospice care in Arizona ([OIG Audit](#)).
- In St. Louis, the company was stripped of its Medicare certification after “immediate jeopardy” violations related to nursing services ([HHS ALJ Decision](#)).
- Compassus has also paid nearly \$4 million to settle False Claims Act allegations, and it has faced multiple lawsuits alleging discrimination and workplace misconduct ([ONA Summary](#)).

Locally, Providence nurses slated to be absorbed by Compassus have already expressed fears of increased caseloads, decreased support, and loss of autonomy—reflecting the very dynamics seen in other Compassus-managed markets ([WSNA, 2025](#)).

In early 2024, Optum (a subsidiary of UnitedHealth Group) acquired The Corvallis Clinic, another healthcare organization in financial difficulty. Despite early assurances, the outcome for patients and providers was swift and deeply disruptive:

- Optum enforced noncompete clauses that prevented dozens of physicians from continuing to practice locally—even after they left the company ([The Lund Report, April 2024](#)).
- Patients were abruptly told their physicians could no longer see them, with no alternative options available in some cases ([OPB, March 2024](#)).
- Another Optum-owned entity, Oregon Medical Group, was cited by OHA for excessive cost growth while simultaneously losing provider stability and continuity ([KLCC, Jan 2025](#)).

These outcomes reflect a broader pattern of harm that emerges when financial control is shifted away from clinicians and communities toward investor-led organizations. It is not speculative—it has already happened here.

In response to this growing trend, the Oregon Legislature passed Senate Bill 951 (SB 951)—the strongest corporate practice of medicine law in the country. Signed by Governor Kotek in June 2025, this law:

- Prohibits non-physician entities, including private equity firms and MSOs, from holding majority control or exercising operational authority over professional medical entities (PMEs);
- Bars MSOs from influencing or setting staffing levels, compensation, scheduling, billing policies, or clinical protocols;
- Invalidates restrictive noncompete agreements that block physicians from practicing in their own communities;
- And creates civil liability for violations under Oregon’s Unlawful Trade Practices Act.

These protections exist because Oregon lawmakers—guided by patient and provider testimony—recognized the systemic harms caused by corporate healthcare consolidation. This includes reduced access, physician burnout, declining quality, and decision-making driven by margins instead of care.

If Compassus uses a management structure that mimics these MSO models—centralizing administrative control over clinicians or linking compensation to productivity metrics—it may run directly afoul of this new law. Even if not immediately illegal, the transaction may need to be restructured or reversed before January 2026, when SB 951 takes full effect for new arrangements. This creates unacceptable legal, operational, and clinical risk for one of Oregon’s largest home health networks.

Providence’s challenges deserve meaningful, collaborative solutions—but this sale is not one of them. I respectfully urge OHA to:

- Reject the transaction outright, based on clinical, legal, and ethical concerns;
- Or, if approved, impose strict enforceable conditions, including:
  - Full provider control over staffing, compensation, scheduling, and service delivery;
  - Public transparency around clinical outcomes, staffing levels, and financial decisions;



- A rescission or penalty mechanism if Compassus fails to meet these standards post-sale;
- Independent legal review to confirm compliance with SB 951.

Oregon has drawn a clear line: our healthcare system should be governed by licensed providers, not financial engineers. We've seen what happens when that principle is violated—most recently in Corvallis. The proposed sale of Providence's home health and hospice programs risks repeating those harms, this time in the most sensitive corners of care: our homes, our elders, our end-of-life journeys.

The stakes for Oregonians are too high, and it is your role to oversee the healthcare market and protect Oregonians and our systems of care -- I urge you to act accordingly.

Thank you for your time and consideration.

Jacob Lowen

## **206. Providence | Compassus, 7/29/25**

Dear Oregon Health Authority Officials,

I am writing to express strong and unequivocal opposition to the proposed sale of Providence Home Health and Hospice services in Oregon to Compassus, a national for-profit health care corporation. The transfer of both home health and hospice services—which serve Oregon's most vulnerable patients—to a profit-driven entity would pose a direct threat to quality, equity, and continuity of care.

This transaction is not merely a business decision. It represents a fundamental shift in how life-sustaining care is delivered in Oregon—from a nonprofit, mission-based model with deep community roots to a corporate, profit-maximizing structure with no obligation to serve those who are hardest to reach or most in need.

### **1. For-Profit Home Health and Hospice Providers Deliver Lower-Quality Care**

Decades of national data show that for-profit home health and hospice providers consistently perform worse across multiple indicators of care quality.

- In the hospice setting, for-profit agencies deliver fewer nursing and social work visits, especially in the last week of life—when they are most needed (MedPAC, 2020; OIG, 2019).
- For-profit home health agencies have been found to engage in more aggressive billing practices and are more likely to prioritize low-complexity, high-margin patients, leaving those with greater needs behind (Murtaugh et al., Health Affairs, 2007).
- Compassus, in particular, has been cited in multiple federal and journalistic investigations for cost-cutting practices that undermine care quality and staff retention.

Selling both home-based medical support and end-of-life care to a company incentivized by shareholder profit—not community benefit—sets a dangerous precedent for Oregon’s healthcare system.

## 2. The Sale Would Erode Access and Worsen Health Equity

Providence’s nonprofit home health and hospice programs have long served Medicaid and Medicare beneficiaries, rural populations, and patients with complex or multiple chronic conditions. For-profit companies like Compassus, however, have a documented tendency to:

- Focus on more profitable services and regions, leading to access deserts in low-income and rural areas.
- Underserve or avoid patients with high-cost or low-reimbursement profiles, including those on Medicaid or without strong family support (Teno et al., Health Affairs, 2012).
- Contribute to racial and socioeconomic disparities in hospice and home health utilization.

Oregon has committed to health equity as a strategic priority. Approving this sale would directly conflict with that mission by transferring critical services to a model that systematically underserves high-need populations.

## 3. Workers and Care Continuity Will Suffer

Providence’s workforce—particularly nurses, rehab professionals including PT/OT, home health aides, chaplains, social workers, and case managers—provides care that

is as compassionate as it is complex. This workforce is already under strain and deserves stability and respect.

For-profit takeovers like this one routinely result in:

- Layoffs, reduced benefits, and increased workloads, especially among front-line staff;
- Loss of institutional knowledge, damaging continuity of care for medically fragile patients;
- High staff turnover and burnout, leading to fragmented care and preventable harm.

Compassus, owned by a private equity firm (Towerbrook Capital Partners), has financial obligations that all but guarantee workforce cuts in the name of efficiency—to the detriment of both workers and the patients they serve.

#### 4. Home-Based and Hospice Care Should Never Be For Sale

Providence's mission has long been centered on serving the sick and vulnerable with dignity, regardless of income or geography. Hospice care and home health are not commodities—they are community responsibilities, built on trust, presence, and compassion.

If Providence can no longer sustain these services, it should seek alternatives that preserve nonprofit or public stewardship—not hand them off to a for-profit company with a record of cost-driven practices and opaque accountability.

Request to the Oregon Health Authority

Considering these serious concerns, I respectfully urge the Oregon Health Authority to:

1. Deny approval of the proposed sale of Providence Home Health and Hospice to Compassus;
2. Require a full public impact review, including testimony from patients, caregivers, labor representatives, and underserved communities;
3. Encourage Providence to pursue mission-aligned partnerships that preserve community ownership and ethical care standards.

The people of Oregon deserve better than corporate takeovers of essential healthcare services. Let us not allow end-of-life care and home-based healing to become one more profit center in a broken system.

Thank you for your leadership and your commitment to health equity in our state.

Sincerely,

Joel Lampert

**207. No subject, 7/28/25**

I have been a client of Providence Home Health Services for several years. I have received Home Infusion, Physical Therapy, Nursing and Bath Aid services. I have been very satisfied with the quality and timeliness of Providence's services and with the training and expertise of the Providence staff. I think I have benefitted from Providence being a non-profit organization. I am concerned that if Providence home services are merged with an out-of-state for-profit corporation, especially one with Private Equity ownership that has frequently changed, either the accessibility/quality of services will decline, the cost of services will rise, or both. The primary, if not sole, purpose of a for-profit corporation is to make money for its owners/shareholders. Providence is the largest provider of home health services in Oregon. I don't want to see Oregon encouraging private for-profit company takeover of our state's health services. Please reject this acquisition of 50% of Providence Home Health Services by Compassus.

Corinne

**208. Providence at Home with Compassus - Joint Venture, 8/4/25**

Hello,

I'm D'Leah Cruz RN, PMH-BC, BSN, QMHP a Clinical Manager Program RN at Providence Oregon Home and Community Care and I fully support the proposed joint venture, Providence at Home with Compassus, and ask you to approve the transaction.

Our caregivers are incredible and I'm proud of the expert and compassionate care they provide patients and their families. Compassus doesn't currently operate in Oregon,

meaning these same caregivers will continue going above and beyond in serving their neighbors in the proposed JV.

The community needs our psychiatric mental health registered nurses, wound ostomy certified nurses and access triage nurse's services and I believe joining together with Compassus will help us meet the current demand for in-home care and help us serve even more in the future. Compassus is an expert in this space and has the technology and operating systems designed specifically for in-home care. Both our organizations are committed to providing high-quality care and an exceptional patient/family experience, none of that will change in the JV.

I ask you to approve the proposed joint venture.

Sincerely,

D'Leah Cruz RN, PMH-BC, BSN, QMHP, Clinical Manager Program RN:  
Access/Triage Nurse Team, Psychiatric Mental Health Nurse Team and Certified  
Wound Ostomy Nurse Team

**209. No subject, 8/8/25**

I have considerable concern regarding the partnership of a for-profit and a non-for-profit entity and the misalignment of goals in the service of the most vulnerable patients. I would like to see a clear delineation between for-profit hospice services and not-for profit services. Furthermore, it is my hope that there will be legislation in the future to eliminate for profit hospice as end-of-life care should not profit anyone but the patient. OHA must carefully monitor the cost of hospice services and what is actually being provided. From personal experience, not all hospice entities are providing the same services, and the bills to Medicare are exorbitant.

Linda Hungerford, MD

**210. No subject, 8/15/25**

Providence has divested itself of the hospice and home health service lines. My main concern is that without this joint venture this hospice and home health organization comes to an end. Nobody knows how to do this work in this way. With Compassus we have an opportunity to transition into a sustainable model and carry forward the mission that we are all here for. Without this joint venture we instead transition our 400+ patients to for profit hospices who do not know how to care for the poorest and

most vulnerable, the most clinically and psychosocially complex patients in this region. We are the ones who do that work and we are best equipped to create policies and work with Compassus to preserve that mission. OHA and ONA's shortsighted goal of stopping this joint venture is the ultimate exercise in cutting one's nose off to spite one's face. If the concerns about Compassus providing the same level of care etc as Providence are valid then you must pause to consider the impact of Providence doing what it said it would do - end this service line. Without the Compassus and Providence joint venture a vacuum is formed where the very organizations you are concerned we will become will step in and provide suboptimal care. That will be on ONA and OHA's hands and just more evidence of the mismanaged and misguided shortsighted objective of sacrificing the good for an ideal, not a reality. What are the impacts of Providence Hospice no longer existing should the ONA successfully block this joint venture? What is the impact on the nurses, aides, social workers, and clerical staff in our organization who will be without jobs? What is the impact on the patients and families who WILL NOT RECEIVE care because no other hospice will accept them? What is the impact on the hospital systems who will then provide care to them in the ED and on the floors? What is the impact economically for the Portland metro area? You can't ignore this inevitability and only consider the impact should Providence and Compassus proceed with a joint venture. You must acknowledge the full picture and make a decision based on the greater good and not be swayed by political pressures. I implore you to keep the welfare of our most vulnerable in the center of your deliberations and not sacrifice the good for the perfect - especially when that perfection does not exist.

Elizabeth Fitzgerald

**211. No subject, 8/15/25**

To Whom It May Concern,

My name is Caitlin Cazares, and I am a proud member of the Compassus team. I am submitting this letter to share my perspective about our organization and to support the proposed partnership with Providence in Oregon.

As a Compassus caregiver, I can proudly say that Compassus has a sincere commitment to delivering the highest-quality home-based care. We work every day to help patients and families navigate some of life's most important and challenging moments, always striving for compassion, dignity, and excellence.

Compassus invests in me and my teammates, providing the resources and training we need to provide the best possible care. Compassus' technology platform helps us spend more time at the patient's bedside and less time on administrative tasks. I feel supported and valued in my role, which in turn allows me to focus on meeting the needs of our patients.

Compassus is dedicated to improving the patient experience. We listen to our patients and families, we work collaboratively with physicians and partners, and we make dignity and comfort our top priorities.

My experience working at Compassus tells me that the joint venture between Compassus and Providence will bring meaningful benefits to Providence's patients and its caregivers. Though I know some people have concerns about change, I hope my perspective helps shed light on our values, our track record, and the positive difference we strive to make every day.

Thank you for considering my experience as part of your review process.

Caitlin Cazares

**212. No subject, 8/18/25**

To Whom It May Concern,

My name is Chas Morgenstern, and I am a proud member of the Compassus team. I am submitting this letter to share my perspective about our organization and to support the proposed partnership with Providence in Oregon.

In my role as a shared services leader within the enterprise, I can proudly say that Compassus caregivers have a sincere commitment to delivering the highest-quality home-based care. Our teams work every day to help patients and families navigate some of life's most important and challenging moments, always striving for compassion, dignity, and excellence.

Compassus invests in me and my teammates, providing the resources and training we need to support our caregivers in the field. Compassus' technology platform helps our caregivers spend more time at the patient's bedside and less time on administrative tasks. Our back-office teams feel supported and valued in their roles, which in turn allows our caregivers to focus on meeting the needs of our patients.

Compassus is dedicated to improving the patient experience. We listen to our patients and families, we work collaboratively with physicians and partners, and we make dignity and comfort our top priorities.

My experience working at Compassus tells me that the joint venture between Compassus and Providence will bring meaningful benefits to Providence's patients and its caregivers. Though I know some people have concerns about change, I hope my perspective helps shed light on our values, our track record, and the positive difference we strive to make every day.

Thank you for considering my experience as part of your review process.

Sincerely,

Chas Morgenstern

SVP, Shared Services and Optimization

**213. No subject, 8/20/25**

To Whom It May Concern,

My name is Audra Dennis, and I am a teammate at Compassus. I am writing to support the proposed partnership with Providence in Oregon.

What drew me to Compassus and what keeps me here is our culture of clinical excellence. Our teams are empowered to deliver care that meets the highest standards while honoring the dignity and unique needs of each patient and family. I have also experienced something rare in healthcare. Compassus has invested deeply in my professional growth and in my personal development. That level of support has allowed me to grow in ways that ultimately benefit the people I serve.

I also value the way innovation guides our work. Compassus invests in tools and technologies that create more time for bedside care and improve how we coordinate with patients, families, and providers. Just as important, I see our organization living its values and mission every day. They are not simply words on a wall but actions shown in the way we care for patients and support one another as teammates.

These strengths make Compassus a natural partner for Providence. Together, we can expand access to home-based care of the highest quality and ensure that more people



across Oregon receive the compassion and expertise they deserve at life's most important moments.

Thank you for considering my perspective.

Sincerely,

Audra Dennis

**214. No subject 8/21/25**

Providence has been doing a wonderful job doing home health and hospice. I do not believe having the switch will benefit the employees or even the patients. Our patients are very terrified about this new proposal and do not wish to have this happen.

Karlee Atteberry

**215. No subject 8/21/25**

I am proud to say that I have been part of the Compassus team for the past five years. I joined Compassus through a joint venture, and it has truly been a blessing. This organization's commitment to quality patient care and clinical excellence is outstanding. It is exciting to be part of a company that values innovation and genuinely cares about individuals.

I understand that considering change can be challenging, but I believe it will be worthwhile in the end. This partnership will bring many benefits to Providence's patients, the community, and caregivers. Thank you for considering my experience as part of your review process.

Patti Casperson

**216. No heading 8/28/25**

Going to a for profit company decreases the underlying goal of Providence to serve everyone. It makes the healthcare they provide feel like it's just about the money. Providence needs to stop paying their higher level executives so much so they can afford to have dedicated home health, hospice and palliative care services for their patients.

Lindsy Wilbur

**217. No heading, 9/18/25**

I am deeply concerned that the Providence-Compassus joint venture will be detrimental to patients in Oregon. I am worried that they will stop providing services in the rural areas that are currently offered. I am also concerned that they will stop providing current services, i.e., mental health nursing, wound ostomy continence nursing. Home health is already struggling to provide home health aids, occupational therapy, and speech-language pathology. Providence has already tried to remove the AAC-SLP program, which is extremely beneficial to our ALS and CVA patients that are needing to learn a new way to communicate. Providence has already removed our Palliative Care Nursing program to the great detriment of the patients. People of Oregon deserve better.

Linda Sheffield

**218. Concern regarding Providence Compassus joint venture, 9/22/25**

Hello,

I'm writing with a concern regarding the proposed Providence Compassus joint venture transaction. I'm a current employee with Providence Home Health and Hospice in Oregon. Beckers's Hospital review just posted this article about how ten years after a joint venture was entered into, the for-profit hospital system fully acquired 3 non-profit Catholic hospitals as the 10-year joint venture is ending. I'm concerned that the same thing will happen to us in 10 years.

I'm really worried about the future of Providence and the future of healthcare in general, and I don't believe that "healthcare" and "for-profit" should be in the same sentence. Hospital systems should NOT be answering to stockholders instead of patients, period. I see Providence farming out all of its extra services to try and be sustainable, only after a number of bad business decisions that would have the nuns rolling in their graves. Like many others who are concerned, I appreciate your thorough review of this transaction and ask that if approved, conditions be placed to ensure the long-term health of the organization and NOT the health of the shareholders' pocketbooks.

Thank you.

<https://www.beckershospitalreview.com/hospital-transactions-and-valuation/wmchealth-to-fully-acquire-3-hospitals-as-10-year-jv->

**219.     Compassus, 10/7/25**

All you need to do is Google compasses providence. A lot of people that are now with compassus are very unhappy. I will become compassus. Soon and I am terrified. I have heard stories of lies and deceit. I have heard of patient having a difficult time getting depends chucks and other things. Compassus is already showing they are not interested in the employees or the patients. Check social media for what people have to say. I saw plenty just on reddit that should give you an idea of what will come

**220.     10/20/25**

Providence Home Health and Hospice is the largest provider of at home care services in Oregon. Losing its services would be detrimental to the quality-of-care people are able to receive at home during illness or end of life. Having a joint venture with Compassus will continue to service this population with quality care. If the venture is denied, Providence will likely shut their doors and many Oregonians will go without needed home and end of life care.

Marcia Bogert

**221.     10/02/25**

I have immense fear surrounding the transition to Homecare HomeBase (HCHB) as an EMR. At my PRN position for a different home health company, we recently switched to HCHB and already there have been several safety and documentation accuracy concerns. One of the prime examples was it taking over 3 weeks for office staff to dig through the patient's hospital records to locate the appropriate test I needed the results of to guide my care. Because I could not access the patient's medical records myself and because I had to rely on untrained and overworked office staff to locate the correct documentation for my patient, he had to wait several weeks to initiate our plan of care instead of me being able to access this information within the session and educate the patient in real time. An additional example which places patients at risk is the inability to create customized and specific goals and the lack of specificity. This impacts the doctor's ability to understand our care plans, which can result in calls from MD offices requesting clarification. For example, because I couldn't put in a specialized care plan for my patient, the doctor who had made the referral called me directly concerned that

the referral wasn't being followed up on. Access to an EMR where we can message providers directly and they can message us saves healthcare time, resources, and improves patient safety. Keep access to Epic EMR.

Kathryn Waller

## **222.    Compassus EMR, 10/28/25**

Hello,

My name is Michelle Botsford and I am a home health physical therapist with Providence Home Health. I'm reaching out to provide some additional insight into the concerns with the Providence- Compassus joint venture, specifically the change in electronic medical record (EMR) from Epic/ Remote Client to Homecare Homebase.

I have been working for Providence Home Health as a PT for 4 years using Epic/ Remote Client. Earlier this year I took a per diem position with another agency that used Homecare Homebase as their EMR. During my short time with this agency, I noticed the short comings and concerns for both patients and clinicians using Homecare Homebase.

### **1. No Access to Patient Medial History**

Being able to complete a thorough chart review of each of my patients is a baseline expectation for me to do my job well. Patients are not always reliable historians and hospital discharge notes are not all-encompassing. When I arrive to a visit with a thorough understanding of my patient's medical condition, precautions and care plan it creates a sense of safety for my patient and helps me to build rapport.

Homecare Homebase also limits clinician ability to review previous episodes of care within the agency. It is incredibly important for me to see if a patient has been admitted to our agency before, date of care, duration of care and what the plan of care included. This helps me to create an efficient and appropriate plan of care based on how the patient responded to prior episodes. This also helps to catch repeat/ inappropriate referrals that can result in wasted healthcare spending for patients that might not be rehab appropriate. Being able to discuss a previous episode of care with a a patient instills a feeling of confidence that their provider is with them on their healthcare journey.

### **2. Missing Patient Safety Flags**

While agencies are responsible for notifying clinicians about patient safety flags, not all safety concerns are consistently relayed to agencies. Safety concerns I have found myself during chart review on Epic/ Remote Client have included:

- Combative patient with code gray called in hospital with subsequent “2 clinician approach” in place for clinician safety

- Patient not admitted to inpatient rehab due to concerns with violence against healthcare providers and concerns for drug use. Patient was

then referred to home health.

- Note about violent/ potentially abusive family member in hospital that was then listed as primary contact for home health scheduling

- Patient with a recent and repetitive history of hospitalizations for suicide/ homicide ideation

With an increase in violence against healthcare providers and the tragic death of our home health colleague in Spokane, having a complete patient history is extremely important. Homecare Homebase severely limits our capacity to catch these missed flags.

### 3. Limited Communication with Patient Care Team

Epic/ Remote Client has an internal messaging system that allows for clinicians to directly message other healthcare providers in a patient’s care team (PCP’s, specialists, etc). This allows for quick and efficient communication regarding patient concerns, referral requests, DME orders, etc.

The alternative with Homecare Homebase is fax and phone calls. These methods are time consuming and often ineffective, requiring multiple follow up calls to coordinate care. Increased time spent on these tasks takes away from the time clinicians could be spending with their patients and only adds to the workload of our already overloaded physicians.

I ended up leaving my PRN position due to feeling that I couldn’t provide high quality patient care with Homecare Homebase. I’m hoping there can be stipulations in place to protect our clinicians and patients from an EMR change in the setting of this joint venture.

Thank you for your time,

**223. Compassus, 10/30/25**

I am writing to express concerns regarding the joint venture between Providence Home Health and Compassus, a for-profit home health and hospice agency.

My foremost concern stems from a statement from Providence regarding the closure of it's AAC SLP services. They stated:

“AAC services are historically provided in inpatient or office-based clinical settings, not in home health where the payment model does not support this.”

This statement is very misleading and incorrect. Many patients who need AAC services are among our most vulnerable and medically fragile. Travel to and from outpatient care is often a significant barrier. Secondly, there are few outpatient clinics in the Portland area, and across the state, that provide AAC services.

As a provider agency that supports adults with disabilities, we have often relied on Providence Home Health to provide AAC services. They have a team that is exceptional and desperately needed for these difficult to access services. As a note, when Providence was going to end the AAC SLP program altogether, there was such an outcry from the community that Providence delayed the decision and said that they would not expand the program but would maintain current patients using the service.

My next concern is regarding the EMR system that Providence Home Health would be transitioned to, if Compassus has 100% operational control. It is my understanding that this EMR system (HomeCare HomeBase) would not communicate/interface with EPIC. As you know, health care coordination and communication has greatly improved in Oregon with the implementation of EPIC over the last many years. To introduce a siloed EMR system does not serve patients best interests or outcomes and adds unnecessary barriers to providers. It is a step in the wrong direction since coordination of care and streamlined communication are crucial pieces of quality healthcare.

**In closing:**

- **Please do not allow the closure of the AAC SLP services – they are desperately needed.**
- **Please do not allow Compassus to have 100% control of operations.**

- **A for-profit entity like Compassus will prioritize their own bottom line and not quality care for Oregonians who are among our most vulnerable.**

Sincerely,

Kim Elliott (she/they), MS, CCC-SLP, ATP

Director of Programs & Services

Community Vision

**224. Compassus, 10/31/25**

Good day,

I am writing because I understand that there will be another system by which medical records will be kept. As a veteran with ALS, I am blessed to have the care car that I receive from the VA. I am also a recipient of Medicare so I have the best of both worlds. Navigating the different systems is already daunting. I understand that there will be a second medical records reporting system.

I am writing to andvocatefor myself, and countless others. I am fortunate in that I am only partially paralyzed in my arms, even though my diagnosis was six years ago. I spend as much time as I can helping others navigate the incredibly complicated set of systems. I sincerely hope that you will reconsider adding a second system. The current set of systems is already untenable, and adding just another layer would be borderline cruel.

On behalf of myself, and those who are already struggling, I beg you not to do this.

Please feel free to reach out should you wish to discuss it further.

Thank you for taking the time to read my email.

Sincerely,

Vivian Garner

**225. Providence HH and Compassus**

I am writing to express concerns regarding the joint venture between Providence Home Health and Compassus, a for-profit home health and hospice agency.

My foremost concern stems from a statement from Providence regarding the closure of it's AAC SLP services. They stated:

“AAC services are historically provided in inpatient or office-based clinical settings, not in home health where the payment model does not support this.”

This statement is very misleading and incorrect. Many patients who need AAC services are among our most vulnerable and medically fragile. Travel to and from outpatient care is often a significant barrier. Secondly, there are few outpatient clinics in the Portland area, and across the state, that provide AAC services.

As a provider agency that supports adults with disabilities, we have often relied on Providence Home Health to provide AAC services. They have a team that is exceptional and desperately needed for these difficult to access services. As a note, when Providence was going to end the AAC SLP program altogether, there was such an outcry from the community that Providence delayed the decision and said that they would not expand the program but would maintain current patients using the service.

My next concern is regarding the EMR system that Providence Home Health would be transitioned to, if Compassus has 100% operational control. It is my understanding that this EMR system (HomeCare HomeBase) would not communicate/interface with EPIC. As you know, health care coordination and communication has greatly improved in Oregon with the implementation of EPIC over the last many years. To introduce a siloed EMR system does not serve patients best interests or outcomes and adds unnecessary barriers to providers. It is a step in the wrong direction since coordination of care and streamlined communication are crucial pieces of quality healthcare.

**In closing:**

- **Please do not allow the closure of the AAC SLP services – they are desperately needed.**
- **Please do not allow Compassus to have 100% control of operations.**
- **A for-profit entity like Compassus will prioritize their own bottom line and not quality care for Oregonians who are among our most vulnerable.**

Noelle Birky,



Community Vision  
Assistive Technology Lab Assistant Director

**226. Providence/Compassus Public Comment**

Hello,

I am a physical therapist and a current patient-facing employee of Providence Home Health - East Portland Dept. I acknowledge this is late in the review process, but I wanted to add this information as I don't believe it has been publicly stated.

On 7/29/25, Providence HH management created a meeting to discuss the proposed Joint Venture. Statements were made by Providence HH management during this meeting that they “feared for our (patient facing) jobs should this JV not be approved by OHA”.

This meeting coincided with the time that OHA sent out surveys to current employees to ask for opinions on this proposed Joint Venture. The timing of this meeting was ironic, and it could be interpreted that the goal of this meeting was to sway employee sentiment and influence survey responses as jobs were at risk.

As an employee, I hope there is overall skepticism about Providence’s true motives for this JV. The finances of the HH division have not been transparently shared with employees, so it is impossible to understand that this JV is needed and how it will be a positive change for our patients and fellow employees.

I stand firm in my opinion that OHA denies the proposed JV with confidence. The dissent and lack of support from current employees should speak volumes about the impact a for-profit HH agency will have. Our patients intentionally seek care from a non-profit entity, and it will be a travesty if Oregonians are denied this choice going forward.

Respectfully,

David Beltramo, PT

**227. Compassus**

Dear HCMO Committee,

I was alarmed by some of the information in the section on the AAC Program in Providence's RFI response document. I am sharing the information and resources below to facilitate an informed decision about this business transaction and what impacts will occur to the quality of home health services if the transaction proceeds and if the JV makes a decision to cut AAC Program services. Please also find attached a document detailing the specific history of the AAC Program at Providence Home Health (referred to as the "Providence Communication Specialty Program" in the document) and a copy of the Communication Bill of Rights for your reference. Please note while these AAC SLPs are employed by Home Health, we are occasionally floated to hospice to provide AAC services to facilitate communication at end of life.

### ***What is AAC?***

Augmentative and Alternative Communication (AAC) is used by people who cannot consistently rely on their speech to communicate. AAC incorporates the individual's full communication abilities and may include any existing speech or vocalizations, gestures, and high-tech or low-tech communication devices. Examples of AAC include paper-based communication boards, text-to-speech phone apps, and high tech speech generating devices accessed via touch, switches, or eye tracking. AAC is used by people with a wide variety of diagnoses impacting their speech/language, including amyotrophic lateral sclerosis (ALS), cerebral palsy, autism, stroke, traumatic brain injury, Parkinson's disease, and more. AAC is one of the nine clinical domains of the Speech Language Pathology field and even more information can be found on the American Speech Hearing Association's Practice Portal page on AAC [here](#). ASHA reinforces that AAC is practiced across a broad population and across the lifespan including end of life. ASHA does not make any statements about AAC being something that is practiced in a particular care setting.

### ***What does an AAC SLP do?***

"AAC SLPs" is a shorthand term to describe SLPs who have significant experience working in the area of the SLP field related to AAC. They specifically evaluate an individual to determine or develop customized communication systems. Once a system(s) is determined, AAC SLPs facilitate training to patients, families, and caregivers on how to best implement these system(s) to allow AAC users to meet their communication goals. This includes assessing a patient's physical abilities to find the most appropriate method to access communication as well as trialing and selecting the

most appropriate high- and low-tech systems for a patient to use. There are many different vendors and systems of speech generating devices, and each system and setup may or may not be appropriate for every user based on their personal communication goals, physical access needs, support systems, and other factors. Extensive knowledge of the various funding sources and processes is required for an AAC SLP and is a part of feature matching an AAC user with the correct system (ASHA, n.d.). AAC SLPs create and train patients and caregivers how to use low-tech communication materials, many of which need to be highly customized to meet a user's needs. AAC SLPs in home health ensure patients have access to a personal alerting system, allowing them to gain caregiver attention even if they have limited movement or no ability to produce voice.

### ***Why wouldn't I see just any home health SLP for AAC services?***

An SLP is a masters-level clinician who assesses and provides treatment for disorders of communication and swallowing. In a recent survey, SLPs working with adults in the healthcare setting reported spending less than 12% of their time working with AAC (ASHA, Health Care Survey, 2023). The American Speech-Language-Hearing Association (ASHA) states that SLPs *"shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience"* (ASHA, Code of Ethics, 2023). Oregon's state [statute](#) reinforces this in section 335-005-0020, "Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience." The majority of SLPs have not received any training in the field of AAC beyond an introductory level graduate course, rendering many providers unable to provide competent and appropriate services in this area. Furthermore, a poll of our Providence Home Health SLP coworkers in 2021 revealed that 100% (9/9) of the non AAC SLPs rated their AAC skills as 4 or less on a 0-10 scale with 0 being no knowledge at all and 10 being expert. When asked about each AAC topic in detail 9/9 responded with either "I want to be able to do this on my own but have access to support from an AAC specialist" or "I would prefer to continue focusing on other areas within SLP practice." Of their overall interest in expanding their AAC knowledge, 9/9 of them stated "I want to know a little more, but would need ongoing support from an AAC specialist."

As detailed above, an SLP who specializes in AAC is an SLP who has pursued ongoing skilled training and expertise in the area of AAC in order to provide appropriate care, and spends the majority of their time working with users of AAC. Competence in AAC requires extensive continuing education due to the complex nature of interventions and continuously changing technologies. Providence Home Health has not only recognized this in the past but has invested in each new AAC SLP hired to be provided with additional onboarding experience as assessed by the existing AAC team. For example, both myself and my two AAC teammates each received between 50 and 90 plus hours of AAC specific training in addition to our regular onboarding and orientation. Furthermore, Providence as a healthcare system in Oregon has previously acknowledged the additional training needed across care settings in this area of the SLP field. Several years ago, one of our rural home health SLP colleagues was permitted to spend several days shadowing us to increase her AAC skills for home health in their geographic area. In 2022, outpatient departments at Providence and Providence Home Health collaborated and paid me to provide 15 hours of specialized AAC training to two outpatient generalist SLPs to increase their knowledge to improve the quality of AAC services being provided by Providence outpatient clinics. Most insurances allow the funding of one high tech speech generating device every five years. Therefore, if the funded system is not appropriately matched to the needs and preferences of the user, it can have lasting negative consequences including device abandonment. There are also situations where a high tech device may not be the most appropriate or effective solution for a person and other alternative communication tools are needed. In collaboration with a pt and their caregivers, an AAC SLP evaluates when it is appropriate to include expensive speech generating equipment in a person's treatment plan and when it is not. Given the complex and specialized nature of AAC interventions, it is vital that patients have access to an SLP who demonstrates competence in AAC.

***Why does an AAC SLP see someone for so long or need to return to services?***

AAC SLP services can require extended visits and/or reassessment of care for multiple reasons. Below are a few examples, not an exhaustive list:

- Personalizing default communication softwares to meet an individual's cultural, linguistic and cognitive needs. This can often include

- coordinating translation with an interpreter or collaborating with a caregiver to determine appropriate vocabulary.
- Maximizing efficiency of the software to meet an individual's mobility or alternative access needs for rate enhancement.
- Adjustment of AAC interventions to meet changing communication needs over their lifespan and/or disease progression.
- Introducing and/or facilitating ongoing patient and caregiver instruction in expressive language development and communication for patients with language disorders.

***What care settings can I expect to receive AAC services?***

A speech language pathologist in any care setting can provide AAC services if it is within their individual scope of competence as stated in the Oregon state statute. Additionally, lines 11 and 12 of National Communication Bill of Rights, state that people have

“11. The right to access services and supports for communication across the lifespan.

12. The right to individualized, working augmentative and alternative communication (AAC) systems and other assistive technology (AT) at all times.”

***Is AAC part of the home health speech language pathology benefit as defined by CMS?***

Under the home health speech language pathology benefit, the [CMS website](#) outlines that assessing and providing speech generating devices (an AAC service) is an expected benefit provided by SLPs specifically in the home health care setting.

Whether Providence feels the payment model does or does not support these services does not negate the fact that patients have a right to this care in the home health setting. Both the [Jimmo Settlement](#) and the CMS website for speech language pathology discuss maintenance therapy as a part of the home health speech language pathology benefit.

“Maintenance Therapy

Even if no improvement is expected, under the skilled nursing facility (SNF), home health (HH), and outpatient (OPT) coverage standards, skilled therapy services are

covered when an individualized assessment of the patient's condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient's current condition or prevent or slow further deterioration. Skilled maintenance therapy may be covered when the particular patient's special medical complications or the complexity of the therapy procedures require skilled care.

## Maintenance Program

Coverage of therapy services, including speech-language pathology services, for a maintenance program is based on the individual's need for skilled care in that maintenance program as described in the CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 7, §40.2.1."

[Chapter 7](#) specifically states the following under 40.2.3 - Application of the General Principles to Speech-Language Pathology Services: "5. The services of a speech-language pathologist to train the patient, family, or other caregivers to augment the speech-language communication, treatment, to establish an effective maintenance program, or carry out a safe and effective maintenance program when the particular patient's special medical complications require the skills of a qualified therapist (not an assistant) to perform a therapy service that would otherwise be considered unskilled or the needed therapy procedures are of such complexity that the skills of a qualified therapist are required to perform the procedures, would be covered speech-language pathology services."

HCMO's focus is access, equity, quality of services, and cost.

Equity: If someone needs a communication system to meet their linguistic needs to help their communication be equitable to that of a speaking person or as close to it as their medical condition allows...and they require a skilled therapist to evaluate and develop and train them on these system(s), then it is a serious equity issue to not maintain the current AAC program.

Access: It's already hard to access quality AAC services in this country. There are no specific payer limitations on where AAC services are provided and stated above, CMS expects AAC to be provided in the home health setting; ASHA states AAC can have a role at end of life; and the National Communication Bill of Rights reiterates people's

right across the lifespan to services and supports for communication and the right to working AAC systems at all times. Allowing the JV to close this specialty team would further erode access to severely needed healthcare services.

Quality and equity (again): As you will read in the attached program document, this program arose out of an operational need with an eye towards more equitably distributing quality care across the homebound population. Patients were receiving AAC services of unequal quality prior to the development of this team. SLPs who did not have sufficient experience in AAC were inefficient and ineffective at serving this homebound population of AAC users. Quality of care improved significantly after the creation of the program and more patients were able to communicate effectively with their loved ones and healthcare providers which thereby also improved quality of life for these individuals and their families. Whether this program is allowed to continue or not, the need for AAC services will remain and it will just be a matter of what will the quality of that care look like? Will the high quality AAC services be more equitable as it is now with a dedicated team that covers the majority of home health with a designated mentee in the more rural area of Benedictine? Or will it go back to being luck of the draw, hit or miss if the SLP they happen to be assigned to based on geography knows anything about AAC?

Cost: How expensive is healthcare when you can't communicate with your healthcare providers? When you can't communicate your wishes, care is provided that is unnecessary and wasteful because assumptions are made and then decisions are made for the patients rather than WITH them. The care that is provided is also not patient specific and doesn't take into account the person's particular preferences because communication is such a significant barrier. Conversations about plans of care including end of life care or education about their health conditions are incomplete or inadequate. With access to AAC, one of my patients was able to have a nuanced, emotional, and informed conversation with his care team about removing his ventilator. And how about the cost of transporting homebound patients to outpatient therapies on a regular, ongoing basis? Stretcher transport by MetroWest (a common local medical transport company) costs a base rate of \$695 plus \$24/per mile. This is typically billed directly to the pt, not covered by insurance OR, if Medicaid, is billed to Medicaid. Reimbursing a home health clinician the IRS mileage rate (70 cents per mile) is significantly less expensive to the overall healthcare system. Or how about the financial and staffing and physical cost to families and foster homes that have to be



available to safely transport these homebound folks who typically require 1-2 caregivers? The time family has to take off from work for so many ongoing appointments can prevent them from fully participating in the workforce. Most adult foster homes don't have the staffing available and then patients just go without because they can't even communicate and advocate the need for the communication services by sheer fact of why they need the AAC services in the first place, their verbal speech and communication is so severely impacted they need therapy to address the communication disorder. All of this burdensome transporting on a regular and consistent basis to outpatient for homebound patients increases risk for caregiver injury which has costs that endanger the long term physical safety of the patient and the caregiving team. Having access to AAC services in the home health setting for homebound patients makes overall financial sense in more ways than one.

ASHA (n.d.) states "Beukelman and Light (2020) estimated that approximately 5 million Americans and 97 million people in the world may benefit from AAC." According to the United States Society for Augmentative and Alternative Communication (USSAAC), "AAC strategies, tools and technologies enable more than 2 million children and adults in the United States to gain access to their human and civil right to communicate. AAC gives people with complex communication the means to exercise choice and control and to be active participants in their own families and communities." These numbers illustrate the general overall need for AAC services and that it's unlikely all these millions of people are going to be able to be served in only inpatient and outpatient care settings. Ruling out home health as a care setting where quality AAC services can be expected to be found is impractical.

I hope that you will use the information provided here, the links, and attached documents to strongly consider placing a condition that requires the JV, if approved, to retain the AAC program in its current form and if nothing else I hope you have gained an appreciation and awareness of these important communication services and can take pride in the fact that Oregon has been leading the country in quality AAC services specifically in the home health setting. It is so easy to take for granted the ability to open one's mouth and just say whatever comes to mind intelligibly.

Thank you for your consideration and please reach out if you have further questions.

[Attached document 1](#)



Attached document 2

Sincerely,

Kara Hayden MS SLP

Augmentative and Alternative Communication Specialist

Providence Home Health

References:

American Speech-Language-Hearing Association. (n.d.) Augmentative and Alternative Communication (AAC). [https://www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/?srsltid=AfmBOooT2Tg1m-qBDErtyN2cCQCjsskQnQ\\_iZkU1NqRc3WUFFUX1HmcQ#collapse\\_1](https://www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/?srsltid=AfmBOooT2Tg1m-qBDErtyN2cCQCjsskQnQ_iZkU1NqRc3WUFFUX1HmcQ#collapse_1)

American Speech-Language-Hearing Association. (2023) ASHA 2023 SLP Health Care Survey: Caseload characteristics. [https://www.asha.org/siteassets/surveys/2023-slp-hc-survey-caseload-characteristics.pdf?srsltid=AfmBOoqRLrIGzuzWJQq\\_GiPxq105H12\\_fo8jdnZxEpSNtJhlLRNWe7fA](https://www.asha.org/siteassets/surveys/2023-slp-hc-survey-caseload-characteristics.pdf?srsltid=AfmBOoqRLrIGzuzWJQq_GiPxq105H12_fo8jdnZxEpSNtJhlLRNWe7fA)

American Speech-Language-Hearing Association. (2023). Code of ethics. <https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

American Speech-Language-Hearing Association. (2024) Medicare Issues 2025 Proposed Payment Policies for Outpatient Services. <https://www.asha.org/news/2024/medicare-issues-2025-proposed-payment-policies-for-outpatient-services/>

Centers for Medicare. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>

Centers for Medicare. Home Health Speech Language Pathology. (Revised 5/11/2023) <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34563&ver=51&>

Centers for Medicare. <https://www.cms.gov/medicare/settlements/jimmo>

Communication Needs of Persons with Severe Disabilities. (2024). NJC  
Communication Bill of Rights (3rd ed.). <https://www.asha.org/njc>

National Institute on Deafness and Other Communication Disorders. 10/17/2024.  
United States Society for Augmentative and Alternative Communication.  
<https://www.nidcd.nih.gov/directory/united-states-society-augmentative-and-alternative-communication-ussaac#:~:text=According%20to%20the%20United%20States%20Society%20for,Be%20recognized%20as%20leaders%20in%20their%20communities>

Oregon Secretary of State. (2025). Board of Examiners for Speech Language  
Pathology and Audiology. Chapter 335.  
[https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID\\_OARD=2E80uBuc8Lr3kNUS4O97f6elOCb\\_sgA\\_3mUorSTu5SjmPZeTDqFI-1484123113?ruleVrsnRsn=296990](https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=2E80uBuc8Lr3kNUS4O97f6elOCb_sgA_3mUorSTu5SjmPZeTDqFI-1484123113?ruleVrsnRsn=296990)

## **228. Providence Compassus Joint Venture**

To whom it may concern,

I am a Home Health Mental Health RN with Providence Home Health. I am writing due to concerns I am seeing Providence take that will directly and negatively impact the care that I am trying to deliver for my patients. Providence just notified the Mental Health RNs of which there are 4 (we used to be a team of 15), that our assigned geographic areas are being increased by well over 100%. This is an unsafe assignment for nursing delivery of a fragile population. This change is to take place as of December 1st, 2025. This appears to be a strategic move to align with Compassus' goal of increasing productivity and or, this new assignment of a much larger territory will force the four of us to resign thereby eliminating the Home Health Mental Health program altogether. Other than Amedisys, Providence Home Health is the only entity who provides this service to the people of the greater Portland area. This move is egregious, and I feel it is important that you have this information as you continue your review of the Joint Venture.

Sincerely

Sharon Klem R.N., BC

Providence Home health Mental Health RN

## **229.     Compassus**

Dear HCMO Committee,

I am writing to you to express concern over the Providence Home Health AAC program, specifically as it relates to Providence's response to the RFI. I am one of the AAC-specialty speech language pathologists, and I am extremely concerned that our program may be at risk if the joint venture goes through. I am writing to share some information related to our subspecialty and the risk to our patients if this program is cut.

### ***What is AAC?***

Augmentative and Alternative Communication (AAC) is used by people who cannot consistently rely on their speech to communicate. AAC incorporates the individual's full communication abilities and may include any existing speech or vocalizations, gestures, and high-tech or low-tech communication devices. Examples of AAC include paper-based communication boards, text-to-speech phone apps, and high tech speech generating devices accessed via touch, switches, or eye tracking. AAC is used by people with a wide variety of diagnoses impacting their speech/language, including amyotrophic lateral sclerosis (ALS), cerebral palsy, autism, stroke, traumatic brain injury, Parkinson's disease, and more. AAC is one of the nine clinical domains of the Speech Language Pathology field and even more information can be found on the American Speech Hearing Association's Practice Portal page on AAC [here](#). ASHA reinforces that AAC is practiced across a broad population and across the lifespan including end of life. ASHA does not make any statements about AAC being something that is practiced in a particular care setting.

### ***What does an AAC SLP do?***

"AAC SLPs" is a shorthand term to describe SLPs who have significant experience working in the area of the SLP field related to AAC. They specifically evaluate an individual to determine or develop customized communication systems. Once a system(s) is determined, AAC SLPs facilitate training to patients, families, and caregivers on how to best implement these system(s) to allow AAC users to meet their communication goals. This includes assessing a patient's physical abilities to find the most appropriate method to access communication as well as trialing and selecting the most appropriate high- and low-tech systems for a patient to use. There are many

different vendors and systems of speech generating devices, and each system and setup may or may not be appropriate for every user based on their personal communication goals, physical access needs, support systems, and other factors. Extensive knowledge of the various funding sources and processes is required for an AAC SLP and is a part of feature matching an AAC user with the correct system (ASHA, n.d.). AAC SLPs create and train patients and caregivers how to use low-tech communication materials, many of which need to be highly customized to meet a user's needs. AAC SLPs in home health ensure patients have access to a personal alerting system, allowing them to gain caregiver attention even if they have limited movement or no ability to produce voice.

### ***What care settings can patients expect to receive AAC services?***

A speech language pathologist in any care setting can provide AAC services if it is within their individual scope of competence as stated in the Oregon state statute. Additionally, lines 11 and 12 of National Communication Bill of Rights, state that people have

“11. The right to access services and supports for communication across the lifespan.

12. The right to individualized, working augmentative and alternative communication (AAC) systems and other assistive technology (AT) at all times.”

### ***Is AAC part of the home health speech language pathology benefit as defined by CMS?***

Under the home health speech language pathology benefit, the [CMS website](#) outlines that assessing and providing speech generating devices (an AAC service) is an expected benefit provided by SLPs specifically in the home health care setting.

Whether Providence feels the payment model does or does not support these services does not negate the fact that patients have a right to this care in the home health setting. Both the [Jimmo Settlement](#) and the CMS website for speech language pathology discuss maintenance therapy as a part of the home health speech language pathology benefit.

“Maintenance Therapy

Even if no improvement is expected, under the skilled nursing facility (SNF), home

health (HH), and outpatient (OPT) coverage standards, skilled therapy services are covered when an individualized assessment of the patient's condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient's current condition or prevent or slow further deterioration. Skilled maintenance therapy may be covered when the particular patient's special medical complications or the complexity of the therapy procedures require skilled care.

### Maintenance Program

Coverage of therapy services, including speech-language pathology services, for a maintenance program is based on the individual's need for skilled care in that maintenance program as described in the CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 7, §40.2.1.”

[Chapter 7](#) specifically states the following under 40.2.3 - Application of the General Principles to Speech-Language Pathology Services: “5. The services of a speech-language pathologist to train the patient, family, or other caregivers to augment the speech-language communication, treatment, to establish an effective maintenance program, or carry out a safe and effective maintenance program when the particular patient's special medical complications require the skills of a qualified therapist (not an assistant) to perform a therapy service that would otherwise be considered unskilled or the needed therapy procedures are of such complexity that the skills of a qualified therapist are required to perform the procedures, would be covered speech-language pathology services.”

### ***Why does an AAC SLP see someone for so long or need to return to services?***

AAC SLP services can require extended visits and/or reassessment of care for multiple reasons. Below are a few examples, not an exhaustive list:

- Personalizing default communication softwares to meet an individual's cultural, linguistic and cognitive needs. This
- can often include coordinating translation with an interpreter or collaborating with a caregiver to determine appropriate vocabulary.

- Maximizing efficiency of the software to meet an individual's mobility or alternative access needs for rate enhancement.
- Adjustment of AAC interventions to meet changing communication needs over their lifespan and/or disease progression.
- Introducing and/or facilitating ongoing patient and caregiver instruction in expressive language development and communication
- for patients with language disorders.

### ***Why wouldn't a patient see just any home health SLP for AAC services?***

An SLP is a masters-level clinician who assesses and provides treatment for disorders of communication and swallowing. In a recent survey, SLPs working with adults in the healthcare setting reported spending less than 12% of their time working with AAC (ASHA, Health Care Survey, 2023). The American Speech-Language-Hearing Association (ASHA) states that SLPs *"shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience"* (ASHA, Code of Ethics, 2023). Oregon's state [statute](#) reinforces this in section 335-005-0020, "Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience." The majority of SLPs have not received any training in the field of AAC beyond an introductory level graduate course, rendering many providers unable to provide competent and appropriate services in this area. Most insurances allow the funding of one high tech speech generating device every five years. Therefore, if the funded system is not appropriately matched to the needs and preferences of the user, it can have lasting negative consequences including device abandonment. There are also situations where a high tech device may not be the most appropriate or effective solution for a person and other alternative communication tools are needed. In collaboration with a pt and their caregivers, an AAC SLP evaluates when it is appropriate to include expensive speech generating equipment in a person's treatment plan and when it is not. Given the complex and specialized nature of AAC interventions, it is vital that patients have access to an SLP who demonstrates competence in AAC.

Our program is unique in that we provide access to highly skilled services to the homebound population, who are not able to travel to outpatient therapy to access care. Myself and my two colleagues have received extensive training in the subfield of AAC, and we are able to work with patients to guide their care, make the most appropriate recommendations for equipment and communication modalities, and provide ongoing education and training to patients and caregivers. We are often witness to the serious consequences of a lack of specialized care. It's common for us to receive referrals for patients who are using inappropriate or outdated equipment, demonstrating the lack of access to quality AAC services in our region. When patients cannot easily leave the home, this gap in access is further widened.

Contrary to the information provided in the RFI document, there are no payor limitations on the settings in which AAC services can be provided. In fact, CMS **expects** AAC services to be provided in the home health setting. If the JV were allowed to close our specialty program, these services would end up being provided by generalist SLPs who lack the specialized training in order to provide quality services. While this is unfortunately the status quo in much of the country, our specialty program has allowed us to provide a higher quality of care in AAC than is typical. Allowing our program to close would mean decreasing quality of care for our patients, many of whom have grown used to receiving a high standard of AAC services and would not be well-served by a generalist.

Providence's assertion that AAC services can be appropriately provided in outpatient settings and by vendors belies a staggering lack of knowledge about the patient population that we serve. We serve many patients who are simultaneously receiving home health PT, OT, and nursing services; these patients would not be able to receive concurrent outpatient speech therapy while they are receiving home health. Furthermore, many of our patients are on ventilators or have tracheostomies, and would require specialized medical transport. Outpatient therapy centers are simply not equipped to see these patients. Vendors are not primary speech therapists and do not have the ability to see patients for ongoing therapy. In fact, vendors are not able to conduct evaluations or make recommendations due to their conflict of interest. These patients can only be seen in the home health setting, and require specialty services due to their complex needs for communication.



I urge you to consider the specialty AAC program when making a decision regarding the joint venture between Providence Home Health and Compassus. We are uncertain whether Compassus understands the value of the services we provide. In most of the country, it is not possible for patients to consistently access highly skilled AAC services in the home health setting. I am concerned that without specific conditions on the joint venture, our program would be eliminated and our patients' quality of care would be reduced to the piecemeal and inconsistent services they had access to before the creation of our program. Please consider attaching a condition to the JV to maintain our AAC program in its current form. Our program has been a leader in access to highly skilled AAC care and I hope that we can continue providing this level of care for many years in the future.

Please do not hesitate to contact me with any further questions and thank you for your consideration.

Heather Riggs, MS, SLP

Augmentative and Alternative Communication Specialist

Providence Home Health

### **230. Compassus**

I am writing to protest the proposed joint venture between Providence and Compassus, I fear that it would disrupt Have Health AAC services.

I am a 79 year old neurologist who has ALS. In October 2022, I saw a speech therapist at OHSU for mild speech slurring. She gave me some voice exercises, which I started doing, and she told me that I should bank my voice so that a computer could reproduce it when I could no longer talk. At the time I had little concept of how soon this would happen and how disastrous it would be. I followed her recommendations halfheartedly. Less than a year later, I lost my voice.

I first learned about Augmentive and Assistive Communications (AAC) therapy a few years ago when a speech therapist, Dr. Melanie Fried Oken, gave OHSU neurology grand rounds on its value for those who have a neuro degenerative illness called primary progressive aphasia. In April 2023 after I gave neurology grand rounds on my ALS, Melanie emailed me an invitation to join her multi-institutional team that was working on a new approach to AAC for people who had ALS. They were using scalp



EEG electrodes to control a speech computer. A couple of her colleagues came to my house twice so that I could participate in the experiment. I was able to spell using my brain waves, but the system was far from being ready for practical use.

I was introduced to another AAC therapist, Trinity from Bridging Voice. Dr. Olney ordered a speech computer for me, and Trinity set it up for me then turned me over to Providence AAC therapists for the long process of adapting the computer to me and teaching me how to use it.

By this time I was confined to a wheelchair so weekly clinic visits would be onerous; I began working with Kara from Providence Home Health. An AAC therapist must be a fully trained speech therapist and then learn many other skills. Kara used her wrenches to attach the speech computer to my wheelchair. She next helped me choose the best software for me. When this turned out to be Grid 3, she helped me get a grant from Team Gleason for the cost of the software, about \$1000. She is wizard with Grid 3, but it took her many weeks to adjust it to my needs.

By this time my right arm was my only functional limb. It took Kara many weekly sessions until I could use the mouse with my right hand to converse using the speech computer, write with Word, email, text, command Alexa, and visit many websites. She discharged me from therapy.

A few months later, my right index finger became unreliable clicking the mouse button. I asked Dr. Olney to reorder Home Health AAC. Kara resumed her visits. She knew a software fix for my uncooperative finger and made other adjustments. Grid 3 was crashing intermittently. She called Grid 3 technical support, who worked on the problem for weeks without solving it. Finally, Kara engineered a fix herself. She discharged me from therapy again.

Late this month I resumed therapy with Kara because I sometimes have trouble moving the cursor across the screen. She knows a number of possible adaptations. I am delighted to have her help again.

I chose to get my ALS care from Providence because the Providence ALS Clinic is the best in Oregon. It would not have that distinction if it lacked Home Health AAC therapy. Last year, Providence considered eliminating Home Health AAC. I attach what I wrote at that time.

Thank you for considering this.

[Attached file](#)

Richard Rosenbaum, M. D.

**231.     Compassus, 11/13/25**

Greetings,

I'm writing to share my thoughts and experience with Providence Home Health AAC for your information as you consider the proposed joint venture between Providence Home Health and Compassus. As I sat down to write this, I realized that the window for input ended yesterday. Somehow, I had it in my mind that the deadline was the 17th. My bad. Still, I hope that you'll be able consider my tardy input.

I am an ALS patient, and I've received home health visits from SLP's, OT's PT's and wound care nurses. Because I'm confined to a wheelchair and I no longer drive, going to a clinic is a logistical challenge. Because I live outside of the metro area, it is also time consuming. Beyond that though, I made remarkable progress due to weekly provider home visits. I wouldn't have been as successful because I would not have been able to attend weekly out-patient clinic visits.

The quality of care that I've received from home health providers has been excellent. I have to say that I'm skeptical about moving from a not-for-profit provider to a for profit entity. Over time I believe that the quality of care will only decline as corporate bean counters press for shorter and fewer patient visits. Further, Providence has already attempted to eliminate home health AAC services. Their plan was to have patients rely on vendors and clinic visits. It seems likely that Compassus would take similar steps to reduce or eliminate AAC services in the home. Please do not allow them to do that.

As ALS slowly takes away my voice and my ability to type or use a touch pad, eye gaze tech will become my only means of communication. Thanks to the home health SLP's I've become competent at using this technology. By seeing me in my home they were able to fine tune the device to my needs. That would not be possible with an out-patient system.

Finally, I understand that Providence has said "AAC services are historically provided in inpatient or office-based clinical settings, not in home health where the payment model does not support this." Perhaps so, but in the recent past AAC services have

certainly been provided to me in my home. As technology rapidly advances it doesn't make sense to me to rely on historical models. That thinking would have us using blood letting and leeches again. As you consider this proposal, please, let's move forward, not backwards.

Respectfully submitted,

Dave Clarke

**232. No subject, 11/22/25**

The switch from Epic to HomeCare HomeBase will make it harder for clinicians to have access to patient records, resulting in delays in accurate care and assessment. Having access to patient records in full from the first session helps provide holistic, thorough assessment and support.

Breanne Thornton-Collier

**233. Providence/Compassus, 11/23/25**

To whom it may concern,

In reviewing the documentation submitted by Providence and posted on November 20th, 2025, on page 142 of 206, Providence states under

Mental Health Registered Nurse

Providence and Compassus are still evaluating this role in Oregon. This is not a consistent role with Providence, and it is not clear whether the Providence-Compassus JV will designate a permanent Mental Health Registered Nurse. As noted above, the Providence - Compassus JV is not planning or projecting any reduction in RN FTEs.

This is not a factual statement on the part of Providence. The Mental Health Registered Nurse HAS MOST DEFINITELY been a consistent role in Oregon as I have been in the position for the past 15 years and the position has been consistent role with Providence Home Health for more than 20 years!!! I have helped hundreds of Older Oregonians who struggle with mental health issues in my 15 years in this role and it is beyond disingenuous to imply that it has not been a consistent role, in Oregon, because it very much has. This used to be a robust program employing more than 15 Mental Health Registered Nurses who covered the entire Portland Metro Area, but Providence has significantly decreased our numbers as working conditions

have worsened and clinicians have left and Providence has refused to replace those positions. There have been 2 net positions added and more than 13 clinicians have left over the past 5 years. I strongly feel that it is important to state the facts here as the review continues.

Sincerely,

Sharon Klem R.N.,BC

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

Providence recognized the impact of providing at home AAC services to the absolute most vulnerable patients. Those truly without a voice and without the ability to travel when they requested that the program be started. The only reason they want to stop this desperately needed program is because it does not fit the for-profit method. It requires longer than 30 min to complete a visit. Their gradual shift of moving a non-profit to a for-profit business model only hurts the patients and the staff. They previously tried to cut this program. In the months since they attempted so they have not found any community-based solution thus leaving Providence Home Health as the ONLY solution. This clearly demonstrates if this merger happens all of these individuals will be without care. Providence has multiple contracts in place including the contract in Clark County WA which they received because they included provisions for providing AAC services. Everyone agrees this is an area of unmet need. Allowing them to scapegoat from the most needy and vulnerable clients is nothing more than allowing them to shirk community responsibility in the name of fiscal gain. Their current statements of loss of revenue are because of their poor management decisions including the cost of scab nurses during the strike and driving seasoned clinicians away resulting in the need to train and hire new employees. Please also look to the future. With the new purposed changes in the Dept. Of Education the ability to education, train and thus higher rehab and nursing professionals is going to become a dire community tragedy. Do not positioning Oregon to become a healthcare desert.

Trinity Deibert

**235. Compassus, 11/24/25**

Dear Health Care Market Oversight Committee,

My name is Amanda Grabiner, and I am a speech-language pathologist and AAC vendor representative based in Portland, Oregon. I have worked in the AAC field for nearly ten years across clinical, outpatient, home health, educational and vendor settings. I am writing to strongly urge HCMO to require Providence to maintain the current AAC home health services as a condition of the Providence–Compassus transaction.

Last year, I submitted a comment to HCMO when Providence moved to close its AAC home health program. As I stated then, and must repeat now, AAC vendors cannot ethically or legally serve as the primary therapists for individuals who use speech-generating devices. Our role is limited to device training, technical support and collaboration with skilled clinicians. We cannot conduct clinical assessments, bill insurance, develop care plans or provide the level of skilled intervention required for individuals with complex communication needs. Yet Providence continues to imply that vendors or generalist SLPs can fill this gap, despite clear evidence and our direct communication last year stating otherwise.

Home health AAC services are not only appropriate, but essential. Many individuals receiving AAC evaluation or intervention through Providence have progressive neurological diseases, mobility limitations, respiratory compromise or fatigue levels that make outpatient services inaccessible or unsafe. Further, general outpatient SLP clinics do not have the specialized AAC expertise, time or equipment required to meet these needs. Providence's AAC home health team fills a critical and irreplaceable gap for Oregon residents who rely on high-tech AAC to communicate safely and autonomously.

Over the past year in my vendor role, I have been working on a project aimed at strengthening SLPs' confidence and independence in AAC decision making. The entire project is built around a vendor-agnostic, clinical-skills-first model, which only reinforces the reality that AAC vendors exist to support skilled clinicians, NOT replace them. The ongoing need for specialized AAC SLPs in home health settings has only become more clear through this work.

For all these reasons, I respectfully ask HCMO to require Providence to preserve the existing AAC home health services at their current level as a condition of any transaction approval. Without this mandate, Oregon's most medically complex and

vulnerable community members stand to lose access to the care they rely on, and no vendor or generalist provider can fill that void.

Thank you for your time and for your commitment to public accountability. I am attaching a dated PDF of my comment from last year as requested.

Sincerely,

Amanda Grabiner, MS, CCC-SLP, ATP

Clinical Training Specialist & Product Specialist

Smartbox Assistive Technology Inc

**236. Providence-Compassus Merger, 11/25/25**

**To the Oregon Health Authority Health Care Market Oversight Program:**

I am submitting this comment in strong opposition to the proposed Providence–Compassus merger.

As a patient of Providence, I sustained an injury while under the direct supervision of a Providence Physical Therapist at a Providence facility. My subsequent experience with Providence’s claims department was deeply disappointing: communications went unanswered, delays were extensive, and ultimately, I was informed that my care met “acceptable standards.” This conclusion directly contradicted the findings of Kimberly Wood’s investigation conducted soon after my injury.

What compels me to speak out is not only my personal experience, but also my concern for Providence patients who may lack the ability to advocate for themselves. This concern drives my opposition to the merger, which I believe does not align with Oregon’s goal of protecting public health interests.

**Key Concerns**

1. **Reduced Patient Access in Rural Areas** Providence’s home health and hospice services are critical in rural Oregon. Transferring management to a private equity–backed firm like Compassus risks service cutbacks in less profitable regions.
2. **Potential Decline in Care Quality** Private equity ownership often prioritizes cost-cutting. The Oregon Nurses Association (ONA) has warned that patient care

standards could be compromised under Compassus management. Compassus uses a pay-per-visit model in other states, which Oregon has already banned for nurses because it pressures them to rush through appointments. However, this model remains legal for other disciplines, such as physical therapists.

3. **Transparency Failures** Providence initially attempted to sidestep filing proper paperwork with Oregon HCMO, raising concerns about regulatory compliance and transparency.
4. **Labor and Workforce Instability** The ONA has voiced strong opposition, citing risks to employment conditions, staffing levels, and nurse retention.
5. **Equity Concerns for Vulnerable Populations** Oregon mandates equity in healthcare access. The merger would disproportionately harm low-income, elderly, and rural patients.
6. **Cost of Care Increases** Private equity involvement raises fears of higher patient costs, undermining Oregon's mandate to keep healthcare affordable.
7. **Loss of Local Control** Providence's community-based programs would be managed by Compassus, headquartered in Tennessee, reducing local accountability and responsiveness.
8. **Risk of Service Consolidation** Compassus may consolidate or close smaller hospice and palliative care sites, limiting geographic access for Oregonians.
9. **Regulatory Enforcement Challenges** Oregon's HCMO program has faced difficulties enforcing conditions on mergers. Providence and Compassus could exploit these loopholes.
10. **Precedent for Future Private Equity Expansion** Approving this merger would set a troubling precedent for further private equity encroachment into Oregon's healthcare system.

## Conclusion

For these reasons, I urge the Oregon Health Authority to reject the proposed Providence–Compassus merger. The risks to patient access, care quality, affordability, equity, and local accountability far outweigh any potential benefits.



Respectfully submitted,

John Burke

**237.     Compassus (comments on joint venture)**

Dear Health Care Market Oversight Staff,

The Oregon Hospice & Palliative Care Association has a management agreement to manage the Washington State Hospice & Palliative Care Association. In my role in working with many hospices around the state of Oregon, I continue to hear questions, comments and concerns about the proposed Providence/Compassus “Joint Venture” in Oregon. I have heard only concerns, with no positive comments. I have also heard from many former Providence Hospice staff in the state of Washington who have left the organization after the Joint Venture became final there. Purportedly, the state of Washington Health Care Authority has no oversight process and thus the Joint Venture did not need to be approved by anyone before proceeding earlier this year.

On the OHA’s one page “[Transaction Summary](#)”, this statement is included:

- Compassus is not expecting any changes to staffing, services, or locations of home health or hospice agencies in Oregon because of the deal.

It has been reported to me that this has not been the case with the Washington state Providence Hospice/Compassus Joint Venture. So, my question to the HCMO staff is this: How will you measure whether any changes to staffing, services, or locations of hospice agencies in Oregon has occurred, should the Joint Venture be approved?

Will the Oregon Health Authority put into place any audit processes to ensure that the Joint Venture program continues to meet the same service and quality standards previously met by Providence Hospice? Most hospice studies about visits, hospice quality and profit margin assert that for-profit hospices provide fewer visits than non-profit hospices and that for-profit hospices have a much higher profit margin than nonprofit hospices. (\*References below.) CMS Hospice claims data and quality reporting data could be readily available resources to track data about services provided before and after the Joint Venture. Examples of data available through review of CMS Hospice claims data include:

- Number of hospice visits per hospice patient per month;



- Hospice Visits in the Last Days of Life;
- Measures included in the CMS-required Hospice Care Index Measure:
  - Continuous Home Care (CHC) or General Inpatient (GIP) Provided
  - Gaps in Skilled Nursing Visits
  - Early Live Discharges
  - Late Live Discharges
  - Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission
  - Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital
  - Per-beneficiary Medicare Spending
  - Skilled Nursing Care Minutes per Routine Home Care (RHC) Day
  - Skilled Nursing Minutes on Weekends
  - Visits Near Death

An additional audit measure that may be useful would be to compare physician staffing before and after the Joint Venture. I have heard from colleagues that the Washington state Providence/Compassus Joint Venture has put all their physicians on contract instead of retaining them as employees and that their FTE status was reduced. I have no direct knowledge about this, as I heard this news secondhand. But it begs the question about whether the Oregon Providence/Compassus Joint Venture will also be implementing reduced hours and physician oversight of the hospice program.

I have no problem in accepting that the Providence/Compassus Joint Venture may ultimately be approved in Oregon. I advocate for conditions to be put in place to ensure that the Joint Venture Hospice program continues to provide the same level of hospice care compared to the level of care provided by Providence Hospice. Hospice patients and their families deserve high quality care.

\*References:

- [March 2025 MedPAC Report to Congress Medicare Payment Policy](#), Table 9-10, page 288
- [Milliman Report Hospice Medicare Margins](#) page 5.

Respectfully,

Barb

**238. No subject, 12/1/25**

As I continue to read the comments here, it appalls me how short sighted so many of these are. People are hung up on "private equity" and how evil corporations are. They do not realize that Providence is in no position to continue providing home health without a merger, sale or other endeavor. Healthcare is changing whether we like it or not. For better or worse. The people writing negative comments about the joint venture are completely prepared to drop thousands of jobs and many more thousands of patients from getting care just because of some irrational principle they hold. Providence has done their homework on who they would be partnering with, as I understand, for a handful of years.

Oregon cannot afford to reject this joint venture proposal. This is the way forward. So many comments here about lack of "transparency" and "decline in healthcare quality." Have these people made the same comments about how the state of Oregon spends their money? Oregon governments transparency?" I doubt it. If this doesn't get approved, you can watch as your parents or grandparents, maybe even yourself or your spouse, cannot find home health care. But I can see you smiling knowing that you helped make that happen.

Charles W.

**239. Compassus, 12/5/25**

To whom it may concern,

In considering the joint venture between Providence Home Health and Compassus, I strongly urge you to require Providence to maintain the current model of home health services for augmentative and alternative communication (AAC) by skilled and knowledgeable speech-language pathologists (SLPs).

For people who are unable to meet their communication needs using their natural speech, AAC is absolutely essential for communicating with providers and caregivers, as well as family and friends. Often people who need AAC are among those with the most severe disabilities, such as those caused by ALS, that can make it prohibitively difficult to travel to a clinic for care. I have been working as an AAC specialist clinician, and now as a researcher, in the Portland area since 2008. I have seen first hand the effects of a lack of access to AAC evaluation and treatment, and I have seen what a huge difference the Providence Home Health AAC Program made since its inception. There simply is no viable alternative for most of these patients.

If you allow Providence to discontinue this vital service, you will allow them to effectively silence and further marginalize some of the most vulnerable members of our society. Please support the dedicated AAC-specialist SLPs of Providence Home Health in continuing to help their patients maintain the ability to communicate.

Betts Peters, PhD, CCC-SLP

Research Assistant Professor

Oregon Health & Science University

**240. Voicemail, 12/4/25**

Yes, I've found this number online on the Oregon Health Authority site regarding the merger with Compassus, Providence Hospice and Home Care with Compassus. I'm part of the Olympia group; we merged in May of this year and it's been a nightmare. This company is top heavy with directors, they micromanage every little detail even how long the nurses are taking on their computers after a visit, it's just ridiculous. And it's one thing after another, if I was younger, I would go find another job but I'm only going to work until next summer anyway so I'm going to stick it out, but hopefully this won't be approved in Oregon. Patients are not benefiting from it at all it's just been a nightmare.

**241. No subject, 12/12/25**

Providence Home Health of Oregon is not Compassus' first Providence acquisition. Providence Alaska Home Health, Providence Washington Home Health, and Providence California Home Health have already been absorbed by Compassus. Many long-tenured Providence leaders transitioned to Compassus as part of those

acquisitions — but what they experienced was not a company they wanted to remain with.

Since then, Directors and Executive Directors have been departing Compassus at a striking rate because the culture and environment are simply not comparable to Providence. Without naming individuals, the leaders who have left include: the Executive Director in Alaska, Executive Directors in both King County and Olympia (WA), the Director of Washington Intake, the Director of Operations in California, and the Executive Director in Los Angeles — along with many others. These roles represent people who should be among the strongest champions of an organization's mission. Yet once inside Compassus, they no longer wanted to stay.

And if this many leaders are leaving, one can only imagine how many clinicians and support staff have also chosen to step away. That level of turnover is deeply concerning and warrants serious review by the OHA. When staff are unhappy and exiting in large numbers, it inevitably affects continuity, quality, and effectiveness of patient care.

**242. No subject, 12/18/25**

Subject: Compassus

My name is Ashley Loyning and I'm a practicing Speech-Language Pathologist and the Assistive Technology Services Coordinator since 2021 at ALS Northwest, a non-profit organization providing support to over 600 people living with Amyotrophic Lateral Sclerosis (ALS) and their families in Oregon and Southwest Washington.

In this role, I coordinate and collaborate directly with Speech-Language Pathologists on Providence's Home Health team, specifically the Augmentative and Alternative Communication (AAC) Specialists, who provide medically necessary communication assessments and interventions to people in their homes. For additional context, I also had the privilege of completing two clinical placements as a graduate student, one of which was a full-time externship with the Providence AAC Home Health team and previously worked in outpatient, home health, and inpatient rehab settings.

Working across these settings made one thing abundantly clear: support for AAC is inconsistent, access to communication across all levels of care is a human right and crucial to the wellbeing of patients and their families, and Providence's AAC Specialty

Team is the standard for high-quality care that needs to be maintained throughout and after the transaction with Compassus.

In the case of ALS, many patients transition to home health due to the significant fatigue they experience leaving their home for medical appointments. Despite this significant fatigue, most individuals can communicate with skilled SLP intervention up until the end of life. In fact, in my experience, AAC services delivered within the home are more impactful because they occur in a naturalistic context: the patient's home.

Additionally, when funding a Speech-Generating Device, a dedicated electronic device necessary for communication, SLPs must justify the necessity of the device for use within the home. Providence's statement in their request for information that "AAC services are historically provided in inpatient or office-based clinical settings, not in home health where the payment model does not support this." undermines the clinical expertise of SLPs and the lived experience of people who use AAC.

Without the continued support of the AAC Specialty Team, patients who are the most vulnerable will suffer. Patients without access to Providence's Home Health team currently suffer, as there aren't community supports or other specialty programs to meet the current demand.

I urge HCMO to consider maintaining the status quo of AAC services in the home health setting as a condition of this transaction. In conclusion, I leave you with a quote taken directly from Providence's website: "At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today." You have a choice to use your voice to advocate for your patients and the future of healthcare. Please keep your word.

Thank you,

Ashley Loyning, MS, SLP, CPACC

## About HCMO

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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:

Health Care Market Oversight  
421 SW Oak St, Suite 850  
Portland, OR, 97204  
503-945-6161  
[hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov)  
[oregon.gov/HCMO](https://oregon.gov/HCMO)

