Public Comments

The Health Care Market Oversight (HCMO program reviews proposed heath 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 Samaratin 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 Samaratian. 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 Samaritian 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.

6. Samaritan-Public Comment, 1/23/2026

The Oregon Nurses Association submitted a public comment that is posted on the HCMO webpage.

7. No Subject, 2/16/2026

CON

I implore the state of Oregon to review this proposed merger with great scrutiny. Please conside Multicare's spin using nice words and promises that are dubious. These include: ""rescuing Samaritan"", ""provide opportunity for better care, outcomes and experiences.""

How can Multicare 'save' the strapped healthcare system when Samaritan can't? The way they do that is by squeezing more out of less (think reduced staffing and benefits), shortening hospital stays (is that appropriate?), cutting non-profitable services and

taking control as they are doing in Pierce and Thurston Counties in Washington. Extensive data shows that consolidation reduces quality, access, and has worse outcomes plus increases cost.

I have seen it in Olympia where Multicare took over Capital Medical Center. The care is atrocious as I have directly observed in a friend I advocate for. This included an inappropriate ER discharge for an acute Gastrointestinal bleed and re-admit the next day. Doctors at Pulse Heart Institute show poor expertise and oversight as well as assigning an ARNP whose level of training is not adequate to understand and manage her complex case. Now ten days into a stay at UW Medical Center, she has a diagnosis and treatment has begun to relieve her life-threatening condition. I interviewed a former RN manager at MultiCare's Tacoma hospitals for one of my medical columns who had to leave in disgust due to the executive suite's focus on the bottom line rather than care for the patients.

The area needs a mental health facility and Samaritan health needs support to survive and serve their community. This merger would be a short-term band aid that will only worsen the issues they are facing and be regrettable (and then likely irreversible) when it is too late.

I implore the state to consider other creative options to maintain the locus of control for healthcare locally. Your community could be a national leader against the dangerous tide of consolidation.

This merger is a very bad idea for Oregon. It has been terrible for Olympia.

I trained and practiced primary care internal medicine for 29 years in Oregon during a time when community hospitals and doctors cared for their communities. I started my career in Hillsboro at Tuality Community Hospital in 1984 after training at St. Vincent (now Providence) when it was still run by the nun and the bottom line was patient care.

Debra L. Glasser, M.D.

8. Regarding Samaritan and MultiCare, 3/12/2026

I am writing today as a Lincoln County Commissioner and father of a local paramedic in support of the proposed partnership between Samaritan Health Services (SHS) and MultiCare. Between Samaritan North Lincoln and Samaritan Pacific Communities hospitals and the more than 20 coastal clinics, SHS provides much needed access to

health care services to the vast majority of Lincoln County residents. SHS is also the largest employer in the county, creating 2,790 estimate jobs and providing over $500 million in total economic impact. SHS is an economic cornerstone and trusted partner in our communities.

The affiliation with MultiCare ensures financial and operational stability not only for Lincoln County, but across the entire SHS service area including Benton and Linn counties. This stability strengthens access to healthcare and to our local economies at a time when we are headed into State and Federal funding uncertainties that effect critical programs impacting health care services.

This partnership will ensure that Samaritan can continue to be locally governed, be a provider of good family wage jobs, and a trusted partner in our communities. The combination of Samaritan Health Services and MultiCare not only will provide stability, it also brings shared expertise to expand access and bring high-quality care to our coastal communities.

For these reasons and more, I fully support and encourage HCMO to approve the Samaritan and MultiCare affiliation.

Thank you,

Walter Chuck Jr

County Commissioner

Lincoln County Courthouse

9. Samaritan – MultiCare Public Comment, 3/24/2026

The SEIU Local 49 submitted a public comment that is posted to the HCMO webpage.

10. No Subject, 3/26/2026

I have worked as a Registered Nurse since 1996. I came to Samaritan North Lincoln Hospital on a travel assignment in November, 2002 and signed on as a staff nurse in 2023, working there until September 2006 when I transferred to work at Good Samaritan Regional Medical Center in September, 2006. Having worked in healthcare for over 30 years and for Samaritan the past 23 years, I feel I have a pretty good finger

on the pulse of changes and challenges in health care, particularly here in Oregon. Current financial constraints in healthcare continue to impede the mission of most hospitals in Oregon, and that is delivering quality healthcare to the people we serve.

I believe the proposed affiliation will bring a lot of upside to the Samaritan Health Services system's mission of ""building healthier communities together"" as we continue to work towards increased efficiencies in delivering that care to the Oregonians we serve. Economics of scale continue to drive these type of affiliations in the current US health care market while maintaining financial viability.

As a Samaritan employee, I look forward to the growth for our system and improvements that will result from this affiliation that are currently out of the reach of our current system-model to better serve the mid-Willamette Valley in the years to come.

Scott Shaw

11. No Subject, 4/1/26

A reflection on comment #6. IF reducing the cost of care in the service area is a concern to OHA it seems this point (and other points) from a healthcare finance study should be considered.

""Lower-cost markets appear to benefit from competition among health systems with well-organized provider networks and geographic coverage across their market.""

Short version of study: https://www.hfma.org/accounting-and-financial-reporting/cost-of-care/60463/

Long version of study: https://www.hfma.org/wp-content/uploads/2022/10/61080.pdf

Oregon has 1115 Medicaid Demonstration Waive status with CMS.

HOW does this proposed merger lead to more efficient and effective healthcare? Buildings are important to a degree, BUT efficient and effective preventive and clinical are more important to cost and access improvement.

12. Rep. Nelson Public Comment for the HCMO review of 066 MultiCare – Samaritan, 04/06/2026

Representative Nelson submitted a public comment that is posted to the HCMO webpage.

13. No Subject, 4/9/26

We live 1/2 hour one way from North Albany Samaritan Clinic. All of my doctors are Samaritan healthcare providers. I have had a decades old relationship with my doctors and other providers/technicians within Samaritan Healthcare. We are truly a COMMUNITY. I feel as though a merger of this magnitude, where all of the decisions and medical decisions being made from a managerial platform in Washington would dilute and harm the community relationships with our healthcare providers. I foresee doctors leaving to go elsewhere. Departments and offices shutting down and patients being expected to travel to a larger city for specialty care and/or for the availability of specialized equipment or services and testing. PLEASE do NOT make a favorable decision for Multi-Care. I'm 72 years old and disabled and have health issues that limit my ability to travel. I don't want to lose my providers, technicians or specialists because of a takeover such as this. I've built a trusted relationship with my doctors for what seems like a lifetime, as well as with hospitals and surgeons here. Again, PLEASE think about the PATIENTS being served at Samaritan Healthcare and not about a convenient financial takeover. We want to keep the hometown services we have already. I personally have been a patient of Samaritan Healthcare for over 50 years, and am utterly happy with the healthcare I have received, and I want that to continue as it has been. Thank you for your consideration. Aimée A Drown Harris

14. SHS MultiCare Affiliation, 4/13/2026

The Linn Local Advisory Committee submitted a public comment that is posted on the HCMO webpage.

15. 4/20/2026

The Lincoln County Coordinated Healthcare Advisory Committee submitted a letter regarding the proposed transaction.

16. 4/20/2026

The Linn Local Advisory Committee submitted a letter regarding the proposed transaction.

17. 4/27/2026

To Whom It May Concern,

I, Brecca Claitor, committee member of OHP, and member of the Local CCC and BLAC, am pleased to offer my strong support for the proposed partnership between MultiCare and InterCommunity Health Network Coordinated Care Organization (IHN-CCO). I believe this collaboration will enhance existing partnerships and position the region to effectively address the evolving healthcare needs of our community.

Benton County benefits from a robust network of collaboration among healthcare systems, independent providers, public health agencies, social services, and community organizations. These partnerships have facilitated coordinated care initiatives, innovative pilot programs, and data-driven population health strategies. The proposed affiliation is aligned with these efforts and will enhance them by providing additional clinical expertise, operational capacity, and long-term system resilience.

What sets Benton County apart is the opportunity to leverage innovation, research, and workforce development through partnerships with local institutions and an engaged community. This affiliation offers a platform to expand best practices, incorporate evidence-based care models, and support the training and retention of healthcare professionals across disciplines—particularly in primary care, behavioral health, and integrated care settings.

I are encouraged by the potential to further improve care coordination for Oregon Health Plan members, especially those with complex needs. Improved system alignment can facilitate smoother transitions between care settings, promote holistic, whole-person care, and increase access to specialty services while aiming to keep care local whenever possible.

Equally important is a commitment to community engagement and transparency. The Benton Local Advisory Committee values meaningful local input in decision-making processes and looks forward to ongoing collaboration throughout the implementation of this affiliation. Maintaining local responsiveness while capitalizing on the strengths of a larger system is essential to building trust and achieving positive health outcomes.

Overall, I view this partnership as a strategic advancement that promotes innovation, reinforces existing relationships, and supports the goals of the Oregon Health Plan. I

respectfully encourage the Oregon Health Authority to approve the proposed affiliation between IHN-CCO and MultiCare.

Thank you for your leadership and continued dedication to the health and well-being of Oregon communities.

Sincerely,

Brecca Claitor.

18. 4/28/2026

I'm writing in support of the proposed SHS/IHN/MultiCare affiliation. I was impressed after reading the PSW patient story. I think it shows that Multicare is committed to both excellence and supports one of Multicare's core values: "Health with Humanity." Based on Multicare's recent presentation at our Linn Local Advisory Committee meeting, it appears a partnership will also be of significant value to our patient community within IHN-CCO.

19. 4/28/2026

The Benton Local Advisory Committee submitted a letter of support regarding the proposed transaction.

20. 4/24/2026

Benton County benefits from strong collaboration among health systems, independent providers, public health, social service agencies, and community-based organizations. These relationships have enabled coordinated care efforts, innovative pilots, and data-informed approaches to population health. The proposed affiliation aligns with and strengthens these partnerships by bringing additional clinical expertise, operational capacity, and long-term system resilience.

Karen Douglas

21. 5/14/2026

It saddens me that an out-of-state partnership is being proposed on a system that use to pride itself on serving its community. It also saddens me that a five-hospital system has to partner with an outside system to sustain themselves due to some questionable financial decisions. I think this will not benefit the community or the employees who

work for Samaritan. However, based on Multicare's reputation, it is in alignment with the currently administration of Samaritan. That is not a compliment.

Cathy Melero

22. 5/20/2026

To Whom It May Concern:

I am pleased to express support for the proposed affiliation between Samaritan Health Services (SHS) and MultiCare.

I retired from SHS in 2022 after 37 years with the organization. During that time, I experienced first-hand the multi-year transformation (between 1998 and 2002) that brought together five previously free-standing community hospitals, multiple medical groups and health plans to form what is now Samaritan Health Services. As part of that process, I served as a member of SHS's team during the year-long discussions that resulted in the successful affiliation between SHS and North Lincoln Health District in Lincoln City.

I believe the current proposed affiliation reflects many of the same considerations that existed during SHS's previous experience:

• The need to identify a partner who was committed to and capable of supporting important investments in a high-quality workforce, enhanced facilities, equipment, information systems and other programs to help ensure long-term financial stability and a strong health care system for local residents;

•The desire to identify a shared sense of mission, vision and values among the organizations considering an affiliation;

•The importance of maintaining local involvement in site-based decision-making, as well as participation in system-level governance;

•The existence of complementary programs and centers of excellence among the affiliating organizations that would provide a value-added synergy and opportunities to implement best practices among both organizations.

It is my understanding that the SHS board and senior leaders initiated the current affiliation process in an intentional and thoughtful way, taking the time and care to

identify a strong potential partner who was committed to a mutually-beneficial outcome for both organizations and those they serve. MultiCare was ultimately selected as that partner, as it meets or exceeds the considerations referenced above. The partnership would foster sustainability and growth in the three counties currently served by SHS (Linn, Benton, Lincoln), and for these reasons I encourage your favorable consideration of this affiliation agreement.

Sincerely,

Julie Manning

23. 7/1/26

Though I feel the merger would be good once again, Sam Samaritan mostly talks about their flagship hospitals in the valley there's no talk about Newport or Lincoln city and their commitment to getting more specialist on the coast and expanding their healthcare here. Samaritan also drop their advantage program. I'm assuming because it was mismanaged like so many other things they do and left thousands of seniors with only one option for an advantage program with the very little notice. Also, it would be good to know what oversight the Washington base hospital that seems to be much more successful than Samaritan will do to have oversight over Samaritan. Samaritan has been mismanaged for many years and has had change in leadership. That have made poor decisions again mostly leaving the coastal hospitals without specialist and reliable services. I would like to see a commitment from this merger of what they're going to do to address the issues of healthcare on the coast most people moving to this area have a hard time even finding a primary care doctor because of the shortage we have thank you

Doris Poaner

24. 7/9/26

Regarding Samaritan Health Services, and their financial distress motivating their affiliation with MultiCare; Samaritan's predicament is completely of their own making and deserves no sympathy for their stated stress caused by external factors. Continual market overreach and financial gaming have left Samaritan overly debt burdened and managerially bloated.

I served as their planning and analysis manager roughly 2008 – 2017, and closely watched the bond justifications for expansion/remodeling around 2016. That was a dramatic over-leveraging that was entered into through a shell game citing fiscal reserves that were in fact donor funds designated for a separate project. Operations during that time were riddled with excessive managerial salaries, wasteful provider compensation (well above MGMA benchmarks), and a general executive hubris that they “had built” the system, failing to recognize their legacy as a community resource built on the tax-exempt generosity of Oregon taxpayers.

I have no doubt that Samaritan now needs rescue through merger or acquisition, and the overall Corvallis healthcare landscape has been completely wrecked with OHA’s approval of the Optum slaughter of Corvallis Clinic. But let’s not pretend that Samaritan, under the scheming “leadership” of CFO Dan Smith, and legacy CEO Larry (let’s build a hotel and name the street after me) Mullins and his managerial progeny, is in any way a victim of unforeseeable market forces. They bled the system dry and lined their pockets along the way.

Michael Smith

25. 7/28/26

Please approve of this merger. In our current healthcare system, to not approve of this would be a complete disaster for our community including for patients and employees of Samaritan.

26. 8/10/26

Please engage in maximum review. Thank you.

Nyla L Jebousek

27. 8/11/26

if the proposed merger threatens the continued existence of any of the Samaritan hospitals which especially rural Oregonians depend on, I would see that as a failure of the Oregon Health Authority to do its job.

Jeff Maurer

28. 08/12/26

I oppose the merger because the merger is all about greed which it will not benefit the patients, but to the corporate officers to fatten their wallets. We shouldn't have health care corporations taking over all the hospitals when it should be run by independently on their own like Lebanon, Albany, Corvallis and other Samaritan locations had before Samaritan took it over. As, I remember it when there were better health services back those days before health care corporations took over, and it is going downhill because they don't care about your health, just the profits.

If there wasn't Samaritan Health Services in place, we probably were able to drop the doctor you had in Lebanon and pick the doctor you like in Albany. You can't do this if your primary doctor is with Samaritan in Lebanon and the new primary doctor you prefer to have is in Albany who is with Samaritan. Samaritan won't let you to choose a good doctor you prefer because of their monopolistic control, as they refuse to let you to make changes which I end up dumping the Samaritan doctors to go to the outside providers.

I am glad Santiam Hospital at Stayton didn't fall in with Samaritan scam to merge to divert their funds for their greed.

I still oppose it and if passed, it will go downhill in matter of time. We don't need multi-state health services run by one large health care corporation.

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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OREGON HEALTH AUTHORITY