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 089 Quorum-Healthside. OHA accepted public comments before 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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Public Comments Received Before Complete Notice was Filed (6/1/2026 – 6/4/2026)

1. **6/1/2026**

   To the Health Care Market Oversight team,

   I am writing as a Lane County resident concerned about how recent and potential hospital transactions will affect access to care in our community. I appreciate that the Health Care Market Oversight (HCMO) program exists to review material changes in the health care market with an eye toward cost, equity, access, and quality.

Given ongoing changes involving PeaceHealth and McKenzie Willamette, I am trying to better understand how HCMO's authority applies in practice and what protections it can realistically offer patients in Lane County. To that end, I hope HCMO will ask several questions:

1. Nature of the transaction and control

• What is the structure of the proposed transaction, including all entities involved (owners, parent companies, private equity sponsors, management services organizations, real estate or development entities, and related affiliates). How, if at all, will ultimate control over McKenzie Willamette Medical Center's operations change as a result of this transaction?

• Which decisions about clinical services (opening/closing service lines, staffing levels, admission criteria, transfer policies) will be made by Oregon licensed hospital leadership, and which will effectively be driven or constrained by contractual obligations to investors, MSOs, or landlords?

• Does the transaction include any off balance sheet or lease back arrangements (for example, a developer building and owning a facility and leasing it to MWMC) that, in practice, give non licensed investors de facto control over critical clinical capacity such as emergency or inpatient services?

2. Impact on access, equity, and essential services

• How will this transaction affect the availability, hours, and staffing of essential services (including the main emergency department, any freestanding ED, inpatient beds, obstetrics, behavioral health, and key specialties) for residents of Eugene, Springfield, and surrounding rural communities? Our community and state have a particular interest in obstetrics and reproductive health, given that the only other facility in town is Catholic.

• What projections has MWMC developed regarding patient travel times, diversion rates, and wait times in emergency and inpatient settings over the next 5–10 years if the transaction proceeds as proposed? Please provide these analyses and any underlying assumptions.

• How will the transaction affect access for Medicaid members, Medicare beneficiaries, uninsured patients, and communities that already face barriers to care (e.g., low

income neighborhoods, rural residents, and historically marginalized groups in Lane County)? Please provide quantitative estimates, not only assurances of “no change.”

3. Cost, pricing, and payer mix

• What changes does MWMC anticipate in its payer mix (commercial, Medicaid, Medicare, self pay) and in negotiated rates with commercial insurers as a result of this transaction? How will those changes affect premiums and out of pocket costs for local employers and patients?

• Does the business model underlying this transaction depend on increasing prices, facility fees, or the proportion of commercially insured patients using MWMC facilities, including any new freestanding emergency department? If so, what safeguards will be in place to prevent cost shifting onto patients and payers?

• How will the transaction impact charity care and financial assistance policies at MWMC? Please quantify any planned changes in eligibility, discount levels, or total charity care spending.

4. Private equity, MSOs, and SB 951 compliance

• For each non physician investor, private equity fund, or MSO involved, please explain how the proposed structure complies with Oregon’s corporate practice of medicine rules and the new requirements enacted in SB 951 regarding ownership, control, and clinical decision making.

• Do any contractual provisions give non licensed investors effective control over: hiring and firing clinical staff, setting staffing levels, setting clinical standards or protocols, determining time allotted per patient, or negotiating and terminating payer contracts? If so, how will these be modified to comply with SB 951 and HCMO standards?

• Are there any non compete, non disclosure, or non disparagement clauses affecting physicians, nurses, or other clinicians that could impair their ability to speak openly to regulators, the public, or potential future employers about the impact of this transaction? How will MWMC ensure compliance with SB 951’s limitations on these restrictions?

5. Quality, staffing, and patient safety

• What are MWMC's current clinical quality and patient safety metrics (e.g., mortality, readmissions, ED boarding time, left without being seen rates), and how are these projected to change over the next 3–5 years under the proposed post transaction operating model?

• Will the transaction result in reductions in FTEs, changes in skill mix (for example, substituting less experienced clinicians), or increased use of temporary staff in the emergency department and inpatient units? How has MWMC assessed the impact of such changes on patient safety and outcomes?

• What specific, measurable quality of care commitments is MWMC willing to accept as conditions of approval, and what enforcement mechanisms (including reporting, penalties, or unwind provisions) does it propose if those commitments are not met?

6. Long term commitments and "exit" risk

• What is the anticipated investment horizon for any private equity or external investor involved in this transaction (e.g., 3–7 years), and what are the primary planned "exit" options (sale, recapitalization, refinancing, REIT conversion, etc.)?

• How will MWMC and its investors ensure continuity of essential services if an investor exit occurs under adverse conditions (for example, rising interest rates, reimbursement cuts, or failure to meet financial projections)?

• Is MWMC willing to commit to maintaining emergency, inpatient, and other identified essential services in Lane County for a defined minimum period as a condition of HCMO approval, regardless of investor exits or ownership changes?

7. Community engagement and transparency

• What process has MWMC used to solicit meaningful input from patients, front line clinicians, unions, local officials, and community organizations regarding this proposed transaction? Please provide documentation of any meetings, surveys, or advisory groups and summarize key concerns raised.

• How will MWMC provide ongoing transparency to the community about performance on access, quality, and equity metrics after the transaction, and how will community stakeholders be able to raise concerns that lead to real changes in operations?

My overarching concern is that, from a patient's perspective, both nonprofit and for profit hospital systems in Lane County appear to be following a similar "playbook" of financial decision making that can erode local access over time. I am hopeful that HCMO can help illuminate where its authority can intervene in that pattern and where additional legislative or regulatory changes may be needed.

Thank you for your work on behalf of Oregonians and for considering these questions.

Sincerely,

Marty Wilde

2. 6/4/2026

McKenzie Willamette disaster

Please NO private equities managing healthcare Ever. Thats not healthcare!

Stop the spread of private equity disease.

Susan Hinkle

3. 6/4/2026

I'm writing to request transparency in ownership of the Quorum Health / Healthside Partners / McKenzie-Willamette transaction.

Who will own MW? We want decision-makers who are local and have an understanding of the vast and changing care needs in our community. I understand there is money to be made and … doctors, nurses, staff and patients will deal with the fall-out if money trumps care, compassion and ethics.

Healthcare costs and process are things we all care about. Be transparent about who it is that will be calling the shots (a distant corporation or local partners invested in outcomes) and what priorities will lead those decisions.

Thank you,

Terri Reed

Santa Clara Community Org

4. 6/4/26

Quorum Health / Healthside Partners / McKenzie-Willamette transaction. This situation, with yet another hospital close to me, is of concern.

I live in Eugene Oregon, and we now have NO hospitals. They are both in Springfield,Oregon. I have had health experiences with both of them.

It is of greatest concern that no one really seems to know who will actually own the McKenzie-Willamette hospital. That sound be a big part of. the transparency necessary for all to know. The State should know it, as should. all parties concerned in our area.

Thank you.

Sue Craig

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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