

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 066 MultiCare - Samaritan. OHA accepted public comments during the preliminary review period. Public comments were received via email to 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.

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1. Rural Seniors to Be Cut Off from Dialysis, Cancer, Wound, and Heart Treatments, 11/21/2025

I know your inbox is full, so I'll get straight to what matters:

In the next few weeks, thousands of rural Oregon seniors will quietly lose their only way to reach dialysis, cancer treatment, wound care, cardiac care, and basic primary care.

Not because a clinic closed. Not because their doctor moved. But because of a Medicare Advantage plan change no one is talking about.

My name is Ron Oliver, and I manage Companion Transport, a Non-Emergency Medical Transportation (NEMT) provider serving Lincoln, Linn, Benton, and Lane Counties. We're one of the many companies whose pride and purpose takes seniors and other eligible members to the appointments that keep them alive. And right now,

I'm watching something unfold that should alarm every single person responsible for healthcare oversight in this state.

Here's the situation in plain English:

Samaritan Health's Medicare Advantage plans are ending.

Devoted Health's Medicare plans are replacing them.

And Devoted's plans explicitly do not cover transportation.

For seniors in Portland, that's inconvenient.

But for our seniors in **Siletz, Tidewater, Waldport, Mill City, Sweet Home, Philomath, Junction City, Veneta, or rural Eugene?**

It's catastrophic.

These are communities with:

- no meaningful public transit
- long distances between towns with specialized clinics
- medically fragile populations
- and families who often can't take off work to drive
- many seniors who physically cannot drive
- Wheelchair-bound individuals with literally no other options.

Under Samaritan's plans, they had transportation.

Under Devoted's plans, that line now reads:

"Transportation — Not Covered."

And there is no backstop. Not Medicaid (unless they qualify). Not the brokerages. Not the insurer. Not the state.

Not anyone.

As someone who watches these seniors step into my vehicles every day, I need to say this clearly:

If nothing changes, seniors in your districts will miss dialysis, miss chemo, miss wound care, miss cardiology, and miss critical follow-up after strokes and surgeries.

Oregon's rural seniors are about to fall through a hole big enough for a whole community to slip into. This is not theoretical. It will happen. And once it happens, we cannot undo it.

Once the first person dies because they could not get a ride, we cannot undo it. For a great deal of people, this will be a mere matter of days after this change takes full effect.

I'm not writing that to alarm you. I'm writing because this is fixable. But only if the right people see it before the damage is done.

What's needed now:

- Regulatory review by DFR (this is a functional loss of access to care, not a minor plan difference).
- Legislative attention to rural transportation gaps in Medicare Advantage transitions.
- A conversation with Devoted Health on temporary or permanent transportation solutions for rural beneficiaries.
- Pressure on CMS Region X to review the impact of MA plans without transportation in rural health shortage areas.

I can provide documentation, plan PDFs, examples from riders (HIPAA protected), and a clear view of what will happen if nothing changes.

I'm including all relevant senators, representatives, regulators, and News Media Outlets on this email because this is not a single-county issue. This is multi-county, multi-jurisdiction, and the window to prevent it is extremely short.

Thank you for your time.

And sincerely, thank you for caring enough about Oregon's most vulnerable residents to act when they need you most.

Best Regards,

Ron Oliver

2. RECOMMEND! MultiCare Health System and Samaritan Health Services Transaction, 12/26/2025

Dear Sirs, Ms OHA Market Oversight Decision Makers:

I highly recommend the material change transaction between MultiCare and Samaritan Health Services. It will improve both their businesses dramatically, and at the same time offer expanded and improved services for both organizations.

This is a beautiful marriage that blends the strengths of each business. It will make both stronger--and it will provide the utmost in upside for members and patients of both healthcare groups.

I have been a member of Samaritan Health Services for 5 years. During that time, I experienced the highest level of healthcare possible from enlightened and highly-motivated healthcare professionals up and down the value chain of services.

I'm a big-time believer in their values, integrity, and ability to serve our members. This transaction enables both organizations to maximize their capabilities and continue to provide the highest level of healthcare possible.

As a retired business professional with dual eligibility, I have a broad view of their business and services. I can see the huge potential for this transaction to improve the great systems of both organizations. It will offer synergies in capabilities that the other doesn't offer. All while broadening their ultimate business integration outcomes immensely. Management is exemplary across all Samaritan business units.

In retirement, my focus has been volunteerism in various healthcare non-profits and benevolent organizations in the Oregon healthcare system. To that end, I'm a member of the Samaritan Health Services IHN-CCO Community Advisory Council. I've been involved with Samaritan and IHN in that capacity for many years.

I have seen firsthand the level of integrity in their work, their depth of thinking and solutioning for valued patients and members--and their consummate dedication to offering the best healthcare available.

I have felt it, been under their knife and their rehabilitation, ridden in their rural transportation system, endured the pain and the ecstasy of getting my life back after long term recovery from multiple health issues that could have ended my life.

I'm alive now because of Samaritan. They were always at the plate with the best hitters in the game. They hit home runs every time. The locker-room trainers for after-game therapy rival anyone in the game...

You probably already know the right choice.

In case you need any additional assurance from the 'people' this is it.

Vote yes.

It's a no-brainer.

Best Regards,

Steve

3. Samaritan, 12/30/2025

To whom it may concern,

I wanted to submit a public comment regarding the proposed affiliation between Samaritan Health Services and MultiCare Health System. This past summer of 2025 Samaritan Health indicated that they were looking into closing two birthing centers, one located at Samaritan North Lincoln Hospital, the other at Samaritan Lebanon Community Hospital. After public backlash and most importantly a tentative affiliation deal with MultiCare, Samaritan announced in August 2025, they would not close the birth centers and conduct a review in one year.

Currently, the Girod Birth Center located at Samaritan Lebanon Community Hospital will be "pausing" deliveries effective January 15, 2026. Samaritan has cited the reason for the pause in services is due to the three OB/GYN providers leaving. While this is true, their leaving is due to dysfunction between Samaritan Hospital administration and the Samaritan Medical Group. With these providers leaving and Samaritan unable to secure temporary providers (mostly due to the dysfunction between the two Samaritan entities) this leaves the entirety of Linn County with only five OB/GYN providers. Linn County has a population of more than 132,000, this is

Samaritan's largest population center. These providers are located in Albany, the western portion of Linn County. This leaves the eastern portion of the county in a maternity desert.

Also, you must be aware the Corvallis Clinic, owned by Optum part of Unitedhealthcare, is no longer going to offer OB/GYN care effective February 12, 2026. Six of the providers at Corvallis Clinic are resigning most likely due to the fact that Corvallis Clinic will no longer accept Blue Cross/Blue Shield insurance as an in network provider. These providers will be absorbed by Samaritan Medical Group and will work only in Corvallis. This situation arises from tit for tat between Samaritan and Unitedhealthcare. Samaritan does not consider Unitedhealthcare an in network insurance provider and Samaritan just switched their employee health insurance TPA to Blue Cross/Blue Shield.

Lastly, MultiCare has agreed to offer Samaritan \$700 million over the next ten years. The bulk of the money is to be used to rebuild Good Samaritan Regional Medical Center, the flagship hospital for Samaritan located in Corvallis. Samaritan operates two hospitals in Linn County, their largest population center. There has been no mention of investment of care for patients located in Linn County.

I wanted to highlight local concerns that the Healthcare Market Oversight Program (HCMO) should look into to make sure everyone in Samaritan's service area is being represented. It is clear that Samaritan has mismanaged its finances particularly in their Health Plans and Samaritan Medical Group operations and are too extended in their reliance on government funded insurance programs such as medicaid and medicare. An affiliation with Multicare is a necessary thing to preserve current care in the area given Samaritan's ability to control finances. I believe MultiCare's investment should be well rounded and support the other hospital areas, not just in Corvallis.

Thank you,

Daniel Rierson

4. No Subject, 01/06/2025

1) It seems OHA should consider HOW patients will get quaternary level care such as is provided at OHSU hospital in Portland. Currently Samaritan Health providers often refer very clinically complex patients to OHSU for treatment which already creates transportation issues for older patients in the Samaritan Health service area. Will

Multicare guarantee that complex patients needing very high level care will continue to be referred to OHSU? Will Multicare promise in writing to OHA that they will not send specialist to Corvallis and who then refer high complexity patients to Tacoma for treatment?

2) A question to consider. Would it not be better for an Oregon based health system which already has a presence in Oregon to assume ownership of Samaritan Health?

3) The affiliation agreement is redacted in full which would might be helpful to answer another key question. Multicare is stated as assuming control in the OHA transaction document. HOW does Multicare taking ownership of Samaritan Health improve the operational efficiencies so that the debt level does increase and Samaritan returns to some degree of profitability and doesn't have future problems with debt service coverage requirements? This a long term viability issue for residents needing healthcare in the Benton, Lynn and Lincoln Counties. Multicare funding capital spending does not mean operational efficiency and profitability will improve.

Thanks for your consideration

5. Samaritan #066, 1/13/2026

The Linn County Board of Commissioners submitted a [public comment](#) that is posted on the HCMO webpage.

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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