

Written Exceptions to Proposed Order

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. Per state law, following the completion of a comprehensive review, OHA must allow the public to file any written exceptions to the proposed order. This document presents written exceptions to the [proposed order](#) for transaction **043 Providence-Compassus**. OHA accepted written exceptions from May 15, 2026 through May 30, 2026. Written exceptions were received via email to hcmo.info@oha.oregon.gov or via an online written exception form. Written exceptions 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.

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1. 5/15/26

I work for Providence Hospice and I object to this JV. If the JV goes through, employees should still be considered Providence employees. When we went to work for Providence, we wanted to work for Providence, not some random company that is for profit and will change the entire way things are done.

This will be a horrible move for Providence and for its members and will cause membership loss.

Sophia Buck

2. 5/18/26

Hospice care and home care of the very ill should definitely NOT be turned over to private equity! Private equity exists solely to make money. They will definitely cut services and increase charges.

John Kingman, MD

3. 5/18/26

Transitioning healthcare services from a non-profit mission to a for-profit model—especially something as profoundly sensitive as **hospice and end-of-life care**—is a deeply concerning issue.

When a private equity-backed or for-profit corporation takes over, the fundamental guiding principle shifts from **community well-being** to **maximizing shareholder value**. In hospice care, where patients are at their most vulnerable, this conflict of interest can have severe consequences.

Here is a detailed breakdown of strong, evidence-based objections you can use to argue why transactions like the Providence hospice joint venture with for-profit entities should not be allowed to proceed.

1. The Ethical Conflict: Profit vs. Compassion

Hospice care is designed to provide comfort, dignity, and peace to patients in their final days.

*** The Non-profit Mission:** Reinvests every dollar back into patient care, staff retention, and community charity care. Success is measured by patient comfort and family satisfaction.

*** The For-profit Model:** Must generate a financial return for investors. This introduces an immediate incentive to view dying patients as revenue streams and expense lines, which fundamentally corrupts the sacred nature of end-of-life care.

2. Reductions in Care Quality and Staffing

Study after study—including reports from the Center for Economic and Policy Research—confirms that when private equity and for-profit entities take over hospice care, quality inevitably drops. To generate profit, corporations typically cut their largest expense: **labor**.

* **Fewer Bedside Visits:** For-profit hospices statistically provide fewer nursing, social work, and therapy visits to patients in their final weeks of life compared to non-profits.

* **Under-Skilled Staffing:** Corporations often replace highly trained Registered Nurses (RNs) with lower-skilled, lower-paid staff to cut costs, leaving complex pain management in less experienced hands.

* **Staff Burnout:** Increased patient loads lead to severe caregiver burnout, resulting in high turnover and a lack of continuity for families who need a trusted, familiar face.

3. High-Profit Cherry-Picking and "Live Discharges"

For-profit hospices are heavily incentivized to seek out the most profitable patients while avoiding or underserving the costliest ones.

* **Avoiding Complex Care:** Patients with intense, expensive medical needs (like complex wound care or specialized palliative medications) are often avoided because they eat into profit margins.

* **Targeting "Easy" Patients:** For-profit entities often recruit patients who have longer, more predictable trajectories (like stable dementia) because they require fewer daily interventions but still draw steady Medicare enrollment payouts.

* **Inappropriate Discharges:** If a patient's care becomes too expensive or outlasts the most profitable Medicare reimbursement windows, for-profit hospices have a higher rate of "live discharges," abandoning families when care gets tough.

4. Abandonment of Rural and Vulnerable Communities

Non-profit health systems use wealthier urban areas to subsidize care in low-income or rural communities. For-profit entities rarely honor this social contract.

* Regulators have openly noted that under for-profit management, there is a strict incentive to reduce or eliminate less profitable services, such as traveling out to remote rural areas or caring for patients without premium insurance. This actively worsens health inequities.

5. Exploitation of Public Tax Dollars

Non-profit organizations like Providence enjoy massive tax exemptions precisely because they promise to provide a community benefit.

* Allowing a non-profit to build a massive, trusted patient network using public tax breaks, only to "outsource" or sell those patients to a private equity-backed firm, is an exploitation of public trust. It allows corporate entities to strip-mine public funds (Medicare and Medicaid) for privat

Martin DeVall

4. 5/19/26

I am opposed to this transaction between Providence and Compassus. We should not allow unaccountable for profit private equity into Oregon's health care systems. People in hospice care in particular are ripe for abuse and likely the system will experience overcharges and reduced service levels. I thought Providence as a non-profit? What is Tennessee company doing in Oregon. The whole thing stinks.

Peter Miller

About HCMO

The Healthcare Market Oversight Program reviews proposed health care business deals to make sure they support statewide goals related to cost, equity, access, and quality. For more info, you can connect with HCMO staff:

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